

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 _____