

## **PERINATAL COMMITTEE**

### **PURPOSE**

The Perinatal Committee is responsible for the development of a Perinatal Region of Care (PCR) in Trauma Service Area R (East Texas Gulf Coast Regional Trauma Advisory Council RAC-R) including the Regional Perinatal System Plan. This plan will identify all resources available in the PCR for perinatal care including resources for emergency and disaster preparedness. The committee will provide guidance in the development and review of hospital and pre-hospital assessment tools, regional plans, and treatment guidelines for the perinatal population.

### **MISSION STATEMENT**

Our mission is to promote healthy mothers and babies throughout the communities we serve. We will promote safe and effective care practices through constant attention to quality assurance and performance improvement processes. By fostering collaborative relationships among healthcare stakeholders of our region to provide evidence-based education, training, and resources.

### **CONDUCTING BUSINESS**

The quorum for conducting business in the committee shall be those persons present and voting. No organization shall have more than one vote in the committee. The RAC-R member's primary designated voting Representative may appoint a standing delegate to serve as a regular attendee to standing committees for purposes of both subject matter representation and voting.

### **COMMITTEE RESPONSIBILITIES**

- a. Create and/or maintain collaborative relationships to facilitate optimal maternal and neonatal care.
- b. Create best practices through shared quality improvement data and processes
- c. Collaborate with other Perinatal Committees statewide.
- d. Develop and review system performance standards
- e. Establish standardized reporting tools for data acquisition.
- f. Review, evaluate and report hospital-based maternal and neonatal data in a manner to protect patient privacy.

### **COMMITTEE CHAIR / CHAIR-ELECT RESPONSIBILITIES**

As per RAC-R bylaws (9.1.5), the Chair of the Perinatal Committee is appointed by the RAC Chair. The RAC Chair will appoint per recommendations from the Perinatal Committee. The Chair will serve a two-year term of office, beginning at the start of the Fiscal Year, and be succeeded by the Chair Elect at the end of the second Fiscal Year. The Chair and Co-Chair will represent both neonatal and maternal populations.

## STANDARD OPERATING PROCEDURE

### A. Chair

- a. The committee chair serves as a liaison between the committee and the Board of the Directors with responsibilities that include, but are not limited, to:
  - i. Knowledge of the committee structure and functions
  - ii. Scheduling meetings
  - iii. Meeting agenda and notes
  - iv. Providing committee report to the Board of Directors and General Assembly as requested.
  - v. The Chair must be a Perinatal representative of RAC-R member hospital in good standing as defined by RAC-R bylaws
  - vi. The Chair will participate in state-wide collaboratives, as requested (i.e., TX Perinatal Chairs Alliance, TCHMB Neonatal Committee)
  - vii. The Chair or Co-chair of the committee has the authority to call standing committee meetings.

### B. Chair Elect

- a. The Chair Elect assists the Chair with committee functions and assumes the Chair responsibilities for committee activity and meeting management in the temporary absence of the Chair.
  - i. The Chair Elect must be a documented Perinatal representative of a RAC-R member hospital in good standing as defined by RAC-R bylaws.
  - ii. The Chair Elect has the authority to call or postpone Committee meetings in the absence of the Chair.
  - iii. The Chair Elect automatically ascends to the Chair position at the end of the second Fiscal Year.

## PROCEDURE (MEETING, AGENDA AND NOTES)

The committee shall perform its responsibilities with an organized approach utilizing the following procedures:

- A. The date, time and location of all scheduled meetings will be posted at least ten (10) days in advance on the RAC-R website calendar.
- B. The committee will meet at least quarterly.
- C. All meetings are held as open meetings
- D. Agendas will be provided at each meeting.
- E. Each meeting will have notes.
- F. Agendas and meeting notes will be forwarded to the RAC-R office and administrative staff within 21 days after the meeting for posting. Attendance will be turned in at the conclusion of the meeting to RAC Chair. Attendance sheets will track participation.
- G. Members may access copies of the meeting agenda/minutes on the RAC-R website.

### COMMITTEE GOALS

- A. Improve access to high quality care, and patient outcomes of healthcare for pregnant women and newborns in the region.
- B. SMART goals will be adopted as established by the Perinatal Committee.
- C. Statewide collaborative projects will be incorporated into the committee goals as they arise.

### MEMBERSHIP REQUIREMENTS

- A. Hospitals in RAC-R who provide perinatal care.
- B. Submit requested data for system development.

### PARTICIPATION REQUIREMENTS

- A. Evidence of attendance of 75% of committee meetings by primary Medical Directors and Program Managers or identified alternates of each discipline.
- B. Each member will have 100% participation in the Committee SMART goals.

*Kimberly Stewart*

*6/10/2025*

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**Kimberly Stewart, BSN, RNC-OB**  
Chair, Perinatal Committee

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Date

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East Texas Gulf Coast Regional  
Trauma Advisory Council

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