Provincial Council for Maternal and Child Health
Maternal-Newborn Advisory Committee
Mother-Baby Dyad Care Work Group

Terms of Reference

Background/Context
Building a brighter future for children begins by ensuring a good start to life with access to appropriate levels of care for mothers and newborns in Ontario. We require an integrated and coordinated provincial system of maternal and neonatal services capable of delivering timely, equitable, accessible, high quality, evidence-based, family-centred care in an efficient and effective manner.

The Issue
Demand for maternal-newborn services is expected to increase. This growing demand places increasing pressure on the already stressed specialized maternal and newborn care system. Many Level III Obstetrical Units and Neonatal Intensive Care Units (NICUs) are operating at levels that do not allow for accommodation of surges resulting in high risk pregnant women and the most fragile neonates being transferred out-of-region or out-of-country for care.

In June, 2008 the Maternal-Newborn Advisory Committee (M-NAC) was convened by the Provincial Council for Children’s Health (now PCMCH) and the MOHLTC to address system issues related to maternal-newborn care in Ontario. M-NAC has initiated several work groups to address a number of system issues that affect access to tertiary services including: Fetal Fibronectin Testing; remote screening for retinopathy of prematurity; infection prevention and control policies for maternal-newborn units; access to maternal-newborn services; and transport services for pregnant women, newborns and children.

During the deliberations of the Access to Care Work Group the need for consistent practice in the area of support for mother-baby dyad care and avoidance, whenever possible, of separations due to admission to the Special Care Nursery was raised by work group members.

“During the immediate postpartum period, the mother and newborn, within the context of their family or personal support, should be viewed as a unit. Whenever possible, disruption of the close parent-infant relationship during the crucial few hours following birth is to be avoided and direct physical contact between the baby, mother, and father strongly encouraged. The parent-infant bond — the first step in the infant’s subsequent attachments — is formative to a child’s sense of security and has long-lasting effects. Indeed, the benefit to the parents should not be underestimated: this early physical contact with the baby affirms their sense of accomplishment and promotes their self-confidence as parents. Keeping babies and
parents together should clearly be of the highest priority. Institutional policies can at times restrict this contact, so flexibility should be the guiding principle."

**Work Group Purpose**

Develop an implementation strategy for the recommendations in the Access Work Group report to: promote consistent admission criteria for Special Care Nurseries optimize transition of newborn period care and promote care of the infant with the mother.

**Objectives**

To:
- Identify the current state of mother-baby dyad care across the province
- Identify best practices in mother-baby dyad care
- Review best practices for maintaining mother-baby dyad care in the instance of potential or actual complications such as Neonatal Abstinence Syndrome, jaundice, intravenous access required, etc.
- Identify resources, skills and educational requirements to support mother-baby dyad care
- Recommend strategies to standardize best practice in mother-baby dyad care
- Identify a methodology for benchmarking Level II nursery admissions

**Membership**

The Work Group membership will be multidisciplinary and represent the following areas of expertise:
- Level I administrator at a site without a nursery
- Postpartum administrator at a site with a Level II nursery
- Postpartum administrator at a site with a Level III nursery
- Level I in-hospital infant care providers
- Midwife
- L&D nurse
- Post partum nurse
- L&D physicians
- Level II infant care providers
- Respiratory Therapist
- Educator (maternal-newborn)
- Family MD from level I
- Paediatrician

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Reporting Relationship
The Mother -Baby Dyad Care Work Group will report to the Maternal-Newborn Advisory Committee.

Frequency of Meetings
To be determined by the Work Group

Decision-Making Process
Members share accountability for decisions. There should be open and direct communication based on honesty, respect and transparency, to ensure that all perspectives are heard. Decisions should be evidence or most-promising practice-based. Decisions will be made by consensus whenever possible.