Report to Funding Body: BCS/HRUK Team Fellowship Visit and Outcomes

This report summarises the outcomes and learning from the BCS/HRUK Fellowship activity undertaken by the Guy's and St Thomas' (GSTT) Pregnancy Heart Team.

Overview and Rationale

Cardiovascular disease (CVD) remains a leading cause of death for women globally, with pregnancy-related cardiovascular conditions representing a critical opportunity for intervention to reduce their cardiovascular risk across the life course. The Guy's and St Thomas' multidisciplinary Pregnancy Heart Team provides integrated care across pre-pregnancy counselling, antenatal management, delivery planning, and long-term follow-up.

Our fellowship focused on building a collaboration with the Stanford Maternal Heart Program with the aim of improving the management of cardiovascular disease in pregnancy and beyond, aligning with national priorities such as the UK Women's Health Strategy.

Core specialties of the GSTT pregnancy heart team participating in the fellowship included cardiology (Dr Natali Chung, Dr Hannah Douglas and Dr Jessica Webb), fetal medicine and obstetrics (Mr Spyros Bakalis), obstetric anaesthesia (Dr Lindsay Arrandale), and obstetric medicine (Dr Anita Banerjee).

Objectives of the Fellowship

The fellowship aimed to observe the Stanford Maternal Heart Program, with particular emphasis on postpartum care and long-term cardiovascular risk reduction. Key objectives included translating this learning into a life-course preventive cardiology pathway, sharing best practice, embedding research within clinical care, and developing transatlantic collaborations and fellowship opportunities.

Activities Undertaken

The visit incorporated a structured programme of symposia, clinical observation, and specialist breakout sessions. Activities included participation in introductions, organisational comparisons, fetal medicine discussions, and review of research datasets such as pre-eclampsia resources and key research questions to submit to UK Biobank.

Clinical observation included tours of hospital facilities, attendance at multidisciplinary team (MDT) meetings, clinics, and journal clubs. Breakout sessions focused on key subspecialties including anaesthesia, obstetrics and fetal medicine, adult congenital heart disease, pulmonary hypertension, and heart failure and transplantation.

Key Reflections

Despite differences in health system structures, there was strong alignment in clinical values and approaches, with care delivery often supported by clinician-led collaboration. Decision-making was influenced by resource and system constraints, and differences in training intensity and duration were noted.

The fellowship highlighted that our team has much to celebrate and we have much to share in terms of our activity and outcomes. It also identified that while greater resource can facilitate research, it does not necessarily translate into more efficient clinical delivery. A key challenge remains embedding lifelong cardiovascular prevention across all stages of a woman's care pathway.

Outcomes and Impact

The key outcome of the fellowship was the time it allowed us to spend with colleagues in Stanford to consolidate an effective collaboration and workplan to progress this further. These include several tangible outputs across service development, education, research, and improving dissemination of information to all health professionals to improve cardiovascular risk reduction for women.

Conclusion

We thank the BCS and HRUK for this Fellowship which has enabled a valuable transatlantic collaboration. The insights and relationships gained will support the development of sustainable, life-course approaches to cardiovascular health in women, with clear opportunities for national and international scaling.