

Antenatal Psychosocial Health Assessment (ALPHA)

Antenatal psychosocial problems may be associated with unfavorable postpartum outcomes. The questions on this form are suggested ways of inquiring about psychosocial health. Issues of high concern to the woman, her family or the caregiver usually indicate a need for additional supports or services. When some concerns are identified, follow-up and/or referral should be considered. Additional information can be obtained from the ALPHA Guide. **Please consider the sensitivity of this information before sharing it with other caregivers.*

ANTENATAL FACTORS	CONCERN	COMMENTS / PLAN
FAMILY FACTORS		
Social support (CA, WA, PD) How does your partner/family feel about your pregnancy? Who will be helping you when you go home with your baby?	<input type="checkbox"/> Low <input type="checkbox"/> Some <input type="checkbox"/> High	
Recent stressful life events (CA, WA, PD, PI) What life changes have you experienced this year? What changes are you planning during this pregnancy?	<input type="checkbox"/> Low <input type="checkbox"/> Some <input type="checkbox"/> High	
Couple's relationship (CD, PD, WA, CA) How would you describe your relationship with your partner? What do you think your relationship will be like after the birth?	<input type="checkbox"/> Low <input type="checkbox"/> Some <input type="checkbox"/> High	
MATERNAL FACTORS		
Prenatal care (late onset) (WA) First prenatal visit in third trimester? (check records)	<input type="checkbox"/> Low <input type="checkbox"/> Some <input type="checkbox"/> High	
Prenatal education (refusal or quit) (CA) What are your plans for prenatal classes?	<input type="checkbox"/> Low <input type="checkbox"/> Some <input type="checkbox"/> High	
Feelings toward pregnancy after 20 weeks (CA, WA) How did you feel when you just found out you were pregnant? How do you feel about it now?	<input type="checkbox"/> Low <input type="checkbox"/> Some <input type="checkbox"/> High	
Relationship with parents in childhood (CA) How did you get along with your parents? Did you feel loved by your parents?	<input type="checkbox"/> Low <input type="checkbox"/> Some <input type="checkbox"/> High	
Self esteem (CA WA) What concerns do you have about becoming/being a mother?	<input type="checkbox"/> Low <input type="checkbox"/> Some <input type="checkbox"/> High	
History of psychiatric/emotional problems (CA, WA, PD) Have you ever had emotional problems? Have you ever seen a psychiatrist or therapist?	<input type="checkbox"/> Low <input type="checkbox"/> Some <input type="checkbox"/> High	
Depression in this pregnancy (PD) How has your mood been during this pregnancy?	<input type="checkbox"/> Low <input type="checkbox"/> Some <input type="checkbox"/> High	

ASSOCIATED POSTPARTUM OUTCOMES

The antenatal factors in the left column have been shown to be associated with the postpartum outcomes listed below. **Bold, Italics** indicates *good* evidence of association. Regular text indicates fair evidence of association.

CA – Child Abuse CD – Couple Dysfunction PI – Physical Illness
 PD – Postpartum Depression WA – Woman Abuse

ANTENATAL FACTORS	CONCERN	COMMENTS / PLAN
SUBSTANCE USE		
Alcohol/drug abuse (WA, CA) (1 drink=1½ oz liquor, 12 oz beer, 5 oz wine) How many drinks of alcohol do you have per week? Are there times when you drink more than that? Do you or your partner use recreational drugs? Do you or your partner have a problem with alcohol or drugs? Consider CAGE (Cut down, Annoyed, Guilty, Eye opener)	<input type="checkbox"/> Low <input type="checkbox"/> Some <input type="checkbox"/> High	
FAMILY VIOLENCE		
Woman or partner experienced or witnessed abuse (physical, emotional, sexual) (CA, WA) What was your parents' relationship like? Did your father ever scare or hurt your mother? Did your parents ever scare or hurt you? Were you ever sexually abused as a child?	<input type="checkbox"/> Low <input type="checkbox"/> Some <input type="checkbox"/> High	
Current or past woman abuse (WA, CA, PD) How do you and your partner solve arguments? Do you ever feel frightened by what your partner says or does? Have you ever been hit/pushed/slapped by a partner? Has your partner ever humiliated you or psychologically abused you in other ways? Have you ever been forced to have sex against your will?	<input type="checkbox"/> Low <input type="checkbox"/> Some <input type="checkbox"/> High	
Previous child abuse by woman or partner (CA) Do you/your partner have children not living with you? If so, why? Have you ever had involvement with a child protection agency (ie. Children's Aid Society)?	<input type="checkbox"/> Low <input type="checkbox"/> Some <input type="checkbox"/> High	
Child discipline (CA) How were you disciplined as a child? How do you think you will discipline your child? How do you deal with your kids at home when they misbehave?	<input type="checkbox"/> Low <input type="checkbox"/> Some <input type="checkbox"/> High	

FOLLOW UP PLAN

- | | | |
|---|--|---|
| <input type="checkbox"/> Supportive counselling by provider | <input type="checkbox"/> Homecare | <input type="checkbox"/> Legal advice |
| <input type="checkbox"/> Additional prenatal appointments | <input type="checkbox"/> Parenting classes / parents' support group | <input type="checkbox"/> Children's Aid Society |
| <input type="checkbox"/> Additional postpartum appointments | <input type="checkbox"/> Addiction treatment programs | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Additional well baby visits | <input type="checkbox"/> Smoking cessation resources | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Public Health referral | <input type="checkbox"/> Social Worker | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Prenatal education services | <input type="checkbox"/> Psychologist / Psychiatrist | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Nutritionist | <input type="checkbox"/> Psychotherapist / marital / family therapist | |
| <input type="checkbox"/> Community resources / mothers' group | <input type="checkbox"/> Assaulted women's helpline / shelter / counseling | |

COMMENTS:

Date Completed _____

Signature _____

THE ALPHA SELF-REPORT QUESTIONNAIRE FOR WOMEN

Name _____ Date _____ Months Pregnant _____

Having a baby usually means changes in your family life. You may wish to discuss some of these topics with your healthcare provider. She/he may help you with these changes. Please answer the questions the best way you can. Your answers are confidential and will be kept private.

Please answer the questions by circling a number on the scale, writing an answer in the space, or marking "yes" or "no". If some of the questions do not apply to you, please circle N/A (not applicable).

YOUR FAMILY LIFE Please answer the following questions about your family life.

Family Factors

- | | | | | | | | |
|--|--------------|---|---|---|---|---|--------------|
| 1. About this pregnancy, my partner feels | very happy | 1 | 2 | 3 | 4 | 5 | very unhappy |
| 2. About this pregnancy, my family feels | very happy | 1 | 2 | 3 | 4 | 5 | very unhappy |
| 3. I feel supported in this pregnancy | very much | 1 | 2 | 3 | 4 | 5 | not at all |
| 4. My partner will be involved with the baby | a great deal | 1 | 2 | 3 | 4 | 5 | not at all |
| 5. When I am home with the baby I will have help from (state relationship) | _____ | | | | | | |

Comments: _____

Recent Life Stresses (moving, job change or loss, family illness or death, money troubles, and so on)

- | | | | | | | | |
|---|--|------------------------|---|---|---|---|----------------|
| 6. Over the past year, my life has been | very relaxed | 1 | 2 | 3 | 4 | 5 | very stressful |
| 7. I am making life changes during this pregnancy | <input type="checkbox"/> No <input type="checkbox"/> Yes | If yes, describe _____ | | | | | |

Comments: _____

Relationship With Partner (if this applies)

- | | | | | | | | |
|---|------------|---|---|---|---|---|--------------|
| 8. My relationship with my partner is usually | very happy | 1 | 2 | 3 | 4 | 5 | very unhappy |
| 9. After the baby, I expect my partner and I will get along | very well | 1 | 2 | 3 | 4 | 5 | not at all |

Comments: _____

YOUR OWN LIFE Please answer the following questions about your own life and feelings.

10. In this pregnancy, I first came for care when I was _____ months pregnant. This is my _____1st _____2nd _____3rd _____ (indicate number) child.

11. I am planning to take prenatal classes Yes No Reasons, if no, _____

Comments: _____

Feelings About Being Pregnant

- | | | | | | | | |
|---|------------|---|---|---|---|---|--------------|
| 12. My feelings about this pregnancy at first | very happy | 1 | 2 | 3 | 4 | 5 | very unhappy |
| 13. My feelings about this pregnancy now | very happy | 1 | 2 | 3 | 4 | 5 | very unhappy |

Comments: _____

Relationship With Parents

- | | | | | | | | |
|---|-----------|---|---|---|---|---|----------------|
| 14. When I was a child, I got along with my parent(s) | very much | 1 | 2 | 3 | 4 | 5 | not at all |
| 15. As a young child I felt loved by my mother | very much | 1 | 2 | 3 | 4 | 5 | not at all N/A |
| 16. As a young child I felt loved by my father | very much | 1 | 2 | 3 | 4 | 5 | not at all N/A |

Comments: _____

Feelings About Becoming/Being a Mother

- | | | | | | | | |
|---|-------------|---|---|---|---|---|-----------|
| 17. I have concerns about becoming/being a mother | none at all | 1 | 2 | 3 | 4 | 5 | very many |
|---|-------------|---|---|---|---|---|-----------|

Comments: _____

Emotional Health

- | | | | | | | | |
|---|--|---|---|---|---|---|----------|
| 18. I have had some emotional problems | <input type="checkbox"/> No <input type="checkbox"/> Yes | | | | | | |
| 19. I have seen a psychiatrist/therapist | <input type="checkbox"/> No <input type="checkbox"/> Yes | | | | | | |
| 20. In this pregnancy, my mood has been usually | happy/up | 1 | 2 | 3 | 4 | 5 | sad/down |

Comments: _____

CONCERNS IN YOUR LIFE Please answer the following questions about stress in your life.

Alcohol and Drug Use During Pregnancy

21. Each week I drink _____ drinks. (1 drink = 1½ oz liquor, 12 oz beer, 5 oz wine)
22. There are times when I drink more during the week No Yes If yes, describe _____
23. Sometimes I've felt: *A need to cut-down my drinking* No Yes *Annoyed by people criticizing my drinking* No Yes
Guilty about my drinking No Yes *A need for a drink first thing in the morning* No Yes
24. I use recreational drugs, e.g., marihuana never 1 2 3 4 5 very often
25. I have some drug problems No Yes If yes, describe _____
26. My partner uses recreational drugs, e.g., marihuana never 1 2 3 4 5 very often
27. My partner has some drug problems No Yes If yes, describe _____

Comments: _____

Parent's Relationship (when you were a young child)

28. My parents usually got along very well 1 2 3 4 5 not at all N/A
29. My father sometimes scared or hurt my mother never 1 2 3 4 5 very often N/A
30. My parents sometimes scared or hurt me never 1 2 3 4 5 very often N/A
31. As a child I was sexually abused No Yes

Comments: _____

Relationship With Partner (if this applies)

32. My relationship with my partner usually has no tension 1 2 3 4 5 a lot of tension N/A
33. We work out arguments with no difficulty 1 2 3 4 5 great difficulty N/A
34. I've sometimes felt scared by what my partner says or does never 1 2 3 4 5 very often N/A
35. I've been hit/pushed/slapped by a partner never 1 2 3 4 5 very often
36. I've sometimes been put down or humiliated by my partner never 1 2 3 4 5 very often N/A
37. I've been forced to have sex against my will No Yes

Comments: _____

Raising Children

38. I have children not living with me No Yes
39. My partner has children not living with him No Yes
40. As a child, I was involved with Children's Protective Services (Children's Aid) No Yes
41. Children in my care have been involved with Children's Protective Services No Yes

Comments: _____

42. As a child, I was harshly disciplined by parents/family never 1 2 3 4 5 very often
43. I think spanking is necessary never 1 2 3 4 5 very often

Comments: _____

44. Overall, how concerned are you about your emotional and family life?

not at all concerned 1 2 3 4 5 6 7 extremely concerned

45. What issues in your life are most concerning to you?

46. What help, if any, would you like?

PROVIDER GUIDE FOR THE ALPHA SELF-REPORT QUESTIONNAIRE FOR WOMEN

Problems in questions below have been shown to be associated with problematic postpartum outcomes.

CA Child Abuse

PI Physical Illness

WA Woman Abuse

CD Couple Dysfunction

PD Postpartum Depression

If a woman's responses on the **Self-Report ALPHA** indicate psychosocial concerns, the following postpartum associations may apply. **Bold italics** indicates **good** association, regular type indicates **fair** association with adverse postpartum outcomes.

FAMILY FACTORS

1. About this pregnancy, my partner feels	Lack of social support	CA, WA , PD
2. About this pregnancy, my family feels	Lack of social support	CA, WA , PD
3. I feel supported in this pregnancy	Lack of social support	CA, WA , PD
4. My partner will be involved with the baby	Lack of social support	CD, PD, WA , CA
5. When I am home with the baby I will have help from	Lack of social support	CA, WA , PD
6. Over the past year, my life has been	Recent stressful life events	CA, WA, PD , PI
7. I am making life changes during this pregnancy	Recent stressful life events	CA, WA, PD , PI
8. My relationship with my partner is usually	Couple dysfunction	CD, PD , WA, CA
9. After the baby, my partner and I will get along	Couple dysfunction	CD, PD , WA, CA

MATERNAL FACTORS

10. I came for prenatal care when I was in	Late onset prenatal care	WA
11. I am planning to take prenatal classes	Refusal to attend/quitting	CA
12. My feelings about the pregnancy at first	Unwanted pregnancy after 20 weeks	CA, WA
13. My feelings about the pregnancy now	Unwanted pregnancy after 20 weeks	CA, WA
14. When I was a child, I got along with my parent(s)	Poor relationship with parents	CA
15. As a child, I felt loved by my mother	Poor relationship with parents	CA
16. As a child, I felt loved by my father	Poor relationship with parents	CA
17. I have concerns about becoming/being a mother	Low self-esteem	CA , WA
18. I have had some emotional problems	Emotional/psychiatric history	CA, WA , PD
19. I have seen a therapist/psychiatrist	Emotional/psychiatric history	CA, WA , PD
20. In this pregnancy, my mood has been usually	Depression: prenatal & postpartum	PD

SUBSTANCE ABUSE

21. Each week I drink	Problematic substance use	WA , CA
22. There are times when I drink more during the week	Problematic substance use	WA , CA
23. Sometimes I've felt (CAGE questions)	Problematic substance use	WA , CA
24. I use recreational drugs	Problematic substance use	WA , CA
25. I have some drug problems	Problematic substance use	WA , CA
26. My partner uses recreational drugs	Problematic substance use	WA , CA
27. My partner has some drug problems	Problematic substance use	WA , CA

FAMILY VIOLENCE

28. My parents usually got along	Experience/witness abuse	CA , WA
29. My father sometimes scared or hurt my mother	Experience/witness abuse	CA , WA
30. My parent(s) sometimes scared or hurt me	Experience/witness abuse	CA , WA
31. As a child I was sexually abused	Experience/witness abuse	CA , WA
32. My relationship with my partner usually has	Past/current intimate partner violence	WA , CA, PD
33. We work out arguments with	Past/current intimate partner violence	WA , CA, PD
34. I've felt scared by what my partner says or does	Past/current intimate partner violence	WA , CA, PD
35. I've been hit/pushed/slapped by a partner	Past/current intimate partner violence	WA , CA, PD
36. I've been put down or humiliated by my partner	Past/current intimate partner violence	WA , CA, PD
37. I have been forced to have sex against my will	Past/current intimate partner violence	WA , CA, PD
38. I have children not living with me	Previous child abuse	CA
39. My partner has children not living with him	Previous child abuse	CA
40. As a child I was involved with CAS	Previous child abuse	CA
41. Children in my care have been involved with CAS	Previous child abuse	CA
42. As a child I was harshly disciplined	Use of harsh discipline	CA
43. I think spanking is necessary	Use of harsh discipline	CA

NOTE: Although low SES/financial concerns were not found to be associated with the poor postpartum outcomes, they were associated with **Low Birth Weight**.