

CURRICULUM VITAE:
Daghni RAJASINGAM

Name Daghni RAJASINGAM
Date of birth: 11th October 1966
Marital Status: Married with 2 children (11years and 9 years)
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Academic Qualifications

2012 Accredited Mediator, Regent's College
2009 Masters (Merit) in Leadership, Management and Partnership Working (TVU)
2007 CCT in Obstetrics and Gynaecology
2007 RCOG Maternal Medicine Special Skills Module
1998 MRCOG
1990 MB BS United Medical and Dental School, St Thomas's Hospital, University of London

Awards and Bursaries

2013 NHS England(London) Paired Learning Bursary (**£4900**)
2013 GSTT PGME educational Grant (**£4400**)
2010 NHS London Clinical Leaders Network (**£105,000**)
NHS Elect
2010 Leading Workforce Transformation Maternity Project (**£17,000**)
2008 NHS London Clinical Leaders Network (**£360,000**)
Connecting for Health and NHS London
2008 Guys and St Thomas' Trust Charity Grant (**£11,500**)
2007 Guys and St Thomas' Trust Charity Grant (**£79,800**)
1994 Action Research Travelling Bursary
1993-1994 Research Training Fellowship Action Research (**£70,000**)

Education :

1980 - 1985 Cheltenham Ladies' College

Present Post:

2007 **Consultant Obstetrician** with specialist interest in Maternal Medicine,
2011 **Lead for the Hospital Birth Centre**, Women's Health Directorate
Guys and St Thomas' Hospital NHS Foundation Trust
2013 **Deputy Director for Postgraduate Medical Education**
Guys and St Thomas' Hospital NHS Foundation Trust

Previous Posts:

May 2006 – Sept 2007	Locum Consultant Obstetrician Guys and St Thomas' Hospital NHS Foundation Trust
2000 – 2006	Specialist Registrar South-West Thames Deanery
1997- 1998	HEALTH, SAFETY AND ENVIRONMENT MANAGER Concessioneros y Catering, Lima, Peru (Subcontracted to Shell Prospecting and Development)
July 1996- Aug 1997	Obstetrics and Gynaecology Senior House Officer
Sept 1993- Jan 1996	Research Training Fellowship funded by Action Research Queen Charlotte's and Chelsea Hospital
AUG 1991- AUG 1993	PERINATAL FELLOW IN OBSTETRIC RESEARCH AND PERINATAL MEDICINE Royal Postgraduate Medical School, Hammersmith Hospital, London
Aug 1990- July 1991	Pre-registration House Officer

Non-NHS Experience

1996 – 1998 **HSE Manager, Concessioneros y Catering (sub contracted to Shell Prospecting and Development) Peru**

This experience was directly transferable to the NHS clinical governance and the Clinical Negligence Scheme for Trusts. In my role I directly led a team of 8 people with a company turnover of \$1.5 million. I led a cultural transformation of this Peruvian company to enable them to subsequently partner two multinationals, Sodexo and Shell. My experience included :

- implementing **corporate governance** including implementation of the ISO 9001 management standard which is directly comparable to risk and systems management in the NHS. This internationally recognised system incorporated:
 - **management systems and control procedures**
 - **risks and hazards analysis**
 - **documentation and quality control**
 - development of **monitored indicators**
 - development of **reporting procedures**
 - **risk assessment** of site safety

- logistics of supplying all camp equipment and living conditions to the **world's highest altitude (above 4,000m) copper mine** with a workforce of 200 people
- logistics management for base camp and surrounding well sites for a **gas exploration project** in the **Amazon**, without the use of roads
- **Stakeholder engagement** with native communities
- implementation of Shell's health, safety and environmental (HSE) management system

Part of a team of 4 involved in the preparation of a successful **US\$ 35 million catering and camp management technical bid proposal** in conjunction with Sodexo, a multinational logistics company, for a gas exploration contract in the Amazon. This gave me experience in **working in partnership** with **two large multinationals** (Shell and Sodexo).

User Engagement Work

- 2006 RCOG Spokesperson
Through my capacity as official spokesperson I have extensive experience with **radio and television interviews**. I use every opportunity to provide opportunistic public health education, to increase the profile of women's health nationally and to **engage the public** in women's healthcare.
- 2006-2009 Diabetes Pre-pregnancy Care in the Community (DPIC) and User Engagement
- 2008 – 2009 Diabetes Breastfeeding Cafe for Bumps and Babies (DABBS)
- 2007 Clinical Advisory Group, Healthcare for London.
I was competitively appointed to this post. During this period, NHS London carried out the **biggest user survey of healthcare services across London**. I contributed to using this information in the work of the 4 maternity groups. I was responsible for putting users at the centre of an 'organogram' that was used for all maternity presentations.
- 2008 Co-Chair Maternity User Engagement Group, Healthcare for London.
As co-chair of this group, I was responsible for setting up **innovative user engagement forum** for seldom heard groups of women and their families, in order to address health inequalities. I contributed to the report produced 'What women want and need'.
- 2010 VORTEX model
I developed the VORTEX (Values, Organisational culture, Respect, Tsunami of changes, political Environment and X-Factor) model during my Masters research involving groups of multidisciplinary healthcare professionals in the United Kingdom **Patient value maximisation (PVM)** is the concept central to the delivery of safe, effective care that meets the expectations of patients using a service delivery chain model. This model reinforces the importance and **centrality of the patient experience** to providing safe and effective services.
- 2012 CLN National Congress – **Patient Value Maximisation and Shared Decision Making Workshop**
I ran above workshop with a team from AQuA, who have been commissioned to **disseminate shared decision making across the NHS**. We used my

VORTEX model as the framework for an interactive session on shared decision making. The feedback from the workshop was excellent.

- 2012 AQUA Webinar on **Patient Value Maximisation**
In response to demand at the 2012 CLN Congress, I conducted this webinar on PVM and its role in shared decision making and **improving patient experience**.
- 2012 Application to **NHS Patient Feedback Challenge**, Department Health
I instigated and wrote an application for the above on behalf of my trust. The hub of the project is 'Snakes and Ladders', an **innovative role play drama series** following the journey of an elderly patient, Dolores Johnson. This methodology has been tested and evaluated at Great Ormond Street Hospital. The two spokes will build on existing projects **embedding values within the workforce**, using patient value maximisation (PVM) and '**Changing Shoes**' which will allow staff peer to peer education through real time experiences of being in a patient's shoes. The hub and spoke model will enable learning to flow across both spokes to the hub and vice-versa. We know that this will enhance and consolidate the **experiential learning process**. Although the bid was unsuccessful, we are exploring ways of funding some of this important work.
- 2012 **User Engagement in designing and delivering women's health services (in press)**
Chapter in Risk Management in Obstetrics and Gynaecology,
Special issue of Best Practice and Research Clinical Obstetrics and Gynaecology
N Patel and D Rajasingam

Encouraging and valuing diversity

- 2010 Vice –Chair, **Clinical Leaders Network BAME** Steering group
2011 Co-Chair, Clinical Leaders Network BAME Steering group
2012 Chair, BAME Task and Finish Group, **Faculty Medical Leadership and Management**
2012 Member, **National Task Force** for Women in Medicine
2013 **HSJ BME Pioneer list**

Partnership and Cross-boundary Work

- 1997 HSE Manager, Concessiones y Catering (sub contracted to Shell Prospecting and Development) Peru
I was part of a team of 4 involved in the preparation of a successful **US\$ 35 million catering and camp management technical bid proposal** in conjunction with Sodexo, a multinational logistics company, for a gas exploration contract in the Amazon. This gave me experience in working in partnership with two large **European multinationals (Shell and Sodexo)** operating in a South American country. The scale of the project led to my involvement with **Peruvian government departments** and **negotiations with non-government organisations**. There was added complexity to the bid because of the **corporate social responsibility** commitments of Shell.

- 2008-2013 **NICE**
I have a **track record** of working with NICE. As a member of the GDG I built strong relationships with **the midwives** and **patient representatives**. During my Fellowship, I have instigated a **partnership between NICE and RCOG** to support the implementation of guidelines around women's health. This has involved facilitating discussions between the NICE implementation team and the Clinical Quality team at the RCOG.
- 2000- **RCOG**
I have been driven by my desire to influence women's healthcare in my involvement with the RCOG. I actively contributed to High Quality Women's Healthcare and the discussion around Tomorrow's Specialist. As an elected representative on Council, I have been actively involved with the Governance Working party. Delivering on our charitable status, integrating the views of users and increasing representation from the female membership have required me to facilitate and negotiate existing professional and patient networks. I had to demonstrate my skills at working within a complex and highly political environment during the course of the Health and Social Care Act 2012. An example of the complexity of this situation was my ability to support the RCOG Officers and persuade the London membership, at an RCOG EGM, that the course of active engagement with the government was the right course of action to meet our aims of positively influencing women's healthcare. I have always used my roles within the RCOG to build external partnerships. An example of this is my role in bringing together the **global health** work at King's and integrating it with the Global Health Unit at the RCOG. This relationship will provide mutual benefits with the RCOG brand and the international academic reputation of **King's AHSC**.
- 2012 **NCAS**
I believe in the important function of this organisation in supporting doctors and protecting patients. I am involved with using **data from poorly performing doctors** in obstetrics and gynaecology and addressing issues that are root causes. This includes supporting doctors through transitions, **mentorship programmes** and ensuring the **training programme** accurately supports the skills and competencies that are commonly identified as lacking in this cohort of doctors. The two most common themes are around communication and leadership. I am working with the **RCOG Vice-President for Education** to address these issues in **tailored leadership** courses.
- 2007- **Clinical Leaders Network**
As a member of the CLN Council, I have supported the development of this network and its transition through **several host organisations**. I have built an excellent **network of healthcare professionals nationally** and continue to support work on leadership, patient experience and productivity. My involvement with organising the national congresses enabled me to build innovative relationships with organisations outside the NHS. For example, **Pfizer** and **GSK** partnered us in providing experiential workshops during the meeting. **MediAnalytics**, **Samsung** and **Travel Counsel** are some of the other organisations I was involved with.
- 2012 **Faculty of Medical Leadership and Management**
I am proud to play a role in the development of this important organisation that will meet the crucial leadership needs of the medical workforce. I have

facilitated the **Faculty and CLN** relationship, in order to avoid duplication of work and to maximise the national medical leadership network. I have strengthened the joint work on **BAME issues**. Through my regional role I am supporting the **non-NHS membership** in London. This has resulted in several opportunities for new partnerships with NHS organisations. **Together with the Associate Medical Director for Revalidation, NHS London**, I am organising a forum to address the needs of this group of professionals. My long standing commitment to leadership development for cross specialty trainees has resulted in working with the **Deaneries and Local Education and Training Boards**.

Department of Health

2009-2010 NHS Diabetes Steering Committee for PPC commissioning pathways

2011- National Diabetes Audit Steering group

2011- Member, Midwifery Workstream, Centre for Workforce Intelligence

2011 Leadership Academy Workshops

My experience on these committees has given me some experience of working within the DH. I have been aware of the need for **flexibility**, working within fast moving environments and the ability to **analyse complex and ambiguous information**. Most importantly, it has enabled me to build relationships with **national policy makers**.

2012

Global Health

Since my formal appointments within the RCOG and King's AGSC, I have been involved with the **strategic direction** of both organisations. My established networks are being used to access **corporate social responsibility budgets** and **high networth individuals** to fund some of this work. Much of this has included **stakeholder mapping** and prioritisation of issues, countries and partners. From the outset, I have believed that within London, the three existing AHSCs and the RCOG have the potential to integrate and be a **UK global health hub**. Both organisations have established links with the voluntary sectors and foreign governments. Many **new players** are keen to engage in this process which will involve me using my **negotiating and collaborative skills** to realise the true potential of the UKs contribution to global women's healthcare. I am also focusing on integrating health, education and economic programmes globally through **diaspora groups** to truly empower women. I represent the RCOG at the **Academy of Royal Colleges International Forum** and will be helping to organise a national conference for diaspora groups.

2012

Work with Charities

I have coordinated a £290k women's health bid between the **RCOG, Action on Pre-Eclampsia Charity (APEC)** and the **London Women's Advocacy Group**. I instigated the initial discussions between the different organisations and co-ordinated writing the grant.

I have a track record of working with charitable organisations for example the National Childbirth Trust, the Fistula Society and Mumsnet.

I am developing a **Sex and Relations Education programme** with a small consultancy to roll out to secondary schools. The programme includes using **peer educators** and will standardise the quality of SRE across schools in the capital. This work will be supported by the **RCOG**.

National Roles and Service development

2007	Obesity Think-Tank I was commissioned by Tommie's Baby Charity to investigate the possibility of setting up a multi-disciplinary think-tank for addressing the problem of obesity in pregnancy. This has been in response to interest shown by the Treasury .
2007-2009	External Obstetric Advisor to CEMACH (Confidential Enquiries into Maternal and Child Health) Obesity Project I was the obstetric advisor to CEMACH for the obesity project and member of the External Advisory Group and the Clinical Expert Panel. This audit of obesity in pregnancy is the largest national obesity audit. This group contributed to the development of the first national guidance on obesity in pregnancy in conjunction with the Royal College of Obstetricians and Gynaecologists.
2008-2012	National Serious Hazards of Transfusion Committee
2009-2010	NHS Diabetes Steering Committee for PPC commissioning pathways I was the obstetrician on this group responsible for developing guidance on commissioning pre-pregnancy diabetes care and contributed to the development of job descriptions for specialist diabetes midwives
2011-	National Diabetes Audit Steering group I am the RCOG representative on this committee and have personally contributed to the pregnancy diabetes audit dataset.
2008-2010	NICE Guideline Development Group (GDG) for Social Complications in Pregnancy I was appointed to this GDG through an open competitive process. This clinical guideline was one of the first to specifically address commissioners within the guidance. I am now involved in running and lecturing on implementation courses for this guideline..
2011	NICE Guideline Evidence Review Panel
2011-	Obstetrician, Nursing and Midwifery Reference Group, Centre for Workforce Intelligence , Department of Health
2012	Leadership for Equality – supporting high potential programme Leadership Academy

I was selected for this programme and have been supported with coaching.

- 2010-2013 **NICE Fellow**
I am one of ten people appointed nationally to this NICE fellowship programme. This has given me insight into the organisation, from board level to implementation support. My work has included initiating a partnership with the RCOG standards department to explore barriers to guideline implementation at provider level. I have helped to organise a national conference on Social Complications in Pregnancy.
- 2008 Member, Steering Group, National CLN Congress
- 2010 **Chair and Lead** for development of the **National CLN Commissioning Congress** (390 attendants and sponsorship of more than £100,000) I designed and delivered this conference with a small CLN central team and the National Commissioning Group over the period of a general election. I had to deal with the potential **change of government** and healthcare policy, **election purdah** and involvement of some high profile healthcare figures. My decision to change the format of the congress and to have patients and clinicians at the core of our aims helped me deliver and develop a highly relevant experience for all who attended in an uncertain political landscape.
- 2012 **London Regional Lead, Faculty of Medical Leadership and Management (FMLM)**
I have actively supported the development of this organisation. After running two successful regional sessions at the biggest **clinical leadership conference in 2012**, I am setting up an **active London members forum**, supporting the **Trainee Steering Group** and organising regular meetings for **London Medical Directors** with the support of the Medical Director, NHS London. I am working on documenting the experiences of **BAME leaders through transitions** for example from clinical director to medical director posts and am actively supporting the work on increasing senior **female medical leadership**.
- 2013 Chair, **BAME Task and Finish Group, Faculty of Medical Leadership and Management**
- 2012 National Task Force for Women in Medical Leadership Steering Group
- 2012 **National Clinical Assessment Service (NCAS) External Shortlister Panel for Assessor Recruitment**
- 2012 Oral Evidence on behalf of RCOG, **All Party Parliamentary Group on Healthcare Skill Mix** (Chair – Lord Crisp)
- 2012 Contributor, **All Party Parliamentary Group on Maternity Care**

Royal College of Obstetricians and Gynaecologists;

- 2000-2002 London Trainee representative, RCOG Trainees Committee
- 2002 Guidelines and Audit Committee
- 2005 ST1 Working Party for RCOG
- 2006-2010 **Official RCOG Spokesperson**
- 2010 RCOG Council (**elected London Members representative**)
- 2011 RCOG/Wellbeing of Women mediation group
- 2011 **Scrutiny group for RCOG High Quality Women's Healthcare** publication
- 2011 RCOG Congress and Meetings Committee
- 2011 **RCOG Governance Working Committee** (Chair- Baroness Neuberger)
- 2011 Birthrate plus tool development for consultant obstetricians
- 2011 Member group exploring NCAS data relating to Obstetricians and Gynaecologist and remediation processes

2012 RCOG Finance and Executive Committee
2012 **Health Act 2012 Implementation** Monitoring Group
2012 **Chair for Grants and Projects Committee, Global Health Unit**
2013 **RCOG Trustee Board**

Regional Roles and Service Transformation

- 2007- 2009 **Chair Clinical Leaders Network (CLN)**
I successfully bid for **£360,000** for the development of a **pan-London maternity leadership network** to support the action plans post the Healthcare Care Commission's national report (2007) on maternity services. I developed and delivered **multi-disciplinary leadership programme** with action learning sets for clinical directors and heads of midwifery. This model was then adopted by two other SHAs.
- 2010 **Chair Clinical Leaders Network**
I wrote a successful business plan for £50,000 for the development of a cross specialty programme to include mental health, maternity and emergency care clinical indicators.
- 2010 **Obstetric Advisor, Humana**
I was asked to provide clinical experience in assessing a provider organisation's risk stratification of women at booking for pregnancy for **Outer North East London PCT**. This involved a clinical and coding audit, **review of the commissioning process, analysis of data** and feedback to the PCT and the provider organisation.
- 2010 **Clinical Leadership Lead, NHS London**
I have been involved with supporting the alumni of the Darzi Fellowships. I **mentor** a group of these trainees and have set up action learning sets for them. Together with the Medical Director, I am looking at ways of supporting the leadership development of the Clinical Senate members through action and **scenario-based learning**.
- 2011 **Obstetric Advisor, KPMG**
I provided the obstetric input into a **bid for a Midwifery Led Unit**. This involved an assessment of the provider organisation in east London's capacity, existing **commissioning pathways**, guidelines, governance process and training of midwives. An important part of my contribution was to encourage local obstetric input into what was initially seen as a purely midwifery issue. Although the organisation was unsuccessful in the bid, the clinical section was **highly commended** by the review panel.

Local Leadership and Service Development

- 2007- **Antenatal Diabetes Service**
I have lead the multi-disciplinary diabetes service by facilitating effective team working between the obstetric department, physicians, nursing, midwifery and managerial staff. The antenatal service is now seeing 30% more patients without financial investment. An audit of 2010 should **outstanding pregnancy outcome data for Type 1 and Type 2 Diabetes mellitus** in pregnancy compared with both national and European data. Our **Caesarean Section rate is significantly less** than the national and European average. We have developed multi-disciplinary diabetes study days for the region.
- 2006-2009 **Diabetes Prepregnancy Care in the Community (DPIC)**

I successfully submitted an application for a service innovation grant to the Guy's and St Thomas's Trust Charity. The multi-disciplinary team included in this grant are Lambeth PCT, high risk midwifery teams and local general practitioners. The application was based on **intensive stakeholder engagement** and participation in designing and reconfiguring pre-pregnancy counselling services in the community for type 2 diabetes and obesity. The resulting report has been used to in **business planning** expansion and delivery of pregnancy diabetes services in the local area.

- 2008 – 2009 **Diabetes Breastfeeding Cafe for Bumps and Babies (DABBS)**
I have secured funding (£11,500) for the provision of a community-based breastfeeding café in a Children's Centre for women with diabetes in response to user feedback. This will increase and sustain breastfeeding in this group, who are affected by inequalities in accessing breastfeeding support.
- 2009 - **KCL Midwifery Masters Course**
I lecture on clinical leadership and management.
- 2010 **Facilitator**, Midwifery and Nursing Leadership and Management Framework Workshop, King's Academic Health Science Centre
- 2011- **Clinical Lead** Hospital Birth Centre
- 2012 Clinical lead Standard 3, **Clinical Negligence Scheme for Trusts (CNST)**
- 2012- **Lead for Women's Global Health, Kings Health Partners**

NHS London

- 2007 **Clinical Advisory Group, Healthcare for London**
I was competitively appointed to this post. During this period, NHS London carried out the **biggest user survey of healthcare services** across London. I contributed to using this information in the work of the 4 maternity groups. I was responsible for putting **users at the centre of an 'organogram'** that was used for all maternity presentations. Throughout this period we were critically aware of the **co-dependencies** between the **specialties and primary and secondary care boundaries** in relation to reconfiguration of services. I contributed to the critical co-dependency document that was produced at the time.
- 2008 **Co-Chair Maternity User Engagement Group**, Healthcare for London
As co-chair of this group, I was responsible for setting up **innovative user engagement forum** for **seldom heard groups** of women and their families, in order to address health inequalities. I instigated and contributed to the report produced **'What women want and need'**
- 2010 **Commissioning Maternity Services**, Commissioning Support London
I was the obstetrician that supported the production of this publication on commissioning maternity services across the capital when Healthcare for London concluded. My clinical experience and involvement with the HfL maternity programme was an important part of ensuring the coherence and relevance of the contents.
- 2009-2010 **Leading Workforce Transformation (LWT): Lead Maternity Breakthrough project**
We were tasked with improving the **productivity and patient experience** of community midwifery services at Barnet and Chase Farm NHS Trusts. Over 18

months I led the team that achieved **£120k of savings**, through using the productive community series, **leadership development** and **midwifery reconfiguration**. Throughout the 18 month period I was involved with feedback and review of the **paediatric and health visiting projects**.

2011 **Clinical Senate**, NHS London

Research and Innovation

- 2009 Masters in Management, Leadership and Partnership Working:**
I have completed my masters and dissertation based on Action Research using the maternity specific CLN cohort. I developed the VORTEX (**Values, Organisational culture, Respect, Tsunami of changes, political Environment and X-Factor**) model during my Masters research involving groups of **multidisciplinary** healthcare professionals in the United Kingdom. It is a framework of clinical engagement and leadership using a **value based framework** of leadership and engagement which firmly puts the patient at the centre of the UK healthcare system, whilst accounting for the different tensions and priorities within the anatomy and physiology of the NHS. It aims to **put clinicians and patients at the heart of decision making**. **Patient value maximisation (PVM)** is the concept central to the delivery of safe, effective care that meets the expectations of patients using a **service delivery chain model**. The aim of this model is to facilitate understanding of the intricate environment of NHS service provision from multiple perspectives, in order to improve safety, quality and patient experience. As a result of this I have lectured to a wide range of multidisciplinary groups nationally and have used the model to sustain the new National CLN business plan.
- 1993-1996 Molecular Biology Research:**
I was responsible for the intellectual development and design of my MD project in my first year in the laboratory. I wrote my own research **training fellowship grant proposal** to take my work forward at a molecular level. The work that I did was instrumental in obtaining further funding for several higher degrees in the department. The data produced by my work also led to subsequent clinical trials being conducted. I have continued to be involved in clinical research and have published in the area of maternal obesity.

Publications

Rajasingam D, Basra R and Nelson-Piercy C. Conservative Management of Pre-eclampsia in a Tertiary Unit – Does it work?

Journal Of Obstetrics and Gynaecology April 2006 Vol 26 Suppl S45

Rajasingam D, Ash A , Carroll P, Ma M and Thomas S. To Be or Not To Be a Gestational Diabetic – Maternal and Fetal Outcomes in a Tertiary Unit.

Thomas S, **Rajasingam D**, Ash A , Brackenbridge A and Carroll P. Defining gestational diabetes mellitus GDM: what 2 hour post glucose tolerance test (GTT) value should we use?

Diabetes Medicine, 2007:Suppl 1.

Rajasingam D, Seed P, Wheeler S, Briley A, Shennan A and Poston L. Obesity and Obstetric Complications in Primiparous Women.

Journal of Obstetrics and Gynaecology, 2007 Suppl 1

Poston L , Seed P, **Rajasingam D**, Briley A and Shennan A. Pregnancy Outcome in Obese Primiparous Pregnant Women Recruited to the Vitamins In Pre-eclampsia Trial.

Reproductive Sciences, 2007:14(1); 240A

Rajasingam D, Seed PT, Briley AL, Shennan AH, Poston L. A prospective study of pregnancy outcome and biomarkers of oxidative stress in nulliparous obese women.

American Journal of Obstetrics and Gynaecology 2009; 200:395.e391-395.e399.

N Heslehurst, N Sattar, **D Rajasingam**, J Wilkinson, C Summerbell and J Rankin

Existing maternal obesity guidelines may increase inequalities between ethnic groups: a national epidemiological study of 502,474 births in England

BMC pregnancy and Childbirth 2012, 12:156

RXM Foong and **D Rajasingam**

Learning from low-resource maternity care using pregnancy outcomes from the Solomon Islands

International Journal of gynaecology and Obstetrics **S0020-7292(12)00417-1**

Referees:

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