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Q1 You have often highlighted the importance of supporting women beyond pregnancy and birth. In your view, what aspects of postnatal care remain most overlooked?

The postnatal period remains significantly under-resourced. Women move from receiving intensive support throughout pregnancy to often feeling lost and unsupported after birth. While healthcare systems tend to focus on recovery within the first 6 weeks, the reality is that recovery extends far beyond that.

I believe we should think about maternal recovery in the same way we think about the first 1,000 days of a child's life. The first few years after birth provide important opportunities to support the long-term health of women.

Pregnancy offers valuable insights into future health risks. Women who experience complications such as hypertensive disorders of pregnancy, fetal growth restriction, or gestational diabetes have an increased risk of cardiovascular disease later in life, yet many are never informed of these risks. Similarly, women who experience mental health difficulties during pregnancy may face increased vulnerability later in life, particularly during periods of hormonal change such as menopause.

We also need a more family-centred approach. Supporting maternal recovery means supporting partners and families as well. When partners experience trauma or struggle during the perinatal period, this inevitably affects the support available to mothers.

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Perinatal mental health is increasingly recognised as a critical component of maternal care. Have you seen improvements in awareness and access to support? There has been substantial progress. The development of specialist perinatal mental health services and community-based support networks have transformed care for women with moderate-to-severe mental health conditions during pregnancy and after birth. Women are also more willing to discuss anxiety, depression, and other mental health concerns, which is a positive development. However, access remains challenging for many women with mild-to-moderate symptoms, and services are often stretched.

One area receiving increasing attention is neurodiversity and personality disorders during pregnancy. As awareness and diagnosis increase, we are seeing more women who require specialist support, particularly when medication management becomes complex during pregnancy.

There also remains a degree of hesitation around the use of psychiatric medications during pregnancy. While concerns about fetal safety are understandable, untreated mental illness carries significant risks for both mother and baby. Decisions should always be based on a careful assessment of risks and benefits, supported by specialist multidisciplinary teams.

Q2 As both a clinician and leader within maternity services, what do you consider the greatest patient safety challenge facing maternity care today?

For me, the answer is culture. We need to move beyond crisis management and focus on prevention, personalised care, and creating environments where both patients and staff can thrive.

A positive birth experience has implications far beyond delivery itself. It affects maternal wellbeing, parent-infant bonding, family functioning, and long-term outcomes. Every woman deserves personalised care regardless of her ethnicity, socioeconomic background, or ability to access additional support outside the healthcare system.

Equally important is staff wellbeing. Safe maternity care depends on psychologically safe teams, adequate rest, and a culture of continuous improvement. Staff who feel supported are better equipped to provide safe, compassionate care.

Safety is not only the absence of harm for patients; it is also the absence of harm for healthcare professionals. When staff flourish, patients benefit too.

Q3 Women entering pregnancy today often present with increasingly complex health needs. What trends are shaping maternity care?

Women are becoming pregnant at older ages, which brings greater complexity during pregnancy. We are seeing increasing rates of hypertension, gestational diabetes, placental disorders, and other complications associated with advancing maternal age.

At the same time, advances in medicine mean that women with complex medical conditions are living healthier lives and pursuing pregnancy. Fertility treatments are also enabling more women to conceive successfully.

These developments are hugely positive, but they require more specialist input throughout pregnancy. Traditional models of care are under increasing pressure as the complexity of pregnancies continues to rise.

We are also seeing increasing caesarean section rates. In the UK, rates are approaching 50%, when emergency and elective procedures are combined. This reflects changing demographics, increasing complexity, and the need for individualised decision-making, rather than a one-size-fits-all approach to birth.

Q4 Despite advances in care, inequalities in maternal outcomes persist. What interventions have the greatest potential to reduce disparities?

I am particularly excited by personalised risk prediction. Advances in genomics, biomarkers, digital health records, wearable technologies, and microbiome research are allowing us to identify women at increased risk earlier and tailor interventions accordingly.

We are also becoming more culturally aware as healthcare professionals. Greater engagement with communities and patient groups is helping us understand what different populations need and how we can build trust.

Importantly, we are starting to move beyond simply discussing inequalities and towards implementing practical solutions. Recent work examining maternal haemorrhage demonstrated that relatively simple interventions can meaningfully reduce disparities when they are implemented consistently and evaluated properly.

Reducing inequalities benefits everyone. Better outcomes improve patient care while also reducing pressure on healthcare systems.

Q5 Looking ahead, which innovations are most likely to transform maternity care over the next decade?

Several areas are particularly exciting. Research into miscarriage prevention, including progesterone use and thyroid health, continues to advance. We are also learning more about the importance of nutrition, iron status, vitamin D, choline, and other nutritional factors in pregnancy outcomes.

Microbiome research has enormous potential, particularly in relation to preterm birth prevention. There is growing interest in how probiotics and other interventions may support healthier pregnancies. Perinatal mental health is another rapidly evolving area, with new therapies emerging to support women at risk of postnatal depression.

Perhaps most importantly, researchers are increasingly recognising pregnancy as a window into future health. Complications during pregnancy can provide valuable information about a woman's long-term cardiovascular and metabolic health. Using pregnancy history more effectively could help close important gaps in women's healthcare and improve outcomes far beyond the maternity setting.