ISSUE #3

EPIC Newsletter

April 2026

EPIC Moments You'll Want to Know About

Welcome to the third edition of the Extremely Preterm Infant CRE Newsletter and our first chapter of 2026.

The April edition captures the growing momentum across our community and reflects the depth of diversity, and generosity of work happening across the Centre of Research Excellence.

A central theme of this edition is neonatal advocacy. We feature conversations with consumer advocates Melinda Cruz and our very own LEN member Amber Bates, whose leadership continues to influence how research, clinical care, and policy are shaped alongside families. Read more about their reflections highlighting the value of co-design, research translation, and meaningful consumer involvement across the entire research lifecycle.

This edition also showcases an innovative and global approach to improving neonatal care, Neotree, an award-winning digital health platform developed by researchers at University College London (UCL) to support frontline clinicians and strengthen newborn care in low-resource settings.

Readers will also find updates on clinical guideline development (internal efforts and the recently published RDS European Consensus guideline) and knowledge translation activites within the CRE. Insights from EPIC's Lived Experience Network and a save the date for our Research Connection Conference in November at the Royal Woman's Hospital. More to come.

We are excited to launch a new education/LEN initiative, Premmie Conversations an EPIC podcast. Designed to bring research, lived experience and clinical practise together through meaningful conversations.

This issue celebrates EPIC researchers' work showcased at national and international conferences and features two research spotlights that strongly reflect EPIC's focus on translation and impact:

- TORPIDO 30/60, a landmark clinical trial exploring optimal oxygen strategies at birth for extremely preterm infants.
- Babble Boot Camp, a proactive, telehealth early communication intervention supporting families of infants born very preterm during the critical first two years of their life.

Together, these studies highlight a commitment to improving long-term developmental outcomes for our smallest babies through rigorous research, innovation, and partnership with families.

Please keep an eye out for a calendar invite to one of our two short EPIC Investigator Days this year (Aug 14th & Nov 24th). Connect with us on LinkedIn and help support EPIC as we continue to grow.

We hope you enjoy this edition.

Megan Morales
EPIC Project Coordinator

PREMATURITY DATES IN 2026

Red Nose Safe Sleep Week — 9-15 March 2026

Kangaroo Care Awareness Day — 15 May 2026

Neonatal Nurses Day — 15 Aug 2026

Pregnancy & Infant Loss Awareness Month — 1–31 Oct 2026

Wave of Light — 15 Oct

World Prematurity Day — 15 Nov 2026 **New date for 2026*

Research Connection Conference *(Royal Woman's Hospital)* — Saturday 14 Nov 2026

EPIC Knowledge Translation Leads update

Kate Claydon-Platt & Evi Muggli

In March 2026, the European Consensus Guidelines on the Management of Respiratory Distress Syndrome were updated for the seventh time, which shows how rapidly this field is moving. Since 2023 alone, more than 40 clinical trials relevant to RDS management have been published. Yet Australia still has no national guideline of its own.

That's what we're building. The Australian Living Guidelines for the Management of RDS are being developed to rigorous national standards, using a transparent systematic methodology, with lived experience representatives at the table alongside clinicians, researchers and public consultation built into the process. This is something the European guidelines, valuable as they are, don't provide. Importantly, our guidelines will reflect the Australian context: considering the 14% of Aboriginal and Torres Strait Islander babies born preterm, the families hours from a tertiary NICU, the retrieval teams making decisions in regional hospitals. Evidence-based recommendations that work for Amsterdam don't always translate to Townsville.

Our Guideline Development Group held its first meeting in late March, with 23 members from across Australia finalising the guideline scope and beginning to prioritise outcomes. A second meeting is scheduled for June. Watch this space.

Warming tiny hearts: Students fundraising for PICU

CENTRE OF RESEARCH EXCELLENCE
Extremely Preterm Infant

Two thoughtful students from Newport Gardens Primary School's Grade 5/6F class. Maggie Moran (11) & Summer Brown (10) had set up a beachside stall at Altona selling handmade bead jewellery to raise money for blankets for the Royal Children's Hospital Paediatric Intensive Care Unit (PICU). It was really special to hear their classmates were pitching in by donating beads, helping make bracelets and necklaces, to support. They raised an incredible $320! What a a wonderful display of kindness, teamwork, & community spirit. Proof that even the smallest hands can make a big difference.

Left to Right: Elijah, Dillon, Melinda meeting Jasper.

In conversation with Melinda Cruz - One of Australia's most trusted neonatal consumer advocates.

For more than two decades, Melinda Cruz has been a driving force in neonatal care, research, and family advocacy in Australia. From founding Miracle Babies Foundation to leading lived-experience partnerships across major NHMRC-funded trials (LIFT, FiCare, TORPIDO30/60, WHEAT, WAMM and PLATIPUS), she has redefined how families and clinicians collaborate. I spoke with Melinda about co-design, research translation, and the future of consumer involvement.

You've led significant parental-involvement components in major neonatal trials like FiCare and LIFT. What made those collaborations so successful?

A key factor was clinicians' genuine openness to partnering with parents. My very first involvement was as an associate investigator on the LIFT trial in 2012. When I was invited, I asked "why do you need us (parents)?" and the response was 1). Recruitment into neonatal trials was low and 2). As a result, getting results into practice took too long. It was also pointed out that consumer engagement was becoming policy. The recognition that families are deeply affected long after discharge and mutual desire to improve outcomes helped create the foundation for true collaboration. Lived experience partnering could meaningfully strengthen the research.

What advice do you give teams building lived-experience partnerships?

In the early years, it was a real eye-opener for everyone not just parents. Researchers were learning too. We were all trying to understand: "What does partnership actually look like? How do we work together? What's reasonable to ask of people with lived experience?". The key is bringing parents in early and keep them engaged for the whole journey. PLATIPUS, for example, spent three to four years in foundational work before enrolling a single baby, Its lived-experience committee established more than a year in advance. Start early and involve parents throughout. For complex, novel studies, learning together from the start is essential.

What do you think are the biggest gaps in family experience?

Inconsistency is the major issue. Families can often receive different information depending on the hospital, clinician, or ward shift. Practices such as resuscitation thresholds and follow-up can vary widely, and social media amplifies these differences, creating confusion and anxiety. Standardised messaging and clearer communication of evidence is needed.

What are families still missing?

Research literacy. Parents don't access journals, so research must be translated into simple formats, and families should always be communicated of the results of trials. Melinda and colleagues host the NICU Lived Network Podcast, created to make research conversations accessible to families. She hopes to add short "trial snapshots" episodes and would love future collaboration with our home grown EPIC Podcast "Premmie Conversations".

Melinda's Vision for the Next 20 Years

- A national lived-experience registry
- Meaningful, paid roles for consumer partners
- Standardised, equitable neonatal information across Australia (for Mums, Dads, Grandparents, Minorities)
- Research communication parents can find, understand, and trust
- To keep building a future where parents are expected, not invited, to help shape trials, guidelines, and policy

All goals she and the executive committee of the PSANZ Lived Experience Advisory Network (LEAN) are working towards.

From Voice to Partnership: LEN Driving Change

Abbey Eeles & Loni Binstock Lived Experience Network Co-Facilitators

In March, EPIC's Lived Experience Network (LEN) met for the first of four sessions this year. Two researchers presented their work and sought early lived-experience input from LEN members. Participants shared practical insights on study design, language, recruitment and accessibility highlighting barriers and opportunities that only lived experience can reveal, and strengthening the relevance and impact of the research.

The group also continued strategic planning, working towards a concise program logic that will guide LEN activity, clarify outcomes, and keep lived experience central to EPIC's work. This work aligns with preparations for the Delphi Adult study, which will identify priorities for adults born preterm, building on the 2022 Delphi study (Eeles et al., BMJ Open).

The LEN aims to support a cultural shift in research practice by partnering with researchers at higher levels of the IAP2 continuum and by increasing lived-experience involvement across the full research cycle, from question development through to dissemination. The LEN's influence extended beyond EPIC, with co-facilitator Loni Binstock presenting at the Oceania Academy conference in Hobart on the Active Prem study. Her presentation emphasised the critical role of lived experience in intervention design, trial conduct and peer support. Read more on page five.

Save the date:

The Research Connection - Saturday 14 November 9.30 - 1.00 pm at The Royal Women's Hospital

The Research Connection is back — a vibrant morning bringing together people with lived experience, medical professionals and researchers to share ideas, build partnerships, and shape the future of prematurity research.

Introducing Amber Bates

Consumer representative, chairperson and co-founder of Tiny Sparks, member of the lived experience group at MCRI, and mum of four.

Amber Bates

*My journey into research and advocacy began when my youngest child was born extremely preterm at 25 weeks. After having three full-term babies, I had no real understanding of what life in the NICU would be like, or how much research and clinical decision-making goes into caring for babies like him. My first involvement in research was through consenting to the clinical trials he was enrolled in, and later through the follow-up studies after he came home. In 2013, some friends and I realised there was a real gap in support and community connection for families in Western Australia, so we co-founded **Tiny Sparks** to help fill that need. Through meeting many families, I began to hear how important it was for them to feel genuinely heard, especially when it came to research. Some felt pressured when approached for trials, others felt disconnected from what researchers were trying to achieve. That's what really pushed me toward consumer representation.*

I joined a research panel in WA and slowly gained more confidence in understanding the research landscape. During COVID, online meetings made it possible for me to join MCRI's Lived Experience group from Perth, opening the door to wider involvement. Since then, I've joined the Perth Children's Hospital consumer advisory group and later served on the hospital executive, helping restructure consumer engagement and establish a dedicated consumer leadership council. I now lead consumer input for the Australian Preterm Birth Prevention Alliance and have even been invited to be a chief investigator on several MRFF funded grants. I've also contributed to priority-setting partnerships, helping shape research agendas around what matters most to families. I'm grateful for the journey we've been on and for the chance to help make the research world more connected and impactful to the families it serves.

What major changes have you seen in consumer involvement over the past eight years?

Looking back over the past eight years, I've seen a huge shift in how consumers are involved in research. When I first started, most of the time we were brought in at the very end to validate an idea. Researchers had already done all the thinking, and we were there to agree (or not) with their plan. Now, there's is a more genuine collaboration. Relationships have grown. Researchers value the lived-experience perspective and are using structured approaches like James Lind Alliance processes to shape research from the very beginning. They're also paying more attention to outcomes that matter to families, quality of life, functionality, wellbeing not just clinical data points. On the consumer side, many of us, including me, have learned a lot about the research pipeline, which means our contributions can be more informed and meaningful.

Looking back at your preterm experience, what's one piece of advice you wish you had?

If I could offer one piece of advice to parents going through a preterm journey, it would be to stay in the moment. It's so easy to get swept up in worrying about tomorrow, next month, or next year, wondering what life will look like, what milestones your child will or won't reach. But in doing that, you can miss the small joys and moments of connection in front of you. Those moments matter, so be present for them.

Research Spotlight: How Much Oxygen Is Right for Preterm Babies?

Adapted with thanks from an Interview with Professor Ju Lee Oei. Read more about Ju Lee's research here.

Almost all extremely preterm babies born before 28 weeks gestation will need help with breathing when they are born. For many years, these babies were given 100% oxygen, but (about 20 years ago) doctors became concerned that high levels of oxygen might cause harm from oxidative stress. As a result, many started using much lower oxygen levels, (21%-30% oxygen). The safety of this approach for extremely preterm infants, who typically have immature lungs and often need extra oxygen after birth was unknown.

What was the TORPIDO 30/60 study about?

We wanted to find out whether initiating respiratory support with higher (60%) oxygen levels was more beneficial than starting with lower (30%) oxygen levels in reducing the risk of death and brain injury in extremely preterm infants.

What did the study found, and what does this mean for parents?

The study found no difference in death or major brain injury between infants who received higher versus lower oxygen levels (60% versus 30%). Despite similar major outcomes, babies in the higher oxygen group achieved target oxygen levels faster.

Why is this important for early stability?

This might indicate that there was not enough separation between the two study groups. However, babies in higher oxygen group required less advanced resuscitation (chest compression). These findings are important because reaching safe oxygen levels faster and requiring less help at birth means better early stability**.**

How can clinicians use this information?

The decision is not as straightforward as merely choosing between 30% and 60% oxygen. Delivery rooms are busy, high-pressure environments, and equipment varies from one hospital to another. More importantly, every baby transitions at birth differently. Unfortunately, we need more information to change our practice. We still don't know the ideal starting oxygen level for extremely preterm infants. We believe that it is time to review the practice of starting with 100% oxygen, especially with the availability of modern continuous monitoring, which was not an option decades ago.

What role can parents play & what's next? It is important to recognize that this is a rapidly evolving field . As researchers and parents, we should work together to find out the safest answers for our little babies. Parents can advocate for their infants by asking, "How will my baby's oxygen levels be monitored at birth?". The research team is now planning to study higher oxygen levels- 100% oxygen, using modern monitoring tools to ensure that babies remain within safe oxygen ranges.

Explore the scientific paper & research summary. Congratulations to Prof. Ju Lee Oei, Prof. William Tarnow-Mordi & Dr. Adrienne Kirby for securing Thrasher Research Funding for long term follow-up for the TORPIDO 30/60.

Babble Boot Camp© for preterm infants and toddlers: Coaching caregivers on early communication development

Victoria Heinlen M.S. & Prof. Angela Morgan

Victoria Heinlen, Speech Pathologist & PhD Candidate

From the moment children are born, they are communicating. Eye contact, crying, reaching, cooing, and babbling are all examples of what children use to communicate with their providers. There is much scope for picking up communication difficulties based on delays in these early signs.

Yet detection of delayed speech and language development doesn't typically occur until between 2-3 years of age when a child is expected to be using words or phrases. There are some cases in which we know children have higher chances of speech and language delays and we could be better targeting early communication skills in these cases, to prevent or minimize the longer-term impact of a speech or language disorder.

Babble Boot Camp© (BBC) is a proactive, telehealth, early speech and language intervention for children from birth to two years old. Previous studies with known early conditions that place children at risk of communication disorders such as Classic Galactosemia, show promising results for minimizing the severity of speech and language disorders in this group.

As a part of a study in the Translational Centre for Speech Disorder CRE at MCRI, our team plans to trial BBC with infants born very preterm (less than 32 weeks gestation) to see BBC's impact on early communication development in the preterm population. This intervention, delivered by a speech language pathologist, will coach caregivers of preterm infants prelinguistic behaviours to model with their babies. To learn more, explore the research of the Translational Centre for Speech Disorders

Education: Introducing our new podcast - Premmie Conversations

Ju-Lee Oei, Shiraz Badurdeen, Megan Morales & Tugba Alarcon-Martinez, EPIC Education Leads.

The Education Team has been working hard behind the scenes planning the newest education initiative. Our very own podcast!

This podcast is truly a whole-of-EPIC community collaboration, bringing together voices from across the CRE and beyond. Including our Lived Experience Network and many external collaborators.

We are launching a round-table style discussion that responds directly to key gaps identified in the recent Education Survey. Thank you to everyone who voted on the name. We're excited to officially begin recording Premmie Conversations.

The series will be co-hosted by Loni Binstock and guests and produced with the support and guidance of the Education Hub at Royal Melbourne Hospital. We aim to foster open, practical and evidence informed research conversations that support learning and clinical practice.

From Research to Real Impact: Paeds Co-Lab at 13th OACPD

Prof. Alicia Spittle

In March, many of the University of Melbourne allied health team Paeds Co-Lab (Paediatric Collaborative for Learning and Allied Health Research) attended the 13th Oceania Academy of Cerebral Palsy and other Childhood-Onset Disabilities Biennial Conference in Hobart.

Professor Alicia Spittle was the co-president of the Oceania Academy for the past 4 years with Professor Sarah McIntrye from the Cerebral Palsy Alliance. The conference members of our team presented: 14 oral presentations, 5 workshops. 1 poster, 2 pre-conference workshops, 1 skills lab and congratulations to Kate Rawnsley for her top 7 PhD presentation.

Congratulations to Gemma Duff who was awarded a Oceania Conference Scholarship. It was the first time Loni Binstock attended this conference as a member of our team with lived experience. It was great to see her present at several workshops and share her love of prematurity research, especially in co-design.

The big take away from the conference was the importance of partnerships in making a difference in the lives of people with childhood-onset disabilities.

PSANZ 2026 Conference Highlights

Prof. Brett Manley & Dr. Tugba Alarcon-Martinez

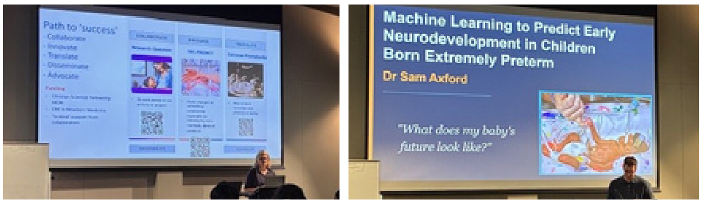
Australian Paediatric Neuropsychology Research Network

The APNRN conference, hosted in Sydney in October 2025 was successful and well represented by the Anderson Lab. Congratulations to the team for several awards (read more on page 7). Zi Yan Ong, Lauren Rossetti (also in the organising committee), Taylor Mills, Prof. Peter Anderson, Caitlin Hyransidis, Kaitlyn Corso & Fatma Lelik all of whom presented in the DataBlitz.

MCRI Clinical Sciences Symposium

Researchers and professional staff joined for a day of connection and innovation. The day included a session highlighting various support teams across the MCRI research lifecycle, a lively 3-Minute Thesis round, and insightful presentations from the dedicated nurse researchers in Clinicial Science.

The afternoon focused on artificial intelligence in healthcare, exploring emerging clinical and administrative applications alongside an eye-opening ethics discussion on responsible AI use in research, facilitated by Nitya Phillipson. Congratulations to Rosemarie Boland, Sam Axford and Francyne Finlayson for presenting, and to Lauren Rossetti for doing a wonderful job co-hosting the EMCR session.



A/Prof. Rosemarie Boland (Left) & Dr. Sam Axford (Right)

The joint PSANZ and FAOPS Congress, held in Perth in March, brought together more than 800 perinatal clinicians, researchers, nurses, midwives and consumer advocates from across Australia, New Zealand and the Asia-Pacific region. The program emphasised collaboration, connection and shared learning to improve outcomes for mothers, babies and families. A strong theme throughout the congress was a shift beyond survival alone toward optimising long-term outcomes for preterm and critically unwell infants. Sessions covered advances in neonatal intensive care, surgical and neonatal follow-up, and multidisciplinary models of care extending beyond discharge. Neurodevelopment, chronic lung disease, growth, feeding and family wellbeing were recurring priorities. International experts from Japan and the United States shared advances in care for infants born below 24 weeks' gestation.

Emerging clinical trial findings featured prominently, including the AIROplane trial on initial oxygen strategies for moderate- to late-preterm infants, the POLAR trial examining optimal delivery-room PEEP for preterm stabilisation, and the PLUSS-2 study exploring longer-term outcomes following early intratracheal budesonide. Keynote presentations highlighted woman-centred maternity care trials (MyTIME and Sweet Mum+Baby) and population-level research aimed at improving Aboriginal perinatal outcomes. Family-centred care and lived experience were strongly showcased, with Melinda Cruz's work on the Lived Experience Committee (LEC) of the PLATIPUS trial redefining what meaningful consumer engagement can look like in complex trials.

EPIC was well represented, with presentations from Tugba Alarcon-Martinez, Louise Owen, Ju Lee Oei, Peter Davis and Brett Manley. Congratulations to Tugba Alarcon-Martinez who received the Judith Lumley Centre Travel Award for best oral presentation. EPIC sponsored the Early Career Researcher (ECR) evening session, featuring Kate Hodgson (right) discussing CRE-led initiatives to support ECRs.

Dr. Kate Hodgson

Neotree: Where Newborn Care, Data and Partnership Meet

Reflections from UCL Professor Michelle Heys, NIHR Global Health Researcher, founder and trustee of the Neotree Charity.

Neotree is an open-source digital platform designed to support newborn care in low-resource settings. At its core, it brings together four key elements: bedside clinical decision support, high-quality digital data capture, feedback for local quality improvement, and low-dose, high-frequency training for healthcare workers. Article written with thanks to Professor Michele Heys for sharing her reflections and expertise. You can also listen to the #MadeAtUCL podcast episode.

What inspired the idea for Neotree?

Neotree began when I was working in Nepal. I led the first long-term follow-up of a remarkably successful community intervention to reduce newborn mortality. About ten years after the original intervention, the data suggested possible ongoing improvements in survival and also reductions in childhood disability. But when I spent time in the communities and health facilities, I noticed something important had changed. Over time, policy-driven shifts toward facility-based births became evident. While this transition increased access to skilled delivery care, it was not matched by equivalent improvements in postnatal and neonatal care systems, particularly for preterm and low-birthweight infants. Facilities experienced rising delivery volumes without adequate training, clinical decision support, or reliable data systems to ensure quality newborn care. Influential global analyses, demonstrated that around 70% of neonatal deaths could be prevented through effective scale-up of existing, low-cost interventions, while parallel work highlighted that many neonatal deaths and stillbirths were not being counted in routine data systems, limiting accountability and quality improvement. Neotree emerged at the intersection of these pivotal insights: strong evidence that newborn deaths are largely preventable; recognition that quality facility-based newborn care was lagging behind policy shifts; and growing awareness that newborns were often not systematically counted. Together, these studies and experiences informed the development of Neotree- designed to support frontline clinicians, improve data quality, and strengthen newborn care in low-resource health facilities.

Neotree is designed to support frontline clinicians working in very challenging settings. How did you involve clinicians and families early on to make sure the tool reflected their real-world needs?

Neotree was built through early and ongoing partnership with frontline clinicians and families. Rather than starting with a technology solution, the team focused on understanding where newborn care was breaking down in real clinical settings working alongside nurses, doctors, managers, and data teams to identify everyday challenges such as delayed triage, fragmented paper records, limited access to guidelines, and weak feedback loops. Described in a UCL case study on improving newborn survival rates in India, ensured the platform was shaped by real-world clinical needs rather than assumptions. Families and communities were also recognised as central to defining quality care, influencing priorities such as communication, trust, dignity, and safe referral. Drawing on participatory research methods and prior work with women's groups, Neotree has evolved as a "digital-meets-human" system combining technology with partnership, training, and learning alongside those delivering care. Ultimately, improving neonatal care is not just about better clinical protocols or better digital tools. It is about building systems that are more responsive to the realities of families' lives and making sure that the people most affected by care are part of shaping how that care improves.

Digital health tools often struggle to scale. What major challenges has Neotree faced in moving from pilot to sustained implementation?

A major challenge in global digital health is sustaining scale beyond pilots. For Neotree, this has meant addressing not only technical issues such as infrastructure, staffing, and interoperability, but also the organisational and political realities of embedding tools within health systems. Scaling has required strong local leadership, ministry engagement, governance, and ongoing adaptation rather than one-off deployment. As a result, Neotree has focused on integration within national systems in Malawi and Zimbabwe, supported by in-country development, open-source collaboration, and long-term partnerships. A key lesson has been that generating high-quality data is only the first step—teams also need support to interpret and use data for quality improvement. Overall, sustainable digital health is about embedding technology into everyday system practice, not simply rolling out software.

What would you say to researchers who want their work to truly make a difference in the real world, and where is Neotree heading next?

My advice to researchers is to start with the real-world problem as experienced by patients, families, and frontline staff not with the technology or the paper you want to publish. Meaningful impact comes from understanding where care breaks down, building in partnership, and being willing to engage with the complexity of implementation, systems, and policy. This work is often slower and messier than expected, and resilience, humility, and persistence matter as much as innovation. Impact is also inherently interdisciplinary, sitting at the intersection of clinical care, data, social science, design, and community engagement.

For Neotree, the next phase is about both scale and depth: supporting Ministries of Health to lead, embedding Neotree within national systems, expanding across hospitals, primary care and perinatal care through Mummytree, and strengthening the learning health system linking care, data, training, and quality improvement. We are also carefully exploring AI-enabled clinical decision support, using high-quality routine data to support earlier identification of high-risk newborns always with the aim of supporting, not replacing, clinical judgement. The core goal remains unchanged: ensuring every newborn is counted, cared for, and given the best possible chance of survival and long-term health.

PhD Highlights

Kaitlyn Corso

BPsych(Hons), Psychologist, PhD Candidate (Clinical Neuropsychology)

Hello! I'm Kaitlyn, an early career researcher, psychologist and recently submitted (phew!) PhD candidate. Having had personal experience of the NICU world and the rollercoaster that comes with a baby's challenging start to life, I've long been drawn to understanding how we can best support vulnerable children and their families from the very start.

One of the greatest privileges of my training has been working clinically alongside children born preterm and their families across projects within the EPIC network. From 12 months through to 19 years of age, these children and their families have been an absolute joy to work with. They are kind, resilient, and remarkably generous in sharing their experiences. I have learned so much from them, and they remain my biggest motivation.

This motivation sits at the heart of my PhD, which explored how children born very preterm fare academically as they move through school, both from the perspective of national curriculum data (you may be familiar with the NAPLAN!) and of families navigating their child's academic journey alongside them (see our recently published paper here). A central theme of this work is that academic outcomes are far more varied than they might appear, with each child bringing their own unique strengths and experiences to learning. Supporting them well means understanding and responding not just to the child, but the broader context around them.

Looking ahead, I'm excited to continue growing as a clinician-researcher, supporting children and families to thrive, however that looks for each individual. None of this would have been possible without the support of the EPIC community. I'm especially grateful to the Lived Experience Network, whose voices and involvement continue to shape research that is meaningful, relevant, and grounded in real experience.

Dr Sam Axford

MBBS FRACP

I'm a Neonatologist at the Royal Children's Hospital, and PhD candidate with the Murdoch Children's Research Institute and The University of Melbourne.

My PhD sits at the intersection of neonatal medicine and data science, exploring whether machine learning can predict early neurodevelopmental outcomes in children born extremely preterm. Despite remarkable advances in neonatal care, the ability to predict which individual infants will go on to experience cerebral palsy, developmental delay, or disability remains limited. My research asks whether the wealth of clinical information already collected during neonatal care can be harnessed through machine learning to answer this question more precisely.

My work has unfolded across several interconnected projects. A systematic review, published last year, established the evidence base for a broad range risk factors affecting neurodevelopment in very preterm children. Building on this, I have developed and internally validated machine learning prediction models using data from the Victorian Infant Collaborative Study (VICS). I am now assessing whether these models generalise to new populations through external validation on the Australian and New Zealand Neonatal Network registry and a new cohort of VICS babies. I have had promising results, particularly for cerebral palsy prediction.

I'm particularly motivated by the translational potential of this work: moving from population-level risk statistics toward individualised, clinically actionable predictions that can meaningfully inform conversations between clinicians and families during an uncertain time, as well as identify those most at risk who may benefit from early developmental support

I look forward to exploring how machine learning-based prediction tools can be integrated into neonatal practice to support and ultimately improve care for extremely preterm infants and their families.

Congratulation's to Paeds Co-LAB team for winning the University of Melbourne Health Sciences Staff Excellence awards for Interdisciplinary Research Innovation Award (Dec, 2025). Congratulation's to Lauren Rossetti for winning the David Harvey Young Investigator Award (Nov, 2025) Neonatal update 2025 Imperial College London. Congratulations to Kaitlyn Corso for the 2025 Best Early Career Paper Award, from the School of Psychological Sciences, Monash University. Congratulations to Dr Amanda Kwong for her winning presentation at the Digital Health Week 2026: Digital Futures Conference. Congratulations to the Anderson lab's - Zi Yan Ong (Science Communication Award), Lauren Rossetti (ECR Oral Presentation Excellence Award), and Kaitlyn Corso (PhD Oral Presentation Excellence Award – Runner-Up) at the APNRN Conference, held in Sydney in October 2025. Congratulations Cassidy Du Berry for winning the Peter Phelan Paediatric Research Award from the Thoracic Society of Australia and New Zealand at Perth TSANZSRS 2026 in March.

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110 DAYS

An exhibition by Jo Lauritz
27 April – 29 May '26
Opening: **Saturday 2 May 1-3pm**
Artist Talk: **30 May 12pm**
Venue: **Parallel Projects - 138 Cowper Street Footscray VIC**

A mother's vigil. A ritual of remembrance. A meditation on survival.

Even after 27 years, artist Jo Lauritz still feels, deep in her core, the birth of her extremely premature daughter.

Born 16 weeks early, her daughter's life began suspended between fragility and force.

Connection came not through touch, but through devotion: expressing milk from an exhausted body; watching anxiously as her baby teetered behind a wall of medical equipment; learning, in darkness, the language of machines and hope.

Many extremely premature babies do not survive but their will to live is innate and a mother's will to sustain them is instinctive. The devotion within a Neonatal Intensive Care Unit (NICU) transcends the clinical becoming something elemental, human and fiercely tender.

110 Days is Jo's ritual return to that time.

Over the course of revisiting her daughter's hospitalisation, 110 days in NICU and special care, Jo created one delicate porcelain vessel each day. Paper-thin and unfired at first, the forms demanded patience and surrender. As she sanded and held each fragile object, she journalled the emotions that resurfaced: gratitude, fear, awe, exhaustion, faith.

The resulting body of work communicates viscerally through repetition and material fragility. Each vessel stands as a quiet marker of a day once lived hour by hour. Together, they form an installation that slows the viewer down, inviting reflection on resilience, maternal devotion, and the extraordinary work of NICU teams.

This exhibition speaks not only to the arts community, but to hospitals, healthcare professionals, councils, and organisations committed to community wellbeing. It is both tribute and testimony, honouring the care that sustains life at its most vulnerable edge.

In its stillness, 110 Days becomes an offering, a gesture of profound gratitude and a reminder that survival is rarely singular, it is collective.

PARA///EL
PROJECTS
138 Cowper St Footscray