MATERNAL-INFANT BONDING SURVEY

Brown, G., Pennington, D., and Madrid, A.

Your Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Name \_\_\_\_\_\_\_\_\_\_ Child’s Age\_\_\_\_

The following questions look at the circumstances surrounding pregnancy and birth.

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| POSSIBLE PREGNANCY PROBLEMS | Y | N | **?** |
| Had a difficult time getting pregnant |  |  |  |
| Had worrisome bleeding during pregnancy |  |  |  |
| Had toxemia |  |  |  |
| Vomited a lot |  |  |  |
| Had to be medicated |  |  |  |
| Gained too much weight |  |  |  |
| Took a lot of illegal drugs |  |  |  |
| Drank excessively |  |  |  |
| Was sick through much of pregnancy |  |  |  |
| Labor lasted longer than 15 hours |  |  |  |
| Had a difficult delivery |  |  |  |
| Had a Caesarean Section |  |  |  |
| Was put to sleep for delivery |  |  |  |
| Got hurt during pregnancy |  |  |  |

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| **POSSIBLE OTHER PREGNANCY PROBLEMS** | Y | N | **?** |
| Had a previous miscarriage |  |  |  |
| Was overly depressed during pregnancy |  |  |  |
| Was very scared during pregnancy |  |  |  |
| Lost someone close during pregnancy |  |  |  |
| Had marital problems during pregnancy |  |  |  |
| Had serious financial problems during pregnancy |  |  |  |
| Had a serious loss after the child was born |  |  |  |
| Was overly depressed after the child was born |  |  |  |
| Had emotional problems after the child was born |  |  |  |
| Was very sick during delivery |  |  |  |
| Was very sick after the baby was born |  |  |  |
| Child was a twin or triplet |  |  |  |
| Moved during pregnancy or first year |  |  |  |

HOW WAS YOUR RELATIONSHIP TO THE BABY’S FATHER DURING PREGNANCY?

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WHAT HAPPENED TO THE BABY AFTER IT WAS BORN?

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HOW LONG AFTER THE BABY WAS BORN DID YOU HOLD IT?

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WHAT WAS IT LIKE WHEN YOU FIRST HELD THE BABY?

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| BABY’S CONDITION | Y | N | **?** |
| Injured during birth |  |  |  |
| Was born jaundiced |  |  |  |
| Had trouble breathing |  |  |  |
| Born with cord around neck |  |  |  |
| Was sick after birth |  |  |  |
| Spent time in an incubator |  |  |  |
| Spent time in an Intensive Care Nursery |  |  |  |
| Was born premature |  |  |  |
| Had an infection |  |  |  |
| Needed oxygen |  |  |  |
| Vomited often |  |  |  |
| Gagged often |  |  |  |
| Was kept in hospital after mother went home |  |  |  |
| Was born breach |  |  |  |

LIST OTHER PROBLEMS THAT OCCURRED DURING PREGANCY, DELIVERY,

OR THE FIRST COUPLE OF MONTHS OF THE BABY’S LIFE.

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4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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6. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **BABY’S PROBLEMS IN THE BEGINNING** | **Y** | **N** | **?** |
| Colic |  |  |  |
| Coughed a lot |  |  |  |
| Wheezed |  |  |  |
| Was sickly |  |  |  |
| Difficult to calm or comfort |  |  |  |
| Cried often |  |  |  |
| Was demanding |  |  |  |
| Could not be alone |  |  |  |
| Did not like to be held |  |  |  |
| Irritable |  |  |  |
| Was easily upset |  |  |  |
| Had lots of mucous |  |  |  |
| Was frightened easily |  |  |  |
| Seemed in pain a lot |  |  |  |
| Difficult to console |  |  |  |
| Feeding difficulties |  |  |  |
| Was not affectionate |  |  |  |

ANY OTHER THOUGHTS ABOUT YOUR BABY IN THE FIRST YEAR OF LIFE?

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ANY OTHER THOUGHTS ABOUT YOU OR YOUR FAMILY DURING

PREGNANCY, BIRTH, OR THE FIRST YEARS OF YOUR CHILD’S LIFE?

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ANY OTHER THOUGHTS ABOUT YOUR CHILD’S CONDITION?

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