Discussion of results

We would like to discuss the results with you. Depending on your score, our psychologist will contact you. If there is no indication to start additional care, you will not be contacted.

If there is, you will be contacted by telephone and your results will be fed back to your gynaecologist so you can receive the best possible support.

This screening took place:

before delivery

after delivery

The guestionnaires used in this leaflet are based on:

- Whooley, M.A., Avins, A.L., Miranda, J. & Browner, W.S. (1997) Case-finding instruments for depression. Two questions are as good as many. J Gen Intern Med, **12**(7), 439-45.
- Pop VJ, Komproe IH, van Son MJ. (1992) Characteristics of the Edinburgh Post Natal Depression Scale in The Netherlands.

Screening for perinatal social and mental health problems

You are pregnant or you just had a baby Congratulations!

Having a baby is a very special experience. A new mother goes through a lot of changes in a very short period of time: not only physically, hormonally, but also socially and emotionally.

One out of 8 women will feel rather vulnerable during this prenatal period and will experience psychological difficulties. Worldwide, screening is already taking place so that women and babies can be offered the right support as soon as possible.

If you would like to participate in this screening to receive psychosocial support if needed, read this leaflet and follow the instructions. We would love to help you.

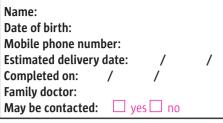
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Screening op perinatale sociale en mentale problemen ENG - versie 06/08/2019 - 00020743 - [S] - - GZA Ziekenhuizen GasthuisZusters Antwerpen Sint-Augustinus - Sint-Jiazef



Social questionnaire

This questionnaire is carried out with the aim to provide you with efficient social support.

Practical and social support in your surroundings.
 Being able to provide financially for your baby.
 A fixed place of residence.
 Affiliation to a health insurance fund.
 Dealing (past or present) with violence in your surroundings.
 Dealing with substance, drugs or alcohol addiction.

Do you feel you need support from social services with one of the above problems? yes no

Psychosocial questionnaire: Whooley screening

- During the **past month**, have you often been bothered by feeling down, depressed or hopeless?
 yes no
- During the past month, have you often been bothered by little interest or pleasure in doing things?
 yes no
- 3. Before your pregnancy, did you experience psychological problems such as depression, burn-out, or anxiety?

In case of a positive answer to **one of the above questions** (yes), please fill in the Edinburgh scale to assess your vulnerability risk.

The Edinburgh Scale (EPDS)

This questionnaire was developed to assess your risk of pre- or postnatal depression. This scale is used worldwide to provide mother and child with suitable support as soon as possible in case of heightened risk. The following questions refer to how you have felt over **the past 7 days**. Tick the answer that best represents how you felt.

1. I have been able to laugh and see	the funny side		
of things:			
As much as I always could.	0		
🗌 Not quite so much now.	1		
Definitely not so much now.	2		
🗌 Not at all.	3		

2. I have looked forward with enjoyment to things:
As much as I ever did.
Rather less than I used to.
Definitely less than I used to.
Hardly at all.

3. I have blamed myself unnecessarily when things went wrong:

Li Yes, most of the time. 3	
\Box Yes, some of the time. 2	
□ Not very often. 1	
□ No, never. 0	

4. I have been anxious or worried for no go	ood reason:
🗆 No, not at all.	0
🗌 Hardly ever.	1
🗌 Yes, sometimes.	2
🗌 Yes, very often.	3

5. have felt scared or panicky for no very good re Yes, quite a lot. Yes, sometimes. No, not much. No, not at all.	eason: 3 2 1 0
6. Things have been getting on top of me: ☐ Yes, most of the time I haven't been able to cope at all. ☐ Yes, sometimes I haven't been coping as well as usual. ☐ No, most of the time I have coped quite well. ☐ No, I have been coping as well as ever.	2
7. I have been so unhappy that I have had sleeping: Yes, most of the time. Yes, sometimes. Not very often. No, not at all.	difficulty 3 2 1 0
8. I have felt sad or miserable: □ Yes, most of the time.	3

		ite ofte						2	
🗆 Not very often.					1				
ΠN	o, not	at all.						0	
9. I	have	been	SO	unhappy	that		have	been	crying:

└ Yes, most of the time.	3
🗌 Yes, quite often.	2
Only occasionally.	1
🗌 No, never.	0

10. The thought of harming my	self has occurred to me
Yes, quite often.	3
Sometimes.	2
Hardly ever.	1
🗆 Never.	0

Total score EPDS:

Score question 10 SIC: