Perinatal Psychiatry Services

National Institute of Mental Health & Neuro Sciences, Bangalore 29

MBU Clinical Assessment Form

MBU No:

Date of filling the form:

dd / mm/ yr

UHID No:

P.No:

Patient Name:

Unit:

Age:

DOA: dd / mm / yr

DOD: dd / mm / yr

Spouse's Name:

Name of the Doctor:

Signature:

MOTHER-BABY UNIT

Risk Assessment Form

Perinatal Psychiatry Services
Department Of Psychiatry
NIMHANS

This form should be filled during the intake procedure to the ward and should be repeated within 6 hours of the intake and daily for a week or more if required.
(Use all sources of information and make an independent judgment about the risks).

Mark the Responses as YES/NO. Please mark Y for Yes and N for No

Risk to self	At Intake	Within 6 hours of intake	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Has the mother's oral intake been very poor?								
Has the mother been showing severe neglect in self-care?								
Has the mother expressed any suicidal ideas / suicidal threats in this episode?								
Has the mother attempted suicide or self harm in this episode?								
Has the mother tried to leave the ward or hospital against advice?								
Risk to the Infant								
Has the mother been refusing to care/or has been unable to care for the baby?								
Has the mother been refusing/or has been unable to breast feed?								
Has the mother been expressing any ideas about harming the baby? (I will throw the baby, this baby is a devil, baby is not mine etc)								
Has the mother been physically trying to harm the baby? (e.g hitting, pinching, handling baby roughly)								
Has the mother been excessively clinging to the baby? (resisting separation)								
Has the mother been neglecting the baby? (not responding when baby cries or is at risk for falling or hurting itself)								

Risk to others and other risks								
Has the mother been violent towards other relatives or hospital staff?								
Does the mother have any medical illness? (Hypertension, Diabetes, Thyroid disorders, Anemia)								
Has the mother been having any infection? (HIV, Breast abscess, TB, MRSA, vaginal infection)								
Has the mother faced any form of violence from others in this episode? (e.g assault, evidence of injuries)								
INFANT HEALTH								
Does the baby have any health problem that requires care within 24 hours? (Diarrhea, Respiratory difficulties, High grade fever)								
Are there any immediate concerns related to infant feeding(does the baby need top feeds?)								

Guidance Note- Explain to the caregiver the purpose of this assessment and need for correct information to help us give the best possible care.

- Risk Assessment should be done in privacy
- The risk assessment should be subsequently done every day for the first one week of inpatient stay and for longer if needed
- The assessments done during the inpatient stay should include the last 24 hours as the time frame.

If any of the above questions are answered as YES please inform the Post-doctoral Fellow in Women's Mental Health / Unit Senior Resident and Dr. Sundarnag G or Dr. Harish T or Dr. Geetha Desai or Dr. Prabha Chandra, MBU Consultants. This will help us in taking appropriate remedial and safety measures.

Consider referring the patient if any of the complications, mentioned below, is present.

		Yes	No
1	Intense Headache.	☐	☐
2	Focal neurological deficits.	☐	☐
3	Seizures.	☐	☐
4	Papilledema.	☐	☐
5	Alteration of consciousness.	☐	☐
6	Cranial nerve palsy, especially 6^{th}CN	☐	☐
7	Sudden onset of pain, tenderness, redness and an increase in skin temp of the calf.	☐	☐
8	Chest pain.	☐	☐
9	Sudden shortness of breath.	☐	☐
10	Rapid respirations.	☐	☐
11	Air hunger/anxiety.	☐	☐
12	Circulatory collapse--weak, rapid pulse and hypotension.	☐	☐
13	Cyanosis.	☐	☐
14	Presence of post-partum hemorrhage	☐	☐
15	Fever.	☐	☐
16	Profuse, foul smelling vaginal discharge, sometimes frothy.	☐	☐
17	Malaise, anorexia, chills, tachycardia.	☐	☐
18	Pelvic pain.	☐	☐
19	Elevated blood pressure	☐	☐

		Yes	No
Also Monitor for:	LSCS incision site for bleeding or infection	☐	☐
	Perineal pain due to episiotomy scar	☐	☐
	Haemorrhoids and constipation	☐	☐
	Marked engorgement and pain in breast	☐	☐
	Chills, Fever, tachycardia, hardness and reddening of breasts.	☐	☐

UHID NO: ☐

A1 SOCIO - DEMOGRAPHIC PROFILE

PATIENT DETAILS	**Name of the Patient**
	Spouse's Name
	Age in Years
	Address:
	Mobile No. of the Patient :
	Mobile No. of the Husband:
	Mobile No. of the Caregiver:
	Years of Education (Patient)
	Marital Status: Married ☐ Separated ☐ Divorced ☐ Widow ☐
	Duration of Marriage: Years ☐☐ Months ☐☐
	Religion: Hindu ☐ Christian ☐ Muslim ☐ Others ☐
	Socioeconomic Status: BPL ☐ APL ☐
	Family Income: **(as declared in hospital record)** _____ (per month)
	Domicile: Urban ☐ Semi urban ☐ Rural ☐
	Occupation: Home maker ☐ Manual Labour ☐ Govt . Employee ☐ Private Professional ☐ Others(Specify) ☐ _____

B Spouse & Family

SPOUSE DETAILS	**Age of the Spouse:**
	Education of the Spouse(in Years) _____
	Occupation of the Spouse Unemployed ☐ Unskilled ☐ Skilled ☐ Private ☐ Government ☐ Professional ☐ Others ☐
	Income of the Spouse (per month) _____
	Spouse's mental health problems? Yes ☐ No ☐
	Spouse's ADS or other substance abuse? Yes ☐ No ☐
FAMILY DETAILS	**Type of family:** Nuclear family ☐ Joint family ☐ Extended family ☐
	Family history of mental illness: Present ☐ Absent ☐
	If Present who is affected: 1^0 ☐ 2^0 ☐ 3^0 ☐
	If yes, nature of illness: _____
	History of consanguinity: Yes ☐ **No** ☐
	If yes degree of consanguinity I ☐ **II** ☐ **III** ☐
	Family history of pregnancy related postpartum Mental illness Yes ☐ **No** ☐
	If yes, in whom? Mother ☐ **Grand Mother** ☐ **Sister** ☐ **Others** ☐
	Diagnosis of Postpartum mental Illness or pregnancy related illness: _____

C Support Scale

Employment during the pregnancy (If mother was employed)	
No change (or improvement) in the employment noted	0
Mother gave up her work by choice	1
Mother experienced adversity at work due to the pregnancy	2
Mother lost her employment because of pregnancy	3
Mother was unemployed at the start of the pregnancy	8
Hardship during pregnancy (This covers housing and financial problems)	
No hardship	0
Some financial stringency	1
Destitution, homelessness or abject poverty	2
Relationship with baby's father before the pregnancy	
The couple are much in love and the best of friends	0
The relationship has its ups and downs, but is harmonious	1
There are frequent quarrels	2
There was major friction, with threats to leave	3
Periods of separation or intimate partner violence have already occurred	4
Relationship with baby's father during the pregnancy	
The pregnancy has improved the relationship	0
No change	1
The relationship has deteriorated	2
The relationship has severely deteriorated, resulting in violence, or threats to leave	3
The relationship has come to an end since the beginning of the pregnancy	4
Support provided by baby's father during the pregnancy	
More support than usual	0
No change	1
Less or insufficient support	2
No support	3
Relationship with family of origin	
The pregnancy has improved the relationship	0
No change, and no major problem	1
No change, but poor	2
The relationship has deteriorated	3
The relationship has severely deteriorated	4

Relationship with family by marriage	
The pregnancy has improved the relationship	0
No change, and no major problem	1
No change, but poor	2
The relationship has deteriorated	3
The relationship has severely deteriorated	4
Family and network emotional and practical support during pregnancy **This is an overview of the total support, in addition to that supplied by child's father**	
Plenty of support	0
Some support, but insufficient	1
No support	2
Intimate partner psychological, physical or sexual violence during the pregnancy	
None	0
There is an atmosphere of criticism, humiliation, over control or belittling, with hurtful remarks	1
Threats of violence	2
At least one incident of physical abuse	3
Severe or recurrent abuse (or physical abuse directed at the abdomen)	4

GENOGRAM

D. Obstetric History

C1. Past Pregnancies & Postpartum

	History of PMDD, PMS Yes ☐ No ☐
	Parity: Primi ☐ Multi ☐
	If Primi, go to D.2 current pregnancy section
GPLA	Any h/o abortion? Yes ☐ No ☐
	If yes, was it, Spontaneous ☐ Induced ☐
	Any h/o still-birth? Yes ☐ No ☐
	Any h/o neonatal complications/ NICU care in previous pregnancy? Yes ☐ No ☐
	If yes details:
	H/o treatment for infertility? Yes ☐ No ☐
	If yes, Details:
	Any preference about the gender of baby during previous pregnancy? Yes ☐ No ☐

Antenatal Details of previous pregnancies	**Antenatal visits**Regular Irregular ☐ ☐
	IFA supplementation Regular Irregular ☐ ☐
	USG abdomen/pelvis Done Not Done ☐ ☐
	Other Medication Use in pregnancy including psychotropics Yes No ☐ ☐
	AnemiaYes No ☐ ☐
	Hyperemesis gravidarum Yes No ☐ ☐
	Antepartum hemorrhage Yes No ☐ ☐
	Labour complications Yes No ☐ ☐
	Preeclampsia/Eclampsia Yes No ☐ ☐
	Gestational diabetes mellitus Yes No ☐ ☐
	Any Surgical wound complications Yes ☐ No ☐

Delivery details of previous pregnancies	Duration of Gestation Term ☐ Pre-term ☐ st-term ☐
	Mode of Delivery Normal ☐ LSCS ☐ Forceps ☐
	Place of Delivery Home ☐ Hospital ☐
Pregnancy Outcome of previous pregnancies	Healthy Baby ☐ Baby had neonatal problems ☐ Still birth ☐ IVGR ☐ Congenital anomalies ☐ Early neonatal death ☐ Developmental delay ☐ Other health problems ☐
	Breast Feeding Yes ☐ No ☐

D1 Current Pregnancy & Postpartum Period

Antenatal	Is the current pregnancy planned?	Yes	☐
		No	☐
	If unplanned, was termination considered?	Yes	☐
		No	☐
	If yes provide details…..		
	What was the regularity of Visits Antenatal Care during recent Pregnancy (Minimum 3 ANC visits) No. of visits	<3	☐
		>3	☐
	What was the attitude of the mother towards current pregnancy	Positive	☐
		Negative/Indifference	☐
		Hostile	☐
	Quality of Maternal fetal bonding	Positive	☐
		Neutral	☐
		Negative	☐
	Where there any attempts at fetal harm/ risk posed to foetus because of mental health?	Yes ☐ No	☐
	If yes,	Deliberate	☐
		Non-deliberate	☐

(tick √ if present, X if absent)	1st Trimester	2nd Trimester	3rd Trimester	During labour & Immediate Postpartum
Antenatal visits				
IFA supplementation				
USG abdomen/pelvis				
Other Medication Use in pregnancy including psychotropics				
Obesity				
Hyperemesis gravidarum				
Antepartum hemorrhage				
Labour complications				
Preeclampsia/Eclampsia				
Gestational diabetes mellitus				
Anemia				
Any Surgical wound complications				
Thyroid disfunction				
Hypertension				

Delivery details of previous pregnancies	Duration of Gestation Term ☐ Pre-term ☐ Post-term ☐
	Mode of Delivery Normal ☐ LSCS ☐ Forceps ☐
	Place of Delivery Home ☐ Hospital ☐
Pregnancy Outcome of previous pregnancies	Healthy Baby ☐ Baby had neonatal problems ☐ Still birth ☐ IVGR ☐ Congenital anomalies ☐ Early neonatal death ☐ Developmental delay ☐ Other health problems ☐

Painful or distressing experience of parturition	Easy delivery ☐ Delivery was painful but mother felt in control and was not greatly distressed ☐ Pain was severe and prolonged, and delivery a distressing experience ☐ Extreme pain and distress, eg. Fear of her own death ☐
	Any h/o neonatal complications/NICU care? Yes ☐ No ☐
	If Yes, details:
Medical Complications during postpartum	PPH ☐ CVT ☐ Anemia ☐ HT ☐ Infections ☐ Thyroid disorders ☐ Breast absess/mastitis ☐

D2 MENTAL HEALTH HISTORY

Antenatal Mental Health History

Anxiety symptoms		
Anxiety During pregnancy	No anxiety or undue worrying	**0**
	Mild Anxiety/Worrying – mother was able to control her symptoms	**1**
	Moderate anxiety/worrying – Symptoms impair functioning or sleep	**2**
	Severe anxiety/worrying – incapacitating for everyday activities	**3**

Depressive symptoms		
Prenatal Depression	No depression	**0**
	Mild Depression – mother was able to control her symptoms	**1**
	Moderate depression – symptoms impair functioning	**2**
	Severe depression – incapacitating for everyday activities	**3**

Obsessive Compulsive symptoms during pregnancy	
No evidence of obsessional disorder	**0**
Pre-existing obsessional ideas or rituals during pregnancy	**1**
New onset of obsessional compulsive disorder during pregnancy	**2**
Obsessional aggressive or seual thoughts or impulses about the foetus or other children combinations can be coded by the addition of two ratings, for example, 5= a new onset of compulsive rituals and obsessions of infanticide.	**3**

Severity of prepartum obsessive/compulsive disorder	
No obsessive/compulsive disorder	**0**
Mild obsessive/compulsive disorder – mother was above to control her symptoms	**1**
Moderate obsessive/compulsive disorder – symptoms impaired functioning	**2**
Severe obsessive/compulsive disorder – incapacitating for everyday activities	**3**

Irritability	
Never	**0**
Seldom, and not more than usual	**1**
More frequently than before the pregnancy	**2**
Often	**3**

Sleep	
No insomnia	**0**
Sleeplessness a problem	**1**
Insomnia one of her main complaints	**2**
Hypersomnalism	**7**

Excessive worries about the outcome/fetal health of pregnancy **Yes** ☐ **No** ☐

If yes,

☐ Fear of Parturition

☐ Fear of foetal death

☐ Fear of foetal abnormality or other fears about health of unborn child

☐ Fear of inadequacy as a mother

☐ Fear of occurrence or recurrence of mental illness

☐ Fear that there will be too little support

☐ Financial worries

Fear of labour (Pain, distress, bleeding) **Yes** ☐ **No** ☐

Fear of injections and surgeries **Yes** ☐ **No** ☐

Any other **Yes** ☐ **No** ☐

If yes for any of the above, please provide details on the onset, severity, impact and coping

Any history of self harm during pregnancy? **Yes** ☐ **No** ☐

If yes details:

D3 Medical & Psychiatric Past History

Past History	Any chronic/major medical illness Yes ☐ No ☐
	If yes, nature/ Medical Illness Details
	Past history of any psychiatric illness? Yes ☐ No ☐
	If Yes, In patient ☐ Out patient ☐ No Medical Treatment ☐
	Diagnosis of past episodes _____
	Age at onset of the illness_____
	Duration of Illness_____(in months)
	Number of hospitalizations:_____
	Number of relapses:_____
	Who is supervising patient medication:_____ (relationship to the patient)

Life Chart:

Perinatal Mental Health	Past History of perinatal Mental health problems: Yes ☐ No ☐
	If Yes, diagnosis_____
	Pregnancy related problems? Yes ☐ No ☐
	If Yes, which trimester? ☐
	Postpartum – If yes, How many days after postpartum ☐ Days
	Post abortion – If yes, How many days after post abortion ☐ Days
	If continues illness, any worsening of condition Yes ☐ No ☐
	If yes, Pregnancy related? Yes ☐ No ☐
	If Yes, which trimester? ☐
	Postpartum – If yes, How many days after postpartum ☐ Days
	Post abortion – If yes, How many days after post abortion ☐ Days

Any history of impaired intellectual development ? **Yes** ☐ **No** ☐	
If yes, details	
Pre morbid Personality traits	
Anxious	☐
Dependent	☐
Emotionally unstable	☐
Paranoid	☐
Schizoid	☐
Schizotypal	☐
Anankastic	☐
Histrionic	☐
Narcistic	☐
Anti-social	☐
Other Neurotic traits	☐
Somatization	☐

E1 Current Clinical Profile Of The Patient

When did the first symptom appear? Pregnancy (weeks) ☐ Postpartum (Days) ☐

What was the first symptom to appear? _____

After how many days of onset of symptoms, did they seek help from a mental health professional? ☐ Days

First help sought – General practitioner ☐

Faith healer ☐

Complementary and alternative medicine systems ☐

Psychiatrist ☐

Duration of current episode or exacerbation in days ☐

Current ICD 10 Diagnosis _____

PSYCHOPATHOLOGY	Infant related delusions	Yes ☐	No ☐		
	Infant related hallucinations	Yes ☐	No ☐		
	Catatonia	Yes ☐	No ☐		
PSYCHOTIC/overvalued IDEAS ABOUT THE BABY	Someone will take the baby away	1			
	Someone will kill or harm the baby	2			
	The baby is a devil/ill fated	3			
	The baby is god/ has special powers	4			
	It is someone else's baby	5			
	Baby has an illness/problem	6			
	Any other, describe:				

E2 Relevant Rating Scales to be filled

Admission	1st Week	2nd Week	at Discharge
Date: _____	Date: _____	Date: _____	Date: _____
1. EPDS ☐	**2. EPDS** ☐	**3. EPDS** ☐	**4. EPDS** ☐
1. YMRS ☐	**2. YMRS** ☐	**3. YMRS** ☐	**4. YMRS** ☐
1. BPRS ☐	**2. BPRS** ☐	**3. BPRS** ☐	**4. BPRS** ☐
1. BFCRS ☐	**2. BFCRS** ☐	**3. BFCRS** ☐	**4. BFCRS** ☐
1. YBOCS ☐	**2. YBOCS** ☐	**3. YBOCS** ☐	**4. YBOCS** ☐
1. CGI ☐	**2. CGI** ☐	**3. CGI** ☐	**4. CGI** ☐

RATING SCALES

1. Catatonia
2. Brief Psychiatric Rating Scale
3. Edinburgh Postnatal Depression Scale
4. YMRS
5. CGI

CATATONIA RATING SCALE

Use the presence or absence of items 1 - 14 for screening & 0 - 3 scale for items 1 -23 to rate severity.

Excitement	Extreme hyperactivity, constant motor unrest which is apparently non-purposeful. Not to be attributed to akathisia or goal-directed agitation.	Absent	0
		Excessive Motion, Intermittent	1
		Constant motion, hyperkinetic without rest periods	2
		Full-blown catatonic excitement, endless frenzied motor activity.	3
Immobility/stupor	Extreme hypoactivity, immobile, minimally responsive to stimuli.	Absent.	0
		Sits abnormally still, may interact briefly.	1
		Virtually no interaction with external world.	2
		Stuporous, non-reactive to painful stimuli.	3
Mutism	Verbally unresponsive or minimally responsive	Absent.	0
		Verbally unresponsive to majority of questions; incomprehensible whisper.	1
		Speaks less than 20 words/5mins	2
		No speech.	3
Staring	Fixed gaze, little or no visual scanning of environment, decreased blinking	Absent	0
		Poor eye contact, repeatedly gazes less than 20 s between shifting of attention; decreased blinking	1
		Gaze held longer than 20 s, occasionally shifts attention	2
		Fixed gaze, non-reactive	3

Posturing/catalepsy	Spontaneous maintenance of posture (s), including mundane (e.g. sitting or standing for long periods without reacting)	Absent. 0 Less than I mm 1 Greater than one minute, less than 15 mm. 2 Bizarre posture, or mundane maintained more than 15 mm 3
Grimacing	Maintenance of odd facial expressions	Absent. 0 Less than l0s 1 Less than 1 mm 2 Bizarre expression(s) or maintained more than 1 mm. 3
Echopraxia/echolalia	Mimicking of examiner's movements/speech	Absent 0 Occasional 1 Frequent 2 Constant 3
Stereotypy	Repetitive, non-goal-directed motor activity (e.g. finger-play, repeatedly touching, patting or rubbing self); abnormality not inherent in act but in its frequency	Absent 0 Occasional 1 Frequent 2 Constant 3
Mannerisms	Odd, purposeful movements (hopping or walking tiptoe, saluting passers-by or exaggerated caricatures of mundane movements); abnormality inherent in act itself.	Absent 0 Occasional 1 Frequent 2 Constant 3
Verbigeration	Repetition of phrases or sentences (like a scratched records)	Absent 0 Occasional 1 Frequent 2 Constant 3

Rigidity	Maintenance of a rigid position despite efforts to be moved, exclude if cog-wheeling or tremor present	Absent Mild resistance Moderate Severe, cannot be repostured	0 1 2 3
Negativism	Apparently motiveless resistance to instructions or attempts to move/examine patients. Contrary behaviour, does exact opposite of instruction.	Absent Mild resistance and/or occasionally contrary Moderate resistance and/or frequently contrary Severe resistance and/or continually contrary	0 1 2 3
Waxy flexibility	During reposturing of patient, patient offers initial resistance before allowing himself to be repositioned, similar to that of a bending candle	Absent Present	0 3
Withdrawal	Refusal to eat, drink and/or make eye contact	0 = Absent. 1 = Minimal P0 intake/interaction for less than 1 day. 2 = Minimal P0 intake/interaction for more than 1 day. 3 = No P0 intake/ interaction for 1 day or more	0 1 2 3
Impulsivity	Patient suddenly engages in inappropriate behaviour (e.g. runs down hallway, starts screaming or takes off clothes) without provocation. Afterwards can give no, or only a facile explanation.	Absent Occasional Frequent Constant or not redirectable	0 1 2 3

Automatic obedience	Exaggerated cooperation with examiner's request or spontaneous continuation of movement requested	Absent Occasional Frequent Constant	0 1 2 3
Mitgehen	"Anglepoise lamp" arm raising in response to light pressure of finger, despite instructions to the contrary	Absent Present	0 3
Gegenhalten	Resistance to passive movement which is proportion to strength of the stimulus, appears automatic rather than willful	Absent Present	0 3
Ambitendency	Patient appears "motorically stuck" in indecisive, hesitant movement	Absent Present	0 3
Grasp reflex:	Per neurological exam.	Absent Present	0 3
Perseveration	Repeatedly returns to same topic or persists with movement	Absent Present	0 3
Combativeness	Usually in an undirected manner, with no, or only a facile explanation afterwards	Absent Occasionally strikes out, low potential for injury Frequently strikes out, moderate potential for injury Serious danger to others	0 1 2 3

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Autonomic abnormality	Circle: temperature, BP, pulse, respiratory rate, diaphoresis.	Absent 0 Abnormality of one parameter (exclude pre-existing hypertension). 1 Abnormality of two parameters 2 Abnormality of three or more parameters 3

Appendix I Standardized examination for catatonia

The method described here is used to complete the 23-item Bush-Francis Catatonia Rating Scale (CRS) and the 14-item Catatonia Screening Instrument (CSI). Item definitions on the two scales are the same. The CRS measures the severity of 23 signs on a 0- 3 scale, while the CSI measures only the presence or absence of the first 14 signs.

Ratings are to be made solely on the basis of observed behaviour during the examination with the exception of completion of the items for 'withdrawal' and autonomic abnormality', which may be based on directly observed behaviour and for chart documentation.

As a general rule, only rate items which are clearly present If uncertain as to the presence of an item, rate the item as '0'.

Brief Psychiatric Rating Scale

From Ventura, Green, Shaner&Liberman (1993) Training and quality assurance with the Brief Psychiatric Rating Scale."The Drift buster" International Journal of Methods in Psychiatric Research.

Instructions

This form consists of 24 symptom constructs, each to be rated in a 7-point scale of severity ranging fro 'not present' to 'extremely severe' If a specific symptom is not rated, mark 'NA' (No assessed). Circle the number headed by the term that best describes the patient's present condition.

1	2	3	4	5	6	7
Not present	Very mild	Mild	Moderate	Moderately severe	Severe	Extremely severe

1	Somatic Concern	NA	1	2	3	4	5	6	7
2	Anxiety	NA	1	2	3	4	5	6	7
3	Depression	NA	1	2	3	4	5	6	7
4	Suicidality	NA	1	2	3	4	5	6	7
5	Guilt	NA	1	2	3	4	5	6	7
6	Hostility	NA	1	2	3	4	5	6	7
7	Elated Mood	NA	1	2	3	4	5	6	7
8	Grandiosity	NA	1	2	3	4	5	6	7
9	Suspiciousness	NA	1	2	3	4	5	6	7
10	Hallucinations	NA	1	2	3	4	5	6	7
11	Unusual thought content	NA	1	2	3	4	5	6	7
12	Bizarre behaviour	NA	1	2	3	4	5	6	7
13	Self-neglect	NA	1	2	3	4	5	6	7
14	Disorientation	NA	1	2	3	4	5	6	7
15	Conceptual disorganization	NA	1	2	3	4	5	6	7
16	Blunted affect	NA	1	2	3	4	5	6	7
17	Emotional Withdrawal	NA	1	2	3	4	5	6	7
18	Motor retardation	NA	1	2	3	4	5	6	7
19	Tension	NA	1	2	3	4	5	6	7
20	Uncooperativeness	NA	1	2	3	4	5	6	7
21	Excitement	NA	1	2	3	4	5	6	7
22	Distractibility	NA	1	2	3	4	5	6	7
23	Motor hyperactivity	NA	1	2	3	4	5	6	7
24	Mannerisms and posturing	NA	1	2	3	4	5	6	7

Edinburgh Postnatal Depression Scale[1] (EPDS)

Name: _____ Address: _____

Your Date of Birth: _____

Baby's Date of Birth: _____ Phone: _____

As you are pregnant or have recently had a baby, we would like to know how you are feeling. Please check the answer that comes closest to how you have felt **IN THE PAST 7 DAYS**, not just how you feel today.

Here is an example, already completed.
I have felt happy:

Yes, all 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.

In the past 7 days:

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

Administered/Reviewed by _____ Date _____

Edinburgh Postnatal Depression Scale[1] (EPDS)

Postpartum depression is the most common complication of childbearing. [2] The 10-question Edinburgh Postnatal Depression Scale (EPDS) is a valuable and efficient way of identifying patients at risk for "perinatal" depression. The EPDS is easy to administer and has proven to be an effective screening tool.

Mothers who score above 13 are likely to be suffering from a depressive illness of varying severity. The EPDS score should not override clinical judgment. A careful clinical assessment should be carried out to confirm the diagnosis. The scale indicates how the mother has felt ***during the previous week***. In doubtful cases it may be useful to repeat the tool after 2 weeks. The scale will not detect mothers with anxiety neuroses, phobias or personality disorders.

Women with postpartum depression need not feel alone. They may find useful information on the web sites of the National Women's Health Information Center<www.4women.gov> and from groups such as Postpartum Support International <www.chss.iup.edu/postpartum> and Depression after Delivery <www.depressionafterdelivery.com>.

SCORING

QUESTIONS 1, 2, & 4 (without an *)

Are scored 0, 1, 2 or 3 with top box scored as 0 and the bottom box scored as 3.

QUESTIONS 3, 5-10 (marked with an *)

Are reverse scored, with the top box scored as a 3 and the bottom box scored as 0.

Maximum score: 30
Possible Depression: 10 or greater
Always look at item 10 (suicidal thoughts)

Users may reproduce the scale without further permission, providing they respect copyright by quoting the names of the authors, the title, and the source of the paper in all reproduced copies.

Instructions for using the Edinburgh Postnatal Depression Scale:

1. The mother is asked to check the response that comes closest to how she has been feeling in the previous 7 days.
2. All the items must be completed.
3. Care should be taken to avoid the possibility of the mother discussing her answers with others. (Answers come from the mother or pregnant woman.)
4. The mother should complete the scale herself, unless she has limited English or has difficulty with reading.

[1] Source: Cox, J.L., Holden, J.M., and Sagovsky, R. 1987. Detection of postnatal depression: Development of the 10-item Edinburgh Postnatal Depression Scale. *British Journal of Psychiatry* 150:782-786.

[2] Source: K. L. Wisner, B. L. Parry, C. M. Piontek, Postpartum Depression N Engl J Med vol. 347, No 3, July 18, 2002, 194-199

YMRS SCALE

Sl No.			Admission	Discharge
1.	**Elevated Mood**			
	0	Absent		
	1	Mild or Possibly Increase on questioning		
	2	Definite subjective elevation; optimistic, self-confident , cheerful, appropriate to content		
	3	Elevated; inappropriate to content, humorous		
	4	Euphoric; inappropriate laughter; singing		
2.	**Increased Motor Activity-Energy**			
	0	Absent		
	1	Subjectively increased		
	2	Animated; gestures increased		
	3	Excessive energy; hyperactive at times; restless (can be calmed)		
	4	Motor excitement; continuous hyperactivity (cannot be calmed)		
3	**Sexual Interest**			
	0	Normal; not increased		
	1	Mildly or possibly increased		
	2	Definite subjective increase on questioning		
	3	Spontaneous sexual content; elaborates on sexual matters; hypersexual by self report		
	4	Overt sexual acts (toward patients, staff, or interviewer)		
4	**Sleep**			
	0	Reports on decrease in sleep		
	1	Sleeping less than normal amount by up to one hour		
	2	Sleeping less than normal by more than one hour		
	3	Reports decreased need for sleep		
	4	Denies need for sleep		
5	**Irritability**			
	0	Absent		
	2	Subjectively increased		
	4	Irritable at times during interview; recent episodes of anger or annoyance on ward		
	6	Frequently irritable during interview; short, curt throughout		
	8	Hostile, uncooperative; interview impossible		
6	**Speech (Rate and Amount)**			
	0	No increase		
	2	Feels talkative		
	4	Increased rate or amount at times, verbose at times		
	6	Push; consistently increased rate and amount; difficult to interrupt		
	8	Pressured; uninterruptible, continuous speech		
7	**Language-Thought Disorder**			
	0	Absent		
	1	Circumstantial; mild distractibility; quick thoughts		
	2	Distractible, loses goal of thought; changes topics frequently; racing thoughts		
	3	Flight of ideas; tangentiality; difficult to follow; rhyming, echolalia		
	4	Incoherent; communication impossible		
8	**Content**			
	0	Normal		
	2	Questionable plans, new interests		
	4	Special project(s); hyper-religious		
	6	Grandiose or paranoid ideas; ideas of reference		
	8	Delusions; hallucinations		

9	**Disruptive-Aggressive Behavior**			
	0	Absent, cooperative		
	2	Sarcastic; loud at times, guarded		
	4	Demanding; threats on ward		
	6	Threatens interviewer; shouting; interview difficult		
	8	Assaultive, destructive; interview impossible		
10	**Appearance**			
	0	Appropriate dress and grooming		
	1	Minimally unkempt		
	2	Poorly groomed; moderately disheveled; overdressed		
	3	Disheveled; partly clothed; garish make-up		
	4	Completely unkempt; decorated; bizarre garb		
11	**Insight**			
	0	Present; admits illness; agrees with need for treatment		
	1	Possibly ill		
	2	Admits behaviors change, but denies illness		
	3	Admits possible change in behavior, but denies illness		
	4	Denies only behavior change		

Clinical Global Impression (CGI)

1. **Severity of illness**
   Considering your total clinical experience with this particular population, how mentally ill is the patient at this time?
   0 = Not assessed
   1 = Normal, not at all ill
   2 = Borderline mentally ill
   3 = Mildly ill
   4 = Moderately ill
   5 = Markedly ill
   6 = Severely ill
   7 = Among the most extremely ill patients

2. **Global improvement:** Rate total improvement whether or not, in your judgement, it is due entirely to drug treatment.
   Compared to his condition at admission to the project, how much has he changed?
   0 = Not assessed
   1 = Very much improved
   2 = Much improved
   3 = Minimally improved
   4 = No change
   5 = Minimally worse
   6 = Much worse
   7 = Very much worse

3. **Efficacy index:** Rate this item on the basis of **drug effect only**.
   Select the terms which best describe the degrees of therapeutic effect and side effects and record the number in the box where the two items intersect.
   EXAMPLE: Therapeutic effect is rated as 'Moderate' and side effects are judged 'Do not significantly interfere with patient's functioning'.

Therapeutic effect		**Side effects**			
		None	*Do not significantly interfere with patient's functioning*	*Significantly interferes with patient's functioning*	*Outweighs therapeutic effect*
Marked	Vast improvement. Complete or nearly complete remission of all symptoms	01	02	03	04
Moderate	Decided improvement. Partial remission of symptoms	05	06	07	08
Minimal	Slight improvement which doesn't alter status of care of patient	09	10	11	12
Unchanged or worse		13	14	15	16

Not assessed = 00

Reproduced from Guy W, editor. ECDEU Assessment Manual for Psychopharmacology. 1976. Rockville, MD, U.S. Department of Health, Education, and Welfare

INFANT ASSESSMENTS

F1 INFANT HISTORY

DOB of the baby	**Date** ☐☐ **Month** ☐☐ **Year** ☐☐
Baby Age in weeks	☐
Birth weight of baby in kgs	☐
Gender of the baby	Male ☐ Female ☐
If Twins	Both Female ☐ Both Male ☐ One Male and one Female ☐
Mother infant Joint Admission at intake	Yes ☐ No ☐
Was the baby admitted at a later point of time after mother's admission?	Yes ☐ No ☐
If yes mention the reasons	
Separation of infant following joint admissions at MBU	Yes ☐ No ☐
If not admitted initially mention the reasons	
INFANT HEALTH	Congenital Anomalies: Yes ☐ No ☐ If Yes Major ☐ Minor ☐ Details:
Developmental milestones:	Motor — Adequate for age ☐ Inadequate ☐ Social — Adequate for age ☐ Inadequate ☐ Language — Adequate for age ☐ Inadequate ☐
Immunization	BCG OPV ☐ DPT ☐
H/o NICU/Care	Yes ☐ No ☐
Physical examination:	**Weight** ☐ **Height** ☐ **Head Circumference** ☐

Baby's Health status (from birth till date)	Normal ☐ Infections ☐ Congenital Anomalies ☐ LBW ☐ Nutritional Problems ☐ Serious Physical Illness ☐ Others ☐	
Reaction of mother and family to gender of infant	How happy are you with baby's gender?	Disappointed ☐ Happy ☐ Neither disappointed nor happy ☐
	How happy are your spouse/in-laws with the baby's gender?	Disappointed ☐ Happy ☐ Neither disappointed nor happy ☐
	Critical Comments from family, friends about gender of baby	Yes ☐ No ☐
Reaction to Babies Appearance	How happy are you with your baby's appearance?	Disappointed ☐ Happy ☐ Neither disappointed nor happy ☐
	How happy are your spouse/in-laws with baby's appearance?	Disappointed ☐ Happy ☐ Neither disappointed nor happy ☐
	Critical Comments from family, friends about appearance of the baby	Yes ☐ No ☐
Referral to pediatrician after admission?	Yes ☐ No ☐	
Reason for referral	Infection ☐ Feeding ☐ Immunization ☐ Others (specify) _____	
How soon after birth did the mother have contact with her baby (rooming in)		

Infant Behavior Questionnaire

INSTRUCTIONS:
(TO MOTHER OR MAIN CAREGIVER OF INFANT)
Please read carefully before starting

As you read/I mention each description of the baby's behavior below, please indicate how often the baby did this during the LAST WEEK (the past seven days) by circling one of the numbers in the left column. These numbers indicate how often you observed the behavior described during the last week.

1. Never
2. Very Rarely
3. Less than half the time
4. About half the time
5. More than half the time
6. Almost always
7. Always
10. Does not Apply

The "Does Not Apply" (X) is used when you did not see the baby in the situation described during the last week. For example, if the situation mentions the baby having to wait for food or liquids and there was no time during the last week when the baby had to wait, circle the (X) column. "Does Not Apply" is different from "Never" (1). "Never" is used when you saw the baby in the situation but the baby never engaged in the behavior listed during the last week. For example, if the baby did have to wait for food or liquids at least once but never cried loudly while waiting, circle the (1) column.

Please be sure to circle a number for every item.

Note: To be done if infant is 3 months or older. Not applicable for 0-3 months old baby

1	2	3	4	5	6	7	X
Never	Very Rarely	Less than half the time	About half the time	More than half the time	Almost always	Always	Does not Apply

Sleeping	Before falling asleep at night during the last week, how often did the baby	Show no fussing or crying						
		1	2	3	4	5	6	7	X
	After sleeping How often did the baby	Fuss or cry immediately?							
		1	2	3	4	5	6	7	X
		Play quietly in the crib?							
		1	2	3	4	5	6	7	X
		Cry if someone doesn't come within a few minutes?							
		1	2	3	4	5	6	7	X
	How often did the baby:	Seem angry (crying, and fussing) when you left her/him in the crib?							
		1	2	3	4	5	6	7	X
		Seem contented when left in the crib?							
		1	2	3	4	5	6	7	X
		Cry or fuss before going to sleep for naps?							
		1	2	3	4	5	6	7	X
Bathing and Dressing	When face was washed, how often did the baby:	Fuss or cry							
		1	2	3	4	5	6	7	X
	When hair was washed, how often did the baby:	Fuss or cry							
		1	2	3	4	5	6	7	X
Play	When something the baby was playing with had to be removed, how often did s/he:	Cry or show distress for a time?							
		1	2	3	4	5	6	7	X
		Seem not bothered?							
		1	2	3	4	5	6	7	X
Daily Activities	How often during the last week did the baby:	Cry or show distress at a change in parents' appearance, (glasses off, shower cap on, etc.)?							
		1	2	3	4	5	6	7	X
	How often during the last week did the baby:	Protest being placed in a confining place (infant seat, play pen, car seat, etc)?							
		1	2	3	4	5	6	7	X
		Startle at a sudden change in body position (for example, when moved suddenly)?							
		1	2	3	4	5	6	7	X
		Startle to a loud or sudden noise?							
		1	2	3	4	5	6	7	X
	When placed on his/her back, how often did the baby	Fuss or protest?							
		1	2	3	4	5	6	7	X
	When the baby wanted something, how often did s/he:	Become upset when s/he could not get what s/he wanted?							
		1	2	3	4	5	6	7	X
		Have tantrums (crying, screaming, face red, etc) when s/he did not get what s/he wanted?							
		1	2	3	4	5	6	7	X
	When placed in an infant seat or car seat, how often did the baby:	Show distress at first' then quiet down?							
		1	2	3	4	5	6	7	X

Two Week Time Span	When introduced to an unfamiliar adult, how often did the baby:	Cling to a parent?							
		1	2	3	4	5	6	7	X
		Refuse to go to the unfamiliar person?							
		1	2	3	4	5	6	7	X
		Hang back from the adult?							
		1	2	3	4	5	6	7	X
		Never "warm up" to the unfamiliar adult?							
		1	2	3	4	5	6	7	X
	When in the presence of several unfamiliar adults, how often did the baby:	Cling to a parent?							
		1	2	3	4	5	6	7	X
		Cry?							
		1	2	3	4	5	6	7	X
		Continue to be upset for 10 minutes or longer?							
		1	2	3	4	5	6	7	X
	When visiting a new place, how often did the baby:	Show distress for the first few minutes?							
		1	2	3	4	5	6	7	X
		Continue to be upset for 10 minutes or more?							
		1	2	3	4	5	6	7	X
	When your baby was approached by an unfamiliar person when you and s/he were out (for example, shopping), how often did the baby:	Show distress							
		1	2	3	4	5	6	7	X
		Cry?							
		1	2	3	4	5	6	7	X
	When an unfamiliar adult came to your home or apartment, how often did your baby:	Allow her/himself to be picked up without protest?							
		1	2	3	4	5	6	7	X
		Cry when the visitor attempted to pick her/him up?							
		1	2	3	4	5	6	7	X

F2 **INFANT HEALTH AT ADMISSION**

Skin	**Jaundice**	☐
	Dry	☐
	Rash	☐
	Ear Discharge	☐
	Eye Discharge	☐
CVS	**Cyanosis**	☐
	Murmur/added sound	☐
	Related Surgeries	☐
Respiratory System	**Difficulty breathing**	☐
	URTI	☐
	Umbilicus(Discharge)	☐
CNS	**Microcephaly**	☐
	Hypotonia/Hypotonia	☐
	Nystagmus	☐
	Paralysis	☐
	Seizures	☐
	Craniofacial anomalies	☐
Gastrointestinal abnormalities	**Constipation**	☐
	Diarrhoea	☐
	Dehydration	☐
	Vomiting	☐

Daily Observation record

(To be done for infants whose mothers are on psychotropics while breast feeding)

Date: ☐☐ ☐☐ ☐☐ ☑ If Present **N** If Normal

dd / mm / yr

Alertness																							
Temperature																							
Respiratory rate																							
Muscle tone																							
Abdominal colic																							
Diarrhea																							
Vomiting																							
Spells of Cyanosis																							
Urinary retention																							
Constipation																							
Skin rashes																							
Difficulty in sucking																							
Lethargy																							
Extra pyramidal symptoms																							
Sedation																							
Seizures																							
Myoclonic Jerks																							
Excessive Crying																							
Jaundice																							

G1 Breast feeding in the MBU

(Some questions need to be asked atadmission, during admission and at discharge)

Did the mother ever breast feed the infant after birth?	Yes ☐ No ☐
If No, cite the reasons	Inadequate lactation ☐ Due to the symptoms of Mental illness ☐ Physical illness(e.g infections, breast abscess) ☐ Poor infant health ☐ Admission of infant to hospital ☐ Family chose to stop breast feeds ☐ Any others ☐
If Yes, How soon after birth was breast-feeding initiated?	☐ in days
Was the infant exclusively breast fed **till the onset of** mental illness?	Yes ☐ No ☐ NA ☐
If No, cite the reasons	Inadequate lactation ☐ Due to the symptoms of Mental illness ☐ Physical illness(e.g infections, breast abscess) ☐ Poor infant health Admission of infant to hospital ☐ Family chose to stop breast feeds ☐ Any others ☐
Was the infant exclusively breast fed **after the onset** of illness till the current admission?	Yes ☐ No ☐
If No cite the reasons	Inadequate lactation ☐ Due to the symptoms of Mental illness ☐ Physical illness(e.g infections, breast abscess) ☐ Poor infant health Admission of infant to hospital ☐ Family chose to stop breast feeds ☐ Any others ☐

Type of Infant feeding before admission	Continued as before	☐
	Disrupted but no complementary feed	☐
	Breast feeds with complementary feed	☐
	Only bottle fed- No breast feeding	☐
	Bottle fed with expressed breast milk	☐
If BF disrupted due to mental illness, what were the reasons (may be more than one reason)?	Mother refused to feed	☐
	Mother was too disturbed	☐
	Family felt it was not safe for infant to be with mother	☐
	Family worried about effect of medications	☐
	Family/Mother worried that milk was not enough	☐
	Any other?	☐
If BF retained (even partial) – how did family ensure that it continued despite the mental health problem?	Mother cooperated despite mental illness	☐
	They cajoled and forced mother to feed child	☐
	Expressed Breast Milk was given	☐
Has Infant feeding changed after being ADMITTED TO THE HOSPITAL-**(to be filled after one week of admission)**	Yes ☐ No ☐	
If Yes, what is the change?	Breast feeding restarted/started after coming to the MBU	☐
	Expressed Breast Milk	☐
	Feeding with Complementary feeds	☐
	Only Complementary feeds	☐
What have been the challenges to infant feeding after admission?(More than one option is possible)	Mother too drowsy	☐
	Instructions about breast feeding related to medication too confusing	☐
	Mother refuses/unable to feed because of social withdrawal, catatonia	☐
	Mother unable to feed because of delusions/psychotic symptoms/irritability/restlessness	☐
	Breast conditions (engorgement, infection, nipple problems)	☐
How is the infant feeding handled at night?	Non Human Milk	☐
	Expressed Breast Milk	☐
	A combination of the two	☐

Family's views on the Effects of Medication on the infant (only if breast feeding) **Refers awareness about milk hygiene**	Has the family felt that the infant has any side effects of drugs due to breast feeding?/	Yes ☐ No ☐
	If Yes, mention the side effects according to them	
	What information has been given about breast feeding by the nurses/doctors related to drugs or ECT? (in the family's own words)	Give breast feed just before taking the drug ☐ Omit night feed ☐ Do not breast feed ☐ Give expressed milk when patient sleeping or disturbed or in ECT ☐ Give non human milk when patient sleeping or disturbed or in ECT ☐ No Information given ☐ Family not sure ☐ Give breast feeds after 4 hours of day ☐ Others ☐

	G2 **Satisfaction with Infant feeding support in MBU** (for both mother and caregiver to be done after 1 week of admission)
18.	How supportive and helpful has the MBU staff been about infant feeding?
19.	How would you rate the facilities in the MBU for infant feeding (Availability of breast pump, infant feeding equipment, sterilization facilities, availability of non human milk)
20.	Is there anything else that can be done in the MBU to help mothers with infant feeding?

H1 Investigations

Details of Investigations for Current Episode

Investigations	Date	Values
Hemoglobin		
Total Leucocyte Count		
Neutrophils		
Lymphocytes		
Eosinophils		
Monocytes		
Peripheral smear **1** **2** **3** **4** **5** **6**		 N-N N-Hypo Micro-Hypo Macro-NC Macro-Hypo Others
MCV		
MCH		
MCHC		
Platelets		
FBS		
PPBS		
RBS		
Na		
K		
Cl		
Urea		
Creatinine		
SGOT		
SGPT		

Bilirubin		
AlkPhos		
TSH		
T3		
T4		
HDL		
LDL		
VLDL		
TGs		
TChol		
Serum B12		
Serum Folate		
CT Scan		
MRI		
Other Investigations If any		

AT ADMISSION

I 1 **RATING OF MATERNAL BEHAVIOR FOR POSTPARTUM MOTHERS**

Name: **P.No:** **Date:**

1. CARE FOR THE BABY'S BASIC NEEDS?

Is she able to dress, bathe, feed, make the baby sleep?

	Manages Most of the Child Care Herself with minimal help	**Manages only some tasks but needs assistance or coaxing for most tasks**	**Is not able to manage any of the childcare tasks**
Dress	1	2	3
Bathe	1	2	3
Feed	1	2	3
Make the baby sleep	1	2	3

Total Score:

2. AFFECTIONATE BEHAVIOR

	Normal affection like any other mother	**Most of the time but occasionally does not**	**Minimal show of affectionate behavior**	**Hardly any affectionate behaviour**
Holding	1	2	3	4
Comforting	1	2	3	4
Gazing	1	2	3	4
Talking	1	2	3	4
Cuddling and smiling with baby	1	2	3	4

Total Score:

3. SIGNIFICANT INCIDENTS

	1	**2**
Shouting at the baby	**No**	**Yes**
Hitting the baby	**No**	**Yes**
Trying to smother the baby	**No**	**Yes**
Trying to harm the baby in any other way	**No**	**Yes**
Neglecting the baby	**No**	**Yes**

Total Score:

4. OVERALL ASSESSMENT OF SAFETY

1	**2**	**3**
Completely Safe	Safe, but only under supervision	Unsafe

Total Score 1-4

5. HOW DOES THE MOTHER HANDLE SEPERATION FROM THE BABY?
E.g. if the baby is taken away for a while

1	**2**	**3**	**4**	**5**
Normal concern	Unconcerned	Gets anxious	Gets disturbed	Does not allow anyone to take the baby or let the baby out of sight

6. WAS THE MOTHER SEPERATED FROM THE BABY IN THE LAST FEW DAYS?

1	2
No	Yes

REASONS

	0	**1**
Family's apprehension regarding safety	**No**	**Yes**
Mother is too disturbed	**No**	**Yes**
Side effect of medications	**No**	**Yes**
Inconvenient to keep baby in hospital	**No**	**Yes**
Caregiver in hospital is unwilling to take additional responsibility	**No**	**Yes**
Baby is unwell	**No**	**Yes**
Doctor has advised to keep baby away temporarily	**No**	**Yes**

AT ADMISSION

I 2

POST-PARTUM BONDING INSTRUMENT

Please indicate how often the following are true for you.
There are no 'right' or 'wrong' answers: Choose the answer which seems right in your recent experience.

		Always	**Very often**	**Quite often**	**Some-times**	**Rarely**	**Never**
F1	I feel close to my baby						
F1	I wish the old days when I had no baby would come back						
F2	I feel distant from my baby						
F2	I love to cuddle my baby						
F2	I regret having this baby						
F1	The baby does not seem to be mine						
F1	My baby makes me tense						
F1	I love my baby a lot						
F1	I feel happy when my baby smiles or laughs						
F1	My baby irritates me						
F2	I enjoy playing with my baby						
F1	My baby cries too much						
F1	I feel trapped as a mother						
F2	I feel angry with my baby						
F1	I resent my baby						
F1	My baby is the most beautiful baby in the world						
F1	I wish my baby would somehow go away						
F4	I have done harmful things to my baby						
F3	My baby makes me anxious						
F3	I am afraid of my baby						
F2	My baby annoys me						
F3	I feel confident when caring for my baby						
F2	I feel the only solution is for someone else to look after my baby						
F4	I feel like hurting my baby						
F3	My baby is easily comforted						

F1 = ☐ F2 = ☐ ☐ = ☐

- **Please add up the score using the scoring method overleaf**

SCORE 1 - GENERAL FACTOR POSITIVE/NEGATIVE AFFECTIVE RESPONSE TO BABY

My baby winds me up
My baby irritates me
I resent my baby
I wish my baby would somehow go away
My baby cries too much
The baby does not seem to be mine
I feel trapped as a mother
I wish the old days when I had no baby would come back

Score:
Always = 5; very often = 4; quite often = 3; sometimes = 2; rarely = 1; never = 0

I feel close to my baby
I feel happy when my baby smiles or laughs
I love my baby to bits
My baby is the most beautiful baby in the world

Score:
Always = 0; very often = 1; quite often = 2; sometimes = 3; rarely = 4; never = 5

Cut-off points **11 = normal**
12 = high

SCORE 2 - ANGER AND REJECTION

My baby annoys me
I feel distant from my baby
I feel the only solution is for someone else to look after my baby
I regret having this baby
I feel angry with my baby

Score:
Always = 5; very often = 4; quite often = 3; sometimes = 2; rarely = 1; never = 0

I love to cuddle my baby
I enjoy playing with my baby

Score:
Always = 0; very often = 1; quite often = 2; sometimes = 3; rarely = 4; never = 5

Cut-off points **16 = normal**
17 = high

SCORE 3 - CONFIDENCE AND ANXIETY

My baby makes me anxious
I am afraid of my baby

Score:
Always = 5; very often = 4; quite often = 3; sometimes = 2; rarely = 1; 0 = never

My baby is easily comforted
I feel confident when changing my baby

Always = 0; very often = 1; quite often = 2; sometimes = 3; rarely = 4; never = 5

Cut-off points **9 = normal**
10 = high

SCORE 4 - AGGRESSION TO BABY

I feel like hurting my baby
I have done harmful things to my baby

Score:
Always = 5; very often = 4; quite often = 3; sometimes = 2; rarely = 1; never = 0

Cut-off points **2 = normal**
3 = high

J Interpersonal Trauma Interview

(to be filled by PSW/ CP)

I will ask you a few questions about certain experiences you may have had in your life so far. Some of these questions may be sensitive and personal in nature and may make you feel awkward. You have the option of skipping a question if you wish to do so. The questions will span different critical periods of your life starting from your childhood to your adult life. Please feel free to stop me for clarifications at any point. Can we begin?

Sl No.	0-5 years:	
	Who looked after you during the first five years of your life?	Parents ☐ Grandparents ☐ Uncle/Aunt ☐ Others ☐
	During this time, did you experience any separation from your parents?	Yes ☐ No ☐
	If Yes, Who did you have to stay away from?	Mother ☐ Father ☐ Both ☐
	For how long?	☐ Days
	What was the reason for separation from your Mother or Father?	Death of Mother ☐ Death of Father ☐ Illness in Mother ☐ Illness in Father ☐ Job related transfer ☐ Others ☐
	How did you feel about it?	Positive(I was fine with it) ☐ Neutral(I didn't react positively or negatively) ☐ Negative(I was sad, anxious, confused, angry etc) ☐ Dont know(I don't recall) ☐

	During this period, do you recall any incident at home, school or any other place that made you feel very upset?	Yes ☐ No ☐
	If yes, can you tell me what happened that made you feel so upset?	
	On a scale of 1-10, where 1 is not at all upset and 10 is extremely upset, can you please rate how upset you were by this incident/s? 1--------2--------3-------4--------5---------6-------8----------9---------10 Not at all upset Extremely upset	
	6-18 years	
	Bullying	
	During this period, do you recall any incident at home, school or any other place where you were…	
	Were you teased excessively by your peers, seniors or others at your home, school or neighbourhood about something?	Yes ☐ No ☐
	If Yes, When did it happen/at what ages?.....(Record age when it first happened, and subsequent ages when it happened)	
	How often did it happen? (Rate whether Never-Occasionally-Sometimes-Often-Almost Always)	
	For how long did it continue? .....(Record number of days or duration until which it continued)	
	How many different people did so?.....(Number of people who subjected him/her to this experience)	
	What has been your relationship with the person who did this to you? (check all that apply)	Mother ☐ Father ☐ Uncle ☐ Aunt ☐ Sister ☐ Brother ☐ Friend ☐ Cousin ☐ Relative ☐ Teacher ☐ Neighbour ☐ Stranger ☐ Other ☐ Don't wish to disclose ☐

Emotional abuse		
During this period, do you recall any incident at home, school or any other place where you were…		
	Shouted at using bad language, insulted/humiliated, neglected or hurt you emotionally in any other way) for something you did?	Yes ☐ No ☐
	How often did it happen?	Never ☐ Occasionally ☐ Sometimes ☐ Often ☐ Almost Always ☐
	For how long did it continue? .....(Record number of days or duration until which it continued)	
	How many different people did so?.....(Number of people who subjected him/her to this experience)	
	What has been your relationship with the person who did this to you? (check all that apply)	Mother ☐ Father ☐ Uncle ☐ Aunt ☐ Sister ☐ Brother ☐ Friend ☐ Cousin ☐ Relative ☐ Teacher ☐ Neighbour ☐ Stranger ☐ Other ☐ Don't wish to disclose ☐
	On a scale of 1-10, where 1 is not at all upset and 10 is extremely upset, can you please rate how upset you were by this incident/s? 1--------2--------3-------4--------5---------6-------8----------9---------10 Not at all upset Extremely upset	

Physical Abuse:		
During this period, do you recall any incident at home, school or any other place where you were…		
	Physically punished (hit, kicked, slapped, throwed things at you, pushed, grabbed you or hurt you physically in any other way) for something you did?	Yes ☐ No ☐
	How often did it happen?	Never ☐ Occasionally ☐ Sometimes ☐ Often ☐ Almost Always ☐
	For how long did it continue? .....(Record number of days or duration until which it continued)	
	How many different people did so? .....(Number of people who subjected him/her to this experience)	
	What has been your relationship with the person who did this to you? (check all that apply)	Mother ☐ Father ☐ Uncle ☐ Aunt ☐ Sister ☐ Brother ☐ Friend ☐ Cousin ☐ Relative ☐ Teacher ☐ Neighbour ☐ Stranger ☐ Other ☐ Don't wish to disclose ☐
	On a scale of 1-10, where 1 is not at all upset and 10 is extremely upset, can you please rate how upset you were by this incident/s? 1--------2--------3-------4--------5---------6-------8----------9---------10 Not at all upset Extremely upset	

	Sexual Abuse	
During this period, do you recall any incident at home, school or any other place where you were…		
	Touched in a way that made you uncomfortable or made you touch someone in a way that made you uncomfortable?	Yes ☐ No ☐
	How often did it happen?	Never ☐ Occasionally ☐ Sometimes ☐ Often ☐ Almost Always ☐
	For how long did it continue? .....(Record number of days or duration until which it continued)	
	How many different people did so? .....(Number of people who subjected him/her to this experience)	
	What has been your relationship with the person who did this to you? (check all that apply)	Mother ☐ Father ☐ Uncle ☐ Aunt ☐ Sister ☐ Brother ☐ Friend ☐ Cousin ☐ Relative ☐ Teacher ☐ Neighbour ☐ Stranger ☐ Other ☐ Don't wish to disclose ☐
	On a scale of 1-10, where 1 is not at all upset and 10 is extremely upset, can you please rate how upset you were by this incident/s? 1--------2--------3-------4--------5---------6-------8----------9---------10 Not at all upset Extremely upset	

Gender Disadvantage		
	Made to feel inferior because you were a girl and not a boy?	Yes ☐ No ☐
	If Yes, When did this happen/at what ages? .....(Record age when it first happened, and subsequent ages when it happened)	
	Who made you feel so? (check all that apply)	Mother ☐ Father ☐ Uncle ☐ Aunt ☐ Sister ☐ Brother ☐ Friend ☐ Cousin ☐ Relative ☐ Teacher ☐ Neighbour ☐ Stranger ☐ Other ☐ Don't wish to disclose ☐
	Treated differently only because you were a girl and not a boy in a way that upset you?	Yes ☐ No ☐
	If Yes, were you (check all that apply)	Given less food to eat or less nutritious food Occasionally ☐ Given fewer opportunities for education Often ☐ Given fewer opportunities for play, including outdoor games ☐ Anything else ..... Please Specify
	On a scale of 1-10, where 1 is not at all upset and 10 is extremely upset, can you please rate how upset you were by this incident/s? 1--------2--------3-------4--------5---------6-------8----------9---------10 Not at all upset Extremely upset	

Physical Appearance		
	Treated differently because of your physical appearance in a way that upset you?	Yes ☐ No ☐
	If Yes, were you treated differently because of your (check all that apply)	Skin colour ☐ Body size ☐ Body weight ☐ Skin orhair problems ☐ Anything else ..... Please Specify
	On a scale of 1-10, where 1 is not at all upset and 10 is extremely upset, can you please rate how upset you were by this incident/s? 1--------2--------3-------4--------5---------6-------8----------9---------10 Not at all upset Extremely upset	
Medical Illnesses		
	During this period, have you had any physical/medical illnesses which caused you a lot of pain and/or suffering?	Yes ☐ No ☐
	If Yes, what was the illness you had? ……..please specify (record if acute or chronic)	Acute ☐ Chronic ☐
	How did the illness come in the way of what you were doing or what you wished to do? (record the incident/s verbatim and code as traumatic versus not traumatic)	
	On a scale of 1-10, where 1 is not at all upset and 10 is extremely upset, can you please rate how upset you were by this incident/s? 1--------2--------3-------4--------5---------6-------8----------9---------10 Not at all upset Extremely upset	

Relationships		
It is common among boys and girls to develop an interest in the opposite sex. Have you been in any romantic relationships during this period where		
	Were you in any relationship where you partner and you got sexually intimate and it resulted in a pregnancy?	Yes ☐ No ☐
	If Yes, did you have any abortions prior to marriage?	Yes ☐ No ☐
	On a scale of 1-10, where 1 is not at all upset and 10 is extremely upset, can you please rate how upset you were by this incident/s? 1--------2--------3-------4--------5---------6-------8----------9---------10 Not at all upset Extremely upset	
18+ Years		
Rejection by suitors		
	Did you experience multiple rejection by suitors/prospective grooms prior to your marriage?	Yes ☐ No ☐
	On a scale of 1-10, where 1 is not at all upset and 10 is extremely upset, can you please rate how upset you were by this incident/s? 1--------2--------3-------4--------5---------6-------8----------9---------10 Not at all upset Extremely upset	
Workplace Harassment		
	Did you feel emotionally harassed at your workplace?	Yes ☐ No ☐
	Did you feel physically harassed at your workplace?	Yes ☐ No ☐
	Did you feel sexually harassed at your workplace?	Yes ☐ No ☐
	On a scale of 1-10, where 1 is not at all upset and 10 is extremely upset, can you please rate how upset you were by this incident/s? 1--------2--------3-------4--------5---------6-------8----------9---------10 Not at all upset Extremely upset	

Grief		
	Have you experienced the death of someone you were very close to during your lifetime?	Yes ☐ No ☐
	If yes, Who was the person who died? (Record close Vs. not)	Close ☐ Not close ☐
	How did the person die?	Illness ☐ Accident ☐ Suicide ☐ Others .....
	On a scale of 1-10, where 1 is not at all upset and 10 is extremely upset, can you please rate how upset you were by this incident/s? 1--------2--------3-------4--------5---------6-------8----------9---------10 Not at all upset Extremely upset	
Marriage		
	Did you feel emotionally harassed prior to, during or after your wedding by your spouse?	Yes ☐ No ☐
	Did you feel emotionally harassed prior to, during or after your wedding by your in laws?	Yes ☐ No ☐
	Did you feel emotionally harassed prior to, during or after your wedding by your parents?	Yes ☐ No ☐
	Did you feel physically harassed prior to, during or after your wedding by your spouse?	Yes ☐ No ☐
	Did you feel physically harassed prior to, during or after your wedding by your in laws?	Yes ☐ No ☐
	Did you feel physically harassed prior to, during or after your wedding by your parents?	Yes ☐ No ☐
	Did you feel sexually harassed prior to, during or after your wedding by your spouse?	Yes ☐ No ☐
	On a scale of 1-10, where 1 is not at all upset and 10 is extremely upset, can you please rate how upset you were by this incident/s? 1--------2--------3-------4--------5---------6-------8----------9---------10 Not at all upset Extremely upset	

Pregnancy and childbirth		
	Were you under a lot of pressure to conceive following your marriage?	Yes ☐ No ☐
	Were you preoccupied or worried about the relationship between your spouse and you during your pregnancy?	Yes ☐ No ☐
	Has your spouse ever threatened to leave you or do you fear that he will leave you during your pregnancy?	Yes ☐ No ☐
	Have you experienced any emotional/physical or sexual harassment during your pregnancy?	Yes ☐ No ☐
	Yes/ No; If Yes, what kind of harassment?.....(Record type)	
	Have you experienced the death of someone you were very close to during your pregnancy?	Yes ☐ No ☐
	Yes/ No; If Yes, who……..(Record close Vs. not)	Close ☐ Not close ☐
	Were you under a pressure to have a male child?	Yes ☐ No ☐
	Did you have difficulty conceiving naturally?	Yes ☐ No ☐
	Did you have unplanned pregnancies?	Yes ☐ No ☐
	If Yes, did you have any miscarriages?	Yes ☐ No ☐
	If Yes, did you have any abortions?	Yes ☐ No ☐
	Would you say you had a difficult pregnancy previously?	Yes ☐ No ☐
	Would you say you had a difficult labour/delivery previously?	Yes ☐ No ☐
	On a scale of 1-10, where 1 is not at all upset and 10 is extremely upset, can you please rate how upset you were by this incident/s? 1--------2--------3-------4--------5---------6-------8----------9---------10 Not at all upset Extremely upset	
Are there any other difficult experiences that you may have had in your lifetime that you would like to share with me? Please specify……..		
	On a scale of 1-10, where 1 is not at all upset and 10 is extremely upset, can you please rate how upset you were by this incident/s? 1--------2--------3-------4--------5---------6-------8----------9---------10 Not at all upset Extremely upset	

K INTERVENTIONS

Current treatment

Name of the drug	Dose in mg/day	Duration	Side Effects
Antipsychotics **1.** **2.** **3.**			
Mood stabilizers **1.** **2.** **3.**			
Antidepressants **1.** **2.** **3.**			
Benzodiazepines **1.** **2.** **3.**			
Anticholinergics			
Electroconvulsive therapy **Yes** ☐ **No** ☐			
Number of sessions: ☐			
Total number of injectible sedetives required during this admission ☐			
Indication			
Complications			
Any other stimulative therapies			

L Psychosocial & Psychological Interventions Done

1	**Psychoeducation (Tick whichever is applicable)**	**Patient** **Husband** **Other family members**
2	**Bonding (Mention type of intervention)**	
3	**Individual Psychological therapies (specify goals and strategies)**	
4	**Relapse prevention strategies**	
5	**Lactation/ feeding Intervention**	
6	**Birth spacing (specific plan)**	
7	**Individual intervention for spouse (specify goals and strategies)**	
8	**Marital counseling/therapy (specify goals and strategies)**	
9	**Family counseling / therapy (specify goals and strategies)**	

10	**Interventions for child (Tick whichever is applicable)**	**Child protection services** ☐ **Development assessment** ☐ **Early development interventions** ☐ **Others** ☐
11	**Group Interventions (Tick whichever is applicable)**	**Patient** **Care givers** **Spouse**
12	**Legal aid services**	
13	**Other psychosocial / psychological interventions (specify)**	

Name of Clinical Psychology Trainee **Signature:**

Name of Psychiatric Social Work Trainee **Signature:**

NIMHANS

M MOTHER BABY PSYCHIATRY WARD

OUTCOME AT DISCHARGE

1. Name	2. P Number
3. Unit	4. Date of Admission
5. Date at Discharge	6. Duration of Admission: _____ (in days)
6. Planned Discharge or Discharge AMA or Premature Discharge on Request	

7.Diagnosis at discharge

Multiaxial Perinatal Psychiatry diagnosis

Axis I- Psychiatric diagnosis
Axis II- Personality disorders/ traits and Intellectual Impairment
Axis III- Co morbid Medical Diagnosis
Axis IV- Mother Infant Bonding/Interaction Disorders
Axis V- Psychosocial factors

8. Mobile No of pt/parent/husband

RISKS AT DISCHARGE

BFCRS ☐

CATATONIA ☐

BPRS ☐

EPDS ☐

YMRS ☐

CGI ☐

Risk to self – Present ☐ Absent ☐

Risk to infant – Present ☐ Absent ☐

Medical conditions that need intervention- – present ☐ absent ☐

Details:

INFANT CARE (Tick one of the below)

Can manage independently ☐

Needs some supervision but mostly independent ☐

Needs a great deal of supervision ☐

Mother is unable to care for the infant and most needs are met by surrogate ☐

INFANT FEEDING	Yes	No
	☐	☐

Exclusive Breast Feeding ☐

Supplementary feeding

Due to Medical advice ☐

Inadequate lactation ☐

Mental health issues in mother ☐

Mother reluctant to feed ☐

Only artificial feeds

Contraindicated related to medication ☐

Refuses to feed ☐

Inadequate lactation ☐

Breast pathology/infant feeding issues ☐

❖ **Note : Please rate EPDS, CGI, BPRS, Bonding at discharge and YMRS when applicable**

Infant Health and Behaviour	Infections Yes ☐ No ☐
	Feeding difficulties Yes ☐ No ☐
	Need for Pediatrician review Yes ☐ No ☐
	Developmental concerns Yes ☐ No ☐
	Any concerns related to infant's responsiveness to adult figures Yes ☐ No ☐
	Any evidence of behavioral difficulties Yes ☐ No ☐

PSYCHOSOCIAL OUTCOMES AND CONCERNS (Need to be rated by PSW M. Phil. Trainee)

Knowledge about (in patient):

a) Psychiatric Disorder: Adequate ☐ Inadequate ☐

b) Follow up: Adequate ☐ Inadequate ☐

c) Medication: Adequate ☐ Inadequate ☐

d) Hygiene: Adequate ☐ Inadequate ☐

e) Breast feeding: Adequate ☐ Inadequate ☐

Knowledge about (in care giver):

a) Psychiatric Disorder: Adequate ☐ Inadequate ☐

b) Follow up: Adequate ☐ Inadequate ☐

c) Medication: Adequate ☐ Inadequate ☐

d) Hygiene: Adequate ☐ Inadequate ☐

e) Breast feeding: Adequate ☐ Inadequate ☐

Mother Infant Bonding

Factors Scores of PBI - F1= ☐ F2 = ☐ F3= ☐ F4= ☐

Maternal Behaviour Ratings:

a. Care ☐

b. Affection ☐

c. Significant ☐

d. Overall Safety ☐

e. Separation ☐

Contraception Planning:

a) Done with Mother ☐

Done with couple ☐

b) Specific Plans-

Barriers ☐

IUD ☐

Tubecytomy ☐

No specific plans ☐

c) Planning for the future pregnancies

Done with mother ☐

Done with spouse ☐

Done with family ☐

Caregiver burden: High ☐ Low ☐

Support

a) Partner Support: Adequate ☐ Inadequate ☐

b) Support from maternal family : Adequate ☐ Inadequate ☐

c) Support from In Laws : Adequate ☐ Inadequate ☐

d) Presence of Neglect and Violence Yes ☐ No ☐

(Based on ward observation)

Concerns about treatment

Poverty ☐

Distance from hospital ☐

Poor knowledge of illness ☐

Family issues ☐

Personality issues/poor insight ☐

Any other important concerns at discharge which should be addressed

MBU Card given ☐

Follow up date: ☐☐ / ☐☐ / ☐☐

Information booklet given ☐

MBU Mobile phone contact number ☐

Name and Signature of JR :

Name and Signature of SR :

Name and Signature of the PSW trainee:

Name and Signature of the PSW JC:

Name and Signature of Consultant :

Date: