



If there is  
infection,  
"Think SEPSIS"

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.  $\geq 2$  modified  
SIRS criteria

**4**

At risk of  
neutropenia

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

**Screen Positive**

**START SEPSIS FORM**  
*and escalate to medical review*

None apply

**Screen Negative**  
Follow usual IMEWS  
escalation protocol

- 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!