



## Family Advisory Committee

### Terms of Reference

#### PURPOSE

The Family Advisory Committee (FAC) supports the Champlain Maternal Newborn Regional Program (CMNRP). Its purpose is to engage with patients/clients and families from the Champlain and South East Local Health Integration Networks (LHINs) and gather their advice on advancing a family-centred approach to health and improving the patient/client experience across the maternal-newborn continuum.

Family-centred maternity and newborn care (FCMNC) is a complex, multidimensional, dynamic process of providing safe, skilled and individualized care. It responds to the physical, emotional, psychosocial and spiritual needs of the woman, the newborn and the family. FCMNC considers pregnancy and birth to be normal, healthy life events and recognizes the significance of family support, participation and informed choice. The FAC mindset involves a shift in perspective where care is provided **with** the family, not **for** the family.

#### ACCOUNTABILITY

The Family Advisory Committee reports to and is accountable to the CMNRP Advisory Committee.

#### ROLES AND RESPONSIBILITIES

- Nurture a collective vision of family-centred care and improve the patient/client experience within the region.
- Advise on strategies for actively partnering with childbearing families in designing, planning and improving perinatal care services throughout the region.
- Provide input into initiatives of CMNRP, its regional committees, work groups and participating organizations.
- Advise on priorities and areas of focus that are aligned with the vision, mission and goals of CMNRP, as well as with other regional and provincial priorities.

#### MEMBERSHIP

The FAC consists of 15 to 20 members, the majority being family members who reflect the demographic diversity of the region. Additional members comprising of health care providers who come from a variety of perinatal services. The FAC has one Committee Lead that represents the CMNRP secretariat.

Membership representation to be considered:

Members	Maternal Newborn Services	Experience / Background
<p>Patient/Family Advisors</p> <ul style="list-style-type: none"><li>• Parent (mother, father)</li><li>• Grandparent</li><li>• Other lay person involved in the patient's care</li></ul> <p>Health care professionals</p> <ul style="list-style-type: none"><li>• Nurse</li><li>• Physician</li><li>• Midwife</li><li>• Social Worker</li><li>• Other Allied Health/Doula</li></ul>	<p>Urban/Rural:</p> <ul style="list-style-type: none"><li>▪ Hospitals – Various levels</li><li>▪ Birth Centre</li><li>▪ Public Health Unit</li><li>▪ Community Health Centre</li><li>▪ Other community agency</li></ul>	<ul style="list-style-type: none"><li>• Hospital/out-of-hospital birth</li><li>• Low-risk/high-risk pregnancy, birth, postnatal, newborn care</li><li>• Challenging situations (e.g. adolescent pregnancy, perinatal loss, hospital re-admission, foster care)</li><li>▪ Cultural/linguistic diversity (e.g. francophone, aboriginal, newcomer to Canada)</li></ul>

## PROCESS FOR SELECTION OF MEMBERS

A Call for Expression of Interest in Membership will be issued by CMNRP to all its regional partners once a year or as needed to maintain membership quorum. The CMNRP Leadership Team will review all applications and select members.

## TERMS OF MEMBERSHIP

### • Members

Members will serve a two-year term with the option to renew once. Members are selected as individuals to bring specific expertise and experiences; use of alternates or designates by members is not permitted.

Committee members are expected to actively participate in the work of the committee by bringing their personal and/or professional experience to the table in a way that is respectful, open-minded and with a spirit of supporting positive change for maternal-newborn care within the region. Active participation is demonstrated by regular meeting attendance (at least 75%) and accomplishment of action items identified at meetings. Members may be invited to participate on other CMNRP sub-committees and/or work groups and offer advice on other CMNRP initiatives.

Committee members work together in making recommendations that take into consideration not only the diversity of clients and families receiving care and services, but also the diversity and range of services being offered through the childbearing period.

- **Chair/Co-Chairs**

The committee Chair and Vice- Chair or Co-Chairs will be appointed by the Committee members in consultation with the Leadership Team. They will serve a two-year term with the option to renew once. They work collaboratively with a CMNRP Perinatal Consultant and Administrative Assistant.

The Chair or Co-chairs serve as members of the CMNRP Advisory Committee; however, only one of the Co-Chairs is requested to attend those meetings.

## **MEETINGS**

Two-hour meetings are scheduled 2 to 3 times a year, or at the call of the Chair or Co-Chairs. Although it is preferable for members to attend meetings in person, electronic technology such as telephone and/or videoconferencing are available.

Meeting dates and times are determined by availability of the majority of members. Quorum of 50% of the membership is required.

## **DECISION MAKING and QUORUM**

The FAC will act in the best interest of the maternal and newborn health care system and all members share accountability for decisions. Decisions will be based on the needs and experiences of parents, newborns and families and on evidence whenever possible. Decisions are made by consensus of the committee. If consensus cannot be reached, decisions will be made through voting with a simple majority of those present. In the event that a decision cannot be made by consensus with members present when quorum is not achieved, all FAC members will be given the opportunity to vote on the decision electronically.

*These Terms of Reference (TOR) will be reviewed every two years or as needed.*