



Maternal-Newborn Committee

1.0 Purpose

The Maternal-Newborn Committee (MNC) is a standing committee that provides oversight to the maternal-newborn portfolio of the network. The work of MNC is expected to be relevant to both community and hospital settings, and attuned to differences in urban, rural and remote parts of the region.

2.0 Scope & Deliverables

The Maternal and Newborn Committee will:

- Support and advise the NMCN Steering Committee on regional gaps and planning recommendation for maternal and newborn health services in Northern Ontario;
- Collate and disseminate evidence-based practice guidelines and standards to inform the delivery of equitable, high quality maternal and newborn care;
- Develop, track and report on key maternal and newborn health system indicators to promote quality improvement and accountability;
- Provide leadership to maternal-newborn Sub-Committees/Tasks forces/Working groups;
- Receive regular reports from the Sub-Committees/Task forces/Working groups; and
- Identify and advocate for the health needs of the maternal and newborn population in the North.

3.0 Sub-Committees and Ad-Hoc Working Groups

The MNC may establish working groups and tasks forces with specialized expertise to focus on specific topics.

4.0 Guiding Principles

- Keep the patient/client/family at the centre of all we do;
- Ensure active involvement of members – we share responsibility to get the work done and thus are accountable to each other and our patients/clients/families/communities for the outcomes produced;
- Ensure respect and compassion;
- Create space for, and listen intently to, the diversity of voices and perspectives;
- Be transparent – we will share information (related to process and content) broadly and in a timely way;
- Engage in a meaningful and appropriate way with the many people who can enrich the work of the network;
- Ensure equity, inclusion, and diversity are incorporated in all aspects of the network; and
- Representatives have a responsibility to solicit input from and report to the participating organizations they represent. Participating organizations and sectors need to have an informed voice at the table, even if they are not at the table.



5.0 Accountability

The MNC reports to the Steering Committee of the Northern Maternal Child Network. The MNC submits a maternal and newborn health specific annual work plan to the Steering Committee for approval, and reports on its progress through quarterly and annual reports, in addition to any ad-hoc reports requested by the Steering Committee.

6.0 Decision-making Guidelines & Quorum

The MNC and its members are expected to make decisions that are in the best interests of the region, rather than the interests of any single organization or component of the system. All 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.

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.

7.0 Length of Commitment

Members will serve a 1-year term on a voluntary basis with an option to renew.

8.0 Terms of Reference

The Terms of Reference for the MNC will be reviewed on an annual basis.

9.0 Meeting Frequency and Location

The MNC will meet monthly, or as determined by the Co-Chairs. Meetings will be held virtually to ensure broad and equitable access.

10.0 Membership

The overall composition of the MNC reflects a balance of skills and perspectives needed to achieve the defined Scope/Deliverables and support the mandate of the NMCN as it relates to maternal and newborn health services (Appendix 1).

The MNC should be comprised of at least fifteen (15) and not more than twenty five (25) voting members. Consideration of members include cross-geographical representation and the following perspectives/skills; public health, primary care, community health settings, hospitals, and diverse clinical disciplines.



TERMS OF REFERENCE

The membership of the MNC shall include representation from the following categories, and where applicable, one member may provide representation for more than one category below:

Sector	Representation	Participant Count
Community Health Programs	Mental health provider	2-3
	Social worker	
	Administration	
Primary Care	Administration, System leaders	1-2
	Family physician/Nurse practitioner	1-2
Public Health	HBHC Staff	1-2
Hospital Administration / Leadership	Urban Hospital	2-3
	Rural/small Hospital	
Indigenous Midwifery		0-1
Midwifery		1-2
Lactation Consultant		0-1
Maternal Fetal Medicine	Obstetricians	2-3
	Rural Generalist, Family physician with specialty in obstetrical	
Respiratory Therapist		0-1
Parent / Family Representatives	Individuals with lived experience in maternal–newborn care	2
Role Specific Standing Members		
BORN Ontario	Northern BORN Coordinator	1
Ontario Health	NE and NW OH Maternal Lead	2
Regional Critical Care Educator	NICU	0-1

The participation of alternates or designates is not permitted. The MNC may invite guests to participate in specific meetings.

All prospective candidates are required to submit the Expression of Interest Application for the Northern Maternal Child Network Committee. If the Steering Committee deems it necessary to obtain additional information from an applicant, they may request a copy of their curriculum vitae (CV). Applications are reviewed and approved by the Steering Committee. If the committee member leaves their role, their replacement must reapply to be part of the committee. Exceptions are role specific standing members as outlined in the table above.

All NMCN employees participating on committees are deemed not voting members and do not count as an active seat on the committee.

11.0 Membership Attendance

Members are expected to attend at least 70% of scheduled meetings over the course of a year.

If a member is unable to attend, they should notify the Chair in advance. The Chair will meet with the member to clarify barriers, expectations, and whether continued membership is appropriate.

12.0 Chair



TERMS OF REFERENCE

The MNC is led by two Co-Chairs, typically North West and North East representatives. Co-chairs will be decided by committee members. Co-chairs may be invited to Steering Committee meetings.

13.0 Resources

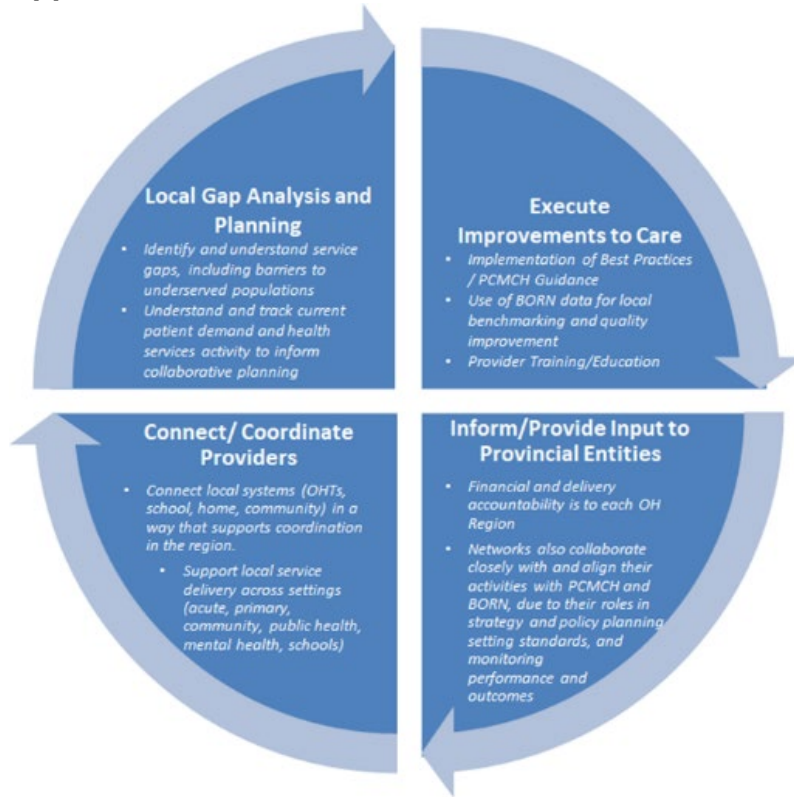
The MNC will be supported by the NMCN Regional Manager. The Regional Manager is responsible for ensuring alignment and coordination across NMCN's standing committees.

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Appendix 1:



Ministry of Health (2021). Maternal/Newborn/Child Regional Networks. *Networks proposed core functions align with functions of the regional entities in the system proposal. 3.*