

# COPE Perinatal Mental Health Assessment Template



Name: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Perinatal Status:  Antenatal | EDD: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  Postnatal | Baby's DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Clinician:

Referral Source:

Screening Results: EPDS: \_\_\_\_\_  ANRQ: \_\_\_\_\_  PNRQ: \_\_\_\_\_

Other Screening/Assessment Results (please specify):

Medication (current and previous use of medication):

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## Perinatal Mental Health Assessment Template



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Mental State Exam (MSE)

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Appearance:

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Behaviour/Speech:

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Affect:

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Cognition:

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Mood:

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Thoughts and Perception:

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Judgement and Insight:

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Assessment Considerations

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Main Presenting Issues:



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### Current Symptoms

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- Physical:**
- Easily fatigued, tiredness
  - Sleep disturbance
  - Significant weight or appetite change
  - Insomnia, even though exhausted
  - Other: \_\_\_\_\_
- Cognitive:**
- Intrusive thoughts
  - Having trouble making easy decisions or thinking clearly
  - Difficulty concentrating
  - Worrying or feeling anxious about baby's health and safety
  - Worried about things not being in control
  - Recurrent thoughts of death or suicide, or both
  - Other: \_\_\_\_\_
- Affective:**
- Fearful
  - Muscle tension
  - Feeling weepy or crying over seemingly minor things
  - Mood swings
  - Feelings and/or outbursts of rage
  - Depressed mood or irritability
  - Feeling restless, keyed up, on edge, panicky
  - Feelings of worthlessness or guilt
  - Feeling unattached or unbonded to fetus/baby
  - Other: \_\_\_\_\_
- Behavioural:**
- Panic attacks
  - Missing parts of old life *eg. the freedom to go out with friends*
  - Avoidance behaviours *eg. towards baby or social interactions*
  - Diminished interest or enjoyment in activities
  - Other: \_\_\_\_\_

### Other Symptoms:

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### Patient Information

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#### 1. History of Mental Illness

Previous diagnoses | Substance misuse | Childhood experiences/adverse childhood experiences | Intimate partner violence | Abuse | Relationships

#### 2. Current Physical and Mental Health

Eating | Lifestyle factors | Other personal or family history of health conditions | Exercise

#### 3. Children and Families

Other siblings | Extended family dynamics

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#### 4. Relationships

Woman's relationship with partner | Cultural differences | Relationships with wider family | Expectations of family life and parenthood (own and partner) | Relationship strengths and satisfaction | Communication | Intimacy

#### 5. Journey to Parenthood

Planned or unplanned | Reactions to pregnancy (same or different) | Fertility treatment | Donor conception | First or subsequent pregnancy or child | History perinatal loss | Birth experience(s) and aftercare

#### 6. Transition to Parenthood

Adjustment to role change | Adjustment to identity shift | Sense of loss | Restrictions and lifestyle change | Parenting confidence | Isolation | Partner's perspectives

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### 7. Support Network

Perception of support | Availability of support | Communication

### 8. Drug and Alcohol Use

Quantity and Frequency | Triggers/antecedents

### 9. PIMH Risk Assessment *(use COPE Risk Template)*

- Woman:**
- Risk of harm to self - Direct Self Harm (DSH) or Suicide Intent (SI)
  - Risk of harm to others/Family violence

**Details:**



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- Risk to infant:**
- Have you had thoughts of harming your baby?
  - Have you felt irritated by your baby?
  - Have you had significant regrets about having this baby?
  - Does the baby feel like it is not yours at times?
  - Have you ever wanted to shake or slap your baby?
  - Have you ever harmed your baby?

**Further Comments:**

**10. Protective Factors**