

Post-Partum Experience Inventory

This exploratory questionnaire describes a parent's psychological experience after a birth: mood, worries, intrusive thoughts about the baby, the experience of childbirth, the bond with the baby, fatigue and support, identity, and the couple relationship. It helps clarify postpartum distress beyond depression, such as pervasive anxiety, obsessive thoughts, or a traumatic birth experience, and choose the focus of care.

Number of questions	28 questions
Estimated duration	7 minutes
Language	English
Original name	Post-Partum Experience Inventory
Target audience	Parents of a baby under one year old
Category	Depression, Perinatal, Anxiety

Preview of the 28 questions

Over the past two weeks, how often has this been true for you?

I feel down or discouraged.

Never | Rarely | Sometimes | Often | Very often

Over the past two weeks, how often has this been true for you?

I worry about my baby's health (feeding, weight, sleep, crying).

Never | Rarely | Sometimes | Often | Very often

Over the past two weeks, how often has this been true for you?

Unwanted images of my baby having an accident (a fall, drowning, choking) come into my mind.

Never | Rarely | Sometimes | Often | Very often

Over the past two weeks, how often has this been true for you?

I tell myself the birth should have gone differently.

Never | Rarely | Sometimes | Often | Very often

Over the past two weeks, how often has this been true for you?

When my baby cries, I feel irritation or anger building up.

Never | Rarely | Sometimes | Often | Very often

Administer your questionnaires online

Send your patient a link: they answer from their phone or computer, and you receive the scored results by email.

View the questionnaire on mentaal.org ›

Scoring & interpretation

Scoring

Each statement is scored from 0 (never) to 4 (very often) based on its frequency over the past two weeks. Each domain combines 4 statements spread throughout the questionnaire, giving a score from 0 to 16.

Reading the profile

There is no total score. Domains are ranked from most to least elevated, each with a description of what it covers and points to explore in the interview. The profile distinguishes the parent's distress (mood, worries, intrusive thoughts), the experience of the birth, the bond with the baby, and the context (fatigue, support, life changes). Elevated intrusive thoughts or birth experience suggest postpartum obsessive-compulsive disorder or childbirth-related posttraumatic stress, which depression-focused screening can miss. An elevated "Bond with the baby" domain is read together with mood and fatigue, which often affect it.

Clinical cautions

The questionnaire contains no questions about thoughts of suicide: these are assessed in the interview, especially when the "Mood and irritability" domain is elevated, since suicide is one of the leading causes of maternal death in the year after birth. Thoughts of harming the baby that are experienced with horror and pushed away are common and do not indicate a risk of acting on them: the interview checks that they are still experienced as foreign, with no intent or action. Thoughts of harming the baby experienced without horror, confusion, unusual or delusional ideas, elation, agitation, or severe insomnia raise concern for postpartum psychosis and call for an emergency psychiatric evaluation, as does any intent to harm oneself or the baby.

Limitations

This exploratory questionnaire has not undergone psychometric validation and has no cutoffs. It supports the clinical interview and does not provide a diagnosis.

Scoring example

Scoring

Worries 11 / 16

Worries about the baby's health and safety, doubts about one's ability to be a good parent, the need to check and be reassured.

Areas to explore: the themes of worry, the time spent checking or seeking reassurance, panic attacks, any history of anxiety.

See also: GAD-7.

Intrusive thoughts 11 / 16

Frightening thoughts or images about the baby that force their way in (an accident, the idea of harming the baby) and that the parent pushes away, and what the parent does to protect against them (avoidance, checking).

Areas to explore: the content of the thoughts, the horror they cause and what the parent believes they say about them, avoidance and checking, the absence of intent or action.

See also: DOCS.

Mood and irritability 8 / 16

Sadness, tears, discouragement, irritability, and difficulty feeling joy since the birth.

Areas to explore: when it began (baby blues in the first days or low mood that lasts beyond them), any history of depression, and in the father or other parent, irritability or withdrawal in the foreground.

See also: EPDS, PHQ-9.

Birth experience 7 / 16

Distressing memories of the delivery that force their way in, the reactions they cause, avoidance of reminders.

Areas to explore: the birth as the parent experienced it (fear for their own life or the baby's, helplessness, care experienced as rough), re-experiencing, the effect on plans for another pregnancy.

See also: PCL-5.

Fatigue and support 6 / 16

Exhaustion, sleep disrupted beyond the baby's wakings, feeling alone, and difficulty asking for help.

Areas to explore: actual sleep and what disrupts it apart from the baby's wakings, the help available (other parent, family, professionals), the return to work, a medical cause of fatigue to rule out.

See also: MSPSS.

Bond with the baby 4 / 16

Difficulties in the emotional bond with the baby: affection that is slow to come, care given without emotion, irritation, a wish for distance.

Areas to explore: what the parent feels in the baby's presence, the moments when the bond happens, the guilt that comes with it, the interactions observed.

Identity and couple relationship 4 / 16

Upheaval in identity and personal life with the baby's arrival, tension and distance in the couple.

Areas to explore: what the person has lost and gained with the birth, the room left for their personal and work life, how tasks are shared and how the couple communicates.

See also: CRI.

No validated clinical or psychometric cutoffs have been established for this test yet. The results should therefore be considered exploratory indicators, meant to support the clinical interview, not diagnostic findings.

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 Emily T. - Online CBT Psychologist