*Table S1: Centre at randomisation of responders at two-year assessment**

Name	Planned delivery (n=276)	Expectant management (n=251)
St Thomas' Hospital, London	19 (6.9)	22 (8.8)
Darent Valley Hospital	17 (6.2)	15 (6.0)
St Mary's Hospital, Manchester	17 (6.2)	10 (4.0)
Bradford Royal Infirmary	8 (2.9)	4 (1.6)
West Middlesex University	17 (6.2)	15 (6.0)
Nottingham City Hospital	9 (3.3)	9 (3.6)
Leeds Teaching Hospitals - St James'	14 (5.1)	6 (2.4)
Liverpool Women's	11 (4.0)	13 (5.2)
Queens Medical Centre	6 (2.2)	5 (2.0)
Royal Victoria Infirmary	7 (2.5)	10 (4.0)
James Cook University Hospital	9 (3.3)	15 (6.0)
Sunderland Royal Hospital	11 (4.0)	16 (6.4)
University College Hospital	6 (2.2)	10 (4.0)
Birmingham Women's Hospital	6 (2.2)	3 (1.2)
St George's Hospital	5 (1.8)	0 (0.0)
Royal Stoke University Hospital	6 (2.2)	4 (1.6)
Western Sussex Hospitals	5 (1.8)	9 (3.6)
Whittington Hospital	3 (1.1)	2 (0.8)
ABM University Hospitals, Wales	16 (5.8)	11 (4.4)
Birmingham City Hospital	6 (2.2)	2 (0.8)
Birmingham Heartlands Hospital	4 (1.4)	0 (0.0)
Warrington and Halton Hospitals	2 (0.7)	2 (0.8)
Chesterfield Royal Hospital	2 (0.7)	3 (1.2)
Royal United Hospital, Bath	3 (1.1)	3 (1.2)
Kingston Hospital NHS Trust	11 (4.0)	9 (3.6)
Leighton Hospital	4 (1.4)	6 (2.4)
Leicester Royal infirmary	6 (2.2)	6 (2.4)
Shrewsbury and Telford Hospital	0 (0.0)	3 (1.2)
Royal Preston Hospital	1 (0.4)	3 (1.2)
Northampton General	5 (1.8)	3 (1.2)
Gloucestershire Royal Hospital	0 (0.0)	1 (0.4)
St Michael's Hospital, Bristol	2 (0.7)	3 (1.2)
Royal London Hospital	4 (1.4)	1 (0.4)
Whipps Cross Hospital	4 (1.4)	4 (1.6)
New Cross Hospital,Wolverhampton	3 (1.1)	2 (0.8)
Cambridge University Hospitals	2 (0.7)	0 (0.0)
Chelsea and Westminster Hospital	0 (0.0)	3 (1.2)
Royal Bolton Hospital	2 (0.7)	1 (0.4)
St Helier Hospital	2 (0.7)	1 (0.4)
University Hospital, Lewisham	0 (0.0)	2 (0.8)
Epsom Hospital	1 (0.4)	0 (0.0)
Queen Elizabeth Hospital, Greenwich	4 (1.4)	0 (0.0)
Queen's Hospital, Romford	2 (0.7)	2 (0.8)
Croydon University Hospital	11 (4.0)	12 (4.8)
Broomfield Hospital, Chelmsford	3 (1.1)	0 (0.0)

Table S2: Short-term infant outcomes prior to hospital discharge home of responders at two-year assessment and non-responders

	Planned delivery	**Expectant mangement**		**Planned delivery**	**Expectant mangement**
	Responders (n=290)	**Responders (n=256)**		**Non-responders (n=181)**	**Non-responders (n=219)**
Gestational age at delivery (days), median (IQR)	253 (247, 257)	258 (251, 260)		251 (245, 257)	257 (252, 260)
34 weeks	50 (17.2)	30 (11.7)		39 (21.8)	17 (7.8)
35 weeks	88 (30.3)	42 (16.4)		51 (28.5)	34 (15.5)
36 weeks	96 (33.1)	70 (27.3)		63 (35.2)	68 (31.1)
≥37 weeks	56 (19.3)	114 (44.5)		26 (14.5)	100 (45.7)
Missing	0	0		2	0
Mode of birth					
Spontaneous vaginal	101 (34.8)	71 (27.7)		68 (38.0)	68 (31.1)
Assisted vaginal	28 (9.7)	24 (9.4)		12 (6.7)	23 (10.5)
Caesarean section	161 (55.5)	161 (62.9)		99 (55.3)	128 (58.4)
Missing	0	0		2	0
Birth weight (g), median (IQR)	2430 (2112 to 2775)	2438 (2150 to 2820)		2390 (2006 to 2753)	2510 (2160 to 3078)
Missing	0	0		2	0
Birthweight centile, median (IQR)*	37 (17 to 60)	30 (12 to 56)		34 (15 to 65)	32 (15 to 67)
<10th centile, n(%)	41 (14.1)	55 (21.5)		33 (18.4)	40 (18.3)
<3rd centile, n(%)	8 (2.8)	13 (5.1)		12 (6.7)	14 (6.4)
Missing	0	0		2	0
Apgar score at 5 minutes after birth, median (IQR)	10 (9 to 10)	10 (9 to 10)		9 (9 to 10)	10 (9 to 10)
Missing	0	0		2	0
Umbilical arterial pH collected	175 (60.3)	147 (57.4)		106 (58.6)	119 (54.3)
Median (IQR)	7 (7 to 7)	7 (7 to 7)		7 (7 to 7)	7 (7 to 7)
Missing	0	2		2	1
Admission to neonatal unit	117 (40.3)	91 (35.5)		79 (44.1)	68 (31.1)
Missing	0	0		2	0
Principal recorded indication for neonatal unit admission, n (%)					
Prematurity	50 (42.7)	25 (27.5)		33 (41.8)	15 (22.1)
Respiratory disease	31 (26.5)	18 (19.8)		16 (20.3)	23 (33.8)
Cardiovascular disease	0 (0.0)	1 (1.1)		0 (0.0)	0 (0.0)
Failed oximetry testing	0 (0.0)	1 (1.1)		0 (0.0)	0 (0.0)
Jaundice	6 (5.1)	7 (7.7)		6 (7.6)	4 (5.9)
Hypoglycaemia	8 (6.8)	20 (22.0)		13 (16.5)	11 (16.2)
Convulsions suspected/confirmed	0 (0.0)	0 (0.0)		1 (1.3)	0 (0.0)
Poor condition at birth	1 (0.9)	1 (1.1)		1 (1.3)	2 (2.9)
Infection suspected/confirmed	9 (7.7)	7 (7.7)		0 (0.0)	5 (7.4)

IUGR/ SGA	3 (2.6)	5 (5.5)		5 (6.3)	5 (7.4)
Poor feeding or weight loss	4 (3.4)	2 (2.2)		0 (0.0)	0 (0.0)
Congenital anomaly suspected/confirmed	2 (1.7)	0 (0.0)		0 (0.0)	0 (0.0)
Maternal admission/emergency	1 (0.9)	1 (1.1)		0 (0.0)	1 (1.5)
Monitoring	2 (1.7)	3 (3.3)		2 (2.5)	2 (2.9)
Continuing care	0 (0.0)	0 (0.0)		2 (2.5)	0 (0.0)
Need for respiratory support, n (%)	28 (9.7)	21 (8.2)		17 (9.5)	27 (12.3)
Missing	0	0		2	0
Need for supplementary oxygen prior to discharge, n (%)	40 (13.8)	22 (8.6)		20 (11.2)	27 (12.3)
Missing	0	0		2	0
Number of days supplemental oxygen required, median (IQR)	1 (1 to 2)	2 (1 to 3)		2 (1 to 3)	1 (1 to 4)
Range (min to max)	(0 to 7)	(1 to 11)		(1 to 12)	(0 to 31)
Missing	250	234		161	192
Total time in neonatal unit (days), median (IQR)	5 (3 to 8)	4 (3 to 8)		5 (3 to 8)	4 (2 to 7)
Number admitted for at least 1 day, n (%)	109 (37.6)	87 (34.0)		72 (39.8)	66 (30.1)
Category of care during neonatal unit stay (separation of baby from mother)					
Intensive care, n (%)	12 (4.1)	9 (3.6)		15 (8.4)	10 (4.6)
Days, median (IQR)	1 (1 to 2)	2 (1 to 2)		2 (1 to 3)	4 (3 to 5)
High dependency care, n (%)	33 (11.4)	24 (9.5)		18 (10.1)	9 (4.1)
Days, median (IQR)	1 (1 to 3)	2 (1 to 5)		2 (1 to 2)	2 (1 to 4)
Special care (carer not present), n (%)	101 (34.8)	80 (31.7)		67 (37.4)	63 (29.0)
Days, median (IQR)	5 (2 to 9)	7 (2 to 11)		6 (3 to 11)	5 (2 to 10)
Category of care during other postnatal stay (baby alongside mother)					
Transitional care (special care with carer present), n (%)	24 (8.3)	8 (3.2)		16 (8.9)	8 (3.7)
Days, median (IQR)	6 (2 to 9)	5 (4 to 6)		4 (2 to 6)	5 (4 to 6)
Postnatal care, n(%)	216 (74.5)	204 (81.0)		134 (74.9)	180 (82.9)
Days, median (IQR)	3 (2 to 5)	3 (2 to 4)		3 (2 to 4)	3 (2 to 5)

IUGR: intrauterine growth restriction. SGA: Small-for-gestational age. *Birthweight centile calculated using the Stata add-in function zanthro using the British 1990 Growth Reference (reanalysed 2009).

Table S3: Short-term maternal outcomes prior to hospital discharge home of responders at two-year assessment and non-responders

	Planned delivery	**Expectant mangement**		**Planned delivery**	**Expectant mangement**
	Responders (n=276)	**Responders (n=251)**		**Non-responders (n=172)**	**Non-responders (n=200)**
Maternal co-primary outcome (maternal morbidity composite outcome or systolic blood pressure ≥160 mmHg post randomisation, n (%)	180 (65.2)	188 (75.5)		109 (63.7)	150 (75.0)
Missing	0	2		1	0
Maternal morbidity composite outcome, n (%)	42 (15.2)	47 (18.9)		26 (15.2)	43 (21.5)
Missing	0	2		1	0
Systolic blood pressure ≥160 mmHg post randomisation, n (%)	165 (59.8)	178 (71.8)		102 (59.6)	135 (67.5)
Missing	0	3		1	0
Progression to severe pre-eclampsia, n (%)	180 (65.2)	185 (74.3)		107 (62.6)	149 (74.5)
Missing	0	2		1	0
Placental abruption, n (%)	3 (1.1)	3 (1.2)		1 (0.6)	1 (0.5)
Missing	0	2		1	0
Antihypertensive medication before delivery, n (%)	239 (86.6)	225 (89.6)		142 (83.0)	180 (90.0)
Missing	0	0		1	0
Onset of labour, n (%)					
Spontaneous	1 (0.4)	9 (3.6)		1 (0.6)	10 (5.0)
Induced	190 (68.8)	157 (62.8)		114 (66.7)	118 (59.0)
Pre-labour caesarean section	84 (30.4)	83 (33.2)		56 (32.7)	69 (34.5)
PROM and augmentation	1 (0.4)	1 (0.4)		0 (0.0)	3 (1.5)
Missing	0	1		1	0
Indication for delivery (non-exclusive)					
Spontaneous labour <37 weeks gestation	1 (0.4)	9 (3.6)		1 (0.6)	10 (5.0)
Trial allocation to planned delivery arm	275 (99.6)	0 (0.0)		170 (99.4)	0 (0.0)
Reaching 37 weeks' gestation	5 (1.8)	115 (46.2)		3 (1.8)	73 (36.5)
Uncontrolled maternal hypertension	16 (5.8)	66 (26.5)		10 (5.8)	45 (22.5)
Maternal haematological abnormality	1 (0.4)	8 (3.2)		2 (1.2)	15 (7.5)
Maternal biochemical abnormality	10 (3.6)	28 (11.2)		9 (5.3)	29 (14.5)
Fetal compromise on ultrasound scan	8 (2.9)	20 (8.0)		8 (4.7)	30 (15.0)
Fetal compromise on cardiotocography	18 (6.5)	37 (14.9)		15 (8.8)	27 (13.5)
Severe maternal symptoms	5 (1.8)	27 (10.8)		4 (2.3)	21 (10.5)
Other (with none of the above)	0 (0.0)	2 (0.8)		0 (0.0)	0 (0.0)

Missing	0	2		1	0
Maternal complications between randomisation and discharge					
Confirmed thromboembolic disease, n (%)	0 (0.0)	0 (0.0)		0 (0.0)	0 (0.0)
Confirmed sepsis (positive blood or urine cultures), n (%)	0 (0.0)	4 (1.6)		2 (1.2)	2 (1.0)

PROM: Pre-labour rupture of membranes

Table S4: Ages and response times at two years for infants

	Planned delivery (n=290)	**Expectant management (n=256)**
Chronological age at two year assessment (days)		
Mean (SD)	734 (41.5)	734 (41.6)
Median (IQR)	723 (710 to 745)	721 (706 to 746)
Age corrected for prematurity at two year assessment (days)		
Mean (SD)	706 (42.2)	709 (42.8)
Median (IQR)	696 (680 to 716)	697 (684 to 723)
Age corrected for prematurity time window for completing two year assessment		
17 months 15 days - 18 months 14 days	1 (0.3)	0 (0.0)
20 months 15 days - 21 months 14 days	1 (0.3)	1 (0.4)
21 months 15 days - 22 months 14 days	90 (31.0)	72 (28.1)
22 months 15 days - 23 months 14 days	125 (43.1)	101 (39.5)
23 months 15 days - 24 months 14 days	**33 (11.4)**	**44 (17.2)**
24 months 15 days - 25 months 14 days	**17 (5.9)**	**18 (7.0)**
25 months 15 days - 26 months 14 days	**11 (3.8)**	**10 (3.9)**
26 months 15 days - 27 months 14 days	**7 (2.4)**	**7 (2.7)**
27 months 15 days - 28 months 14 days	3 (1.0)	0 (0.0)
28 months 15 days - 29 months 14 days	1 (0.3)	1 (0.4)
29 months 15 days - 30 months 14 days	1 (0.3)	2 (0.8)

Standardised PARCA-R scores are calculated within the 23.5 to 27.5 months' time window for an infant's age corrected for prematurity at two years.

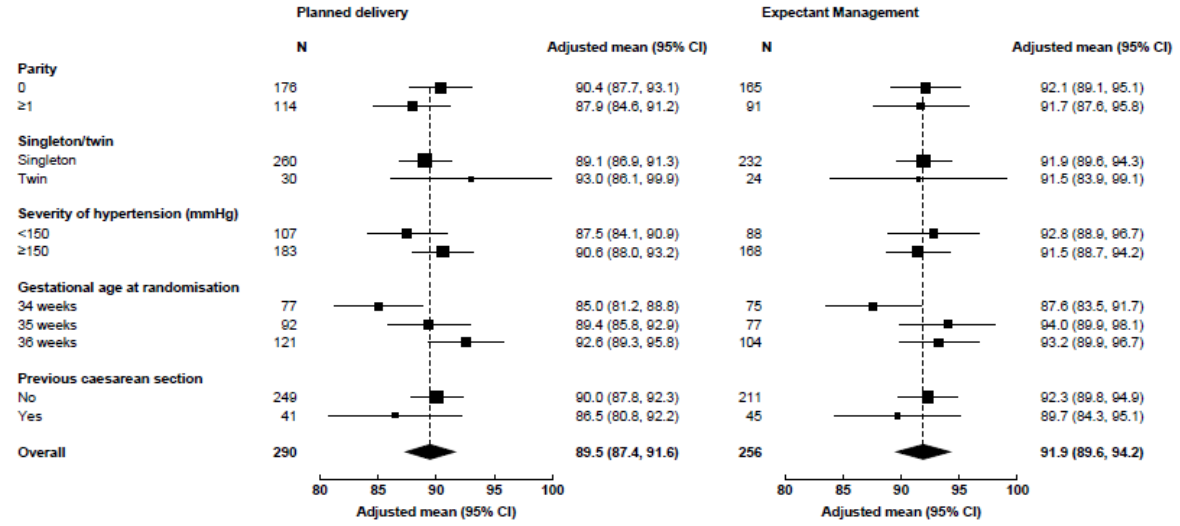
Table S5: Sensitivity analysis of primary infant long-term outcome non-inferiority comparison excluding infants assessed outside 23.5 to 27.5 months corrected age: Standardised Parent Report of Children's Abilities Revised (PARCA-R) at two years follow-up

	Planned delivery		**Expectant management**		**Adjusted mean difference* (95% CI)**
	N	**Adjusted mean (SD)**	**N**	**Adjusted mean (SD)**	
Intention-to-treat	(N=68)		(N=79)		
Composite Score	66	90.9 (16.4)	72	95.2 (16.4)	-4.25 (-9.76,1.27)
Non-verbal subscale score	67	95.9 (19.1)	77	103.3 (19.1)	-7.39 (-13.69,-1.10)
Language subscale score	67	90.2 (17.1)	74	93.9 (17.1)	-3.63 (-9.32,2.05)
Per-protocol	(N=50)		(N=78)		
Composite Score	48	90.7 (16.0)	72	94.8 (16.0)	-4.05 (-9.92,1.83)
Non-verbal subscale score	49	96.8 (19.6)	76	103.2 (19.6)	-6.36 (-13.24,0.52)
Language subscale score	49	89.9 (16.8)	74	93.5 (16.7)	-3.57 (-9.66,2.52)

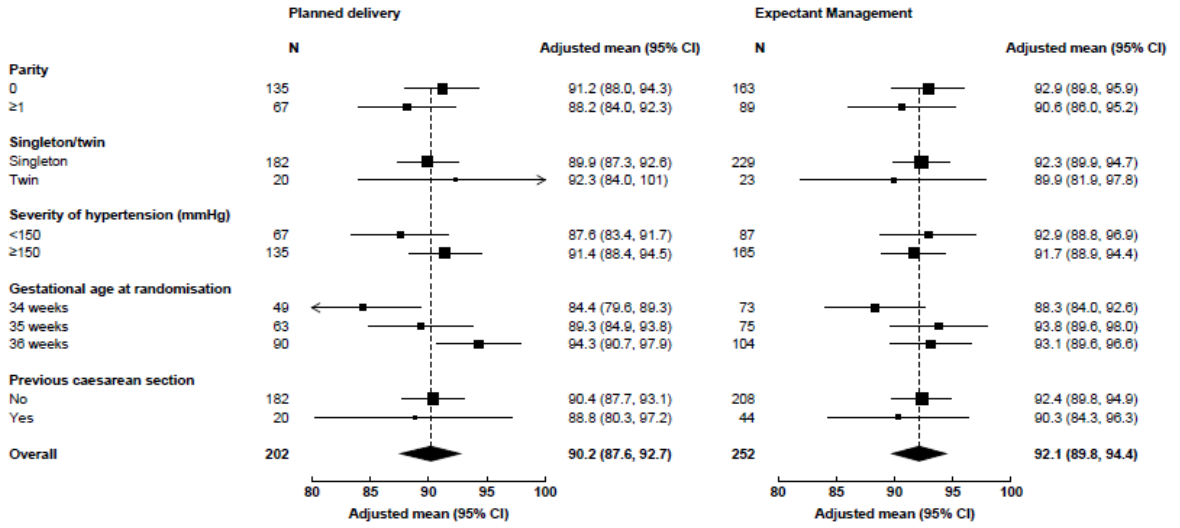
SD: standard deviation; CI: confidence interval.

Figure S6: Subgroup analyses of the primary infant long-term outcome non-inferiority comparison: Imputed Standardised Parent Report of Children's Abilities Revised (PARCA-R) at two years

A: Intention-to-treat analysis



B: Per-protocol analysis



The dotted line indicates the overall adjusted mean by group.

Table S7: Maternal baseline characteristics of responders at two-year assessment and non-responders

	Planned delivery	**Expectant mangement**		**Planned delivery**	**Expectant mangement**
	Responders (n=276)	**Responders (n=251)**		**Non-responders (n=172)**	**Non-responders (n=200)**
Age at randomisation (years), mean (SD)	31.1 (5.74)	31.4 (6.10)		29.7 (7.25)	30.1 (6.50)
Ethnicity, n (%)					
White	200 (44.6)	189 (41.9)		113 (25.2)	122 (27.1)
Mixed	7 (1.6)	11 (2.4)		3 (0.7)	12 (2.7)
Asian	42 (9.4)	22 (4.9)		18 (4.0)	28 (6.2)
Chinese	0 (0.0)	1 (0.2)		0 (0.0)	0 (0.0)
Black	23 (5.1)	21 (4.7)		35 (7.8)	31 (6.9)
Other	3 (0.7)	6 (1.3)		2 (0.4)	7 (1.6)
Unknown	1 (0.2)	1 (0.2)		1 (0.2)	0 (0.0)
Deprivation Index quintile, n (%)*					
England					
1 (Least deprived)	35 (13.6)	20 (8.3)		6 (3.8)	5 (2.7)
2	37 (14.3)	33 (13.6)		16 (10.0)	20 (10.8)
3	45 (17.4)	48 (19.8)		19 (11.9)	24 (12.9)
4	64 (24.8)	63 (26.0)		42 (26.3)	55 (29.6)
5 (Most deprived)	79 (30.6)	75 (31.0)		82 (51.3)	85 (45.7)
Missing	0	1		0	0
Wales unavailable	16	11		7	11
Parity (previous pregnancies ≥24 weeks' gestation)*, n (%)					
0	166 (37.1)	159 (35.3)		88 (19.6)	101 (22.4)
1	66 (14.7)	52 (11.5)		38 (8.5)	51 (11.3)
2	30 (6.7)	28 (6.2)		19 (4.2)	24 (5.3)
>2	14 (3.1)	12 (2.7)		27 (6.0)	24 (5.3)
Previous caesarean section**, n (%)	40 (14.5)	43 (17.1)		38 (22.1)	35 (17.5)
History of pre-eclampsia, n (%)	50 (18.1)	47 (18.7)		36 (20.9)	45 (22.5)
Body mass index at booking (kg/m^2), mean (SD)	30 (7.59)	29.2 (6.70)		29.5 (6.84)	30.5 (7.79)
Smoking status at booking, n (%)					
Never smoked	214 (77.5)	179 (71.3)		113 (65.7)	130 (65.0)
Quit before booking	42 (15.2)	52 (20.7)		22 (12.8)	34 (17.0)
Smoking at booking	16 (5.8)	16 (6.4)		37 (21.5)	34 (17.0)
Unknown	4 (1.4)	4 (1.6)		0 (0.0)	2 (1.0)
Blood pressure at booking (mmHg)					

Systolic BP at booking (mmHg), mean (SD)	119.0 (13.6)	119.5 (13.2)		118.3 (15.6)	119.7 (14.3)
Diastolic BP at booking (mmHg), mean (SD)	72.8 (10.0)	73.3 (10.2)		72.6 (10.6)	73.6 (10.6)
Pre-existing chronic hypertension, n (%)	29 (10.5)	33 (13.1)		22 (12.8)	20 (10.0)
Pre-existing chronic renal disease, n (%)	3 (1.1)	2 (0.8)		3 (1.7)	2 (1.0)
Pre-pregnancy diabetes, n (%)	15 (5.4)	14 (5.6)		10 (5.8)	14 (7.0)
Gestational diabetes, n (%)	36 (13.0)	21 (8.4)		26 (15.1)	32 (16.0)
Aspirin prescribed during pregnancy, n (%)	114 (41.3)	101 (40.2)		56 (32.6)	88 (44.0)
LMWH prescribed during pregnancy, n (%)	69 (25.0)	66 (26.3)		56 (32.6)	51 (25.5)

BP: blood pressure. LMWH: Low molecular weight heparin. *Deprivation quintiles calculated for participants in England only (not available for participants in Wales). **Minimisation factors used to ensure balance at randomisation.

Table S8: Maternal characteristics at randomisation of responders at two-year assessment and non-responders

	Planned delivery	**Expectant mangement**		**Planned delivery**	**Expectant mangement**
	Responders (n=276)	**Responders (n=251)**		**Non-responders (n=172)**	**Non-responders (n=200)**
Gestational age at randomisation* (weeks), median (IQR)	36 (35 to 36)	36 (35 to 36)		35 (35 to 36)	36 (35 to 36)
34^{+0} to 34^{+6}	73 (26.4)	72 (28.7)		58 (33.7)	63 (31.5)
35^{+0} to 35^{+6}	85 (30.8)	73 (29.1)		52 (30.2)	59 (29.5)
36^{+0} to 36^{+6}	118 (42.8)	106 (42.2)		62 (36.0)	78 (39.0)
Number of live fetuses at study entry*					
1	261 (94.6)	238 (94.8)		164 (95.3)	189 (94.5)
2	15 (5.4)	13 (5.2)		8 (4.7)	11 (5.5)
Highest systolic BP in previous 48hrs (mmHg), mean (SD)	155 (14.8)	155.6 (16.1)		153.6 (13.9)	154.6 (14.5)
Highest systolic BP in previous 48hrs (mmHg)**, n (%)					
≤149	100 (36.2)	88 (35.1)		63 (36.6)	75 (37.5)
150-159	69 (25.0)	65 (25.9)		52 (30.2)	58 (29.0)
≥160	107 (38.8)	98 (39.0)		57 (33.1)	67 (33.5)
Highest diastolic BP in previous 48hrs (mmHg), mean (SD)	95.8 (9.5)	95.8 (11.3)		95.6 (9.7)	95.9 (8.4)
Urinary protein-creatinine ratio (after 20 weeks) ≥30 (mg/mol), n (%)	253 (91.7)	228 (90.8)		152 (88.4)	179 (89.5)
Most recent urinary protein-creatinine ratio (mg/mmol), median (IQR)	88 (43 to 185)	87 (43 to 197)		78 (42 to 188)	70 (40 to 152)
Missing	0	0		0	1
Fetal growth restriction ultrasound in previous two weeks, n (%)	222 (80.4)	212 (84.5)		144 (83.7)	163 (81.5)
Suspected fetal growth restriction	44 (19.8)	49 (23.1)		35 (24.3)	36 (22.1)
Bishop score at study entry					
<2	1 (0.4)	0 (0.0)		1 (0.6)	2 (1.0)
2 to 6	4 (1.4)	2 (0.8)		3 (1.7)	2 (1.0)
≥6	0 (0.0)	0 (0.0)		0 (0.0)	0 (0.0)
Cervix not assessed	271 (98.2)	249 (99.2)		168 (97.7)	196 (98.0)
In-patient at time of trial entry	217 (78.6)	210 (83.7)		145 (84.3)	161 (80.5)

*Minimisation factors used to ensure balance at randomisation.

Table S9: GRIPP2-SF Checklist

Section and topic	Item	Reported on page No
Aim	The aim of Public and Patient Involvement in all aspects of the study was to ensure that the voices of pregnant women (and their wider families) were woven throughout the research, such that the results would be of direct benefit to them.	10
Methods	We worked with Public and Patient Involvement representatives from grant preparation through to dissemination. As the study arose from a commissioned call, we were aware that pregnant women had been involved through the NICE guideline committee and the NIHR HTA prioritisation work, but we additionally worked with representatives (including those with lived experience) from Action on Pre-eclampsia (the patient support group) and Tommy's Charity (a national baby charity). This involvement extended across considerations around research design, development and iteration of participant information resources, research management and troubleshooting (as members of the Co-Investigator Group and Trial Steering Committee), interpretation of the data, and writing and dissemination of the findings.	10
Study results	Examples of how PPI shaped the research included consideration of how to promote recruitment when it was slower than anticipated. A number of the central research team noted that women were often enthusiastic about participation, perceiving the clinical need for this uncertainty to be addressed, but that healthcare professionals could act as gatekeepers to enrolment. We worked with site teams to support them offering the trial to a greater proportion of eligible women, reinforcing that we had made the inclusion criteria as wide as possible for a pragmatic approach. We disseminated the information that around 55% of women who were approached agreed to take part, and with positive quotes from women (about participation) included in newsletters, with the women's consent. This enabled a shift towards an inclusive approach to enrolment.	10
Discussion and conclusions	Pregnancy studies have had a long history of active PPI input, but for a timing of delivery trial this is particularly crucial as the trade-off between maternal and infant benefits and risks is central to the research question. PPI	10

Section and topic	Item	Reported on page No
	input has been pivotal around appropriate representation of this balance, accurate depiction of the existing equipoise, and interpretation of the findings when typically benefits may not always go in the same direction for the woman and the baby. PPI has only ever been a positive and essential guiding influence.	
Reflections/critical perspective	The active involvement of Action on Pre-eclampsia, the patient support group, has been vital at all stages. This has enabled contribution through the Chief Executive Officer, Marcus Green, who combines indirect lived experience (as a partner of a woman with pre-eclampsia) with a powerful conduit to many other voices for whom he constantly advocates. The study has also had involvement of others with lived experience, but we noted that sometimes women transition through various phases of their lives and may choose to be involved for varying durations (not always for the entire length of the study). This has led Action on Pre-eclampsia to set up a research involvement panel, so that those with lived experience can contribute in the way that best suits them.	10