Tokophobia pathway
Standard Operating Procedure

This SOP will cover the Assessment and Referral process for the Tokophobia pathway of care through University Hospitals of Derby and Burton Foundation Trust.

Effective management of fear of childbirth requires Maternity and Mental Health Services to work very closely together.

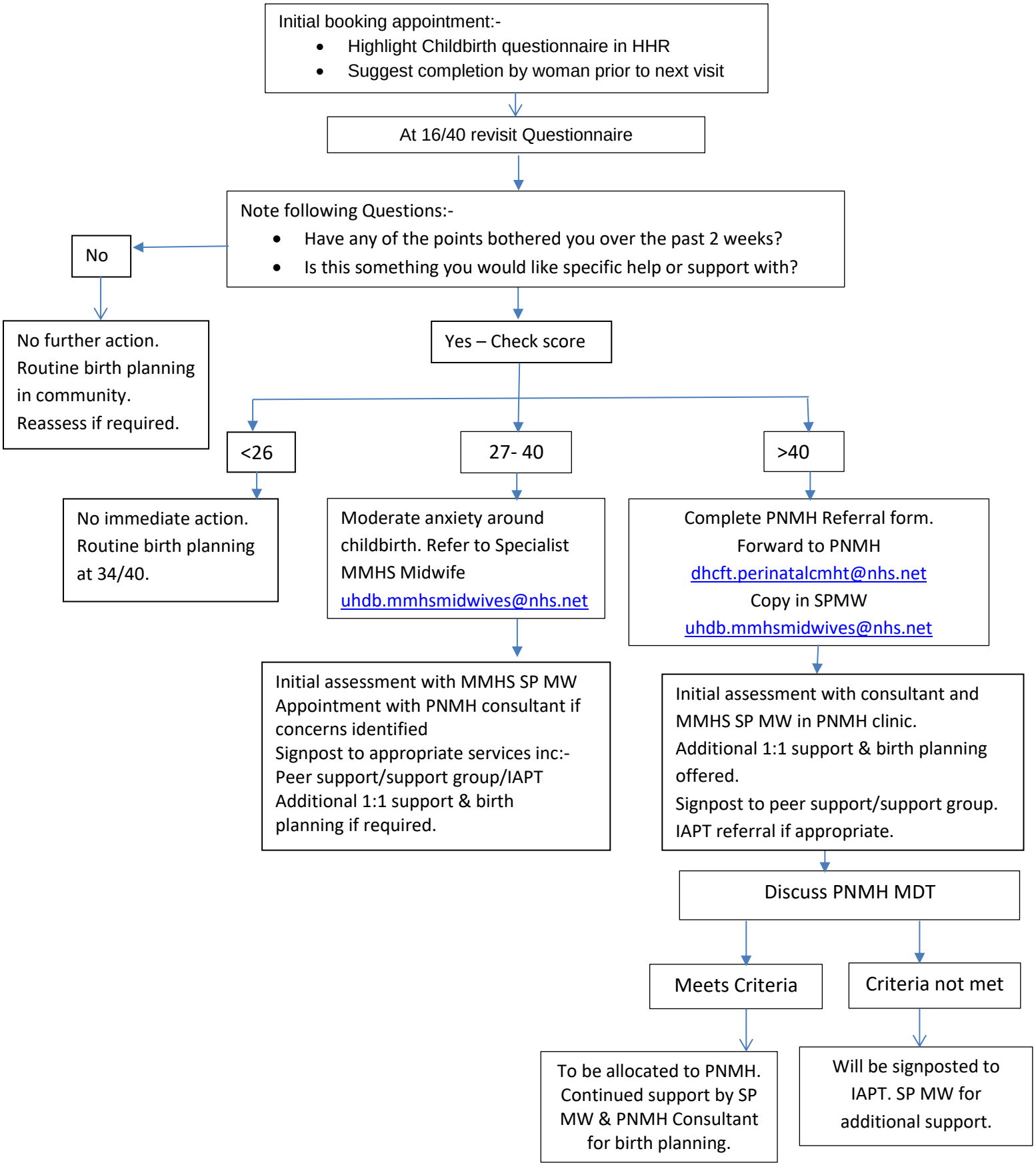
It is hoped that with early identification of problems more women can access effective support and intervention for their fears in good time before their baby is born. It is important that we can instil confidence in women that even if they are fearful of giving birth, they will be understood and supported to find the best birth possible for them and a positive start to life with their new baby.

Step	Responsible person	Procedure
1. Booking appointment	Community Midwife	Booking appointment. Community midwife introduces Thoughts and Feelings Around Childbirth Questionnaire on page 2 of handheld notes.
2. 16/40 CMW appointment	Community Midwife	At 16-week appointment CMW revisits questionnaire. Have any concerns been raised and is additional support requested. If yes check score:- 0-26 – No further action. 27-40 – Refer to Specialist Maternal Mental Health Specialist Midwife uhdb.mmhsmidwives@nhs.net >40 – Complete PNMH referral form and email to dhcft.perinatalcmht@nhs.net & Cc MMHS SP MW uhdb.mmhsmidwives@nhs.net Appointment with Consultant in PNMH clinic will be arranged.
3. Early appointment in PMH ANC	Specialist Midwife and Consultant in PNMH	Initial assessment in PNMH clinic If necessary refer for psychological therapy in IAPT, or Perinatal Mental Health Team. Give Tokophobia Leaflet and RCOG leaflet “choosing to have a caesarean section” Tokophobia/trauma clearly identified on notes e.g. pink coloured sticker.
4. Antenatal Care 12 -32 weeks	Specialist Midwife and Consultant in PNMH Community Midwife Mental health services	Co-produced birth care plan between patient, CMW, specialist midwife, consultant obstetrician and PMHS Specialist appointments (e.g. with anaesthetist) if appropriate. Continuity of carer (midwifery case loading – staffing dependent). Continue psychological therapy in IAPT or Perinatal Mental Health Team.
5. Antenatal Care 32 weeks	Specialist Midwife and Consultant in PNMH Perinatal Mental Health Services Specialist Midwife in Birth Options	Individualised birth care plan finalised, including medical and psychological aspects of care. Birth/care plan placed in notes and circulated to relevant professionals. Familiarisation visit to labour ward/birth centre. Continue psychological therapy in in IAPT or Perinatal Mental Health Team.
6. Intrapartum care	Midwives, Consultants/Registrars	Implementation of birth care plan. Handover includes birth care plan.
7. Postnatal Care	Specialist Midwife in PMH	PN follow up with Specialist Mental Health Midwife Screen for birth trauma/PTSD using City Birth Trauma Scale. Assess mother baby relationship. If there are PTSD symptoms relating to the birth, refer for trauma-focused CBT or EMDR to PNMH team. Access to information about birth/birth reflections appointment if required.

Appendix 1

Tokophobia

Referral Pathway - Derby



Appendix 2

Thoughts and Feelings around Childbirth Questionnaire (FCQ)

This questionnaire is for women who are pregnant. It aims to see how you are feeling about the labour and birth of your baby. Please think about how you have felt over the last 2 weeks. Please read each of the statements below and say how much you agree with them by ticking the box from strongly disagree to strongly agree. There are no right or wrong answers, just give your first response.

		Strongly disagree (0)	Slightly Disagree (1)	Slightly Agree (2)	Strongly agree (3)
1	**I feel fine about my labour and giving birth to my baby**				
2	**I worry my labour or birth will not go to plan**				
3	**I am confident that staff will always respect my wishes**				
4	**I am worried about the long-term effects that labour or birth could have on my body**				
5	**I am confident I will be able to cope with the pain**				
6	**I am worried that my baby will be harmed during labour and birth**				
7	**I worry I will lose control of myself during labour**				
8	**I am confident my body can give birth to my baby**				
9	**I worry I will not have a voice in decision making during labour**				
10	**I am confident I am emotionally strong enough to cope with labour and birth**				
11	**I worry that labour is unpredictable**				
12	**I am worried about things being 'done' to me during labour and birth**				

13	**I am worried I will be harmed during labour**				
14	**I am confident that staff will be there when I need them**				
15	**I worry that my baby will feel distressed during labour and birth**				
16	**I worry about having unpleasant procedures during labour and birth**				
17	**I am confident I will get the pain relief I want**				
18	**I worry about being left alone, without my chosen birth partner, during labour**				
19	**I am worried about labour and birth and I don't know why**				
20	**I am confident my body will work well during labour and birth**				

Have any of the points above **really** bothered you over the past 2 weeks (please circle)?	Yes	No

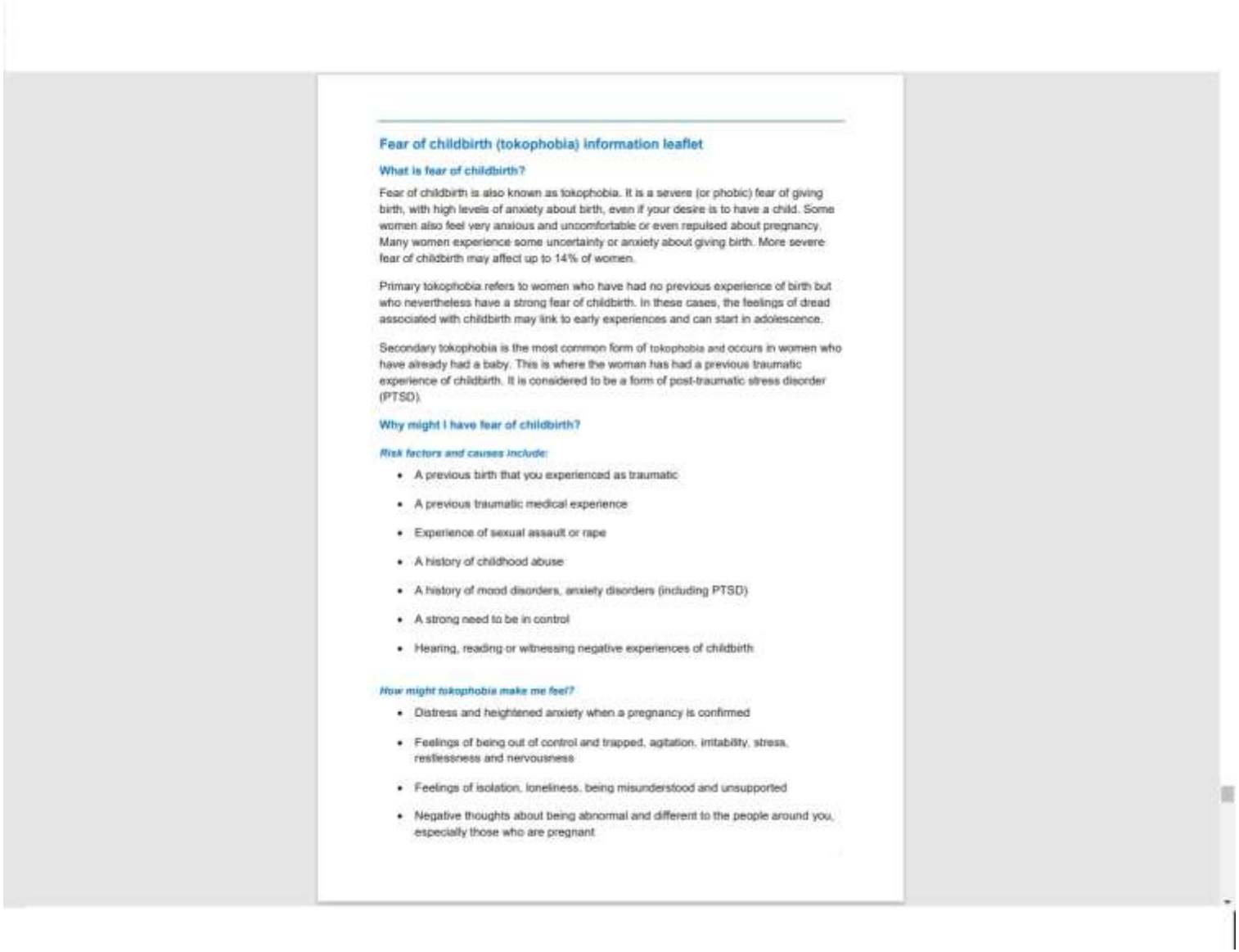
If no, thank you for completing this questionnaire

If yes, please answer the next three questions (please circle):

1.	**How much have they bothered you?**	1- A little bit	2- Quite a lot	3- A great deal	4- Extremely
2.	**How often have they bothered you?**	1- Once or twice	2- Most days	3- Everyday	4- Lots of times each day
3.	**Is this something you would like specific help or support with?**	Yes	No		

Appendix 3

Fear of Childbirth (tokophobia) Information Leaflet



Fear of childbirth (tokophobia) information leaflet

What is fear of childbirth?

Fear of childbirth is also known as tokophobia. It is a severe (or phobic) fear of giving birth, with high levels of anxiety about birth, even if your desire is to have a child. Some women also feel very anxious and uncomfortable or even repulsed about pregnancy. Many women experience some uncertainty or anxiety about giving birth. More severe fear of childbirth may affect up to 14% of women.

Primary tokophobia refers to women who have had no previous experience of birth but who nevertheless have a strong fear of childbirth. In these cases, the feelings of dread associated with childbirth may link to early experiences and can start in adolescence.

Secondary tokophobia is the most common form of tokophobia and occurs in women who have already had a baby. This is where the woman has had a previous traumatic experience of childbirth. It is considered to be a form of post-traumatic stress disorder (PTSD).

Why might I have fear of childbirth?

Risk factors and causes include:

- A previous birth that you experienced as traumatic
- A previous traumatic medical experience
- Experience of sexual assault or rape
- A history of childhood abuse
- A history of mood disorders, anxiety disorders (including PTSD)
- A strong need to be in control
- Hearing, reading or witnessing negative experiences of childbirth

How might tokophobia make me feel?

- Distress and heightened anxiety when a pregnancy is confirmed
- Feelings of being out of control and trapped, agitation, irritability, stress, restlessness and nervousness
- Feelings of isolation, loneliness, being misunderstood and unsupported
- Negative thoughts about being abnormal and different to the people around you, especially those who are pregnant

- Thoughts about having an abortion, even though you want to have children
- Self-doubt about your ability to go through labour and birth
- Repeated negative thoughts around labour and birth
- Intrusive thoughts and memories (sometimes images) of a previous traumatic birth
- Fear of pain during labour and birth
- Fear of harm or death as a result of birth (in relation to both mother and baby)
- Increasing distress and anxiety throughout the pregnancy and especially in the last trimester
- Symptoms of anxiety, which can include: altered sleep pattern, nightmares, rapid heartbeat, tension, abdominal pains, and panic symptoms, difficulty relaxing
- Avoidance of talking about/thinking about birth
- Avoidance of antenatal education

How can I help myself?

The earlier you can get help the better:

- Speak to your partner and family/friends if you feel comfortable doing so.
- Speak to your Consultant Obstetrician and/or midwife and enquire what options and services are available for women with tokophobia.
- You should be offered an appointment with a specialist mental health midwife or consultant midwife or other mental health professional to discuss your concerns.
- You may benefit from psychological therapy such as cognitive behaviour therapy (CBT) or Eye Movement Desensitisation Reprocessing (EMDR) either in an IAPT service or in a perinatal mental health service. Your midwife, obstetrician or GP can refer you or you can self-refer to your local IAPT.
- Read relevant sources of information – don't rely on information from blogs or internet forums. The Royal College of Obstetricians and Gynaecologists has a leaflet called Choosing to have a Caesarean section: https://www.rcog.org.uk/globalassets/documents/patients/patient-information-leaflets/pregnancy/pi-choosing-to-have-a-c-section.pdf
- Write a detailed birth plan in partnership with your birth partner and midwife.

- Arrange to visit the labour ward or birth centre so that you can become familiar with the environment.
- If you are concerned about coping with pain, request an appointment with an anaesthetist to discuss pain relief options.
- Ask about the availability of continuity of carer (sometimes called caseloading) where you see the same midwives throughout pregnancy.
- Take care of yourself with a balanced diet, exercise, relaxation.
- Consider yoga and mindfulness.
- It can be difficult to hold your baby in mind when you are feeling very anxious about childbirth. Using an app such as Baby Buddy (https://www.bestbeginnings.org.uk/baby-buddy) can offer regular information about how your baby is growing and developing and help you to start to form a bond with him or her.

Can I request a caesarean section?

If you feel strongly that a caesarean section would be the best birth option for you, let your midwife or obstetrician know this as soon as possible.

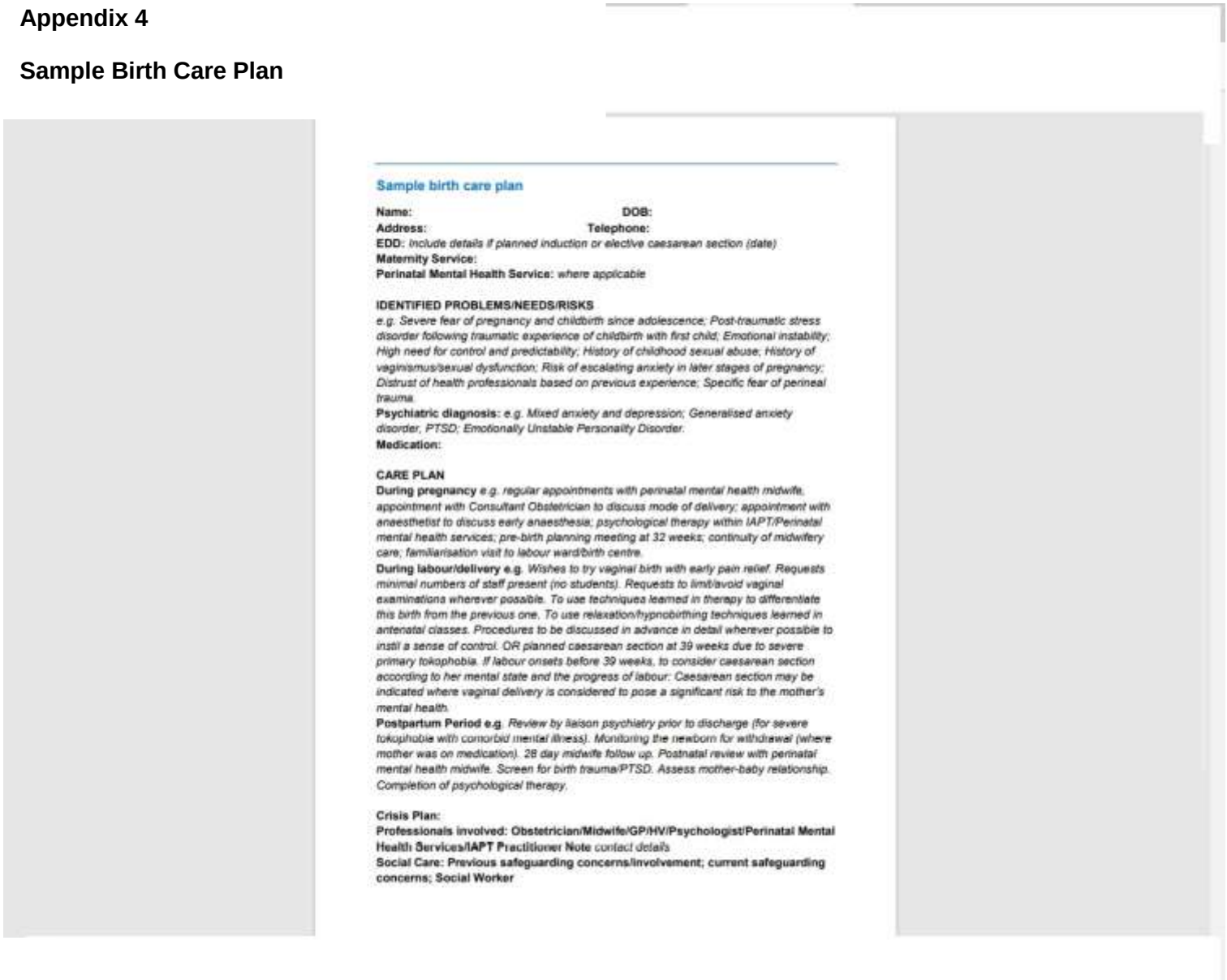
- Appropriate support will be offered to address your anxieties, including some of the options discussed above.
- Maternity services will work together with you towards a plan for the birth that takes account of both your physical and mental health.
- Often, the decision about mode of birth will be made in the third trimester (recommended at around 32 weeks).
- Ultimately, if you feel that a caesarean section is the best choice for you, it must be offered to you.

What about after the birth?

Discuss your experience of the birth with a health professional. This could be someone you saw antenatally such as a specialist mental health midwife, consultant midwife, a perinatal mental health professional or your psychological therapist. Alternatively, it might be your midwife, health visitor or GP. If you need further support, you may be able to access a birth reflections appointment, support from a perinatal mental health team or psychological therapy (e.g. in IAPT).

Appendix 4

Sample Birth Care Plan



Sample birth care plan

Name: **DOB:**
Address: **Telephone:**
EDD: *Include details if planned induction or elective caesarean section (date)*
Maternity Service:
Perinatal Mental Health Service: where applicable

IDENTIFIED PROBLEMS/NEEDS/RISKS
e.g. Severe fear of pregnancy and childbirth since adolescence; Post-traumatic stress disorder following traumatic experience of childbirth with first child; Emotional instability; High need for control and predictability; History of childhood sexual abuse; History of vaginismus/sexual dysfunction; Risk of escalating anxiety in later stages of pregnancy; Distrust of health professionals based on previous experience; Specific fear of perineal trauma
Psychiatric diagnosis: *e.g. Mixed anxiety and depression; Generalised anxiety disorder, PTSD; Emotionally Unstable Personality Disorder.*
Medication:

CARE PLAN
During pregnancy *e.g. regular appointments with perinatal mental health midwife, appointment with Consultant Obstetrician to discuss mode of delivery; appointment with anaesthetist to discuss early anaesthesia; psychological therapy within IAPT/Perinatal mental health services; pre-birth planning meeting at 32 weeks; continuity of midwifery care; familiarisation visit to labour ward/birth centre.*
During labour/delivery e.g. *Wishes to try vaginal birth with early pain relief. Requests minimal numbers of staff present (no students). Requests to limit/avoid vaginal examinations wherever possible. To use techniques learned in therapy to differentiate this birth from the previous one. To use relaxation/hypnobirthing techniques learned in antenatal classes. Procedures to be discussed in advance in detail wherever possible to instil a sense of control. OR planned caesarean section at 39 weeks due to severe primary tokophobia. If labour onsets before 39 weeks, to consider caesarean section according to her mental state and the progress of labour: Caesarean section may be indicated where vaginal delivery is considered to pose a significant risk to the mother's mental health.*
Postpartum Period e.g. *Review by liaison psychiatry prior to discharge (for severe tokophobia with comorbid mental illness). Monitoring the newborn for withdrawal (where mother was on medication). 28 day midwife follow up. Postnatal review with perinatal mental health midwife. Screen for birth trauma/PTSD. Assess mother-baby relationship. Completion of psychological therapy.*

Crisis Plan:
Professionals involved: Obstetrician/Midwife/GP/HV/Psychologist/Perinatal Mental Health Services/IAPT Practitioner Note *contact details*
Social Care: Previous safeguarding concerns/involvement; current safeguarding concerns; Social Worker

Appendix 5

RCOG Leaflet Choosing to have a caesarean section

Health & care information you can trust

Royal College of Obstetricians & Gynaecologists

Information for you

Published in July 2015

Choosing to have a caesarean section

About this information

This information is for you if you are thinking about having your baby by a 'planned' or 'elective' caesarean section when there isn't a 'medical' reason to do so. If you are a partner or relative of someone in this situation, you may also find it helpful.

This information is not for you if you have a complicated pregnancy, because the balance of benefits and risks will be different. If you are in that situation, your obstetrician and midwife will talk with you about your options for birth. If you have had a caesarean section in the past, please see the RCOG patient information *Birth after previous caesarean.* (www.rcog.org.uk/en/patients/patient-leaflets/birth-after-previous-caesarean).

Why isn't caesarean section recommended for every woman?

Most women in the UK give birth vaginally, recover well and have healthy babies.

Most women who have a planned caesarean section will also recover well and have healthy babies. However, there are risks for both you and your baby and it may take longer to get back to normal after your baby is born. Having a caesarean section also makes future births more complicated.

Doctors will not recommend a caesarean section unless it is necessary for medical reasons.

I am thinking about having a caesarean section. Who should I speak to?

Talk to your midwife about why you would like a caesarean section. You may also wish to talk to other members of your healthcare team, such as your obstetrician or an anaesthetist.

It is important that you tell your midwife as early as possible in your pregnancy. This is so that there is time to talk about your concerns and wishes and to arrange appointments with other health professionals who may be able to help.

1

Feel free to be honest about your feelings and concerns so that your midwife and obstetrician can give you the support you need to make a decision.

Reasons why you may be thinking about having a caesarean section

It is important that you explore the reasons why you are thinking of a caesarean section. There may be other options to consider, such as in the examples below:

- You may have had a complicated vaginal birth in the past. Talk to your midwife and obstetrician about your birth experience. They can explain that not all labours are the same. Going through your notes with someone and talking through what happened last time can help you make up your mind.
- You may believe that it is safer to have a caesarean section or have concerns that vaginal birth is more likely to damage your pelvic floor. You can find more information about the risks involved below.
- You may have anxieties about having a vaginal birth for the first time. Often talking through what happens during labour and birth, your choices for pain relief and hearing what support you will have may be enough to reassure you to think about a vaginal birth.
- You may have concerns about when you are likely to have your baby. For example, if your partner works away from home for long periods, you may think your only option is a caesarean section. In this situation you could consider having your labour started (which is known as being induced) instead. If you choose this option, your doctor or midwife will talk to you about the implications for you and your baby.
- You may have a fear of having a vaginal birth (tokophobia) or vaginal examinations. You may have had a previous traumatic experience such as rape or child abuse. You should have the opportunity to talk to a specialist who will help you manage your anxiety and therefore increase your ability to cope if you wish to try for a vaginal birth. These skills can be used to help you feel more in control.

Your obstetrician or midwife will explain the risks and benefits of caesarean section compared with a vaginal birth. They will ensure that you have the right support to help you choose the right birth for you and your family.

What will a caesarean section mean for me and my baby?

It is important that you consider the risks and benefits carefully. People view risk differently and how you view risk depends to a large extent on your own circumstances and experience. You can find out more information on risk from the RCOG patient information *Understanding how risk is discussed in healthcare* (www.rcog.org.uk/en/patients/patient-leaflets/understanding-how-risk-is-discussed-in-healthcare).

For you

Having a planned caesarean section may make you feel more in control and avoid the anxieties and uncertainties of going into labour naturally. However, it is surgery and can have complications. It will also affect your future pregnancies (see below).

Although you should not feel any pain during the caesarean section (because you will have an anaesthetic), the wound will be sore for the first few days. One in 10 women will experience discomfort for the first few months.

The main risks when having a caesarean section include:

- wound infection – this is common and can take several weeks to heal

3

- blood clots in the legs that can travel to the lungs (deep vein thrombosis and pulmonary embolism) – these are more common with a caesarean section; see RCOG patient information *Diagnosis and treatment of venous thrombosis in pregnancy and after birth* (www.rcog.org.uk/en/patients/patient-leaflets/treatment-of-venous-thrombosis-in-pregnancy-and-after-birth/) and *Reducing the risk of venous thrombosis in pregnancy and after birth* (www.rcog.org.uk/en/patients/patient-leaflets/reducing-the-risk-of-venous-thrombosis-in-pregnancy-and-after-birth/)
- bleeding more than expected.

These risks are increased if you are overweight.

Serious complications are rare if it is your first caesarean section and it is planned in advance, as long as you are fit and healthy and are not overweight. However, serious complications become more common if you have repeated caesarean sections. See the section below on future births.

If you develop any complications, your recovery and stay in hospital will be longer.

For your baby

The most common problem affecting babies born by caesarean section is temporary breathing difficulty. Your baby is more likely to need care on the neonatal unit than a baby born vaginally.

There is a small risk of your baby being cut during the operation. This is usually a small cut that isn't deep. This happens in 1 to 2 out of every 100 babies delivered by caesarean section, but usually heals without any further harm. Thin adhesive strips may be needed to seal the wound while it heals.

Babies born by caesarean section are more likely to develop asthma in childhood and to become overweight.

What about the effect on future births?

If you choose to have a caesarean section, any future births are more likely to be by caesarean section as well. You should consider the size of the family you want because the risks increase with the number of caesarean sections you have. Two caesarean sections do not appear to have a higher complication rate, but three or more carry serious risks which include the following:

- Damage to your bowel or bladder (1 in 1000 women) or ureter (the tube connecting the kidney to the bladder) (3 in 10000 women).
- Extra procedures that may become necessary during the caesarean section such as a blood transfusion or emergency hysterectomy, particularly if there is heavy bleeding at the time of your caesarean section. A hysterectomy would mean you are unable to have any further children. The risk of needing to undergo a hysterectomy at the end of a subsequent pregnancy increases with each caesarean section but overall is still very low.
- If you have had two caesarean sections before and have a low placenta in your third pregnancy, you have a higher chance of a serious complication called placenta accreta. This is where the placenta does not come away as it should when your baby is delivered. If this is the case, you may lose a lot of blood and need a blood transfusion, and you are likely to need a hysterectomy. The risk of placenta accreta increases with each caesarean section.
- For reasons we don't yet understand, the chances of experiencing a stillbirth in a future pregnancy are higher if you have had a caesarean section (4 in 1000 women) compared with a vaginal birth (2 in 1000 women).

How does a vaginal birth compare?

Having a vaginal birth is usually straightforward, particularly if you have had a vaginal birth before. It is normal for the area between your vagina and anus (perineum) to feel sore and uncomfortable for a while after you have given birth. This is because this area will have stretched as your baby is born and you may have stitches.

Complications can also happen, especially with first births. These include the need for forceps or ventouse to help deliver your baby (for more information, see RCOG patient information *An assisted vaginal birth (ventouse or forceps)* (www.rcog.org.uk/en/patients/patient-leaflets/assisted-vaginal-birth-ventouse-or-forceps/)), vaginal tears and an emergency caesarean section.

Heavy bleeding in the first few days is more likely with a vaginal birth than with a caesarean section. However, there is generally more blood lost with a caesarean section overall.

What are the benefits of having a vaginal birth?

If you do have a vaginal birth, it is worth remembering that:

- you are more likely to be able to have skin-to-skin contact with your baby immediately after birth and to be able to breastfeed successfully
- your recovery is likely to be quicker, you should be able to get back to everyday activities more quickly and you should be able to drive sooner
- if you have had a vaginal birth with your first baby, future labours are usually much shorter and the risks are very low to you and your baby.

I've thought about it carefully and I still want a caesarean section

If you are certain that you do not want a vaginal birth and understand the risks of a caesarean section and the impact on future births, you can ask for a caesarean section. If your obstetrician does not feel that he or she can support your decision to have a caesarean section, you can ask to be referred to another consultant to discuss this. There are maternity units that do not offer caesarean section on request and therefore you may be referred to a different maternity unit.

If I choose a caesarean section, when will it be done?

You will usually be offered a date after 39 weeks of pregnancy. Babies born by caesarean section earlier than this are more likely to need to be admitted to the neonatal unit for help with their breathing.

The planned date might have to be changed, if someone else's need is more urgent. If this is the case, the doctors and midwives will arrange a new date with you.

What anaesthetic will I have?

There are two types of anaesthetic. You can be either awake (a regional anaesthetic) or asleep (a general anaesthetic). The majority of women having a planned caesarean section will have a regional anaesthetic (a spinal anaesthetic or an epidural, or a combination of the two). This is where you are awake and will not feel pain although you may feel pulling or pressure in your lower body. It is usually safer for you and your baby than a general anaesthetic and allows you and your partner to experience the birth together.

You will have an opportunity to discuss your anaesthetic with an anaesthetist. For more information on the different types of anaesthetic and risks of each, see www.labourpains.com, which is the public information website of the Obstetric Anaesthetists' Association.

Can I still have a caesarean section if I go into labour before the planned date for my operation?

One in 10 women go into labour before the date of their planned caesarean section. If there is no 'medical' need for a caesarean section, you are likely to be offered the chance to continue in labour and aim for a vaginal birth, particularly if labour is advanced. Your midwife and doctor will discuss this with you at the time.

If you still decide to have the caesarean section as planned, it will be performed as soon as possible.

Key points

- Most women in the UK give birth vaginally, recover well and have healthy babies.
- Although there are risks with a vaginal birth, if you have had a vaginal birth with your first baby, future labours are usually much shorter and the risks are very low for you and your baby.
- Most women who have a planned caesarean section will also recover well and have healthy babies but there are risks for both you and your baby and it takes longer to get back to normal after your baby is born.
- Having a caesarean section may make future births more complicated.

Making a decision

Further information

NHS Choices – Caesarean section: www.nhs.uk/Conditions/Caesarean-section/Pages/Introduction.aspx

NICE guideline on caesarean section: www.nice.org.uk/guidance/cg132/informationforpublic

Sources and acknowledgements

This information has been developed by the RCOG Patient Information Committee. It is based on the NICE 2011 Clinical Guideline Caesarean Section, which you can find online at: www.nice.org.uk/guidance/CG132, and the RCOG 2009 Consent Advice No.7 Caesarean Section, which you can find online at: www.rcog.org.uk/womens-health/clinical-guidance/consent-advice-7

This leaflet was reviewed before publication by women attending clinics in Sunderland, Liverpool, Edinburgh, Leeds and Birmingham, and by the RCOG Women's Voices Involvement Panel.

The RCOG produces guidelines as an educational aid to good clinical practice. They present recognised methods and techniques of clinical practice, based on published evidence, for consideration by obstetricians and gynaecologists and other relevant health professionals. This means that RCOG guidelines are unlike protocols or guidelines issued by employers, as they are not intended to be prescriptive directions defining a single course of management.

A glossary of all medical terms is available on the RCOG website at: www.rcog.org.uk/en/patients/medical-terms

University Hospitals of Derby and Burton
NHS Foundation Trust

City Birth Trauma Scale

This questionnaire asks about your experience during the birth of your most recent baby. It asks about potential traumatic events during (or immediately after) the labour and birth, and whether you are experiencing symptoms that are reported by some women after birth. Please tick the responses closest to your experience.

What date was your baby born?_____

During the labour, birth and immediately afterwards:		
Did you believe you or your baby would be seriously injured?	Yes ☐	No ☐
Did you believe you or your baby would die?	Yes ☐	No ☐

The next questions ask about symptoms that you might have experienced. Please indicate how often you have experienced the following symptoms in the last week:

Symptoms about the birth*	NOT AT ALL	ONCE	2 - 4 TIMES	5 OR MORE TIMES
Recurrent unwanted memories of the birth (or parts of the birth) that you can't control	☐	☐	☐	☐
Bad dreams or nightmares about the birth (or related to the birth)	☐	☐	☐	☐
Flashbacks to the birth and/or reliving the experience	☐	☐	☐	☐
Getting upset when reminded of the birth	☐	☐	☐	☐
Feeling tense or anxious when reminded of the birth	☐	☐	☐	☐
Trying to avoid thinking about the birth	☐	☐	☐	☐
Trying to avoid things that remind me of the birth (e.g. people, places, TV programs)	☐	☐	☐	☐
Not able to remember details of the birth	☐	☐	☐	☐
Blaming myself or others for what happened during the birth	☐	☐	☐	☐
Feeling strong negative emotions about the birth (e.g. fear, anger, shame)	☐	☐	☐	☐

* Although these questions refer to the birth, many women have symptoms about events that happened just before or after birth. If this is the case for you, and the events were related to pregnancy, birth or the baby then please answer for these events.

Symptoms that began or got worse since the birth	NOT AT ALL	ONCE	2 - 4 TIMES	5 OR MORE TIMES
Feeling negative about myself or thinking something awful will happen	☐	☐	☐	☐
Lost interest in activities that were important to me	☐	☐	☐	☐
Feeling detached from other people	☐	☐	☐	☐
Not able to feel positive emotions (e.g. happy, excited)	☐	☐	☐	☐
Feeling irritable or aggressive	☐	☐	☐	☐
Feeling self-destructive or acting recklessly	☐	☐	☐	☐
Feeling tense and on edge	☐	☐	☐	☐
Feeling jumpy or easily startled	☐	☐	☐	☐
Problems concentrating	☐	☐	☐	☐
Not sleeping well because of things that are not due to the baby's sleep pattern	☐	☐	☐	☐
Feeling detached or as if you are in a dream	☐	☐	☐	☐
Feeling things are distorted or not real	☐	☐	☐	☐

If you have any of these symptoms:

When did these symptoms start?	
Before the birth	☐
In the first 6 months after birth	☐
More than 6 months after birth	☐
Not applicable (I have no symptoms)	☐

How long have these symptoms lasted?	
Less than 1 month	☐
1 to 3 months	☐
3 months or more	☐
Not applicable (I have no symptoms)	☐

Do these symptoms cause you a lot of distress?	Yes ☐	No ☐	Sometimes ☐
Do they prevent you doing things you usually do (e.g. socialising, daily activities)?	Yes ☐	No ☐	Sometimes ☐
Could any of these symptoms be due to medication, alcohol, drugs, or physical illness?	Yes ☐	No ☐	Maybe ☐

Thank you for completing this questionnaire

References

Ayers S, Wright DB and Thornton A (2018). Development of a Measure of Postpartum PRSD: The City Birth Trauma Scale. Cpb-eu-w2.wpmucdn.com

Slade P, Balling K, Houghton G, Sheen K. A new scale for fear of childbirth: the Fear of Childbirth Questionnaire (FCQ). J Reprod Infant Psychol. 2021 May 24:1-11. doi: 10.1080/02646838.2021.1928615. Epub ahead of print. PMID: 34027771

NICE CG192 Guideline for Antenatal and Postnatal Mental Health

NICE CG132 Guideline for Caesarean Section

Pan-London Perinatal Mental Health Networks. Fear of childbirth (tokophobia) and traumatic experience of childbirth: best practice toolkit. 2018. www.healthylondon.org/wp-content/uploads/2018/01/Tokophobia-best-practice-toolkit-Jan-2018.pdf. (Includes the Tokophobia Leaflet)
Tokophobia-best-practice-toolkit-Jan-2018.pdf (healthylondon.org)

https://www.rcog.org.uk/en/patients/patient-leaflets/choosing-to-have-a-caesarean-section/

pi-choosing-to-have-a-c-section.pdf