

INSTRUCTIONS

For each question, please select one of the following responses:

- ALWAYS — A
- SOMETIMES — S
- NEVER — N

Category 1: The Past

1. Do you have negative beliefs about yourself (e.g., “I’m not good enough,” "I cannot trust anyone," "I am not safe") that started in childhood and feel similar to how you felt during your birth experience? ○ A ○ S ○ N
2. Before motherhood, did you experience physical symptoms (e.g., tension, pain, or unexplained illness) from trauma, recognized or unrecognized at the time, that resurfaced during pregnancy, birth, or postpartum? ○ A ○ S ○ N
3. Have previous conceptions, birth experiences, or pregnancy losses left you feeling emotionally impacted? ○ A ○ S ○ N
4. Before giving birth, did you fear childbirth or feel anxious about motherhood? ○ A ○ S ○ N
5. Before this birth experience, did you feel emotionally unsupported by family, friends, or healthcare providers? ○ A ○ S ○ N

Category 2: The Present

6. When thinking about your birth experience, how often do you feel disconnected from your emotions or body? ○ A ○ S ○ N
7. Have you noticed recurring physical sensations (e.g., tightness, numbness or tingling, or heart racing) related to your birthing experience? ○ A ○ S ○ N
8. Do you find it difficult to openly discuss your birth experience with others, or do you feel compelled to repeatedly share it in detail? ○ A ○ S ○ N
9. When you think about your birth experience, how often does it feel traumatic? ○ A ○ S ○ N
10. Do you experience feelings of shame, guilt, or failure related to your birth? ○ A ○ S ○ N

Category 3: The Future

11. Has your birthing experience made you question whether you want to have more children? ○ A ○ S ○ N
12. Do you believe your birth experience hinders your ability to deeply connect with your child? ○ A ○ S ○ N
13. When you think about your future self as a mother, do you feel disconnected or disappointed with that version of yourself? ○ A ○ S ○ N
14. Do you feel fear or anxiety when imagining future pregnancies or births? ○ A ○ S ○ N
15. Has your birth experience made it harder for you to trust healthcare providers or seek medical care? ○ A ○ S ○ N

SCORING GUIDE

Add up your score — Total

ALWAYS		x2	=
SOMETIMES		x1	=
NEVER		x0	= 0

Overall Scoring: Add the scores from all categories. Total possible score = 30.

INTERPRETATION BANDS:

0 - 10 Minimal Impact — Experiences of trauma may not have a significant effect on current functioning.

11 - 20 Moderate Impact — Some indications of trauma's effect; further exploration or support may be beneficial.

21 - 30 Significant Impact — Clear signs of trauma affecting various aspects of the individual's life; intervention is strongly recommended.

NEXT STEPS:

If your scores suggest moderate or significant impact, consider reaching out to a trusted healthcare professional or therapist to explore your experiences further.

1 IN 3 MOTHERS REPORT
feeling traumatized
BY THEIR CHILDBIRTH
EXPERIENCE.

are you one of them?

THE WELL MOTHER CHECKLIST IS DESIGNED FOR YOU!

This checklist is a tool designed to help you and your healthcare provider assess the impact of past experiences, current challenges, and future concerns about your birth experience. It explores how trauma, emotions, and beliefs may influence your well-being and your journey into motherhood.

This checklist is not a diagnostic tool but a starting point for understanding your experiences and determining if additional support might be beneficial. Answer each question honestly, using the response options provided, and consider discussing your responses with a trusted healthcare professional or therapist.

birth feelings



Your birth feelings matter! Work with Dr. Rebecca a licensed psychologist and fierce birth advocate.

Compassionate birth therapy to heal your past, embrace your present, and empower your future.

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(213) 347-4718

birth feelings

The Well-Mother Checklist



THE WELL MOTHER CHECKLIST IS A STARTING POINT FOR *understanding* & *healing*, YOU DO NOT HAVE TO NAVIGATE THIS JOURNEY ALONE.