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

Clinical suspicion of infection?

YES

Sepsis Screen Required
Identify which of the following 4 groups the woman belongs to and escalate appropriately.
Always exercise clinical judgement.

1. IMEWS trigger for immediate review, i.e. >2 YELLOWS or >1 PINK
2. Any 1 sign of acute organ dysfunction
3. SIRS Response, i.e. ≥2 modified SIRS criteria
4. At risk of neutropenia

Screen Positive
START SEPSIS FORM and escalate to medical review

Screen Negative
Follow usual IMEWS escalation protocol

Have a lower index of suspicion for infection or sepsis in the unwell women with risk factors

- Recent procedure
- Known colonisation/infection
- Chronic health problems
SEPSIS 6+1* (WITHIN 1 HOUR)

TAKE 3
1. CULTURES: Before giving antimicrobials.
2. BLOODS: Lactate, FBC, U&E and others as indicated.
3. URINE OUTPUT: Assess as part of volume/perfusion status assessment.

GIVE 3
1. OXYGEN: Titrate sats to 94-98% or 88-92% as appropriate.
2. FLUIDS: To ensure perfusion. Start pressors early if required.
3. ANTIMICROBIALS: According to local guidelines.

*+1 IF PREGNANT, ASSESS FETAL WELLBEING

WITHIN 3 HOURS:
• Review response to treatment.
• Review diagnosis and treatment with blood and other test results.
• Diagnose Sepsis/Septic shock and document as appropriate.
• Escalate as indicated.
• Don’t forget source control!