

Idea: Postpartum Depression Test (New & Expecting Parents)

Write here

Requirements:

Write here

Related links:

1. Existing website:
<https://screening.mhanational.org/screening-tools/postpartum-depression/>
 - a. Initial 10 general questions and then some personalized questions
 - b. Scores out of 30
 - c. Didn't see any LLM

Consent and safety text



MaternaMind – Consent & Safety Notice

Welcome to MaternaMind

MaternaMind is an AI-powered support tool designed to help monitor mood, sleep, and emotional well-being during the postpartum period.

Before continuing, please review the following:



Not a Medical Diagnosis

MaternaMind:

- Does NOT provide medical diagnosis

- Does NOT replace a licensed healthcare professional
- Is not a substitute for emergency care

This tool is intended for screening, education, and support only.

If you are in immediate danger or experiencing thoughts of harming yourself or your baby, please call emergency services immediately.

Emergency Support

If you are in the U.S.:

- Call or text **988** (Suicide & Crisis Lifeline)

If outside the U.S.:

- Please contact your local emergency number or crisis support service.

You can also contact:

- Your OB-GYN
- Primary care provider
- A trusted family member or partner

Data & Privacy

By continuing, you agree that:

- Your responses (questionnaire, voice notes, mood logs) will be securely processed.
- Data may be analyzed to generate risk insights and recommendations.

- If you choose to enable partner or clinician notifications, selected alerts may be shared with them.

Your data will not be shared without your consent.

Partner Notification (Optional)

You may choose to:

- Enable alerts to a designated partner or support person if elevated risk is detected.
 - Disable this at any time.
-

Purpose of This Tool

MaternaMind may:

- Calculate a depression risk score
 - Track trends in mood and sleep
 - Provide supportive recommendations
 - Suggest when professional follow-up may be helpful
-

Consent

By selecting “**I Agree & Continue**”, you confirm that:

- You understand this tool is not a substitute for medical care.
- You consent to the processing of your data for mental health monitoring.
- You understand emergency support instructions provided above.

Buttons:

[I Agree & Continue]

[I Need Immediate Help]

Section 1: Current Emotional State (Primary Screening)

Over the past 2 weeks...

1. Have you felt little interest or pleasure in doing things?
 - ☐ Not at all (0)
 - ☐ Several days (1)
 - ☐ More than half the days (2)
 - ☐ Nearly every day (3)

2. Have you felt down, depressed, or hopeless?
 - ☐ Not at all (0)
 - ☐ Several days (1)
 - ☐ More than half the days (2)
 - ☐ Nearly every day (3)

3. Have you felt anxious, worried, or overwhelmed?
 - ☐ Not at all (0)
 - ☐ Several days (1)
 - ☐ More than half the days (2)
 - ☐ Nearly every day (3)

4. Have you felt unusually irritable or angry?
 - ☐ Not at all (0)
 - ☐ Several days (1)
 - ☐ More than half the days (2)
 - ☐ Nearly every day (3)

5. Have you had difficulty enjoying motherhood?
 - ☐ Never (0)
 - ☐ Sometimes (1)
 - ☐ Often (2)

☐ Almost always (3)

6. Have you had thoughts that you are not a good mother?

☐ Never (0)

☐ Sometimes (1)

☐ Often (2)

☐ Almost always (3)

7. Have you had thoughts of harming yourself?

☐ Never (0)

☐ Rarely (1)

☐ Sometimes (2)

☐ Often (3)

☒ If anything other than "Never," immediate safety flag.



Section 2: Sleep & Anxiety Indicators

8. Can you sleep when your baby is asleep?

☐ Easily (0)

☐ Sometimes (1)

☐ Rarely (2)

☐ Never (3)

9. Are you constantly worried about your baby's health?

☐ Not at all (0)

☐ Sometimes (1)

☐ Often (2)

☐ Always (3)

10. Do you feel physically exhausted most days?

☐ No (0)

☐ Mild (1)

☐ Moderate (2)

☐ Severe (3)



Section 3: Social Support & Relationships

11. How would you describe your relationship with your partner?
- ☐ Very supportive (0)
 - ☐ Somewhat supportive (1)
 - ☐ Neutral (2)
 - ☐ Strained (3)
12. Do you feel emotionally supported by family or friends?
- ☐ Strong support (0)
 - ☐ Moderate (1)
 - ☐ Minimal (2)
 - ☐ None (3)
13. Can you confide in someone when you feel distressed?
- ☐ Yes, always (0)
 - ☐ Sometimes (1)
 - ☐ Rarely (2)
 - ☐ No (3)
-



Section 4: Mental Health History

14. Did you experience depression before pregnancy?
- ☐ No (0)
 - ☐ Yes (2)
15. Did you experience depression during pregnancy?
- ☐ No (0)
 - ☐ Yes (2)
16. Is there a family history of depression or mental illness?
- ☐ No (0)
 - ☐ Yes (1)
17. Have you experienced abuse or violence (past or current)?
- ☐ No (0)

☐ Yes (2)

Section 5: Pregnancy & Postpartum Factors

18. Was your latest pregnancy unplanned?

☐ No (0)

☐ Yes (1)

19. Did you experience major complications during delivery?

☐ No (0)

☐ Yes (1)

20. Is your baby currently experiencing significant health problems?

☐ No (0)

☐ Yes (1)

Daily Mood & Sleep Check-In

Takes less than 1 minute.

Your daily check-in helps us track patterns and support you early.

How are you feeling today?

On a scale of 1–10:

1 = Very low

10 = Very positive

Mood today:

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

Optional:

Describe your mood in a few words:

[_____]

How much sleep did you get last night?

Total hours of sleep:

- ☐ Less than 3
 - ☐ 3–4
 - ☐ 4–5
 - ☐ 5–6
 - ☐ More than 6
-

Baby's Sleep Pattern (Optional)

How many times did your baby wake during the night?

- ☐ 0–1
 - ☐ 2–3
 - ☐ 4–5
 - ☐ 6+
-

Energy Level Today

How would you rate your energy?

- ☐ Very low
 - ☐ Low
 - ☐ Moderate
 - ☐ Good
 - ☐ High
-

Stress Level Today

- ☐ Calm
- ☐ Slightly stressed
- ☐ Moderately stressed
- ☐ Very stressed
- ☐ Overwhelmed

Any intrusive or distressing thoughts today?

- ☐ No
- ☐ Mild
- ☐ Moderate
- ☐ Severe

If “Moderate” or “Severe,” show supportive message:

You’re not alone. If these thoughts feel hard to manage, consider reaching out to someone you trust or a healthcare professional.

Notes (Optional)

Anything else you'd like to share today?

[_____]

Button

[Submit Today’s Check-In]

After Submission Message

Thank you for checking in today.


Small daily steps help us understand your patterns and support you better.

Voice Check-In

Sometimes it’s easier to talk than type.

You can record a short voice note (30–90 seconds) about:

- How you're feeling today
- What's been hardest
- Sleep challenges
- Any worries about your baby
- Side effects from medications

 Tap to record.

[Start Recording]
[Stop Recording]



Privacy Notice

Your voice note will be:

- Converted into text
- Analyzed for emotional patterns and symptoms
- Securely processed

Audio will not be shared without your consent.



Upload Medical Records (Optional)

You may upload:

- Previous diagnosis reports
- Prescription notes

- Discharge summaries
- Lab reports
- Mental health assessments

Supported formats:
PDF, JPG, PNG

[Upload File]

Privacy Notice

Uploaded files will:

- Be scanned to extract medical information
- Not be shared without your permission
- Be securely stored or deleted upon request