RESEARCH SUMMARY

What do women think about perinatal anxiety assessment measures?

Screening and assessment of anxiety during and after pregnancy is important for identifying women who need support, leading to better outcomes for mothers and babies. Assessment tools need to be both effective and acceptable to perinatal women*, but typically have not been developed with their input. Current UK guidelines recommend brief screening tools like the GAD-2 and Whooley questions, but their effectiveness and acceptability are uncertain. Alternative tools, like the CORE-10 and SAAS, may be more suitable. This study evaluated the acceptability and ease of use of these tools through interviews with pregnant and postpartum women.

What we did

We interviewed 41 women, some during pregnancy, some after birth, some with and some without anxiety or depression. We used a cognitive interview, aiming to understand how the women interpreted and responded to questions in assessment tools. We looked at how they:

- Understood the assessment questions – Did they interpret them as intended?
- Recalled relevant information – Could they remember what was needed to answer?
- Decided on an answer – Did they feel confident in their response?
- Formed responses – Could they clearly express their answers?

Our interviewers used think-aloud techniques to ask participants to explain their thought process and used follow-up probes to ask why they answered a certain way. This helped us to identify confusing wording, unclear concepts, or biased questionnaire items.

Questionnaires we assessed

- **GAD-7** A 7-question test for detecting generalized anxiety disorder (GAD).
- **GAD-2** A shorter, 2-question version of GAD-7, commonly used in UK maternity services.
- **CORE-10** A 10-question test for overall psychological distress, recommended by UK perinatal services.
- **SAAS** (Stirling Antenatal Anxiety Scale) A 10-question test designed specifically for perinatal anxiety, covering both general and pregnancy-related anxiety.
- **Whooley Questions** A simple 2-question test for depression, widely used in maternity care.

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What we found

Overall, participants found the measures relevant, but responses varied regarding ease of understanding and use, and appropriateness. The SAAS and CORE-10 had the fewest issues, while the GAD-2 and GAD-7 had the most problems, raising concerns as GAD-7 is the UK's recommended screening tool. The Whooley questions performed well but the response format could be problematic.

CORE-10

Participants generally found the CORE-10 acceptable and relevant, with positive feedback overall. However, some questioned the relevance of the item "I have had difficulty getting to sleep or staying asleep", as sleep issues are common in pregnancy and postpartum. Some also struggled with interpreting response options. The item "I have made plans to end my life" was divisive—while a quarter found it unacceptable, half acknowledged its importance in identifying at-risk women. Despite minor concerns, the CORE-10 was well-received, but slight refinements could improve clarity and acceptability for perinatal women.

SAAS

Participants generally found the Stirling Antenatal Anxiety Scale (SAAS) to be one of the most acceptable and relevant measures. A key strength of the SAAS is that it includes both general anxiety and pregnancy-specific anxiety items, making it more tailored to perinatal women's experiences. However, some participants struggled to interpret the response options. In addition, some participants found the item, "I did not feel worthy of being a mother," unacceptable, suggesting it may be too emotionally distressing. This raises questions about whether such sensitive statements should be included or reworded for better acceptability. Overall, while the SAAS performed well, minor refinements could improve its ease of use and acceptability for perinatal women.

GAD-2 & GAD-7

Participants found the GAD-2 and GAD-7 the most problematic measures. They raised concerns about comprehension, relevance, and response options, with the GAD-7 being the least relevant to perinatal women. Some items did not reflect pregnancy-specific anxieties. The GAD-7 also had poor diagnostic accuracy for perinatal anxiety in previous studies, raising concerns about its suitability as the recommended screening tool in the UK. Overall, both measures were seen as less acceptable and effective compared to alternatives like the SAAS and CORE-10.

Whooley questions

The two items of the Whooley were generally acceptable and relevant and easy to comprehend. However, some found the item "During the past month, have you often been bothered by feeling down, depressed or hopeless?" too wordy and the terms unclear. Some found the binary "yes/no" response format too limited in comparison to the other questionnaires that allowed for a range of responses.

MAP

Methods of Assessing Perinatal anxiety

Key Recommendations for health policy and practice

- Consider alternative screening tools such as SAAS and CORE-10, as these may be more suitable for perinatal women than the currently used GAD-2 and GAD-7.
- Balance the need for accurate mental health assessments with the importance of using non-distressing, accessible language.
- Recognise the limitations of self-report measures and complement them with other assessment methods where possible.
- Address barriers such as stigma and fear by fostering a supportive, non-judgmental environment for disclosure.
- Prioritise trust and continuity of care, using a personalised approach beyond written questionnaires to improve engagement and accuracy in screening.

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The full published article and other articles from the MAP and MAP Alliance studies are available via our website: https://www.mapstudy.org/research-publications

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**We use the terms 'women' and 'mums' to include women and birthing people.*