Understanding of Maternal Sepsis

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Introduction

Maternal sepsis remains a common cause of maternal mortality worldwide, being responsible for 10.7% of maternal deaths [1]. Despite the World Health Organization's (WHO's) 2017 confirmation of maternal sepsis as a "life-threatening condition" and its definition as "organ dysfunction resulting from infection during pregnancy, childbirth, post-abortion, or postpartum period" [2], diagnosis remains difficult and clear identification criteria are currently lacking. The aim of this study was to explore how UK health professionals involved in obstetric care diagnose and conceptualise maternal sepsis.

Methods

This study used qualitative research methods and prospective ethical approval was obtained prior to data collection. Semi-structured interviews were carried out with ten healthcare professionals working in a tertiary maternity unit in England. Participants included midwives, anaesthetists, and obstetricians & gynaecologists, and were identified by an purposeful sampling approach. Interviews were recorded and transcribed, then inductive thematic analysis was used to identify key themes relating to the interview schedule, as well as emergent themes.

Results

Themes relating to the interview schedule included unfamiliarity with qSOFA, differing perceptions of sepsis, and concerns around the flawed nature of clinical investigations used in making a diagnosis. Emergent themes included the role of temperature in diagnosis, and how risk factors are being considered, as well as the theme of ethnicity. The full list of themes is viewable in Table 1.

Table 1.
Themes originating from the interview schedule:

- Unfamiliarity with qSOFA
- Different individuals perceive sepsis differently
- Clinical investigations have flaws

Emergent themes:

- The role of temperature in diagnosing maternal sepsis
- Foetal signs
- Overall picture
- Risk factors being considered
- Ethnicity

Discussion

This study has increased our understanding of how healthcare professionals perceive maternal sepsis and what they consider when making the initial diagnosis. In particular it demonstrates that different individuals perceive sepsis differently, and that clinicians' personal definitions of maternal sepsis did not follow current formal definitions. The finding of ethnicity as an emergent theme warrants future research.

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