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

Role – Clinical Practice Lead

Instructions

BAPM has received the following application statements from members wishing to join the Committee in the role of CLINICAL PRACTICE LEAD.

Please read the statements and cast your vote using the online form by **11:59pm, Wednesday, 2nd December 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 confidentially.

Clinical Practice Lead (7 applications)

Dr Madeleine Barnett

Neonatal Consultant, Evelina London

As a consultant neonatologist at Evelina London, I connect neonatal brain imaging research with improvements in perinatal care and developmental follow-up, supporting families from antenatal counselling through early childhood.

My PhD in preterm brain MRI developed my ability to evaluate evidence and relate neonatal exposures to developmental outcomes. As first author of a study involving 491 preterm infants, I contributed evidence supporting the multiple-hit hypothesis of white matter injury. This informs my approach to cumulative risk and neuroprotection, while distinguishing association from treatment benefit. I am also co-principal investigator for the COMET mild hypoxic-ischaemic encephalopathy study at Evelina.

Through OMWaNA in Uganda, I reported approximately 1,800 cranial ultrasound scans, taught acquisition and measurement, and assessed measurement variability. I led weekly multidisciplinary imaging review meetings, translating complex findings and uncertainty into information supporting management, counselling and follow-up within available resources.

My experience across local neonatal units and specialist intensive care informs my approach to implementing neuroprotective care in different settings. At Evelina, I co-lead “One Brain for Life”, initially focusing on intraventricular haemorrhage prevention. This combines evidence, multidisciplinary engagement and practical changes, with electronic documentation supporting evaluation. The bundle will launch following World Prematurity Day. I have also supported a national questionnaire on early skin-to-skin care, using shared learning to inform local practice.

I lead our Perinatal Optimisation Programme, using audit data to identify gaps, agree priorities with maternity and neonatal colleagues, and guide practice change. Monthly review and targeted education support improvement and evaluation of progress.

I introduced a standardised antenatal counselling pathway using unit-specific data, informed by a multidisciplinary simulation day I organised around birth at 22 weeks. Trainees report better-structured discussions and more efficient documentation. Extension into maternity and further simulation are planned.

I lead Growing Home Review and am the local lead for National Neonatal Audit Programme two-year follow-up. Trained in Bayley-4, Prechtl’s General Movements Assessment and EiSMART, I work across community paediatrics, health visiting, therapies and safeguarding. I designed and am leading a proposed reorganisation of follow-up to extend to four years of age within existing capacity and staffing, for implementation in early 2027.

I have introduced discharge information, initiated a resident-led family education project and am trialling transition documentation addressing school-age and longer-term needs. Accessible information, translated letters and interpreter-supported consultations support participation. I have introduced a neonatal-specific outpatient feedback pathway and clinic data-collection tool to evaluate the service and ensure families’ experiences inform improvement.

My educational experience includes multidisciplinary teaching, cranial ultrasound and Surviving Neonates faculty roles, regional teaching and organising grand rounds with international speakers. My final supervised Newborn Life Support instructor candidate course is scheduled for 11 November 2026.

As Clinical Practice Lead, I would work with families and multidisciplinary colleagues to identify unwarranted variation, translate evidence into achievable standards and support implementation across neonatal settings. As Life Course Lead, I would strengthen partnerships with community, early years and education services, involving children and young people as their needs evolve. In either role, I would bring research expertise, practical implementation experience and a commitment to a focused programme with clear measures of progress and impact on families.

Trisha Bellingham

Neonatal Intensive Care Sister & FINE Coordinator, University Hospitals Plymouth & FINE Neonatal UK Ltd

I am delighted to apply for the Clinical Practice Lead and Education & Training Lead positions within the BAPM Newborn Brain Care Group. With over 26 years of neonatal nursing experience, alongside extensive involvement in neurodevelopmental care, clinical leadership and multidisciplinary education, I am passionate about ensuring that evidence-based, brain-orientated care is embedded within everyday neonatal practice.

My clinical experience spans neonatal intensive care and special care settings at Derriford and Torbay, providing valuable insight into the different challenges, resources and learning needs across neonatal unit levels. I actively promote individualised, family-integrated care and the optimisation of the neonatal environment. I believe neurodevelopmental care should be recognised as a fundamental component of neonatal practice rather than an additional intervention, with brain protection incorporated into every aspect of an infant's care.

I have a strong commitment to translating evidence into practical, achievable improvements in clinical practice. Through clinical leadership, teaching and supporting colleagues, I encourage understanding of the rationale behind interventions and promote reflective, consistent care. I would welcome the opportunity to contribute to national clinical guidance, care bundles and initiatives that reduce variation in practice and promote equitable access to high-quality newborn brain care.

Education is a significant part of my professional role. For over four years, I have coordinated and delivered FINE Level 1 multidisciplinary education, including organising programmes, coordinating faculty, developing and reviewing teaching materials, delivering lectures and workshops, and evaluating educational outcomes. I have developed educational resources for NHS organisations and international education providers, adapting content to different professional groups and learning needs.

Within my clinical roles, I deliver neurodevelopmental care teaching, facilitate simulation training and support students and colleagues undertaking specialist neonatal qualifications. I also deliver workshops for the Southwest Neonatal Network, including neonatal pain education. In 2026, I presented at the World Nursing Congress, sharing my experience of neonatal neurodevelopmental care in practice and education.

As an experienced mentor, practice supervisor and assessor, I recognise the importance of inclusive education and adapting approaches to individual learners, including neurodiverse colleagues. I particularly enjoy supporting others to develop their confidence and teaching skills.

If appointed, I would bring clinical insight, educational leadership, organisational skills and enthusiasm to the committee. I would be keen to support multidisciplinary study days, webinars, accessible educational resources and collaborative initiatives that translate emerging evidence into sustainable improvements in care. I would also welcome opportunities to work alongside medical and allied health colleagues to strengthen educational programmes and promote interest in newborn brain health across professional groups.

Above all, I share BAPM's vision of consistent, equitable and evidence-based newborn brain care, and would be committed to improving outcomes for infants and families across the United Kingdom.

Ebony Blewer

Neonatal Sister, Evelina London Children's Hospital

I am a Neonatal Sister and Clinical Governance and Quality Improvement Lead with extensive experience in neonatal care, leadership and multidisciplinary quality improvement. I am currently co-lead for One Brain for Life, a multidisciplinary QI initiative focused on neuroprotection for babies born at less than 28 weeks' gestation during the first 72 hours of life. This has included evidence review, staff education, bedside teaching, resource development and multidisciplinary engagement. I also actively support the implementation of developmental care strategies within my local unit, particularly advocating for improved pharmacological pain management and skin-to-skin care. To support improvements in practice, I have facilitated the development of robust clinical guidelines, educational videos and bedside teaching programmes, as well as advocated for additional funding to support staff education and upskilling. I have strong communication, organisation and leadership skills, with experience leading meetings, coordinating workstreams, managing actions and delivering unit-wide QI initiatives. I work collaboratively across nursing, medical and wider professional teams to implement sustainable improvements in practice that have been presented both nationally & internationally. I hold a Master's in Advanced Clinical Nursing, specialising in Leadership and Project Management, with particular interests in perinatal optimisation, care of the extremely preterm infant and neuroprotection. Most importantly, I have a positive, can-do attitude with a passion for improving neonatal care and outcomes.

Dr Alaa Khalafalla

Paediatric Registrar, Hull Royal Infirmary

I am a paediatric registrar with two years of experience working in a tertiary neonatal unit and a strong commitment to improving outcomes for newborn infants through evidence-based clinical practice, quality improvement, education and multidisciplinary collaboration. I am keen to contribute to the work of the Newborn Brain Care Special Interest Group (SIG), supporting its aim of promoting high-quality, equitable and evidence-based brain-orientated care across neonatal services in the UK. I am particularly interested in the Clinical Practice Lead role, with a complementary interest in Education & Training.

Knowledge and experience of brain-orientated neonatal care

My experience in tertiary neonatal care has provided me with valuable exposure to the management of critically ill and extremely preterm infants, including the importance of recognising neurological risk, optimising clinical care and supporting long-term outcomes. My involvement in a study of infants born at 22 weeks' gestation has further strengthened my interest in the care of extremely preterm infants and the importance of evidence-based, developmentally appropriate care.

I have actively engaged in quality improvement at local, regional and national levels, including leading and presenting two QI projects at regional and national level. These experiences have developed my understanding of how variation in clinical practice can be identified, evaluated and addressed through structured improvement initiatives. I would welcome the opportunity to apply these skills to newborn brain care, including supporting the development and dissemination of standardised clinical protocols, promoting neuroprotective practices and identifying opportunities to improve the consistency and quality of neurological care across neonatal units.

I recognise the importance of a holistic approach to newborn brain health, incorporating neurological assessment, appropriate monitoring, developmental care, family involvement and follow-up beyond neonatal discharge. I am keen to deepen my expertise in neonatal neuroscience while contributing actively to the group's clinical practice priorities and collaborative projects.

Communication, organisation and leadership skills

I have demonstrated leadership through my involvement in quality improvement, having led and presented projects at both regional and national levels. These experiences have strengthened my ability to identify clinical problems, organise improvement activities, communicate findings and share learning with wider professional audiences. They have also reinforced the importance of translating evidence into practical changes that can improve patient care.

Alongside my clinical responsibilities, I contribute to teaching within my department and participate in medical student education. I am currently completing the requirements to become an instructor in the Newborn Life Support (NLS) course, reflecting my commitment to clinical education, professional development and the delivery of high-quality neonatal care. These activities have helped me develop my communication skills and my ability to explain clinical concepts to learners with different levels of experience.

I would bring an organised, proactive and collaborative approach to the SIG, with a commitment to attending committee meetings, contributing reliably to agreed workstreams and delivering projects within agreed timescales. I would also be keen to support the dissemination of good practice through educational activities, presentations and shared learning opportunities.

Collaborative working and multidisciplinary engagement

Working in a tertiary neonatal environment has highlighted the importance of effective collaboration between medical, nursing and allied health professionals, as well as clear communication with families. My participation in local and wider QI initiatives has provided experience of working towards shared objectives and engaging with colleagues.

Dr Serah Koshi

Neonatal Specialty Doctor, Grange University Hospital, Aneurin Bevan University Health Board

Over the past nine years working in a Level 3 NICU, I have developed a strong commitment to newborn brain health and improving neurodevelopmental outcomes through evidence-based, family-centred care. Caring for infants at risk of neurological injury has reinforced my belief that brain-orientated care should be embedded throughout the neonatal journey.

Education is one of the most rewarding aspects of my career. I hold a PGCert in Medical Education and regularly teach neonatal trainees, nurses, ANNPs and multidisciplinary teams through bedside teaching, simulation and regional educational programmes. As a simulation faculty lead and NLS Instructor Candidate, I am passionate about using simulation and human factors approaches to improve teamwork, communication and patient safety. I have also helped organise the Welsh Maternity and Neonatal Quality Improvement and Audit Day and chaired a conference session, supporting learning across the wider neonatal network.

My clinical and quality improvement work has focused heavily on newborn brain care, including neuroprotection, therapeutic hypothermia, developmental care and family-integrated care. I currently lead ATAIN within our unit and previously served as local lead for PeriPrem Cymru. More recently, I have become involved in Hammersmith Neonatal Neurological Examination (HNNE) training and implementation, further strengthening my interest in structured neurological assessment and early identification of infants at risk of adverse neurodevelopmental outcomes. I am also particularly interested in the potential of EiSMART to enhance developmental surveillance and improve longer-term outcomes for babies and families.

I am passionate about translating evidence into practice. I led the development of the Welsh Neonatal Network Hyperglycaemia Guideline, have contributed to several local guidelines, and have experience of national collaborative working through my involvement with the BAPM Metabolic Bone Disease Core Group. Presenting HIE

and mortality reviews at Welsh Neonatal Network meetings has further strengthened my commitment to regional improvement, education and shared learning.

I believe my experience in tertiary neonatal care, educational leadership, simulation, quality improvement, guideline development and network collaboration would allow me to make a meaningful contribution as Education Lead for the BAPM Newborn Brain Care Group. I would be excited to support multidisciplinary education, foster trainee engagement, promote the sharing of best practice and help advance equitable, evidence-based newborn brain care across the UK. Above all, I am committed to ensuring every baby has the best possible opportunity for a healthy neurodevelopmental future.

Dr Aarti Mistry

Resident Doctor, Queens Medical Centre, Nottingham

I'm applying for the Clinical Practice Lead and Data Lead roles because they align closely with my clinical interests, research expertise, and commitment to advancing newborn brain care at a national level.

I've recently completed my PhD studies exploring and identifying the challenges of infants that undergo Neonatal Transport. My doctoral research involved leading a national Delphi consensus identifying research priorities for neonatal transport and subsequently leading me to explore two cohorts of infants at greater risk of early brain injury that undergo neonatal transport; term infants with HIE and preterm infants <32 weeks that undergo early transfer. Through my doctoral research, I've extensive experience managing datasets, analysing healthcare data, interpreting outcomes, and disseminating findings through international presentations and peer-reviewed publications. I've demonstrated ability to collaborate with national organisations including Bliss, UK-NTG and work alongside engineers and clinical teams locally to deliver impactful research.

My published research identified substantial regional variation in access to active therapeutic hypothermia (active-TH) for infants with HIE. By combining my national research, a 10-year regional transport evaluation of the impact of active-TH implementation at birth and by transport and National HIE Framework, I formulated a case of evidence to the East Midlands ODN to support implementation of active-TH across all units, promoting more equitable access to neuroprotective care. Showing my understanding of the critical role that high-quality data play in evaluating clinical outcomes, benchmarking performance, identifying variation in care, and driving quality improvement initiatives.

As a member of the Avoiding Brain Injury in Childbirth Data Advisory Group, I contributed a neonatal perspective to multidisciplinary discussions focused on improving the quality, consistency and use of maternity and neonatal data related to preventable perinatal brain injury. Through engagement with clinicians, researchers and data specialists, I helped inform discussions around data standards, data linkage, outcome measurement and the practical challenges of collecting meaningful clinical data across care settings. This experience enhanced my understanding of data governance, interoperability and the importance of robust datasets in driving quality improvement and patient safety. It also strengthened my ability to work collaboratively across professional boundaries to translate data into actionable insights. I would build on this experience to support the development of high-quality neonatal brain injury datasets, promote standardised data collection and reporting to ensure that datasets are used effectively to inform service improvement, benchmarking and better neurodevelopmental outcomes for infants and families.

I've demonstrated skills in teamworking, leadership and effective communication in a variety of settings, through governance and management roles such as rota management, governance, audit, quality improvement projects and leading the neonatal resident doctor forum. As regional level co-chair of the East Midlands Paediatric Academic Network (EMPAN), I helped establish the network, develop its governance structure and expand access to regional research and quality improvement opportunities for trainees. Nationally, as the East Midlands representative on the RCPCH Trainee Research Network, I contribute to national strategies initiatives that

strengthen trainee engagement in research, facilitate cross-regional collaboration and assisted the development of a sustainable national paediatric research workforce.

Nazila Rahmani

Medical Student and Neonatal Nurse, NHS GGC and NHS Lothian

I am a medical student at the University of Edinburgh with 15 years of experience in neonatal nursing, and MSc of Advanced nursing science, alongside experience in clinical education, nursing leadership and MDT work. My career has been centred around caring for newborn infants and supporting their families, and I am particularly interested in neonatal brain health and the long-term impact of early-life care on neurodevelopmental outcomes. I am keen to bring my experience as an experienced neonatal nurse, alongside my developing perspective as a medical student, to contribute meaningfully to the Neonatal Brain Health Committee.

Through my neonatal nursing career, I have developed a strong understanding of brain-oriented neonatal care and the importance of recognising and minimising factors that can adversely affect the developing neonatal brain. This includes caring for critically ill and extremely premature infants, understanding the importance of physiological stability, pain and stress management, appropriate developmental care, nutrition, family involvement and early recognition of neurological concerns. Working closely with neonatologists, paediatricians, nurses, allied health professionals such as developmental care team, speech and language therapists as well as families has also given me an appreciation of the importance of a holistic approach to neurodevelopment rather than focusing solely on immediate clinical outcomes.

I have developed strong communication, organisation and leadership skills throughout my nursing and medical training. As a neonatal nurse, I have communicated with families during some of the most difficult and uncertain periods of their lives, requiring empathy, clarity and the ability to adapt communication to different levels of understanding and emotional needs. I have also undertaken clinical education and facilitation roles, including supporting and teaching student nurses and junior colleagues.

I would bring to the committee a combination of extensive frontline neonatal experience, a developing medical perspective and a genuine interest in improving outcomes for newborn infants and their families. I am particularly keen to contribute the perspective of someone who has witnessed neonatal care from the bedside, supported families through highly complex and uncertain situations, and is now developing a broader understanding of medicine and long-term patient outcomes. I would welcome the opportunity to contribute my experience, enthusiasm and commitment to the committee's work in advancing neonatal brain health.

END OF STATEMENTS