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Abstract:

**Background:** Routine Antenatal Psychosocial Assessment (APA) has been introduced into UK antenatal care; however, the ways in which maternity service providers assess and respond to maternal stress are subject of debate.

**Methods:** Pregnant women (n=191) completed a questionnaire at booking. Details including mental health assessment and referrals were obtained from their health records following delivery. A sub-sample of women (n=22) experiencing high maternal stress were interviewed longitudinally antenatally and postnatally.

**Findings:** Maternal stress was common. Women reported its significant impact but struggled to self-assess severity. Mental health history and treatment history were under-disclosed, particularly concerning anxiety. Although high depression and high anxiety symptoms frequently co-occurred, measuring either in isolation missed possible cases. Clinical practice used the Whooley depression case finding questions; these identified only half the possible cases identified using the Edinburgh Postnatal Depression Scale in a research context. Incorporating the Arroll 'help' question improved specificity but substantially compromised sensitivity, missing nine in ten possible cases.

Locally, APA was introduced without attention to topics of relevance to women, context of disclosure or adequate resources for consistently responding to identified need. Women experiencing, or at risk of, mild-moderate mental health disorder in pregnancy were thus usually ineligible for further support.

**Implications:** Care pathways are needed that encompass both assessing and responding to maternal stress, where communication with health professionals, subsequent referral and management are addressed. The development, implementation and evaluation of low-cost resources embedded in such pathways are a priority and the ARMS research offers a foundation on which to build.