

Provincial Council for Maternal and Child Health

Maternal-Neonatal Committee

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 Committee (M-NC) (formerly the “Maternal-Neonatal Advisory Committee”) will identify priorities and recommend strategies for the achievement of a coordinated system of maternal-neonatal health services delivered in both community and hospital settings and sensitive to urban, rural and remote settings. This will include engagement with regional maternal-child health networks, primary care providers, and other stakeholders to facilitate implementation and influence adoption of approved initiatives.

The strategies will focus on:

1. Equitable access to timely, high quality, evidence-based, family-centred care at the appropriate level for all pregnant women and neonates in Ontario as close to home as possible
2. Equitable access to specialized services optimizing maternal-neonatal care
3. Identification and implementation of evidence-based practice and standards of care
4. Data and information systems to inform practice, policy and to promote accountability

The M-NC will be supported by a Clinical Advisory Committee.

3. REPORTING RELATIONSHIP AND ACCOUNTABILITY

The M-NC will report to the Provincial Council for Maternal and Child Health (PCMCH).

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

4. MEMBERSHIP

The overall composition of the M-NC should reflect a balance of skills, expertise and perspective needed for the Committee 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:

- Ministry of Health and Long-Term Care Provincial Programs Branch
- BORN Ontario
- Critical Care Services Ontario
- Regional Networks
- LHINs
- CritiCall
- Maternal-Neonatal leadership representatives
 - Midwifery
 - Indigenous Midwifery
 - Obstetrics
 - Neonatology
 - Family practice
- Patient/family
- Indigenous communities
- Priority project leads (ex officio)

Executive sponsorship will be provided by the Assistant Deputy Minister, Negotiations and Accountability Management Division, Ministry of Health and Long-Term Care.

The generic qualities/attributes expected of all members include:

- Senior executive level clinical and/or operational leadership role in the maternal-child health services sector in Ontario
- In depth knowledge of the Ontario system of maternal and child health care services
- Authority to lead implementation of quality improvement initiatives at the centre, regional, and/or provincial level
- Ability to provide linkages to key stakeholder groups and organizations in the system of maternal-neonatal health care
- Systems thinking
- An understanding of the scope and roles of the M-NC
- 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-NC with other members of the Committee and the staff of the PCMCH
- Ability and willingness to commit the necessary time to participate in the M-NC meetings and meeting preparation

Process for the Selection of Members

Members will be identified by Committee Co-Chairs through regional or provincial bodies such as the LHINs, 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-NC will be its Co-Chairs.

Process for Selection of the Officers

Co-Chairs will be identified by Council Co-Chairs and appointed by Council, based on recommendations put forward 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-NC meets at least 4 times a year. Meeting dates are circulated a minimum of a year in advance. In order to maintain their seat on M-NC a member must be present for a minimum of 3 meetings per year (75% attendance).

5. DECISION MAKING AND QUORUM

The M-NC 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-NC 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 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, excluding ex officio, 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-NC after decisions have been made.

6. CONFLICT OF INTEREST

Members of the M-NC shall disclose to the Co-Chairs of their 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-NC material should be treated as confidential. It will be clearly stated when M-NC material is no longer confidential.

8. MEETING SCHEDULE

Quarterly

9. SECRETARIAT

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

- An Executive Director
- Program Manager(s)
- Program Coordinator
- Administrative Assistant(s)

10. TERMS OF REFERENCE

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