



# Antenatal Risk Questionnaire (ANRQ) Clinician Information and Scoring Template

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## Background

The Antenatal Risk Questionnaire (ANRQ) addresses key domains of psychosocial health that have been shown to be associated with increased risk of perinatal mental health morbidity (e.g., depressive or anxiety disorder) and less optimal mother-infant attachment. The ANRQ can be **self-completed or administered** by the clinician and can be used during pregnancy or postnatally<sup>1</sup>. The ANRQ has **12 scored items** relating to the following risk domains:

- Mental health history
- Level of practical support and emotional support from partner
- Stressors/losses in the last year (e.g. bereavement, separation etc.).
- History of physical, sexual or emotional abuse or neglect
- Anxiety and perfectionism levels

## Scoring the ANRQ

- There are **12 scored items**
- **Use the scoring template provided:**
  - > **Q1, Q1b, Q3, Q7, Q8:** No = 0, Yes = 5
  - > **Q1.a, Q2, Q3.a, Q4, Q5, Q6, Q9:** Scores range from 1 to 5
  - > **Notes:**
    - If Q1 = No, Q1a and Q1b should not be answered or scored;
    - Q1.c should not be scored;
    - If Q3 = No, Q3.a should not be answered or scored.
- Based on these scoring instructions, place individual questions scores **in the score box on the right hand side**.
- Add up the maximum 12 scored items and place the **Total Score in the box at the top of the questionnaire**.
- The range of scores is 5-60. **A higher score indicates greater psychosocial risk.**

## Rules for clinical use of the ANRQ

It is recommended that the following rules be followed when administering the ANRQ:

- The ANRQ should only be used by appropriately **trained** staff with ongoing clinical supervision;
- Ideally, the ANRQ should be administered toward the end of a visit;
- ANRQ responses should be **discussed** with the woman, and a **psychosocial care plan** developed as appropriate (see box);
- The ANRQ should be administered with a depression screening measure (e.g., Edinburgh Depression Scale) to assess for possible current depression;
- The ANRQ is only intended as an **adjunct to clinical history** taking. **ANRQ items and the ANRQ cut-off scores** have been developed to aid the identification woman at increased psychosocial risk but are not a substitute for clinical judgement. If you feel a woman is experiencing distress or is at risk of such, you should discuss your concerns with her, explore these issues further and develop a psychosocial care plan as appropriate.

## Summary of ANRQ results and clinical interpretation

- **Cut-off scores:** There is no absolute cut-off score, however an ANRQ **cut-off score of 23 or more is recommended**,<sup>2</sup>
- **A significant mental health history** (i.e., causing functional impairment or requiring professional help) **or a history of abuse** places the woman at increased risk of poor psychosocial outcome, **irrespective** of the total ANRQ score (see Box below).

### Actions arising from responses to the ANRQ

Results should be discussed with the woman, responses further explored, and a psychosocial care plan developed as appropriate, for women who meet any of the following criteria:

- Total ANRQ score of 23 or more;
- Significant mental health history: If Q1 = 5 (Yes) AND [Q1.a  $\geq$  4 (Quite A Lot/Very Much) OR Q1b = 5 (Yes)];
- History of abuse: If Q7 = 5 (Yes) OR Q8 = 5 (Yes).
- If clinical judgement indicates a woman is experiencing distress, or is at risk of such.

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1. The ANRQ has been validated for use during pregnancy, but is yet to be validated in the postnatal period.

2. Austin et al (2013). The Antenatal Risk Questionnaire (ANRQ): Acceptability and use for psychosocial risk assessment in the maternity setting. *Women & Birth*, 26, 17-25