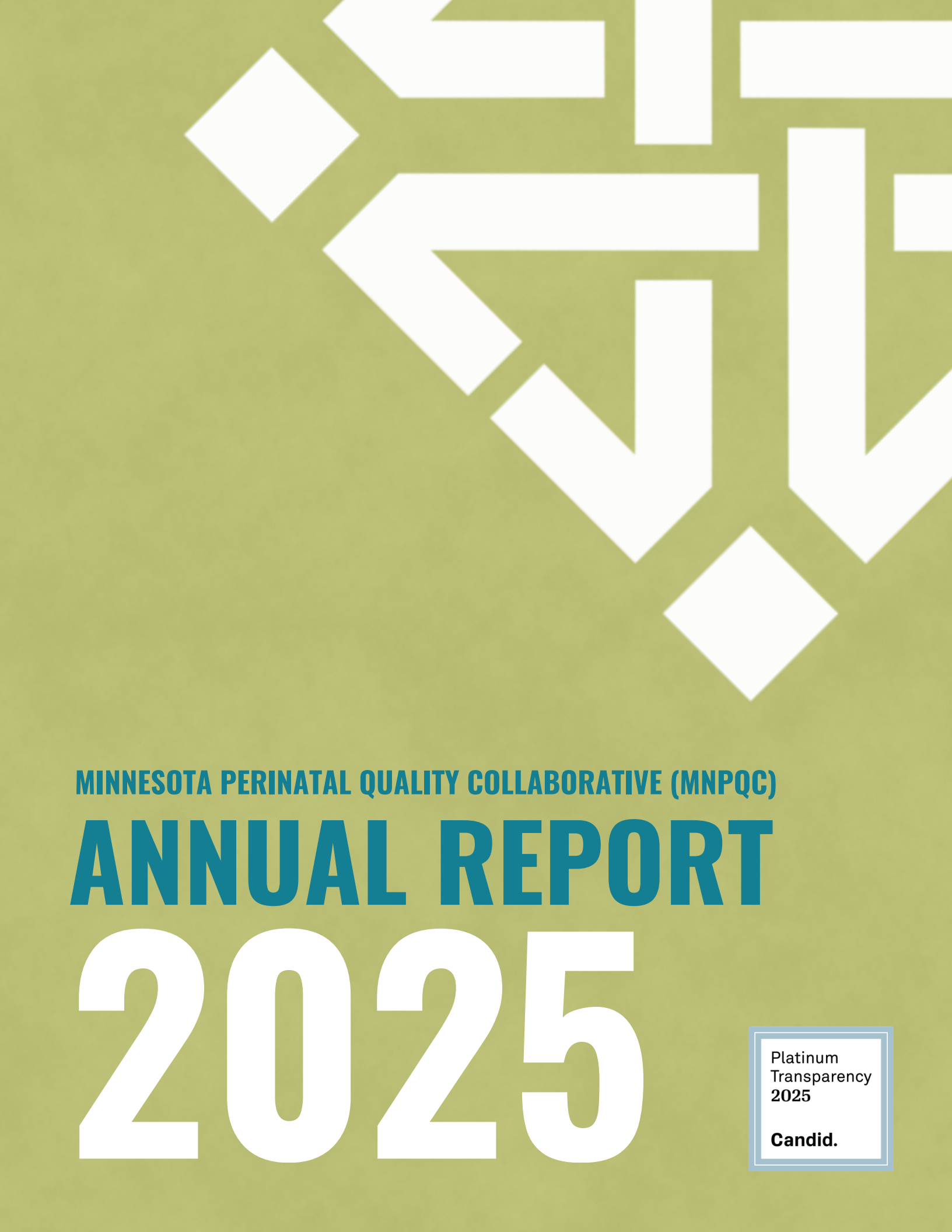




MINNESOTA PERINATAL QUALITY COLLABORATIVE (MNPQC)

ANNUAL REPORT

2025

Platinum
Transparency
2025

Candid.

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A LETTER FROM OUR PRESIDENT/CEO

“The secret of change is to focus all of your energy not on fighting the old, but on building the new.” -Socrates

As I reflect on the past year, marked by uncertainty for both our organization and the world around us, I’m reminded that even in challenging times, we can continue to grow and move forward. That has only been possible because of the dedication of our staff, board, and partners.

Our amazing team leaned in, revisiting processes, rethinking workflows, and finding creative ways to work more efficiently despite uncertainty. Their flexibility, teamwork, and willingness to try new approaches have made a meaningful difference in how we show up and move our work ahead.

I’m also deeply grateful to our partners and especially our board members, whose time, insight, and commitment have helped guide us through uncertainty and shape a strong path forward.

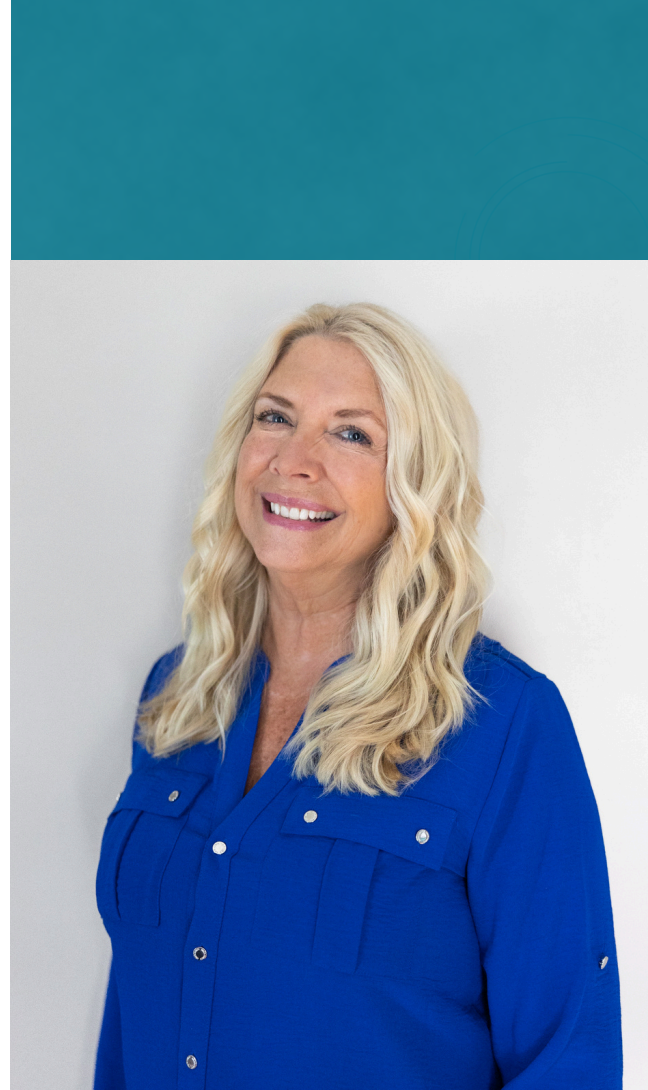
I believe it’s often in the most difficult moments that we learn the most, and these times truly shape who we are and how we show up. This year challenged us, but it also strengthened us. We’ve accomplished a great deal, and we continue to look ahead with purpose; toward the work we do, the collaborations we build, and the families that benefit from this work.

I continue to be grateful every day for the many people involved in this work and the shared commitment that keeps us moving forward together to improve the health of our Minnesota families.

With gratitude,



Susan Thompson, BSN, MS, RN, PHN



***The secret of change
is to focus all of your
energy not on
fighting the old, but
on building the new.
- Socrates***

ABOUT MNPQC



The Minnesota Perinatal Quality Collaborative (MNPQC) builds on a **50-year legacy** of improving maternal and infant health through multidisciplinary collaboration.

A Perinatal Quality Collaborative (PQC) is a state network of multidisciplinary teams working to improve perinatal care by turning evidence into action through quality improvement programming.

Our mission is to support our healthcare and community partners in ensuring that safe, respectful, and high-quality perinatal care is accessible to all Minnesota families.

1974

MNPQC's roots trace back to 1974, when the Minnesota Perinatal Organization (MPO) was **founded as a 501(c)(3) non-profit** composed of dedicated, multidisciplinary volunteers.

2022

MNPQC **became an independent non-profit** under the umbrella of MPO, transitioning from being housed at MDH. We continue to collaborate closely with MDH to advance maternal and infant health outcomes statewide.

OUR HISTORY

2018

MPO **co-established the Minnesota Perinatal Quality Collaborative (MNPQC)** in partnership with the Minnesota Department of Health to address perinatal health challenges through structured quality improvement programming.

2025

Today, we remain a **trusted statewide resource and national leader** in perinatal quality, driving meaningful change to ensure every Minnesota family has the opportunity for a safe and healthy start.

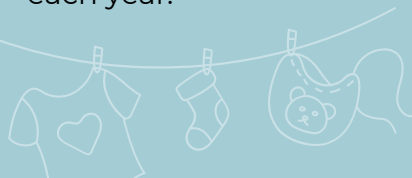
PERINATAL LANDSCAPE



Approximately

62,000

live births in Minnesota
each year.



Minnesota Department of Health. (2026, January 26). Births: Interactive query (natality).
<https://www.health.state.mn.us/data/mchs/vitalstats/births.html>

In 2025, Minnesota had

80

Birthing Facilities including
71 birthing hospitals and
9 free-standing birth centers.

17

Neonatal Intensive Care Units
(NICUs) including **6** Level II,
8 Level III, and **3** Level IV NICUs.

From 2017-2021, the MN
pregnancy-related mortality
ratio was

17.9 deaths per
100,000 live
births.

*Comparison: National average in 2021
is 33.2 deaths per 100,000 live births.*

**Maternal deaths are not
experienced equally across
race and ethnicity.**

Non-Hispanic Black mothers
account for 12% of births, but
represent 24.1% of maternal
deaths.

Similarly, **American Indian
mothers** account for 1.4% of
births and represent 17.3% of
maternal deaths.

**Leading causes of
pregnancy-related deaths:**

- 1 Mental health conditions
(including substance use disorder)
- 2 Injury
- 3 Infection
- 4 Hemorrhage
- 5 Cardiomyopathy

Minnesota Department of Health. (2025, December 22). Maternal mortality.
<https://www.health.state.mn.us/people/womeninfants/maternalmort>
With the small numbers of deaths, this data should be interpreted with caution.

In 2023, the MN infant
mortality rate was

4.7 deaths per
1,000 live births.

*Comparison: National average is
5.6 deaths per 100,000 live births.*

**Again these outcomes are not
experienced equally.**

Infant mortality rates are
significantly higher among
babies born to **Black mothers**
(10.2 per 1,000 live births) and
**American Indian/Alaska Native
mothers** (13.0 per 1,000 live
births).

**Leading causes of
infant deaths:**

- 1 Birth Defects
- 2 Preterm birth or
low birth weight
- 3 Sudden unexpected
infant death
- 4 Maternal complication

March of Dimes. (2025). 2025 March of Dimes report card for Minnesota.
<https://www.marchofdimes.org/peristats/reports/minnesota/report-card>

The care families receive during pregnancy, birth, and postpartum
can shape a lifetime. By committing to collaborative, responsive,
and respectful perinatal care, we can create a Minnesota where all
moms and babies **not only survive, but truly thrive.**

OUR WORK IN ACTION

QUALITY IMPROVEMENT PROGRAMS

Through listening to the needs of Minnesota birthing facilities, MNPQC designs flexible, evidence-based improvement programs that equip teams with the tools, education, and support needed to create meaningful and lasting change.

COMMUNITY ENGAGEMENT

Our work is strongest when it is shaped by the people and communities we serve. Through committees, workgroups, and project partnerships, these individuals bring lived experience, expertise, and perspectives that shape more responsive and person-centered care.

COMMUNICATIONS

Sharing knowledge and resources is central to our mission. Through our newsletters, social media, website, and educational resources, we keep partners informed and connected while providing tools to support perinatal care across Minnesota.

ANNUAL SUMMIT

Our annual Perinatal Improvement Summit creates an “All Teach, All Learn” environment where professionals from across disciplines and communities come together to exchange knowledge, build relationships, and spark new ideas to enhance outcomes for Minnesota families.

2025 IMPACT

30

Minnesota & Wisconsin birthing facilities engaged in at least one Quality Improvement program.

29

QI program meetings hosted by MNPQC to learn, collaborate, and advance perinatal health.

80+

Cross-sector partnerships built across our six communities.

6,805

Total views to date of our five family story videos on YouTube.

221

Attendees joined us at our 2025 Perinatal Improvement Summit in October.

QUALITY IMPROVEMENT PROGRAMS

January 2025 - February 2025

PERINATAL RESOURCE MAPPING SPRINT

The Perinatal Resource Mapping Sprint equipped participants with the tools to identify and access key perinatal health resources, support the creation of comprehensive, localized resource lists, and improve care coordination for the populations they serve. This sprint empowered participants to build sustainable, community-driven strategies for equitable perinatal care. Building on the momentum of this sprint and the MNPQC's Perinatal Resource Map, we continue to integrate resource mapping into our quality improvement programming to support a coordinated continuum of care.

PROGRAM IMPACTS

58

Participants actively engaged in one or more sessions.

36

Counties represented in Minnesota and 3 counties in Wisconsin.

100%

Of participants stated the Resource Map was helpful for their work.



Resource Mapping Sprint Webpage

Final Report

This program was supported by the Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$50,000.00 with 100 percent funded by CDC/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CDC/HHS, or the U.S. Government.

August 2024 - March 2025

EAT, SLEEP, & CONSOLE COMMUNITY OF LEARNING

The Eat, Sleep, & Console (ESC) Community of Learning (COL) was a statewide program addressing Neonatal Opioid Withdrawal Syndrome (NOWS), a condition affecting infants exposed to opioids before birth. The ESC approach uses a compassionate, evidence-based model that prioritizes a newborn's ability to eat, sleep, and be consoled, emphasizing non-pharmacological care and supportive environments to improve outcomes while reducing hospital stays and medication use. The program supported hospital teams at all stages of implementation.

PROGRAM IMPACTS

100%

Rooming rates in the final two months of the program in all participating sites that implemented the ESC Method.

35

Counties represented between all hospital teams involved.

18 DAYS

By the end of the COL program, hospital stays for newborns exposed to opioids decreased from 22 days in early implementation to fewer than 18 days.

WHY THIS MATTERS

Between 2016 and 2024, there were **3,601 NAS/NOWS-related hospital visits** with affected infants at increased risk for long-term development and social challenges.

Minnesota Department of Health. (2025). Neonatal abstinence syndrome (NAS) data brief: Statewide and county trends, 2016-2024. <https://www.health.state.mn.us/communities/popoids/documents/2023nasdatabrief.pdf>



ESC COL Webpage

Final Report

The Health Resources and Services Administration (HRSA), Department of Health and Human Services (HHS), provided financial support for this quality improvement initiative. The five year award provided 20% of the costs for this initiative, total award of \$1,000,000. The contents are those of the author. They may not reflect the policies of HRSA, HHS, or the U.S. Government.

April 2025 - May 2025

NALOXONE ACCESS & INTEGRATION SPRINT

The Naloxone Access & Integration Sprint was a collaborative learning opportunity designed to support healthcare providers, hospitals, and community organizations in expanding Naloxone access within perinatal care settings. The sprint provided a structured space for participants to explore implementation strategies, policy considerations, and best practices for integrating Naloxone as a standard component of perinatal care.

WHY THIS MATTERS

From 2017, 2021, **substance use was a contributing factor** in about nearly half of Minnesota's pregnancy-associated deaths.

Minnesota Department of Health. (2025, December 22). Maternal mortality. <https://www.health.state.mn.us/people/womeninfants/maternalmort>

PROGRAM IMPACTS

88

Participants actively engaged in one or more sessions.

5

Context experts presented throughout the series, promoting sustainable solutions for overdose prevention.

4

Session snapshots were created for each sprint session to allow participants and those interested to revisit key takeaways, resources, and presenter contacts.



[Naloxone Sprint Webpage](#)

[Final Report](#)

This program was supported by the Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$50,000.00 with 100 percent funded by CDC/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CDC/HHS, or the U.S. Government.

PATIENT EXPERIENCE SURVEY

BLUE BAND SURVEY PROJECT

The Blue Band Project engages with healthcare providers to screen pregnant and postpartum patients to determine current and future risk factors for Hypertensive Disorders of Pregnancy (HDP). Patients determined to be at risk are given a blue bracelet to identify them as at risk for eclampsia and stroke. The Blue Band Survey aimed to capture patient experience data regarding the blue bands usage and the project overall.

SURVEY RESULTS

Respondents offered or given blue bands rose from 63% to

92%

Respondents who "always wore their blue band" increased from 53% to

57%

NEXT STEPS

1.

Launch a secondary survey aimed at capturing provider experiences.

2.

Utilize findings to inform future hypertension QI programs.

Funding Source: Medica Foundation



[Blue Band Project](#)

[Final Report](#)

February 2025 - September 2025

LINK ECHO SERIES

The LINK ECHO Series was a free, virtual series that brought together multi-disciplinary professionals and advocates in the perinatal care community across Minnesota to improve perinatal mental health and substance use outcomes. The series highlighted newly published task force recommendations and discussed actionable steps for applying them in practice. This series fostered a collaborative learning environment, reduced silos and stigma, and promoted respectful, integrated care to support birthing families in Minnesota.

PROGRAM IMPACTS

427

Registered attendees, with 231 attending one or more sessions and 123 attending two or more sessions.

58

Counties represented by registered attendees.

15

Context experts presented, promoting evidence-based strategies for identification, referrals, and care coordination.



[LINK ECHO Webpage](#)

This program is supported by the Health Resources and Services Administration (HRSA) (www.hrsa.gov/) of the U.S. Department of Health and Human Services (HHS) as part of a 5-year grant cycle expected with a total of \$5,000,000. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, visit the HRSA (www.hrsa.gov/) website.

Funding for this project was provided in part by Stratis Health's Building Healthier Communities Award, supporting efforts to build a culture of quality in health care.

October 2024 - February 2026

LINKING IDENTIFICATION & NAVIGATION FOR PERINATAL MENTAL HEALTH & SUBSTANCE USE CARE INITIATIVE

The Linking Identification & Navigation for Perinatal Mental Health & Substance Use Care (LINK) Initiative helped to address the critical, interconnected challenges of perinatal mental health conditions (PMHC) and substance use disorders (SUDs). This Initiative promoted an integrated, evidence-based approach to improve identification, referral, and support for individuals experiencing PMHC and SUDs. Through multidisciplinary collaboration, care coordination, and efforts to reduce stigma, LINK guided hospital facilities at every stage of their journey toward equitable and comprehensive care.

PROGRAM IMPACTS

12.7%

Increase in the use of validated screening tools following program conclusion, rising from 73% to 85.7%

16

Counties represented between all hospital teams involved.

5.75_{DAY}

Decrease in the aggregate average length of stay for substance-exposed newborns (7.67 days to 1.92 days).

WHY THIS MATTERS

Co-occurring substance use and mental health conditions can significantly increase risks for mom and baby. In Minnesota, about **32% pregnancy-associated deaths** involved mental health conditions, including substance use from 2017-2019.

Minnesota Department of Health. (2025, December 22). Maternal mortality. <https://www.health.state.mn.us/people/womeninfants/maternalmort>



[LINK Initiative Webpage](#)

[Final Report](#)

This program is supported by the Health Resources and Services Administration (HRSA) (www.hrsa.gov/) of the U.S. Department of Health and Human Services (HHS) as part of a 5-year grant cycle expected with a total of \$5,000,000. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, visit the HRSA (www.hrsa.gov/) website.

September 2025 - April 2026

OBSTETRICAL HEMORRHAGE COMMUNITY OF LEARNING

The Obstetric Hemorrhage Community of Learning was a collaborative, statewide opportunity that supported hospitals and healthcare providers in strengthening their response to obstetric hemorrhage. The program offered a structured forum for peer learning and systems improvement that helped hospitals and healthcare providers strengthen their response to obstetric hemorrhage by implementing evidence-based practices. Guided by the AIM Obstetric Hemorrhage Patient Safety Bundle, this program was tailored to meet the varying needs of Minnesota's rural, urban, and suburban communities.



[Obstetrical Hemorrhage COL Webpage](#)

PROGRAM IMPACTS

23

Birthing facilities reported monthly data across six measures while implementing the AIM Obstetric Hemorrhage Patient Safety Bundle, including the first-ever engaged midwifery group, Twin Cities Midwifery.

14

Minnesota counties were represented between the hospital teams involved.

IN-PERSON KICK-OFF SESSION

Thirteen of the 23 teams enrolled in the Obstetrical Hemorrhage Community of Learning came together for an in-person kickoff featuring storyboard sharing, quality improvement 101 training, data discussions, a live Simple QI demonstration, and simulation training presented by *Minnesota Rural Obstetrics Simulation & Education Program (MN ROSE)*.

By fostering collaboration and shared learning from the beginning, the kickoff equipped teams with the knowledge, relationships, and momentum needed to drive improvements in obstetrical hemorrhage care across their facilities.

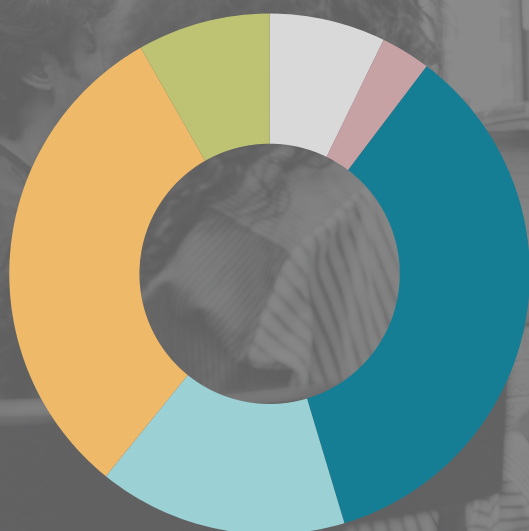
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COMMUNITY ENGAGEMENT



At MNPQC, we unite multiple disciplines by collaborating with **six different communities**—hospitals, clinics, and healthcare systems, community-based organizations, government agencies, professional organizations, academia, and families—breaking healthcare silos to advance maternal and infant health across Minnesota. As of 2025, we have over **80 partnerships** that span these six communities.



OUR PARTNER BREAKDOWN

Partnership with MNPQC reflects a **shared commitment** to meaningful engagement that fosters *collaboration*, *quality improvement*, and *knowledge sharing* across a statewide network.

- Government Agencies
- Academia
- Professional Organizations
- Families
- Community Organizations
- Hospitals, Clinics, & Healthcare Systems

COMMITTEES & WORKGROUPS



Program Advisory Committee

The Program Advisory Committee helps ensure MNPQC's Quality Improvement programs remain responsive to statewide needs through data review, stakeholder feedback, and evidence-based guidance.

57

Engaged members, including 9 new members who joined in 2025

36

Organizations represented across Minnesota in the committee



Perinatal and Family Access Committee

The Perinatal and Family Access Committee mission is to identify and challenge persistent perinatal health differences in outcomes and to create a space of belonging focused on justice, access, and respectful care for all Minnesota families.

14

Engaged members, including 3 new members who joined in 2025

13

Organizations represented across Minnesota in the committee



Data Faculty Workgroup

The Data Faculty Workgroup provides ongoing support to the data program at MNPQC, ensuring that our initiatives are effective and aligned with the needs of our partners and the communities we serve.

5

Engaged members, including 1 new member who joined in 2025

3

Organizations represented across Minnesota in the workgroup



Patient Family Partner Program

The Patient Family Partner Program centers the voices of families by creating opportunities to share birthing experiences, advocate for change, and provide patient-informed feedback. This work helps ensure all Minnesota families receive compassionate, responsive, and respectful care.

7

Engaged members, including 6 new member who joined in 2025

4

Family stories shared on our YouTube channel totalling 5 videos.

CREATING CONNECTIONS

MNPQC staff members made it a priority to connect with healthcare professionals, advocates, and families in person and support other professional organizations through attending conferences and community gatherings. Below is a list of events we attended!

- 26th Annual AWHONN Minnesota Section Conference
- National ACOG Annual Meeting
- NNPQC Annual Meeting
- MHA's Innovations Conference
- 2025 Minnesota Rural Health Conference
- 2025 Summit for Perinatal Excellence
- Black and Brown Birth Summit
- Many Faces of Community Health 2025 Conference
- Minnesota EMS Medical Directors Conference
- The Minnesota Breastfeeding Coalition Annual Conference
- Minnesota ACOG Section Meeting



RECOGNIZING LEADERS



2025 Kunsche Award Recipient

RHONDA FELLOWS, CAB-CB, CBE, LCE

Congratulations to MNPQC's 2025 Kunsche Award recipient, Rhonda Fellows, CAB-CB, CBE, LCE. Rhonda is a certified birth doula, childbirth educator, pelvic steam facilitator, doula trainer and mentor, and lactation champion with more than 20 years of experience supporting youth and families in the nonprofit sector. Rhonda is committed to helping parents recognize their strength and innate ability throughout the birthing journey.



MNPQC's Kunsche Award

2025 Outstanding Community Organization Award

STAR LEGACY FOUNDATION

The Star Legacy Foundation was selected as the first-ever recipient of MNPQC's Outstanding Community Organization Award. Their unwavering dedication to supporting, educating, and advocating for families in Minnesota and across the country has made a meaningful impact. As a 501(c)(3) nonprofit, Star Legacy works to reduce pregnancy loss & neonatal death, improve care for bereaved families, and unite families, healthcare professionals, researchers, policymakers, and advocates in the shared mission of helping every pregnancy have a happy ending.



MNPQC's Outstanding Community Organization Award



STAR LEGACY
FOUNDATION

OUR DIGITAL REACH

Digital resources and storytelling helped connect thousands of healthcare professionals, community organizations, and families with evidence-based information, lived experiences, and quality improvement tools that support better perinatal care.

In the Know Bi-Weekly Newsletter

Serves as a key resource for timely updates, educational opportunities, and quality improvement programming for healthcare professionals and community partners.

KEY ANALYTICS

17

Newsletter editions highlighting programs, research, events, and emerging topics in perinatal health.

2,229

Subscribers receiving updates across Minnesota and beyond.

42%

Average email open rate, demonstrating strong engagement from our audience.

Social Media Platforms

Building awareness, fostering collaboration, and extending the reach of evidence-based perinatal care to all corners of Minnesota.

KEY ANALYTICS

30%

Growth in followers across our social media platforms.

260%

Increase in monthly engagement during the fourth quarter, reflecting growing interaction with our content.

338

Average monthly interactions across Instagram, LinkedIn, Facebook, and YouTube.

OUR AUDIENCE

LINKEDIN



85%

Work in healthcare services.

FACEBOOK



28%

Are between the ages of 34-44.

INSTAGRAM



69%

Identify as women.

Website

MNPQC's website operates as a trusted resource for healthcare professionals, community organizations, and families seeking evidence-based tools, educational resources, and quality improvement programs. By providing accessible information in one place, the website supports partners working to improve perinatal care across Minnesota.

KEY ANALYTICS

43,952

Website users accessed MNPQC resources throughout 2025.

Respectful Maternity Care Social Media Campaign

The Respectful Maternity Care Campaign used storytelling, provider education, and patient-centered resources to spark conversations about respectful care across Minnesota. Through family voices, provider challenges, myth-busting content, and educational resources, the campaign fostered learning and encouraged meaningful change across healthcare and community settings.

KEY ANALYTICS

6,805

Total views to date on our five family stories shared on YouTube.

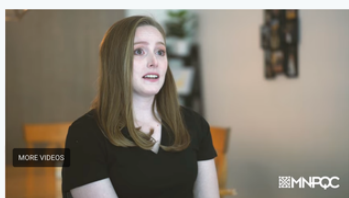
24

Educational social media graphics created, including provider challenges, myth-busting content, and medical jargon stories.

2,349

People reached through campaign social media content.

GLIMPSE AT THE CAMPAIGN



Emily's Story: Navigating Mental Health After Pregnancy



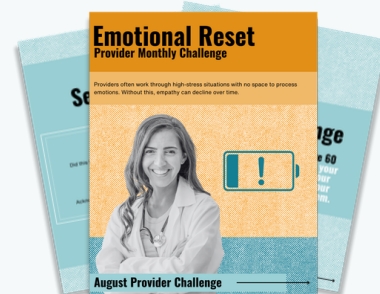
Centering Fathers: A Community Approach to Fatherhood



Annie's Story: A Mother's Journey From Crisis to Advocacy



Jasmine's Story: Why Clear Communication Matters



Funding Source: Centers for Disease Control and Prevention (CDC) Foundation

2025 PERINATAL IMPROVEMENT SUMMIT

The Minnesota Perinatal Quality Collaborative's 2025 Perinatal Improvement Summit provided an "All Teach, All Learn" opportunity for education, resources, and expertise sharing with a space to make connections across disciplines, hospitals, and statewide geography as we work to improve perinatal health outcomes and experiences for our Minnesota families.

Our 2025 Summit Theme was **Connecting Communities, Enhancing Outcomes**

221

Attendees for
the 2025 Summit

23

Minnesota counties
in attendance

29

Presenters across
multiple disciplines

18

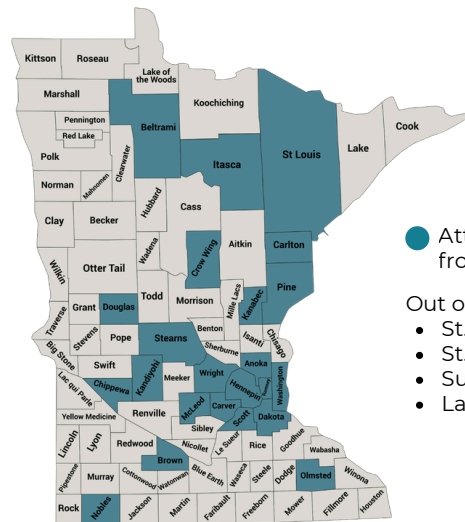
Presentations including
2 plenary sessions

6.25

Continuing Education
Credits offered

26

Sponsors supporting
this event



● Attendees registered
from MN Counties

Out of State Attendees

- St. Clair (MI)
- St. Croix (WI)
- Suffolk (NY)
- Lake County (IL)



2025 MNPQC Perinatal Improvement Summit

ATTENDEE TESTIMONIALS

"It was beautifully coordinated, a pleasure to be in the space. The conference organizers were great to work with, helpful, and kind. Leadership was also thoughtful when pivoting was needed..."

"Loved the sponsors, walked away with many resources. Lunch option was superb!"

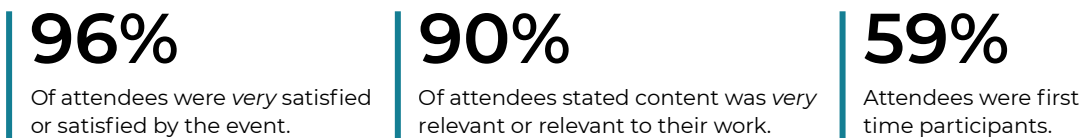
"I really enjoyed the vast variety of topics -- this was great and made it more exciting! I appreciated that not everything was based on one sole issue (ie -- many more tools in my tool kit now!)"

2025 SUMMIT ATTENDEE EVALUATIONS RESULTS

Of the 221 attendees, 125 individuals responded to our Summit Evaluation.



*Summit Sponsors that were not community-based organizations, pharmaceutical companies, consultant companies, and health insurance companies



A Letter to Our Sponsors



Thank you for your generous support of our 2025 Annual Perinatal Improvement Summit. Your partnership helped make this event possible and contributed to meaningful conversations, shared learning, and continued collaboration to improve perinatal health outcomes across Minnesota.

We are grateful for your investment in this work and for helping bring together professionals committed to advancing quality care for birthing women, infants, and families. Your support plays an important role in strengthening our shared efforts to create healthier communities.

Thank you again for your partnership and commitment.

Sincerely,
The MNPQC Team



Daisy Perinatal
Health & Well

2026 PRIORITIES

A FOCUS ON RURAL HEALTH

MNPQC will host the **Rural Improving Maternal & Perinatal Access, Care, and Teamwork (IMPACT) Sprint** that leverages key components of AIM's Obstetric Emergency Readiness Resource Kit alongside AIM's "5 Rs" framework—Readiness, Recognition and Prevention, Response, Reporting and Systems Learning, and Respectful, Equitable, and Supportive Care. The program aims to foster a culture of safety and continuous learning, improve coordination across care settings, and enhance access to socially appropriate and high-quality obstetrical care for patients in rural communities throughout Minnesota.

COMMUNITY DRIVEN: MNI SOTA SACRED BEGINNINGS

Informed by the latest [Minnesota Maternal Mortality Report](#), MNPQC is planning the **Mni Sota Sacred Beginnings Initiative**, a quality improvement (QI) program designed to improve care for Native American pregnant and postpartum women who use substances during pregnancy. As MNPQC's first QI program tailored to the needs of a single community, this initiative will require strong collaboration with content experts, healthcare providers, and community leaders. During 2026, MNPQC will establish the foundation for the initiative by convening a multidisciplinary workgroup, developing a family of quality measures, and recruiting hospitals with high volumes or high proportions of Native American births. These activities will ensure the program is grounded in community expertise and positioned for long-term success from the start.

TRANSFORMING MATERNAL HEALTH GRANT

Through the Transforming Maternal Health Grant (TMAH), MNPQC will partner with Hennepin County birthing facilities to advance the implementation of maternal risk assessments and improve obstetrical hypertension recognition and response. Two Communities of Learning will support this work: the **Perinatal Risk & Readiness Community of Learning** (October 2026 – April 2027) and the **Obstetrical Hypertension Community of Learning** (April 2027 – November 2027). These programs will provide evidence-based education, validated tools, and opportunities for shared learning to strengthen clinical best practices and improve obstetrical outcomes. While the primary focus is birthing facilities in Hennepin County, participation is open to all Minnesota birthing facilities, fostering broader collaboration and bringing diverse perspectives to each program.

PATIENT FAMILY PARTNER PROGRAM EXPANSION

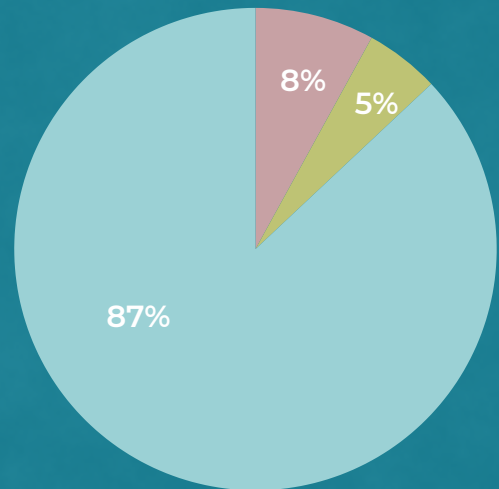
As a central voice in MNPQC's work, the **Patient Family Partner (PFP) Program** plays a critical role in shaping more responsive, person-centered care. In 2026, MNPQC will continue to elevate family voices by working closely with Family Partners to better understand their advocacy interests and goals. These insights are already informing new projects, including an upcoming Perinatal Resource Map Feedback Focus Group. The program will also strengthen engagement through quarterly updates, expanded opportunities in quality improvement efforts, & ongoing recruitment.

FINANCIALS

Behind every quality improvement program is a network of partners who believe in the power of collaboration to transform perinatal care. We are grateful to our changemaking partners whose investments make this work possible and help advance safe, respectful, and high-quality care for all Minnesota families.

2025 NET REVENUE

Total	\$878,865.11
● Corporate & Foundation Grants	\$75,571.91
● Event Revenue	\$40,721.63
● Government Grants	\$762,571.57



CHANGEMAKING FINANCIAL PARTNERS

Thank you to the **Centers for Disease Control and Prevention (CDC)** for its steadfast support of the MNPQC's quality improvement efforts. In 2025, CDC funding supported the Obstetric Hemorrhage Community of Learning, Naloxone Access and Integration Sprint, & Perinatal Resource Mapping Sprint. Through this investment, the MNPQC is strengthening collaboration, reducing fragmentation in perinatal care, and advancing evidence-based practices to improve maternal and infant health outcomes across Minnesota.



Thank you to **Stratis Health** for its valued partnership and for recognizing the MNPQC through its *Creating Healthier Communities Award*. With Stratis Health's support, the MNPQC continued the LINK ECHO series, reaching an average of 94 participants per session from across the state. Together, we are expanding access to interdisciplinary education & strengthening respectful, evidence-based care for families.



Thank you to the **Minnesota Department of Health (MDH)** for its longstanding partnership in advancing the MNPQC's programs. In 2025, MDH funding supported the Linking Identification and Navigation for Perinatal Mental Health & Substance Use Care (LINK) Initiative, LINK ECHO series, and Eat, Sleep, and Console (ESC) Community of Learning. By addressing the intersecting challenges of perinatal mental health and substance use disorders, these programs reduced stigma, strengthened care coordination, & promoted patient-centered care for Minnesota families.



Thank you to the **Medica Foundation** for its generous support of MNPQC's 2025 Hypertension Blue Band Patient Experience Survey. Designed to capture the experiences of patients with Hypertensive Disorders of Pregnancy (HDP), the survey provided valuable insights into opportunities to strengthen patient education and the overall quality of care. Distributed to more than 80 Minnesota patients, the survey findings are helping the MNPQC identify gaps in care and inform future programs to improve HDP outcomes.

Thank you to the **CDC Foundation** for its leadership and partnership in launching the MNPQC's first-ever Respectful Maternity Care (RMC) social media campaign. With the CDC Foundation's support, the MNPQC produced five Minnesota-specific family story videos, executed a six-month statewide campaign, and established its Patient Family Partner Program. These efforts amplify family voices and promote respectful, patient-centered care.

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THANK YOU

We are deeply grateful to everyone who has supported this work by sharing knowledge, offering expertise, advocating for change, and investing in our mission. Together, we have made meaningful progress toward improving perinatal care in Minnesota, but there is still much work ahead.

Join us as we continue building a future where every birthing mother, infant, and family receives safe, respectful, and high-quality care.

RESOURCES



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