



PROVINCIAL COUNCIL FOR MATERNAL AND CHILD HEALTH  
**ANNUAL REPORT 2021/22**





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## ABOUT US

### Our Vision

Healthy pregnancies, babies, children and families for lifelong health in Ontario.

### Our Mandate

To provide evidence-based and strategic leadership for reproductive, neonatal and paediatric health services in Ontario.

### Our Values

Individual and Family-centred  
 Collaborative  
 Inclusive  
 Equitable  
 Evidence-informed  
 Innovative  
 Systems and Results-focused  
 Transparent

We achieve our mandate through collaboration with provincial government agencies and organizations, regional reproductive and child health networks, care providers, and patients and families.

PCMCH is funded by the Government of Ontario.

## ACKNOWLEDGEMENT OF THE LAND AND FIRST PEOPLES

PCMCH acknowledges the territory of the Haudenosaunee, Wendat and Anishnaabe people on which it operates. This land is governed by the Dish with One Spoon Treaty, which is a nation-to-nation agreement committing these nations to share the territory in peace, friendship and respect. All newcomers are symbolically included in this treaty and in the spirit of these obligations. Today, Toronto is home to Indigenous Peoples from across Turtle Island.

PCMCH recognizes that Indigenous practices of health and well-being have been in place in this territory since time began and are maintained to this day. PCMCH's members and stakeholders are located on traditional Indigenous territories across Ontario. PCMCH is grateful for the opportunity to work and live on this land. We encourage all to reflect on, and acknowledge, the harms and mistakes of the past and to consider how we can each, in our own way, move forward in a spirit of reconciliation and collaboration.

PCMCH remains committed to, and acknowledges responsibility for, building and improving relationships with First Nations, Inuit, and Métis peoples.

## MESSAGE FROM THE EXECUTIVE DIRECTOR AND GOVERNING COUNCIL CHAIR

Throughout 2021, Ontario's dedicated healthcare providers continued adapting to a system that has been irrevocably changed by COVID-19. The pandemic has made us reconsider how we deliver care to those who are most at risk of negative outcomes if they contract the virus, including pregnant individuals, babies and children, people with compromised immune systems and the unvaccinated. It also drew attention to the stark inequities faced by too many Ontarians, not just in healthcare but in other aspects of their lives as well.

Over the past year, PCMCH remained focused on providing healthcare professionals with reliable evidence-based information and resources to help them keep Ontario's pregnant, newborn, child and youth, and family populations healthy within our current context. But, because our vision encompasses people's "lifelong health", we also worked to ensure that the initiatives we pursued and resources we developed throughout 2021-22 support Ontarians' physical and mental health now and into the future.

In this report, you'll read about our most significant achievements of the past year. You will also learn about PCMCH's commitment to fostering a more equitable and inclusive healthcare system. In 2021, we took steps that, moving forward, will help ensure that PCMCH's work reflects Ontario's

diverse populations and their different needs. This includes implementing recruitment strategies that will expand the composition of PCMCH's staff, Governing Council and committees to ensure our work is informed by a wider range of professional, cultural and lived experiences, reviewing our communications through an equity, diversity and inclusion (EDI) lens, as well as several other actions.

PCMCH would not be as successful in the work we do without the dedication and expertise of our Governing Council and Committee members. Their knowledge, skill and passion, shared so generously with us, ensures that the initiatives, resources and information we produce will effectively support care providers, pregnant people, children, youth and families as they make important decisions around health and well-being. We also thank the PCMCH Secretariat staff for another year of bringing their outstanding leadership to PCMCH's initiatives.

At the time of writing, Ontario was experiencing COVID's sixth wave, and the future continues to feel uncertain for many. Regardless of what the coming months may bring, PCMCH will remain committed to being an organization whose work promotes the respect, dignity and good health of every Ontarian.



Sanober Diaz  
Executive Director



Dr. Jackie Schleifer Taylor  
Governing Council Chair



## OUR COMMITMENT TO EDI

PCMCH has made advancing equity, diversity and inclusion (EDI) within Ontario's reproductive and child health system a high priority. In the past year, we built upon our previous work to help ensure EDI is further integrated into the organization and in how care is provided in the reproductive and child health system. We did this by:

- Convening the Inclusivity, Diversity, Equity and Access Advisory Group (IDEA), which helped PCMCH identify ways to advance culturally safe, accessible and equitable healthcare services across the reproductive and child health system.
- Making sure Ontario's diverse population is reflected in our staff, Governing Council and committee membership by including questions about diversity and equity in our recruitment processes and giving weighted consideration to candidates with experience in equity and diversity.

- Examining how we can better ensure diverse perspectives, including those of patients and families with lived experience, Indigenous healthcare organizations, providers and Elders; organizations and care providers working with BIPOC, marginalized and racialized communities, and other equity-deserving groups are heard on our Council and committees.
- Advancing Indigenous health equity through increasing knowledge and action related to Canada's colonial history and its impact on current systemic realities by looking at how relevant components of the Truth and Reconciliation Commission's Calls to Action could be advanced/incorporated into PCMCH's work and by providing Indigenous cultural safety training for Governing Council members and staff.

- Embedding a health equity lens into our work by:
  - developing and piloting a PCMCH-specific health equity impact assessment tool that looks at whether there are any unintended impacts for disadvantaged populations when developing recommendations and guidelines;
  - conveying inclusivity in the language we use in our communications; and

- creating a safe forum, held quarterly, in which staff can discuss the impact of racism, have uncomfortable conversations about EDI, and identify ways to move forward with PCMCH's EDI activities.

Our work is ongoing, and we recognize that meaningful change only comes from a sustained long-term focus on addressing health equity and valuing diversity. Follow our journey towards a more equitable, diverse and inclusive organization and healthcare system in the EDI section of our website.



**8**

New or updated clinical resources for healthcare providers and families released



**43%**

Increase in followers on social media platforms



**2021  
BY THE  
NUMBERS**



**300**

Ontario hospitals, community clinics and health organizations with representatives on our Council and Committees



**1,900+**

Attendees at our webinars

## COVID-19: SHARING THE FACTS

“Really appreciated the most up-to-date information presented! My family doctor did not specifically recommend COVID-19 vaccination when I became newly pregnant because they said there isn’t enough information. They told me the decision is mine to make. This [webinar] provided very helpful information to guide me to get the vaccine.”

– Webinar attendee

COVID-19 continued to have a significant impact on the mental and physical health of Ontarians and the delivery of healthcare services throughout the past 12 months. As Ontario entered into the fifth and sixth waves of the pandemic, PCMCH maintained its commitment to ensuring healthcare providers, perinatal patients, and families with newborns, children and youth had access to information and resources based on current and reliable research.

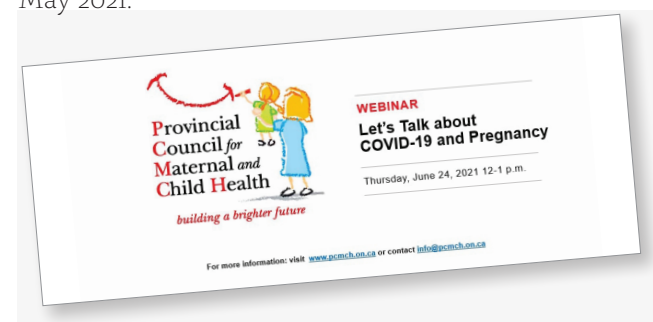
### Supporting Care Providers

In July 2021, we updated our *Maternal-Neonatal COVID-19 General Guideline and Pregnancy Care Guideline* to provide frontline care providers with guidance reflecting the evolving context around care for perinatal patients. Our statement regarding the use of N95 respirators and the importance of vaccination in December 2021 was in response to the rise in COVID-19 case counts related to Omicron.

### Engaging Patients and Families

In January 2022, updates to our *I am pregnant or breastfeeding. Should I get the COVID-19 Vaccine?* patient information sheet reflected the growing evidence that vaccination is a pregnant person’s safest choice to protect themselves and their baby against the known risks of COVID infection. The importance of booster doses and research highlighting that vaccinated breastfeeding individuals pass potentially protective antibodies to the baby were emphasized in the revisions.

In addition, we hosted our first COVID-related webinar in June for pregnant people. Clinical experts and people with lived experience answered viewers’ questions about the potential implications of a COVID infection during a pregnancy and the safety of COVID-19 vaccines. We also hosted four *COVID and Pregnancy* webinars for healthcare providers throughout May 2021.



“I appreciated hearing from both experts and someone who spoke to their firsthand experience.”

– Webinar attendee

Recognizing that children with medical complexities (CMC) are at heightened risk of adverse effects from COVID-19 infection, PCMCH also released *5 Things to Know About COVID-19 Vaccines for Children with Medical Complexities*. Produced for distribution at Complex Care for Kids Ontario program clinics, the handout addresses questions and concerns families and caregivers may have about vaccinating CMC against COVID-19.

As of spring 2022, COVID-19 had not subsided in Ontario, which means our work is not done. In the coming months, PCMCH will follow the research on the virus, updating and revising our guidelines and resources, and developing new ones as needed, in our efforts to support care providers and help Ontario’s perinatal patients, newborns, children, youth and families maintain their health and well-being.

### Expanding Engagement

Effectively sharing information and building connections with stakeholders through social media plays an important part in meeting our goals. Throughout 2021-22, our timely, relevant and evidence-based posts helped us grow our followers on Twitter, Facebook and LinkedIn by up to **43 per cent**. Through these platforms, and a new Instagram account, we expanded our reach to new audiences of care providers, patients, researchers and policy makers, as well as reproductive health, community care and family-centred clinics and agencies across Ontario.

Our expanded online presence also resulted in:

- an over **100 per cent** increase in mentions of PCMCH on Twitter, and
- an average increase of **18 per cent** in post re-shares on Facebook.

In October, we partnered with the Ministry of Health on a social media campaign to promote COVID vaccination for pregnant individuals. Our social media activity also contributed to growth in webinar registration numbers. In 2021-22, PCMCH hosted 17 webinars that were attended by over 1,900 people, with the three most highly attended webinars for healthcare professionals being:

- COVID-19 in the Third Wave and the Maternal-Neonatal Population
- Safe Administration of Oxytocin
- Starting the Conversation: Perinatal Mental Health

Lastly, March saw the relaunch of a streamlined and reorganized PCMCH website that will help healthcare providers, Ontarians at any stage of pregnancy, families and other stakeholders find the information they need when making decisions about healthcare.

## SUPPORTING HEALTHY PREGNANCIES

### Did you know?

Approximately 300 different organizations from across Ontario, including hospitals, community clinics, healthcare agencies and associations, are represented by approximately 500 healthcare professionals who sit on PCMCH's Council, committees and work groups. These individuals cover a wide range of disciplines, from paediatrics, family medicine, midwifery and research, to name a few.

With the goal of making Ontario the best and safest place to give birth, PCMCH's work supports the health of pregnant people from preconception through to the postpartum stage. We do this by ensuring that the resources and information we provide to healthcare providers, patients and families are timely, relevant and based on current evidence.

During the past year, we supported healthy pregnancies for Ontarians by relaunching our *Safe Administration of Oxytocin* guideline report – first developed in 2019 – with the introduction of revised tools and a new implementation toolkit. The report outlines the best practice recommendations for the safe management of pregnant patients whose labour is induced or augmented with oxytocin, a high-alert medication that can cause harm if misused or administered incorrectly. The toolkit supports the implementation and sustained use of the report's recommendations while also promoting standardization of approaches across the province.

Concurrent with the release of the implementation toolkit was an informational video outlining the 11 best practice recommendations presented in the guideline report, and a webinar featuring presentations by experts in the fields of patient safety, health insurance and perinatal health.

### Updating Hospital Levels of Care

Currently, 96 hospitals in Ontario provide birthing and newborn care. Applying standardized definitions around levels of care to Ontario's hospitals helps ensure pregnant patients and newborns are referred to facilities that have the staff and resources necessary to provide the required care, especially if the pregnancy is high-risk or complications arise for the birthing individual or baby following birth. Ensuring that Ontario's hospitals safely provide care to perinatal patients and newborns was the focus of our work in updating the Standard Maternal Levels of Care Definitions. (Note: a new name for the Levels of Care Definitions containing more inclusive language is currently being reviewed.) Critical Care Services Ontario (CCSO) revised definitions and criteria related to Neonatal Intensive Care Unit (NICU) Levels 2 & 3. Care providers should access CCSO's Neonatal Intensive Care Unit (NICU) Levels of Care Guidance Document as the information related to Newborn Levels of Care for Levels 2 & 3 in PCMCH's Care Definitions document are no longer applicable. The neonatal level 1 definitions will be updated by PCMCH in 2022/23.



## BUILDING SYSTEM CAPACITY

Many of PCMCH's initiatives aim at improving healthcare delivery systems and standardizing procedures across the province to better support healthcare providers in their practices, and assist patients and families navigate Ontario's healthcare system and get the care they need.

### Paediatric Palliative Care

PCMCH recognizes that paediatric patients have unique needs when it comes to palliative care. In 2021/22, PCMCH, in our ongoing partnership with the Pediatric Oncology Group of Ontario (POGO) through the joint Provincial Paediatric Palliative Care Steering Committee, contributed to the paediatric palliative care section of the Ontario Palliative Care Network's provincial framework for the delivery of palliative care. The framework was revised in response to the passing of Bill 3 (*Compassionate Care Act*).

In addition, this joint PCMCH and POGO committee worked towards increasing knowledge around paediatric palliative care (PPC) in the province. Work undertaken to identify and define

data elements related to paediatric palliative care will contribute to care quality for infants, children and youth with a serious illness, as well as in perinatal palliative care. Data elements related to perinatal, infant, child and youth consults for palliative care were identified, including the primary reason for the consult, information about barriers to care that exist in homes, hospices and hospitals, and the range of support services offered not only to the child but to their families and siblings as well.

### Enhancing the data

PCMCH also coordinates the Ontario Paediatric Bariatric Network (OPBN), which is comprised of 11 specialized outpatient clinics and is leading the collection of paediatric bariatric data for a provincial data repository. For two years, the OPBN has been working towards improving the quality of the dataset to reflect the medical and mental health co-morbidities this population faces. In 2021/22, these enhancements were completed and include a new *OPBN Patient Experience & Satisfaction Survey* and a revised dataset structured around the *Edmonton Obesity Staging System* (EOSS-P), a clinical

tool used to help stratify patients according to the severity of obesity-related co-morbidities and barriers. Enhancements also include additional data points on health equity, social determinants of health, and a comprehensive section on surroundings and social environment (milieu) and mental health. This data repository will provide pertinent clinical information as well as information on the everyday barriers patients and families encounter.

### Addressing Transport Needs

Ensuring the safe transfer of newborns and children between facilities, specifically in emergency situations, is another of our key functions. In 2021/22, PCMCH's Triage and Dispatch Work Group started the process of establishing triage criteria for the specialized transport of urgent/emergent neonatal and paediatric patients, which will facilitate timely access to acute care services and aim to improve patient outcomes. The group is developing preliminary criteria and definitions for the transport of urgent/emergent paediatric patients in partnership with CritiCall Ontario, Ornge and other relevant stakeholders with a final goal of producing a comprehensive process to inform future decision-making around choosing the most appropriate transport provider.

To address the need for timely access to care for critically ill children and newborns in Northern Ontario, PCMCH supported Thunder Bay Regional Health Sciences Centre in its planning to establish a specialized transport team in the region. Currently, all existing specialized teams are based in children's hospitals in southern Ontario, making it difficult for a specialty trained transport team to arrive to a patient in Northern Ontario from the south in a timely fashion. The Work Group recommended

that a specialized transport team for Northern Ontario be established out of a base hospital in Northern Ontario. A specialized team in the north would ensure urgent and emergent neonatal and paediatric patients receive care closer to home and, more importantly, receive a rapid response for transport to a tertiary centre in an emergency.

In addition, PCMCH supported proposals that led to government funding for the expansion of paediatric critical care transport services out of McMaster Children's Hospital and SickKids. These proposals for expanded service were in response to these regions' growing populations and the increased volume demands for this service for critically ill newborns and children. The expanded service went into effect in January 2022.

### Building a New Network

Lastly, improving and coordinating healthcare delivery across Ontario is the goal of the Regional Networks Operational Forum (RNOF), which PCMCH established in May 2021. This newly convened community of practice consists of representatives from the six maternal, newborn and child health regional networks across Ontario, five Ontario Health regions, the Ministry of Health, BORN Ontario and PCMCH. Together, the members of RNOF aim to support local planning, coordination among healthcare providers and facilities, and promote the implementation and dissemination of evidence-based guidelines that will enhance the quality of reproductive, newborn and child healthcare. In 2021/22, RNOF identified shared priorities and goals and examined how services are currently being delivered to reproductive-child populations across Ontario.



## PROMOTING HEALTHY FUTURES

PCMCH aims to help Ontarians maintain good health throughout their lives. Some initiatives and resources we introduced within the past year are geared toward helping healthcare providers and families sustain their children's good health into adulthood. Our partnerships with other organizations on initiatives also support future enhancements in child and youth healthcare through data collection and policy development.

### New Care Transition Resources

PCMCH partnered with Ontario Health in developing a new *Transitions From Youth to Adult Health Care Services* quality standard. An advisory committee was convened, comprised of young people and parents who provided insights into their lived experiences, and clinical leaders from a broad range of sectors. Drawing on evidence from clinical guidelines and expert consensus, the

quality standard includes six quality statements that address areas that have the potential to improve transitions from the child and youth health system to adult care.

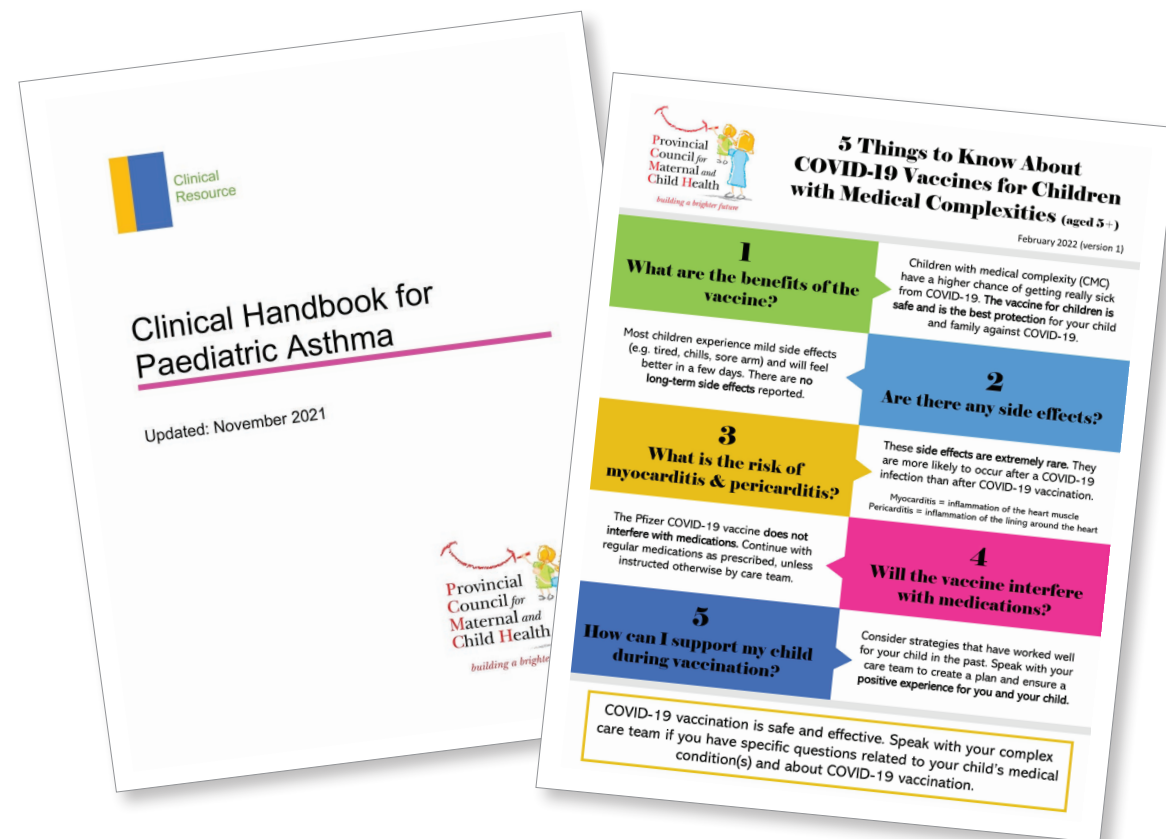
Additional challenges can arise when the person transitioning to adult healthcare from the paediatric system has multiple and/or complex medical conditions. To address the needs of these patients, PCMCH developed the *Complex Care for Kids Ontario Youth Transition to Adult Care Toolkit*. This resource supports patients receiving care from complex care teams and fosters collaboration among the care providers and with the patient and their family through an age-based checklist. A Transition Resource Guide was also compiled that provides information on setting up services and supports in advance of the youth moving into the adult care system.

# GOVERNING COUNCIL & COMMITTEE MEMBERSHIP

## Improving health outcomes

In 2021/22, the Paediatric Diabetes Network (PDN) created a specialized data task force comprised of clinical experts and system partners across Ontario to provide guidance on paediatric diabetes data collection. The Paediatric Diabetes Data Collection initiative is a partnership between PCMCH and BORN Ontario, where the province's prescribed Maternal-Child Registry will be expanded to include robust paediatric diabetes-related information. The development of the indicators is a key milestone and critical path and helps move Ontario one step closer to a systematic method of collecting information about every child living with diabetes in Ontario, allowing the PDN to monitor the quality of care, benchmark performance and identify patterns of treatment – ultimately improving health outcomes and reducing variations in care.

To ensure healthcare providers, patients, families and caregivers have access to the most current information and care recommendations, PCMCH regularly reviews and updates its resources. This year, in partnership with the Lung Health Foundation, we released an updated *Clinical Handbook for Paediatric Asthma*. The handbook provides clinicians with evidence-based recommendations around the management of asthma in children and youth in emergency department settings and for episodes of in-patient care. The updates focused on reducing inappropriate ED revisits and in-patient admissions by emphasizing the importance of children and their parents/caregivers receiving asthma management education and appropriate follow-up and referrals and having an asthma action plan in place following discharge from the hospital.



## Governing Council

Jackie Schleifer Taylor  
*(Chair)*

Jennifer Churchill  
Jane Cleve  
Ronald Cohn  
Eyal Cohen  
Marilyn Crabtree  
Shelley Dougan  
Aderemi ('Remi') Ejiwunmi  
Kelly Falzon  
Anna Greenberg  
Astrid Guttmann  
Julia Hanigsberg  
Bernard Lawless  
Judy Linton  
Cynthia Maxwell  
Leanne McArthur  
Alex Munter  
Sean Murray  
Stephanie Redpath  
Paul Roumeliotis  
Gareth Seaward  
Prakesh Shah  
Bruce Squires  
Ru Taggar  
Kristin Taylor  
Vicki Van Wagner  
Hilary Whyte

## Child & Youth Committee

Bruce Squires *(Co-Chair)*  
Eyal Cohen *(Co-Chair)*  
Irene Andress  
Tihana Antic  
Teresa Bruni  
Michael Casas  
Rebecca Cooper  
Darcia Curtis  
Crystal Edwards  
Bonnie Fleming-Carroll  
Michelle Gordon

Anna Gunz  
Kerri Hannon  
Mona Jabbour  
Leanne McArthur  
Kimberley McClean  
Kaysee McCracken  
Angelo Mikrogianakis  
Caryn Nero  
Julia Orkin  
Jennifer Proulx  
Shannon Reaume  
Rhea Taplan  
Joshua Tepper  
Margaret van Beers  
Brenda Weitzner  
Ian Zenlea

## Maternal-Newborn Committee

Marilyn Crabtree  
*(Co-Chair)*  
Ru Taggar *(Co-Chair)*  
Ellen Blais  
Jon Barrett  
Tali Bogler  
Elizabeth Brandeis  
Shelley Dougan  
Crystal Edwards  
Susan Ellis  
Kerri Hannon  
JoAnn Harrold  
Wendy Katherine  
Cynthia Maxwell  
Kate Miller  
Christine Moon  
Darlene Rose  
Gareth Seaward  
Kristin Taylor  
Nisha Walibhai  
Mark Walker

## Transport Committee

Kelly Falzon *(Co-Chair)*  
Stephanie Redpath  
*(Co-Chair)*  
Teresa Bruni  
Cynthia Cupido  
Jessica Davis  
Sonny Dhanani  
Julie Gordon  
Anna Gunz  
Jackie Hubbert  
Linda Lalani  
Kyong-Soon Lee  
Indra Narula  
Caryn Nero  
Melissa Parker  
Michael Sanderson  
Bruce Sawadsky  
Danielle Trigatti  
Nisha Walibhai  
Wendy Whittle  
Hilary Whyte

## Cleft Lip and Palate Operational Advisory Committee

Mazen Almaoui  
Rahil Begg  
Tonia Bryans  
Rob Carmichael  
Stephanie Carter  
Michael Casas  
Lucy Coppola  
Lillian Ciona  
Enza Dininio  
Kerry Fahey  
Gabriella Garisto  
Karen Kinnear  
Bala Kumbakonam  
Carrie Laskey  
Stephanie Lauziere  
Karen Margallo

Christina Mellies  
Susan Nall  
Becky Olacke  
Thomas Oper  
Jeannie Panagiotonpoulous  
Peter Pannoza  
Olaf Plotzke  
Sharon Samaan  
Kimberly Taylor

## Cleft Lip and Palate – Dental Directors Sub-Committee

Robert Carmichael  
Michael Casas  
Gabriella Garisto  
Stephanie Lauziere  
Becky Olacke  
Thomas Oper  
Peter Pannoza  
Olaf Plotzke

## Complex Care for Kids Ontario Leadership Table

Irene Andress  
Teresa Bruni  
Jennifer Churchill  
Eyal Cohen  
Paula Crotteau  
Kathryn Eager  
Kimberley Floyd  
Lara Keable-John  
Kate Langrish  
Sophia Lawson  
Audrey Lim  
Nathalie Major  
Lynanne Mason  
Sue Mendelsohn  
Siobhan McEwen  
Sean Murray  
Sophia Lawson  
Rahul Ojha



Julia Orkin  
Tanja Patry  
Shannon Reaume  
Joanna Soscia  
Lisa Webster

**Complex Care for Kids Ontario Youth Transition to Adult Care Toolkit Working Group**

Dara Abells  
Erin Alcaide  
Sherri Adams  
Erin Brandon  
Jessica Carter  
Jon Greenaway  
Audrey Lim  
Megan Henze  
Melanie Hetu  
Samadhi More Sovernia  
Laura Thompson  
Sydney Truelove  
Sabrina Umpherson  
Judith Wong

**Emergency Department Paediatric Readiness**

Mona Jabbour

**Inclusion, Diversity, Equity and Access (IDEA) Advisory Group**

Anna Banerji  
Ellen Blais  
Elizabeth Brandeis  
Wendy Katherine  
Cynthia Maxwell  
Sara Wolfe

**Maternal Levels of Care (MLOC) Task Force**

Nicole Blackman  
Katie Forbes  
Philip Hough  
Lorena Jenks  
Kate Miller  
Julie Pace  
Lauren Rivard  
Nisha Walibhai  
Monica Weber  
Arthur Zaltz

**Maternal-Neonatal Clinical Advisory Group (MNCAG)**

Siobhan Chisholm  
Tammy LeRiche  
Kavita Parihar  
Lauren Rivard  
Modupe Tunde-Byass  
Simone Vigod  
Brenda Weitzer  
Georgina Wilcock  
Connie Williams  
Gillian Yeates

**Maternal-Neonatal COVID-19 General Guideline Task Force**

Mark Walker *(Co-Chair)*  
Jon Barrett *(Co-Chair)*  
Aderemi (Remi) Ejiwunmi  
Kelly Falzon  
Jonathon Gubbay  
JoAnn Harrold  
Wendy Katherine  
Nicole Le Saux  
Kate Miller  
Deborah Money  
Prakeshkumar Shah

Ann Sprague  
Connie Williams  
Homer Yang

**Maternal-Neonatal COVID-19 Pregnancy Guideline Task Force**

Kate Miller *(Co-Chair)*  
Cynthia Maxwell *(Co-Chair)*  
Jon Barrett  
Suzannah Bennett  
Ellen Blais  
Elizabeth Brandeis  
Janet Brownlee  
Wendy Carew  
Barbra deVrijer  
Crystal Edwards  
Catherine Gascon  
Sarah Gower  
Jonathon Gubbay  
Wendy Katherine  
Diane Lalonde  
Leanne McArthur  
Daisy Moores  
Michelle Science  
Wendy Whittle  
Connie Williams

**Ontario Paediatric Bariatric Network Advisory Committee**

Jane Rutherford *(Co-Chair)*  
Ian Zenlea *(Co-Chair)*  
Janice Austin  
Sarah Barker  
Sanjukta Basak  
Tara Baron  
Caroline Brown  
Teresa Bruni  
Becky Burton  
Annick Buchholz  
Craig Campbell

Mary Dyck  
Alessandro (Alex) Gabriele  
Jennifer Green  
Carline Gutierrez  
Stasia Hadjiyannakis  
Kate Hamilton  
Carla Illoa  
Audra Jesso  
Allison Lougheed  
Gina Maloney  
Charmaine Mohipp  
Katherine Morrison  
Rebecca Noseworthy  
Haley Nyboer  
Kyna Patterson  
Sarah Patterson  
Kelly Proulx  
Andrea Regina  
Michela Savoia  
Tara West  
Angelina Wiwczor  
Jennifer Yu

**Ontario Paediatric Bariatric Network (OPBN) Performance Measurement and Evaluation Working Group**

Katherine Morrison *(Co-Chair)*  
Ian Zenlea *(Co-Chair)*  
Janice Austin  
Sanjukta Basak  
Matthew Belviso  
Annick Buchholz  
Alessandro (Alex) Gabriele  
Alice Haasdyk  
Jill Hamilton  
Audra Jesso  
Charmaine Mohipp

Gina Maloney  
Haley Nyboer  
Sinthu  
Panchadcharadevan  
Kelly Proulx  
Andrea Regina  
Jane Rutherford  
Michela Savoia  
Alene Toulany  
Tara West  
Jennifer Yu

**Paediatric Asthma Expert Panel Group**

Donna Goldenberg *(Co-Chair)*  
Mona Jabbour *(Co-Chair)*  
Liz Brunato  
Lori Chen  
Kristine Fraser  
Ram Gobburu  
Karen Grewal  
Muhammed Akhter Hamid  
Danica Irwin  
Jennifer MacKinnon  
Joanna Massam  
Danielle McKinlay  
Zoe Nugent  
Susan O'Farrell  
Padmaja Subbarao  
Angelina Wiwczor

**Paediatric Diabetes Network Data Collection Task Force**

Ian Zenlea *(Chair)*  
Riley Aldrich  
Dan Collins  
Shelley Dougan  
Rose Gelinax  
Ellen Goldbloom  
Jessica Kichler  
Alanna Landry  
Sarah Lawrence  
Renee Lebovitz Pelletier  
Michael McBride  
Danielle McKinlay  
Paula Morrison  
Hoda Osman  
Ethan Parikh  
Denise Penny  
Rayzel Shulman  
Hasmita Singh  
Ryan W. Smith  
Erin Thompson  
Alanna Weisman

**Paediatric Levels of Care**

Teresa Bruni  
Peter Fitzgerald

**Perinatal Mental Health**

Cindy-Lee Dennis  
Simone Vigod

**Provincial Paediatric Palliative Care Steering Committee (PCMCH) and Pediatric Oncology Group of Ontario**

Mark Greenberg *(Co-Chair)*  
Adam Rapoport *(Co-Chair)*  
Susan Blacker  
Deanna Bryant  
Robert Connelly  
Julie Drury  
Cathy Hecimovich  
Lynanne Mason  
Valerie McDonald  
Erin Redwood  
Bruce Squires  
Megan Wright

**Quality Standard Committee – Transition from Youth to Adult Health Services (PCMCH and Ontario Health)**

Kristin Cleverley *(Co-Chair)*  
Alene Toulany *(Co-Chair)*  
Tracy Akitt  
Katie Anderson  
Lysa Boisse Lomax  
Lucy Coppola  
Kim Corace  
Marilyn Crabtree  
C.J. Curran  
Scarlett Davidson  
Crystal Edwards  
Navreet Gill  
Tasha Hamilton

Megan Henze  
Natalie Kennedy  
Afsana Lallani  
Yona Lunskey  
Laura MacGregor  
Robert More  
Zubin Punthakee  
Sterling Renzoni  
Julia Vanderheul  
Amanda Woo

**Regional Networks Operational Forum**

Jon Barrett *(Co-Chair)*  
Tihana Antic  
Lise Bisnaire  
Wendy Carew  
Rose Cook  
Angèle Desbiens  
Crystal Edwards  
Kelly Falzon  
Kerri Hannon  
Cheryl Harrison  
Linda Hunter  
Ian Joiner  
Natalie Kennedy  
Marnie Lightfoot  
Renee Lebovitz Pelletier  
Leanne McArthur  
Caryn Nero  
Julia Orkin  
Jennifer Proulx  
Darlene Rose  
Tina Sakr  
Kim Sontag  
Susan Swartzack

**Transport Operations  
Group**

Cynthia Cupido *(Co-Chair)*  
Kristie Newton *(Co-Chair)*  
Jill Allan  
Deborah Barnard  
Jessica Davis  
Julie Gordon  
Nicole Greaves  
Mike Merko  
Todd Mortimer  
Monica Nicholson  
Justin Pyke  
Stephanie Redpath  
Shirley Roddick  
Michael Sanderson  
Alison Stevenson  
Adam Thurston  
Danielle Trigatti  
Brent Winchcombe

**Triage and Dispatch  
Work Group**

Julie Gordon *(Co-Chair)*  
Hilary Whyte *(Co-Chair)*  
Fuad Alnaji  
Cheryl Aubertin  
Deborah Barnard  
Karyn Calwell  
Cynthia Cupido  
Jessica Davis  
Kelly Falzon  
Nicole Greaves  
Anna Gunz  
Isabel Hayward  
Andrew Helmers  
Tina Janicas  
Fabiano Medugno  
Todd Mortimer  
Kristie Newton  
Mike Peddle  
Stephanie Redpath  
Shirley Roddick  
Lisa Webster

**PCMCH Secretariat**

Sanober Diaz  
Hibaq Ali  
Bill Clarke  
Brittany Groom  
Beverly Guttman  
Allison Hall  
Tracy Morris  
Sidra Nadeem  
Lisa Osqui  
Alexandra Thorp  
Jennifer Tin  
Laura Zahreddine  
Yaminee Charavanapavan  
(MHSc Practicum Student)  
Lilian Lin (PhD Student/  
Research Assistant)

