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

## Role – Life Course Lead

### Instructions

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

# Life Course Lead (6 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.

## Dr Andrada Bianu

**Neonatal ST5 Trainee, Homerton University Hospital**

I strongly believe that I am the right candidate to be on the Newborn Brain Care Group given my clinical experience, the attended educational courses and the collaborative work that I have done. I am passionate about developing tools to aid better understanding of neurodevelopmental outcomes in the community, working collaboratively with parents before and after delivery and supporting education and curriculum development among neonatal trainees. I have developed a strong interest in brain oriented neonatal care through clinical practice, attending neurodevelopmental follow up clinics and education. I have strengthened my clinical skills by completing a Cranial Ultrasound course in Cambridge and the NeoNATE Course run by BPNA (Neonatal Neurology Assessment, Treatment and Education Course). I regularly practice the Hammersmith neonatal neurological examination when assessing a baby with abnormal neurological signs in order to have a standardised approach.

Having worked in both NICU and LNU, I have diagnosed and managed multiple cases of HIE and preterm brain injury. After rotating through neonatology, general and community paediatrics (where I ran neurodevelopmental clinics under supervision) I have witnessed outcomes of babies with brain injuries from different perspectives. This has enabled me to follow a patients' journey from diagnosis to treatment and understand their short and long-term outcome. In this way, I have strengthened my clinical skills and offer patient centred and family integrated care as well as safe practice using evidence-based medicine. I practice a multidisciplinary approach and treat patients holistically. I strongly believe in early intervention measures and encourage those through the use of EI SMART leaflets given to parents and empowering carers in shared decision making.

Treatment and management for different cases of infants with brain injury is an area where progress is constantly being made. As I am keen to sit at the forefront of developing research, I am enrolled in the Associate Principal Investigator Scheme for the COMET study (Cooling in Mild Encephalopathy) since September 2026.

I have extensive experience in collaborative work after having been a NeoTRIPs (Neonatal Trainee Led Research and Improvement projects) regional lead for the last 4 years. I have coordinated 6 projects so far (either a service evaluation/national QIP/ research) within the neonatal field (heart murmurs, use of probiotics, neonatal equipment, pain assessment scoring, EBM expression and trophic feeds on day 1 of life, reducing unplanned extubations). I have recruited local leads, coordinated between them and the project leader, troubleshot any issues and ensured the project were completed on time. Part of my work also involved advertising the current project into my region, participating in quarterly national meetings, assessing feasibility and voting on future projects. This role demonstrates my skills in team working, communication, collaboration and time management.

In the past, I have also coordinated Morbidity and Mortality meetings in a large tertiary Paediatric Hospital where I have worked closely with multidisciplinary team members. I organised monthly meetings, created the schedules coordinating the presentations of different subspecialties, taking minutes and creating and distributing the learning points through posters.

Academically, I have run journal clubs, completed NIHR GCP training, learnt how to critically appraise research papers and contributed to a large systematic review of equipment used in managing babies born at 22 weeks gestation. This paper is currently under peer review.

I am currently data reviewer for updating the RCPCH national clinical guideline on 'The management of children and young people with an acute decrease in conscious level'. My role involves critically appraising research papers using the appropriate tool based on the study design and extracting key data.

## Sarah Fullwood

**Lead Care Coordinator, NWNODN**

I would welcome the opportunity to join the BAPM Newborn Brain Care Special Interest Group as Life Course Lead. I am an experienced neonatal nurse with over 27 years of experience across clinical practice, operational management and regional leadership. I am currently the Lead Care Coordinator for the NWNODN, having previously worked as a Neonatal Matron and led a neonatal outreach service.

A significant focus of my current role has been leading the development and implementation of Neuroprotective Trauma-Informed Family Integrated Care across the North West. This programme brings together neuroprotective care, trauma-informed practice and Family Integrated Care, recognising the importance of early experiences, parental relationships and the neonatal environment in supporting brain development and longer-term outcomes.

Through this work, I have led the development of regional standards, education and an accreditation process, working collaboratively with multidisciplinary teams and parents to support consistent, evidence-based practice across 22 neonatal units.

My experience as a Neonatal Matron, leading an outreach service and working at regional level has developed my communication, organisational and leadership skills, particularly in bringing professionals together, facilitating change and translating evidence into sustainable improvements in practice.

Having previously led a neonatal outreach service, I understand the importance of supporting families through the transition from hospital to home and ensuring continuity of care beyond discharge. I am currently involved in developing a regional neonatal outreach framework to improve consistency and equity of provision. I also work closely with parent representatives to ensure family experiences and perspectives influence service development.

I am particularly interested in the Life Course Lead role because I believe brain-orientated care must extend beyond the neonatal admission. Supporting optimal brain development requires a joined-up approach that considers the child's ongoing developmental needs, family wellbeing and effective transitions between neonatal, community, early years and education services.

I would bring a strong nursing and regional network perspective, experience of multidisciplinary collaboration and a commitment to embedding neuroprotective care into everyday practice. I would welcome the opportunity to contribute to the group's ambition of achieving equitable, evidence-based brain-orientated care and improving lifelong outcomes for babies and their families.

## Dr Sophie Griffith-Jones

**Clinical Psychologist, Royal London Hospital**

As a Clinical Psychologist working in a level three neonatal unit, I have specialist experience in supporting bonding, attachment and the development of the parental role. I am also skilled in communication around uncertainty, prognosis and delivering difficult news. My role requires regular consultation and formulation with MDT staff, during psychosocial meetings and informal case discussions. I am due to complete my Level 1 FINE training on 9th November 2026, which will further enhance my knowledge of brain-oriented neonatal care.

I am passionate about promoting psychological principles in the way that neonatal care is designed and delivered in

units. I have recently had paper accepted for The Child & Family Clinical Psychology Review detailing the implementation of the Trauma-Informed Care (TIC) training programme for NICU staff. The paper draws on the literature from recent inquiries and NHS policy, and highlights TIC as a model which can support units to deliver psychologically-informed care, which may help to meet some of the policy recommendations.

Outside of my neonatal experience, I also have substantial clinical experience in paediatrics, which often involves working with children and young people with neurodevelopmental conditions, and supporting families to adjust to their needs. This work often involves consulting with schools and other agencies to support with appropriate adjustments in educational settings.

I am passionate about implementing preventative interventions for families and/or early intervention strategies. My current role is limited to providing support to families during their admission, but I am always conscious of how families may need ongoing specialist support post-discharge in the community. I would love to be a part of this SIG so that I can contribute to the conversations around how to offer this ongoing support to families throughout their baby's childhood. I believe that thinking about families' needs from a psychological perspective will be of paramount importance when considering how to optimise brain-oriented care throughout the life course.

## Dr Sarah Sparrow

**Consultant Neonatologist, NHS Lothian - Simpson Centre for Reproductive Health**

I am a Consultant Neonatologist with 5 years of experience with a longstanding clinical, academic and educational interest in newborn brain care. I am the Neurology and Neurodevelopmental Lead within my tertiary NICU. I have been interested in joining the Newborn Brain Care SIG from its inception and am applying for the Education & Training Lead and Life Course Lead roles. My work is founded on the principle that brain-orientated care should extend across the infant's journey, from antenatal counselling and neuroprotection through the neonatal admission to neurodevelopmental follow-up, childhood and family life.

Within my unit, I have worked to develop a Neuro-NICU approach, including an IVH prevention bundle, structured neuroimaging pathways, enhanced neurological assessment and neuromonitoring. Along with other interested colleagues, we established a 'neonatal neurology fellowship' to promote sub-specialty interest and provide trainees with dedicated experience in newborn brain care. Through a multidisciplinary perinatal group, I work with fetal medicine, neurology and other specialists to improve management and counselling following antenatal diagnosis of neurological abnormalities.

Education is integral to my clinical role. As part of the Scottish Cooling Group, I have helped develop multidisciplinary education in structured neurological examination and management of neonatal encephalopathy. As Education & Training Lead, I would aim to develop accessible multidisciplinary education across all levels of neonatal care, alongside resources that translate evidence into everyday practice. I would welcome the opportunity to contribute to curriculum development, national study days and webinars, and to promote newborn brain care as a sub-specialty interest among trainees.

I coordinate our neurodevelopmental follow-up service, which has achieved 93% NNAP two-year follow-up compliance, with comprehensive Bayley-4 and Prechtl General Movements assessment for all infants <32 weeks or 1500g. This involves close collaboration with physiotherapy, occupational therapy, psychology and community services and supporting families through uncertainty around their child's development. As Life Course Lead, I would particularly like to strengthen continuity between neonatal services, families, community professionals and education, recognising that the consequences of newborn brain health extend far beyond neonatal discharge.

My academic work includes an MD investigating the neuro-epigenetics of preterm white matter injury. I recruited the original cohort of 70 preterm infants and 30 term controls that contributed to the 'Their world Edinburgh Birth Cohort', working with Professor James Boardman as my research supervisor and mentor. I have subsequently

remained closely involved with this expanding longitudinal research programme and PRENCOG. This experience has shaped my understanding of newborn brain health as a life-course issue, encompassing not only neonatal outcomes but later cognition, development and education. I have 13 publications and am also involved in recruitment for ACUMEN and COMET.

I have national collaborative leadership experience through the Scottish Perinatal Network, leading development of four national guidelines, including Management of Post-Haemorrhagic Ventricular Dilatation. This has required organisation, consensus-building and collaboration across professional and geographical boundaries. I would bring this combination of clinical expertise, education, research and life-course neurodevelopment to the NBC, alongside experience of neonatal services and networks in Scotland. Broad representation across the UK will be important in ensuring the NBC develops resources and approaches that are relevant, equitable and implementable across differing healthcare systems and neonatal settings.

## Dr Swapnil Thakkar

**Specialty Doctor in Neonatal Medicine, NHS Grampian**

I have nearly 10 years of experience in paediatrics and neonatology across international and UK settings, with a strong interest in education, simulation-based learning, and leadership. In my current role, I contribute as an education and simulation facilitator and have completed leadership training, simulation facilitation, neoNATE by BPNA. I have booked for the Generic Instructor Course (GIC), and the Newborn Life Support (NLS) instructor course.

I have experience collaborating with multidisciplinary teams across specialities, including obstetrics, infant feeding, infection prevention and control, medico-legal services, and charitable organisations, to deliver educational activities and quality improvement projects. I am keen to develop and promote brain-oriented neonatal education, particularly in hypoxic-ischaemic encephalopathy (HIE), preterm brain care, perinatal optimisation, neuroprotection, and the long-term neurodevelopmental outcomes of neonatal brain injury. I hope to bring my educational experience, collaborative approach, and enthusiasm for teaching to support the BAPM Brain SIG's educational initiatives and course development.

**END OF STATEMENTS**