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 of the following signs of acute organ dysfunction:
   - Altered Mental State
   - RR > 30 rpm
   - \(O_2\) sat < 90%
   - SBP < 90 mmHg
   - HR ≥ 130 bpm
   - Fetal heart rate >160 bpm
   - Mottled or ashen appearance
   - Non-blanching rash
   - Other organ dysfunction

3. SIRS Response, i.e. ≥2 modified SIRS criteria listed below.
   - Respiratory rate ≥ 20 bpm
   - Heart rate ≥100 bpm
   - Temperature <36°C or ≥38.3°C
   - Bedside glucose > 7.7mmol/L (in the absence of diabetes mellitus)
   - WCC < 4 or > 16.9 x 10⁹/L

4. At risk of neutropenia
   (bone marrow failure, autoimmune disorder or treatment including but not limited to, chemotherapy and radiotherapy)

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

Risk factors

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
- Chronic liver failure
- Chronic heart failure

(Exercising Clinical Judgment)