

Provincial Neonatal Mortality Review Committee (PNMRC)

TERMS OF REFERENCE – NOVEMBER 2025

1.0 PURPOSE

The Provincial Neonatal Mortality Review Committee (PNMRC – the “Committee”) is a multidisciplinary committee focused on reviewing causes of neonatal death in British Columbia that is tasked with the formulation of strategic recommendations to prevent future deaths. The Committee¹ is led by Perinatal Services BC (PSBC) in collaboration with regional health authority (HA) perinatal leads and other partners with expertise in neonatal care. As provincial leaders in perinatal health, PSBC can provide a unique perspective on the quality of clinical care provided to neonates within the early days and weeks of their lives as it relates to the pregnancy, birthing experience, and after care of their birthing parent.

The scope of neonatal mortality includes deaths occurring up to and including 28 days of life. Information about these deaths will be collected from birth certificates, death certificates, health records, autopsy reports, administrative data, and other pertinent sources depending upon technical infrastructure and existing legislation. Specific incidents are to be reviewed at the HA level by designated review committees. De-identified narratives of individual neonatal deaths are brought to the Committee to be reviewed by a designated panel of experts from diverse disciplines.

Each death will be considered within the broader social context in which it occurs. Not only will the Committee formulate recommendations that address both the systems and clinical aspects of health care, the Committee will also create recommendations that speak to improving the social determinants of health that are identified as having an impact on the neonate’s death. Gender-additive language will be applied to recognize that not all people who give birth identify as female, mother, or other language historically used to describe a birthing parent. The Committee will also strive to implement and maintain a decolonized approach to their work by engaging with Indigenous peoples in a respectful and culturally safe way at every stage of the review, recommendation, and reporting process.

2.0 AUTHORITY

The PNMRC is authorized to do this review through a Lieutenant Governor of BC Order in Council within the province of British Columbia. This Section 51 protection is separate from Health Authority Section 51 and allows for cross health authority sharing of information.

Where the Committee seeks health authority Section 51 detail for a specific incident, pursuant to a completed² Regional Quality Review, the Committee shall request such information in writing, specifying the Enacted Authority under Evidence Act Regulation that enables sharing of protected information.³

3.0 GOVERNANCE

The Committee is accountable to the PSBC Steering Committee. The Provincial Medical Director at PSBC will be responsible for providing update on the activities and deliverables of the Committee to the

¹ As defined by paragraph 51(1) of the [Evidence Act](#).

² This mechanism is intended to support the sharing of Quality Review information that was completed by a Health Authority, prior to, during or subsequent to The Committee’s review of the case.

³ [Section 51 \(1\)\(b.1\)\(i-ii\)](#)

Steering Committee at a regular meeting of the Steering Committee. The Provincial Medical Director will also be responsible for communicating to the PNMRC any direction received by the Steering Committee.

4.0 COMMITTEE OBJECTIVES

The following objectives outline the intended outcomes of the Committee's work:

4.1 Identify trends and risk factors for neonatal mortality related to quality of clinical care, health system factors, and social determinants of health.

4.2 Prioritize decolonization throughout the review process by ensuring that Indigenous health partners are meaningfully engaged and included in the review and recommendation process in a culturally safe way.

4.3 Support local neonatal mortality reviews being performed in health authorities and facilities throughout the province.

4.4 Co-develop actionable strategic recommendations to eliminate neonatal deaths that are considered preventable.

4.5 Collaborate with relevant health systems partners to develop an action plan to implement Committee recommendations.

4.6 Measure and monitor the impact of implemented recommendations using neonatal data and other evidence.

5.0 MEMBERSHIP

The PNMRC is comprised of health care and social service providers from across the province, as well as relevant subject matter experts from other disciplines. The Committee will include a representative from an Indigenous health organization(s) and will find a suitable replacement should this person leave the Committee.

Representation includes:

Chairperson: The Committee will be chaired by the PSBC Provincial Medical Director in a co-chairing model with a Pediatric physician or Neonatologist.

Members:

- BC Coroners Service
- Obstetrics
- Family Medicine
- Midwifery
- Maternal Fetal Medicine
- Public Health
- Regional Perinatal Operations and Medical Leadership
- Nursing
- Medical Genetics

- Neonatology
- Pediatrics
- Indigenous Health Organizations
- Pediatric Cardiology
- Epidemiology
- Other specialties relevant to the neonatal death (e.g. emergency services, critical care, psychiatry, mental/behavioural health, social work, etc.)

The Committee will receive administrative and data support through existing staff at PSBC.

Committee members are invited by the PSBC Provincial Medical Director upon recommendation from existing Committee members, health authority perinatal leads, or other appropriate sources.

All members will participate in the Committee on a voluntary basis without compensation.

ROLES AND RESPONSIBILITIES

Co-Chairs: The Co-chairs are responsible for the maintenance of the agenda, minutes, and other documentation related to the Committee. They are responsible for maintaining and bringing forward action items at all meetings (if applicable). The Co-chairs will also ensure that follow-up takes place for all action items.

Documents prepared for the Committee and at the request of the Committee are protected under Section 51(1) of the Evidence Act. “An organization of health professionals” means any of the following that are designated by regulation of the Lieutenant Governor in Council: (a) an organization of health care professionals; (b) a body or person that licenses, certifies, or registers a class of health care professionals.

Members: The members bear responsibility for the following functions of the Committee:

- Review all neonatal deaths
- Use all sources of information, including health records, pathology reports, vital statistics data, coroner/medical examiner reports, and chart review to understand the factors that influence neonatal death.
- Determine, to the extent possible, whether the death was preventable
- Demonstrate trends, patterns, and risk factors, and develop strategic and actionable recommendations for the prevention of neonatal death
- Create a report with aggregate data of the Committee findings and recommendations
- Identify health and social system gaps that should be addressed as they relate to neonatal death prevention
- Identify strengths in the systems of care that should be supported or expanded
- Disseminate findings to health system leadership, health care providers, the provincial government, and facilities where neonatal care occurs
- Promote public awareness of the incidents and causes of neonatal deaths, including recommendations for their reduction
- Enact confidentiality, ensuring that findings do not contain potentially identifiable information

Note: There is no legal authority by the Co-chairs or Committee members to revoke licensure, take disciplinary action, or judge the qualifications of health care or social service providers.

6.0 MEETINGS

- Meetings will be held monthly at the call of the Co-chairs using the Teams virtual platform
- The Committee may also determine if an in-person meeting is required
- Co-chairs will ensure scheduling of meetings and the distribution of the agenda in a timely manner
- A majority of Committee members (including the Co-chairs) shall constitute quorum
- Decisions are made through consensus. If consensus cannot be reached, decisions will be made through voting with a simple majority of those present

7.0 REVIEW AND AMENDMENTS

The Terms of Reference will be reviewed annually by the Committee. They will also be reviewed on an ad hoc basis if the majority of members request a specific change. Any changes made to the Terms must be approved by the Co-chairs and the Committee members.