Perinatal Risk & Readiness
Community of Learning Charter

Introduction

The Minnesota Perinatal Quality Collaborative (MNPQC) Perinatal Risk & Readiness Community of Learning (COL) is a six-session structured forum for peer learning designed to support Minnesota birthing facilities in strengthening systems for screening, risk assessment, and connection to services for pregnant and postpartum patients. Funded through the Transforming Maternal Health (TMaH) Model, this Community of Learning will bring together multidisciplinary teams to advance evidence-based practices that promote early identification of psychosocial and behavioral health risks, strengthen community partnerships, and improve coordination across the perinatal continuum.

Through shared learning, quality improvement methods, and practical implementation strategies, participants will explore approaches to increase standardized *patient* risk assessment, referral pathways, and multidisciplinary collaboration to improve maternal outcomes.

Program Overview

The Perinatal Risk & Readiness Community of Learning consists of an in-person kickoff meeting followed by five virtual learning sessions. The kickoff event will provide opportunities for networking, relationship building, and collaboration among clinical teams and community-based organizations through an interactive "Community-*Based* Organization Speed Dating" activity designed to strengthen referral networks and increase awareness of local resources available to pregnant and postpartum families. It will also include important orientation information to prepare teams for success throughout the program.

Subsequent sessions will combine subject matter expertise, peer-to-peer learning, and quality improvement activities focused on key areas of perinatal risk assessment and response specifically at the time of delivery, prior to discharge. Topics will include perinatal mental health risk assessments, substance use during pregnancy risk assessments, intimate partner violence and domestic violence screening, and commercial nicotine use assessments. Participants will also explore strategies for strengthening referral processes, enhancing communication with community partners, and embedding respectful, patient-centered practices into routine care.

Aim

By June 2027, participating labor and delivery teams will increase screening and referral rates to 80% or more for all delivery hospitalizations. Screening will include risk assessments for commercial nicotine use, substance use, intimate partner violence, and mental health.

Goals and Objectives

- Strengthen processes for standardized screening and risk assessment related to depression and anxiety, substance use, intimate partner violence, and tobacco use during pregnancy and the postpartum period.
- Improve the timeliness of referrals, follow-up, and care coordination through enhanced partnerships between healthcare organizations and community-based resources.
- Promote respectful, patient-centered care by supporting multidisciplinary collaboration and addressing social and behavioral health factors that influence maternal outcomes.
- Build organizational capacity for sustainable quality improvement through peer learning, systems change, and implementation of evidence-based practices.

Participant Expectations

- Participants will actively engage in practical discussions and activities designed to strengthen systems for identifying and responding to psychosocial and behavioral health risks during pregnancy and the postpartum period. These activities include:
    - Reviewing and discussing evidence-based practices for perinatal risk assessment and response, including successful statewide and national models related to perinatal mental health, substance use, intimate partner violence, and tobacco and nicotine use.
    - Identifying opportunities to strengthen screening, referral, and follow-up processes within their healthcare setting and developing action plans to support sustainable, respectful, and patient-centered care practices.
    - Collaborating with peers, community-based organizations, public health partners, and subject matter experts to share insights, challenges, resources, and innovative approaches to improving care coordination and access to supportive services.
    - Participating in the in-person kickoff event and virtual learning sessions to foster relationship-building, resource sharing, and cross-sector collaboration across the perinatal continuum.
    - Completing pre- and post-program surveys to evaluate learning, assess changes in knowledge and confidence, and inform future quality improvement efforts.
    - Submit monthly data on the defined measures, status reports, and PDSA cycles.

Benefits of Participation

- Access evidence-based tools and resources to support standardized perinatal risk assessment and response.
- Learn from subject matter experts, peer organizations, and community-based partners through a collaborative learning environment.
- Strengthen relationships with local and statewide organizations through networking and resource-sharing opportunities.
- Improve referral pathways and multidisciplinary communication to better connect pregnant and postpartum patients with appropriate services and supports.
- Build capacity for sustainable quality improvement and advance the Transforming Maternal Health (TMaH) Model priorities aimed at improving maternal health outcomes and reducing disparities.

Team Composition

Participating teams should include **at least 3 core members** representing interdisciplinary roles. Recommended roles may include:

- **Clinical Leadership:** Nurse managers, OB directors, patient safety officers
- **Medical Staff**: OB/GYNs, hospitalists, anesthesiologists, emergency medicine physicians, transfusion medicine specialists
- **Nursing Staff**: Labor & delivery nurses, postpartum nurses, surgical technicians, ED nurses/staff
- **Support Services**: Blood bank staff, pharmacists, social workers, patient educators, EMS staff as appropriate
- **Administrative/Quality Support**: Data analysts, IT, QI coordinators, simulation specialists

Timeline

- **October 26th, 2026, 12-1 pm:** Building Connections & Foundations for Perinatal Risk & Readiness (in-person)
- **November 19th, 2026, 12-1 pm:** Perinatal Mental Health Risk Assessments
- **December 10th, 2026, 12-1 pm:** Substance Use & Pregnancy Risk Assessment
- **January 7th, 2027, 12-1 pm:** Intimate Partner Violence Risk Assessment
- **February 4th, 2027, 12-1 pm:** Commercial Nicotine Use Risk Assessment
- **April 8th, 2027, 12-1 pm:** Holding the Gains: How to Sustain Successful Changes

Contact Information

For more information, please contact the MNPQC team at **QI@minnesotaperinatal.org**