

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



Always use clinical judgement



Screening for Sepsis

Is there a suspicion of infection as cause for presentation/deterioration?

Risk factors associated with sepsis

- Pregnancy Related**
- Cerclage
 - Pre-term/prolonged rupture of membranes
 - Retained products
 - History pelvic infection
 - Group A Strep. infection in close contact
 - Recent amniocentesis

- Non Pregnancy Related**
- Age > 35 years
 - Minority ethnic group
 - Vulnerable socio-economic background
 - Obesity
 - Diabetes, including gestational diabetes
 - Recent surgery
 - Symptoms of infection in the past week
 - Immunocompromised e.g. Systemic Lupus
 - Chronic renal failure/liver failure/heart failure

The screen for sepsis risk is positive if the women has an infection or is unwell and has risk factors **Plus** one of the following 4 presentations. **Always exercise clinical judgement.**

1
IMEWS trigger for immediate review, i.e. **>2 YELLOWS** or **≥2 PINKS**

2
Any 1 of the following signs of **acute organ dysfunction:**

- Altered Mental State
- RR > 30 rpm
- O₂ sat < 90%
- SBP < 100 mmHg
- HR ≥ 130 bpm
- Mottled or ashen appearance
- Non-blanching rash
- Other organ dysfunction

3
SIRS Response, i.e. 2 modified SIRS criteria listed below.
Note – physiological changes must be sustained 30mins

- Respiratory rate ≥ 20 breaths/min
- WCC < 4 or > 16.9 x 10⁹/L
- Acutely altered mental status
- Heart rate ≥ 100 bpm
- Temperature < 36°C or ≥ 38°C
- Bedside glucose > 7.7mmol/L (in the absence of diabetes mellitus)
- Fetal heart rate > 160 bpm

4
At risk of neutropenia, e.g. on anti-cancer treatment.

Screen Positive

Screen Negative - usual management

If Sepsis Suspected following screening – Start Sepsis Form & Escalate to medical review