

PCN-CRP ID:



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PCN-CRP Supplementary information and Consent Form

PCN-CRP Sub-study 3: Mental wellbeing screening and engagement with services.

This sheet provides more information about PCN-CRP sub-study 3 and should be given to you with the main PCN-CRP participant information sheet v2#.0, dated 26/02/2025 and main PCN-CRP Consent Form v2.0 dated 26/02/2025 .

Pregnancy can be a worrying time, and this can be worse for women who are more likely to have their babies early. If doctors and midwives know that a woman is having problems dealing with worry or unhappiness, they can offer information or referral to other services, such as specialist midwives or talking therapies, that may help her. In this sub-study, we want to find out how common poor mental health is amongst women who are at risk of preterm birth, and about the services they are offered. We also want to know how many women accept these services, and whether this differs in women from different ethnic groups or poorer areas. This could help us to understand whether more needs to be done to make sure all women have access to these additional services.

If you take part in this sub-study, when you attend for your preterm clinic appointments you will be asked to complete some questions about how you are feeling, and your mental health. Some people may find this upsetting. Your doctor or midwife will discuss your answers with you, and if needed will offer you additional support. If you are referred to another service, they will ask you later whether you attended any appointments made for you. We will also collect information about you, the factors that make you more at risk of having a baby early, the care you have had, and what happens to you and your baby. If you have concerns about your mental wellbeing but would prefer not to take part in this sub-study, please discuss this with the doctor or midwife looking after you.

I confirm that I have read and understand the above information for Sub-study 3:
Mental wellbeing screening and engagement with services and have had the
opportunity to ask questions.

Please initial in boxes

I understand that taking part in this sub-study involves collection of information
about the pregnancy care I have received, including about my mental wellbeing,
and I agree to this.

Signatures

Name of Participant

Signature

Date

Name of Person taking consent

Signature

Date

When complete: copies - 1 for participant, 1 for researcher site file, 1 to be kept in medical notes.