

# Provincial Council for Maternal and Child Health

## Maternal-Neonatal Clinical Advisory Group

### Terms of Reference

#### 1. BACKGROUND

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

#### 2. FUNCTIONS

Recognizing that the continuum of care within the maternal-child health care system in Ontario ranges from health promotion and public health through primary to quaternary levels of care, in addition to a broad range of community-based services, the Maternal-Neonatal Clinical Advisory Group (M-NCAG) will conduct reviews and provide advice on clinical content requested for review by the Maternal-Neonatal Committee (M-NC). This clinical content may include – but is not limited to – best practice guidelines, quality standards, medical literature, and patient education materials. The advice provided may include recommendations for policy/quality improvement initiatives, prioritization of such initiatives, and identification of concerns, challenges, and/or barriers to implementation of practice change related to the clinical content reviewed.

#### 3. REPORTING RELATIONSHIP AND ACCOUNTABILITY

The M-NCAG will report to the M-NC.

The PCMCH Secretariat will provide support to the M-NCAG. The M-NCAG will establish representative work groups to facilitate its mandate.

#### 4. MEMBERSHIP

The overall composition of the M-NCAG should reflect a balance of skills, expertise and perspective needed for the Group to fulfill its roles and responsibilities. Membership as a whole should reflect the scope of the M-NC, including: the continuum of primary to quaternary care; the spectrum of maternal-neonatal health care services; community and institutional settings for the delivery of care/services; professional disciplines; rural, urban and remote perspectives; and the diversity of the communities served.

Membership will include representation from the following:

- Midwifery
- Indigenous Midwifery
- Obstetrics
- Neonatology
- Family practice
- Nursing
- Patient/family
- Indigenous communities
- BORN Ontario

- Maternal Mental Health

Ad hoc members (for example, Public Health) may be brought in to support the review of content for which specialized expertise that is not reflected in the M-NCAG membership is needed.

The generic qualities/attributes expected of all members include:

- Senior-level clinical expertise in the maternal-child health services sector in Ontario
- In depth knowledge of the Ontario system of maternal and child health care services
- Systems thinking
- An understanding of the obligation to act in the best interests of the Ontario system of maternal-neonatal health care as a whole
- Ability to work and communicate effectively as a member of the M-NCAG with other members of the Group and the staff of the PCMCH
- Ability and willingness to commit the necessary time to participate in the M-NCAG meetings and meeting preparation

#### **Process for the Selection of Members**

Members will be identified by M-NCAG Co-Chairs through consultation with the M-NC and PCMCH, and a membership slate shall be reviewed by the Governance and Nominations Committee (GNC) of the Council for approval.

#### **Terms of Office of Members**

Members will serve a single 3-year term with an option to renew once.

#### **Officers**

The Officers of the M-NCAG will be its Co-Chairs.

#### **Process for Selection of the Officers**

Co-Chairs will be identified by M-NC Co-Chairs and appointed by the GNC.

#### **Terms of Office of Officers**

The co-chairs will serve a maximum of two 3-year terms. Their turnover will be staggered.

#### **Use of Alternates**

The use of alternates or designates by members is not permitted.

#### **Attendance**

The M-NCAG meets at least 4 times a year. In order to maintain their seat on M-NCAG, a member must be present for a minimum of 3 meetings per year (75% attendance).

### **5. DECISION MAKING AND QUORUM**

The M-NCAG will act in the best interests of the citizens of Ontario and the maternal-neonatal health care system. Decisions will be based on the interests of the citizens of Ontario and the system of services, rather than the interests of any single organization or component of that system.

All M-NCAG members share accountability for decisions and results. There will be open and direct communication based on honesty, respect and transparency to ensure that all perspectives are heard. Decisions will be based on best evidence whenever possible.

Quorum is set at 50% + 1 of membership for decisions.

Decisions will be made by consensus if possible; if consensus is not achieved, then a majority-based decision will be made. If voting is required, members are entitled to one vote, which should include the opportunity for absentee members to provide input. The views and issues of any minority perspective will be reflected in final reports and recommendations. There will not be an appeals process.

Decisions are binding and all members will support the decisions and work of the M-NCAG after decisions have been made.

#### **6. CONFLICT OF INTEREST**

Members of the M-NCAG shall disclose to the Co-Chairs of the Group, without delay, any actual or potential situation that may be reasonably interpreted as either a conflict of interest or a potential conflict of interest.

#### **7. COMMUNICATION AND CONFIDENTIALITY**

M-NCAG material should be treated as confidential. It will be clearly stated when M-NCAG material is no longer confidential.

#### **8. MEETING SCHEDULE**

Quarterly

#### **9. SECRETARIAT**

The M-NCAG will be supported by a secretariat that is comprised of:

- An Executive Director
- Program Manager(s)
- Program Coordinator
- Decision Support Specialist (ad hoc)
- Administrative Assistant(s)

#### **10. TERMS OF REFERENCE**

The Terms of Reference for M-NCAG will be reviewed as necessary and/or at a minimum of every two years.