**Minnesota Perinatal Quality Collaborative**

The Minnesota Perinatal Quality Collaborative (MNPQC) is a network of organizations, medical providers, content experts and community voices led by Minnesota Perinatal Organization (MPO) in partnership with the Minnesota Department of Health (MDH). We seek to improve perinatal and infant health outcomes with emphasis on improving health equity for all birthing people.

**Perinatal Equity Committee Mission/Vision/Goals**

**Mission**  
Our mission is to identify and challenge persistent perinatal health disparities and inequities through critical analysis of existing systems and to promote solutions rooted in inclusion and centered on the voices of those most impacted. We seek to dismantle structurally racist and oppressive systems within perinatal care in Minnesota. We will embed an equity lens for optimal health for all in all local and state perinatal health initiatives.  
  
  
**Vision**  
We seek to ensure that all Minnesotans have access and the ability to achieve their full, perinatal health potential regardless of age, race, national or ethnic origin, immigration status, biologic sex, gender identity, sexual orientation, (dis)ability, communication preference, religion/religious preference, socioeconomic status, political affiliation, or proximity to health centers.

**Goals**

* Provide representation to each MNPQC initiative to ensure equity lens is utilized.
* Discover and partner with BIPOC, LGBTQ, rural and urban community health workers to recognize and promote the initiatives they are currently leading in their communities (DIVA moms, Chocolate Milk Club, others).
* Reduce barriers to care for patients, including distance from providers and provider shortages.
* Support pipeline efforts to increase the number of diverse providers in MN healthcare systems.
* Establish or obtain baseline, perinatal, health equity data (disaggregated by REaL and SOGI information) and to create a platform for reporting of the data to the MNPQC. [Initial ideas for this: birth weight, gestational age at birth, perinatal mortality, common neonatal morbidities (chronic lung disease, NEC, etc) provision of breast milk, maternal mortality, maternal morbidity (post-partum hemorrhage, sepsis, maternal hypertensive states with outcomes, obstetric injury, operative delivery, timing of entry to prenatal care/total visits), CPS reporting, social work referrals].

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