

# FOR DADS AND OTHER NON-GESTATIONAL PARENTS\*

(\*any parent who did not physically give birth to the new child)



To my trusted healthcare practitioner,

This document is a way to help me describe what I am going through and the support I am hoping to receive. Please be aware that I may find it difficult to talk about some/all aspects of the information I have provided so please ask questions considerately and gently.

A note from PANDAS and Make Birth Better to the healthcare provider:

Misdiagnosis is common with perinatal mental and physical health particularly for fathers and non-gestational parents. The risk of experiencing birth as a traumatic event for LGBTQ+ non-gestational parents, if they are women or people who were assigned female at birth, is higher. They are predisposed to birth trauma and perinatal mental health difficulties due to socioeconomic factors and systemic discrimination by maternity services.

Please consider all potential challenges this person could be facing including anxiety, depression, trauma, PTSD, obsessive compulsive disorder or anything else relevant to their individual circumstances.

## ABOUT ME

Complete as appropriate for your most recent experience of the journey to becoming a father/parent through conception and beyond.

My wife/partner/mother of our child is currently \_\_\_\_\_ (number of weeks if known) weeks pregnant.

My wife/partner/mother of our child gave birth on \_\_\_\_\_ (Day/Month/Year)

My wife/partner/mother of our child miscarried our baby at \_\_\_\_\_ (number of weeks if known) of pregnancy.

My wife/partner/mother of our child and I have been trying to conceive for \_\_\_\_\_ (number of weeks / months / year)

My wife/partner/mother of our baby has been diagnosed with and/or is experiencing symptoms of \_\_\_\_\_

## MY SYMPTOMS

Below is a list of symptoms that fathers/non-gestational parents can face in response to their experiences of the conception journey and trying to get pregnant, during pregnancy, birth and the week, months, or years after.

Please tick the symptoms you have been experiencing. You can also add notes to indicate the frequency of these symptoms such as 'I feel this one a little bit', 'I feel this quite a bit', 'I feel this often', 'I feel this all the time'.

- Feeling nervous, anxious or on edge
- Feeling down, depressed or hopeless
- Feeling more jumpy, irritable or under threat
- Feeling cut off from my wife/partner/mother of our child.
- Feeling rejected by my wife/partner/mother of our child
- Feeling under a lot of pressure to earn money as well as care for my wife/baby
- Feeling I have no one to talk to
- Feeling little interest or pleasure in doing things I used to like
- Loss of identity and purpose
- Difficulty bonding with my baby
- Finding my baby's crying disturbing/stressful
- Trouble falling or staying asleep, or sleeping too much

### My symptoms continued:

- Feeling distant or cut off from other people
- Feelings of anger and or rage
- Repeated, disturbing and unwanted thoughts, memories or flashbacks
- Feeling strong negative emotions such as fear, anger, failure, guilt, shame, blame
- A loss of sex drive and/or a lack of physical intimacy
- Having a strong physical reaction when someone reminds me of my stressful experiences (e.g. heart pounding, trouble breathing, sweating)
- Thoughts of harming myself / my baby
- Thoughts of taking my own life
- A compulsion to check, clean or count to feel safe
- Finding it hard to care for myself, such as showering or changing my clothes
- Challenges with my relationship with my partner and/or challenges with my family set-up
- Feelings of guilt and shame about not being "strong" enough for their partners/at birth
- A need for the use of alcohol or drugs to be able to cope and or sleep

### Complete about medication if relevant to you:

I am currently taking this medication

..... I have been taking this since .....(insert date)

I feel this medication is contributing to my wellbeing / not improving my current symptoms (delete as appropriate)

### SUPPORT OPTIONS

I would like to explore my symptoms today and discuss my options for treatment including medications and what further support is available to me.

I am aware that within the NHS there are self-referral counselling services (NHS Talking Therapies), specialist perinatal mental health teams, specialist maternal mental health teams, and support from third sector organisations and other services too.

### Additional information I want to include

Please use this space to write any more information to describe how you are feeling, your symptoms, medication, historical mental health, physical illness or injury. You can also add more about what you hope to achieve from this appointment:

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This resource has been co-produced by PANDAS and Make Birth Better with clinical support from Dr Punam Krishan (GP) and Dr Rebecca Moore (Perinatal Psychiatrist). For the creation of this download the following people were consulted: Dr Andy Mayers (Bournemouth University), AJ Silver (The Queer Birth Club) and Kathy Jones (The Fatherhood Institute).

