



## Diagnosis of Active Labour Clinical Practice Guideline Task Force Terms of Reference

<b>Policy Type:</b> Operational	<b>Approval Date:</b>
<b>Sub-Category:</b> Governance	<b>Amended:</b>
<b>Last Review Date:</b>	<b>Next Review Date:</b>

### a) Purpose, responsibilities and delegated powers:

The purpose of the Diagnosing Active Labour Clinical Practice Guideline Task Force (DAL CPG TF) is to provide input and feedback on the development of a new AOM Clinical Practice Guideline on the topic of diagnosing active labour. This topic includes determining the appropriate diagnosis of active labour to improve client outcomes, along with examining strategies to help clients manage early labour and avoid unnecessary interventions. This CPG will be the first in a series of CPGs on “Optimizing Physiologic Birth”.

The responsibilities of the TF are to:

- Develop clinical research questions and outcomes to guide a literature search.
- Consider available research regarding the identified research questions.
- Read and comment on key research articles, as necessary.
- Assess the appraised certainty of evidence using the GRADE methodology.
- Develop and reach consensus on recommendation and best practice statements.
- Provide feedback and revisions to draft CPGs.
- Apply AGREE tool to assess the CPG.
- Draw on experience as practicing midwives to anticipate issues related to the implementation of the CPG.
- Approve a final CPG draft to be recommended to the Board of Directors for publication.
- Review and provide feedback on associated knowledge translation (KT) products.

## **b) Composition:**

The DAL CPG Task Force will consist of 8-12 members (excluding staff).

The Task Force will consist of:

- Midwives with diverse experiences:
  - diversity of lived experiences including midwives who identify as IBPOC
  - work experience in various practice contexts including rural, remote and urban areas, geographic locations, and/or level 1, 2, or 3 hospitals,
  - varying years of experience including student midwives, midwives working in their first five years of practice, midwives with > 5 years
- At least one CKT Committee member
- One AOM student member for every 5 midwives may be a member of the Task Force (up to a maximum of two student midwives)
- 2-3 consumer representatives
- Director, Clinical Knowledge Translation, AOM (staff resource)
- Knowledge Translation and Research Specialist, AOM (staff resource)
- CKT Program Administrator (staff resource)
- AOM Executive Director (ex-officio)

AOM staff will be non-voting members of the Work Group.

## **c) Selection and term of office:**

A member of the Task Force will act as the Chair. The Task Force chair will be determined by the Executive Director.

A call for member representatives will be circulated to the AOM membership. The Executive Director will select the Task Force members from the list of those who respond to the call. Selection will be based on a combination of interest in the clinical topic, experience in CPGs and evidence-based practice, and best representation of membership demographics.

A call for consumer representatives for the Task Force will be circulated to midwives and will be announced to consumers using social media.

Members of the Task Force will operate on an ad-hoc basis until the completion of the update, estimated to be 24 to 36 months, after which the Task Force will be dissolved. The term for all members is the duration of the Task Force.

#### **d) Rules for meetings**

The Task Force will have a minimum of eight meetings over the course of the development of the CPG. The Task Force will meet as required, at the call of the Director, CKT. Dates for meetings will be set in advance by AOM staff. Task force members may be required to provide input between meetings via email or telephone.

Decision making will be done by consensus where possible. Where this is not possible and a decision needs to be made, this will be done by majority vote. A majority of members, not including staff, must be present for a meeting to have quorum.

Minutes for each meeting will be recorded.

Members who miss more than three meetings in a row (except due to attending births or extraordinary circumstances) may have their membership on the Task Force revoked.

Members who are unwilling to meet the expectations of the *Diversity, Equity and Inclusion policy* may, at the sole discretion of the Executive Director, have their membership on this committee revoked.

#### **e) Commitment to Anti-oppression, Diversity, Equity and Inclusion:**

The AOM recognizes the dignity and worth of every person and is committed to creating an environment that is safe, accessible, inclusive and respectful of members, Board members, staff, and the Ontario public. The AOM recognizes that inequity is maintained by oppression, discrimination against, and systemic marginalization of people based on the protected grounds identified by the Ontario Human Rights Code. All members of this Committee are expected to foster equity and inclusion, in accordance with the expectations set out in the AOM's [Diversity, Equity & Inclusion position statement](#) and [Racial Justice position statement](#). The AOM will work to ensure a safe space in which committee members will work. Training to support anti-oppression, diversity, equity and inclusion will be made available to members of committees, work groups and task forces as required.

#### **f) Reporting and accountability**

The Task Force will report to the AOM Director of Clinical Knowledge Translation, but is ultimately accountable to the Executive Director, who will keep the Board apprised of its activities and decisions.

Any staff/consultants hired to undertake specific work related to the Task Force will be hired by and report to the Executive Director.

**g) Authorship considerations**

Task Force Members will be considered authors of the CPG if they meet the following criteria:

- Attend the majority of Task Force Meetings
- Provide feedback or respond to requests for feedback on CPG drafts for review by email
- Fill out AGREE tool