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The clarity, acceptability and relevance of self-report scales to screen for perinatal anxiety

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Background:

Anxiety during pregnancy and in the postnatal period is common but often underreported. Self-report scales screening for perinatal mental health problems must be clear, relevant and acceptable to women in the perinatal period.

Aims and objectives:

MAP (Methods of Assessing Perinatal Anxiety) aims to identify the best screening method for perinatal anxiety. We examined 4 anxiety rating scales (Generalised Anxiety Disorder scale: GAD-2/7; Whooley Questions; Clinical Outcomes in Routine Evaluation: CORE-10; Stirling Antenatal Anxiety Scale: SAAS) for clarity, acceptability and relevance to perinatal women.

Method:

Cognitive interviews were conducted with women in England and Scotland during the perinatal period exploring four components of a model of survey response (i.e. comprehension, retrieval, judgement, response). Data were analysed using framework analysis and considering positive and negative categories for each of the four components of the model.

Emerging Findings:

41 women were interviewed (26 during pregnancy and 15 postnatally). Several items were considered less relevant to perinatal women (i.e. difficulties sleeping, CORE-10; trouble relaxing and becoming easily irritable, GAD-7). The SAAS was the least problematic scale in relation to the components of comprehension, judgement and responding while the Whooley questions had the best performance for the retrieval component. The CORE-10 and SAAS received more positive comments (28.3 mean positive comments for each item in the scale) than the Whooley questions (26.5) and the GAD-7 (21.9).

Interpretation/discussion:

These emerging findings have the potential to inform clinical guidelines in relation to which scale should be used in maternity services to identify perinatal anxiety. Scales may need to be adapted for perinatal women to improve relevance.

Conclusion:

Additional research is being conducted to determine the effectiveness (i.e. diagnostic accuracy) of these scales which will be considered in combination with the results of this study to determine the most acceptable and effective scale to screen for perinatal anxiety.

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