

# **Council of Obstetric and Paediatric Mortality and Morbidity**

## **Terms of Reference**

**(as per the *Obstetric and Paediatric Mortality and Morbidity Act 1994*)**

### **Function:**

1. To investigate the circumstances surrounding, and the conditions that have or may have caused:
  - Maternal, late maternal and perinatal deaths in Tasmania; and
  - Deaths of children in Tasmania in the age group from 29 days to 17 years (inclusive); and
  - Congenital abnormalities in children born in Tasmania; and
  - Injuries, illness or defects suffered by pregnant women or viable foetuses in Tasmania at any time before or during childbirth.
  
2. To maintain a perinatal data collection for the purposes of:
  - Collecting, studying, researching and interpreting information relating to maternal, late maternal and perinatal deaths; deaths; deaths of children in Tasmania in the age group from 29 days to 17 years (inclusive); Congenital abnormalities in children born in Tasmania; and injuries, illness or defects suffered by pregnant women or viable foetuses in Tasmania at any time before or during childbirth; and
  - Collecting, studying, researching and interpreting information relating to births in Tasmania;
  - Identifying and monitoring trends in respect of perinatal health (including congenital abnormalities);
  - Providing information to the Secretary on the requirements for, and the planning of, obstetric and neonatal care;
  - Providing information to persons employed in health care and to researchers; and
  - Maintaining a register of congenital abnormalities.
  
3. To provide information for the education and instruction in medical theory and practice in obstetrics and paediatrics for medical practitioners, registered nurses, enrolled nurses and midwives.
  
4. To investigate and report on any other matters relating to obstetric and paediatric mortality and morbidity referred to the Council by the Minister or the Secretary.
  
5. To investigate and report to the Minister, a relevant Minister or the Secretary of its own motion on any matter relating to obstetric and paediatric mortality and morbidity that it considers necessary.

6. To communicate to the Minister, or relevant Minister, the Secretary or a prescribed body, information relating to a child death, maternal death or late maternal death; or the morbidity of a child or a woman who is or has been pregnant.
7. To perform any other function imposed by this *Act* or any other Act or the regulations.

### **Information to the Coroner:**

1. The Council may, of its own motion or at the request of a coroner, make recommendations and provide information to a coroner that it considers relevant to a child death, a maternal death or a late maternal death.
2. Neither section 15 nor section 15A precludes a coroner from admitting as evidence information provided to the coroner under subsection (1) of the Act.

### **Powers of the Council:**

The Council has the power to:

- Require any person to provide any information in that's person's control that is relevant to the performance by the Council of its functions;
- Do all things necessary or convenient in connection with the performance of its functions and the exercise of its powers under this or any other Act and
- May delegate, in writing, delegate to a member of the Council or a committee any of its functions or powers other than this power of delegation.

### **Committees:**

The Council may establish committees to assist it in performing its functions.

Committee membership consists of:

- Members of the Council as the Council determines; and
- Other members determined by the Council and approved by the Minister.

The Committee must:

- Provide the Council with information and advice on any matter referred to it by the Council; and
- Perform any functions delegated to it by the Council.

A Committee has the same powers as the Council.

Meetings of Committee are to be held in accordance with any directions given by the Council.

**Membership of the Council:**

The Council consists of not less than 8 and not more than 10 members with:

- Two members nominated by the Vice-Chancellor of the University of Tasmania;
- One member who is employed in the delivery of neonatal services at the Royal Hobart Hospital, and has been nominated by the Secretary;
- One person who is employed by the Department, and has been nominated by the Secretary;
- One member who is a Member of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists nominated by the Tasmanian Branch of that college;
- One member who is of the Royal Australasian College of Physicians, Paediatrics and Child Health Division nominated by the Tasmanian State Committee of that Division;
- One member who is a Member of the Royal Australian College of General Practitioners nominated by the Tasmanian Branch of that college; and
- One member who is a midwife who is nominated by the Tasmanian Branch of the Australian College of Midwives Incorporated.

**Membership:**

Dr Michelle Williams (Chair)

Associate Professor Peter Dargaville

Dr Jamie Brodribb

Associate Professor Amanda Dennis

Dr Anagha Jayakar

Dr Jillian Camier

Ms Sue McBeath

(Interim Commissioner for Children) Ms Elizabeth Daly

Ms Kate Cuthbertson

Dr Roscoe Taylor

Dr Jo Jordan

### **Rules of Membership:**

All members of the Council are to be appointed by the Minister;

Two additional members can be appointed by the Minister if nominated by a majority of the above members;

The Minister may appoint a member as Chairperson of the Council;

The Minister may require a body or person holding an office to nominate one or more persons within a specified period (being not less than 2 months);

If a body or an office has a change of name, the Governor may, by order, amend by substituting the new name of the body or office;

If a body or an office ceases to exist, the Governor may, on the recommendation of the Council, by order, amend by submitting an office or body which the Governor is satisfied is similar to the office that has ceased to exist; or substantially represents the interests represented by the body that has ceased to exist.

A member vacates office if he or she dies; resigns; ceases to hold the qualification specified in respect of which he/she was appointed; or is removed from office.

The Minister may remove a member from office if the Minister is satisfied that the member is unable to perform adequately or competently the functions of office; the member has been convicted, in Tasmania or elsewhere, of an offence punishable by imprisonment for 12 months or longer; the member becomes bankrupt or the member is absent from 3 consecutive meetings of the Council without the permission of the Council.

If the office of a member becomes vacant, the Minister may appoint a person with the relevant qualifications to the vacant office for the remainder of that member's term of office.

A member holds office for such term, not exceeding 3 years, as is specified in the instrument of appointment.

### **Rules of Meeting Conduct:**

The Chairperson is to preside at all meetings of the Council. If the Chairperson is not present a member elected by those members present must preside.

A quorum is half the total number of Council members and a question is decided by a majority of the votes of all members present and voting and the person presiding has a deliberative vote and, in the event of an equality of votes, also has a casting vote.

Meetings can be either face to face, or via other means of tele-communication.

Out of session resolution of questions is permitted if at least half the total number of Council Members signs a document containing a statement that they are in favour of.

Minutes of all proceedings are to be maintained.

# Paediatric Mortality and Morbidity Committee

## Terms of Reference

### **Purpose:**

The Paediatric Mortality & Morbidity Committee is established by the Council of Obstetric and Paediatric Mortality & Morbidity to assist the Council in performing the functions as listed below.

### **Functions:**

1. To investigate and report on the circumstances surrounding, and the conditions that may have caused deaths of children in Tasmania in the age group from 29 days to 17 years;
2. To provide information for the education and instruction in medical theory and practice in obstetrics and paediatrics for medical practitioners, registered nurses, enrolled nurses and midwives.
3. To investigate and report on any other matters relating to Paediatric mortality and morbidity referred to the Committee by the Council of Obstetric and Paediatric Mortality & Morbidity.

### **Membership:**

Dr Michelle Williams (Chair)  
Dr Chris Lawrence  
Dr Chris Williams  
Dr Jill Camier  
Dr Anagha Jayakar  
(Interim Commissioner for Children) Ms Elizabeth Daly  
Dr Jo Jordan

# **Perinatal Mortality and Morbidity Committee**

## **Terms of Reference**

### **Purpose:**

The Neonatal Mortality & Morbidity Committee is established by the Council of Obstetric and Paediatric Mortality & Morbidity to assist the Council in performing the functions as listed below.

### **Functions:**

1. To investigate and report on the circumstances surrounding, and the conditions that may have caused:
  - deaths of live born infants in Tasmania who die before the age of 28 days; and/or
  - deaths of infants born in Tasmania with a gestation period greater than 20 weeks and/or a birthweight greater than 400g.
2. To investigate and report on the circumstances surrounding, and the conditions that may have caused congenital abnormalities in children born in Tasmania.
3. To provide information for the education and instruction in medical theory and practice in obstetrics and paediatrics for medical practitioners, registered nurses, enrolled nurses and midwives.
4. To investigate and report on any other matters relating to neonatal mortality and morbidity referred to the Committee by the Council of Obstetric and Paediatric Mortality & Morbidity.

### **Membership:**

Associate Professor Peter Dargaville (Chair)  
Dr Tony DePaoli  
Dr James Brodribb  
Associate Professor Amanda Dennis  
Ms Sue McBeath  
Dr Jill Camier  
Dr Jo Jordan

# **Maternal Mortality and Morbidity Committee**

## **Terms of Reference**

### **Purpose:**

The Maternal Mortality & Morbidity Committee is established by the Council of Obstetric and Paediatric Mortality & Morbidity to assist the Council in performing the functions as listed below.

### **Functions:**

1. To investigate and report on the circumstances surrounding, and the conditions that may have caused:
  - Maternal, late maternal and perinatal deaths in Tasmania; and/or
  - injuries, illness or defects suffered by pregnant women or viable foetuses in Tasmania at any time before or during childbirth;
2. To provide information for the education and instruction in medical theory and practice in obstetrics and paediatrics for medical practitioners, registered nurses, enrolled nurses and midwives.
3. To investigate and report on any other matters relating to maternal mortality and morbidity referred to the Committee by the Council of Obstetric and Paediatric Mortality & Morbidity.

### **Membership:**

Associate Professor Amanda Dennis (Chair)  
Dr Jamie Brodribb  
Ms Sue McBeath  
Dr Jill Camier  
Dr Jo Jordan



# Data Management Committee

## Terms of reference

### **Purpose:**

To oversight all aspects of the data collection processes of the Council of Obstetric and Paediatric Mortality & Morbidity

### **Functions:**

- To review approaches for future Annual Reporting and provide recommendations for Council.
- To oversee the development of the Annual Report.
- To provide advice to the DHHS on the national collection and reporting of obstetric and paediatric information.
- To oversee the Perinatal Data Collection and provide advice to Council and the DHHS on future development of this Collection.
- To regularly review data items necessary to promote service improvement, research and health professional education

### **Members:**

- Chair of COPMM
- Obstetric, paediatric and midwifery Council members (1 each) or nominees
- Nominees Clinical Data Services Unit, DHHS
- Statistical/Epidemiological nominee(s), Population Health DHHS

Assoc. Prof. Peter Dargaville (Chair)

Dr Jamie Brodribb

Dr Michelle Williams

Mr Michael Long

Dr Kelly Shaw

Mr Richard Smith

Mr Peter Mansfield

Ms Peggy Tsang

Dr Jo Jordan