

DIAGNOSIS AND MANAGEMENT OF SEPSIS IN THE ANTENATAL, INTRAPARTUM & POSTNATAL PERIOD.

LOUISE DUNPHY AND SATTHIYA ARUTCHELVAM. DEPARTMENT OF OBSTETRICS.



INTRODUCTION:

Sepsis remains the 5th leading cause of maternal death in the UK. **MBRRACE-UK, Saving Lives, Improving Care, 2019.** Deaths from mid-trimester sepsis accounts for the rise in mortality from direct sepsis. A single abnormal finding can be significant and warrants a thorough clinical assessment. Key actions for the diagnosis and management of sepsis are: **Timely recognition, fast administration of antibiotics and quick involvement of experts.**

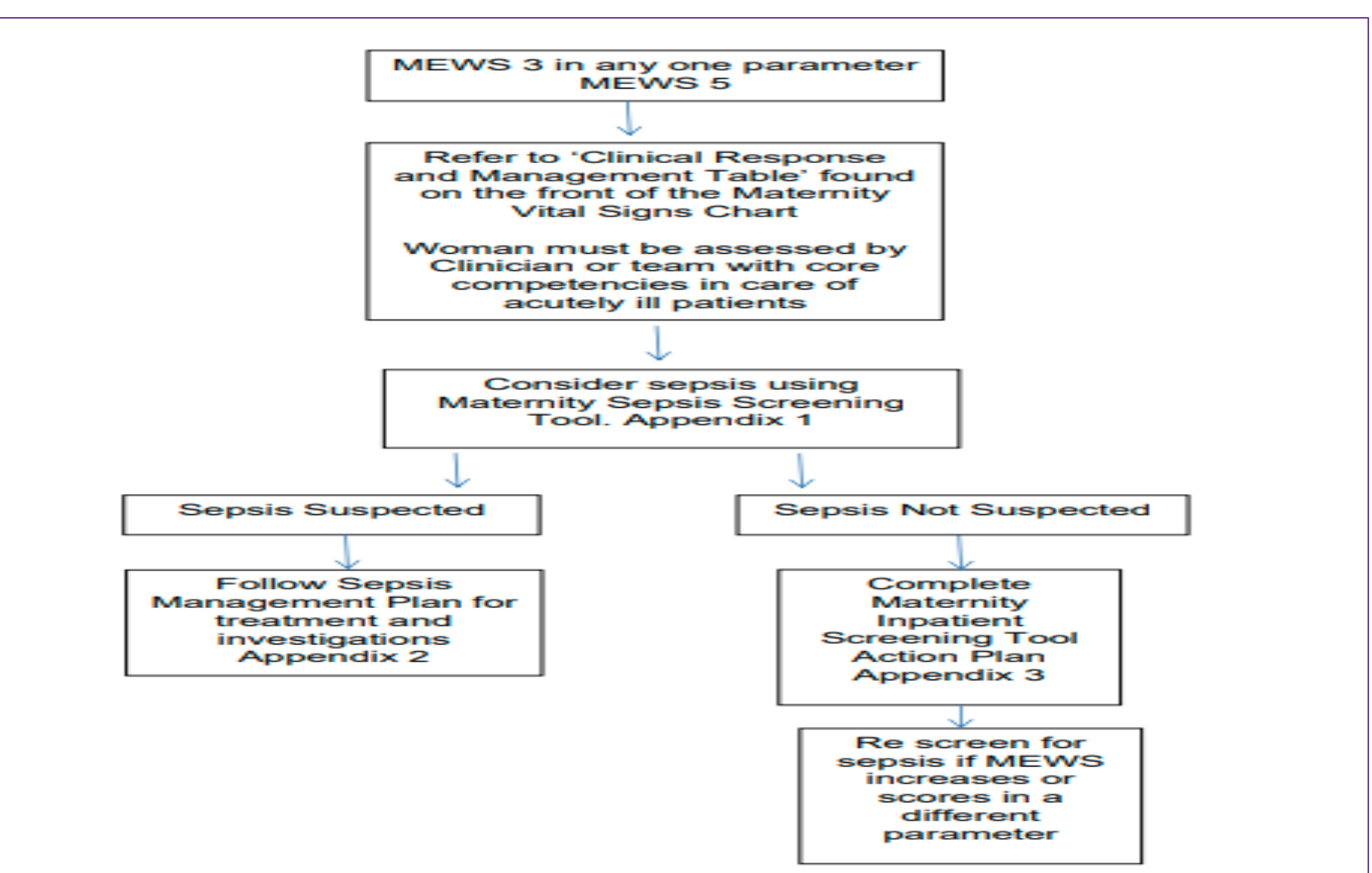
AIM:

To determine compliance with our Trust’s Guideline **‘Sepsis in the Antenatal, Intrapartum and Postnatal period, 2019’.** This policy should be used in conjunction with the **MCHFT MEWS chart** and the **Maternity Sepsis Screening Tool** and management plan.

METHOD:

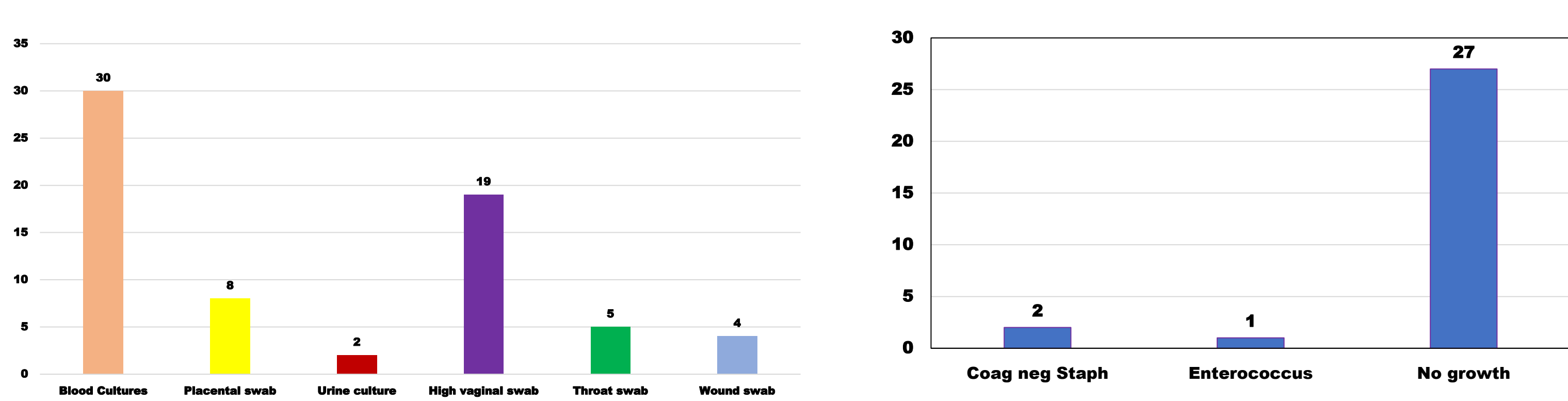
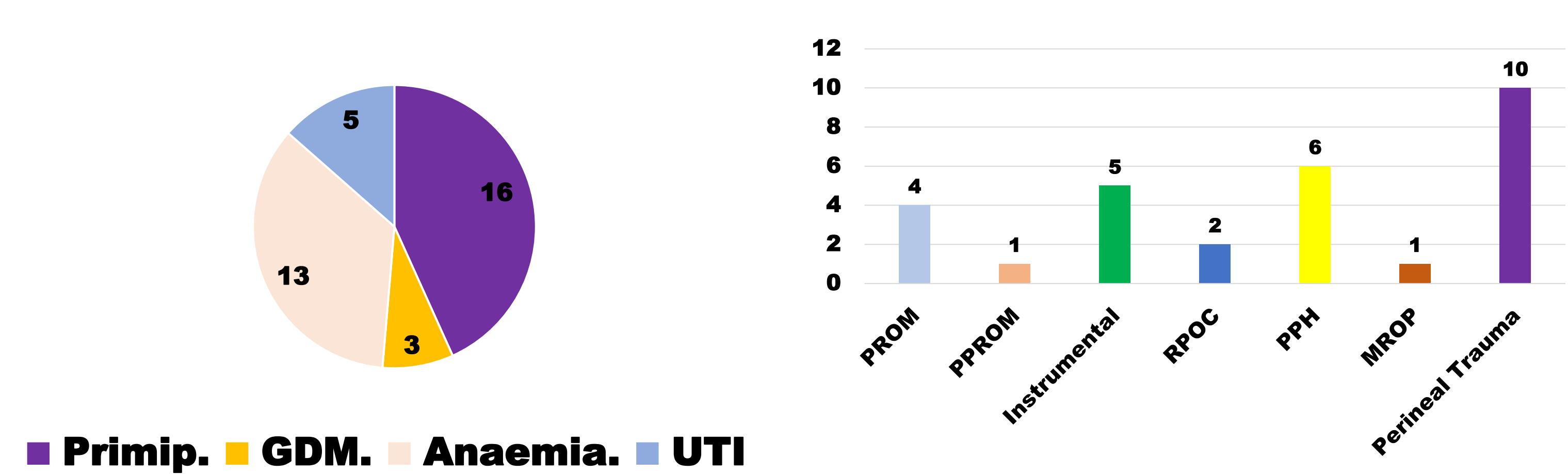
- A retrospective case-note review of 30 patients diagnosed with high risk maternal sepsis.
- Over a 3 month period, March 1st-May 31st 2021.
- Data collected from the patient’s case notes, ICE, PACs, drug charts and input on a spreadsheet.

STANDARD:

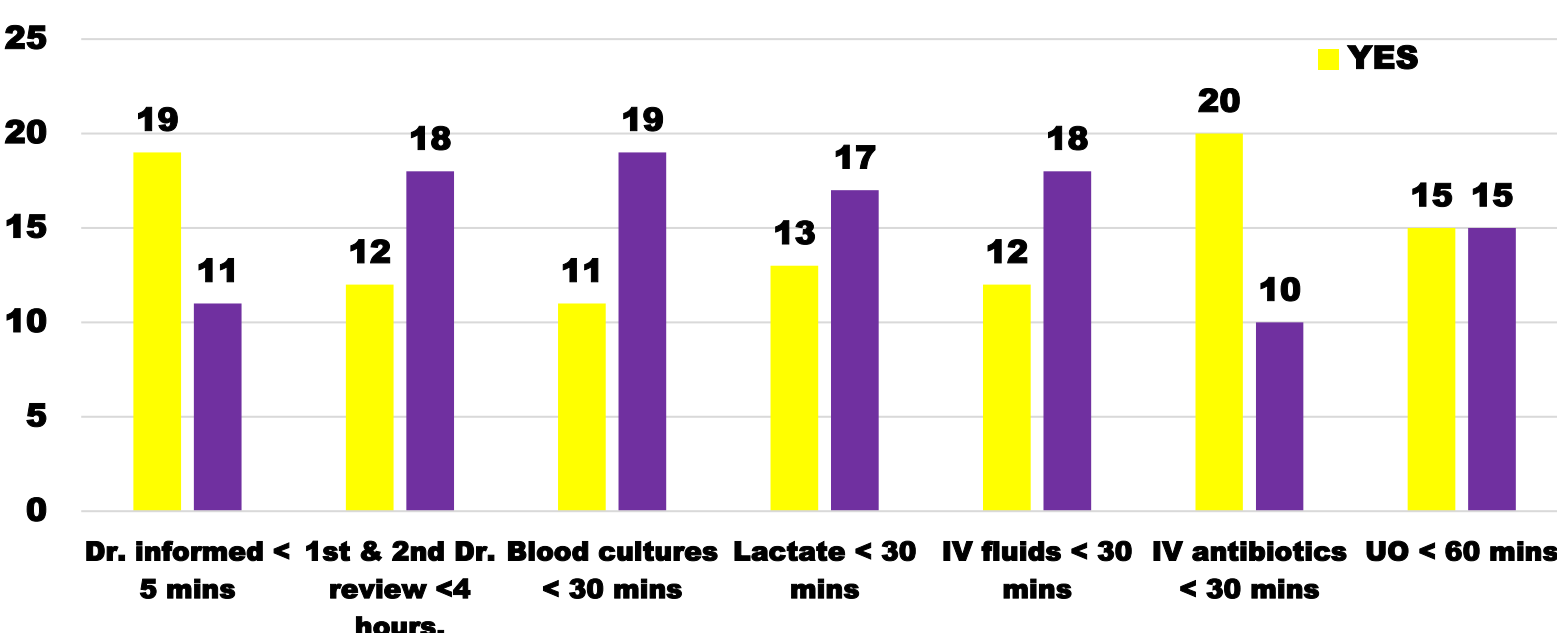


- **High-risk intrapartum sepsis:** 14 [46.7%]. **High-risk postpartum sepsis:** 16 [53.3%].
- 6 patients [20%] readmitted with sepsis with an **average white cell count** of 13.4 x 10/L [range 9-28.4] and an **average CRP** of 207.6ng/L [range 92-410].
- All patients had a MEWS score ≥ 5, calculated correctly and escalated appropriately in all cases.
- The ‘Sepsis Screening Tool’ was used [30] and completed correctly in 25 cases [83.3%].

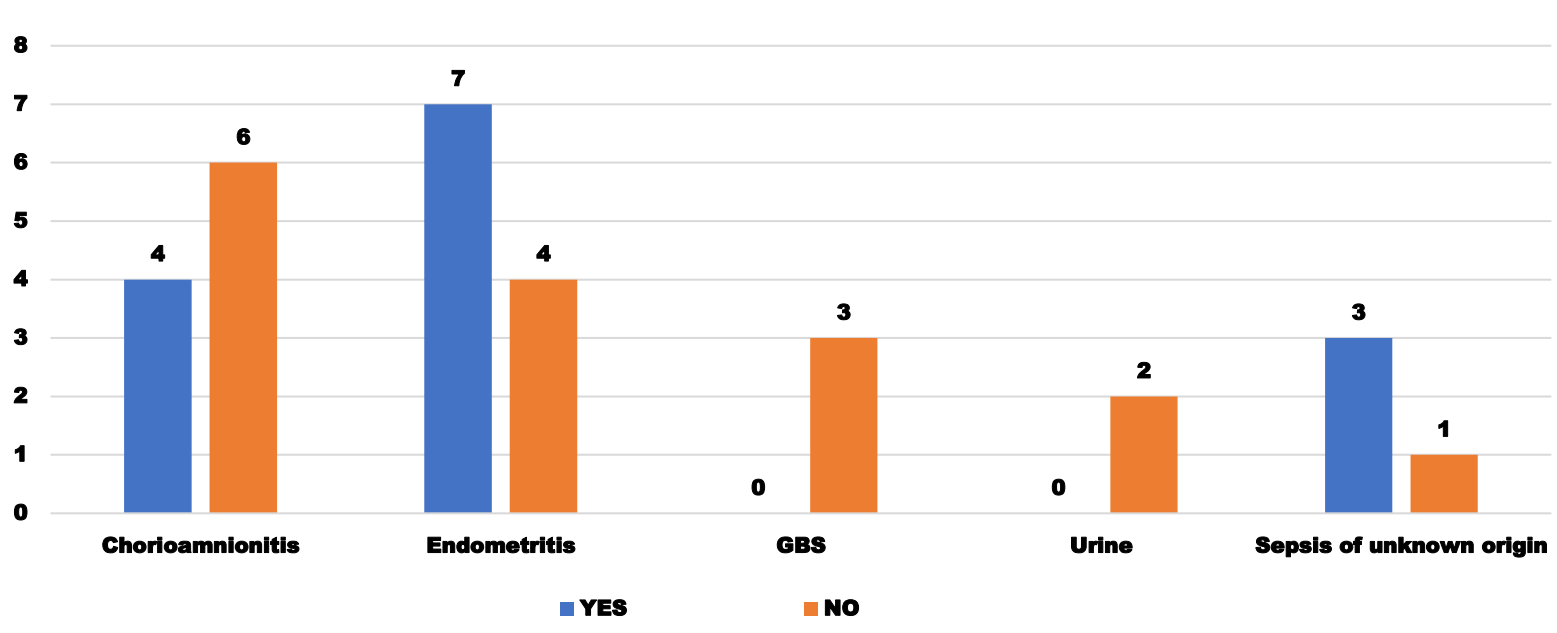
RISK FACTORS FOR MATERNAL SEPSIS.



Investigations.



Management of Sepsis.

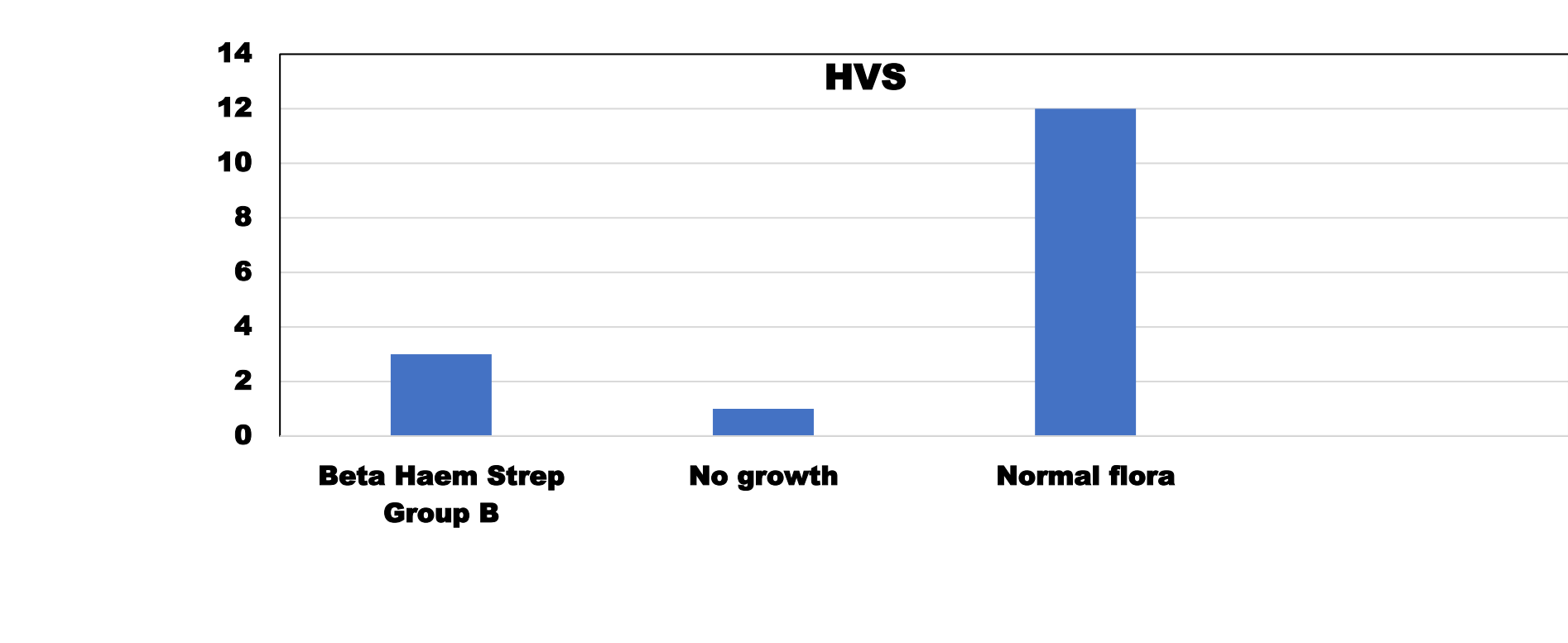
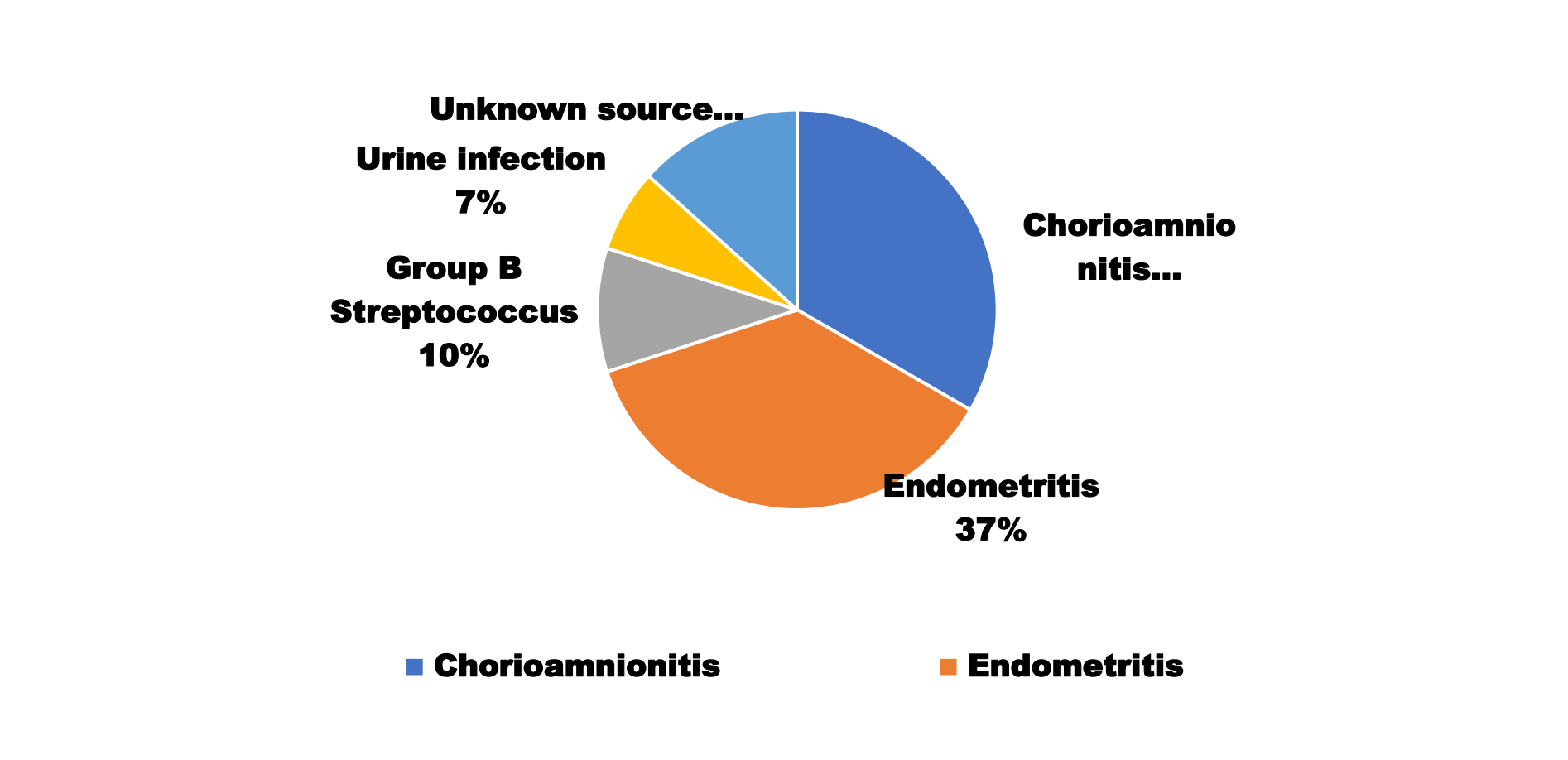


Correct Antimicrobial Therapy 46.7%.

RECOMMENDATIONS:

All healthcare professionals should be aware of the signs and symptoms of maternal sepsis. Regular observations should be recorded using the MEOWS chart. Review by > ST3 doctor within 60 minutes. The ‘Sepsis Six’ initial care bundle should be commenced within the first hour of recognition of high risk sepsis.

AETIOLOGY OF SEPSIS.



Placenta Swab.

Time difference between diagnosis and doctor informed [<5 mins].	Average: 15 minutes.
Time difference between doctor informed and review.	Average: 51 minutes.
Time required to take blood cultures [<30 mins].	Average: 87 minutes.
Time required to check lactate [<30 mins].	Average: 50 minutes.
Time required to give IV fluids [<30 mins].	Average: 63 minutes.

100% Compliance.

<100% Compliance.

DISCUSSION:

There were no maternal deaths in this cohort. Primiparous women with recurrent UTIs were the main risk factor for the development of sepsis. Further adherence to antimicrobial guidelines is required. Endometritis [37%] and chorioamnionitis [33%] were the main sources of sepsis.