



## Research Article

# Implementing routine assessment of perinatal anxiety: case studies

Andrea Sinesi,<sup>1</sup> Georgina Constantinou,<sup>2</sup> Cassandra Yuill,<sup>2</sup> Rose Meades,<sup>2</sup>  
Helen Cheyne,<sup>1</sup> Margaret Maxwell,<sup>1</sup> Catherine Best,<sup>1</sup> Susan Ayers,<sup>2\*</sup>  
Judy Shakespeare,<sup>3</sup> Fiona Alderdice,<sup>4</sup> Julie Jomeen,<sup>5</sup> Grace Howard<sup>6</sup>  
and the MAP Study Team

<sup>1</sup>Centre for Healthcare and Community Research (CHeCR), Pathfoot Building, University of Stirling, Stirling, UK

<sup>2</sup>Centre for Maternal and Child Health Research, School of Health and Psychological Sciences, City St George's, University of London, London, UK

<sup>3</sup>Retired General Practitioner, Oxford, UK

<sup>4</sup>National Perinatal Epidemiology Unit, Nuffield Department of Population Health, University of Oxford, Oxford, UK

<sup>5</sup>Faculty of Health, Southern Cross University, Lismore, NSW, Australia

<sup>6</sup>Florence Nightingale Faculty of Nursing, Midwifery & Palliative Care, King's College London, London, UK

\*Corresponding author [Susan.Ayers.1@city.ac.uk](mailto:Susan.Ayers.1@city.ac.uk)

Published May 2025

DOI: 10.3310/WWMD9982

## Plain language summary

### Implementing routine assessment of perinatal anxiety: case studies

Health and Social Care Delivery Research 2025; Vol. 13: No. 32

DOI: 10.3310/WWMD9982

NIHR Journals Library [www.journalslibrary.nihr.ac.uk](http://www.journalslibrary.nihr.ac.uk)

## Plain language summary

Many women experience anxiety during pregnancy and after giving birth. This can affect birth outcomes and maternal and child well-being. In this study, we looked at midwives and other health workers' acceptability of a new questionnaire to identify anxiety symptoms in pregnant and postnatal women. We also looked at whether this new scale can be implemented in healthcare services. The scale we used is called the Stirling Antenatal Anxiety Scale, which in previous studies was found to be acceptable to women and accurate in identifying those experiencing anxiety.

We conducted the study in three different National Health Service sites in the United Kingdom. We interviewed midwives, health visitors, psychologists and nurses who worked with pregnant and postnatal women. Before implementing the scale, we collected information and developed strategies to implement the questionnaire for each site. We then implemented the tool for 3–5 months and interviewed the participants again to get their feedback.

Overall, midwives and other health workers found using the scale to be positive. It helped them have more focused discussions with women about their anxiety symptoms. However, some barriers were also identified, such as language and cultural barriers around anxiety. To improve the implementation, suggestions include integrating the scale into electronic patient records and gaining more support from senior management.

Limitations to the study include the fact that most participants used paper versions of the tool, while many healthcare services are moving towards electronic records, and that not all participants were interviewed at the evaluation stage. Because of variations in services, the results may not apply to all healthcare settings.

In conclusion, implementing the scale for perinatal anxiety assessment showed promise in clinical practice and was considered achievable. Our team has developed an implementation guide to facilitate uptake of the scale in National Health Service services, which will be widely disseminated.