

Adverse Babyhood Experiences (ABEs) Survey

ABE Question 1 includes adverse events in a mother's lifetime, especially from 2 years before conception to her child's 3rd birthday

1. Yes ___ No ___ Mother experienced loss or trauma
stillbirth
difficulty conceiving
other trauma (accident, violence...)
*Maternal ACEs
other:

miscarriage
other loss (partner, parent, child...)
discrimination (race, poverty...)
**Maternal institutional trauma

*Maternal trauma includes adverse childhood experiences (ACEs), which relate to her experiences before 18 years of age. Maternal ACEs are risk factors for adverse events in conception, pregnancy, labor, birth and mothering.
**Racism and other forms of discrimination or institutional trauma are risk factors for many ABEs. Women from minority communities have more complications, low birth weight, premature births and maternal deaths irrespective of ACE scores.

Unless otherwise stated, the following ABEs occur in the 2 years before conception until a child's 3rd birthday

2. Yes ___ No ___ Mother had little support or lost support
low or loss of support from father, family or others
lost her partner
pregnancy disproved of, such as if she was very young or not married
moved
other:

3. Yes ___ No ___ Mother experienced significant physical stress
sick through much of pregnancy
drank a lot of alcohol
toxemia
was hurt during pregnancy
had to be medicated
illegal drugs
other:

worrisome bleeding
too little or poor nutrition
gained too much or too little weight
significant vomiting
was in an accident
smoked

4. Yes ___ No ___ Mother experienced significant emotional stress
felt significantly depressed
mental illness such as PTSD
had emotional problems
marital problems or conflict
felt seriously scared

stress from being physically ill
had serious loss other than in #1
felt unsafe
financial worries
other:

Note: It is normal for mothers to have some anxiety about their baby, wonder if he or she is healthy or okay etc. This type of anxiety is not considered an ABE.

5. Yes ___ No ___ Mother had complications or interventions during conception, pregnancy, labor, birth or postpartum:
- | | |
|---|-------------------|
| forceps | vacuum extraction |
| hemorrhage | amnio |
| was put to sleep for delivery | toxemia |
| cesarean | induction |
| long labor (20 hours + for first vaginal birth or more than 15 hours) | |
| IVF | other: |
6. Yes ___ No ___ Baby experienced complications or interventions during conception, pregnancy, labor, birth or after:
- | | |
|--|------------------------------------|
| IVF or assistance for conception | had tight cord around the neck |
| had trouble breathing | needed oxygen |
| had infection, jaundice, other illness | was injured during birth |
| needed blood transfusion | poor growth |
| born premature | needed resuscitation |
| had circumcision / medical procedure | got stuck/shoulder dystocia/breech |
| was a twin, triplet etc. | twin loss |
| needed medical treatment | other: |
7. Yes ___ No ___ Baby or parents experienced emotional or physical separation:
- parental grief, loss, trauma and overwhelming feelings can interfere with bonding to cause emotional separation
- physical separation for cesarean, illness or treatment for mother, baby
- | | |
|-------------------------------|---|
| incubator care | mother not seeing her baby in first hours after birth |
| newborn intensive care (NICU) | foster care or adoption |
- hospitalization of baby or parent before baby's 3rd birthday
- being separated for another reason for a period of time (parent hospitalized, parent travel etc.)
- other:
8. Yes ___ No ___ Baby's weight or size of concern:
- | | |
|---------------------------|---------------------------|
| low birth weight for age | baby was the smaller twin |
| weighed 10 pounds or more | |
- Note: Birth size reflects stressors and exposures in the womb and can indicate need for repair and additional support
9. Yes ___ No ___ Breastfeeding concerns (for example, did not or could not breastfeed):
- Difficulty breastfeeding is a common effect of ABEs and indicates need for greater support rather than bad mothering. Breastfeeding supports a baby's health but not all mothers want or are able to BF and need support for their decisions.
10. Yes ___ No ___ Parents or baby had symptoms after birth, which are indicators of ABEs and the need for repair:
- | | |
|--|------------------------|
| was sickly | easily upset |
| had frequent respiratory infections | colic |
| trouble sleeping | coughed a lot |
| gagged often | was demanding |
| parent felt disconnected from self or baby | seemed in pain a lot |
| vomited often | breathing difficulties |
| could not be alone | was irritable |
| did not grow well | difficulty feeding |

was not affectionate
had lots of mucous
was difficult to comfort
parental depression
parental lack of bond

did not like to be held
was difficult to calm
wheezed
parental PTSD

chronic illness (many diseases are influenced by ABEs such as asthma, metabolic syndrome, autoimmune, ...)
other symptoms in babies or parents:

Note: A key indicator of ABEs is the maternal emotional disconnection or not feeling love for or “bonded” to her baby. These and the above symptoms indicate dysregulation and reflect physiological effects of separation and other ABEs. These are early warning signs indicating the need for repair and support to prevent & reduce risk for later problems or worsening

11. Other: Yes ___ No ___ Any other adverse events?

Did any other event(s) have an impact on the mother or baby?

Did similar or other events such as #1-5 occur for the father or partner?

Did anything else affect the baby or parents and their ability to feel safe or to bond?

Examples of other ABEs include unwanted pregnancy, parents had difficulty conceiving, a father’s experiences of PTSD from his partner’s birth trauma, and more

This comprehensive survey is created by Dr. Veronique Mead and is based on Dr. Antonio Madrid’s Maternal-Infant Bonding Survey, training manual, research, and his book *The Mother and Child Reunion: Repairing the Broken Bond*. His work builds on pediatricians John Kennell and Marshal Klaus’ book on Parent-Infant Bonding, which cite a large body of scientific evidence.