Maternal Sepsis is a life-threatening condition defined as organ dysfunction resulting from infection during pregnancy, childbirth, post-abortion or postpartum period (WHO 2016).

So who needs to get the Sepsis 6?
Women with infection +1,2 or 3

1. Immunosuppressed
   Women who present unwell who are on treatment that puts them at risk of neutropenia, e.g. on anti-cancer treatment.

2. SIRS Response, i.e. ≥2 modified SIRS criteria listed below. Note – physiological changes must be sustained ≥30mins
   - Respiratory rate ≥20 breaths/min
   - Heart rate ≥100 bpm
   - Temperature <36°C or ≥38°C
   - WCC <4 or >16.9 x 10⁹/L
   - Bedside glucose >7.7mmol/L (in the absence of diabetes mellitus)
   - Fetal heart rate >160 bpm

3. Clinically apparent new onset organ dysfunction due to infection.
   Any 1 of the following signs of acute organ dysfunction:
   - Altered Mental State
   - RR > 30 breaths/min
   - SaO₂ < 90%
   - SBP < 100 mmHg
   - HR > 130 bpm
   - Mottled or ashen appearance
   - Non-blanching rash
   - Other organ dysfunction

Just by doing these six simple things in the 1st hour you can double the woman’s chance of survival

Sepsis 6 + 1 (if pregnant, assess fetal wellbeing)

Take 3
Bloods Cultures (before 1st dose antimicrobial)
Blood Tests (including POC Lactate)
Urine Output (as part of perfusion status assessment)

Give 3
Oxygen (if required)
I.V. Fluid (if deficit)
I.V. Antimicrobials (local guidelines)

1ST HOUR BUNDLE:
- Sepsis 6 completed (O₂, Fluids, Antimicrobials, Cultures, Tests, UOP)

Assess the woman’s response

3-HOUR BUNDLE:
- Diagnosis and treatment reviewed with blood and other test results
- Sepsis/Septic shock diagnosed and documented as appropriate
- Lactate repeated if 1st abnormal
- Assess need for Source Control
- Care escalated to specialist care as required

6-HOUR BUNDLE:
- Diagnosis and treatment reviewed
- Is the woman responding, stabilising or deteriorating?
- Pressors commenced in women with fluid resistant shock

For more information visit: www.hse.ie/sepsis