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ANNUAL REQUIREMENTS FOR **ACTIVE** HOSPITAL ENGAGEMENT

Enrollment

Enroll in your chosen QI initiative. Sign data use agreements.

1

Coaching

Attend quarterly coaching meetings with your facility's QI Advisor

2

Hospital Assessment Completion

Submit a survey of hospital practices related to the initiative twice a year

3

Meeting Participation

Attend at least 9 of 12 monthly QI initiative meetings and one in-person annual forum

4

Data Submission

Submit initiative data at least 75% of the time, including data disaggregated by race, ethnicity, and payor

5

EMPOWERING HOSPITALS
TO IMPROVE BIRTH





CPCQC SOAR Program Calendar 2026



SOAR

Primary Cesarean Reduction Initiative

JANUARY

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

FEBRUARY

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28

MARCH

S	M	T	W	T	F	S
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15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

APRIL

S	M	T	W	T	F	S
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12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

MAY

S	M	T	W	T	F	S
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10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

JUNE

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14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

JULY

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26	27	28	29	30	31	

AUGUST

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23	24	25	26	27	28	29
30	31					

SEPTEMBER

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20	21	22	23	24	25	26
27	28	29	30			

OCTOBER

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18	19	20	21	22	23	24
25	26	27	28	29	30	31

NOVEMBER

S	M	T	W	T	F	S
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15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

DECEMBER

S	M	T	W	T	F	S
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6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

SOAR Monthly Initiative Meetings 12-1pm

SOAR Initiative Data Deadline (Prior month)

CPCQC Forum

SOAR Onboarding Meetings

Hospital Readiness Assessment Due

December 2026 data due **January 9, 2027**



Nulliparous Term Singleton Vertex

This clinical care checklist is intended to guide care and collect data for a pregnant person who delivers a single, term infant in vertex presentation. **ONLY** complete this data collection tool if all the following apply:

- | | |
|--|---|
| N: Para 0 | S: Singleton birth |
| T: Infant born at 37 weeks gestation or greater | V: Infant in vertex presentation |

Section 1: ADMISSION DETAILS

Patient age: _____ **Date of delivery:** _____ **Gestational age at delivery:** _____

Reason for patient admission (Circle all that apply)

- | | | |
|-----------------|-------------------------|------------------------------------|
| In active labor | In early labor | Rupture of membranes, not in labor |
| For induction | For scheduled C-section | Other: _____ |

Who was the primary labor-management provider? (Select one)

- | | | |
|-------------------------|-------------------------------|--------------|
| OB/GYN | Certified Nurse-Midwife | Other: _____ |
| Maternal Fetal Medicine | OB/GYN with Resident | |
| Family Medicine | Family Medicine with Resident | |

Section 2: INDUCTION DETAILS (Complete if patient was admitted for induction)

Why was the patient admitted for induction? (Circle all that apply)

- | | |
|--|--------------------------|
| Maternal hypertensive disease | Polyhydramnios |
| Elective | Fetal growth restriction |
| Advanced maternal age | Category II tracing |
| Maternal diabetes (gestational or pre-existing) | Oligohydramnios |
| Rupture of membranes (PROM, SROM, prolonged ROM) | LGA/macrosomia |
| Other maternal medical disease | Decreased fetal movement |
| Post dates (Over 41 weeks) | Other: _____ |

Which method(s) were used for induction? (Circle all that apply)

Cytotec | Cervidil | Cook catheter or Foley bulb | AROM | Pitocin | Dilapan

Section 3: LABOR PROGRESSION

Is the provider unable to augment labor with Pitocin or AROM due to non-reassuring fetal heart rate (NRFHR)?

- Yes, NRFHR prohibits augmentation despite intrauterine resuscitative measures **(If checked, you do not need to complete this section. Proceed to Section 4: Indication for Cesarean Delivery).**
- No, NRFHR does not prohibit augmentation **(If checked, proceed with this section)**



Diagnosis: Failed Induction of Labor (all 3 should be present) - Circle one response for each

- 1. Patient experienced rupture of membranes: Yes-AROM Yes-SROM No
- 2. Patient received Pitocin for 12-18 hours after rupture of membranes: Yes No
- 3. Patient is less than 6 cm of dilation: Yes No

If all three of the above criteria are met, consider Cesarean delivery. Note. At least 24 hours of Pitocin administration after membrane rupture is preferable if maternal and fetal statuses permit.

Diagnosis: Arrest of Dilation (all 3 should be present) - Circle one response for each

- 1. Patient reached 6 cm dilation or greater: Yes No
- 2. Patient experienced rupture of membranes: Yes-AROM Yes-SROM No
- 3. Patient had inadequate cervical change for at least either: Yes No
 - 4 hrs of adequate uterine activity (e.g. MVUs>200), OR
 - 6 hrs of Pitocin administration with inadequate uterine activity

*Did the patient have an IUPC placed at any time? Yes No

If all three of the above criteria are met, consider Cesarean delivery. Note. As long as fetal and maternal statuses remain reassuring and cervical progress is being made, a slow but progressive latent phase (e.g., >20 hours in nulliparous women or >14 hours in multiparous) is not an indication for Cesarean delivery.

Diagnosis: Arrest of Descent - Circle one response

- 1. Patient pushed for 3 hours with inadequate fetal descent: Yes No N/A

If "Yes," consider manual rotation, operative vaginal delivery, or Cesarean delivery as clinically appropriate.

*Was the patient offered operative vaginal delivery? Yes No N/A

Was this clinical care checklist used as a communication tool for the medical team? Yes No

Section 4: INDICATION FOR CESAREAN DELIVERY

What was the primary Indication for Cesarean Delivery? - Circle one

Arrest of descent | Arrest of dilation | Cord prolapse | Elective | Failed induction
 HSV outbreak | Malpresentation | Non-reassuring fetal heart rate | Placenta previa | Previous uterine surgery

Were there secondary indications? - Circle all that apply

Arrest of descent | Arrest of dilation | Chorioamnionitis
 Failed induction | Non-reassuring fetal heart rate | Patient exhaustion

Other: _____

Provider Signature:

Celebrating Hospitals



Annual Recognition & Resource Support Framework: Incentive Structure for 2026

Recognition Criteria

- Facilities will create 2-3 goals for the year to be shared with QI Advisor, goals will be in a SMART format.
- Facilities will become eligible for this resource framework upon achieving a specific goal, following consultation with their QI Advisor, who will then approve the completion.
- Available to both Active and Sustainable hospitals.



Goal Examples

- Program Implementation
- Data Submission
- Engagement
- Sustainability & Practice Integration

Timeline



- **Q1:** Goals Setting
- **Q2-Q3:** Working on Goals
- **Q4:** Confirmation of Goal Achievement
 - **November:** Resource Selection
 - **December:** Resource Allocation



Recognition

- **One award per year per facility** and Equal-Value Allocations based on total funds per facility
- **Unit Resources and Equipment** (ex. peanut balls)
- **Training for Frontline staff** (ex. Trauma-Informed training)
- **Celebration for Frontline staff** (ex. Badge reels, compression socks)