

# COPE

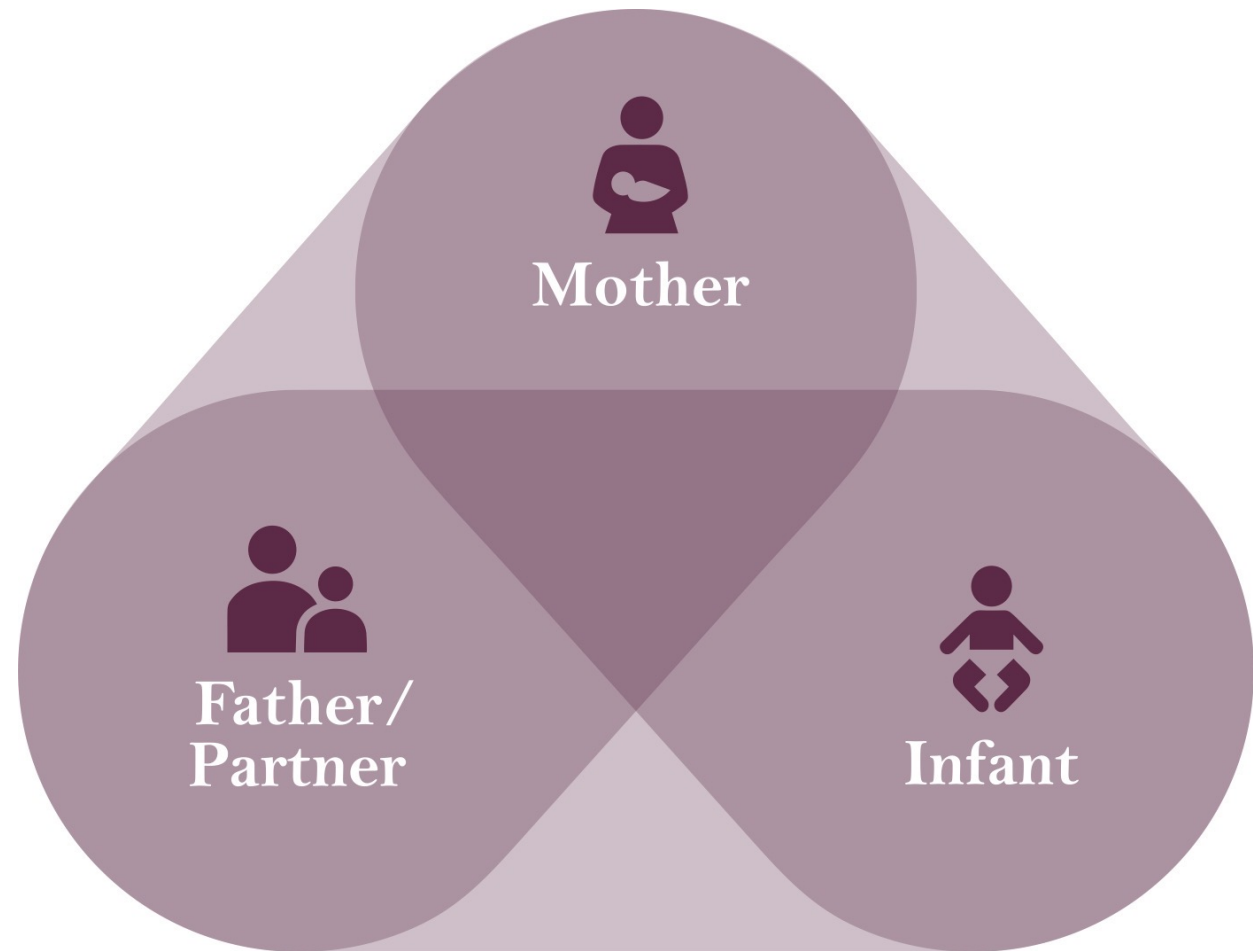
Centre of Perinatal Excellence

## Applied Skills in Perinatal Mental Health Assessment and Care

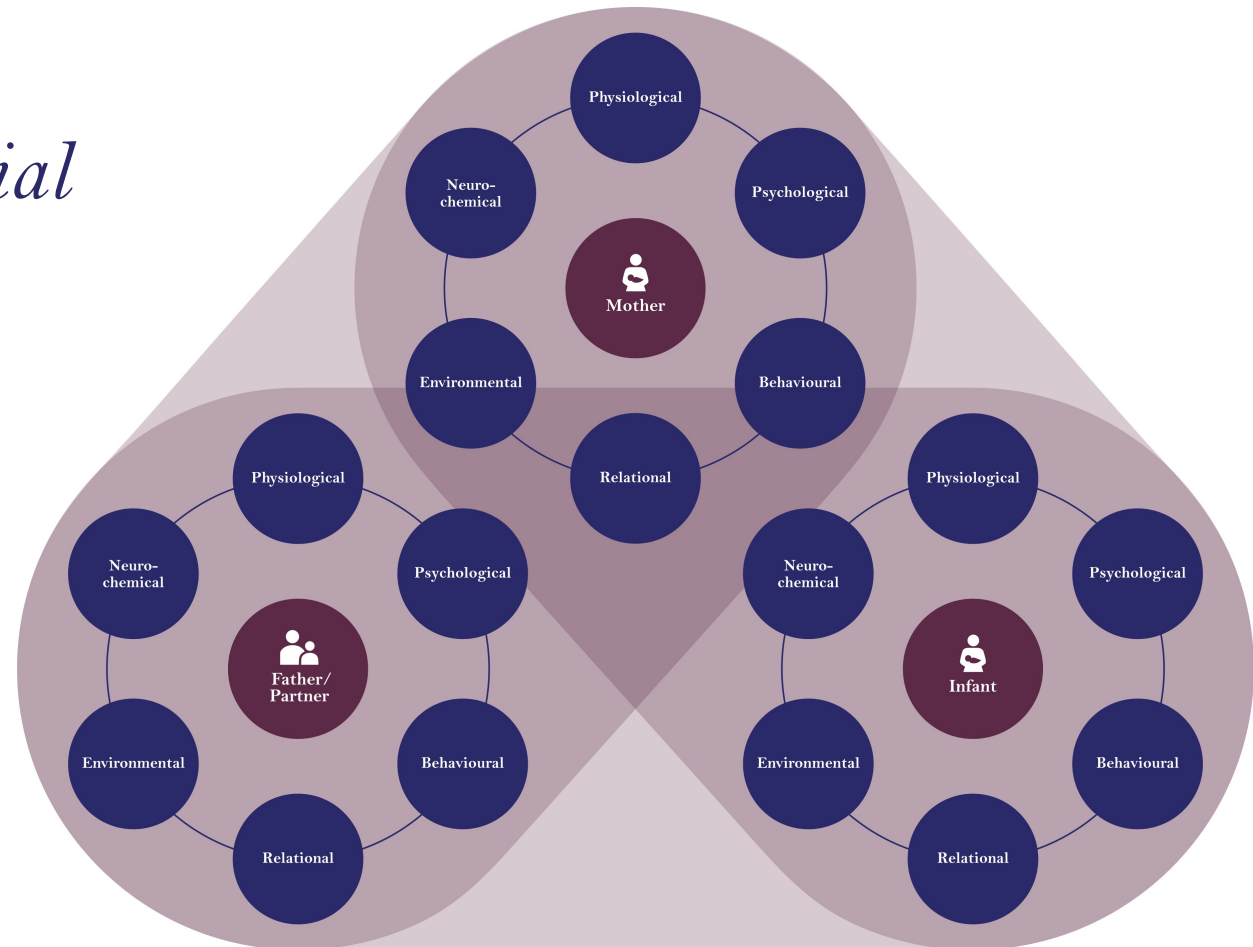
### PRACTICE GUIDE



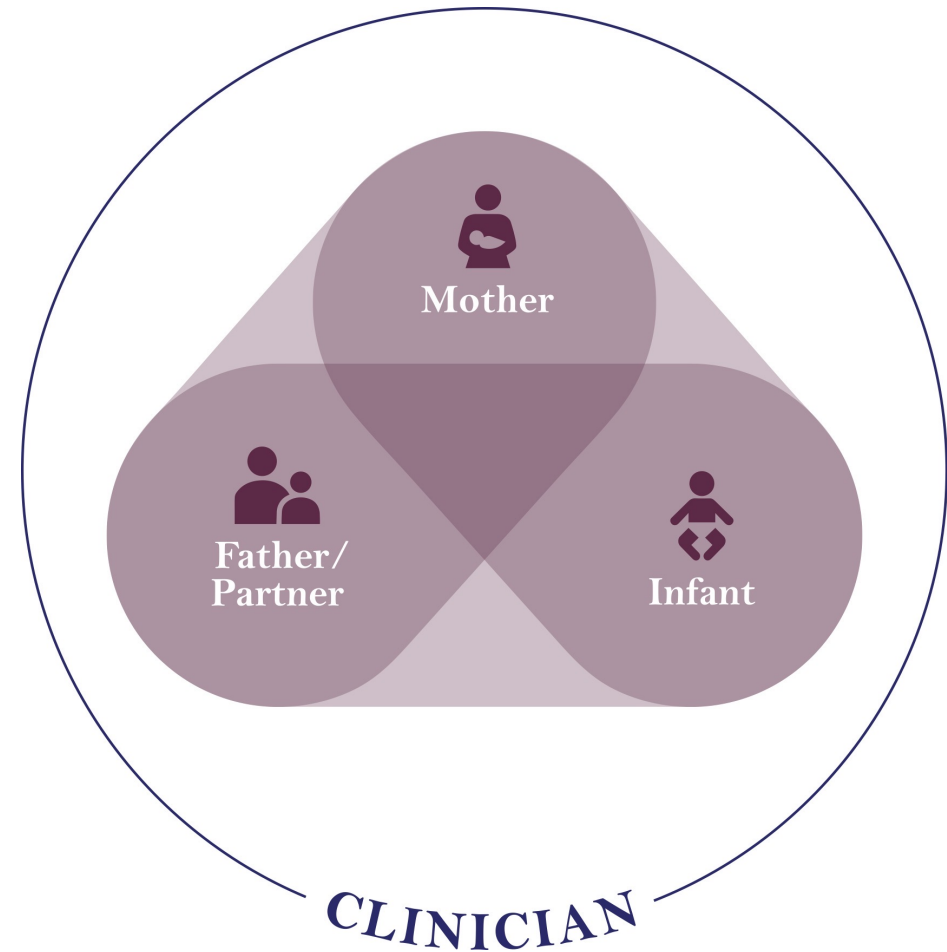
# The Perinatal Context



# The *Biopsychosocial Model* in the Perinatal Context



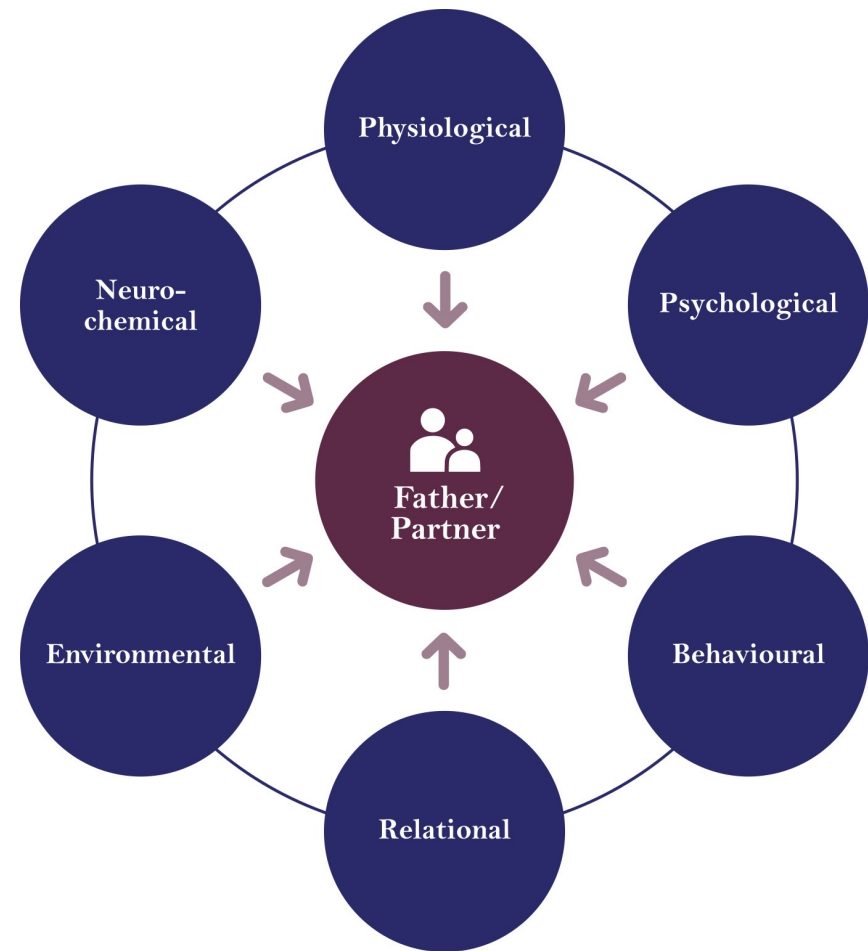
The *Therapeutic  
Relationship*  
in the Perinatal  
Context



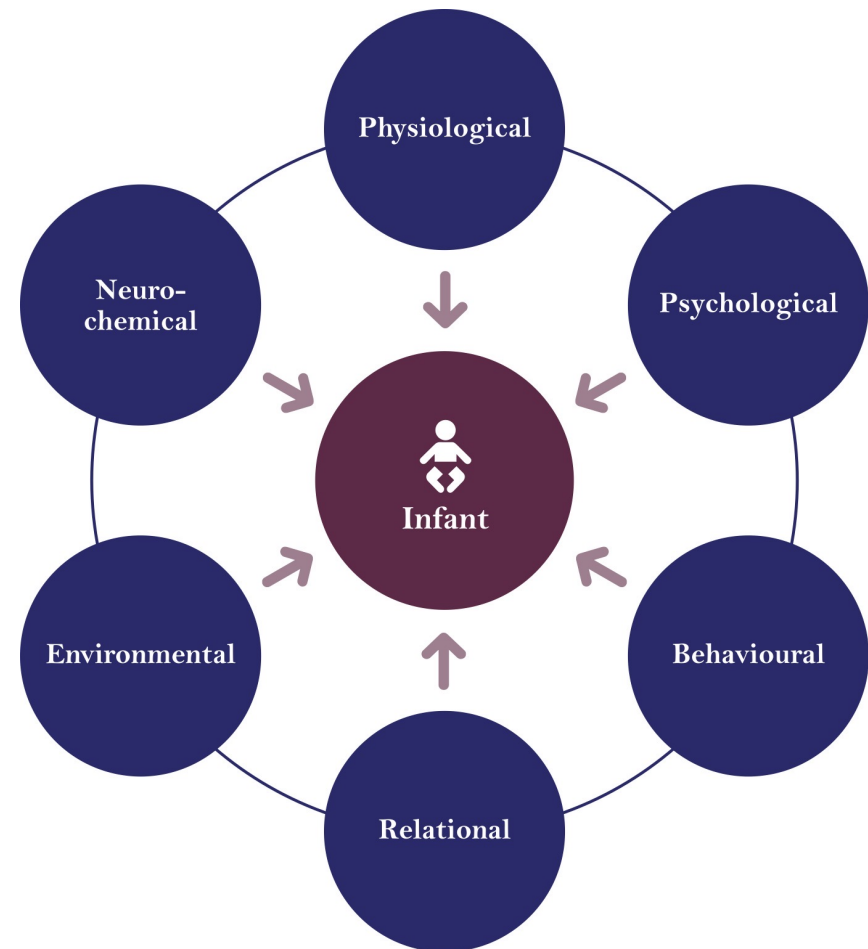
# The COPE *Maternal* Perinatal Context Model

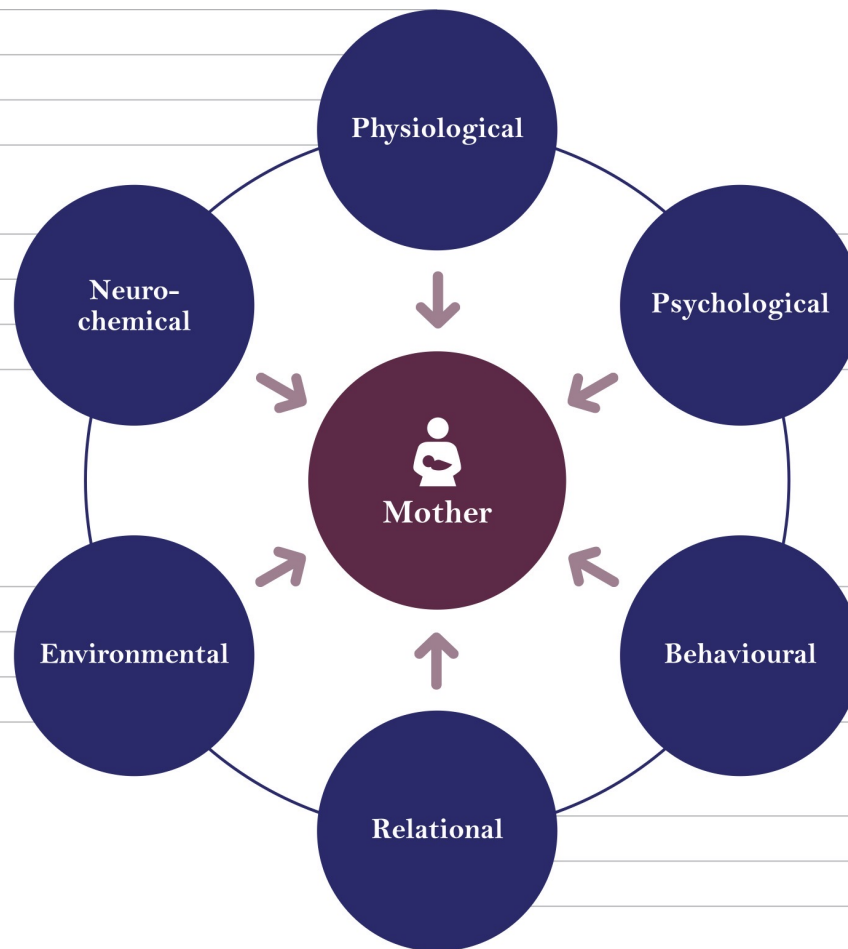


# The COPE *Father/Partner* Perinatal Context Model

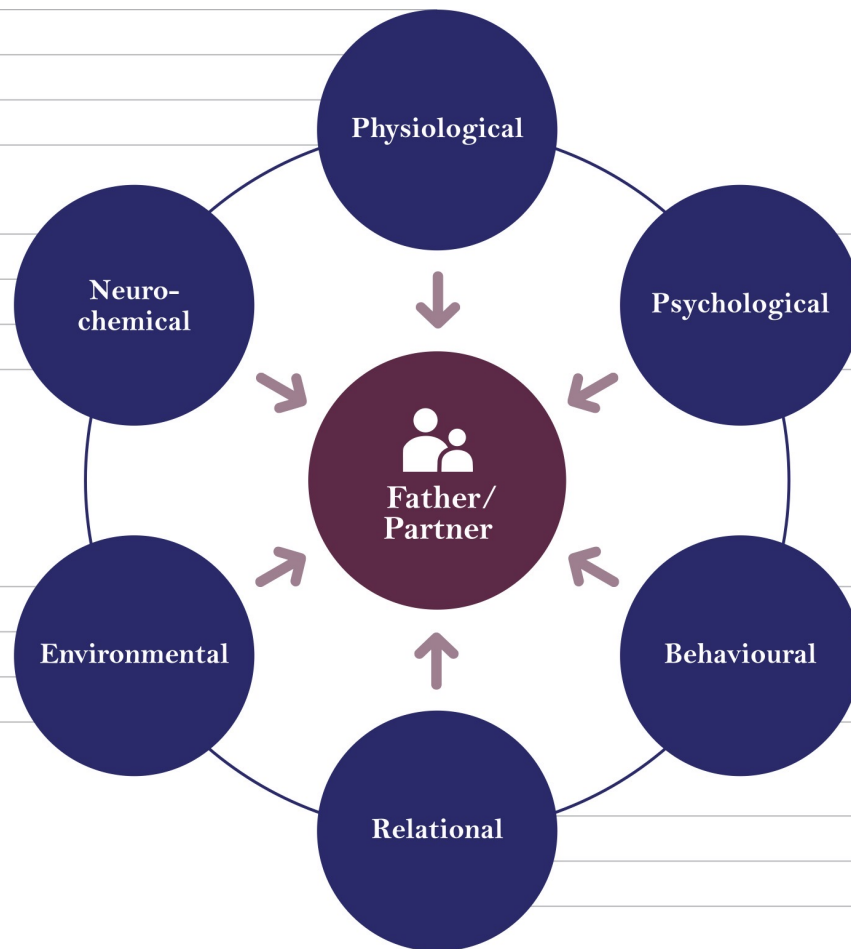


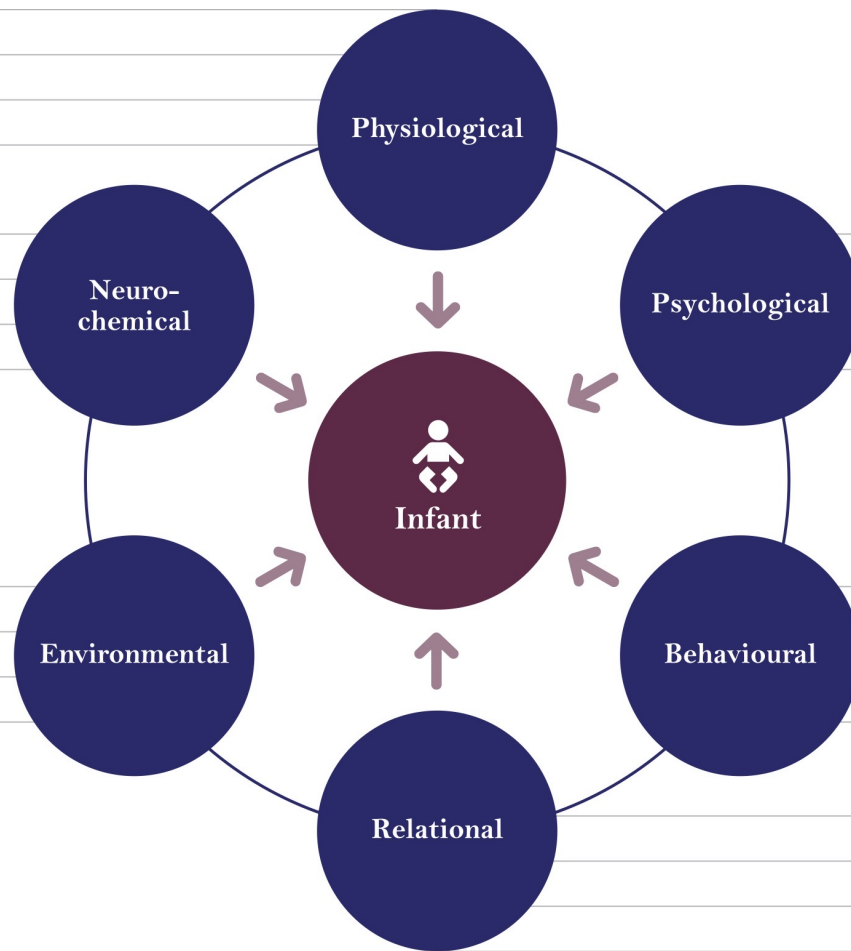
# The COPE *Infant* Perinatal Context Model











# 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):

# COPE Perinatal Mental Health Assessment Template



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## Mental State Exam (MSE)

---

Appearance:

---

Behaviour/Speech:

---

Affect:

---

Cognition:

---

Mood:

---

Thoughts and Perception:

---

Judgement and Insight:

---

---

## Assessment Considerations

---

Main Presenting Issues:



# COPE

## Perinatal Mental Health Assessment Template

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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:

# COPE

## Perinatal Mental Health Assessment Template



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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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## Perinatal Mental Health Assessment Template



#### 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

# COPE

## Perinatal Mental Health Assessment Template



### 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:**





# COPE

## Perinatal Mental Health Assessment Template

- 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



# Edinburgh Postnatal Depression Scale (EPDS)

Cox JL, Holden JM Sagovsky R (1987) Detection of postnatal depression: development of the 10-item Edinburgh postnatal depression scale. *Brit J Psychiatry* 150 782-86. Reproduced with permission.

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

We would like to know how you have been feeling in the past week. Please indicate which of the following comes closest to how you have been feeling over the past seven days, not just how you feel today. Please tick one circle for each question that comes closest to how you have felt in the **last seven days**.

Here is an example already completed.

**I have felt happy:**

- Yes, all of the time
- Yes, most of the time
- No, not very often
- No, not at all

This would mean: 'I have felt happy most of the time during the past week'.

**Please complete the other questions in the same way.**

**1.** I have been able to laugh and see the funny side of things

- As much as I always could
- Not quite so much now
- Definitely not so much now
- Not at all

**2.** I have looked forward with enjoyment to things

- As much as I ever did
- Rather less than I used to
- Definitely less than I used to
- Hardly at all

**3.** I have blamed myself unnecessarily when things went wrong

- Yes, most of the time
- Yes, some of the time
- Not very often
- No, never

**4.** I have been anxious or worried for no good reason

- No, not at all
- Hardly ever
- Yes, sometimes
- Yes, very often

**5.** I have felt scared or panicky for no very good reason

- Yes, quite a lot
- Yes, sometimes
- No, not much
- No, not at all

**6.** Things have been getting on top of me

- Yes, most of the time I haven't been able to cope at all
- Yes, sometimes I haven't been coping as well as usual
- No, most of the time I have coped quite well
- No, I have been coping as well as ever

**7.** I have been so unhappy that I have had difficulty sleeping

- Yes, most of the time
- Yes, sometimes
- Not very often
- No, not at all

**8.** I have felt sad or miserable

- Yes, most of the time
- Yes, quite often
- Not very often
- No, not at all

**9.** I have been so unhappy that I have been crying

- Yes, most of the time
- Yes, quite often
- Only occasionally
- No, never

**10.** The thought of harming myself has occurred to me

- Yes, quite often
- Sometimes
- Hardly ever
- Never



# Edinburgh Postnatal Depression Scale (EPDS)

Cox JL, Holden JM Sagovsky R (1987) Detection of postnatal depression: development of the 10-item Edinburgh postnatal depression scale. *Brit J Psychiatry* 150 782-86. Reproduced with permission.

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

We would like to know how you have been feeling in the past week. Please indicate which of the following comes closest to how you have been feeling over the past seven days, not just how you feel today. Please tick one circle for each question that comes closest to how you have felt in the **last seven days**.

Here is an example already completed.

**I have felt happy:**

- Yes, all of the time
- Yes, most of the time
- No, not very often
- No, not at all

This would mean: 'I have felt happy most of the time during the past week'.

**Please complete the other questions in the same way.**

- |                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>1.</b> I have been able to laugh and see the funny side of things</p> <p><b>0</b> As much as I always could</p> <p><b>1</b> Not quite so much now</p> <p><b>2</b> Definitely not so much now</p> <p><b>3</b> Not at all</p> <hr/> | <p><b>6.</b> Things have been getting on top of me</p> <p><b>3</b> Yes, most of the time I haven't been able to cope at all</p> <p><b>2</b> Yes, sometimes I haven't been coping as well as usual</p> <p><b>1</b> No, most of the time I have coped quite well</p> <p><b>0</b> No, I have been coping as well as ever</p> <hr/> |
| <p><b>2.</b> I have looked forward with enjoyment to things</p> <p><b>0</b> As much as I ever did</p> <p><b>1</b> Rather less than I used to</p> <p><b>2</b> Definitely less than I used to</p> <p><b>3</b> Hardly at all</p> <hr/>     | <p><b>7.</b> I have been so unhappy that I have had difficulty sleeping</p> <p><b>3</b> Yes, most of the time</p> <p><b>2</b> Yes, sometimes</p> <p><b>1</b> Not very often</p> <p><b>0</b> No, not at all</p> <hr/>                                                                                                            |
| <p><b>3.</b> I have blamed myself unnecessarily when things went wrong</p> <p><b>3</b> Yes, most of the time</p> <p><b>2</b> Yes, some of the time</p> <p><b>1</b> Not very often</p> <p><b>0</b> No, never</p> <hr/>                   | <p><b>8.</b> I have felt sad or miserable</p> <p><b>3</b> Yes, most of the time</p> <p><b>2</b> Yes, quite often</p> <p><b>1</b> Not very often</p> <p><b>0</b> No, not at all</p> <hr/>                                                                                                                                        |
| <p><b>4.</b> I have been anxious or worried for no good reason</p> <p><b>0</b> No, not at all</p> <p><b>1</b> Hardly ever</p> <p><b>2</b> Yes, sometimes</p> <p><b>3</b> Yes, very often</p> <hr/>                                      | <p><b>9.</b> I have been so unhappy that I have been crying</p> <p><b>3</b> Yes, most of the time</p> <p><b>2</b> Yes, quite often</p> <p><b>1</b> Only occasionally</p> <p><b>0</b> No, never</p> <hr/>                                                                                                                        |
| <p><b>5.</b> I have felt scared or panicky for no very good reason</p> <p><b>3</b> Yes, quite a lot</p> <p><b>2</b> Yes, sometimes</p> <p><b>1</b> No, not much</p> <p><b>0</b> No, not at all</p>                                      | <p><b>10.</b> The thought of harming myself has occurred to me</p> <p><b>3</b> Yes, quite often</p> <p><b>2</b> Sometimes</p> <p><b>1</b> Hardly ever</p> <p><b>0</b> Never</p>                                                                                                                                                 |

# Antenatal (Psychosocial) Risk Questionnaire (ANRQ) – Client

V.2004 (Updated 2017) © M-P Austin

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

The questions below are designed to help you and your clinician understand whether you may benefit from some extra support during this time of change. You may find some questions challenging, but please choose the answers that best apply to you. There are no right or wrong answers.

Please complete all questions, unless instructed to SKIP a question. Once you have completed the questions, your clinician will discuss your responses with you. If you have any concerns about any of the questions, please let your clinician know.

Total

**Q1.** Have you ever had a period of 2 weeks or more when you felt particularly worried, miserable or depressed?

No

**If No**, skip to **Q1.c.**

Yes

**If Yes**, please answer **Q1.a.**, **Q1.b.** and **Q1.c.**,

**If Yes**, did this:

**Q1.a.** Seriously interfere with your work or your relationships with friends and family?

Not at all

A little

Somewhat

Quite a lot

Very much



**Q1.b.** Lead you to seek professional help?

Did you see a:

psychiatrist  psychologist/counsellor  GP

Did you take tablets/herbal medicine?  No  Yes

No

Yes

**If yes**, name of professional: \_\_\_\_\_

**If yes**, list medication(s): \_\_\_\_\_

**Q1.c.** Do you have **any other history of mental health problems?** (e.g. eating disorders, psychosis, bipolar, schizophrenia)  No  Yes

**If yes**, list other mental health problems: \_\_\_\_\_

\_\_\_\_\_

**Q2.** Is your relationship with your partner an emotionally supportive one?

Very much

Quite a lot

Somewhat

A little

Not at all

No partner



**Q3.** Have you had any stresses, changes or losses in the last 12 months? (e.g. only: separation, domestic violence, job loss, bereavement etc.)

No

**If No**, skip to **Q4.**

Yes

**If Yes**, please answer **Q3.a.**,

**If yes**, please specify: \_\_\_\_\_

**If Yes:**

**Q3.a.** How distressed were you by these stresses, changes or losses?

Not at all

A little

Somewhat

Quite a lot

Very much



**Q4.** Would you generally consider yourself a worrier?

Not at all

A little

Somewhat

Quite a lot

Very much



# Antenatal (Psychosocial) Risk Questionnaire (ANRQ) – Client

V.2004 (Updated 2017) © M-P Austin

<b>Q5.</b> In general, do you become upset if you do not have order in your life? (e.g. regular timetable, tidy house)	Not at all <input type="checkbox"/>	A little <input type="checkbox"/>	Somewhat <input type="checkbox"/>	Quite a lot <input type="checkbox"/>	Very much <input type="checkbox"/>	<input type="checkbox"/>
------------------------------------------------------------------------------------------------------------------------	----------------------------------------	--------------------------------------	--------------------------------------	-----------------------------------------	---------------------------------------	--------------------------

<b>Q6.</b> Do you feel you will have people you can depend on for support with your baby?	Very much <input type="checkbox"/>	Quite a lot <input type="checkbox"/>	Somewhat <input type="checkbox"/>	A little <input type="checkbox"/>	Not at all <input type="checkbox"/>	<input type="checkbox"/>
-------------------------------------------------------------------------------------------	---------------------------------------	-----------------------------------------	--------------------------------------	--------------------------------------	----------------------------------------	--------------------------

**Now you are having a baby, you may be starting to think about your own childhood and what it was like:**

<b>Q7.</b> Were you emotionally abused <i>when you were growing up</i> ?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------------------------------------------------------	--------------------------------	---------------------------------	--------------------------	--------------------------	--------------------------	--------------------------

<b>Q8.</b> Have you <b>ever</b> been sexually <input type="checkbox"/> or physically <input type="checkbox"/> abused?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-----------------------------------------------------------------------------------------------------------------------	--------------------------------	---------------------------------	--------------------------	--------------------------	--------------------------	--------------------------

<b>Q9.</b> <i>When you were growing up</i> , did you feel your mother was emotionally supportive of you?	Very much <input type="checkbox"/>	Quite a lot <input type="checkbox"/>	Somewhat <input type="checkbox"/>	A little <input type="checkbox"/>	Not at all <input type="checkbox"/>	No Mother <input type="checkbox"/>	<input type="checkbox"/>
----------------------------------------------------------------------------------------------------------	---------------------------------------	-----------------------------------------	--------------------------------------	--------------------------------------	----------------------------------------	---------------------------------------	--------------------------

**And finally...**

Do you feel safe with your current partner?	Not at all <input type="checkbox"/>	A little <input type="checkbox"/>	Somewhat <input type="checkbox"/>	Quite a lot <input type="checkbox"/>	Very much <input type="checkbox"/>	No partner <input type="checkbox"/>
---------------------------------------------	----------------------------------------	--------------------------------------	--------------------------------------	-----------------------------------------	---------------------------------------	----------------------------------------

Do you think that you (or your partner) may have a problem with drugs or alcohol?	Not at all <input type="checkbox"/>	A little <input type="checkbox"/>	Somewhat <input type="checkbox"/>	Quite a lot <input type="checkbox"/>	Very much <input type="checkbox"/>
-----------------------------------------------------------------------------------	----------------------------------------	--------------------------------------	--------------------------------------	-----------------------------------------	---------------------------------------

Do you have any other concerns that you would like to talk about today? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Antenatal (Psychosocial) Risk Questionnaire (ANRQ) – Client with postnatal items

V.2004 (Updated 2017) © M-P Austin

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

The questions below are designed to help you and your clinician understand whether you may benefit from some extra support during this time of change. You may find some questions challenging, but please choose the answers that best apply to you. There are no right or wrong answers.

Please complete all questions, unless instructed to SKIP a question. Once you have completed the questions, your clinician will discuss your responses with you. If you have any concerns about any of the questions, please let your clinician know.

Total

**Q1.** Have you ever had a period of 2 weeks or more when you felt particularly worried, miserable or depressed?

No

**If No,** skip to **Q1.c.**

Yes

**If Yes,** please answer **Q1.a., Q1.b. and Q1.c.,**

**If Yes,** did this:

**Q1.a.** Seriously interfere with your work or your relationships with friends and family?

Not at all

A little

Somewhat

Quite a lot

Very much



**Q1.b.** Lead you to seek professional help?

Did you see a:

psychiatrist  psychologist/counsellor  GP

Did you take tablets/herbal medicine?  No  Yes

No

Yes

**If yes,** name of professional: \_\_\_\_\_

**If yes,** list medication(s): \_\_\_\_\_

**Q1.c.** Do you have **any other history of mental health problems?** (e.g. eating disorders, psychosis, bipolar, schizophrenia)  No  Yes

**If yes,** list other mental health problems: \_\_\_\_\_

\_\_\_\_\_

**Q2.** Is your relationship with your partner an emotionally supportive one?

Very much

Quite a lot

Somewhat

A little

Not at all

No partner



**Q3.** Have you had any stresses, changes or losses in the last 12 months? (e.g. only: separation, domestic violence, job loss, bereavement etc.)

No

**If No,** skip to **Q4.**

Yes

**If Yes,** please answer **Q3.a.,**

**If yes,** please specify: \_\_\_\_\_

**If Yes:**

**Q3.a.** How distressed were you by these stresses, changes or losses?

Not at all

A little

Somewhat

Quite a lot

Very much



**Q4.** Would you generally consider yourself a worrier?

Not at all

A little

Somewhat

Quite a lot

Very much

# Antenatal (Psychosocial) Risk Questionnaire (ANRQ) – Client with postnatal items

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**Q5.** In general, do you become upset if you do not have order in your life? (e.g. regular timetable, tidy house)

Not at all	A little	Somewhat	Quite a lot	Very much	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**Q6.** Do you feel you will have people you can depend on for support with your baby?

Very much	Quite a lot	Somewhat	A little	Not at all	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**Now you are having a baby, you may be starting to think about your own childhood and what it was like.**

**Q7.** Were you emotionally abused *when you were growing up*?

No	Yes	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	

**Q8.** Have you **ever** been sexually  or physically  abused?

No	Yes	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	

**Q9.** *When you were growing up*, did you feel your mother was emotionally supportive of you?

Very much	Quite a lot	Somewhat	A little	Not at all	No Mother	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**If you have already had your baby, please complete the following questions about your experiences.**

Was your experience of giving birth to this baby disappointing or frightening?

Not at all	A little	Somewhat	Quite a lot	Very much
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Has your experience of parenting this baby been a positive one?

Not at all	A little	Somewhat	Quite a lot	Very much
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Overall, has your baby been unsettled or feeding poorly?

Not at all	A little	Somewhat	Quite a lot	Very much
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**And finally...**

Do you feel safe with your current partner?

Not at all	A little	Somewhat	Quite a lot	Very much	No partner
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you think that you (or your partner) may have a problem with drugs or alcohol?

Not at all	A little	Somewhat	Quite a lot	Very much
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any other concerns that you would like to talk about today? \_\_\_\_\_

# Antenatal (Psychosocial) Risk Questionnaire (ANRQ) – Client

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The questions below are designed to help you and your clinician understand whether you may benefit from some extra support during this time of change. You may find some questions challenging, but please choose the answers that best apply to you. There are no right or wrong answers.

Please complete all questions, unless instructed to SKIP a question. Once you have completed the questions, your clinician will discuss your responses with you. If you have any concerns about any of the questions, please let your clinician know.

Total

**Q1.** Have you ever had a period of 2 weeks or more when you felt particularly worried, miserable or depressed?

No

Yes

**If No,** skip to **Q1.c.**

**If Yes,** please answer **Q1.a., Q1.b. and Q1.c.,**

**If Yes,** did this:

**Q1.a.** Seriously interfere with your work or your relationships with friends and family?

Not at all

A little

Somewhat

Quite a lot

Very much



**Q1.b.** Lead you to seek professional help?

Did you see a:

psychiatrist  psychologist/counsellor  GP

Did you take tablets/herbal medicine?  No  Yes

No

Yes

**If yes,** name of professional: \_\_\_\_\_

**If yes,** list medication(s): \_\_\_\_\_

**Q1.c.** Do you have **any other history of mental health problems?** (e.g. eating disorders, psychosis, bipolar, schizophrenia)  No  Yes

**If yes,** list other mental health problems: \_\_\_\_\_

\_\_\_\_\_

**Q2.** Is your relationship with your partner an emotionally supportive one?

Very much

Quite a lot

Somewhat

A little

Not at all

No partner



**Q3.** Have you had any stresses, changes or losses in the last 12 months? (e.g. only: separation, domestic violence, job loss, bereavement etc.)

No

Yes

**If No,** skip to **Q4.**

**If Yes,** please answer **Q3.a.,**

**If yes,** please specify: \_\_\_\_\_

**If Yes:**

**Q3.a.** How distressed were you by these stresses, changes or losses?

Not at all

A little

Somewhat

Quite a lot

Very much



**Q4.** Would you generally consider yourself a worrier?

Not at all

A little

Somewhat

Quite a lot

Very much



**Q5.** In general, do you become upset if you do not have order in your life? (e.g. regular timetable, tidy house)

Not at all

A little

Somewhat

Quite a lot

Very much





# Antenatal (Psychosocial) Risk Questionnaire (ANRQ) – Client

V.2004 (Updated 2017) © M-P Austin

<b>Q6.</b> Do you feel you will have people you can depend on for support with your baby?	Very much <input type="checkbox"/>	Quite a lot <input type="checkbox"/>	Somewhat <input type="checkbox"/>	A little <input type="checkbox"/>	Not at all <input type="checkbox"/>	<input type="checkbox"/>
-------------------------------------------------------------------------------------------	---------------------------------------	-----------------------------------------	--------------------------------------	--------------------------------------	----------------------------------------	--------------------------

**Now you are having a baby, you may be starting to think about your own childhood and what it was like:**

<b>Q7.</b> Were you emotionally abused <i>when you were growing up</i> ?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="checkbox"/>
--------------------------------------------------------------------------	--------------------------------	---------------------------------	--------------------------

<b>Q8.</b> Have you <b>ever</b> been sexually <input type="checkbox"/> or physically <input type="checkbox"/> abused?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="checkbox"/>
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<b>Q9.</b> <i>When you were growing up</i> , did you feel your mother was emotionally supportive of you?	Very much <input type="checkbox"/>	Quite a lot <input type="checkbox"/>	Somewhat <input type="checkbox"/>	A little <input type="checkbox"/>	Not at all <input type="checkbox"/>	No Mother <input type="checkbox"/>	<input type="checkbox"/>
----------------------------------------------------------------------------------------------------------	---------------------------------------	-----------------------------------------	--------------------------------------	--------------------------------------	----------------------------------------	---------------------------------------	--------------------------

Do you have any other concerns that you would like to talk about today? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# Antenatal Risk Questionnaire (ANRQ) Clinician Information and Scoring Template

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## Background

The Antenatal Risk Questionnaire (ANRQ) addresses key domains of psychosocial health that have been shown to be associated with increased risk of perinatal mental health morbidity (e.g., depressive or anxiety disorder) and less optimal mother-infant attachment. The ANRQ can be **self-completed or administered** by the clinician and can be used during pregnancy or postnatally<sup>1</sup>. The ANRQ has **12 scored items** relating to the following risk domains:

- Mental health history
- Level of practical support and emotional support from partner
- Stressors/losses in the last year (e.g. bereavement, separation etc.).
- History of physical, sexual or emotional abuse or neglect
- Anxiety and perfectionism levels

## Scoring the ANRQ

- There are **12 scored items**
- **Use the scoring template provided:**
  - > **Q1, Q1b, Q3, Q7, Q8:** No = 0, Yes = 5
  - > **Q1.a, Q2, Q3.a, Q4, Q5, Q6, Q9:** Scores range from 1 to 5
  - > **Notes:**
    - If Q1 = No, Q1a and Q1b should not be answered or scored;
    - Q1.c should not be scored;
    - If Q3 = No, Q3.a should not be answered or scored.
- Based on these scoring instructions, place individual questions scores **in the score box on the right hand side**.
- Add up the maximum 12 scored items and place the **Total Score in the box at the top of the questionnaire**.
- The range of scores is 5-60. **A higher score indicates greater psychosocial risk.**

## Rules for clinical use of the ANRQ

It is recommended that the following rules be followed when administering the ANRQ:

- The ANRQ should only be used by appropriately **trained** staff with ongoing clinical supervision;
- Ideally, the ANRQ should be administered toward the end of a visit;
- ANRQ responses should be **discussed** with the woman, and a **psychosocial care plan** developed as appropriate (see box);
- The ANRQ should be administered with a depression screening measure (e.g., Edinburgh Depression Scale) to assess for possible current depression;
- The ANRQ is only intended as an **adjunct to clinical history** taking. **ANRQ items and the ANRQ cut-off scores** have been developed to aid the identification woman at increased psychosocial risk but are not a substitute for clinical judgement. If you feel a woman is experiencing distress or is at risk of such, you should discuss your concerns with her, explore these issues further and develop a psychosocial care plan as appropriate.

## Summary of ANRQ results and clinical interpretation

- **Cut-off scores:** There is no absolute cut-off score, however an ANRQ **cut-off score of 23 or more is recommended**,<sup>2</sup>
- **A significant mental health history** (i.e., causing functional impairment or requiring professional help) **or a history of abuse** places the woman at increased risk of poor psychosocial outcome, **irrespective** of the total ANRQ score (see Box below).

### Actions arising from responses to the ANRQ

Results should be discussed with the woman, responses further explored, and a psychosocial care plan developed as appropriate, for women who meet any of the following criteria:

- Total ANRQ score of 23 or more;
- Significant mental health history: If Q1 = 5 (Yes) AND [Q1.a ≥ 4 (Quite A Lot/Very Much) OR Q1b = 5 (Yes)];
- History of abuse: If Q7 = 5 (Yes) OR Q8 = 5 (Yes).
- If clinical judgement indicates a woman is experiencing distress, or is at risk of such.

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1. The ANRQ has been validated for use during pregnancy, but is yet to be validated in the postnatal period.

2. Austin et al (2013). The Antenatal Risk Questionnaire (ANRQ): Acceptability and use for psychosocial risk assessment in the maternity setting. *Women & Birth*, 26, 17-25



# Antenatal (Psychosocial) Risk Questionnaire (ANRQ) Clinician Information and Scoring Template

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### Brief Scoring instructions & Interpretation of Results

- There are a maximum of **12 scored items**. Based on the scoring instructions, place individual questions scores in the **score box on the right hand side**.
- Add up the maximum 12 scored items and place the **Total Score in the box at the top of the questionnaire**.
- **Total scores range from 5-60. A higher score indicates greater psychosocial risk.**

Women are at **increased psychosocial risk if ANY** of the following criteria are met:

- > **Total ANRQ score of 23 or more;**
- > **Significant mental health history:** If Q1 = 5 (Yes **AND** [Q1.a ≥ 4 (Quite A Lot/Very Much) **OR** Q1.b = 5 (Yes)]);
- > **History of abuse:** If Q7 = 5 (Yes) **OR** Q8 = 5 (Yes).

### Instructions for women identified as at 'increased risk' (as per above):

- **Explore psychosocial risk further as needed;**
- **Discuss the ANRQ and depression screening<sup>1</sup> results with the woman and establish a care plan with her as appropriate.**

1. NOTE: The ANRQ should be administered with a depression screening measure (e.g., Edinburgh Depression Scale) to assess for possible current depression.

**TOTAL SCORE (5-60)**  
Total

**\*SCORE Q1.A AND Q1.B ONLY IF Q1 = 5 (YES)**

**Q1.** Have you ever had a period of 2 weeks or more when you felt particularly worried, miserable or depressed?

No **0** Yes **5**  
**If No,** skip to **Q1.c.** **If Yes,** please answer **Q1.a., Q1.b. and Q1.c.,**

**If Yes,** did this:

**Q1.a.** Seriously interfere with your work and your relationships with friends or family?

Not at all **1** A little **2** Somewhat **3** Quite a lot **4** Very much **5**

**Q1.b.** Lead you to seek professional help?

Did you see a:  
 psychiatrist  psychologist/counsellor  GP  
 Did you take tablets/herbal medicine?  No  Yes

No **0** Yes **5**  
**If yes,** name of professional: \_\_\_\_\_  
**If yes,** list medication(s): \_\_\_\_\_

**Q1.c.** Do you have **any other history of mental health problems?** (e.g. eating disorders, psychosis, bipolar, schizophrenia)  No  Yes

**If yes,** list other mental health problems: \_\_\_\_\_  
 \_\_\_\_\_

**UNSCORED**

**Q2.** Is your relationship with your partner an emotionally supportive one?

Very much **1** Quite a lot **2** Somewhat **3** A little **4** Not at all **5** No partner **5**



# Antenatal (Psychosocial) Risk Questionnaire (ANRQ) Clinician Information and Scoring Template

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<p><b>Q3.</b> Have you had any stresses, changes or losses <i>in the last 12 months?</i> (e.g. only: separation, domestic violence, job loss, bereavement etc.)</p>	<p>No <b>0</b></p>	<p>Yes <b>5</b></p>		<input style="width: 100px; height: 30px;" type="text"/>
	<p><b>If No.</b> skip to <b>Q4.</b></p>	<p><b>If Yes,</b> please answer <b>Q3.a.,</b></p>		
	<p><b>If yes,</b> please specify: _____</p>			<p><b>*SCORE Q3.A ONLY IF Q3 = 5 (YES)</b></p>

<p><b>If Yes:</b></p> <p><b>Q3.a.</b> How distressed were you by these stresses, changes or losses?</p>	<p>Not at all <b>1</b></p>	<p>A little <b>2</b></p>	<p>Somewhat <b>3</b></p>	<p>Quite a lot <b>4</b></p>	<p>Very much <b>5</b></p>	<input style="width: 100px; height: 30px;" type="text"/>
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<p><b>Q4.</b> Would you generally consider yourself a worrier?</p>	<p>Not at all <b>1</b></p>	<p>A little <b>2</b></p>	<p>Somewhat <b>3</b></p>	<p>Quite a lot <b>4</b></p>	<p>Very much <b>5</b></p>	<input style="width: 100px; height: 30px;" type="text"/>
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<p><b>Q5.</b> In general, do you become upset if you do not have order in your life? (e.g. regular timetable, tidy house)</p>	<p>Not at all <b>1</b></p>	<p>A little <b>2</b></p>	<p>Somewhat <b>3</b></p>	<p>Quite a lot <b>4</b></p>	<p>Very much <b>5</b></p>	<input style="width: 100px; height: 30px;" type="text"/>
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<p><b>Q6.</b> Do you feel you will have people you can depend on for support with your baby?</p>	<p>Very much <b>1</b></p>	<p>Quite a lot <b>2</b></p>	<p>Somewhat <b>3</b></p>	<p>A little <b>4</b></p>	<p>Not at all <b>5</b></p>	<input style="width: 100px; height: 30px;" type="text"/>
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**Now you are having a baby, you may be starting to think about your own childhood and what it was like:**

<p><b>Q7.</b> Were you emotionally abused <i>when you were growing up?</i></p>	<p>No <b>0</b></p>	<p>Yes <b>5</b></p>		<input style="width: 100px; height: 30px;" type="text"/>
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<p><b>Q8.</b> Have you <b>ever</b> been sexually <input type="checkbox"/> or physically <input type="checkbox"/> abused?</p>	<p>No <b>0</b></p>	<p>Yes <b>5</b></p>		<input style="width: 100px; height: 30px;" type="text"/>
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<p><b>Q9.</b> <i>When you were growing up,</i> did you feel your mother was emotionally supportive of you?</p>	<p>Very much <b>1</b></p>	<p>Quite a lot <b>2</b></p>	<p>Somewhat <b>3</b></p>	<p>A little <b>4</b></p>	<p>Not at all <b>5</b></p>	<p>No Mother <b>5</b></p>	<input style="width: 100px; height: 30px;" type="text"/>
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Do you have any other concerns that you would like to talk about today? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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# COPE Safety Plan

**Warning signs:**

What are some of the warning signs that you may be at risk of harming yourself (e.g. feeling trapped, worthless or hopeless) and what can you do to protect yourself and your infant?

**Warning signs:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Protective action:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Coping strategies:**

What are some of coping strategies that you help you and decrease the level of risk?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Support networks:**

Who can you turn to people to assist you in times of need?

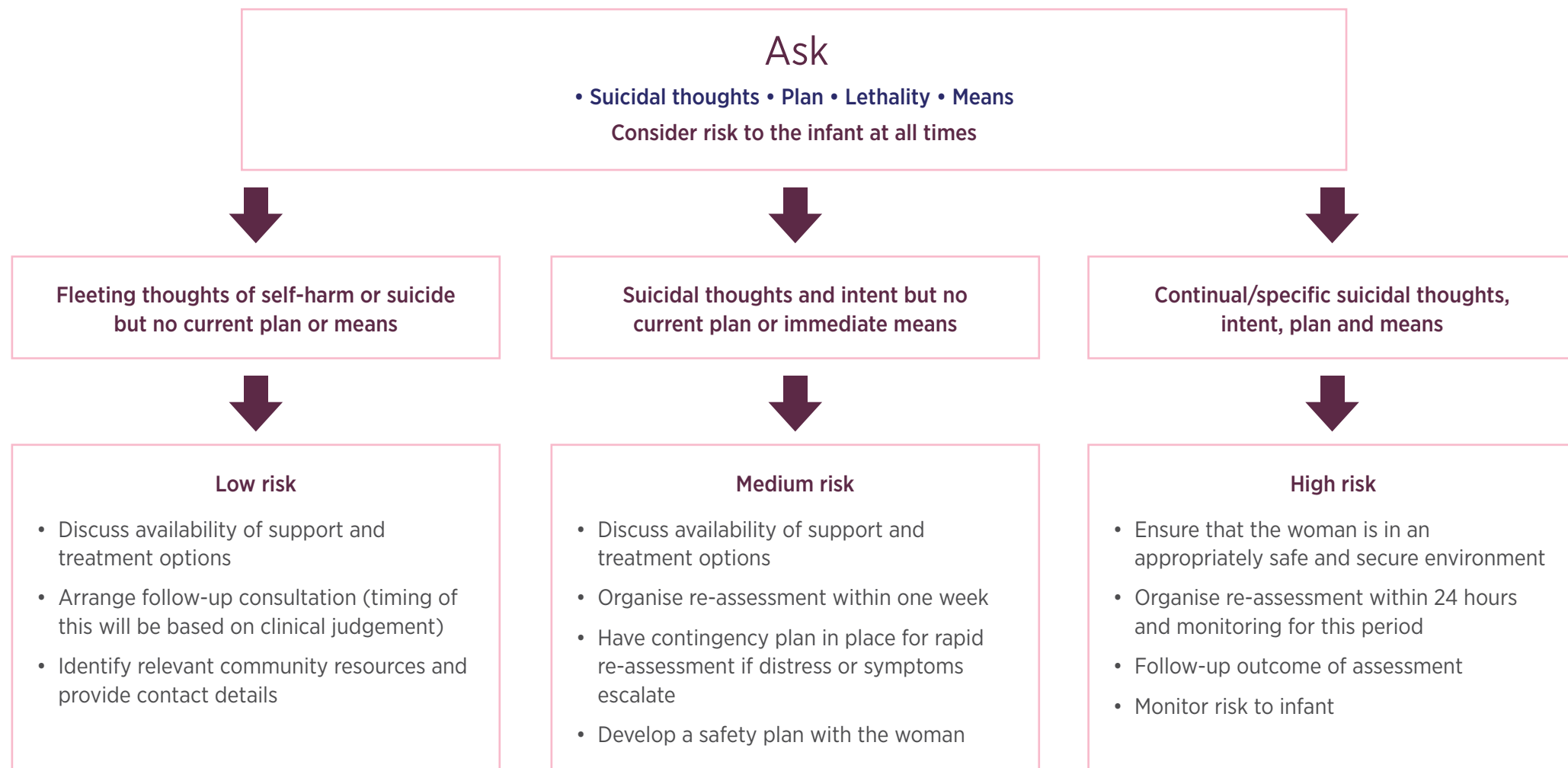
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**Professional help:**

Which health professionals and agencies can be contacted for help?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_

# Assessing Suicide Risk

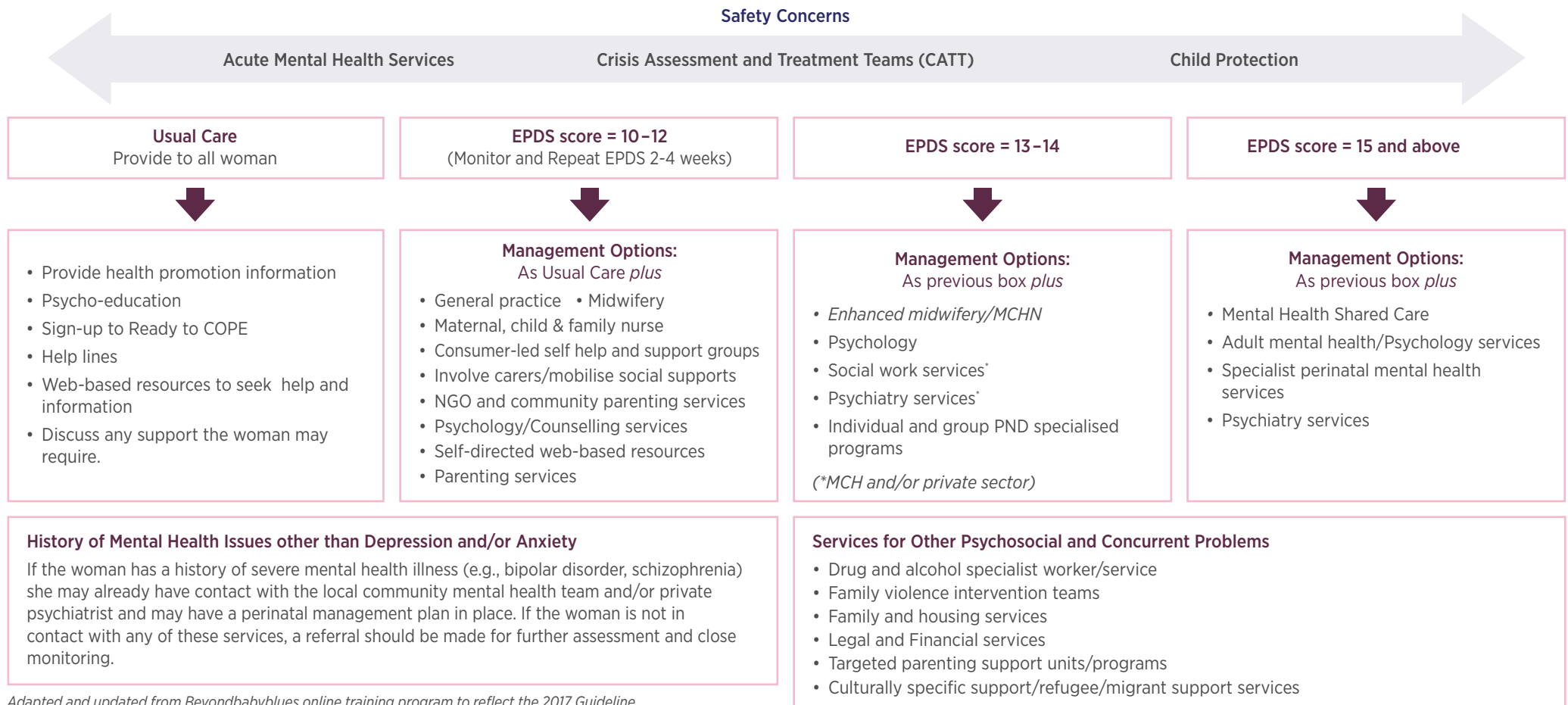


# Pathways to Care

## A Guide to the Management of Depression and Anxiety

### Screening with the EPDS and Psychosocial Assessment (ANRQ)

- As early as practical in pregnancy and repeat screening later in pregnancy
- Always follow-up Q10 on the EPDS
- At 6–12 weeks after birth and repeat screening at least once in the postnatal year



Adapted and updated from Beyondbabyblues online training program to reflect the 2017 Guideline



# Assessing mother-infant interaction and safety of the woman and infant

## A guide for health professionals

The following table provides a list of prompts to assess difficulties in the mother-infant relationship<sup>1</sup>. The list is not exhaustive and is not intended to be used as a checklist or formal assessment tool. Rather, it indicates areas of functioning that are important to the mother-infant relationship. If any concerns arise, consulting with and/or referring to the appropriate specialist service is a consideration.

### Psychosocial risk factors

- Unresolved family of origin issues
- History of physical/sexual abuse, family violence, childhood neglect
- Past pregnancy loss or excess pregnancy concern
- Unplanned or unwanted pregnancy
- Was the mother able to touch the baby on the day of birth?
- Did the mother have responsibility for infant care during the first week of life?
- Who is involved in the baby's care?
- Availability of emotional/social/practical support
- How much time does the mother spend away from the baby?
- Is the mother excessively worried about the baby?

### Infant factors

- Is baby achieving normal developmental milestones?
- Is the baby growing adequately?
- Are there feeding difficulties, reflux, gastric distress, sleep difficulties?

### Infant behaviour of concern (observed or reported)

- Gaze avoidance
- Flat affect
- Lack of crying
- Limited vocalising
- Emotionally under-responsive
- Interacts too easily with strangers (age-dependent)
- Unsettled sleep or feeding
- Difficult to console when distressed
- Irritable, constant crying
- Difficulty separating from parent (age-dependent)

### Relationship factors (observed or reported)

- Is the mother thoughtful about her baby?
- Can the mother describe the baby's daily routine?
- Is the mother able to reflect on the baby's needs?
- Does the mother express empathy for the baby?
- Does the mother engage in enjoyable activities with the baby?
- Does the mother play/talk appropriately with the baby?
- Does she delight in her baby?
- Does the baby ever make her feel uncomfortable, unhappy or enraged?
- Is the mother excessively worried about the baby?
- Does the mother cope with the baby's distress?
- Does she respond and attend appropriately to the baby's cues?
- Are her responses consistent?
- Is she protective of the baby?

### Maternal factors

- Current maternal psychopathy
- Antenatal or postnatal mood disorder
- Psychosis
- Diagnosed personality disorder
- Suicidal or homicidal ideation
- Negative symptoms (low motivation, anhedonia, blunted affect, poverty of thought/speech)
- Medication side-effects
- Substance abuse
- Engaging in dangerous or risk-taking behaviours (e.g. alcohol or drug misuse)

### Protective factors

- Mother is sensitive to the baby
- Mother is able to monitor the baby's well-being adequately
- Mother is responsive to the baby
- Mother is able to cope with flexibility in her routine
- Mother has a close relationship with at least one other adult
- Mother is thoughtful about what might be going on in the baby's mind





# Assessing mother-infant interaction and safety of the woman and infant

## A guide for health professionals

### Risk to the infant

If difficulties with the mother-infant interaction as outlined above are observed and/or if the woman has a significant mental health condition, further assessment will be required. Risk of harm to the infant can be related to suicide risk in the mother but can also be a separate issue. Although expressions of fear of harming the baby may be a sign of anxiety rather than intent, these should always be further assessed.

The way in which risk to the fetus or infant is assessed depends on the setting and the extent of the therapeutic relationship. The following are examples of questions that could be asked, taken from the Postpartum Bonding Questionnaire (Brockington et al 2006) and adapted to the perinatal context.

- Have you felt irritated by being pregnant or by your baby?
- Have you had significant regrets about becoming pregnant or having the baby?
- Does the baby feel like it's not yours at times?
- Have you wanted to harm your unborn child or shake or slap your baby?
- Have you ever harmed your baby?

Action will depend on the answers to these questions. It is preferable that the mother and infant remain together but, if there is a perceived risk of harm to the infant, involvement of others (e.g. father or co-parent) in caring for the infant or alternative arrangements are advisable.

Notification to the relevant child protection agency may be necessary. All health professionals should be familiar with the legislation concerning reporting of concerns about children at risk of harm from abuse or neglect in their State or Territory. Health services and child and maternal agencies will generally have internal policies setting out these requirements.



### Risk of suicide<sup>2</sup>

Suicide risk assessment requires clinical judgement, a sense of the woman in context, understanding of the baby/infant as both a protective factor and a risk factor, and awareness of how mental health symptoms might affect impulsivity.

#### Assessing the risk of suicide

Assessment of risk involves asking about the extent of suicidal thoughts and planning, including:

- *suicidal thoughts* – if a woman has suicidal thoughts, how frequent and persistent are they?
- *plan* – if the woman has a plan, how detailed and realistic is it?
- *lethality* – if the woman has a planned method, how lethal is it?
- *means* – does the woman have the means to carry out the method?

Consideration should also be given to:

- risk and protective factors
- mental state – hopelessness, despair, psychosis, agitation, shame, anger, guilt, impulsivity
- history of suicidal behaviour
- family history of suicidal behaviour
- substance use – current misuse of alcohol or other drugs
- strengths and supports – availability, willingness and capacity of supports.

Whenever a woman is assessed as at risk of suicide, her capacity to care for the infant and any thoughts of harm to the infant should be assessed.

1. Stefan J, Hauck Y, Faulkner D et al (2009) *Healthy Mother-infant Relationship: Assessment of Risk in Mothers with Serious Mental Illness*. North Metropolitan Area Health Service, Mental Health, WA Department of Health.
2. Australian National Suicide Prevention Strategy (NSPS) website – [www.livingisforeveryone.com.au](http://www.livingisforeveryone.com.au)

This fact sheet has been developed by COPE: Centre of Perinatal Excellence and is derived from *Mental Health Care in the Perinatal Period: Australian Clinical Practice Guideline*. 2017. Centre of Perinatal Excellence.

Funded by the Australian Government

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