## Committee Name: Perinatal Advisory Committee of the Shuswap

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| Purpose | Healthy women, pregnancies, infants, and families in the Shuswap. |
| Definitions | **CICC-**Community Integration Care Coordinator  **FNHA**-First Nations Health Authority  **FP-**Family Physician  **PCC**-Patient Care Coordinator  **Perinatal**- pre-conception and 8 weeks postpartum.  **PHN-**Public Health Nursing  **SLGH**-Shuswap Lake General Hospital.  **HCIS NOK**-Hospital and Community Integrated Services North Okanagan |
| Sponsor | Not applicable |
| accountability | Health Care Consumers  Interior Health  Professional Colleges |
| Authority | This Committee’s power is restricted to recommendations only. |
| Appointments | Members of the Committee are appointed by the Committee. |
| Membership | Chair and recorder will be alternating 3 ways by Acute Care, Public Health (CICC or PHN) and Midwives.  Health care providers with an interest in advancing perinatal services, which may include:   * Front-line nursing staff in SLGH, PHN, and FNHA * PCC and CICC or delegate * Midwives * Family Physician * Social worker   *Ad Hoc Members: (by invitation only)*   * *Prenatal Educators* * *Consumers (Patient Voices Network)* * *Doula* * *Dietitian* * *Lactation Consultant* * *Nurse Practitioners* * *Health Care Consumers (Patient Voices Network)* * *Pregnancy Outreach Program/Family Centre* |
| Quorum & Voting | The committee is consensus-based and at least 5 members of the committee must be present to achieve quorum. |
| Meetings | Meetings are held 8:00 am on the 3rd Thursday, Q2monthly, exclusive of July, August, and December via live meeting at Shuswap Lake General Hospital. Length of meeting 1 hour. |
| Administration | * Chair and recorder for the meetings is a shared responsibility. * Meeting agenda will be distributed by the Chair via email at least 3 days prior to each meeting. * All members may submit agenda items to the Chair at least one week before the meeting. * Meeting minutes will be distributed within two weeks after the meeting. |
| Specific Areas of Responsibility | Process & Priorities  The objective of this committee is healthy women, pregnancies, infants and families using a client-centered, population health-based approach. goals (to be refined by the committee) may include:   * To strengthen collaboration among service providers and provide high quality care * To increase knowledge and uptake of perinatal services and supports available to Shuswap families and health care providers (e.g. Healthy from the Start) * To identify gaps in perinatal services and supports (e.g. Lactation Consultant, Prenatal Education) * To broaden community awareness of key perinatal issues (e.g. Postpartum Depression) with the goal of implementing health improvement strategies * To provide consultation as requested on new projects and initiatives (e.g. Midwifery Transition) * To advise and support perinatal education programs (e.g. Breastfeeding Class)   Alignment  This Committee is in alignment with IH’s Strategic Plan and Perinatal Services BC Vision by focusing on the delivery of high quality care within the perinatal population.  Performance  A performance framework and evaluation strategy will be designed by committee members. Goals set by the committee will be evaluated annually.  Structures and Communication  The committee may establish sub-committees if the need arises.  The committee will liaise with/provide minutes to IH’s Perinatal Lead and HCIS NOK Manager-Public Health Nursing. |
| Date Approved |  |
| Review Date | January 2019 |
| Direct and Indirect Linkages | n/a |