**Supplementary File 1**

**Survey**

**Questionnaire for pregnant women**

**Part 1: The following questions ask about you and your pregnancy.**

|  |  |
| --- | --- |
| 1. Age  |  |
| 2. Nationality |  |
| 3. What is your relationship status?  |  |
| 4. Are you currently in paid employment? | YesNo |
|  4.b if you answered yes, please provide your current occupation |
| 5. What is your highest level of education? |
| No formal educationTechnical or vocational qualificationPostgraduate degree | Primary schoolNon degree qualificationDoctorate | Secondary schoolUndergraduate degree |
| 6. Do you currently smoke cigarettes?  | YesNo |
| 7. How much alcohol do you consume each week, on average?(1 standard drink= 1 glass of wine, 1 bottle of bee, 1 alcopop, or 1 pub measure of spirits)No alcohol 1-2 standard drinks 3- 5 standard drinks 6-10 standard drinks 11 or more standard drinks  |  |
| 8. How many weeks pregnant are you?  |  |
| 9. Are you currently receiving your antenatal care in Ireland?10. What type of antenatal care are you receiving? | YesNoPublicPrivate |
| 11. How satisfied are you with your antenatal care?Very dissatisfied. Dissatisfied Neutral Satisfied Very satisfied |  |
|  |  |
| 12. Is your current pregnancy a planned pregnancy?13. How many previous pregnancies have you had? (please write 0 if this was your first pregnancy) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | YesNo |
| 14. How many other children do you have? (please write 0 if this is your first child)  |
| 15. Have you ever been diagnosed or told by a healthcare professional that you had a mental health disorder or issue? (e.g., postpartum psychosis, post-traumatic stress disorder, or postnatal depression) | YesNo |
| 15.b If you answered yes to the above question please state what disorder or issue this was |  |
| 16. Are you experiencing a medically ‘high risk’ pregnancy or any pregnancy complications (e.g. gestational diabetes, preeclampsia, pregnant with twins, triplets or other multiples)? | YesNo |
| 16.b If you answered yes to the above question please state what medical risk or complication(s) you are experiencing in this pregnancy:  |  |
|  |  |
| 17. Did you experience physical or psychological difficulties in previous pregnancies or births? | YesNoNot applicable |
| 17.b If you answered yes to the above question please state what difficulties you experienced in previous pregnancies. |

**Part 2. The following questions ask about your mood and how you have been feeling.**

**Please remember there is no judgement about what you do, or any right or wrong answer, we just want to understand what happens when you feel stressed or anxious.**

**A)**

We are interested in how you feel about the following statements.

Please read each statement carefully.

Indicate how you feel about each statement by selecting the number which applies to you best, from 0 (not at all) to 4 (extremely)

1. I find weight gain during pregnancy troubling

2. Physical symptoms of pregnancy, such as nausea, vomiting, swollen feet or backache, irritate me

3. I am worried about handling the infant when I first come home from the hospital

4. Emotional ups and downs during pregnancy annoy me

5. I am troubled that my relationships with other people important to me are changing due to my pregnancy

6. I am worried about eating healthy foods and a balanced diet for the infant

7. Overall, the changes in my body shape and size during pregnancy bother me

8. I am concerned that having a new infant will alter my relationship with the infant’s father

9. I worry about having an unhealthy infant

10. I am anxious about labour and childbirth

11. The possibility of premature childbirth frightens me

12. I am worried that I might not become emotionally attached to the infant

**B)**

Please indicate how often you have had the following experiences in the last month by selecting the number which applies to you best, from 0 (not at all) to 3 (all the time)

1. Feeling detached like you’re watching yourself in a movie

2. Losing track of time and can’t remember what happened

3. Difficulty adjusting to recent changes

4. Anxiety getting in the way of being able to do things

5. Racing thoughts making it hard to concentrate

6. Fear of losing control

7. Feeling panicky

8. Feeling agitated

9. Worry about the baby/pregnancy

10. Fear that harm will come to the baby

11. A sense of dread that something bad is going to happen

12. Worry about many things

13. Worry about the future

14. Feeling overwhelmed

15. Really strong fears about things, eg needles, blood, birth, pain

16. Sudden rushes of extreme fear or discomfort

17. Repetitive thoughts that are difficult to stop or control

18. Difficulty sleeping even when I have the chance to sleep

19. Having to do things in a certain way or order

20. Wanting things to be perfect

21. Needing to be in control of things

22. Difficulty stopping checking or doing things over and over

23. Feeling jumpy or easily startled

24. Concerns about repeated thoughts

25. Being ‘on guard’ or needing to watch out for things

26. Upset about repeated memories, dreams or nightmares

27. Worry that I will embarrass myself in front of others

28. Fear that others will judge me negatively

29. Feeling really uneasy in crowds

30. Avoiding social activities because I might be nervous

31. Avoiding things which concern me

**C)**

We are interested in how you feel about the following statements.

Please read each statement carefully.

Indicate how you feel about each statement by selecting the number which applies to you best.

|  |  |
| --- | --- |
| 1= Very Strongly Disagree 2= Strongly Disagree 3= Mildly Disagree 4= Neutral  | 5 =Mildly Agree 6 =Strongly Agree 7 =Very Strongly Agree  |

1. There is a special person with whom I can share my joys and sorrows

2. There is a special person who is around when I am in need.

3. My family really tries to help me

4. I get the emotional help and support I need from my family.

5. I have a special person who is a real source of comfort to me.

6. My friends really try to help me

7. I can count on my friends when things go wrong

8. I can talk about my problems with my family

9. I have friends with whom I can share my joys and sorrows

10. There is a special person in my life who cares about my feelings

11. My family is willing to help me make decisions.

12. I can talk about my problems with my friends

**D)**

For the following questions please respond to each item by selecting one of the following:

1= strongly disagree, 2= disagree, 3= neutral, 4= agree, 5= strongly agree

1. I tend to bounce back quickly after hard times

2. I have a hard time making it through stressful events

3. It does not take me long to recover from a stressful event

4. It is hard for me to snap back when something bad happens.

5. I usually come through difficult times with little trouble

6. I tend to take a long time to get over set-backs in my life.

**E)**

The following questions ask you to tell us about your experiences in your own words.

During your pregnancy what kinds of things do/did you find stressful or that make you anxious? These might be to do with your pregnancy or with other aspects of your life.

In what ways do your feelings of stress or anxiety impact on your daily life, if at all, during pregnancy?

What kinds of things (or strategies) do you do to help you manage feelings of stress and/or anxiety during pregnancy?

Please tell us about any supports or resources you use when you feel stressed or anxious during your pregnancy?

**Part 3. The next questions ask what supports you feel would help with stress and/or anxiety during pregnancy and up to 2 years after birth?**

**Please remember there is no judgement about what you do, or any right or wrong answer, we just want to understand what happens when you feel stressed or anxious.**

What kind of information would you like to help with possible stress and/or anxiety during pregnancy and after the baby is born?

How would you like to receive information, resources or supports to help with stress and/or anxiety? (e.g., written information, face-to-face supports, online resources, anything else)

Are there resources, supports or ways to manage stress and/or anxiety during pregnancy you wish you knew more about?

Are there any other issues related to your experience of stress and/or anxiety during your pregnancy that you wish to mention?

**Questionnaire for mothers (birth to 2 years)**

**Part 1. The following questions ask about you, your child and your pregnancy.**

|  |  |
| --- | --- |
| 1. Age  |  |
| 2. Nationality |  |
| 3. What is your relationship status?  |  |
| 4. Are you currently in paid employment?  | YesNo |
|  4.b if you answered yes, please provide your current occupation |
| 5. What is your highest level of education? |
| No formal educationTechnical or vocational qualificationPostgraduate degree | Primary schoolNon degree qualificationDoctorate | Secondary schoolUndergraduate degree |
|  |  |
| 6. Do you currently smoke cigarettes?  | YesNo |
| 7. Did you smoke at any point during your most recent pregnancy? | YesNo |
|  |  |
| 8. How much alcohol do you consume each week, on average, currently?No alcohol 1-2 standard drinks 3- 5 standard drinks 6-10 standard drinks 11 or more standard drinks |  |
| 9. How much alcohol did you consume each week, on average, during your pregnancy?No alcohol 1-2 standard drinks 3- 5 standard drinks 6-10 standard drinks 11 or more standard drinks |  |
| 10. How old is your youngest child in months?  |  |
| 11. Are you currently receiving your perinatal care and health checks for your baby in Ireland? | YesNo |
| 12. Did you receive your antenatal care in Ireland? | YesNo |
| 13. What type of antenatal care did you receive? | PublicPrivate |
| 14. How satisfied were you with the antenatal care you received?Very dissatisfied. Dissatisfied Neutral Satisfied Very satisfied  |  |
| 15. Was you most recent pregnancy a planned pregnancy? | YesNo |
| 16. Are you the biological mother of your child?  | YesNo |
|  16.b If you answered no to the above question, please describe your relationship to  your child: |
| 17. Please specify your type of milk feeding (if you child no longer has breastmilk or formula milk please indicate their previous type of feeding): Breastfeeding only Formula feeding only Combination breast and formula feeding (mixed feeding) |
| 18. How would you rate the health of your child at birth? Very poor Poor Good Excellent 18. b If you answered ‘very poor’ or ‘poor’ to the above question please state what health issues your child experienced at birth |
| 19. How would you rate the health of your child now? Very poor Poor Good Excellent 19. b If you answered ‘very poor’ or ‘poor’ to the above question please state your child’s current health issues  |
| 20. How many previous pregnancies have you had? (please write 0 if this was your first pregnancy) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 21. How many other children do you have? (please write 0 if this is your first child)  |
| 22. Have you ever been diagnosed or told by a healthcare professional that you had a mental health disorder or issue, (e.g., postpartum psychosis, post-traumatic stress disorder, or postnatal depression)?  | YesNo |
| 22.b If you answered yes to the above question please state what disorder or issue this was |  |
| 23. Was your most recent pregnancy a medically ‘high risk’ pregnancy or did you have any pregnancy complications? (e.g. gestational diabetes, pregnant with twins, triplets or other multiples)? | YesNo |
| 23.b If you answered yes to the above question please state what medical risk or complication(s) you experienced:  |  |
| 24. Did you experience any birth complication(s) (e.g. emergency caesarean section, perineal tears)?  | YesNo |
| 24.b If you answered yes to the above question please state what birth complication(s) you experienced:  |  |
| 25. Did you experience physical or psychological difficulties in previous pregnancies or births? | YesNoNot applicable |
| 25.b If you answered yes to the above question please state what difficulties you experienced in previous pregnancies.  |

**Part 2. The following questions ask about your mood and how you have been feeling. Please remember there is no judgement about what you do, or any right or wrong answer, we just want to understand what happens when you feel stressed or anxious.**

**A)**

For each question choose from the following alternatives:

 0 - never 1 - almost never 2 - sometimes 3 - fairly often 4 - very often

l. In the last month, how often have you been upset because of something that

 happened unexpectedly?

2. In the last month, how often have you felt that you were unable to control the

 important things in your life?

3. In the last month, how often have you felt nervous and stressed?

4. In the last month, how often have you felt confident about your ability to handle

 your personal problems?

5. In the last month, how often have you felt that things were going your way?

6. In the last month, how often have you found that you could not cope with

 all the things that you had to do?

7. In the last month, how often have you been able to control irritations in

 your life?

8. In the last month, how often have you felt that you were on top of things?

9. In the last month, how often have you been angered because of things that

 happened that were outside of your control?

10. In the last month, how often have you felt difficulties were piling up so high that

 you could not overcome them?

**B)**

Please indicate how often you have had the following experiences in the last month by selecting the number which applies to you best, from 0 (not at all) to 3 (all the time)

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2. Losing track of time and can’t remember what happened

3. Difficulty adjusting to recent changes

4. Anxiety getting in the way of being able to do things

5. Racing thoughts making it hard to concentrate

6. Fear of losing control

7. Feeling panicky

8. Feeling agitated

9. Worry about the baby/pregnancy

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24. Concerns about repeated thoughts

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3. It does not take me long to recover from a stressful event

4. It is hard for me to snap back when something bad happens.

5. I usually come through difficult times with little trouble

6. I tend to take a long time to get over set-backs in my life.

**E)**

What kinds of things do you find stressful or that make you anxious in the time since your baby was born? (These might include things to do with your baby or with other aspects of your life.)

In what ways do your feelings of stress or anxiety impact on your daily life, if at all, since your baby was born?

What kinds of things (or strategies) do you do to help you manage feelings of stress and/or anxiety since your baby was born?

Please tell us about any supports or resources you have used when you feel stressed or anxious since your baby was born.

**Part 3. The next questions ask what you would want from resources and supports to help with stress and/or anxiety during pregnancy and up to 2 years postpartum?**

**Please remember there is no judgement about what you do, or any right or wrong answer, we just want to understand what happens when you feel stressed or anxious.**

What kind of information would you like to help with stress and/or anxiety since your baby was born?

How would you like to receive information, resources or supports to help with stress and/or anxiety? (e.g., written information, face-to-face supports, online resources, anything else)

In what ways, if at all, do you think your information or support needs has changed between when you were pregnant and since your baby was born?

Are there resources, supports or ways to manage stress and/or anxiety after having a baby that you wish you knew more about?

Are there any other issues related to your experience of stress and/or anxiety during your pregnancy or since your baby was born that you wish to mention?