



Application statements for the Newborn Brain Care Group (BAPM special interest group) Committee 2026

Role – Communications Officer

Instructions

BAPM has received the following application statements from members wishing to join the Committee in the role of COMMUNICATIONS OFFICER.

Please read the statements and cast your vote using the online form by **11:59pm, 2nd August 2026**. All Newborn Brain Care Group members will be emailed a link to the form to vote. If you have not received this, please contact bapm@rcpch.ac.uk

Votes will be counted by BAPM Office staff and will be treated with complete confidentiality.

Communications Officer (17 applications)

Andrada Bianu

ST5 Paediatric Trainee, Queens Hospital, BHRUT

Through my foundation and paediatric training I have developed clinical skills that help me offer patient-centered and family integrated care as well as safe practice using evidence based medicine. Working in both general paediatrics and community paediatrics in neurodevelopmental clinics I have strengthened my skills in outpatient settings and witness the outcomes of babies who were admitted to NICU from different perspectives. Having worked in both NICU and LNU as an SHO and then at Registrar Level, I have diagnosed and managed cases of HIE, congenital brain malformation, extreme premature infants and meningitis among others. But not only infants with a neurological abnormality need brain oriented care. Any baby admitted to NICU is at risk and would benefit from evidence based care to promote brain health. Brain oriented care is best provided through a multidisciplinary approach offered by clinicians, nursing team, AHPs and parents and education and training regarding the optimisation of newborn brain health for lifelong benefits sits at the cornerstone of better outcomes and safe practice.

I strongly believe that I would be a great addition to the committee team after having been a NeoTRIP's regional lead for the last 3 years. During this time, I have successfully coordinated 5 different projects developing my skills in collaborative work as well as enhanced my communication and time management skills.

Having coordinated Morbidity and Mortality meetings in a large tertiary Paediatric Hospital I have developed team working skills that involved multidisciplinary members. My work there involved organising and advertising monthly meetings, organising the schedules and coordinating the presentations of different subspecialties, taking minutes and creating and distributing the learning points from each meeting through posters.

During the pandemic I created a new emergency SHO rota for 30 juniors spread across 9 subspecialties in a tertiary hospital making sure there was enough staffing for the clinical care to continue smoothly and safely. The feedback I have received was overwhelmingly positive.

Ebony Blewer

Neonatal Sister- Lead for Clinical Governance & Quality Improvement, Evelina London Children's Hospital

In my current role, I am leading on the implementation of One Brain for Life, a unit-wide multidisciplinary initiative focused on improving neurodevelopmental outcomes. As part of this project, I established a developmental care champions group, delivering bite-sized educational sessions, advocating for funded FINE training opportunities and supporting the development of updated clinical guidelines. I am also leading the implementation of a local intraventricular haemorrhage (IVH) prevention care bundle. This work has included a comprehensive review of the literature and a local audit of care provided to infants born at less than 28 weeks' gestation during 2025. To support implementation, I organised a One Brain for Life study day for nursing staff with an interest in neonatal neurodevelopment and IVH prevention. I also worked collaboratively to successfully advocate for standardised 1:1 nursing care for all infants born at less than 28 weeks' gestation in line with the IVH prevention bundle. I am continuously striving to embed evidence-based, neuroprotective practices and promote a culture focused on optimising lifelong outcomes for neonatal patients.

I have substantial experience leading multidisciplinary quality improvement projects focused on improving neonatal outcomes. In my current role, I led the implementation of the SECURE project, which aimed to reduce unplanned extubations through thematic analysis of incidents and the introduction of a targeted care bundle. This resulted in a 40% reduction in event incidence and supported a significant cultural shift in the management of intubated infants across the unit. I also designed and conducted a national survey of UK tertiary NICUs to explore skin-to-skin care practices for extremely preterm infants (specifically <24 weeks' gestation) during the first days of life, particularly in relation to intraventricular haemorrhage prevention. The project aimed to address an important

gap in guidance and literature for this population, highlighting variation in practice across centres. Both projects have been presented nationally and internationally. My project management skills are supported by extensive practical experience and an advanced Master's qualification. I regularly and confidently chair meetings, produce minutes and communicate effectively. I have a strong understanding of the barriers and facilitators to change and use this knowledge to support successful project delivery. I am also a strong advocate for multidisciplinary engagement in change management to achieve sustainable improvement.

Thomas Dunne

Neonatal GRID Trainee, Liverpool Women's Hospital

My interest in neonatal brain health and neurodevelopment has shaped both my academic and clinical career. During a first-class intercalated degree in Psychological Medicine, I undertook neuroimaging research using fMRI to investigate brain networks, publishing and presenting this work nationally and internationally. I subsequently completed an Academic Foundation Programme researching childhood development and disability outcomes. As a Neonatal GRID trainee in a tertiary NICU, neurodevelopmental optimisation is central to my practice. I consider brain-orientated care throughout the patient journey, from antenatal optimisation and prevention of perinatal brain injury to intensive care management, developmental care, nutrition, family-centred support and discharge planning. I have completed modified Sarnat staging training, recruit to neonatal neurology studies including COMET, and presented a case on HIE at the North West National Cooling Seminar. I am currently developing a PhD proposal investigating the impact of neonatal surgery and nutrition on brain imaging biomarkers and neurodevelopmental outcomes.

I have extensive experience leading multidisciplinary quality improvement, governance and educational projects. Most notably, I was resident doctor lead for implementation of the NOAH (Neonatal Oral Antibiotics at Home) pathway within a tertiary NICU, coordinating clinical and administrative teams, developing guidelines and parent information resources, navigating governance processes and supporting implementation and ongoing oversight, with this work accepted for national and international presentation. As a lead for unplanned extubation reduction within our NICU, I implemented a locally adapted SEIPS-based review process, using incident review to drive improvement and inform audit methodology. As regional SAFE-Neo lead, I collaborated across centres to improve patient safety and share learning. I co-founded a Rare Disease Society, organising a CPD-accredited conference and lecture series, and co-organise a regional MRCPCH clinical examination course involving candidates, patients, families and examiners, strengthening my communication, organisational and collaborative working skills while ensuring patient and family perspectives inform programme delivery.

Emma Frudd

Advanced Neonatal Nurse Practitioner, Leeds Children's Hospital

I work on a level three NNU caring for a variety of patients of different gestations and conditions. I am also an active member of the unit developmental care team. These babies are a challenging group as when they are with us on the neonatal unit parents often want answers as to any damage that may have been sustained and often we are unable to tell them whilst they are on the unit with us. Our role is to explain as best we can what has happened and what we can do to support them and what the outlook may be and being honest and open.

I am a member of our units developmental care team which is an MDT comprised of nursing staff, physios, OT, SLT and play therapists, we are in the process of running monthly ward rounds, due to a change in staff. We are trying to update our documentation and the how we undertake the ward round to have more input from parents and include them in any decision making. I am also a member of a QI group looking at the IVH care bundle and how we can improve its use on the unit following an audit of the data.

Megha Jagga

Neonatal Grid Trainee, Singleton Hospital

I have developed a strong interest in brain-orientated neonatal care through clinical practice, neurodevelopmental follow-up, quality improvement and education. I am a Neonatal GRID trainee with over 36 months FTE experience in tertiary neonatal units, including medical, surgical and cardiac centres. My interests span all four pillars of newborn brain care: neurological assessment (HNNE, Prechtl's GMA and Bayley III/IV), monitoring and imaging (advanced cranial ultrasound training and regular attendance at Dr Mary Rutherford's neuroradiology meetings), neuroprotection (PERIPrem Cymru principles, HIE care, extreme prematurity and proposed neuroprotection bundles), and developmental care. I actively participate in neurodevelopmental clinics, am contributing to the All-Wales Enhanced Neurodevelopmental Follow-up Framework, and am supporting development of a business case for enhanced neurodevelopmental services within a tertiary unit. My next post is an Out of Programme Training (OOPT) post as a Senior Clinical Fellow in Neonatal Neurodevelopment, reflecting my commitment to developing expertise in this field. As trainee Risk Management Lead and Wales-wide SWOSH project lead, I have experience in governance, guideline development, education and service improvement. I am also a member of the Newborn Brain Society and BANNFU, with a particular interest in improving long-term neurodevelopmental outcomes for high-risk infants.

I have extensive experience working collaboratively within multidisciplinary and regional working groups. As trainee lead for the Wales-wide SWOSH (Switching to Oral Antibiotics and Sending Home) project, I coordinated data collection across seven neonatal units, organised stakeholder meetings, contributed to guideline development and now support regional implementation through education and engagement of clinicians across Wales. This project required effective communication, organisation and consensus-building between neonatal consultants, nurses, pharmacists and managers. I am currently contributing to the All-Wales Enhanced Neurodevelopmental Follow-up Framework through the regional Task & Finish Group, working with neonatologists, therapists, outreach teams and other stakeholders to standardise neurodevelopmental care across Wales. I am also supporting development of a business case for enhanced neurodevelopmental services within a tertiary unit. Nationally, as a member of the Soft-Landing Steering Group, I organise webinars and educational events for international medical graduates, collaborating with diverse faculty members and stakeholders to deliver high-quality educational programmes

Amanda Lawes

Neonatal OT/ODN Lead OT for Thames Valley and Wessex Neonatal Network, Singleton Hospital / Thames Valley and Wessex ODN

My knowledge of this area began in 2007 -attending a NIDCAP study day, learning about synaptogenesis and how the brain is experience dependent, particularly in the neonatal setting where the cerebral cortex is highly vulnerable to stress and disruption. I have undertaken extensive training in neuroprotective care, and I have an in-depth understanding of preventing injury, protecting normal maturation and providing a neuroprotective environment. I have taught neuroprotective care including cue-based care, pain assessment and management, optimised sensory environments, positioning, Fi Care, neuroprotective medical strategies for over 10 years. I am trained in General Movements Assessment, understand neuroplasticity and how early intervention helps reorganise the motor cortex following injury. I visited Sweden to observe world class neuroprotective care and I use the Neonatal Neuro-protective Best Practice Guidelines in my daily practice. I have an up-to date knowledge of the evidence base e.g. the effect of neuroprotective care is lost by age 3 years and regular 'boosts' of this care is needed to optimise long term outcomes.

As someone who has led on Family Integrated practice in the UK over the past 10 years, I have recently been invited to join the newly-formed UK Fi Care Committee, to explore framework development. I work closely with Bliss and have led national teaching/webinars/study days. I was one of the clinical experts to develop the HEE e-learning package for OT's wishing to develop skills in neonatal care. I am one of the authors of the RCOT Career

Development Framework for neonatal OT's. In addition to my clinical role, I have a Lead ODN role and collaborate with the other national ODN leads to implement recommendations of the NCCR, delivering workstreams that include workforce development, supporting clinical practice, education and governance. I have developed neonatal guidelines in England and Wales and more recently I participated in the Stakeholder group of the All Wales Maternity and Neonatal Assurance Assessment. My strengths are my communication skills and ability to influence others, even at a Government level.

Fadi Maghrabia

Consultant Neonatologist, Leeds Teaching Hospitals

Subspecialty & Tertiary Expertise: I developed advanced expertise in neonatal neurology through extensive clinical experience in tertiary neonatal units during training, supplemented by a dedicated pediatric neurology rotation during neonatal GRID training. I'm also a member of the BPNA (British Paediatric Neurology Association) and NBS (Newborn Brain Society). **National Leadership:** I co-chair the BPNA Fetal and Neonatal Neurology Special Interest Group, successfully uniting neonatologists, neurologists, and fetal medicine specialists on a national scale. **Educational Impact:** I'm a faculty member on the BPNA NeoNATE Neonatal Neurology Programme, and I led the comprehensive content update for the BPNA Neonatal Neurology Distance Learning Course. **Clinical Governance & Research:** Updated neonatal seizure guidelines at both departmental and network levels, and presented national data on cranial ultrasound practice in preterm newborns.

I co-chair the BPNA Fetal and Neonatal Neurology Special Interest Group, a voluntary multidisciplinary national group. In this role, I set structured agendas, maintain action logs, ensure accountability across workstreams, and co-lead the organisation of national educational days. I created the NeoMedAI neonatal educational podcast, demonstrating my ability to communicate complex clinical content accessibly to a wide professional audience, which directly maps to the communications officer role. I also have experience in developing and distributing professional newsletters during my role as the regional representative for International Medical Graduates. For the family engagement lead role, I currently lead the neonatal EDI (Equity, Diversity, and Inclusion) workgroup at my unit, collaborating closely with families and advocacy groups to mitigate health inequalities and deliver structured, inclusive, family-centred engagement.

Nazakat Merchant

Consultant Neonatologist, Watford General Hospital

I am a Consultant Neonatologist with 12 years of consultant experience and a longstanding clinical, academic and leadership interest in newborn brain care. My work spans all aspects of brain-orientated care, including neurological assessment, neuromonitoring (aEEG), neuroimaging, therapeutic hypothermia, neuroprotection, developmental care and neurodevelopmental follow-up. I have delivered regional education programmes in neonatal neurology, neuroimaging and neuroprotection, and have led quality improvement initiatives to enhance developmental care and neurodevelopmental outcomes. I have previously been an NIHR academic clinic lecturer at King's College London. My research has focused on neonatal neuroprotection and neuroimaging. I completed my MD (Res) degree and did the first clinical trial on Melatonin for Neuroprotection in preterm infants. I led and initiated active cooling in my hospital and have recently presented a QI on therapeutic hypothermia at the recent JENS conference. I have been a Bayleys 4 assessor and currently the PI for WHEAT and NEOGASTRIC studies.

I have contributed to national and regional multidisciplinary teams focused on brain health, neurodevelopment and service improvement. I have been involved in BAPM framework groups, including Neonatal Neuroimaging, Safe and Effective Repatriation and Optimal Medical Workforce. These roles have enabled me to work collaboratively with multidisciplinary teams, building consensus and delivering practical guidance to improve neonatal care.

I co-chaired the East of England Baby Brain Protection Group and currently chair the Neurodevelopmental Follow-up Workstream. Until recently, I was the Research Workstream Lead for British Association for Neonatal

Neurodevelopmental Follow up (BANNFU) and have been involved with BANNFU since its inception, giving me valuable experience in establishing and developing a successful national Special Interest Group. In addition, I have secured funding for developmental care initiatives, including cerebral function monitoring, kangaroo care chairs and gel pillows, demonstrating my ability to translate ideas into sustainable improvements for babies and families.

Nipa Mitra

Consultant Neonatologist, East and North Hertfordshire Trust

As a consultant neonatologist with training and experience in neonatal intensive care in the UK and internationally (India and France), I have extensive experience caring for critically ill newborn infants with a wide range of neurological conditions. My academic interests include neonatal neurology and neuromonitoring. I contributed to the set-up of a clinical trial in neonatal seizures and completed a Master's dissertation entitled "Towards a More Stratified Approach to the Diagnosis and Management of Neonatal Seizures". This strengthened my understanding of evidence-based approaches to neonatal brain monitoring, diagnosis and management.

In addition, through over 12 months' experience with a regional neonatal transport service, I have stabilised and transferred infants requiring specialist neurocritical and neurosurgical care. This has provided valuable insight into the importance of timely, coordinated brain-orientated care and its impact on both short- and long-term neurodevelopmental outcomes.

I currently co-chair a regional Baby Brain Care focus group within an Operational Delivery Network alongside the Lead Neuroprotection Nurse, working collaboratively with multidisciplinary stakeholders to improve neonatal neuroprotective care. I have contributed to several national working groups and committees, including serving as a case reviewer for the NCEPOD Emergency Procedures in Children review (2025), local unit representative on the BAPM Working Group for the Management of Neonatal Pain and Agitation (2025), and a member of the BAPM Equality, Diversity and Inclusion Working Group developing publication standards (2023).

As Chief Resident and participant in the Judge Business School Leadership Development Programme, I developed project management, organisational and stakeholder-engagement skills. I also led and supported quality improvement projects that resulted in presentations at national and international meetings, including BAPM and EAPS, demonstrating strong organisational, communication and collaborative working skills across multidisciplinary teams.

Aesha Mohammedi

Consultant Neonatologist, Royal Sussex County Hospital

As a consultant neonatologist for almost 6 years with an interest in neurodevelopment, I have acquired wealth of experience in newborn brain. Being a co-lead for BANNFU educational workstream and keen in neonatal neurology, neuroprotection and development, I aspire to work collaboratively with the NBC group and promote evidence-based, consistent and equitable brain-orientated care for all neonates.

Neonatal Neurology and Neuroprotection- I strongly feel that reducing brain injury using evidence-based practice potentially reduces the risk of neurodevelopmental delay. My published MSc work in developing an IVH care bundle was not only adapted as a guideline by the Yorkshire and Humber ODN but also applied it via QI methodology and teaching to reduce IVH severity rates at Leeds. Currently leading on formulating a south-east IVH care bundle. Neurodevelopment: I am currently leading a KSS neurodevelopment follow-up MDT working group and have been successful in embedding monthly ODN MDT general movement assessment(GMA) meetings.

As a Sussex Neonatal lead and neurodevelopment follow-up lead at Brighton, I integrate and collaborate with diverse team of multi-professionals to promote shared learning objectives.

Being a qualified PGCE educator, FICare advocate, MSc graduate with merit and silver accredited in QI training at the Improvement academy, I successfully embedded using GMA at workplace I am dedicated to improve patient

outcomes, quality and standards of care, effectiveness, safety, patient(family) experience, timeliness and equity. Leading onto development of IVH care bundle frameworks at two ODN's and leading onto two patient-safety QI projects (to reduce unplanned extubations and medication errors, highlighted on risk register) helped me promote optimisation of newborn brain health for lifelong benefit. Chairing the emerging KSS Neurodevelopment follow-up working group, I oversee terms of reference, formulate strategies and workstreams. By working with NBC-SIG committee, I am committed to raise the profile of newborn brain care and deliver world-class clinical care.

Rebecca Ollerenshaw

Senior Neonatal Clinical Research Fellow, St Mary's Hospital ORC, Manchester University NHS Foundation Trust

As well as my clinical experience as a resident doctor caring for medical and surgical babies with brain injury, I am also gaining research and clinical delivery experience in this area. I am currently out of programme for research; employed as a senior neonatal research fellow where my area of study is brain-oriented care. I am conducting a systematic review of neuroprotective bundles for IVH prevention, overseeing local running of the ACUMEN trial (Phase 1 IV Melatonin for babies with HIE), supporting education and recruitment to the COMET trial (Cooling in mild encephalopathy) and am developing a PhD proposal to explore neuroprotection bundles and dysglycaemia in HIE. As part of this I am abreast of the current literature in bundles of care for HIE and IVH. I am also working with the Northwest neonatal ODN cooling and neuroprotective trauma-informed FiCare special interest groups to improve brain-oriented care across the region.

I am a member of the Northwest neonatal ODN cooling special interest group and attend meetings, contributing to planning and implementation of ODN projects. I'm currently co-ordinating a regional HIE and cooling audit. I have gained buy-in and collaboration with clinicians and ANNPs at 22 units across the Northwest region. I am personally overseeing the data collection which is ongoing and is expected to be complete by the end of this quarter. I have developed a work programme and project plan, mapping out the data analysis, identification of variation in practice and pathway for QI development and implementation. I have always received excellent feedback on my communication skills. As part of my work for the group, I have needed to liaise and build rapport with data analysts, administrative project co-ordinators, parent representatives as well as clinical and nursing ODN leads to drive the project forwards.

Akshay Phakey Kumar

ST8 Senior Subspecialty Registrar (Grid Neonatal Medicine), Evelina Children's Hospital / St Thomas' Hospital

I am an ST8 GRID neonatal registrar at Evelina/St Thomas', working mainly as senior co-ordinator in a busy L3 3 NICU caring for babies affected by extreme prematurity or needing cardiac critical care and complex surgery, and for whom we have implemented a comprehensive neuroprotection bundle. My clinical interests include neuroprotection, neurodevelopmental and family-integrated care - I've trained in ND follow-up including standardised scoring (Hammersmith, Bailey-IV and PrechtI) as well as in seizure management (BPNA membership, NET, NeoNATE). I've gained experience across several L3 neonatal services, including Evelina, Homerton, RLH, UCLH, across NICU, high-risk deliveries, and neonatal follow-up. Relevant clinical experience includes contribution to neuroradiology MDT, cranial ultrasound incl Doppler interpretation & PHVD quantisation, targeted bedside echocardiography for haemodynamics & cerebral perfusion optimisation, ventricular/reservoir taps, and community neurodevelopment/neurodisability training. I am particularly interested in making brain-orientated care practical, equitable, and embedded across all neonatal unit.

Having contributed to several multidisciplinary projects requiring organisation, communication, and delivery, I feel well placed to strengthen the Brain Care SIG Committee. At Homerton, I co-led a major revision of perinatal palliative pathways with a diverse MDT including nursing, midwifery, therapies, hospice, specialties & pharmacy and drafted the updated local guideline for HIE including a neuroprotective care bundle. At RLH, I was trainee lead for weekly perinatal morbidity meetings, allocating cases, quality-assuring presentations, and giving feedback.

Earlier projects include developing a WHO-inspired safety checklist for newborn stabilisation at high-risk deliveries, a neonatal central-line safety bundle, a prolonged jaundice pathway, and a practical network-wide investigation algorithm for children with neurodisability. I have also had extensive experience in cross-agency advocacy and leadership as trainee rep within the wider Deanery, Trust LNC representative, and as a BMA divisional rep, diplomatically and democratically collaborating with peers on safety & training. My communication skills and responsiveness are evidenced by my contributions to my teams and also through co-authorship of MDT guidelines and family-facing materials. In my spare time I enjoy community work including as a Neighbourhood Watch leader and as a reviewer of PILs for Cochrane & C&CUK. I enjoy teaching, journal clubs, critical appraisal, and developing practical digital tools, and host multiple open-access resources on my personal Github page; I can envision being a strong custodian for use of tech and productive teamwork going forward.

Zoe Porteous

Neonatal Consultant, St George's Hospital

I am currently in my second year as a neonatal consultant. I have taken a keen interest in neurodevelopment and developmental care through my career as a GRID trainee and into my role as a consultant. I have completed BPNA foetal and neonatal neurology course, I am PrechtI trained and regularly use EiSMART principles as part of my role as developmental care group lead. I am one of three consultants that run our follow up and regularly perform Bayley assessments. I have worked in neonatal units in Glasgow and UCLH with the use of IVH bundles and NIRS. I am spearheading the introduction of a "nanoprem care bundle" at St Georges to streamline care for our smallest patients with emphasis on neuroprotection and improving long-term outcomes. I run teaching sessions for trainees on developmental assessment in neonatal clinic and neurological examination both evolved from my interest in quality improvement.

As lead of the developmental care group, I chair our multidisciplinary meetings. I have been involved in projects such as safe sleep awareness week where I was able to engage the public. I became passionate about promoting infant mental health week, I organised parent group sessions where I spoke about attunement and understanding your baby. I was able to work with the occupational therapists and psychologists to provide teaching materials for all staff. Lastly, I organised a guest speaker (Melbourne Neonatologist Natalie Duffy) to speak about infant mental health and the NICU journey. This was attended virtually with attendees from Fife to Southampton. I have an interest in quality improvement and regularly teach on the LSP QI course. Through this I successfully mentor trainees to achieve their aims, I have received positive feedback about my approachability and dedication. These are qualities that make me a good candidate for this role.

Sarah Sparrow

Consultant Neonatologist, Royal Infirmary of Edinburgh

I am committed to promoting excellent neonatal brain care and have been involved with the Newborn Brain Care SIG from inception. I am the Neurology and Neurodevelopmental lead within Neonatology in our tertiary NICU. I aim to optimise our NICU into a Neuro-NICU setting. We promote an IVH prevention bundle of care, have a strong imaging protocol including CruSS and MRI. We promote subspeciality interest and have created a neuro neonatal fellowship. As part of a novel perinatal MDT group, I work to improve management and counselling for antenatally diagnosed neurological conditions. I coordinate the neurodevelopmental follow up service, which has reached 93% NNAP compliance with two-year follow up. We aim for all infants to Bayley 4 assessment and PrechtI examination. Regarding research, I completed an MD into the Neuro-epigenetics of Preterm WM injury, with 13 publications. I am involved in PRENCOG, ACUMEN and COMET trials.

As a member of the Scottish Perinatal Network guideline committee, I have led the development of four national guidelines this year, including the 'Management of Post-Haemorrhagic Ventricular Dilatation'. This guideline involved communication and coordination with specialists from across Scotland. . As part of the Scottish Cooling

group, I aim to educate all members of the MDT on structured neurological examination and management of HIE by the organisation of in person education days. Within my current clinical role, I co-ordinate neurodevelopmental follow up. This involves MDT working alongside wide range of specialist AHPs. I am fortunate enough to work regularly with Hilary Cruikshank – chair for BANNFU and have learned a great deal from her experience with BAPM. Within my role in PRENCOG research, I lead the feedback of structural MRI reporting. This involves careful planning with research midwives alongside sensitive and careful communication families, in the context of incidental findings.

Katarina Stefkova

Neonatology subspecialty trainee, Royal Jubilee Maternity Hospital, Belfast

I am an ST7 neonatal subspecialty trainee working in a tertiary unit with experience in brain orientated care, including managing infants with HIE requiring cooling and caring for extremely preterm infants from 22 weeks. I have led regional neuroprotection work, chairing the MDT developing the new <30 week neuroprotection guideline and writing most of its content. I was a trainee lead for implementing the neuroprotection bundle in our unit. My commitment to newborn brain care includes completing the FINE neurodevelopmental skills course, the NeoNATE course, and a neurocritical care observership in Vienna. I completed an MSc in Neonatology with the University of Southampton and have been a member of the Newborn Brain Society since 2023. I designed education materials, including regional teaching on HIE, a YouTube CFM resource, and a parent leaflet on intraventricular haemorrhage. I have research experience as associate PI for the DOLFIN study and an online publication about neuroprotection.

I have a strong track record of contributing to collaborative, multi-professional projects. I led the MDT developing the regional <30-week neuroprotection guideline, coordinating consultants, nurses, and AHPs, and helping drive the project from concept to near-final approval. As trainee lead for implementing the local neuroprotection bundle, I organised teaching programmes, designed an MDT simulation, and compiled and circulated a six-monthly neuroprotection newsletter to maintain engagement across teams. Alongside this, I spent three years as a student representative on the Southampton MSc Neonatology committee, helping establish the role and presenting student feedback at joint meetings with senior faculty and ESPR colleagues. This strengthened my communication skills and ability to work with diverse international stakeholders. I also initiated my unit's involvement in the HIE Collaborative study by liaising with the Chief investigator; the IRAS outcome is awaited. I enjoy bringing people together to improve the care we provide to our most vulnerable infants.

Carina Tanner

ANNP, Royal United Hospital Bath

Brain orientated care should begin prior to preterm delivery and care thereafter should be focused around the prevention of injury and supporting the normal maturation of the neonatal brain. Care should be based on research and evidence based practice, following a multidisciplinary approach to care provision with early intervention from physiotherapists and occupational therapist involving educating and empowering the family with neuroprotective care strategies to support their neonate.

Locally I am a member and vice chair of our LNU's nutrition SIG. I am also ANNP lead on sepsis for our unit which seen me create and implement my QI project on improving antibiotic administration time from decision to treat. This has allowed me to display posters at both BAPM spring conference and Reason at which I was chosen to present my QI project. I have also recently completed and 18+ month secondment to the EPR team as SME for neonatal for the BSW hospital group. This has developed my collaboration and communication skills alongside learning about the development and evolution of a large scale project.

Sue Wyton

Advanced Neonatal Nurse Practitioner, Birmingham Women's Hospital, BWCH Trust.

My experience in paediatric intensive care, tertiary paediatric neurology and my current role as an Advanced Neonatal Nurse Practitioner in a tertiary neonatal unit have given me a strong interest in brain-orientated neonatal care. I am always struck by how vulnerable, yet resilient, these babies are, and how the care and interventions we provide can influence their future neurodevelopment. I am committed to delivering neuroprotective care and supporting colleagues to consider the impact of everyday practices on the developing brain. I enjoy role modelling and teaching within the multidisciplinary team to promote a consistent approach to developmental and family-centred care. My previous neurology experience has also highlighted that the neonatal period is only the beginning of a family's journey. Speaking with families of older children has given me insight into the long-term challenges they may face and has strengthened my commitment to advocating for babies and their families from the very start.

As an ANNP with a specialist interest in neonatal neurology, I have led projects aimed at improving neurological care, including work around lumbar puncture practice which I have presented at international conferences. I have also presented our work at Trust level, sharing learning and encouraging others to implement similar improvements. These experiences have strengthened my communication, organisational and leadership skills. As an ANNP, I enjoy helping turn ideas into changes that make a real difference for babies, families and staff. To strengthen the focus on neurological care within our unit, I established and now lead 'NeuroNeo', a multidisciplinary neonatal neurology interest group involving nurses, doctors, allied health professionals, family integrated care nurses and the education team. I feel a strong responsibility to advocate for babies and families and ensure their needs remain central to this work. We are currently supporting implementation of the network Brain Protection Bundle and have seen how collaborative working can drive meaningful improvements in care.

END OF STATEMENTS