

AROMATHERAPY

What it helps with: mild anxiety, sleep difficulties, relaxation (adjunctive only).

Safe basic uses:

1. Diffuser: add 3-5 drops of lavender oil to an essential oil diffuser, run 15-30 minutes before bed.
2. Inhaler/cloth: 1 drop on a tissue or cotton ball – inhale gently.
3. Bath (relaxing): add 2-3 drops of essential oil to a teaspoon of carrier oil (e.g., coconut) then add to bath.
4. Topical (skin): mix essential oil into a carrier oil at 1-2% dilution (about 6-12 drops per 30 ml) and test a small patch of skin first.

Common choices: lavender (sleep/calming), bergamot (mood lift), peppermint (alertness).

Tips: use a few minutes each evening or as needed. Use mild fragrances first to check tolerance.

Safety/cautions:

- Do not ingest essential oils.
- Patch-test on skin for allergy.
- Avoid certain oils in pregnancy, young children, or with asthma – check with a clinician.
- Keep oils out of reach of children and pets.



Brief - Coping Orientation to Problems Experienced Inventory (Brief-COPE)

Instructions:

The following questions ask how you have sought to cope with a hardship in your life. Read the statements and indicate how much you have been using each coping style.

		I haven't been doing this at all	A little bit	A medium amount	I've been doing this a lot
1	I've been turning to work or other activities to take my mind off things.	1	2	3	4
2	I've been concentrating my efforts on doing something about the situation I'm in.	1	2	3	4
3	I've been saying to myself "this isn't real".	1	2	3	4
4	I've been using alcohol or other drugs to make myself feel better	1	2	3	4
5	I've been getting emotional support from others.	1	2	3	4
6	I've been giving up trying to deal with it.	1	2	3	4
7	I've been taking action to try to make the situation better.	1	2	3	4
8	I've been refusing to believe that it has happened.	1	2	3	4
9	I've been saying things to let my unpleasant feelings escape.	1	2	3	4
10	I've been getting help and advice from other people.	1	2	3	4
11	I've been using alcohol or other drugs to help me get through it.	1	2	3	4
12	I've been trying to see it in a different light, to make it seem more positive.	1	2	3	4
13	I've been criticizing myself.	1	2	3	4
14	I've been trying to come up with a strategy about what to do.	1	2	3	4
15	I've been getting comfort and understanding from someone.	1	2	3	4
16	I've been giving up the attempt to cope.	1	2	3	4



		I haven't been doing this at all	A little bit	A medium amount	I've been doing this a lot
17	I've been looking for something good in what is happening.	1	2	3	4
18	I've been making jokes about it.	1	2	3	4
19	I've been doing something to think about it less, such as going to movies, watching TV, reading, daydreaming, sleeping, or shopping.	1	2	3	4
20	I've been accepting the reality of the fact that it has happened.	1	2	3	4
21	I've been expressing my negative feelings.	1	2	3	4
22	I've been trying to find comfort in my religion or spiritual beliefs.	1	2	3	4
23	I've been trying to get advice or help from other people about what to do.	1	2	3	4
24	I've been learning to live with it.	1	2	3	4
25	I've been thinking hard about what steps to take.	1	2	3	4
26	I've been blaming myself for things that happened	1	2	3	4
27	I've been praying or meditating	1	2	3	4
28	I've been making fun of the situation.	1	2	3	4

Developer Reference:

Carver, C. S. (1997). You want to measure coping but your protocol's too long: Consider the brief cope. International journal of behavioral medicine, 4(1), 92-100.

[Administer Now](#)

Emotion Regulation

DBT skills

Act Opposite

Emotions and behaviors go hand in hand. If you feel angry, you might raise your voice or argue. If you feel sad, you might withdraw from your friends. Actions and emotions are closely linked.

What many people don't know is that this connection goes both ways. Just as emotions lead to behaviors, *behaviors lead to emotions*.

This means doing the **opposite action** can change how you feel. If you typically raise your voice when you're angry, try talking quietly and politely. If you withdraw when you feel sad, make a point to visit a friend instead. It might feel forced at first, but acting opposite can shift your feelings in a more positive direction.

Emotion	Action	Opposite Action
Anger	Fight, yell, and argue	Talk quietly and behave politely
Sadness	Withdraw from friends	Call or visit a friend
Anxiety	Dwell on the anxiety-producing event	Do something unrelated that occupies your thoughts

Check the Facts

Have you ever had a strong emotional reaction to something, then regretted it the next day? Oftentimes, the things that feel like a big deal in the moment turn out to be unimportant when we look back with a clear mind. Practice **checking the facts** to reduce the intensity of these extreme emotions.

Ask yourself the following questions when you notice a strong emotion brewing:

- 1 What event triggered my emotion?
- 2 What interpretations or assumptions am I making about the event?
- 3 Does the intensity of my emotion match the *facts* of the situation, or just my *assumptions*?

Emotion Regulation

DBT skills

PLEASE

Your physical health and mind are closely linked. A healthy lifestyle improves mental health and makes it easier to manage difficult emotions. Use the acronym **PLEASE** to remind yourself of five healthy habits.

PL	Treat physical illness
E	Eat healthy
A	Avoid mood-altering drugs
S	Sleep well
E	Exercise

Pay Attention to Positive Events

Most people who hear ten compliments and one criticism will focus on that single negative comment. Learning to recognize the positive aspects of a situation can help improve your mood.

Practice **paying attention to positive events** by doing so purposefully for a short period every day. Choose an activity that's generally enjoyable and make a point to focus on the positives (without getting hung up on negative details). Try these ideas to get started:

Have a good, unrushed meal.	Watch a movie.	Visit with friends or family.
Visit a local attraction like a zoo or museum.	Go for a walk.	Put on headphones and do nothing but listen to music.
Have a picnic.	Give yourself a relaxing night in.	Try a new hobby.

After some practice, try extending the positive outlook to more and more situations in your life. To challenge yourself, try it during situations you usually *don't* enjoy.

DEEP BREATHING EXERCISES

What it helps with: acute anxiety, panic, calming before sleep or exams.

Diaphragmatic breathing:

1. Sit or lie comfortably. Put one hand on your chest, one on your belly.
2. Breathe in slowly through your nose for 4 seconds – your belly (hand) should rise more than your chest.
3. Hold 1-2 seconds (optional).
4. Breathe out slowly through slightly pursed lips for 6 seconds – feel your belly fall.
5. Repeat 6-10 times. Do 1-2 sets.

4-7-8 breathing (relaxation):

1. Inhale through nose for a count of 4.
2. Hold for a count of 7.
3. Exhale through mouth for a count of 8.
4. Repeat 3-4 cycles.

Box breathing (for focus): inhale 4 → hold 4 → exhale 4 → hold 4. Repeat 4 times.

How often: 1-3 times a day, and as needed during anxiety. Short sets (1-5 minutes) are useful in acute panic.

Tips: breathe slowly. If you get lightheaded, slow down or reduce hold times. Count quietly to yourself to keep rhythm.

Safety/when to stop: stop if you feel faint, tingling, or chest pain – seek medical help if chest pain or severe breathlessness occurs.

DISTRESS TOLERANCE

What it helps with: urgent emotional crises, urges to self-harm, severe distress.

TIPP:

- **T = Temperature:** Splash cold water on your face or hold ice for 20-30 seconds. This activates a calming reflex.
- **I = Intense exercise:** 30-60 seconds of quick movement (run on spot, jumping jacks). Do safely.
- **P = Paced breathing:** slow down breathing (e.g., inhale 4/exhale 6) for 1-2 minutes.
- **P = Progressive relaxation:** quickly tense and relax major muscle groups for 1-2 minutes.

Other quick distress tolerance techniques:

- **Distract** (do something else: count colours in the room, watch a funny video for 3 minutes).
- **Self-soothe** using the five senses (see a calming picture, hold a soft blanket, listen to favourite music, smell a pleasant scent, sip tea).
- **Improve the moment:** imagine a safe place, find meaning, relax, encourage yourself.

How to use: pick 2-3 techniques you can do quickly. Use TIPP when feeling overwhelmed (10-15 minutes until crisis passes).

Tips: prepare a “distress box” with objects (stress ball, photos, candy, calming playlist) for emergency use.

Safety/when to stop: if intense exercise causes chest pain or dizziness, stop and seek help. If urges to harm self persist, contact your therapist or emergency services.

Edinburgh Perinatal/Postnatal Depression Scale (EPDS)

SCORING GUIDE

1. I have been able to laugh and see the funny side of things
 - 0 As much as I always could
 - 1 Not quite so much now
 - 2 Definitely not so much now
 - 3 Not at all
2. I have looked forward with enjoyment to things
 - 0 As much as I ever did
 - 1 Rather less than I used to
 - 2 Definitely less than I used to
 - 3 Hardly at all
3. I have blamed myself unnecessarily when things went wrong
 - 3 Yes, most of the time
 - 2 Yes, some of the time
 - 1 Not very often
 - 0 No, never
4. I have been anxious or worried for no good reason
 - 0 No, not at all
 - 1 Hardly ever
 - 2 Yes, sometimes
 - 3 Yes, very often
5. I have felt scared or panicky for no very good reason
 - 3 Yes, quite a lot
 - 2 Yes, sometimes
 - 1 No, not much
 - 0 No, not at all
6. Things have been getting on top of me
 - 3 Yes, most of the time I haven't been able to cope
 - 2 Yes, sometimes I haven't been coping as well as usual
 - 1 No, most of the time I have coped quite well
 - 0 No, I have been coping as well as ever
7. I have been so unhappy that I have had difficulty sleeping
 - 3 Yes, most of the time
 - 2 Yes, sometimes
 - 1 Not very often
 - 0 No, not at all
8. I have felt sad or miserable
 - 3 Yes, most of the time
 - 2 Yes, quite often
 - 1 Not very often
 - 0 No, not at all
9. I have been so unhappy that I have been crying
 - 3 Yes, most of the time
 - 2 Yes, quite often
 - 1 Only occasionally
 - 0 No, never
10. The thought of harming myself has occurred to me
 - 3 Yes, quite often
 - 2 Sometimes
 - 1 Hardly ever
 - 0 Never

EPDS Score	Interpretation	Action
Less than 8	Depression not likely	Continue support
9–11	Depression possible	Support, re-screen in 2–4 weeks. Consider referral to primary care provider (PCP).
12–13	Fairly high possibility of depression	Monitor, support and offer education. Refer to PCP.
14 and higher (positive screen)	Probable depression	Diagnostic assessment and treatment by PCP and/or specialist.
Positive score (1, 2 or 3) on question 10 (suicidality risk)		Immediate discussion required. Refer to PCP ± mental health specialist or emergency resource for further assessment and intervention as appropriate. Urgency of referral will depend on several factors including: whether the suicidal ideation is accompanied by a plan, whether there has been a history of suicide attempts, whether symptoms of a psychotic disorder are present and/or there is concern about harm to the baby.

References:

Cox JL, Holden JM, Sagovsky R. Detection of postnatal depression: Development of the 10-item Edinburgh Postnatal Depression Scale. *The British Journal of Psychiatry*. 1987; 150(6):782-786.

BC Reproductive Mental Health Program and Perinatal Services BC. (2014), *Best Practice Guidelines for Mental Health Disorders in the Perinatal Period*. Available at: <http://tiny.cc/MHGuidelines>

FALLING LEAVES TECHNIQUE

What it helps with: letting go of worries, rumination, preparing for sleep.

Process:

1. Sit or lie comfortably. Close your eyes. Take 3 slow breaths.
2. Imagine a quiet tree in a park. See its branches and lots of leaves.
3. Picture a single worry or thought as a leaf – notice its colour, shape.
4. As you breathe out, imagine the leaf loosening and falling from the branch. Watch it float down.
5. Repeat with another worry – place each on its own leaf and watch leaves fall into a stream or onto the ground, being carried away.
6. Let yourself feel lighter. When finished, take 3 grounding breaths and open your eyes slowly.

How often: daily or when ruminating or before sleep.

Tips: use soft background nature sounds if helpful. If imagery is upsetting, stop and use grounding (5-4-3-2-1).

Gratitude Exercises

Gratitude means appreciating the good things in life, no matter how big or small. Making the practice of gratitude a regular part of your day can build happiness, self-esteem, and provide other health benefits.

Gratitude Journal

Every evening, spend a few minutes writing down some good things about your day. This isn't limited to major events. You might be grateful for simple things, such as a good meal, talking to a friend, or overcoming an obstacle.

Give Thanks

Keep your eyes open throughout the day for reasons to say "thank you." Make a conscious effort to notice when people do good things, whether for you or others. Tell the person you recognize their good deed, and give a sincere "thank you."

Mindfulness Walk

Go for a walk and make a special effort to appreciate your surroundings. You can do this by focusing on each of your senses, one at a time. Spend a minute just listening, a minute looking at your surroundings, and so on. Try to notice the sights, sounds, smells, and sensations you would usually miss, such as a cool breeze on your skin, or the clouds in the sky.

Gratitude Letter

Think about someone who you appreciate. This could be a person who has had a major impact on your life, or someone who you would like to thank. Write a letter that describes why you appreciate them, including specific examples and details. It's up to you if you'd like to share the letter or not.

Grateful Contemplation

Remove yourself from distractions such as phones or TV and spend 5-10 minutes mentally reviewing the good things from your day. The key to this technique is *consistency*. Think of it like brushing your teeth or exercise—it should be a normal part of daily self-care. This technique can be practiced as part of prayer, meditation, or on its own.

Gratitude Conversation

With another person, take turns listing 3 things you were grateful for throughout the day. Spend a moment discussing and contemplating each point, rather than hurrying through the list. Make this part of your routine by practicing before a meal, before bed, or at another regular time.

Gratitude Journal

Three Good Things

Day 1

One good thing that happened to me today...

Something good that I saw someone do...

Today I had fun when...

Day 2

Something I accomplished today...

Something funny that happened today...

Someone I was thankful for today...

Gratitude Journal

Three Good Things

Day 3

Something I was thankful for today...

Today I smiled when...

Something about today I'll always want to remember...

Day 4

One good thing that happened to me today...

Today was special because...

Today I was proud of myself because...

Gratitude Journal

Three Good Things

Day 5

Something interesting that happened today...

Someone I was thankful for today...

Today I had fun when...

Day 6

Something about today I'll always want to remember...

Something funny that happened today...

My favorite part of today...

Gratitude Journal

Three Good Things

Day 7

Something I was happy about today...

Something good I saw someone do today...

Something I did well today...

GROUNDING TECHNIQUES

What it helps with: overwhelming anxiety, flashbacks, dissociation, panic – brings you back to the present.

5-4-3-2-1 (senses method):

1. Breathe slowly 2-3 times.
2. See – 5 things: Look around and name 5 things you can see (e.g., “a blue cup”). Say them out loud or in your mind.
3. Touch – 4 things: Touch 4 different things (e.g., your shirt, the chair, your skin). Describe how they feel (soft, cool, rough).
4. Hear – 3 things: Notice 3 sounds (traffic, clock, birds). Name them.
5. Smell – 2 things: Notice 2 smells (or move to find something with scent — soap, coffee).
6. Taste – 1 thing: Notice 1 taste (sip water or notice your last bite). Or imagine a taste if none available.

Other grounding anchors:

- Hold an object (small stone, coin) and describe it for 60 seconds.
- Temperature anchor: hold an ice cube for 10–20 seconds or splash cool water on your face (helps in intense panic).
- Movement anchor: press feet into floor, stand up and feel weight shift, take 5 slow steps noticing each step.

How often: whenever you feel overwhelmed – each use takes 1-5 minutes.

Tips: choose 2-3 grounding methods that work best and save them (phone note). Use grounding before mindfulness or longer practices if you feel dissociated.

Safety/when to stop: if ice or cold causes pain, don’t use it. If grounding makes memories worse (trauma flashbacks), use a simple physical anchor (press feet into floor) and seek therapist support.

JACOBSON PROGRESSIVE MUSCLE RELAXATION (JPMR)

What it helps with: tension, anxiety, trouble sleeping, physical stress.

How to do it:

1. Sit or lie down comfortably in a quiet place. Remove tight clothing and shoes.
2. Close your eyes (or keep soft gaze). Take 2 slow breaths to settle.
3. Start at your feet. Tighten the muscles in your toes and feet – hold for 5-7 seconds. Breathe in while you tighten.
4. Release the tension suddenly and relax for 20-30 seconds. Breathe out as you release. Notice the difference between tension and relaxation.
5. Move to the next group (calves): tense 5-7 sec → release 20-30 sec. Continue in this order:
Feet → calves → thighs → buttocks → abdomen → chest → hands → forearms → upper arms → shoulders/neck → face (frown, then relax).
6. After finishing the face, rest for 1-2 minutes, breathing slowly and noticing overall calm.

How often: daily is best; start with once a day (evening helps sleep). Practice 3-5 times per week.

Tips: breathe with the movement (in when tensing, out when releasing); don't strain – mild tension only. If a movement hurts, skip or imagine tensing instead.

Safety/when to stop: avoid forceful tensing if you have recent surgery, fractures, or blood clots. If you feel dizzy, stop and breathe normally. If severe pain occurs, stop and tell your doctor.

MINDFULNESS MEDITATION

What it helps with: stress, rumination, persistent worry, low mood (longer practice useful).

Simple seated breath meditation:

1. Sit upright in a chair or on the floor – comfortable but alert. Set a timer for 5-10 minutes.
2. Close your eyes or soften your gaze. Take 3 slow breaths.
3. Bring attention to the breath at the nostrils or the rise/fall of the belly. Notice each inhale and exhale.
4. When a thought or feeling appears, gently label it (“thinking”, “feeling”) and let it pass – don’t follow it. Return attention to the breath.
5. If you get lost, kindly bring attention back to breath – no judging.
6. When timer ends, open eyes slowly and notice how you feel.

How often: start with 5 min daily, build to 10-20 min. Even 3 min helps.

Tips: keep practice brief at first. Use guided audio if helpful. If thoughts become overwhelming (especially after trauma), use grounding first or practice with a therapist.

Safety/when to stop: if meditation increases panic or traumatic memories, stop and use grounding. Seek therapist support for trauma-informed mindfulness adaptations.

ಪ್ರಸವಾನಂತರದ ಬರುವ ಮಾನಸಿಕ ವಿನೈತೆ
ಕಾಯಿಲೆಯ ಬಗೆಗಿನ ಅಪನಂಬಿಕೆಗಳು ಮತ್ತು ಪರಿಹಾರಗಳು
Misconceptions and solutions about postpartum depression.

ಮೊನ್ನೆ ಕ್ಲಿನಿಕ್ ಗೆ ಬಂದ ರೋಗಿಯ ಪೋಷಕರೋವರು ತನ್ನ ಮಗಳ ಸಮಸ್ಯೆಯ ಬಗ್ಗೆ ಹೇಳುತ್ತಿದ್ದರು. "ಡಾಕ್ಟರೇ ಹೋದ ವಾರದ ತನಕ ಚೆನ್ನಾಗಿದ್ದ ನನ್ನ ಮಗಳು ಪ್ರಸವದ ನಂತರ ಒಂಥರ ಮಾಡುತ್ತಿದ್ದಾಳೆ. ಅದೇನೋ ಒಬ್ಬಳೇ ಅಲ್ಲಾಳಿ, ಯಾವುದು ಬೇಡ ಅಂತಾಳಿ, ಮಗುನ ಕಣ್ಣೆತ್ತಿ ಕೂಡ ನೋಡ್ತ ಇಲ್ಲ. ಸರಿಯಾಗಿ ನಿದ್ರೆ ಆಗಲಿ ಅಥವಾ ಊಟ ಆಗಲಿ ಮಾಡ್ತ ಇಲ್ಲ. ಒಂಚೂರೂ ನೋಡಿ ಡಾಕ್ಟರ್..."

A patient's parents who came to the clinic recently were talking about their daughter's problem. "Doctor, my daughter, who was fine until the week she went, is acting strange after giving birth. She cries all by herself, says she doesn't want anything, doesn't even look at the baby. She doesn't sleep or eat properly. Please take a look at everything, doctor..."

Postpartum depression is a mood disorder that can affect women after childbirth. 22% of new mothers in India suffer from postpartum depression. About 60% -80% of mothers will have feelings of worry, unhappiness, and fatigue that many women experience after having a baby which last for a week or two, and go away on their own. But mothers with postpartum depression experience feelings of extreme sadness, anxiety, and exhaustion that may make it difficult for them to complete daily care activities for themselves or for others. It is likely to be the result of multiple factors. Postpartum depression does not have a single cause, but likely results from a combination of physical and emotional factors.

What causes postpartum depression?

After childbirth, the levels of hormones (estrogen and progesterone) in a woman's body quickly drop. This leads to chemical changes in her brain that may trigger mood swings. In addition, many mothers are unable to get the rest they need to fully recover from giving birth. Constant sleep deprivation can lead to physical discomfort and exhaustion, which can contribute to the symptoms of postpartum depression.

Depression is usually caused by emotional/stressful events, a biological change triggering an imbalance of brain chemicals, or both.

What are the common symptoms a woman may experience during postpartum depression?

- Feeling sad, hopeless, empty, or overwhelmed
- Crying more often than usual or for no apparent reason
- Worrying or feeling overly anxious
- Feeling moody, irritable, or restless
- Oversleeping, or being unable to sleep even when her baby is asleep
- Having trouble concentrating, remembering details, and making decisions
- Losing interest in activities that are usually enjoyable

- Suffering from physical aches and pains, including frequent headaches, stomach problems, and muscle pain
- Eating too little or too much
- Withdrawing from or avoiding friends and family
- Having trouble bonding or forming an emotional attachment with her baby
- Persistently doubting her ability to care for her baby
- Thinking about harming herself or her baby.

What are the Risk factors for postpartum depression?

- Previous experience with depression or bipolar disorder at another time in her life
- A family member who has been diagnosed with depression or other mental illness
- A stressful life event during pregnancy or shortly after giving birth, such as job loss, death of a loved one, domestic violence, or personal illness
- Medical complications during childbirth, including difficult labour, premature delivery or having a baby with medical problems
- Mixed feelings about the pregnancy, whether it was planned or unplanned
- A lack of strong emotional support from her spouse, partner, family, or friends

Common Myths about Post-partum depression:

1. Having Post-partum depression is the mother's fault:

Fact: PPD is a real illness that requires expert help. Postpartum depression does not occur because of something a mother does or does not do.

2. Post-partum depression will go away on its own.

Fact: Our society views depression as something to “rise above and overcome,” Depression gets dismissed as a minor issue, fixed with a mere attitude adjustment. One can’t snap out of it by choice. Dismissing it can negatively affect both mom and baby.

3. Women with Post-partum depression will hurt their kids.

Fact: Women with PPD don’t harm or kill their kids, and they’re not bad mothers. The only person a woman with PPD may harm is herself if her illness is so intense that she has suicidal thoughts.

There is a slight risk of harm to baby with a different disorder called postpartum psychosis, as per some studies. Women with this disorder exhibit a rapidly shifting depressed or elated mood, erratic or disorganized behavior. Delusional beliefs (impossible beliefs with high conviction) are common and might center on the infant. They might hear voices even when alone that instruct the mother to harm herself or her infant. Adequate evaluation by a doctor and supervised care is recommended during that time.

4. Post-partum depression occurs within the first few months of childbirth.

Fact: Most women tend to recognize their symptoms after three or four months post-childbirth. However, it can happen any time in the first year postpartum.”

Management of postpartum depression:

There are effective treatments for postpartum depression. A woman's health care provider can help her choose the best treatment, which may include:

- **Medication:** Antidepressant medications act on the brain chemicals that are involved in mood regulation. Many antidepressants take a few weeks to be most effective. While these medications are generally considered safe to use during breastfeeding, a woman should talk to her health care provider about the risks and benefits to both herself and her baby.
- **Counselling/ Therapy:** This treatment involves talking one-on-one with a mental health professional. Counselling will help them to recognize and change their negative thoughts and behaviors; to ventilate their emotions and helps them to cope with stressors. And care givers will have session on taking care of patient and baby during postpartum depression.

What can happen if postpartum depression is left untreated?

Without treatment, postpartum depression can last for months or years. But it will affect the mother's health, it can interfere with her ability to connect with and care for her baby and may cause the baby to have problems with sleeping, eating, and behavior as he or she grows.

Postpartum depression can affect any woman regardless of age, race, ethnicity, or economic status. Family members and friends may be the first to recognize symptoms of postpartum depression in a new mother. They can encourage her to talk with a health care provider, offer emotional support, and assist with daily tasks such as caring for the baby or the home. Many people with PPD do not tell people how they feel. Partners, family, and friends who are able to pick up on the signs of postpartum depression at an early stage should encourage them to get medical help as soon as possible.

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Postpartum Bonding Questionnaire (PBQ)

Instructions: Please indicate how often the following are true for you. There are no 'right' or 'wrong' answers. Choose the answer which seems right in your recent experience:

Items	Always	Very often	Quite often	Some-times	Rarely	Never
1. I feel close to my baby						
2. I wish the old days when I had no baby would come back						
3. I feel distant from my baby						
4. I love to cuddle my baby						
5. I regret having this baby						
6. The baby doesn't seem to be mine						
7. My baby winds me up						
8. I love my baby to bits						
9. I feel happy when my baby smiles or laughs						
10. My baby irritates me						
11. I enjoy playing with my baby						
12. My baby cries too much						
13. I feel trapped as a mother						
14. I feel angry with my baby						
15. I resent my baby						
16. My baby is the most beautiful baby in the world						
17. I wish my baby would somehow go away						
18. I have done harmful things to my baby						
19. My baby makes me feel anxious						
20. I am afraid of my baby						
21. My baby annoys me						
22. I feel confident when caring for my baby						
23. I feel the only solution is for someone else to look after my baby						
24. I feel like hurting my baby						
25. My baby is easily comforted						

Scoring: For more information on scoring the PBQ, please see the original article for cut-scores and interpretation. Below, please see a scoring sheet for the individual items.

Brockington, I., Fraser, C. & Wilson, D. The Postpartum Bonding Questionnaire: a validation. Archives of Womens Mental Health 9, 233–242 (2006). <https://doi.org/10.1007/s00737-006-0132-1>.

Items	Always	Very often	Quite often	Some-times	Rarely	Never
1. I feel close to my baby	0	1	2	3	4	5
2. I wish the old days when I had no baby would come back	5	4	3	2	1	0
3. I feel distant from my baby	5	4	3	2	1	0
4. I love to cuddle my baby	0	1	2	3	4	5
5. I regret having this baby	5	4	3	2	1	0
6. The baby doesn't seem to be mine	5	4	3	2	1	0
7. My baby winds me up	5	4	3	2	1	0
8. I love my baby to bits	0	1	2	3	4	5
9. I feel happy when my baby smiles or laughs	0	1	2	3	4	5
10. My baby irritates me	5	4	3	2	1	0
11. I enjoy playing with my baby	0	1	2	3	4	5
12. My baby cries too much	5	4	3	2	1	0
13. I feel trapped as a mother	5	4	3	2	1	0
14. I feel angry with my baby	5	4	3	2	1	0
15. I resent my baby	5	4	3	2	1	0
16. My baby is the most beautiful baby in the world	0	1	2	3	4	5
17. I wish my baby would somehow go away	5	4	3	2	1	0
18. I have done harmful things to my baby	5	4	3	2	1	0
19. My baby makes me feel anxious	5	4	3	2	1	0
20. I am afraid of my baby	5	4	3	2	1	0
21. My baby annoys me	5	4	3	2	1	0
22. I feel confident when caring for my baby	0	1	2	3	4	5
23. I feel the only solution is for someone else to look after my baby	5	4	3	2	1	0
24. I feel like hurting my baby	5	4	3	2	1	0
25. My baby is easily comforted	0	1	2	3	4	5

SELF-CARE STRATEGIES

What it helps with: low mood, stress, emotional regulation, sense of control.

Journaling:

1. Set a timer for 5-10 minutes daily (morning or evening).
2. Write 3 things that happened + how you felt about them. Or use prompts: “Today I felt...”, “One good thing was...”, “Tomorrow I will try...”
3. Try a gratitude list: write 3 things you are grateful for each day.
4. If upset, write one short plan: “I will call X” or “I will take a 10-minute walk”.

Walking/movement:

1. Start with 10-20 minutes at an easy pace, 3-5 times a week.
2. Gradually increase time or steps.
3. Try mindful walking: notice feet, breath, and surroundings.

How often: aim for daily small practices (5-20 min). Use a calendar reminder.

Tips: keep it simple and private. If journaling brings up strong feelings, stop and use grounding or call your therapist.

Safety/when to get help: if you feel unable to get out of bed, have persistent suicidal thoughts, contact your clinician or emergency services immediately.

SLEEP HYGIENE STRATEGIES

What it helps with: difficulty falling/staying asleep, poor sleep quality.

Step-by-step routine to build:

1. Set fixed times: wake up and go to bed at the same time every day (even weekends).
2. Wind-down 30-60 minutes before bed: dim lights, avoid screens, do a relaxing activity (reading, warm shower).
3. Avoid stimulants: no caffeine after early afternoon; avoid nicotine close to bedtime.
4. Limit alcohol before bed: it may make you sleepy, but fragments sleep later.
5. Bedroom = sleep place: use bed only for sleep and intimacy (not work or TV).
6. If you can't sleep: get out of bed after 15-20 minutes, do a quiet activity until sleepy, then return.
7. Exercise daily: daytime exercise helps sleep but avoid intense exercise within 2 hours of bed.
8. Daylight exposure: get bright light in the morning (10-30 minutes) to set your body clock.
9. Comfortable environment: cool, dark, quiet room. Earplugs/eye mask if needed.

How often: follow nightly.

Tips: keep a sleep diary for 1-2 weeks to notice patterns. Use relaxation (breathing/JPMR) before bed.

Safety/when to seek help: if insomnia lasts >3 weeks or causes severe daytime impairment, see your doctor or sleep specialist. If you have bipolar disorder, avoid intentional sleep deprivation – discuss with your psychiatrist.

SOOTHING SOUNDS

What it helps with: sleep induction, relaxation, background calm while working or meditating.

How to use safely:

1. Choose a trusted app or playlist (rain, ocean, forest, white noise).
2. Set a timer (20-60 minutes) or use loop for sleep, but keep volume at comfortable, safe level (below ~60% on device).
3. Use for relaxation during breathing exercises or to mask disturbing noises.
4. For bedtime, start sounds 15-30 minutes before sleep and reduce volume gradually.

Tips: combine with deep breathing or JPMR. Try different sounds to find what soothes you.

Cautions: if you have tinnitus, test different sounds; if headphones make you tempted to use them while driving or unsafe activities, avoid.