Postpartum Progress
together, stronger.

New Mom Mental Health Checklist – Black/African Diaspora

Name: _____ Mom's age: _____

Use this checklist to help your healthcare provider know how you have been feeling after having a baby. It can be a good way to let someone know whether you might need help or support.

Since the baby was born, I think I might have (*Mom, check any that may apply*):

- ☐ Postpartum depression (PPD)
- ☐ Postpartum anxiety or OCD
- ☐ Postpartum psychosis
- ☐ Postpartum PTSD (post-traumatic stress)
- ☐ Bipolar disorder or mania
- ☐ Not sure; I just know something isn't right

Here are some of the recognized symptoms of maternal distress that I have been having (*Mom, check any that apply*):

- ☐ I can't sleep, even when my baby is sleeping.
- ☐ I don't feel like eating.
- ☐ I don't feel like I can be the mother I want to be.
- ☐ I am worried about my baby most of the time.
- ☐ I am angrier than I want to be.
- ☐ I don't feel like I like my baby.
- ☐ I am worried something bad could happen to me, my baby, or to people I love.
- ☐ I feel a lot of guilt and shame.
- ☐ I'm worried that I'm not a good mother.
- ☐ I feel overwhelmed with all of the things in my life.
- ☐ I can't concentrate or stay focused on things.
- ☐ I feel like I'm losing it.
- ☐ I don't feel clearheaded.
- ☐ I feel very dizzy sometimes or like I could faint.
- ☐ I want to be alone all or most of the time.
- ☐ I don't like myself.
- ☐ I feel numb.
- ☐ I feel like the only way to make myself feel better is by using alcohol, prescription drugs or other substances.
- ☐ I feel tightness in my chest, or chest pains, or sometimes I feel like I can't breathe.
- ☐ I'm having more stomachaches or stomach problems than usual.
- ☐ I'm having more headaches or back pain than usual.
- ☐ I'm sweating more than usual, or I have the frequent urge to urinate.
- ☐ I have had serious thoughts of hurting myself.
- ☐ I have had thoughts that I should (not that I might or what if, but that *I should or need to*) hurt my baby or someone else.
- ☐ I am worried that I see or hear things that other people don't see or hear.
- ☐ I'm afraid to be alone with my baby.
- ☐ I've recently been diagnosed with hypertension or diabetes.

I have had these feelings for ____ weeks. My baby was born _____ weeks ago.

Mom, check any risk factors for maternal mental illness that apply to you:

- ☐ I have had depression, anxiety, or PPD before.
- ☐ I have a history of bipolar disorder or psychosis.
- ☐ My family has a history of mental illness.
- ☐ I have been verbally abused.
- ☐ I have been sexually abused.
- ☐ I have experienced physical violence.
- ☐ I have had a stressful event in the last year (for example: house move, job loss, divorce or relationship problems, or the death of a loved one)
- ☐ I'm a single mom.
- ☐ I don't have much help or support at home from my partner or family members.
- ☐ I was treated for infertility.
- ☐ My baby has colic, reflux or other health problems.
- ☐ I cannot afford basic needs for my baby.
- ☐ Before this pregnancy I had a miscarriage or stillbirth.
- ☐ I am a teen mom.
- ☐ I have a history of diabetes, thyroid problems, or pre-menstrual dysphoric disorder (PMDD).
- ☐ I had twins, or more than 2 babies.
- ☐ I'm away from my home country or culture.
- ☐ I feel numb, angry or confused about recent racial events.
- ☐ I or my baby had problems in pregnancy or childbirth (for example: baby in NICU, bed rest).