

1 **Supplementary Material**

2 Table A1. Questions for pilot testing

Questionnaire for key expert: pilot testing
<ul style="list-style-type: none">• Do you think that the content of the questionnaire is adequate?• What do you think about the questions in general?• Is there any of the questions that seem to be strange or unusual?• Do you advise changing any of the questions?• Do you recommend including or removing any questions?• What is your opinion on the order of questions?• How appropriate is the response categories?

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1 **Questionnaire on changes in perinatal mental health care during the COVID-19 Pandemic**

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3 We define **Perinatal Mental Health (PMH¹)** as the biopsychosocial well-being during pregnancy,
4 childbirth, and postpartum. PMH problems can occur anytime during pregnancy or within the
5 first postpartum year or they can include previous mental health problems that reappear or
6 worsen during the peripartum period. They refer to depression, anxiety, posttraumatic stress
7 disorder following childbirth, and other illness, such as postpartum psychosis, bipolar disorder,
8 and schizophrenia, that need urgent psychiatric treatment.

9 The following questions refer specifically to any of the following instruments related to perinatal
10 mental health and COVID-19 pandemic **in your country**²:

- 11 • **Mental Health Policies**- A mental health policy refers to an organized set of values,
12 principles, and objectives to improve mental health and reduce the burden of mental
13 disorders in a population.
- 14 • **Guidelines**- Systematically developed recommendations to assist in practitioner and
15 patient decision making about treatments for clinical conditions.
- 16 • **Protocols**- A comprehensive set of criteria outlining the management steps for a single
17 clinical condition.
- 18 • **Best Practice**- A technique or methodology that through experience and research has
19 proven reliably to lead to the desired result. Also, a practical definition of best practice
20 is knowledge about what works in specific situations and contexts.
- 21 • **Documents**- Documents that provide information or evidence or serve as official
22 records.

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Section 1 Mental Health Policies,	A. 1 Since the COVID-19 outbreak, have the main <u>policies, guidelines, or protocols</u> regarding Perinatal Mental Health (PMH) changed in your country? Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure <input type="checkbox"/>
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¹ <https://www.thelancet.com/series/Perinatal/perinatal-mental-health>

² WHO Assessment Instrument for Mental Health Systems. Version 2.2. Geneva, World Health Organization, 2005 (WHO/MSD/MER/05.2; https://www.who.int/mental_health/evidence/AIMS_WHO_2_2.pdf, accessed 15 April 2020).

guidelines, and protocols	<p>If Yes, please:</p> <p>A.1.1 When were the changes <u>first</u> implemented? <i>Please provide the exact date; if you do not know the exact date, specify month or stage in the pandemic.</i></p> <p>A.1.2 Were any additional changes introduced at some point during the COVID-19 pandemic (e.g., when COVID-19 vaccination became available)? <i>Please list all additional changes and specify at <u>what point</u> during the pandemic these were introduced.</i></p> <p>A.1.3 Which of these changes are still currently undergoing? <i>Please list all changes still undergoing.</i></p> <p>A.2 Describe the main policies regarding PMH & COVID-19.</p> <p>A.3 Please provide us with an example of these policies (web link, document link, etc.; if not available in English, it can be in your language)?</p> <p>A.4 In your opinion, how adequate are these policies? <i>(Scale 1-7, 1 = not adequate, 7 = highly adequate)</i></p> <p>In your opinion, are there any areas that need to be further addressed within these policies?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure <input type="checkbox"/></p> <p>If Yes, please:</p>
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	<p>Describe the main areas that need to be further addressed within these policies (e.g., more investment in PMH, providing online services etc.):</p>
<p>Section 2 Mental Health Care Practices</p>	<p>B. Please describe changes to mental health care practices since the COVID-19 outbreak in your country.</p> <p>B. 1. Since the COVID-19 outbreak, have the following <u>practices</u> regarding <u>PRENATAL</u> mental health changed in your country at any point?</p> <p>— Regular in-person appointments: Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable <input type="checkbox"/></p> <p>— Virtual care appointments: Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable <input type="checkbox"/></p> <p>— Phone call appointments or messaging for questions/concerns: Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable <input type="checkbox"/></p> <p>— Emergency care: Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable <input type="checkbox"/></p> <p>— Home visits: Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable <input type="checkbox"/></p> <p>— Routine enquiry about domestic violence: Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable <input type="checkbox"/></p> <p>— Other:.....</p> <p>—</p> <p>B. 2. Since the COVID-19 outbreak, have the following <u>practices</u> regarding <u>POSTNATAL</u> mental health changed in your country at any point?</p> <p>— Regular in-person appointments: Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable <input type="checkbox"/></p> <p>— Virtual care appointments: Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable <input type="checkbox"/></p> <p>— Phone call appointments or messaging for questions/concerns: Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable <input type="checkbox"/></p> <p>— Emergency care: Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable <input type="checkbox"/></p> <p>— Home visits: Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable <input type="checkbox"/></p> <p>— Routine enquiry about domestic violence: Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable <input type="checkbox"/></p>

	<p>— Other:.....</p> <p>B.3. Of the previously listed services, which are <u>currently</u> in effect in your country regarding <u>PRENATAL</u> mental health?</p> <p>— <input type="checkbox"/> Regular in-person appointments</p> <p>— <input type="checkbox"/> Virtual care appointments</p> <p>— <input type="checkbox"/> Phone call appointments or messaging for questions/concerns</p> <p>— <input type="checkbox"/> Emergency care</p> <p>— <input type="checkbox"/> Home visits</p> <p>— <input type="checkbox"/> Routine enquiry about domestic violence</p> <p>— <input type="checkbox"/> Other:.....</p> <p>B. 4. Of the previously listed services, which are <u>currently</u> in effect in your country regarding <u>POSTNATAL</u> mental health?</p> <p>— <input type="checkbox"/> Regular in-person appointments</p> <p>— <input type="checkbox"/> Virtual care appointments</p> <p>— <input type="checkbox"/> Phone call appointments or messaging for questions/concerns</p> <p>— <input type="checkbox"/> Emergency care</p> <p>— <input type="checkbox"/> Home visits</p> <p>— <input type="checkbox"/> Routine enquiry about domestic violence</p> <p>— <input type="checkbox"/> Other:.....</p>
<p>Section 3 Best practices</p>	<p>C. 1. In your view, what are the <u>best practices</u> that have been implemented for treating PMH during COVID-19 in your country (e.g., adequate information about the COVID-19 pandemic and its psychological impact, facilitating social support and offering e-resources for psychological support)? Please, describe.</p> <p>C. 1. 1. Are you aware of any evidence concerning their effectiveness?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

	<p>If Yes, please explain.</p>
<p>Section 4 Barriers</p>	<p>D. 1. Since the COVID-19 outbreak in your country, have there been any barriers to usual care in terms of PMH (e.g., financial barriers, transportation barriers, lack of infrastructure in telemedicine)?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If Yes, please explain.</p> <p>D. 2. Of these specific policies, protocols, and guidelines regarding PMH & COVID-19 that you have described, have there been any major challenges or barriers to their implementation (e.g., lack of staff, unstable internet connection)?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If Yes, please explain.</p> <p>a) Institutional/organizational challenges/barriers</p> <p>b) Challenges/barriers as referred by health care practitioners</p> <p>c) Challenges/barriers as referred by patients/families</p>
<p>Section 5 Resources</p>	<p>E. In your opinion, have sufficient resources (financial or otherwise) been invested into these specific policies, protocols, and guidelines regarding PMH & COVID-19 in your country?</p> <p><i>(Scale 1-7, 1 = strongly disagree, 7 = strongly agree)</i></p>
<p>Section 6 Benefits</p>	<p>F. 1 What are the expected economic and social benefits of investments in these policies, protocols, and guidelines on PMH & COVID-19 (e.g.,</p>

	<p>reduce the prevalence of the perinatal mental health problems, improving family relationships)?</p> <p><input type="checkbox"/> Not applicable</p> <p>Economic benefits:</p> <p>Social benefits:</p> <p>Individual benefit for patients:</p> <p>Individual benefit for health care practitioners:</p> <p>F. 2 Are these benefits sustainable?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If Yes, please explain.</p>
<p>Section 7</p> <p>Short- & Long-term expectations</p>	<p>G. 1 What are the short- and long-term <u>expectations</u> of the policies, protocols, and guidelines you have described, regarding PMH & COVID-19?</p> <p>Short-term expectations (during the pandemic):</p> <p>Long-term expectations (after the pandemic):</p>
	<p>Please describe if you would like to share anything that was not captured with the previous questions:</p>

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Background questions

<p>Please state your area of specialization (check everything that applies to you)</p>	<p><input type="checkbox"/> Nurse</p> <p><input type="checkbox"/> Midwife</p>
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	<input type="checkbox"/> Clinical social worker <input type="checkbox"/> General practitioner <input type="checkbox"/> Obstetrician/Gynaecologist <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Psychologist <input type="checkbox"/> Psychotherapist <input type="checkbox"/> Other: Please specify _____
Highest academic degree (<i>e.g., MSc, PhD</i>)	
Job position in your institution related to Perinatal Mental Health (PMH)	<input type="checkbox"/> High level of responsibility (<i>e.g., director</i>) <input type="checkbox"/> Medium level of responsibility (<i>e.g., manager</i>) <input type="checkbox"/> Low level of responsibility (<i>e.g., specialist</i>) <input type="checkbox"/> <i>Not applicable/not affiliated with an institution</i>
Years of experience (in total)	<input type="checkbox"/> up to 1 year <input type="checkbox"/> 2-5 years <input type="checkbox"/> 5-10 years <input type="checkbox"/> more than 10 years
Years working in Perinatal Care and/or Perinatal Mental Health (PMH)	<input type="checkbox"/> up to 1 year <input type="checkbox"/> 2-5 years <input type="checkbox"/> 5-10 years <input type="checkbox"/> more than 10 years
Current employer (<i>please check all that apply</i>)	<input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Birth centre <input type="checkbox"/> Hospital <input type="checkbox"/> Home birth <input type="checkbox"/> Primary care service <input type="checkbox"/> Academic/Research <input type="checkbox"/> Counselling office

	<input type="checkbox"/> Non-governmental organization <input type="checkbox"/> Other: Please specify _____
How many patients/clients attend your institution per year?	_____ <input type="checkbox"/> Not applicable
How many patients/clients do you see per year?	_____ <input type="checkbox"/> Not applicable
Please specify your gender	Female <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/>
Please specify your age	<input type="checkbox"/> up to 25 years <input type="checkbox"/> 25-29 years <input type="checkbox"/> 30-39 <input type="checkbox"/> 40-49 <input type="checkbox"/> 50-59 <input type="checkbox"/> more than 60
Country name	
Location of your institution	<input type="checkbox"/> urban area <input type="checkbox"/> sub-urban area <input type="checkbox"/> rural area

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1 Appendix 2. Informed consent sheet



RISEUP-PPD
Research Network
in Peripartum
Depression Disorder



DEVOTION
COST ACTION CA18211
Perinatal Mental Health & Birth Related Trauma:
Maximising Best Practice & Optimal Outcomes

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4 **Changes in perinatal mental health care during the COVID-19 Pandemic: A collaborative**
5 **research study between the COST Actions RISEUP-PPD and Devotion**

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7 The COST Action Riseup-PPD (CA18138), in the framework of the Task Force “Perinatal Mental
8 Health and COVID-19 pandemic”, and the COST Action DEVOTION (CA18211) aims to study the
9 changes in perinatal mental health care during the COVID-19 Pandemic.

10 We are carrying out a short survey for experts in perinatal care and/or perinatal mental health.
11 We are seeking your **professional views and opinions** on the extent of perinatal mental health
12 and the COVID-19 pandemic in your country.

13 Your participation in this survey is entirely **voluntary** and **anonymous**. All information that we
14 collect will be kept **confidential** and will be analyzed at a group level. There are no known risks
15 related to participation in the study. There will be no direct benefit to you, but your valuable
16 experience could help us in tailoring the best practices for perinatal women during the COVID-
17 19 pandemic and in future similar scenarios. The survey will take 15-20 minutes.

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19 If you have any questions or require further information, please contact:

20

21 **Eleni Vousoura, PhD, Greece** **Email:** eleni.vousoura@gmail.com

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24 If you consent voluntarily to participate in this survey, please click “Next”.

25 Thank you for your contribution!