



Childbirth Experiences in First- Time Mothers

Thank you for agreeing to take part in this study.

If possible, please complete this questionnaire in a quiet place so that you are able to think about the answers. For each question please circle the number or answer next to the response you want to give, or write your answer in the space provided.

Please be as honest and accurate as possible – remember that your answers will be anonymous and your honesty will help the research. However, try not to spend too long on each question. It is your first responses that are important.

When you have finished please go back through the booklet and check that you have answered all the questions. (**Please note, the pages are double-sided.**)

Please then return this booklet to myself in the envelope provided.

Thank You!

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Section B. Emotional Responses to your Labour and Childbirth

These questions refer to how you have been feeling about your experience of your labour and childbirth, **since the birth**. Please circle **one answer** for each question.

1. At **any point** during your labour and/ or childbirth did you feel that there was a threat to your life or your physical well-being? Yes/ No
2. At **any point** during your labour and/ or childbirth did you feel that there was a threat to your infant's life or well-being? Yes/ No
3. At **any point** during your labour and/ or childbirth did you feel afraid, helpless, or horrified? Yes/ No

For each of the following questions, please circle **one number** for each question that best represents how you have felt since the birth (even if this has now changed). The meanings of the numbers are below, and at the top of the pages.

No/ Never	Very little/ Very rarely	A little Sometimes	Somewhat/ Commonly	Quite a bit/ Often	Very much/ Very often	Extremely / Always
1	2	3	4	5	6	7

4. Have upsetting memories of your labour and birth frequently pushed themselves back into your mind at times?
1 2 3 4 5 6 7
5. Have you had recurring unpleasant dreams about your labour and birth?
1 2 3 4 5 6 7
6. Have you ever suddenly acted or felt as if your labour and birth were happening again? This includes flashbacks, illusions, hallucinations, or other 're-livings' of the event, even if they occur when you are intoxicated or just waking up?
1 2 3 4 5 6 7
7. Have things that reminded you of your labour and birth sometimes upset you a great deal?
1 2 3 4 5 6 7
8. Have you ever tried to avoid thinking about your labour and birth or feelings you associate with it?
1 2 3 4 5 6 7

No/ Never	Very little/ Very rarely	A little Sometimes	Somewhat/ Commonly	Quite a bit/ Often	Very much/ Very often	Extremely / Always
1	2	3	4	5	6	7

9. Have you sometimes avoided activities or situations that reminded you of your labour and birth?

1 2 3 4 5 6 7

10. Have you found you sometimes couldn't remember important things about your labour and birth?

1 2 3 4 5 6 7

11. Have you lost a lot of interest in things that were very important to you before your labour and birth?

1 2 3 4 5 6 7

12. Have you felt more cut off emotionally from other people at some period than you did before your labour and birth?

1 2 3 4 5 6 7

13. Have there been times when you felt that you did not express your emotions as much or as freely as you did before your labour and birth?

1 2 3 4 5 6 7

14. Have there been periods since your labour and birth when you felt that you won't have much of a future - that you may not have a rewarding career, a happy family, or a long, good life?

1 2 3 4 5 6 7

15. Have you had more difficulty falling asleep or staying asleep at times than you did before your labour and birth?

1 2 3 4 5 6 7

16. Have you got irritated or lost your temper more at times than you did before your labour and birth?

1 2 3 4 5 6 7

17. Have there been periods since your labour and birth when you had more trouble concentrating than you had before it?

1 2 3 4 5 6 7

No/ Never	Very little/ Very rarely	A little Sometimes	Somewhat/ Commonly	Quite a bit/ Often	Very much/ Very often	Extremely / Always
1	2	3	4	5	6	7

18. Have there been times when you were more overly alert, watchful, or super-aware of menacing noises or other stimuli than you were before your labour and birth?

1 2 3 4 5 6 7

19. Have there been times since your labour and birth when unexpected noise, movement, or touch startled you more than they did before?

1 2 3 4 5 6 7

20. Have things which reminded you of your labour and birth made you sweat, tense up, breathe hard, tremble, or over-respond in some other physical way?

1 2 3 4 5 6 7

If you have experienced **any** of the above thoughts or feelings, please answer the following questions:

21. How often have you experienced these thoughts or feelings since the birth?

- A. Daily
- B. At least 2-3 times a week
- C. At least once a week
- D. At least 2-3 times a month
- E. At least once since the birth

22. When did you start having these thoughts or feelings?

- Since my baby was born
 - In the first week after my baby was born
 - In the second week after my baby was born
 - In the _____ month after my baby was born
- (Please insert number)

23. If these thoughts or feelings have now stopped, when did they stop?

- In the first few days after my baby was born
- In the first or second week after my baby was born
- In the _____ month after my baby was born
- They have not stopped/ I am still experiencing them

Section C. How you've been feeling emotionally, in general

Please look at the following statements and for each one underline or circle the response that describes how you have been feeling in the **last week**. Please answer each question.

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

No, not at all	Hardly ever	Yes, sometimes	Yes, very often
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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
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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
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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
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8. I have felt sad or miserable

Yes, most of the time	Yes, quite often	Not very often	No, not at all
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9. I have been so unhappy that I have been crying

Yes, most of the time	Yes, quite often	Only occasionally	No, never
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10. The thought of harming myself has occurred to me

Yes, quite often	Sometimes	Hardly ever	Never
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Section D. How you've been feeling in general

Please read each item and circle or underline the response that comes closest to how you've been feeling over the **past week**. Don't take too long over your responses; your immediate reaction to each item will probably be more accurate than a long thought-out response. Please answer each question.

1. I feel tense or 'wound up'

A lot of the time From time to time, occasionally Not at all

2. I get a sort of frightened feeling as if something awful is about to happen

Yes, but not too badly A little, but it doesn't worry me Not at all

3. Worrying thoughts go through my mind

A lot of the time From time to time, but not too often Only occasionally

4. I can sit at ease and feel relaxed

Usually Not often Not at all

5. I get a sort of frightened feeling, like 'butterflies' in the stomach

Occasionally Quite often Very often

6. I feel restless as if I have to be on the move

Quite a lot Not very much Not at all

7. I get sudden feelings of panic

Quite often Not very often Not at all

8. If you answered 'Yes' to any of the above (in Question 7), did you experience these symptoms:

Before this pregnancy Yes/ No

During your pregnancy/ antenatal period Yes/ No

Since your labour and childbirth experience Yes/ No

9. If you answered 'Yes' to Question 7, please give further details, i.e. when this was/ if you received any treatment/ what type of treatment you received

10. Did you attend antenatal classes prior to this labour and childbirth? Yes/ No

11. If you attended antenatal classes, who organised these classes and approximately how many hours did you attend?

12. Are you currently in a relationship? Yes/ No

13. Did you have a birth partner? Yes/ No

14. If you answered 'yes' to question 13, please provide information on who was your birth partner

15. Is there anything else about your labour and childbirth experience which you feel is important and you would like to tell me know about?

Thank you very much for taking the time to fill in this questionnaire and taking part in the study. Your help is very much appreciated.

Please go back through the questionnaire and check that you have answered all the questions.

I will contact a small number of mothers to see if they are happy to take part in the next stage of the study, which involves an interview with myself.

If I would like to interview you about your experiences I will contact you within three weeks of receiving the questionnaire. If you do not hear from me then I would like to take this opportunity to say a big thank you for all your help!

If you have any worries about your health or well-being, please contact your community midwife, health visitor or General Practitioner.

Wish best wishes to yourself and your family.

Thank you!

Jane