



## Application Statements for Nano Preterm Executive Committee 2025

### Instructions

BAPM has received the following application statements from members wishing to join the Nano Preterm Executive Committee in the roles of Meeting Secretary, Research Lead, QI Lead and Education Lead. Each individual was allowed to put their name forward for a maximum of two roles. Please read the statements and cast your vote by completing the online form by **11:59pm, 1 May 2025**. All Nano Preterm members will be emailed a link to the form to vote. If you have not received this please contact [bapm@rcpch.ac.uk](mailto:bapm@rcpch.ac.uk).

Votes will be counted by BAPM Office staff and will be treated completely confidentially.

## Meeting Secretary (3 applications)

### Karl Holden

#### Paediatric specialty registrar, Alder Hey Children's Hospital

As a paediatric trainee working in tertiary neonatology, I have gained significant experience in managing 22-23 week gestation pregnancies and infants from a perinatal perspective. I have been actively involved in antenatal counselling, ensuring that families presenting at these gestations receive clear, compassionate, and evidence-based discussions. I apply the BAPM guidance to facilitate shared decision-making, balancing risks and potential outcomes. On the neonatal unit, I have managed infants at these extremes of prematurity, gaining experience in ventilation strategies, and stabilisation of these babies. Beyond acute clinical management, I have supported families throughout the neonatal journey, providing regular updates and assisting guiding them through difficult decisions such as parallel planning and reorientation of care when appropriate. My experience has reinforced the importance of a multidisciplinary, family-centred approach to caring for these high-risk infants.

As a trainee, I have been actively involved in collaborative committee work. I was a junior member of the European Respiratory Society Task Force, contributing to international guidelines on asthma diagnosis in children. My role involved appraising evidence for a diagnostic test, contributing to consensus on the diagnostic algorithm, and leading implementation of our communication platform. I also gained experience in incorporating patient and public involvement in guideline development. On a national level, I sit on the RCPCH&Us committee as a paediatric member; working with children, young people, families, and the voluntary sector to shape the college's work. These roles have strengthened my communication skills, ability to work within a multidisciplinary team and time management. Throughout my training, I have undertaken integrated clinical and academic roles, developing a strong research portfolio and learning to balance clinical, academic, and committee responsibilities effectively while meeting deadlines.

### David Quine

#### Consultant Neonatologist, Royal Infirmary Edinburgh

I work in a tertiary NICU which cares for infants from 22 weeks gestation. Following the new BAPM extreme preterm guidance in 2019, we quickly realised the need for specific interventions aimed at this group of infants, I began auditing them locally to identify their challenges, putting together a list of potentially better practices for this group of infants. I continued this work by chairing a recent Scottish Neonatal Network working group to produce a network guideline on the management of extreme preterm (22-23+6 weeks gestation) publishing recommendations over 9 subsections in December 2023. This included extensive literature review and consideration of all the potentially better practices that could be applied in this gestation group. I have given invited lectures on extreme preterm infants. I have agreed to support the clinical management and short-term outcomes of neonates born at 22 weeks in the UK NICUs study from imperial college London.

I was recently a member of the BAPM toolkit working group: Reducing the incidence of bronchopulmonary dysplasia (BPD). Previously I was on the NICE guideline committee producing "Specialist neonatal respiratory care for babies born preterm" guidance and the quality standard committee. As local QI lead for respiratory care I implemented all the evidenced based early respiratory practices described in the above including delivery room pause, minimally invasive surfactant treatment (MIST) and targeted tidal volume ventilation to name a few. I have extensive research experience including publications on a more physiological definition of BPD, Local PI for SurfsUp and Polar trials, and am part of the Collaborate study investigator group supporting its role out in Scotland. I am co-chair of the Scottish Neonatal Network guideline group and Neonatal Specialist committee member on the BNF Paediatric Formulary committee.

## Kate Regan

### Clinical Research Fellow, Royal Infirmary of Edinburgh

I am currently completing a PhD on the impact of preterm birth on innate immunity and intend to apply for neonatal GRID training. During my training posts in our level 3 NNU, I have been involved in the care of a number of infants born at 22-23 weeks, and in the antenatal counselling for parents in threatened preterm labour at these early gestations. I am keen to ultimately develop a subspecialist interest in the management of our smallest and sickest babies and have presented a well-received journal club to our department on the literature surrounding the survival and outcomes for 22- and 23-week infants. I am passionate about improving our knowledge on the additional challenges of managing these infants, particularly those around skin immaturity, fluid losses, GI and feeding issues and would be honoured to work with some of the UK's leading experts as part of this group.

I am highly organised, motivated and committed with excellent time management, evidenced by maintaining clinical training whilst establishing an academic career. Having spent 3 years working on our local data, I was recently appointed as the trainee representative on the BAPM working group for pulse oximetry testing. I led the subgroup on audit and governance, producing this section of the framework and contributing to the framework launch webinar. Being part of this working group was hugely inspiring, and I am keen to continue working at a national level to improve outcomes for our families. As a clinician scientist, I am skilled in collaborative working with a diverse range of professionals and am confident at effectively communicating in a range of scenarios. I have both the skills and schedule to effectively coordinate the Nano Preterm group and would be delighted to serve on the committee.

## Research Lead (4 applications)

### Karl Holden

**Paediatric specialty registrar, Alder Hey Children's Hospital**

As a paediatric trainee working in tertiary neonatology, I have gained significant experience in managing 22-23 week gestation pregnancies and infants from a perinatal perspective. I have been actively involved in antenatal counselling, ensuring that families presenting at these gestations receive clear, compassionate, and evidence-based discussions. I apply the BAPM guidance to facilitate shared decision-making, balancing risks and potential outcomes. On the neonatal unit, I have managed infants at these extremes of prematurity, gaining experience in ventilation strategies, and stabilisation of these babies. Beyond acute clinical management, I have supported families throughout the neonatal journey, providing regular updates and assisting guiding them through difficult decisions such as parallel planning and reorientation of care when appropriate. My experience has reinforced the importance of a multidisciplinary, family-centred approach to caring for these high-risk infants.

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## Charles Roehr

**Consultant Neonatologist, Professor Neonatal and Perinatal Medicine, Peterborough City Hospital, Southmead Hospital, North Bristol NHS Trust, Bristol**

I am very excited about this as I have a passion for improving the care of the most preterm (nano) babies. Our tertiary regional referral unit cares for the most preterm (nano) babies since 2009. We're proud of well-above national average rates for morbidity and mortality. In 2024 we joined the "Tiny-Baby-Collaborative".

I co-lead international working-groups examining the care of nano-preterms, from Europe (via the ESPR) and internationally (with the James Lind Alliance (JLA) for the INPRES collaboration). We highlighted the lack of evidence around the care of these babies (Peart S et al. 2024). The results of the JLA priority setting (involving clinicians and people with lived experience) on the care of "most premature infants" are about to be published (Peart S 2025).

As co-author of European Consensus Guidelines on the Management of Respiratory Distress Syndrome, and of the European Resuscitation Council NLS guidelines, I am well aware of the challenges of formulating evidence-based practice guidelines on the care of extreme preterm infants.

I was privileged to work with BPAM on the "Optimal Cord Management" and on the "BPD" Toolkits and would be thrilled to join again.

As Clinical Director of a Clinical Trials Unit (NPEU, Oxford) I learnt to effectively chair meetings and discussions, partake in task division, allocation and completion. As chair of the INPRES collaboration I coordinate research around extreme prematurity between UK and Australia.

Lessons in effective leadership and communication with diverse teams of professionals were gained during my two-term tenure as President of the European Society for Paediatric Research (ESPR), where I also lead on the development of a pan-European curriculum for neonatologists, coordinating input from 27 EU-member states.

My experience as a so called "content expert for non-invasive respiratory support" for the international liaison collaboration on resuscitation (ILCOR), as well as the above mentioned international guideline generating committees (ERC NLS, Euro-RDS) can be described as "highly cross-fertilising".

## Tamanna Williams

**Consultant neonatologist, clinical lead and research lead for neonatology, Jessop Wing, Sheffield**

I have been a neonatal consultant for 9 years in Sheffield. We care for 5 and 10 babies born per year at 22 and 23 weeks, respectively. I have extensive experience in perinatal counselling, clinical management, optimisation and bereavement follow-up for these babies and their families. Importantly, I consistently commit my time to enhancing my knowledge by reviewing the literature, attending the Tiny Baby Collaborative and BAPM webinars, and at national conferences.

My particular areas of focus at present relate to early fluid and electrolyte management and tailored ventilation strategies.

Until recently, I was QI lead for our service (relinquishing this role to become the Clinical Lead). I led our implementation of the IVH prevention bundle, our antenatal expressing SOP and, vitally, the introduction of twice daily perinatal huddles with our obstetric and maternity colleagues to enhance communication and collaboration to care for our most vulnerable babies.

I am the research lead for neonatology in Sheffield. I have a PhD in neurodevelopmental outcomes following extremely preterm birth, having been an MRC fellow for the EPICure2 study under the supervision of Professor Neil Marlow.

As the local MatNeo lead, I worked with a huge team of nurses, midwives, theatre staff, anaesthetists, obstetricians and medical technicians to introduce optimal cord clamping. Consequently, our optimal cord clamping rates increased from 18% to >80% and we are now a positive NNAP outlier. Crucially, this work involved the eradication of parental separation where previously babies were stabilised in a separate room adjacent to obstetric theatres. The cultural shift required to effect this change was considerable and ultimately rewarding.

I am the local PI for NeoGASTRIC, SurfON, DiVO and I supervise our Associate PIs on the NIHR scheme. I regularly review study protocols as a member of the Jessop Wing Research Executive.

## QI Lead (5 applications)

### Julie-Clare Becher

**Consultant Neonatologist, Royal Infirmary Edinburgh**

- I work in a busy tertiary centre routinely offering care to 22w (since 2019) and 23w (from mid 1990s) with good outcomes versus rest of Network. I have a very keen interest in improving care of these infants who are not simply smaller 25+weeks but who need specialist consideration and probably centralization of care.
- I have in-person experience of Japanese practice through a Tokyo visit December 2023 with learning since disseminated at network and national level. I have established working contacts in several Japanese units.
- I have attended all Tiny Baby Collaborative webinars led by Iowa.
- I provided input to Scottish 22-23w Framework and am co-leading development of specific local guidance Chair of Scottish Network Place of Birth <27w meeting 2022 and 2023
- Member of the BAPM Place of Birth working group.
- I am Lead reviewer for PMRT and frequently appraise the care that mothers and babies of this gestation receive.
- BAPM Quality Lead 2015-2020, creating 5 toolkits to deliver QI across perinatal optimisation and perinatal teamworking.
- NNAP Data and Methodology Group member (7y): includes scrutiny of optimisation measures and modification of same to improve datastreams eg antenatal steroids.
- Co-author of the NNAP Annual Report (7y): making recommendations at national and organisational level for the care of the most vulnerable infants.
- National Scottish Cooling Group Lead (14y): Delivering national training days and developing resources, and QI around cooling in line with BAPM Framework with 8y national audit reports. I work with clinicians, nurses, AHPs, trainees to achieve this.
- Lothian Perinatal Optimisation lead (10y) including cross specialty working to develop guidelines, audit within five QI workstreams, working with neonatal/obstetric clinicians, MWS nurses, AHPs, trainees.
- Lead on the Preterm Delivery 'Obstetric Emergency Checklist' published by the OAA.

### Anne Marie Heuchan

**Consultant in Neonatal Medicine, Royal Hospital for Children, Glasgow**

As clinical lead in a very large neonatal centre, including surgical care of infants with complications of extreme prematurity, I have both experience and commitment to improving outcomes of infants delivered on the threshold of viability. This is reflected in my published research in areas of growing importance to the care of this population including risk factors for major periventricular haemorrhage, cerebral NIRS related brain injury and outcomes, delivery room stabilisation with intact cord, and utilisation of haemodynamic assessment to improving bedside care and outcomes in the extreme preterm. Pursuing this interest, I have visited international centres with reputations for excellence in the care of Nano Preterms, to study both the bedside clinical care and operational structures that contribute to these outcomes. This has given me a unique understanding of the physiology and clinical challenges of this group and the work required to improve outcomes for this vulnerable population.

During my career I have been involved with numerous local and UK groups, working collaboratively with multidisciplinary professional teams, to deliver quality improvement, collaborative guidelines and research. This includes development of BAPM quality improvement toolkits (optimal cord management and input to maternal breast milk), leadership in several quality improvement projects resulting in local and national awards (BAPM 2019 award for excellence in Perinatal Care), co-authorship on the Scottish National Neonatal Network guideline on Management of Extreme Preterm Infants (22+0 to 23+6 weeks) and UK PI and CI roles on international research projects. More recently, I have experience as a founder and executive committee member of NeoFOCUS-UK, now a

BAPM SIG, with responsibility for conference organisation, standards and education whilst also working with the ESPR project group on Neonatal Performed Echocardiography. I believe these experiences provide me with the skills required to contribute to the Nano Preterm Executive committee.

## **Claire Howarth**

**Neonatal Consultant, Homerton Hospital, London**

I work in a unit with one of the highest numbers of extreme preterm admissions each year and to date we have cared for 22 babies born at 22-weeks (with a 40% survival rate). Through our experience I identified challenges including difficulties with intubations and venous access, skin integrity, incomplete antenatal steroids. Therefore, I designed and introduced a local practice guideline tailored specifically to their care. I've shared our experience at regional teaching, contrasting this with differing practices world-wide, and am currently writing up our experience focusing on practical aspects we learned.

It's increasingly clear to me that these babies represent a physiologically unique group requiring tailored approaches to their care. Furthermore, it's crucial we provide intensive care to these babies based on careful risk stratification. Each unit has limited experience with this cohort - we must share knowledge, collaborate, and advocate for research specifically targeting them, to improve outcomes.

As quality advisor on the neonatal CSAC, my strong organisational skills are essential for managing workloads, meeting deadlines for all the grid trainee CSAC progression reviews and neonatal grid trainee recruitment, whilst also always promptly responding to trainee queries.

I lead our local QIP and was part of the NCEL network working group focused on improving preterm normothermia rates, where we developed a network guideline. Both projects required effective multidisciplinary collaboration and team education.

I was the lead clinician on a working group implementing a new ventilator fleet: I chaired multiple meetings, delegated tasks amongst stakeholders, navigated differing opinions, and overcame the challenges of implementing change, whilst ensuring everyone aligned with project goals.

In all these roles, my priority is always effective communication, ensuring all voices are heard. My excellent communication skills, particularly in diverse teams, fosters an inclusive working environment, which is vital for the success of any project.

## **Lynsey Still**

**Consultant Neonatologist, Perinatal QI Lead (Greater Glasgow and Clyde), Princess Royal Maternity, Glasgow**

I am a consultant neonatologist with a passion for improving outcomes for preterm infants. Through my clinical role across two neonatal intensive care units, I have honed experience in caring for infants at the threshold of viability. I have strong expertise in counselling and communication, optimisation, delivery room stabilisation, and ongoing management of these infants' unique physiology and complexities. I have organised and chaired a variety of extreme preterm learning events, notably a national Scottish Patient Safety Programme webinar on the management and outcomes of infants born at 22 weeks across Scotland. These highly collaborative events promoted key learning themes and areas for improvement. I have also coauthored the Scottish National Neonatal Network Guideline on the Management of Extreme Preterm Infants. Both my clinical and non-clinical experience has given me detailed and invaluable knowledge and understanding into this cohort of women and babies through a perinatal lens.



Since completion of the Scottish Quality and Safety Fellowship in 2014, I have dedicated my career to improving neonatal care and outcomes. I have led award-winning QI initiatives, most notably “The Preterm Bundle”, a multi-disciplinary project involving creation of nationally recognised educational resources, and becoming a top performing unit for perinatal optimisation in the UK. As National Neonatal Clinical Lead for the Scottish Patient Safety Programme, I steered the codesign of a new Perinatal QI programme, working collaboratively with stakeholders from a wide range of specialties and sectors. I have developed excellent skills in leadership, organisation, communication and diplomacy. I have expertise in chairing online and in-person events, and presenting to large scale audiences. My strength and passion lie in promoting the crucial move towards embedding a truly perinatal culture, with high quality team working, aligning shared goals, and ultimately improving outcomes for the most vulnerable mothers, babies and families.

## **Tamanna Williams**

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## Education Lead (5 applications)

### Rupjani Banerjee

**Consultant Neonatologist, University Hospital Southampton NHS Foundation Trust**

Being a consultant neonatologist in a surgical and cardiothoracic tertiary neonatal centre for more than 5 years has given me the opportunity to lead collaboratively a multi-professional team in myriad situations including caring for babies born at 22 to 23 weeks gestation. This includes antenatal counselling with the maternity team, initial stabilisation and ongoing neonatal care tailored to the need of the individual families, organising retrieval and repatriation, ensuring multidisciplinary input and follow up. I have also supported families and provided bereavement care where care had to be redirected to comfort care. My contribution has included involvement in streamlining and rolling out education packages, ensuring logistics, clear communication, teamwork and collecting feedback from families. In my capacity as the departmental data lead and college tutor, I have helped to oversee our unit's performance (benchmarked nationally and internationally), recommend QI measures and ensure ongoing education for the team.

I was the chair and founder member of a working group whilst in training in the Oxford deanery to start a MRCPCH clinical course supporting doctors to prepare for clinical exams. This involved working closely with all stakeholders to create a highly successful course for which I was awarded a 'Highly commended' deanery award. As a consultant neonatologist I have been part of the PDA working committee for TVW network and have worked collaboratively with neonatologists and cardiologists to standardise the management of PDA in newborns including contributing towards updating the guideline, PIL, SCAMP tools. The efforts of the working group has helped to reduce the number of PDA surgeries. I have also led a working group – involving neonatologists, cardiologists and technicians – to develop clinical governance processes for the reporting of cardiac ECHOs by consultant neonatologists. With multidisciplinary colleagues, I have organised a TVW network hybrid neonatal-palliative care study day.

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## **Lambri Yianni**

### **Consultant Neonatologist, University Hospital Southampton**

I am a neonatal consultant at UHS, a surgical NICU and host to the Thames Valley and Wessex Neonatal transport service. As such I have a wealth of experience of looking after extreme preterm babies at 22-23 weeks of gestation, both for those born on our unit, and those who are born in LNU/SCUs and need uplift using our transport service, or those extreme preterm babies who require transfer for surgical input including neurosurgery. I was previously the TVW neonatal transformation clinical lead and previously the Transformation Fellow and through these roles I developed a special interest in preterm babies. I led the implementation of the BAPM framework on extreme prematurity across the network and the optimisation of the preterm baby (PREM7) across the ODN. I wrote network guidelines, training packages, led numerous learning events in collaboration with MATNEOSiP on the optimisation of the preterm baby and antenatal counselling of extreme preterm birth. I am currently working with MATNEOSiP to produce a patient information video for preterm birth. In my department I am the neonatal education lead with particular interest in delivering MDT training on antenatal counselling for extreme preterm births.

As the TVW neonatal Transformation Clinical Lead and previously the Transformation fellow I led several national initiative across the ODN by working collaboratively with key stakeholders and local organisations.

These included:

- The implementation of the BAPM framework on extreme prematurity in TVW
- The implementation of Pulse oximetry screening in TVW
- The implementation of CFM monitoring in LNUs and SCBUs in Wessex
- The optimisation of the preterm baby in TVW

For all the above, I wrote network guidelines, produced training packages, worked with key stakeholders and delivered high quality learning events and webinars that led to the successful implementation of national QI initiatives.

All of the above projects required excellent communication and organisation skills as well as the ability to work collaboratively across many different organisations, overcoming barriers and challenges to lead change.

Following the successful project of POS, I became member of the BAPM working group on the framework of Pulse Oximetry Testing and worked with the national team to produce the framework and present it at the webinar in January.

**END OF STATEMENTS**