British Association of Perinatal Medicine

Celebrating 50 Years

Annual Review

2025/2026

50 Years of Leading and Shaping Perinatal Care

President's Letter

Dr Steve Wardle, BAPM President

It is with great pleasure that I write for this the BAPM 50th Anniversary Annual Report. The BAPM started as a small group of 26 founder members representing doctors working in newborn care in the UK, a relatively new speciality. The organisation has progressed to become a large multiprofessional group of more than 3,300 representing all of those working within neonatal services in all types of units and networks across the UK. I am very proud to be the current President in this 50th anniversary year following on from a number of individuals in this role who have inspired me in my career in neonatology. It is important that as we celebrate where our organisation has come from and look to its future, we think about how BAPM can optimally achieve the goals set out in our strategy of last year.

It is important to recognise the current situation of maternity and neonatal services following a number of high-profile reviews including the recently published Nottingham review and the national Amos review. While the focus has largely been on maternity services, neonatal services are so closely related that the reviews have quite rightly included neonatal services in their scope. I know from personal experience the pressure that the scrutiny of this type can have on professionals working in services under review. BAPM is committed to supporting our members in whatever way is possible. We are also committed to being involved in making improvements to services by setting standards and representing neonatal interests in discussions about changes at a national level. As a result, we were delighted to be invited to be a member of the National Maternity and Neonatal Taskforce which will be involved with implementing the recommendations from the Amos Review.

Speaking up for neonatology

Being involved at a national level is important and we will continue to try to represent neonatal interests. Following on from our work responding to national reports in the past few years, we formalised our national policy subgroup last year to provide an ongoing focus in this area. BAPM is represented at all major national policy groups and is therefore able to influence and shape policy and decision-making in line with BAPMs key aims and values. Some of the key things we aim to achieve nationally are optimising staffing levels, improving digital services and data collection, improved neonatal estates including the provision of parental accommodation and ensuring neonatal capacity in the right place to optimise outcomes for babies and families.

By being involved nationally, we are gradually trying to develop our influence over the direction of neonatal and maternity services within the NHS. BAPM is now routinely seen as the voice of neonatology in the UK. We will continue to raise the issues that we feel are important to you, our members, to try to influence the direction of developments.

Working together

Over the past year, BAPM has reached out to and established new working relationships with other professional groups. In particular the BAPM / BAPS Neonatal Surgical Forum has started work developing collaboration between BAPM and the British Association of Paediatric Surgeons. This group is now established and has plans for developing joint frameworks for practice, webinars and other educational material. In addition, we have always worked closely with BMFMS and will continue to do so.

As our organisation has grown, BAPM has developed our own specialised groups. We now have several special interest groups who are integral parts of BAPM as well as several affiliated groups all of which can contribute to BAPMs output working more independently. All of these help BAPM to grow and open opportunities for people to get involved in their areas of interest.

Among other important projects over the next year, one important and hopefully influential development will be a revision of the BAPM Standards, which includes nursing standards and the categories of care, which many will be very familiar with. These are vitally important in managing workload and staffing on neonatal units and a number of changes in clinical practice and organisation of services in recent years make this revision an important development which will impact practice within all services.

Another important development which we are launching at the Annual Meeting is an initiative with medical students and medical schools to encourage neonatal interest and involvement from students, who often get relatively little exposure to neonatal medicine during their course. This has been led by a desire for active involvement from students themselves and we hope it will lead to greater interest and opportunities in neonatology for medics in training to improve recruitment into neonatology.

My first year as BAPM President has gone so quickly. I have really enjoyed working with everyone involved with BAPM and send particular thanks to the officers, Cheryl, Anoo, and Kate, the office staff, Laura, Jess, Ruby and Marcus, and the Executive Committee members for their help and support. I feel so lucky to have worked with such a proactive multidisciplinary group who have such a positive attitude to making things better for babies, families and staff. I feel confident that BAPM will continue to go from strength to strength.

As President of BAPM please contact me via the BAPM Office if you have ideas about how we could do things better or things that you feel we should do or develop. I look forward to the next year continuing to work within such an amazing team.

Images: Middle, BAPM AGM 2009; Far right Annual Conference 2003

The future is bright

Kate Dinwiddy, Chief Executive

When I started work at BAPM one of my first jobs was to take over the arrangements for the 2016 annual conference. At that event we celebrated 40 years of BAPM and it was clear from my early days that this was a special organisation. What stood out to me most was not just the expertise of its members, but their positivity, kindness and complete dedication to improve standards of care for babies, families and each other. Ten years on, this has not changed as we celebrate our 50 year anniversary.

Professional organisations hold so much value to society. Most people probably have no idea how much good will and volunteer effort is put in via membership bodies to keep our world turning. Membership organisations give people a place to come together, to share positive and negative experiences, to learn from each other and to feel that they are not working in isolation. They also give individual professionals a collective voice. This was hugely important during Covid and continues to be today where BAPM members are working in a landscape where neonatal and maternity services are under greater scrutiny than ever.

BAPM is increasingly involved in discussions that will shape the future of maternity and neonatal services on a national level. This is both a privilege and a responsibility we take seriously. Our role is to ensure that neonatal care is included in those discussions, that our voices are heard, and that members have meaningful opportunities to influence what our representatives say in the room.

In preparing for this celebratory conference, a team of BAPM members prepared a summary of BAPM's work and achievements from the last 50 years. There was such a huge amount to report on it was difficult to distil this into a short piece for each decade. This is testament to the huge impact BAPM members have made on neonatal care and I have no doubt this will continue into the future. Thank you for all your support. Here's to the next 50 years.

50 years of leading and shaping perinatal care

50 years ago, a group of impassioned professionals made the first bold step on a challenging but highly rewarding journey to improve perinatal care. Reading through the summaries of the five decades you wonder if these clinicians understood in 1976 the immensely positive impact they would make and the opportunities they would provide for others, ourselves included, to build upon their achievements and develop their vision, taking neonatology into the vibrant, progressive speciality of today.

Each decade shares clinical advances and key milestones in neonatal care, describes the achievements of BAPM and considers how those 10 years shaped the next decade and beyond. You will find advancements, reflection and changes in care (even U-turns!), as we watched and learnt from our patients, their families and the wider perinatal team.

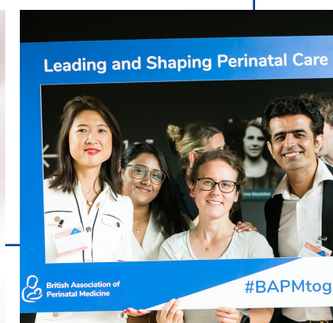
As you progress through the decades, current as well as previous colleagues may come to mind due to their involvement in our organisation and/or because they demonstrate the same passion, dedication and bravery as did predecessors. I expect the original 26 would be extremely proud of the current 3000+ members as we celebrate BAPM's golden anniversary together.

BAPM is very grateful to all of those who contributed to our reflections on the decades; any omissions reflect the enormous number of achievements in perinatal care.

Wendy Tyler
Honorary Treasurer of BAPM 2019-2022

Images: Left, BAPM EC, Manchester 2022, Middle, Annual Meeting, Bristol 2016

Image Far right, Annual Conference Cardiff, 2025



BAPM Decade 1976-1986

In November 1976 paediatricians working 60% or more of their time within newborn care in the UK met in Bristol for a neonatal symposium and the forerunner of the BAPM was founded, The British Paediatric Perinatal Group. There were 26 Founder Members. The Secretary was Peter Dunn.

Annual General and Scientific meetings were held and audits of what was available versus required for perinatal care performed. Osmund Reynolds and Peter Dunn represented the BPPG advising on key national reports seeking to improve neonatal care and to gain recognition for the speciality.

Notably the group represented the UK and Ireland with meetings held in Glasgow in 1977, Birmingham in 1978 and Dublin in 1979. Neonatal nurses Jean Boxall of Exeter & Paula Hale of Nottingham joined the Group in 1978. In 1981 at Cambridge with Harold Gamsu as Honorary Secretary the group became a Charity renamed as the British Association of Perinatal Paediatrics. Additionally, the Association were developing standards of newborn care, training, postgraduate education and influencing scientific research including multicentre trials.

The first President was Peter Dunn, followed by Cliff Roberton in 1984, a year marked also by the publication of the first members' newsletter. In addition to fostering collaboration among perinatal paediatricians the Association reached out to the wider multidisciplinary team. Neonatal nurses had been members since 1978 and in 1980 the obstetrician Phil Steer became a member of the executive committee.

In 1987 The Association was renamed the British Association of Perinatal Medicine.

Milestones in neonatal care

- 1976 Committee on Child Health Sciences Fit for the Future reported the serious under provision of newborn care and unnecessarily high perinatal mortality rate.
- 1978 BPA/RCOG Liaison committee published Recommendations for the improvement of infant care during the perinatal period.
- 1979-80 House of Commons Social Services Committee in a 5-volume short report concluded that the standard of perinatal care in the UK was seriously inadequate and supported service expansion including training 50 neonatologists (there were only 12 in the UK at that time).
- 1982 British Association of Paediatrics and The Royal College of Physicians published the career structure for training in perinatal paediatrics.
- 1982 Information Committee Korner report stated that every newborn infant should be identified as a patient from birth and registered. A minimum dataset for the baby was required.

Clinical developments

- Provision of special care units, equipment and staffing.
- Recognition of perinatal medicine and the care of the newborn.
- Reduction in perinatal mortality.

How did the decade shape neonatal care?

Newborns had not officially been NHS patients until 6 weeks of age unless referred for paediatric care; they had no medical records or NHS number. Care had been provided by junior obstetricians and midwives in few special care units with limited equipment & staffing.

The decade was key as clinicians with significant involvement in newborn care worked together to develop standards of care, influence government attitudes and approach to newborns, support research informing practice, and develop a career structure, training and education. This really set the pattern for how BAPM has subsequently flourished with a strong focus on babies and their families.

"Newborns had not officially been NHS patients until 6 weeks of age unless referred for paediatric care; they had no medical records or NHS number."

Images: Left, BAPM Founders 1976; Top Right, BAPM Members Cambridge, 1981; Right, EC Members, Bristol ,1983

BAPM Decade 1986-1996

Driven largely by the efforts of BAPM to define standards and training, the period 1986-1996 was critical in moving perinatal medicine from an emerging field to a formally structured and recognized medical specialty within the UK health system.

Official recognition of perinatal paediatrics (neonatology) as a subspecialty was secured by BAPM from the Royal Colleges of Physicians and the British Paediatric Association, and BAPM also established its practice of working collaboratively with other key organisations, including the Royal College of Obstetricians and Gynaecologists.

During this decade, respiratory care of the newborn was transformed by the introduction of artificial surfactant and extra corporeal membrane oxygenation (ECMO) as well as huge advancements in ventilatory technology. The CRYOROP study, published in 1988, demonstrated that treatment of stage 3 retinopathy of prematurity halved the likelihood of unfavourable visual outcome.

The Newborn Individualized Developmental Care and Assessment Program (NIDCAP) helped growing appreciation of the importance of assessing and responding to each infant's behavioural cues. Thanks initially to the work of a few dedicated individuals, practitioners began to work in collaboration with parents towards adapting care and the neonatal environment with the aim of enhancing infant development.

In 1992, Parliament voted for a change to the stillbirth definition from "after 28 weeks" to "after 24 completed weeks" of gestation. Increasing survival of extremely preterm babies led to a change in attitude towards resuscitation and subsequent treatment of babies born after 24 weeks' gestation.

In 1996, publication of the first edition of BAPM's Service Standards for Hospitals Providing Neonatal Care set a benchmark for the quality of care provided in the UK.

Milestones in neonatal care

- Subspecialty recognition.
- Cryotherapy for ROP of proven benefit.
- Advances in neonatal ventilation with the importance of minimising lung damage becoming increasingly recognised.
- Development of individualised neurodevelopmental care.
- Change in definition of stillbirth to after 24 completed weeks' gestation.

Clinical developments

- Artificial surfactant.
- Parenteral nutrition became more widely available and the accepted standard of care for extremely preterm babies and those newborns unable to tolerate milk feeds.
- Treatment of persistent pulmonary hypertension of the newborn with inhaled nitric oxide.
- Pulse oximetry.
- Developmental supportive care.
- ECMO.
- Oscillatory ventilation.

How the decade shaped neonatal care

Sub-specialty recognition helped define the field of neonatology and establish dedicated training pathways. Optimising the skills and knowledge of professionals involved in perinatal medicine and promoting research became an integral part of care.

Advances in neonatal ventilation, both clinical and technological, resulted in increases in overall survival for both term and preterm infants and created opportunities to reduce ventilator-induced lung damage.

Newborn stabilisation and resuscitation began to be standardised, empowering both midwives and trainee medical staff present in the labour ward.

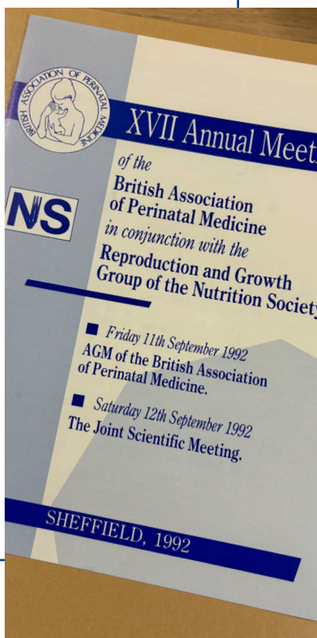
Resuscitation of babies born after 24 weeks' gestation became normal practice

> "Resuscitation of babies born after 24 weeks' gestation became normal practice."

with increasing expectation of outcomes for extremely preterm babies.

Contextual Trends: the UK saw significant changes in neonatal demographics, with the number of women giving birth at age 40 or older more than doubling between 1986 and 2006. The increasing use of assisted conception led to a rise in multiple births and increased demand for specialised neonatal services.

Image:
BAPM EC, 1994



BAPM Decade 1996-2006

In 1996 Prof Philip Steer became the first (and only) consultant obstetrician to fill the role of President of BAPM, a fitting start to a decade which saw increasing recognition of the importance of the entire perinatal team and formal acknowledgment of the need properly to fund care for the smallest and sickest babies and their mothers.

In that same year BAPM's Standards for Hospitals Providing Neonatal Intensive Care recommended one-to-one nursing care for the most vulnerable babies; this was a seminal, consensus document that became widely accepted, helping to lay the groundwork for BAPM's increasing influence within UK neonatal practice.

In 2003 a Department of Health-commissioned expert review of neonatal intensive care services found huge variation in the provision of neonatal care and limited capacity in the larger units providing care for the most ill babies.

The review also highlighted a lack of national data on outcomes, major challenges in nursing recruitment and a need for agreed national standards of care. Alongside publication of this review, money was allocated to Strategic Health Authorities in England to support the establishment of neonatal networks.

The publication of the first EPICure study underlined the importance of benchmarking longer term outcomes as well as survival.

Milestones in neonatal care

- Formal acknowledgement of the importance of one-to-one nursing care for the most vulnerable babies.
- Establishment of 23 geographical managed clinical networks in England.
- Neonatal transport is the subject of formal teaching sessions as transport teams become recognised across the UK.
- Newborn Life Support RC(UK) training course established in 1999.
- Expansion of advanced nursing roles, including ANNP development.
- Appreciation of the critical importance of communication within the perinatal team.
- First EPICure study publishes in 2000; focus shifts from survival alone towards longer-term outcomes. EPICure 2 begins recruiting in 2006.
- Early cultural movement towards greater parental presence in neonatal units; Kangaroo mother care endorsed by WHO in 2003.
- Growing emphasis on evidence-based protocols.

Clinical developments

- Routine antenatal steroids, prophylactic surfactant, inhaled nitric oxide

How did the decade shape neonatal care?

The establishment of neonatal networks helped to facilitate centralisation of care for the smallest and sickest babies; data consistently demonstrated this to have a positive effect on both short and longer-term outcomes.

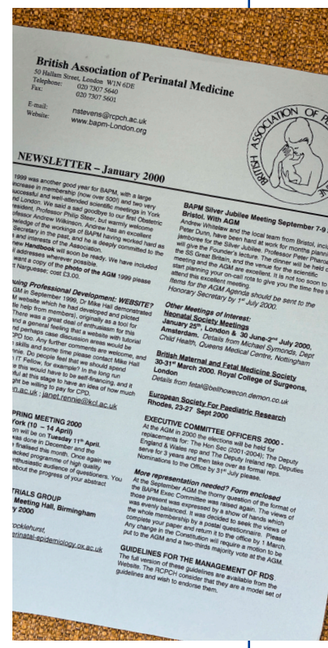
Expansion and development of neonatal nursing roles, including Advanced Neonatal Nurse Practitioner development helped to underpin the importance of the whole perinatal team in achieving the best care for mother and baby.

With a growing acceptance of the need for the mother to be with her baby (even though dads were still commonly treated as visitors!), we began to lay the foundations for family-integrated care within our neonatal units.

Increasing recognition of the importance of properly documenting longer-term outcomes along with the necessity of standardising care across networks led to the development of evidence-based protocols.

Neonatal stabilisation and resuscitation was standardised, based on physiological principles, and neonatal transport became established as a critical part of neonatal care.

The 1996 Standards for hospitals providing neonatal intensive care published by BAPM paved the way for the many evidence-based, consensus Frameworks for Practice that would follow, and helped to cement BAPM's reputation as the go-to professional organisation supporting neonatal practice in the UK and wider.



Images: Left, EPICure study logo, Right, BAPM EC meeting at RCPCH, 2000

Images: Above left, Professor Neil Marlow, Manchester 2004, Above right BAPM Newsletter 2000; Right, BAPM EC Manchester, 2004

BAPM Decade 2006-2016

Between 2006 and 2016, UK neonatal care moved forward both in terms of organisation of services and significant improvements in clinical practice. Managed clinical networks and neonatal transport matured into more coordinated regional systems as the evidence-base for centralisation of neonatal care strengthened.

With the establishment in 2006 of the National Neonatal Audit Programme, collection of data became routine for all neonatal units, meaning that interventions and outcomes could be more easily measured and benchmarked. A Department of Health "Toolkit for High-Quality Neonatal Services" (2009) and BAPM service standards (2010) helped codify expectations around pathways, levels of care, and service configuration.

Following publication of the TOBY study in 2009, neuroprotective interventions became routine practice; other neuroprotective strategies established in this decade included caffeine and antenatal magnesium sulfate.

Respiratory care practice also shifted, with emphasis on early CPAP and more gentle ventilatory strategies.

BAPM's profile was steadily enhanced by publication of increasing numbers of Frameworks for Practice covering both service organisation and clinical practice.

- Service Standards for hospitals providing neonatal care (3rd Ed) – 2010.
- Palliative care – 2010.
- Neonatal support for stand-alone midwifery units – 2011.
- Optimal arrangements for neonatal intensive care units in the UK – 2014.
- Newborn early warning trigger and track (NEWTT) – 2015.
- Fetal and neonatal MRI imaging, parenteral nutrition, donor EBM – 2016.

Milestones in neonatal care

- National Neonatal Audit Programme (NNAP) established in 2006.
- Increasing structure in standards and governance with publication of a House of Commons Report in 2008 recommending establishment of a Neonatal Task Force.
  - This report noted ongoing network variation in mortality and a serious shortage of neonatal nurses.
  - It also highlighted a need for improved neonatal transport and better understanding of the financial costs of neonatal services.
- EPICure 2 shows improving outcomes and support for level 3 neonatal care.
- Neuroprotection advances from "best effort" to protocolised interventions.
  - Caffeine for premature infants improves survival without neurodisability – 2007 (Cochrane 2010).
  - Therapeutic hypothermia for HIE – 2009.
  - Antenatal magnesium sulfate for fetal neuroprotection – 2015.
- Respiratory care moves towards less invasive strategies; European consensus guidance helps consistency in management of respiratory distress syndrome.

Clinical developments

- Routine caffeine for apnoea of prematurity, therapeutic hypothermia, early minimal enteral feeding, deferred cord clamping.

How did the decade shape neonatal care?

More evidence supported centralisation of care for the smallest and sickest babies and underlined the importance of effective neonatal transport systems.

Standards and governance developed into an integral part of neonatal care.

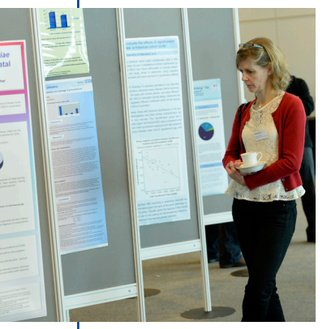
Neuroprotection became achievable with benefits proven for both antenatal and postnatal interventions.

The successful use of early CPAP drove further developments in minimally invasive ventilation.

Infection guidance became more standardised and stewardship-focused.

Early evidence suggesting benefits of deferred cord clamping for preterm infants helped this to become standard practice.

BAPM Standards for Practice resulted in better focus on nutrition with improved access to donor milk.



Images: Left, abstracts, BAPM Conference 2013; Bottom, Annual Conference, Cambridge 2015

Images: Top left, EC Members, Isle of Mann 2007; Top right, Cardiff 2012; Bottom, EC Members, Nottingham 2006

BAPM Decade 2016-2026

BAPM membership grew from less than 1000 to over 3000 including families and medical students. Clinician membership included the wider perinatal team: ANNPs, neonatal nurses, allied health professionals, pharmacists and psychologists.

The BAPM executive committee expanded to include specific representation for LNUs and SCUs in 2015; subsequent roles reflected the BAPM strategic mission, values and aims including quality improvement, research and data, equality & diversity and safety.

The Annual Conference evolved to become the go to national annual neonatal meeting, with international speakers, selling out despite increased capacity. Likewise, the Spring Meeting since 2022 expanded the educational programme to meet the requirements of the wider perinatal team including trainees, ANNPs and AHPPPs.

To support the expanding activities and enhance communication the BAPM office grew in number, a CEO was appointed and an updated modernised BAPM logo and website launched.

During the Covid pandemic of 2020-22, BAPM provided a national voice including guidance and support for clinicians and families through the ever-changing landscape of neonatal care. The first BAPM webinar was held in conjunction with Imperial College.

BAPM Frameworks for Practice expanded in number, developed on a voluntary basis by multidisciplinary clinicians. In addition to those influencing the delivery of neonatal care (Neonatal Intensive Care (2008, 2013, 2021) and Local Neonatal Units and Special Care Units (2018, 2025), frameworks provided guidance to support teams where previous unwarranted variation in practice existed, notably Perinatal Management of Preterm Birth before 27 weeks' gestation (2019, 2026), Transitional Care (2017), NEWTT2 (2023) and Management of Hypoglycaemia in term infants (2016, 2024).

A quality improvement culture was developed within BAPM which led to a wealth of toolkits, webpage resources and frameworks. One of the main advocates was the late Gopi Menon whose vision, enquiring mind and inclusive approach encouraged engagement by all. Gopi made QI a central pillar of his presidency, 2016-19. Following Gopi's untimely death in office, BAPM established the Gopi Menon Awards to promote examples of excellent practice and new developments within neonatal teams, both regionally and nationally. These are awarded annually at the conference and have become very competitive.

Images: Top left, Gopi Menon; Left Bristol 2016

Milestones and clinical developments

- The development of a supportive and, where appropriate, non-invasive approach to care supported by cohesive perinatal team working.
- Better identification of variation in care through data capture particularly via the National Neonatal Audit Programme.
- The Neonatal Critical Care Review published in 2019 and supported by the GIRFT review 2022 recommended significant improvements in neonatal staffing and organisation of neonatal networks. The setting of limits for the minimum size of NICUs and LNUs and improved funding for nurse and AHPPP posts helped to support change.

We learnt what not to do…

- Clamp the umbilical cord within 60 seconds of birth.
- Separate mother and baby unnecessarily.
- Provide routine invasive respiratory support from birth.
- Practise routine closure of the patent ductus arteriosus and use dopamine as a first line inotrope.

And what we should do….

- Provide the perinatal optimisation quality standards including administration of magnesium sulfate for brain protection in threatened preterm births.
- Reduce variation in feeding regimes and use donor breast milk when maternal milk is not available.
- Consider which extremely preterm newborns should be offered active care, focusing on risk factors and the wishes of the family and moving away from a strict gestational age cut-off.

How did the decade shape neonatal care?

The acquisition and sharing of data routinely and as part of multicentre trials gave this decade an opportunity to question aspects of prior routine neonatal care and to reduce unwarranted variation in practice to improve outcomes.

Images: Right, BAPM Annual Conference Sheffield 2023; Below left, Leeds, 2018; Below right, Newcastle, 2019

Past Officers

BAPM President

Professor Peter M Dunn
1980–1984
Dr N R Clifford Roberton
1984–1987
Professor Forrester Cockburn
1987–1990
Professor Richard W I Cooke
1990–1993
Professor Garth McClure
1993–1996
Professor Philip Steer
1996–1999
Professor Andrew Wilkinson
1999–2002
Professor Malcolm Chiswick
2002–2005
Professor Neil Marlow
2005–2008
Professor David Field
2008–2011
Dr Bryan Gill
2011–2014
Dr Alan Fenton
2014–2017
Dr Gopi Menon
2017–2019
Dr Helen Mactier
2019–2022
Dr Eleri Adams
2022–2025

Honorary Secretaries

Professor Peter M Dunn
1976–1980
Dr Harold R Gamsu
1980–1983
Dr David Harvey
1983–1986
Dr Malcolm L Chiswick
1986–1989
Professor Malcolm I Levene
1989–1992
Dr Andrew Wilkinson
1992–1995
Dr Neil Marlow
1995–1998
Dr Janet Rennie
1998–2001
Professor David Field
2001–2004
Dr Andrew Lyon
2004–2007
Dr A Bryan Gill
2007–2010
Dr Alan Fenton
2010–2013
Dr Gopi Menon
2013–2016
Dr Helen Mactier
2016–2019
Dr Stephen Wardle
2019–2023

Honorary Treasurers

Professor Peter M Dunn
1976–1988
Dr David J Lloyd
1988–2003
Dr Jag Ahluwalia
2003–2009
Dr Amanda Ogilvy-Stuart
2009–2015
Dr Sanjeev Deshpande
2015–2019
Dr Wendy Tyler
2019–2022

Honorary Archivists

Professor Peter M Dunn
1988–2000
Professor David Harvey
2001–2004

Image: Past BAPM Presidents

BAPM Gopi Menon Awards winners 2025

These awards showcased the talent and dedication shown by individuals and teams in the field of perinatal medicine.

Best National /Regional Project
NNOG Networks Neonatal Outreach Group, Thames Valley and Wessex

Best Local Project
Neonatal Oral Antibiotics at Home (NOAH) pathway project, Royal Devon and Exeter Hospital

Outstanding Team
Thames Valley & Wessex Neonatal Parent Advisory Group

Outstanding Individual
Helen Gbinigie, Medway Maritime Hospital

Outstanding Contribution to BAPM
Joint winners:
- Kathryn Macallister
- Janine Snook

The winners for 2026 will be announced at the BAPM Annual Conference in Nottingham.

Growing together

Treasurer's Report

Anoo Jain, Honorary Treasurer

Thank you to the Executive Committee for your continued support for our finances. Marcus' and Kate's knowledge and judgement have been excellent in helping to keep our finances in a good state. BAPM accounts are in a solid position and a copy is available on the BAPM website (see summary on the facing page).

BAPM achieved a £106k surplus in 2025/26. Our income increased by 107% while expenditure rose by 64% (as we had two Spring Conferences in this financial year). Membership revenue was higher than previously estimated (somewhat too prudently, with the benefit of hindsight). All three of the face-to-face conferences held in 2025/26 generated healthy surpluses. Claiming Gift Aid for 2023/24, 2024/25 and most of 2025/26 also boosted income. We aim to hold nine months of unrestricted reserves so we can continue to run BAPM in the (unlikely) event of a financial challenge. This year we hold £294.6k in unrestricted funds. We have restricted funds of £117.8k that are allocated to specific projects.

Our members remain our large income generator. In our 50th year, we have grown from 24 founding members in 1976 to 500 in 2000, 1000 in 2018 and 2000 in 2023. We now have 3460 members that reflect the diverse professional staff required to deliver excellent perinatal care. We continue to attract more individual members and commercial sponsors and this reflects the growing influence that BAPM has cultured over years.

We are in the initial stages of discussion to develop a fund that enables BAPM to expand its advocacy, partnership and leadership roles. We remain committed to our relationships with RCPCH, BMFMS, RCOG and other organisations. It is my privilege to be your Treasurer in our 50th year and to represent and support the excellent family and patient-focused work that BAPM does.

My role is made so much more enjoyable, deliverable and accountable working with our CEO, President and Secretary. Our office team of Kate, Laura, Jess, Ruby and Marcus are the real force behind this organisations continued success. Chapeau! And Many thanks for all your excellent and dedicated work.

Accounts summary 2025/2026

British Association of Perinatal Medicine Statement of Financial Activities (including Income and Expenditure Account) for the year ended 31 March 2026.

	Unrestricted funds	Restricted funds	2026 Total funds	2025 Total funds
	£	£	£	£
INCOME AND ENDOWMENTS FROM:				
Donations and legacies	312,286	-	312,286	186,633
Charitable activities:				
Raising funds - other activities	181,616	-	181,616	80,742
Other trading activities	139,440	52,650	192,090	89,295
Other	13,183	-	13,183	-
	646,525	52,650	699,175	356,670
EXPENDITURE ON:				
Raising funds	(6,530)	-	(6,530)	(6,414)
Charitable activities:				
Raising funds - other activities	(7,478)	(47,471)	(54,949)	(35,925)
Events, meetings and conferences	(328,720)	-	(328,720)	(147,578)
Members' services	(32,043)	-	(32,043)	(28,036)
Other meetings	(24,157)	-	(24,157)	(23,055)
Advice and information	(25,634)	-	(25,634)	(22,428)
Other costs	(115,739)	-	(115,739)	(91,755)
	(540,301)	(47,471)	(587,772)	(355,191)
NET INCOME	106,224	5,179	111,403	1,479
NET MOVEMENT IN FUNDS	106,224	5,179	111,403	1,479
RECONCILIATION OF FUNDS:				
Total funds brought forward	188,339	112,586	300,925	299,446
TOTAL FUNDS CARRIED FORWARD	294,563	117,765	412,328	300,925

Guiding the way

Activity Summary

Cheryl Battersby, Honorary Secretary

As I come to the end of my time as BAPM Honorary Secretary, I am grateful for the opportunity to reflect on the past three years and on the privilege of serving in this capacity.

BAPM continues to play an important role in bringing together multidisciplinary neonatal expertise, supporting the profession and advocating for babies, families and the neonatal workforce. As Honorary Secretary, I have often been the point of contact for members, external organisations and colleagues across the neonatal community. I have been struck by the commitment, generosity and goodwill of individuals and teams working across neonatal care, and by the shared desire to do what is best for babies, families and services.

Working together

This strong collaborative ethos is one of the distinctive strengths of UK neonatal care, and one we should all be proud of. International colleagues are also increasingly interested in the work being done in the UK, particularly in how we develop guidance, build consensus and work across disciplines, networks and organisations.

A major focus of my time as Honorary Secretary has been strengthening BAPM's approach to developing frameworks and other publications. As BAPM's influence has grown, its frameworks and publications are increasingly used to inform neonatal practice and service development across the UK. It is therefore essential that BAPM publications are developed through a robust, transparent and evidence-based process. Where evidence is limited, the process must be equally clear about uncertainty, appropriate variation in practice, and priorities for further research. As part of this work, I led the development of BAPM's guidance for producing frameworks and other publications, working closely with the Executive Committee and a newly established Publications Committee. This guidance is designed to support a more transparent, open and inclusive approach to producing frameworks, standards, toolkits and how-to guides.

BAPM's meetings, webinars and conferences are another important way in which the organisation brings colleagues together, shares learning and supports collaboration across the neonatal community. It has been another busy year, with more than 20 events including conferences, webinars and educational meetings delivered. These have included the Annual Conference, Spring Conference, RCPCH Conference, Perinatal Update meeting and webinars run by Specialist Interest Groups, linked to BAPM frameworks, toolkits and other areas of practice. A full list of meetings and webinars is included on pages 22-23.

> "It is essential that BAPM publications are developed through a robust, transparent and evidence-based process."

Last year's Annual Conference in Cardiff, "Transition: Leading Together to Improve Newborn Care," captured many of the key transitions in neonatal care and the programme reflected the breadth of our specialty, including Professor Steve Abman's Founder's Lecture on interdisciplinary approaches to optimising respiratory health and BPD care, Abbie Mason-Woods' powerful parent perspective on supporting babies and families through transition, and Michele Upton's keynote on neonatal safety and speaking truth to power.

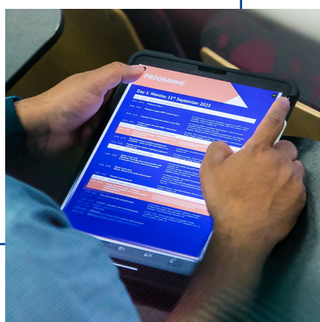
The Annual Conference is also a valuable opportunity to recognise individuals and teams from across the country for their innovation, leadership, teamwork and commitment to improving neonatal care. I would like to warmly congratulate the Gopi Menon Award winners. The full list of nominations and awardees from last year are included on page 17.

This year's Annual Conference in Nottingham, marking BAPM's 50th anniversary has the theme "Working Together to Shape the Future of Perinatal Care." It is a particularly special programme with contributions from all BAPM affiliate groups and Specialist Interest Groups, including a pre-conference workshop day. This reflects the breadth of BAPM's multidisciplinary membership and how far the organisation has evolved over the past 50 years. While we celebrate what has been achieved, we also look forward to how we work together to improve perinatal and neonatal care for the future.

A continued special interest

Although I am stepping down as Honorary Secretary, I am delighted to continue contributing through chairing the Nanopreterm Special Interest Group, itself an example of BAPM providing a forum for focused, multidisciplinary collaboration in an important area of neonatal care that is evolving rapidly both nationally and internationally.

Finally, I wish to thank my fellow officers, Steve and Anoo, and the BAPM office team, Kate, Laura, Jess, Ruby and Marcus. It has been a real privilege to work with such a dedicated, talented and supportive group of individuals and I will miss working with them in this role. Thank you also to the Executive Committee and to all BAPM members who give their time, expertise and energy to BAPM.



Images: Right, BAPM Annual Conference Cardiff 2025; Far right, conference programme Sheffield 2023

Activity report 25-26

Frameworks

- Transition from neonatal to paediatric care for babies with long term or complex healthcare needs
- Neonatal Mortality Governance
- Perinatal Management of Extreme Preterm Birth Before 27 Weeks of Gestation
- Management of Neonatal Pain
- Recommended Medical Workforce
- Standards for Local and Special Care Neonatal Units in the UK

Other publications

- Best Practice Guide: Developmental follow-up, surveillance, and support at the age of four years

Coming soon

- Framework: Central Venous Access Devices in Neonates
- Framework: Prevention and management of metabolic bone disease of prematurity
- Framework: Integrating a haemodynamic physiology-based approach to management of a sick preterm or term neonate
- Framework: Infant and Family Centred Developmental Care

BAPM Meetings

- Annual Conference
- Spring Conference
- Perinatal Update
- BAPM session at RCPCH Conference

Webinars

- How to Write a Professional Neonatal CV
- QI Webinar Series - Seminar 1: Bridging the gap for perinatal disparities & inequalities
- QI Webinar Series - Seminar 2: Bridging the gap through Communities of Practice
- World Prematurity Day
- Neonatal Early-Onset Sepsis ‘KP’ Calculator (2024 Update)
- QI Webinar Series - Seminar 3: Preterm Perinatal Optimisation updates
- Recommended Medical Workforce Standards for LNUs & SCUs in the UK
- Perinatal Update
- Assessment and Management of Neonatal Shock
- Management of the preterm infant with a stoma
- Implementing the revised 2026 BAPM Extreme Preterm framework
- Nanopreterm Roadshow - Scotland
- Management of neonatal pain
- Transition from neonatal to paediatric care
- Nanopreterm Roadshow - London
- Role of POCUS in rapid evaluation of a crashing infant
- Early Breastmilk for Early Babies
- Early Breastmilk for Early Babies - Event 2
- Nanopreterm Roadshow - South West
- Controversies in PDA Management
- Nanopreterm Roadshow - Kent, Surrey and Sussex
- Neonatal Mortality Governance

External meetings

BAPM sent representatives to the following external meetings:

BMFMS Executive Committee; NHS England Clinical Reference Group - LNU/SCU Rep; NHSE Equity, Equality and Personalised Care Steering Group; NHSE Homebirth Steering Group; NHSE Maternity Triage Services Task and Finish Group; LSHTM MatNeoPREM Project; MBRRACE-UK/ PMRT Stakeholder Meeting; NHSE MOSS; NHSE National Perinatal Surveillance Group; National Confidential Enquiry into Patient Outcome and Death (NCEPOD) Necrotising enterocolitis study advisory group; NHSE Neonatal CRG; GIRFT Neonatal Drug Safety; NHSE Neonatal Survey Advisory Group; NNAP Board; NNAP Board; NNAP Data and Methodology Group; NDAU NNRD Board; NHSE Perinatal Deterioration Advisory Group; RCOG/RCM Progress in Partnership; NHSE QPSC - Maternity & Neonatal Quality Performance Surveillance committee; RCOG Specialist Societies Liaison Group; RCPCH Specialty Forum; RCUK ReSPECT wider stakeholder group; Scottish Government/ NHS Scotland Scottish Maternity and Neonatal Taskforce.

You can find recordings of all of this year’s webinars on the BAPM website. Head to www.bapm.org/resources

BAPM Membership gives you access to regular webinars as well as the opportunity to contribute to a Framework.

Images: Right, BAPM Annual Conference Cardiff 2025; Far right,Spring Conference Northampton 2026

BAPM

Leading and Shaping Perinatal Care

BAPM Executive Committee 2025-2026

Dr Stephen Wardle	President
Dr Anoo Jain	Honorary Treasurer
Dr Cheryl Battersby	Honorary Secretary
Catriona Ogilvy	Family Advocacy and Support Lead
Prof Shalini Ojha	Research Lead
Lizaveta Collins	Staff Education and Wellbeing Lead
Dr Chantelle Tomlinson	Quality Lead
Dr Sam Oddie	Data Lead
Katie Cullum	Safety Lead
Professor Tilly Pillay	Equality, Diversity and Inclusion Lead
Dr Grenville Fox	Networks Lead
Natalie Anders	Representative for Nursing
Olivia Houlihan	Representative for Midwifery
Sara Clarke	Representative for AHPPPs
Dr Lewis Saunders	Representative for Resident Doctors and Students
Dr David Bartle	Representative for LNU/SCUs
Ms Caroline Lee-Davey	Representative for Bliss
Dr Victoria Hodgetts Morton	Representative for BMFMS

BAPM Staff

Kate Dinwiddy	Chief Executive
Marcus Hook	Finance and Membership Coordinator
Laura Fountain	Communications Officer
Jessica Smith	Publications Project Officer
Ruby Simmons	Team Administrator

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