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

Role – Data Lead

Instructions

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

Data Lead (6 applications)

Dr Ibrahim Afolabi

Doctor, Royal Stoke University Hospital, University Hospitals North Midlands

I am an ST5 paediatric resident doctor currently out of programme, working as a Neonatal Simulation Fellow in a Level 3 neonatal unit. I have taken this year to further develop my clinical knowledge and skills in neonatology and prepare for a future Neonatal GRID application. I have a particular interest in neonatal neurology and brain-orientated care, including neurological assessment, cranial ultrasound and prevention of secondary brain injury in preterm and critically unwell infants.

I have been involved in a number of neonatal research, audit and QI projects, with a particular interest in using data to improve clinical practice. I am the departmental lead for the NOAH project, coordinating local data collection and working with the multidisciplinary team towards implementation. I am also leading a five-year neonatal parenteral nutrition study looking at complications, administration and neurodevelopmental outcomes at two years.

I recently presented our five-year quality improvement initiative titled Small Steps, Big Impact: a quality improvement initiative to increase maternal breast milk rates in the neonatal intensive care unit, at the 12th Congress of the European Academy of Paediatric Societies (EAPS) in Greece in September 2026.

My research and QI work has given me experience in data collection, maintaining datasets, identifying gaps in practice and using findings to support improvement. I would like to bring this experience to the Data Lead role, particularly in supporting consistent data collection across neonatal units and using data to understand variation and outcomes in newborn brain care.

I also have experience in neonatal education and simulation and have taken on leadership roles within my department. I enjoy working with multidisciplinary teams and bringing different perspectives together. As Trainee Representative, I would provide a trainee perspective on education, training and curriculum development in foetal and neonatal neurology, while contributing to the SIG's wider work.

I would be keen to contribute to the SIG and support its work in improving brain-orientated care for newborn infants.

Dr Mohammad Ahmed

ST4 Paediatrics, Diana Princess of Wales

I am a motivated Paediatric Trainee with extensive experience in neonatal and paediatric medicine across a variety of tertiary and district general hospital settings. Throughout my training, I have developed a strong foundation in the assessment, stabilisation and ongoing management of newborn infants, including those requiring intensive and high-dependency care. My clinical experience has enabled me to gain a comprehensive understanding of brain-orientated neonatal care, with a particular focus on optimising neurodevelopmental outcomes through evidence-based practice, family-centred care and multidisciplinary collaboration.

I have experience caring for neonates with a range of neurological and neurodevelopmental conditions, including hypoxic-ischaemic encephalopathy, neonatal seizures, prematurity-related complications and infants requiring therapeutic hypothermia. I understand the importance of minimising stress, supporting appropriate sensory development, promoting developmental care practices and integrating neuroprotective strategies into everyday neonatal care. I am committed to maintaining and expanding my knowledge in this evolving field through regular engagement with current evidence, clinical guidelines and quality improvement initiatives.

Excellent communication skills are central to my clinical practice. I routinely communicate complex and sensitive information to families in a compassionate and understandable manner, ensuring they remain informed and involved in decision-making regarding their child's care. I have worked closely with multidisciplinary teams, including neonatal consultants, nurses, allied health professionals, therapists and community services, adapting my communication style to meet the needs of different audiences. My experience presenting clinical cases, participating in handovers and teaching medical students and junior colleagues has further strengthened my ability to communicate clearly and effectively.

I possess strong organisational skills and am able to prioritise competing demands in busy clinical environments while maintaining patient safety and high standards of care. I am experienced in coordinating patient management, contributing to service improvement projects and supporting the efficient delivery of clinical services. Through rota management responsibilities, quality improvement work and day-to-day leadership within clinical teams, I have demonstrated the ability to remain calm under pressure, make sound clinical decisions and support colleagues in achieving shared objectives.

Leadership and teamwork are integral aspects of my professional practice. I have regularly led ward rounds, coordinated multidisciplinary discussions and supervised junior staff while fostering a supportive and collaborative working environment. I value the contribution of all members of the healthcare team and actively promote respectful, inclusive and effective working relationships. My ability to work collaboratively with professionals from diverse backgrounds has enabled me to contribute positively to patient care, service development and educational activities.

I am committed to delivering high-quality, evidence-based neonatal care and am passionate about improving outcomes for newborn infants and their families. I believe my neonatal experience, understanding of brain-orientated care, strong communication and organisational abilities, and commitment to multidisciplinary teamwork make me well suited to this role and enable me to make a valuable contribution to your service.

Dr Fadi Maghrabia

Consultant Neonatologist, Leeds Teaching Hospitals

I am a Consultant Neonatologist with a particular interest in fetal and neonatal neurology and neurodevelopment. As Neonatal Neurology Lead, I have the privilege of working with babies and families during some of the most challenging moments they will face, while also supporting colleagues to deliver the best possible neurological care.

Two aspects of my work have become increasingly important to me over the years: education and the use of data to improve care. Although they are often considered separately, I see them as closely connected. Data help us understand where practice can be improved, while education helps us translate that learning into better outcomes for babies and their families.

Teaching has been one of the most rewarding parts of my career. I enjoy helping colleagues build confidence in areas that can often feel daunting, whether that is neurological assessment, recognising seizures, interpreting neuroimaging or communicating with families. Nationally, I am Co-Chair of the BPNA Fetal and Neonatal Neurology Special Interest Group, faculty on the BPNA NeoNATE programme and led the update of the BPNA Neonatal Neurology Distance Learning Course. I am also a Newborn Life Support Instructor and currently coordinate regional teaching for paediatric trainees. Locally, I contribute to the education of doctors, nurses and allied health professionals across our neonatal service.

I am particularly passionate about ensuring that newborn brain care is not seen as something that only happens in specialist neuroscience centres. Every neonatal clinician should feel confident recognising neurological concerns, supporting families and knowing when specialist input is needed. Good newborn brain care should be part of

everyday neonatal practice, regardless of where a baby is born.

Alongside education, I have used data extensively to support quality improvement and service development. This has included leading reviews prompted by NNAP benchmarking data, including work relating to bronchopulmonary dysplasia and necrotising enterocolitis, as well as using audit and outcome data to evaluate changes in practice. Within neonatal neurology, I led a two-year review of cranial ultrasound screening in preterm infants, combining local outcome data with published evidence to refine screening criteria across two tertiary neonatal units.

What excites me most about these roles is the opportunity to bring people together around a shared goal of improving care. Whether through education, data, quality improvement or collaboration across organisations, I enjoy helping turn ideas into practical changes that make a real difference for babies and families. I would bring enthusiasm, reliability and a collaborative approach, together with a strong commitment to improving newborn brain care across all neonatal settings.

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.

Dr Srinivas Nallagonda

Neonatal Consultant, Luton & Dunstable Hospital

I am a Consultant Neonatologist with over 15 years of experience in tertiary neonatal care. I am applying for the roles of Data Lead and/or Education & Training Lead within the BAPM Newborn Brain Care Special Interest Group (SIG).

My clinical experience covers complex neonatal neurology, including hypoxic-ischaemic encephalopathy (HIE), intraventricular haemorrhage (IVH) and neonatal seizures. I also have experience in outpatient neurodevelopmental follow-up for infants born from 22 weeks' gestation.

I offer a combination of clinical expertise, health data analytics and multidisciplinary education. I believe this combination would allow me to make a valuable contribution to the SIG and its work to improve brain care and long-term outcomes for newborn babies across the UK.

Data Leadership and Health Analytics
I hold an Executive MBA with a focus on Health Analytics. This has strengthened my ability to combine clinical knowledge with data analysis to support evidence-based practice. I have experience in BadgerNet, statistical methods and service evaluation. My data-led quality improvement (QI) projects have achieved regional recognition, including an East of England Highly Commended Award for work on thermoregulation. Other projects have delivered measurable improvements, including optimising neuroimaging pathways and reducing unnecessary HSV PCR testing during therapeutic hypothermia.

As Data Lead, I would aim to:
- Support the development and standardisation of key BAPM newborn brain care metrics within national databases.
- Improve data linkage between acute neonatal care and neurodevelopmental outcomes at two years.
- Develop regional benchmarking dashboards to identify variation, monitor performance and share best practice.
- Promote the use of data to support service evaluation and quality improvement across neonatal networks.

Education, Training and Workforce Development
I am a certified Newborn Life Support (NLS) Instructor, Educational Supervisor and Appraiser. I regularly deliver teaching and training to medical trainees, Advanced Neonatal Nurse Practitioners (ANNPs) and Allied Health Professionals. I have completed the BPNA Neonatal Neurology and Bayley Assessment courses. These have further developed my knowledge of neonatal neurology and neurodevelopmental assessment. I enjoy translating complex neuroscience into practical, accessible learning for multidisciplinary teams. I have also contributed to the development of regional clinical guidelines and pathways, including Nottingham's Neonatal Seizure Management pathway and the East of England Eat, Sleep, Console guidelines. This work has helped promote consistent, evidence-based practice across multidisciplinary teams.

As Education & Training Lead, I would aim to:
- Develop a standardised BAPM newborn brain care curriculum for healthcare professionals.
- Create accessible and interactive e-learning resources.
- Develop simulation-based training packages and practical learning toolkits.

• Support multidisciplinary education across neonatal units, taking account of different levels of experience and resources.
• Encourage collaboration and the sharing of good practice across neonatal networks.

Bringing Data and Education Together
I believe data and education are closely linked. Good data helps identify gaps and variations in clinical practice, while effective education helps address them and improve care.
Whether appointed to either role, I would bring my clinical experience, analytical skills and educational background to support the SIG's objectives. I am committed to promoting collaboration across specialties, supporting multidisciplinary teams and improving the quality of newborn brain care.

My ultimate aim is to help translate evidence into consistent clinical practice and improve neurological and developmental outcomes for newborn babies and their families across the UK.

Dr Ourania Pappa

Consultant Neonatologist, Hull University Teaching Hospitals NHS Trust

I have been a consultant neonatologist for the last 15 months in Hull University Teaching Hospitals, where I also serve as the Neonatal Quality Improvement and NNAP lead.

Prior to my current consultant role, I worked as a neonatal Quality Improvement Fellow at Leeds Children's Hospital, where I gained extensive practical experience in designing and delivering multidisciplinary neonatal projects. My work involved identifying areas for improvement from clinical practice and safety data, and successfully engaging multidisciplinary stakeholders, using PDSA methodology and outcome/ process measures to assess impact.

I am passionate about data not simply to demonstrate whether an intervention has worked, but to understand variation, identify areas for improvement and guide subsequent change.

My academic interest in neonatal brain care developed during my MSc in Neonatal Medicine at Cardiff University, where I achieved Distinction during the taught component and undertook my dissertation in therapeutic hypothermia outside the entry criteria.

This work subsequently resulted in publication (https://www.infantjournal.co.uk/journal_article.html?id=7241), linked with a national survey of all Level 3 neonatal units.

A major focus of my more recent work has been the prevention of intraventricular haemorrhage and brain injury in extremely preterm infants.

I have been closely involved in re- establishing and evaluating an IVH neuroprotective care bundle for infants born at less than 28 weeks' gestation. Evaluation of this work demonstrated an important improvement in outcomes, with severe IVH falling from 17.1% before implementation to 2.7% following implementation. This work has received recognition through award winning presentation (Bristol Patient Safety Conference May 2026) and dissemination at regional and national level.

My interest in brain care focused neonatal care extends beyond the prevention and management of established neurological injury to the wider experience of the infant during neonatal intensive care.

I have led quality improvement work aimed at reducing procedural pain in neonates, using the UCLH 'Prepare, Support, Protect' framework and focusing particularly on improving the consistent use of non-pharmacological pain reduction strategies and parental involvement during procedures.

The project received regional recognition and has subsequently been accepted as the upcoming NeoTRIPS quality improvement project (to start in 2027) providing an opportunity to develop this work collaboratively and at a national scale.

I am actively involved in research trials locally and I am the Principal Investigator of the DEXTA (https://dexta.ac.uk) trial and currently Hull is the first recruiting NICU in the country. I am particularly interested in the utilisation of dexmedetomidine as pain relief with fewer side effects in brain development versus widely used morphine.

I have previous experience on BAPM working groups, by being one of the key members for updating the 'Central Venous Access Devices' Framework for Practice, an experience which strengthened my understanding of collaborative guideline development, critical appraisal of evidence and reaching multidisciplinary consensus to produce practical recommendations applicable across neonatal services.

I would bring this experience of collaborative BAPM working to the Newborn Brain Care SIG and I am looking forward to hearing back from you with regards to my application.

END OF STATEMENTS