

Beyond the Six-Week Check

The hidden realities of postnatal
recovery in Britain.

A report combining nationally representative polling, clinician insight, and
women's lived experiences.

HESTA
+HEALTH

ABOUT THIS REPORT

A media-facing report combining nationally representative polling, clinician interviews and lived experience, examining the gap between the six-week check and the longer, more complex reality of recovery after birth.

Polling: OnePoll, N=500

Fieldwork: 23–26 February 2026

UK Women, ≤ 2 Years Post-birth

Roundtable: In conversation with Hesta

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FOREWORD

Recovery after birth does not end at six weeks

For many women and birthing parents, the six-week check represents the point where formal healthcare support after pregnancy largely ends.

But recovery after birth does not end at six weeks. Clinically, we know that physical healing, pelvic floor recovery, hormonal adjustment, cardiovascular changes, sleep disruption, and mental health challenges can continue for many months, and even years, after childbirth. Yet many new parents consistently tell us they feel underprepared for recovery, unsure where to seek help, and unsupported once the immediate postnatal period has passed.

This report was created to better understand that gap.

Combining nationally representative polling with clinician insight and lived experience, the findings reveal a postnatal care model that is often too brief, too fragmented, and too focused on short-term recovery rather than long-term health.

Importantly, the women in this report are not describing rare experiences.

They are describing everyday postnatal recovery in Britain.

At Hesta Health, we believe women deserve healthcare that reflects the true reality of recovery after birth: comprehensive, evidence-based, continuous, and compassionate.

We hope this report contributes to a broader conversation about how postnatal care can evolve to better support women, families, and long-term health outcomes.

Dr. Sujitha Selvarajah

CO-FOUNDER HESTA HEALTH, OBS & GYNAE
DOCTOR



Amanda Cupples

CO-FOUNDER HESTA HEALTH



EXECUTIVE SUMMARY

Across Britain, women are leaving postnatal appointments feeling exhausted, uncertain, and increasingly alone

Across Britain, women are leaving postnatal appointments feeling exhausted, uncertain, and increasingly alone in their recovery after birth.

For many, the six-week check marks the point where structured healthcare support largely disappears. Yet physically and emotionally, recovery is often still in its earliest stages.

New nationally representative polling commissioned by Hesta Health and conducted by OnePoll among 500 UK women who had given birth within the previous two years reveals a growing disconnect between the realities of postnatal recovery and the structure of postnatal care in the UK.

The findings paint a picture of women actively seeking help, but too often leaving appointments without meaningful follow-up, clear recovery guidance, or confidence in where to turn next. The average appointment lasted **just 14.6 minutes**.

Women interviewed for this report repeatedly described struggling to understand whether their recovery was progressing normally, while simultaneously caring for a newborn and attempting to navigate fragmented systems of support.

“I remember feeling like this was it.”

Among the almost eight in ten women who raised concerns during their appointment:

- nearly half were told their symptoms were “normal” and no further action was required
- one in five were advised to “wait and see what happens”
- only one in four were offered follow-up support or referral

Several women described feeling that the focus of care had shifted almost entirely to the baby.

“Not a lot happened in terms of the focus on me”

Clinicians contributing to this report repeatedly stressed that recovery after birth is not a short-term event.

“

What we are doing is a tick box at six weeks. Tick, tick, tick — and that's it. You forget. And then women actually get completely lost.

DR RANEE THAKAR · CONSULTANT OBSTETRICIAN · FORMER PRESIDENT, ROYAL COLLEGE OF OBSTETRICIANS

“

The postpartum period is not like a broken bone; it is not healed in six weeks. It takes time, support, and validation that goes well beyond the six-week period.

KATIE ROBERTSON, BACP INTEGRATIVE COUNSELLOR AND PERINATAL PSYCHOTHERAPIST

“

The six-week check is not enough because you can't even assess properly at that point

MARIA ELLIOTT, WOMEN'S HEALTH PHYSIOTHERAPIST AND FOUNDER OF THE MUMMY MOT

THE FINDINGS, AT A GLANCE

What 500 women told us about recovery after birth

The findings also highlight the extent to which postnatal health challenges continue affecting women long after birth.

Nearly half said postnatal health issues affected their sleep. More than a third said their mental wellbeing and confidence had been affected. Others described

impacts on intimacy, exercise, relationships, and returning to work.

Clinicians and women interviewed for this report repeatedly described postnatal care as one of the most under-supported areas of women's healthcare.

14.6 min

Average length of a six-week postnatal appointment.

79%

Of women raised at least one health concern at their appointment.

25%

Were offered follow-up support or onward referral.

44%

Were told their symptoms were "normal" and no further action was required.

23%

Discussed long-term health risks following pregnancy.

47%

Said postnatal health issues affected their sleep.

This report combines polling data, clinician expertise, and women's lived experiences to explore what happens when postnatal recovery is compressed into a single six-week milestone, and why women are increasingly calling for a model of care that reflects the true complexity of recovery after birth.

At the centre of this report is a simple conclusion:

Postnatal recovery is not a short-term event. It is a major health transition that deserves comprehensive, continuous care.

CONTRIBUTORS

Voices from clinic, research and lived experience

CLINICAL CONTRIBUTORS

Dr Anita Coutinho

GP with specialist interest in Women's Health

Maria Elliott

Pelvic health physiotherapist; founder of the Mummy MOT

Dr Rebecca Moore

Consultant Psychiatrist specialising in Perinatal Mental Health; co-founder of Make Birth Better

Katie Robertson

BACP Integrative Counsellor and Perinatal Psychotherapist

Dr Sujitha Selvarajah

Obstetrics and gynaecology doctor; co-founder, Hesta Health

Dr Raneer Thakar

Consultant Obstetrics and Gynaecologist; pelvic health specialist; former president, Royal College of Obstetricians and Gynaecologists (RCOG)

LIVED EXPERIENCES & ADVOCACY CONTRIBUTORS

Tinuke Awe

Maternal health advocate; co-founder of Five X More, an organisation focused on Black maternal health inequity in the UK.

Women interviewed for this report shared experiences relating to: postnatal anxiety, pelvic floor dysfunction, birth trauma, feeding difficulties, delayed recovery, return-to-work challenges and long-term exhaustion.

All case studies are included with consent. Where appropriate, names and identifying details have been changed, abbreviated, or withheld to protect participant privacy.

INTRODUCTION

The hidden reality of postnatal recovery

In the public imagination, childbirth is often treated as an endpoint. Pregnancy ends. A baby arrives. Families are discharged home. And within weeks, new parents are expected to begin “getting back to normal”.

But clinically, biologically, and emotionally, the postnatal period is far more complex.

The body after birth is still recovering from one of the most physiologically demanding events a person can experience.

Pregnancy increases blood volume by approximately 50%. The cardiovascular system adapts significantly. Hormonal systems undergo rapid shifts after delivery. Pelvic floor muscles and connective tissue may be stretched or injured. Surgical wounds or birth trauma may still be healing months later. Sleep deprivation affects mood, cognition, metabolism, and stress responses.

At the same time, women are navigating **matrescence**: the profound neurological, psychological, and identity transition into motherhood.

Yet despite the scale of this transition, postnatal care often narrows to a single six-week GP appointment.

Women repeatedly describe feeling

- Dismissed
- Under-informed
- Unsupported
- Uncertain about what is normal
- Unsure where to turn
- Expected to simply “cope”

This disconnect between lived experience and healthcare provision has created what many clinicians now describe as a major blind spot in women’s healthcare.

Hesta Health commissioned this report to better understand the scale and consequences of that gap.

A note:

Throughout this report, we primarily use the term “women” to reflect the language used by participants, polling respondents, and much of the existing maternal health evidence base. We recognise that not everyone who experiences pregnancy, birth, and postnatal recovery identifies as a woman, and this report is intended to include all birthing parents navigating postnatal recovery.

SECTION 1: THE SIX WEEK MYTH

The six week myth

Why recovery timelines after birth are misunderstood

For decades, the six-week check has functioned as an unofficial endpoint in postnatal care.

“The six-week check is not enough because you can't even assess properly at that point.”

MARIA ELLIOTT · WOMEN'S HEALTH
PHYSIOTHERAPIST · FOUNDER, THE MUMMY MOT

It is the point at which many women are discharged from structured maternity support. The point at which recovery is often assumed to be largely complete. Increasingly, it is the point at which new mothers describe feeling left to navigate recovery alone.

But clinicians contributing to this report repeatedly stressed that six weeks is not a medically meaningful endpoint for recovery after pregnancy and childbirth.

Pelvic floor rehabilitation, scar healing, hormonal adjustment, cardiovascular recovery, sleep disruption, breastfeeding adaptation, and mental health recovery can continue for months - and even years - after birth.

Yet despite this complexity, the average postnatal appointment lasts just **14.6 minutes**.

Within 14.6 minutes, women may wish to discuss eleven separate areas of recovery. Few do.

TOPICS DISCUSSED

Percentage of women who said each topic was discussed at their six-week postnatal appointment.

Pelvic-floor or continence symptoms	34%
Long-term health risks	23%
Returning to exercise	18%
Returning to work	11%

Nearly half of women surveyed said the six-week check did not fully meet their postnatal health needs.

Several clinicians argued that the structure of postnatal care still reflects outdated assumptions about recovery timelines and women's health.

“It is not as simple as getting to the six-week milestone and asking a few questions to determine mental health. New mums need deeper, more explorative conversations, understanding, validation and permission to feel all the emotions that do not fit into a tick box.”

KATIE ROBERTSON

For many women interviewed for this report, six weeks was not experienced as the end of recovery.

“It's actually the start”

TINUKE AWE

SECTION 2: WHAT WOMEN ARE ACTUALLY EXPERIENCING

What women are actually experiencing after birth

While the six-week check is often positioned as a milestone of recovery, many women described leaving appointments feeling uncertain about whether they were recovering normally at all.

“I didn’t really know what the benchmark was at that point.”

C · MOTHER, IN CONVERSATION WITH HESTA

Across roundtable discussions and lived-experience interviews, women described confusion about symptoms, uncertainty about timelines, difficulty knowing when to seek help, feeling dismissed, pressure to “cope”, and a lack of practical recovery guidance.

Several women said they had expected to feel physically and emotionally better by six weeks because of how postnatal recovery is culturally framed.

Instead, many were still dealing with pain, exhaustion, leaking urine, anxiety, pelvic heaviness, feeding difficulties, emotional overwhelm, intrusive thoughts and fear around exercise or intimacy.

Women also described feeling that once the baby arrived, healthcare focus shifted away from them almost entirely.

“Not a lot happened in terms of the focus on me”

C · MOTHER, IN CONVERSATION WITH HESTA

“I remember feeling like this was it”

G · MOTHER, IN CONVERSATION WITH HESTA

Cara, mother of two

CASE STUDY

After the birth of her first child, Cara left hospital physically traumatised following a forceps delivery, episiotomies, and a large haematoma that left her unable to sit comfortably for weeks.

At her six-week check, she remembers feeling unsure whether what she was experiencing was normal.

“I wasn’t really sure if I was okay or not” she said. “I didn’t really know what the benchmark was at that point.”

Although she was still in significant pain, much of the appointment focused on the baby. Conversations around contraception felt disconnected from the reality of her recovery.

Years later, she still remembers the feeling that support was ending just as she needed more reassurance and guidance.

“With my second baby, I went into the appointment with very low expectations,” she said.

Cara later sought additional pelvic health support privately after developing ongoing symptoms linked to nerve damage following birth.

Her experience reflects a broader theme throughout the report: women are often discharged from structured care while still trying to understand what recovery is supposed to look like.

Women are raising concerns, but very few receive follow-up care

One of the clearest findings from the polling was not that women were staying silent about their recovery. It was that most women were asking for help.

Nearly eight in ten women (79%) said they raised at least one physical or mental health concern during their postnatal appointment.

The concerns women raised were often persistent, distressing, and clinically significant, including breastfeeding or feeding, fatigue or exhaustion, caesarean-wound concerns, vaginal tearing or pain, or anxiety.

Women also described raising concerns about pelvic heaviness, urinary leakage, bowel symptoms, intrusive thoughts, pain during sex, low mood and birth trauma

Yet despite the volume and seriousness of concerns being raised, only one in four women (25%) said they were offered follow-up support, referral, or ongoing care.

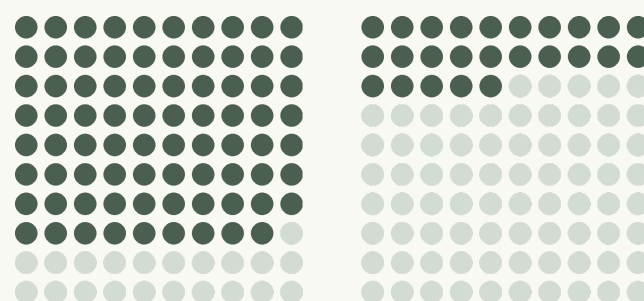
CONCERNS RAISED, BY TOPIC

Breastfeeding or feeding	24%
Fatigue or exhaustion	20%
Caesarean-wound concerns	20%
Vaginal tearing or pain	18%
Anxiety	18%

WHAT WOMEN HEARD INSTEAD

44%	Told symptoms were “normal”, no further action
20%	Advised to “wait and see what happens”
7%	Felt dismissed or not taken seriously

79% of women raised a concern, but only 25% got any follow-up.



The findings point to a significant gap between women and birthing parents identifying problems and the healthcare system responding to them.

For many, reassurance alone did not resolve symptoms, uncertainty, or anxiety around recovery.

Several women described leaving appointments unsure:

- Whether their symptoms were temporary or serious
- When recovery should improve
- What warning signs to look for
- Where to seek further help
- Whether they were overreacting

For some women, this uncertainty led to delayed care-seeking altogether.

For many women and birthing parents, reassurance at six weeks did not translate into recovery.

Only one in five women said they did not need any further support after the six-week check.

Nearly one in three said their symptoms either stayed the same, worsened, or new symptoms emerged after their postnatal appointment.

And more than one in four new mothers described barriers to accessing further care, including giving up seeking help altogether, struggling to be taken seriously, or not knowing where to turn next.

The findings suggest that for a significant proportion of women and birthing parents, the challenge is not simply recovering after birth. It is navigating a postnatal care system that often leaves women managing ongoing symptoms without clear follow-up pathways, continuity, or support.

SECTION 3: THE HIDDEN MENTAL LOAD OF RECOVERY

Why postnatal mental health is often missed

For many women and birthing parents, the emotional challenges of recovery after birth do not emerge immediately.

“There’s a lot of women who might look like they’re coping, but actually are really struggling underneath the surface”

DR ANITA COUTINHO

Clinicians contributing to this report repeatedly described a pattern in which new parents appear to be coping in the early weeks after birth, only for symptoms of anxiety, overwhelm, emotional exhaustion, or burnout to intensify later.

By six weeks postpartum, many women are still operating in survival mode.

Sleep deprivation is accumulating. Feeding routines are still developing. Physical recovery may still be ongoing. Partners may have returned to work. Practical support often begins to decrease. At the same time, pressure to appear functional and “back to normal” can intensify.

Katie Robertson, BACP Integrative Counsellor and Perinatal Psychotherapist, described this as a moment when many mothers are still trying to understand the line between what is normal and what is not, while also feeling reluctant to “make a fuss” if their distress does not feel “bad enough” to raise.

“I hear time and time again from new mothers in the postpartum period that they felt that, as soon as the

6/8 week check was completed, they were out there on their own with a new baby”

KATIE ROBERTSON

Robertson said many mothers experience the check as reassuring about the baby - for example around weight and feeding - while feeling that their own needs are overlooked. She described women feeling rushed or dismissed, with insufficient time, space, or understanding to explore what they wanted to discuss.

Dr Rebecca Moore, consultant perinatal psychiatrist and co-founder of Make Birth Better, described this presentation as “incredibly common”.

“Women are really good at getting up and getting on and doing all they need to do for the baby whilst often feeling physically and mentally really depleted.”

DR REBECCA MOORE

Several clinicians noted that women are frequently assessed at the exact point where mental health symptoms may only just be beginning to emerge.

Dr Moore noted that it can take time for women to fully process how they are feeling emotionally amidst shifting hormones, sleep deprivation, feeding challenges, and the wider adjustment to parenthood.

“Women are societally often expected to be loving every minute”

DR REBECCA MOORE

Robertson also highlighted the role of expectation, comparison and stigma. Motherhood can carry such intense cultural, social, generational and online pressure that women may mask distress because they fear being seen as a "bad mother", or because asking for help triggers guilt and a sense of failure.

Functioning externally, struggling internally

Rather than presenting with obvious distress, many women continue functioning externally while struggling internally with anxiety, hypervigilance, emotional numbness, panic, intrusive thoughts, overstimulation, difficulty regulating emotions, persistent overwhelm

Women interviewed for this report repeatedly described feeling unable to recognise themselves emotionally after birth.

Some said they delayed seeking support because they did not identify with stereotypical portrayals of postnatal depression. Others described believing their symptoms were simply part of motherhood.

Katie Robertson said anxiety is often minimised as "normal" or met with reassurance not to worry, even when thoughts become intrusive or distressing. This can leave women confused about what is actually happening emotionally and uncertain about whether they are allowed to ask for more help.

Sleep deprivation and exhaustion were also highlighted as commonly overlooked mental health factors. While tiredness is often treated as an expected feature of new parenthood, prolonged sleep deprivation can be debilitating and can significantly affect mood, coping capacity, anxiety and confidence.

Difficulties bonding with the baby can also emerge in this period. Robertson noted that this is more common than many women realise, but can carry particular shame, adding distress for mothers who already feel vulnerable or as though they are failing.

Aisha, mother experiencing postnatal mental health crisis

CASE STUDY

Before giving birth, Aisha had hoped for a home birth and imagined a calmer, more supported transition into early motherhood.

Instead, complications during labour meant her plans changed suddenly, leaving her feeling frightened and emotionally unprepared for the experience that followed.

After delivery, she spent two nights on a busy postnatal ward recovering from an episiotomy while caring for a newborn largely on her own.

Her husband was unable to stay overnight beyond the first night, and she remembers feeling physically overwhelmed, exhausted, and isolated.

“Trying to care for a newborn on my own with episiotomy stitches, a catheter in and a cannula swinging into a meconium nappy was awful”, she said.

She described feeling deeply distressed by the contrast between the birth and early postnatal experience she had hoped for and the reality she encountered.

At the same time, she felt unable to ask for help because staff were visibly overstretched.

“Pressing the call bell for help was not an option because of staff not being able to help straight away.”

In the weeks that followed, her mental health deteriorated significantly.

When she eventually reached out to a talking therapy service, she disclosed suicidal thoughts during her first telephone assessment.

“I was suicidal,” she explained.

But rather than receiving urgent support, she was told another appointment would follow the next week. At the second appointment, she says she was asked many of the same screening questions again, without a treatment plan being put in place.

“I needed an intervention when I expressed suicidal ideation, not two weeks later”, she said.

The experience left her feeling unseen within a system struggling to respond quickly enough to women in distress.

“I felt like I was just another depressed postnatal mum on a large list”.

Clinicians contributing to this report stressed that many women continue functioning externally while struggling significantly internally, making early intervention particularly important during the postnatal period.

Why symptoms may intensify later

Postnatal mental health difficulties do not always follow a neat timeline. In the first days after birth, many women are focused on physical recovery, feeding the baby and managing acute sleep deprivation. Some experience the "baby blues", including tearfulness, mood swings, heightened emotion and exhaustion. This period may also be when practical and medical support is at its highest.

As the weeks pass, support often reduces just as sleep deprivation becomes more prolonged and expectations increase. Between two and six weeks, new routines begin to take shape and many women start feeling they "should" be coping better. For those who have experienced traumatic birth or medical interventions, memories of the birth may also begin to return more forcefully.

From around six weeks onwards, symptoms can become clearer or intensify. Isolation may increase, identity change may become more apparent, exhaustion may become entrenched, and women may begin to recognise grief for aspects of their pre-baby identity alongside the demands of their new role.

This timing matters because it means a single six-week contact can miss distress that is still forming, hidden, or only beginning to be understood by the mother herself.

Physical and psychological recovery cannot be separated

The findings suggest the impact of postnatal recovery extends far beyond physical healing alone. Women reported that postnatal symptoms affected:

47%	Sleep
37%	Mental wellbeing
34%	Confidence or self-esteem

Several clinicians also highlighted the role of emotional masking in delayed intervention.

Women may continue caring for newborns, attending appointments, managing households, returning to work and appearing socially functional while simultaneously struggling with exhaustion, anxiety, fear, or emotional distress.

Dr Moore also stressed that physical and psychological recovery should not be treated separately.

"Everything is interconnected," she said. "We can't just look at one aspect and treat that in isolation."

Robertson echoed this point, noting that birth trauma, feeding difficulties, sleep deprivation, isolation and hormonal change can intensify low mood, anxiety and overwhelm over time. Supporting physical wellbeing, she argued, can directly affect psychological recovery; and when psychological wellbeing is validated, physical recovery can feel more manageable.

For many women, the challenge is not simply identifying that something feels wrong.

It is recognising that they deserve support before reaching crisis point.

SECTION 4: THE LONG TERM CONSEQUENCES OF BEING DISMISSED

When postnatal recovery problems become lifelong health issues

One of the clearest themes throughout this report is the normalisation of postnatal symptoms that may require clinical support. Women repeatedly described being told symptoms were "normal", that recovery simply takes time, or to "wait and see".

“The women that I see in my clinic are completely devastated. They have lost their jobs. They have often divorced. There’s long-term effects’

DR RANEE THAKAR

But clinicians contributing to this report warned that reassurance without follow-up can delay intervention for conditions that may worsen over time. Among women who raised concerns during their postnatal appointment **only 25% were offered follow-up support or referral**, 44% were told symptoms were normal and no further action was required.

Several clinicians also stressed that pregnancy itself can act as an important long-term health indicator.

Conditions such as pre-eclampsia, gestational diabetes, traumatic birth, and ongoing pelvic floor symptoms may signal increased future risk of cardiovascular disease, metabolic conditions, chronic pain, or long-term mental health difficulties.

Yet despite growing awareness of these links, fewer than one in four women said long-term health risks were discussed during their postnatal appointment.

The impact of unresolved recovery problems extended far beyond the immediate recovery period.

Women reported that postnatal symptoms affected:

33%	Physical activity or exercise
29%	Intimacy or sexual health
20%	Relationships
14%	Ability to return to work

[GRAPHIC PLACEHOLDER: "Recovery problems don't disappear when appointments end"]

Clinicians repeatedly emphasised that normalisation can become a barrier to treatment.

When symptoms are framed as something women simply need to tolerate, many delay seeking help until problems become significantly more severe.

This is also true for mental health. When anxiety, intrusive thoughts, bonding difficulties or traumatic memories are framed as simply part of new motherhood, women may wait until symptoms feel unmanageable before seeking support.

For some women, unresolved postnatal symptoms can develop into long-term health problems affecting physical, emotional, social, and financial wellbeing.

Gia, mother recovering from a fourth degree tear

CASE STUDY

“I was told to wait and see”

After a traumatic birth involving a fourth-degree tear, Gia developed significant pain and complications during recovery, including a fistula.

At follow-up appointments, she repeatedly tried to understand whether the symptoms she was experiencing were normal.

“The situation that I got was that you need to wait and see because you’re still healing”, she explained.

But she did not feel comfortable waiting.

Instead, she sought private treatment and pelvic health physiotherapy to access more specialist support and clearer recovery guidance.

“I wanted to understand: is this normal at the moment? How long is it going to be until I’m normal again?”

Gia described how difficult it was to navigate recovery without understanding what milestones she should expect or when symptoms might require escalation.

Looking back, she believes earlier intervention and clearer information changed the trajectory of her recovery.

“I feel very lucky that I was able to access that support,” she said. ***“I think my outcome would have been very different otherwise.”***

Her experience reflects wider concerns raised throughout the report around delayed referrals, symptom normalisation, and unequal access to specialist postnatal care.

SECTION 5: WOMEN ARE INCREASINGLY BEING LEFT TO COORDINATE THEIR OWN RECOVERY

The rise of self-navigation in postnatal recovery

One of the clearest themes to emerge from this report was not simply that women felt unsupported after birth, but that many felt responsible for managing and interpreting their own recovery with limited clinical guidance.

Across both the polling and roundtable discussions, women repeatedly described a postnatal system that felt fragmented once the immediate weeks after birth had passed. Appointments were often experienced as brief and transactional, specialist pathways difficult to access, and recovery guidance inconsistent or unclear.

As a result, many women described becoming the coordinators of their own care: researching symptoms, deciding what warranted escalation, attempting to access referrals, and trying to determine whether their recovery was progressing as expected.

“I didn’t really know what the benchmark was at that point.”

G · MOTHER, IN CONVERSATION WITH HESTA

For some women, this uncertainty became a persistent feature of recovery. Several described spending significant amounts of time searching online for reassurance about symptoms they felt had never been properly explained within formal healthcare settings.

“I found out a lot of what was classed as normal through the community of me going to seek out stuff myself.”

G · MOTHER, IN CONVERSATION WITH HESTA

The issue raised repeatedly throughout the discussions was not that women lacked access to information altogether. In many cases, the problem was the opposite: an overwhelming volume of information, much of it conflicting, poorly evidenced, or detached from individual clinical circumstances.

Women described moving between parenting forums, social media platforms, symptom searches, private groups, and wellness content while attempting to make decisions about feeding, bleeding, pelvic floor symptoms, pain, mental health, exercise, sleep, and intimacy after birth.

Several women described the process of self-navigation as emotionally exhausting.

“I wanted to understand: is this normal at the moment? How long is it going to be until I’m normal again?”

G · MOTHER, IN CONVERSATION WITH HESTA

Clinicians contributing to the report expressed concern that women are increasingly expected to self-identify when recovery has deviated from normal, despite navigating one of the most physiologically and psychologically demanding periods of adult life.

Dr Rebecca Moore, consultant perinatal psychiatrist and co-founder of Make Birth Better, noted that this burden often falls on women at a time of profound exhaustion and vulnerability.

“We know women are often functioning externally while struggling significantly internally,” she explained. “Trying to navigate recovery alone while exhausted, sleep deprived, and overwhelmed can make it even harder to recognise when additional support is needed.”

DR REBECCA MOORE

Katie Robertson added that many mothers are managing not only symptoms, but also guilt, stigma and fear of judgement. If asking for help feels like evidence of failure, a system that depends on women repeatedly escalating their own concerns may leave distress hidden until it becomes more severe.

Several clinicians also warned that systems which rely heavily on women escalating concerns themselves may unintentionally disadvantage those who are least able to advocate for their own care, including women experiencing trauma, mental health difficulties, language barriers, financial pressure, or unequal access to specialist services.

For many contributors, the broader concern was that postnatal care remains fundamentally reactive. Support is often accessed only once symptoms become severe, persistent, or disruptive enough to justify escalation.

“The support that we’re meant to offer women just falls away just when the real adjustment begins.”

DR ANITA COUTINHO

Throughout the report, women consistently described wanting something relatively simple: clearer guidance, continuity, reassurance, and easier access to trusted clinical support before reaching crisis point.

What emerged was not a rejection of digital information or peer support, both of which many women valued deeply, but a growing sense that postnatal recovery has become overly dependent on women independently piecing together care during one of the most vulnerable transitions of their lives.

SECTION 6: REIMAGINING POSTNATAL CARE

What women and clinicians say recovery should look like

The findings throughout this report point toward a broader need to rethink how postnatal healthcare is structured.

“The postnatal period deserves the same level of clinical attention, resourcing, and accountability as pregnancy and birth”

TINUKE AWE

Women are not asking for perfection. They are asking for continuity, clarity, validation, evidence-based support, earlier intervention, better access to specialist care, healthcare that reflects the true length and complexity of recovery

Clinical contributors repeatedly highlighted the need for:

- > Proactive follow-up pathways
- > Integrated physical and mental healthcare
- > Improved pelvic health access
- > Continuity after pregnancy complications
- > Clearer recovery education
- > Trauma-informed communication
- > Preventative approaches to women's health
- > Personalised recovery support

Dr Rebecca Moore argued that one of the most important improvements would be continuity of care delivered through a family-focused, trauma-informed support pathway extending well beyond the immediate postpartum period.

“Having a consistent support feels so important in such a vulnerable time. You get to know them and they get to know you and builds the safety and trust to have conversations about mental health”

DR REBECCA MOORE

Dr Moore also highlighted that postnatal mental health difficulties do not always emerge immediately after birth. For some women, symptoms may intensify months later, including around returning to work, stopping breastfeeding, or delayed processing of birth trauma.

“With birth trauma for example there is often a peak of symptoms at 6–12 months”

DR REBECCA MOORE

Katie Robertson argued that one of the greatest changes would be ongoing, wraparound mental health support that does not end at six weeks. She described the need for women to feel seen and valued, for the difficulty of new motherhood to be normalised without stigma, and for therapy to be accessible not only in the immediate postnatal period but years later if that is when a woman feels ready to process what happened.

“New mums need deeper, more exploratory conversations and a chance to identify with this new role alongside professionals who have time and expertise”

KATIE ROBERTSON

Robertson also stressed the value of normalising information about the reality of the fourth trimester and creating space for women to share their pregnancy, birth and postnatal experiences without fear of judgement.

Several clinicians described the postnatal period not simply as short-term recovery, but as a critical window for lifelong health intervention. Seen through this lens, postnatal healthcare becomes a form of preventative healthcare and a fundamental part of women's health infrastructure.

Tinuke, maternal health advocate and co-founder of FiveXMore and Mums&Tea

CASE STUDY

“I only found out by accident.”

After developing pre-eclampsia during pregnancy, Tinuke Awe assumed that once her baby was born and the immediate postnatal period had passed, the health risks associated with the condition had passed too.

At her postnatal check, her blood pressure was recorded as elevated.

But she says no one explained what that meant for her long-term health. There was no clear follow-up conversation, no ongoing monitoring pathway, and no discussion about future cardiovascular risk.

Years later, Tinuke discovered the significance of those elevated readings almost by accident while reviewing her medical records.

“Nobody told me,” she explained during a conversation with Hesta Health. “It was there in my notes.”

By the time she uncovered the information, she was already taking blood pressure medication.

“I actually only found out last year,” she said. “I was already on blood pressure medication, which I’m still taking today.”

She has since reflected on how differently she may have approached her health if she had understood the long-term implications earlier.

Her experience reflects growing concern among clinicians and maternal health advocates that pregnancy complications are still too often treated as isolated events, rather than important indicators of future health vulnerability.

Conditions such as pre-eclampsia, gestational diabetes, hypertension and traumatic birth can all carry implications for future cardiovascular, metabolic, and mental health. Yet fewer than one in four women surveyed for this report said long-term health risks were discussed during their postnatal appointment.

For Tinuke, the lack of communication highlighted a wider problem within postnatal care: the tendency to treat recovery as a short-term event, rather than part of a woman’s lifelong health journey.

“The postnatal period deserves the same level of clinical attention, resourcing, and accountability as pregnancy and birth,” she said.

As co-founder of Five X More, an organisation focused on Black maternal health inequity in the UK, Tinuke has become a prominent advocate for more equitable, preventative, and continuous models of maternal healthcare.

Rather than relying on women to identify problems themselves, contributors argued that postnatal care should become more proactive, continuous, and preventative.

This includes:

- > Recognising delayed recovery earlier
- > Improving access to specialist services
- > Supporting women beyond six weeks
- > Integrating mental and physical healthcare
- > Improving education around symptoms and recovery timelines
- > Ensuring women know where to seek help

For many women interviewed for this report, the most important change was not necessarily more appointments alone.

It was feeling listened to, believed, and supported throughout recovery.

The issue raised throughout this report is not whether women are seeking help.

It is whether postnatal care systems are currently designed to support the realities of recovery after birth.

CONCLUSION

The six-week check should not be the end of the conversation. It should be the beginning.

For decades, postnatal care has been treated as a short closing chapter after pregnancy. But women's experiences tell a different story. Recovery after birth is not linear, brief, or purely physical.

The findings reveal a postnatal care system that many women experience as too short, too fragmented, and too focused on immediate recovery rather than long-term health.

While most women attended a six-week postnatal appointment, the polling highlights clear gaps in both scope and continuity of care: the **average appointment lasted less than 15 minutes; fewer than one in four women discussed long-term health risks; only one in three discussed pelvic-floor health; one in four women who raised concerns were offered follow-up support; more than one in four women felt their postnatal health was not adequately supported overall.**

At the same time, the effects of postnatal health challenges were far-reaching - affecting sleep, mental wellbeing, confidence, relationships, exercise, intimacy, and return to work.

Recovery after birth is biological, psychological, emotional, social, and long-term.

Increasingly, women are speaking openly about the gap between what they were told recovery would look like and what they actually experienced. This report highlights a growing recognition that the current model of postnatal care is insufficient for the realities of modern parenthood.

Women deserve

clearer information
longer-term support
integrated healthcare
evidence-based
recovery guidance
earlier intervention
compassionate clinical
care

Most importantly, *they deserve to be seen.*
Because the six-week check should not mark the end of the conversation around maternal health. In many ways, it should *only be the beginning.*

Hesta has recommended *Six Key Actions* and areas of focus to improve outcomes for women

1. Make six weeks a checkpoint, not an endpoint	Build structured opportunities for support and follow-up beyond the traditional six-week milestone.
2. Give every woman a more comprehensive recovery assessment	Create sufficient opportunity to consider physical recovery, pelvic health, mental wellbeing, birth experience and wider recovery needs together.
3. Move from reactive to proactive follow up	Where concerns or risks are identified, establish clear next steps for monitoring, referral, specialist support or guidance rather than relying on women to repeatedly escalate their own concerns.
4. Connect and integrate physical, pelvic and mental healthcare	Create greater continuity between the different services involved in women's recovery.
5. Use pregnancy & birth as a window into lifelong health	Ensure women understand the potential longer-term implications of pregnancy complications & can access appropriate preventative support & monitoring.
6. Give women a long-term recovery roadmap	Provide clearer, evidence based information about what recovery may look like, what symptoms may need support, when to seek help & where to go.

APPENDIX 1: METHODOLOGY

Methodology

This report combines nationally representative polling, clinician interviews, roundtable discussion, and lived experience interviews and written submissions, to explore women's experiences of postnatal recovery and healthcare in the UK.

Quantitative research

Nationally representative polling was commissioned by Hesta Health and conducted by OnePoll between 23–26 February 2026 among 500 UK women who had given birth within the previous two years.

Further detail regarding polling methodology, sample demographics, survey wording, and topline findings is included in Appendix 2.

Roundtable discussion

Hesta Health convened a roundtable discussion, In Conversation With Hesta Health, bringing together clinicians, maternal health advocates, and women with lived experience of postnatal recovery.

Topics discussed included:

- physical recovery after birth
- pelvic health
- postnatal mental health
- birth trauma
- recovery expectations
- continuity of care
- healthcare navigation after birth
- long-term health implications of pregnancy and childbirth

Clinical contributors to the roundtable included:

- Dr Anita Coutinho, GP with specialist interest in women's health
- Dr Ranee Thakar, consultant obstetrician and former President of the Royal College of Obstetricians and Gynaecologists (RCOG)
- Maria Elliott, pelvic health physiotherapist and founder of The Mummy MOT
- Tinuke Awe, co-founder of Five X More
- Dr Sujitha Selvarajah, obstetrics and gynaecology doctor and co-founder of Hesta Health (facilitator)

Four mothers participated in the roundtable to share their lived experience of postnatal recovery and health. Some names and identifying details have been changed to protect participant privacy.

Additional clinical feedback

Additional written clinical feedback was incorporated from Dr Rebecca Moore, consultant perinatal psychiatrist and co-founder of Make Birth Better and Katie Robertson, BACP Integrative Counsellor and Perinatal Psychotherapist, with particular focus on postnatal mental health, masking and functioning, timing of distress, physical and psychological recovery, and the need for ongoing mental health support beyond six weeks.

Lived experience interviews and written submissions

Additional lived experience material was gathered through written submissions and interviews with women discussing postnatal recovery experiences including:

- pelvic floor dysfunction
- birth trauma
- postnatal anxiety
- feeding difficulties
- delayed recovery
- return-to-work challenges
- long-term exhaustion

Some names and identifying details have been changed to protect participant privacy.

APPENDIX 2: DETAILED POLLING FINDINGS

Detailed polling findings

Survey methodology summary

The quantitative findings in this report are drawn from nationally representative polling commissioned by Hesta Health and conducted by OnePoll between 23–26 February 2026.

The survey included 500 UK women who had given birth within the previous two years. Fieldwork was conducted online and via mobile polling methodologies (CAWI). Data was weighted using Office for National Statistics (ONS) mid-year population estimates to better reflect the UK population.

The sample included respondents from across England, Scotland, Wales and Northern Ireland and represented a broad range of age groups, UK regions and occupational and socioeconomic backgrounds.

BY AGE

25 - 34	54%
35 - 44	32%
18 - 24	13%

BY LOCATION

London	16%
North West England	14%
West Midlands	11%
South East England	10%
East Midlands	9%
Scotland	7%
Wales	4%

BY OCCUPATION

Intermediate managerial, administrative, and professional occupations	33%
Supervisory and clerical occupations	19%
Higher managerial and professional occupations	16%
Skilled manual occupations	14%

92% of respondents reported attending a six-week postnatal check following birth, including:

NHS six-week check	77%
Private GP check	9%
Both: NHS and private	6%

Unless otherwise stated:

Total sample size = 500

Percentages may not total 100 due to rounding

Some questions were multi-select

Some questions were asked only to respondents meeting specific criteria

Survey routing and base sizes

Question topic	Base
Total respondents	n=500
Women attending six-week postnatal check	n=459
Women raising concerns during appointment	n=361
Women reporting ongoing postnatal symptoms	n=345*

*Derived from respondents reporting symptoms improved, stayed the same, worsened, or new symptoms appearing after the six-week check.

Survey questions and topline findings

Q1: How well did your six-week postnatal appointment meet your recovery needs?

Base: Women attending a six-week postnatal appointment (n=459)

Response	%
It fully met my needs	49%
It was helpful but insufficient	30%
It did not meet my needs	17%
None of the above	3%

Q2: Approximately how long did your six-week postnatal appointment last?

Base: Women attending a six-week postnatal appointment (n=459)

Response	%
Less than 10 minutes	17%
10 - 15 minutes	36%
16 - 20 minutes	31%
More than 20 minutes	13%
Not sure/can't remember	3%

Q3: Which topics were discussed during your postnatal appointment?

Response	%
Baby's health	70%
Mental health or mood	63%
Contraception	60%
Wound recovery	58%
Overall wellbeing	57%
Breastfeeding	55%
Physical recovery from birth	38%
Pelvic floor or continence symptoms	34%
Birth experience or trauma	29%
Long-term health risks after pregnancy	23%
Returning to exercise	18%
Returning to work	11%

Q4: Did you raise concerns about your health or recovery during your postnatal appointment?

Base: Women attending a six-week postnatal appointment (n=459)

Response	%
Yes	79%
No	21%

Q5: What concerns did you raise during your appointment?

Base: Women who raised concerns during their appointment
(n=361)

Response	%
Breastfeeding or feeding concerns	24%
Fatigue or exhaustion	20%
Caesarean wound concerns	20%
Vaginal tearing or pain	18%
Anxiety	18%
Low mood, tearfulness, or emotional numbness	16%
General physical discomfort	15%
Stress related to the birth experience	15%
Pelvic heaviness, pressure, or discomfort	15%
Pregnancy-related health conditions	12%
Pain with sex or concerns about resuming sex	10%
Leaking urine	6%
Intrusive or unwanted thoughts	5%

Q6: What response did you receive after raising concerns?

Base: Women who raised concerns during their appointment
(n=361)

Response	%
Told symptoms were “normal” and no further action was required	44%
Offered follow-up support or referral	25%
Advised to “wait and see what happens”	20%
Felt dismissed or not taken seriously	7%
Other	2%
Prefer not to say	1%

Q7: What happened to your symptoms after the appointment?

Base: Women who raised concerns during their appointment
(n=459)

Response	%
Symptoms improved	41%
Symptoms stayed the same	22%
Symptoms worsened	7%
New symptoms appeared	3%
None of the above	25%
Prefer not to say	1%

Q8: What best describes your experience of seeking further care after the six-week check?

Base: Women who raised concerns during their appointment
(n=459)

Response	%
I knew where to go and felt supported	32%
I had ongoing care following referral or follow-up	16%
I felt unsure where to seek help	9%
I stopped seeking help despite ongoing symptoms	9%
I had to push to be taken seriously	8%
I didn't need further care after the six-week check	21%
Not sure	4%

Q9: Did your postnatal health issues affect any of the following for you?

Base: Total respondents (n=500)

Response	%
Sleep	47%
Mental wellbeing	37%
Confidence or self-esteem	34%
Physical activity or exercise	33%
Intimacy or sexual health	29%
Relationships	20%
Ability to return to work	14%
I didn't experience postnatal health issues	19%

Q10: to what extent did you feel your health after giving birth was adequately supported by healthcare professionals or services?

Base: Total respondents (n=500)

Response	%
A significant amount	23%
Somewhat	47%
Not much	19%
Not at all	6%
Prefer not to say	2%
Unsure	2%

Data interpretation notes

The findings in this report reflect women's self-reported experiences of postnatal recovery and healthcare.

The polling was designed to provide a nationally representative snapshot of women's reported experiences of postnatal recovery in the UK rather than to produce clinical prevalence estimates.

Survey findings should not be interpreted as clinical diagnoses.

As with all retrospective survey research:

- responses may be influenced by recall
- individual experiences and care pathways vary
- reported experiences are subjective

The findings should therefore be interpreted as indicative of women's experiences, perceptions, and reported barriers to postnatal support.

Limitations

This report has several limitations.

The polling sample included women who:

- had internet or mobile access
- chose to participate in online survey research
- had given birth within the previous two years

Experiences described in qualitative interviews and case studies are illustrative and are not intended to represent every woman's experience of postnatal care in the UK.

The report combines quantitative and qualitative methods to explore recurring themes, lived experiences, and areas for further discussion and research

APPENDIX 3: SELECTED REFERENCES AND CLINICAL GUIDANCE

Selected references and clinical guidance

This report was informed by current UK clinical guidance, maternal health research, and expert contributor insight.

National guidance and policy

- NICE Postnatal Care Guidelines
- NHS England Women's Health Strategy
- RCOG guidance on postnatal care and pelvic health
- NHS Maternal Mental Health Services Framework
- Royal College of Midwives postnatal care guidance

Evidence and research themes consulted

- postpartum recovery timelines
- pelvic floor rehabilitation after childbirth
- birth trauma and postnatal PTSD
- matrescence and maternal identity transition
- cardiovascular risk following hypertensive pregnancy disorders
- long-term maternal health after pregnancy complications
- perinatal mental health and early intervention

Key themes reflected in contributor interviews

Clinical contributors repeatedly emphasised:

- the interconnected nature of physical and mental recovery
- the limitations of a single six-week review model
- the importance of continuity of care
- earlier intervention and proactive follow-up
- the need for more integrated postnatal healthcare pathways

APPENDIX 4: CONTRIBUTOR BIOGRAPHIES

Contributor biographies

Tinuke Awe

Maternal health advocate and co-founder of Five X More, an organisation focused on Black maternal health inequity in the UK.

Dr Anita Coutinho

GP with specialist interest in women's health and maternal wellbeing.

Amanda Cupples

Co-founder of Hesta Health.

Maria Elliott

Pelvic health physiotherapist and founder of The Mummy MOT.

Dr Rebecca Moore

Consultant perinatal psychiatrist and co-founder of Make Birth Better. Dr Moore specialises in maternal mental health, birth trauma, and trauma-informed approaches to perinatal care.

Dr Sujitha Selvarajah

Obstetrics and gynaecology doctor and co-founder of Hesta Health.

Dr Ranee Thakar

Consultant obstetrician and gynaecologist, pelvic health specialist, and former President of the Royal College of Obstetricians and Gynaecologists (RCOG).