

Building a safer future for mothers: 5 years of the Diploma in Obstetric Medicine

Dr Alice Cole, the RCP clinical education fellow, shares the development of the Diploma in Obstetric Medicine over the past 5 years – and why education to improve maternal care in the UK is so important.

We were moving tables around at a teaching workshop. I beckoned to one of the attendees, a heavily pregnant woman dressed in dungarees, to sit down.

‘I’m pregnant, not sick!’ she chortled. She had a point. In the 21st century, pregnancy is not the perilous process that it once was – there are growing movements to ‘de-medicalise’ the birth process itself.

Why, then, does the latest MBRRACE-UK report show maternal deaths steadily rising in the UK?

While not a disease by definition, we do know that pregnancy can lead to medical complications and that pre-existing medical problems can impact pregnancy. They exist in a complex, intertwined relationship, each influencing the other in profound ways. Neither can, nor should, be considered in isolation. Effective care demands an understanding of these interactions, with the impact of such care reaching far beyond the pregnant women and people, affecting families and the lives that unfold downstream.

Recognising this challenge, the RCP launched the Diploma in Obstetric Medicine (DipObsMed) in 2020, creating a dedicated training programme for physicians working at the intersection of complex medical disease and pregnancy.

Five years on, the programme is helping to build a workforce equipped to provide the specialist care that is needed before, during and after pregnancy.

Maternal care in the UK

Since 2012, the Confidential Enquiry into Maternal Deaths (CEMD) has been conducted by MBRRACE-UK. It reports annually on maternal deaths and morbidity, creating one of the clearest pictures of maternal health across the UK. The 2025 annual report *Saving lives, improving mother’s care* highlights a worrying trend: maternal mortality rates have risen in recent years, even when deaths related to the COVID-19 pandemic are excluded.

The leading causes of maternal death during and up to 6 weeks after pregnancy remain thromboembolic disease, cardiac disease and infection, while mental

health conditions remain the leading cause of death between 6 weeks and 1 year after pregnancy. These figures reflect the increasingly complex health needs of pregnant patients and the challenges facing maternity services.

Perhaps most striking are the inequalities revealed by the data. Women from Black ethnic backgrounds are more than twice as likely as White women to die during or shortly after pregnancy, while women living in the most deprived areas face substantially higher risk of death than those from more affluent communities. Maternal mortality is also higher among women aged over 35 years.

MBRRACE-UK’s detailed reviews demonstrate that negative outcomes are not inevitable. Nearly half of the cases reviewed from 2021–23 identified opportunities where improvements in care may have altered the outcome. The report’s recommendations span the entire healthcare system, from national policy and guideline development to local service organisation and clinical practice. Improving maternal outcomes requires action at every level.

Maternal mortality is one of the clearest examples of health inequality in modern healthcare, and one of the greatest opportunities for meaningful change.

Building a more connected model of care

Across the UK, clinicians have been working to build a more connected model of maternal care, one that gives pregnant patients access to specialist expertise regardless of where they live. For many, access to an obstetric physician means receiving coordinated care for the first time, bringing together specialties that have traditionally operated separately. Obstetric physicians play a central role within multidisciplinary maternity teams, supporting patients whose medical conditions substantially increase the risks associated with pregnancy.

Although obstetric medicine is not yet recognised as a General Medical Council subspecialty, it has developed rapidly in recent years. Obstetric physicians have played a key role in establishing Maternal Medicine Networks (MMNs), ensuring that specialist advice is available before, during and after pregnancy – irrespective of postcode.

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Developing the workforce: the DipObsMed

As maternal medicine services have expanded, so too has the need for clinicians with dedicated expertise in the field. However, there has been no formal training pathway for physicians wishing to develop these specialist skills. To address this gap, the RCP worked with leading obstetric medicine physicians to launch the DipObsMed in 2020.

This competitive programme is open to higher specialty resident doctors and provides 12 months of intensive, experiential training – typically undertaken as a year out of programme. Resident doctors work closely with experienced supervisors, gaining exposure to a broad range of complex clinical presentations while developing expertise in multidisciplinary working, service development and leadership.

Importantly, the programme has always focused on building a workforce across the UK, rather than concentrating expertise within a small number of centres. As the programme grows, resident doctors are increasingly being drawn from a wider geographical area, extending to Wales in the incoming cohort.

Is the programme effective?

Five years after its launch, early signs suggest that the programme is delivering exactly what it set out to achieve: developing a growing physician workforce with dedicated expertise in maternal medicine.

Of 13 alumni who provided details of their job plans, 12 reported having dedicated obstetric medicine sessions, averaging 5.5 programmed activities each week. While many have focused predominantly on obstetric medicine, others have returned to parent specialties while maintaining a specialist interest in obstetric medicine. This should help to embed maternal medicine expertise across a range of clinical services.

Feedback from diploma graduates has been equally encouraging. All respondents reported that the quality of training exceeded the quality of training in their original specialty programmes. This may reflect the highly personalised nature of the diploma, which offers close supervision, tailored learning opportunities and extensive clinical exposure.

Dr Bethan Goulden, DipObsMed alumni, said: 'Best year of training throughout my whole postgraduate years. Now committed to dual specialty training in core specialty and obstetric medicine and have pursued a clinical academic career. Life changing!'

Dr Sophie Holland echoed this: 'Since the diploma I feel better informed in ALL aspects of medical care of pregnant women.'

Looking to the future

Investing in specialist training does more than produce clinical experts. It creates future educators, researchers and service leaders, who will shape care for years to come. As the alumni network grows, so too does confidence that the programme is helping to establish a sustainable pipeline of future leaders.

The continued expansion of DipObsMed training centres represents an important step forward. With additional centres joining the programme, more physicians will have the opportunity to develop specialist expertise and bring knowledge back to local services.

Reducing health inequalities is a core RCP priority. By increasing the obstetric medicine workforce, pregnant women and pregnant people should have faster access to specialist input; this is particularly important for those from global majority ethnic backgrounds and those living in deprived areas, who often have a greater burden of multiple health conditions.

Each preventable maternal death reviewed by MBRRACE-UK represents a missed opportunity to change the course of a patient's story. Building the obstetric medicine workforce will not solve every challenge facing maternity services, but it is one tangible step towards safer, more equitable care. Five years after the launch of the DipObsMed, the real measure of success will not be the number of diplomas awarded, but the people whose pregnancies are safer because specialist expertise was available when it mattered most.

- Know your local MMN. Early access to specialist advice can help to ensure that patients with complex medical conditions receive necessary coordinated care throughout pregnancy
- Speak to colleagues within your local maternity service. Many clinicians first discover obstetric medicine through a taster clinic, quality improvement project or short period of shadowing a local team.
- Research, education and service improvement opportunities are often readily available. The MacDonald Obstetric Medicine Society also provides educational events, training opportunities and networking for clinicians interested in the subspecialty.
- Find out more through the RCP's webinar on maternal medicine and obstetrics or read *Clinical Medicine's special issue on maternal medicine*.

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