PMH LEARN

Perinatal Mental Health: Learning, Equity & Action Research Network

Learning together locally. Improving care nationally.

PMH LEARN is building a pan-Canadian Learning Health Network dedicated to improving perinatal mental health care.

We connect people with lived and living experience, families, Indigenous partners, clinicians, community organizations, researchers and health-system leaders so that real-world care can generate learning - and learning can lead to better care.

Co-lead Principal Investigators Dr. Cindy-Lee Dennis and Dr. Simone Vigod oversee PMH LEARN.

Why PMH LEARN?

20%	Only 1 in 5
of pregnant and postpartum Canadian families experience mental illness each year.	receive adequate treatment.

Our purpose

PMH LEARN is designed to close the gap between what we know and what happens in everyday care. Rather than operating as a one-time research project, the Network creates the people, partnerships, data systems and learning processes needed to continuously identify gaps, co-design improvements, evaluate what changes, and share what works.

Our approach: a Learning Health System

1. PRACTICE → DATA	2. DATA → KNOWLEDGE	3. KNOWLEDGE → PRACTICE
Learn from real-world care. Measure what is happening, who is receiving care, where gaps exist and what outcomes people experience.	Bring together real-world data, research evidence, clinical expertise, lived experience and community knowledge to identify priorities.	Co-design and implement improvements, evaluate their impact, and use the results to begin the next learning cycle.

Then we learn again. Each cycle creates new information and another opportunity to improve care.

What we do

MEASURE	LEARN	IMPROVE
Define what high-quality perinatal mental health care looks like through evidence-informed Quality-of-Care Indicators.	Use real-world information, evidence and experience to understand care, identify gaps and set local priorities.	Co-design, implement and evaluate practical changes - then share successful approaches across Canada.

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A national network built for local learning

PMH LEARN connects regional learning across Canada. Each hub works within its own health-system and community context while contributing knowledge, tools and implementation experience to the wider Network. This local-to-national structure allows innovations and lessons from one setting to inform improvement elsewhere.

Initial clinical hubs

BRITISH COLUMBIA & YUKON	BC Women's Hospital University of British Columbia
ALBERTA	Foothills Medical Centre University of Calgary
ONTARIO	Women's College Hospital / University of Toronto St. Joseph's Healthcare Hamilton / McMaster University The Ottawa Hospital / University of Ottawa
QUEBEC	CHU Sainte-Justine Université de Montréal
MARITIME PROVINCES	IWK Health Dalhousie University

INDIGENOUS LEARNING HEALTH SYSTEM

PMH LEARN includes an Indigenous Learning Health System that is equal and interconnected with the pan-Canadian clinical Learning Health System. Its work is guided by Indigenous leadership, community-defined priorities, culturally grounded approaches, relationships, reciprocity, self-determination and Indigenous data sovereignty.

People are part of the learning system

PMH LEARN is built with people, not simply for people. People with lived and living experience and families have structural roles in the Network and help shape priorities, quality indicators, learning cycles, implementation, evaluation and knowledge mobilization. The Network also brings together clinicians, Indigenous partners and communities, community organizations, researchers, health-system leaders, policymakers and trainees.

What makes PMH LEARN different?

CONTINUOUS Learning happens repeatedly, not as a one-time project.	**COLLABORATIVE** Different forms of expertise and experience shape the work together.
EQUITY-FOCUSED We ask whether care improves, for whom, and whether gaps are reduced.	**ACTION-ORIENTED** The goal is to use knowledge to improve real-world care.

Our vision

Every person and family affected by a perinatal mental health condition in Canada will have timely, equitable, culturally safe, person-centred and evidence-informed access to the care and support they need.

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