

Maternal Sepsis, A cross-site audit in Tertiary Care hospital

Be Aware, Save lives

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Introduction:

Sepsis remains a leading cause of maternal morbidity and death. The failure to recognize sepsis and institute prompt treatment underlies most cases of maternal sepsis with poor outcomes.

Objective:

To Evaluate adherence to treatment protocols, and administration of antibiotics and fluids within the recommended time frame

To Ensure that clinical practice aligns with trust sepsis guidelines

Methodology :

Trust sepsis guideline and sepsis 6 bundle established as audit standards .All pregnant patients in UHL on sepsis protocol from 01/01/2024 to 31/07/2024 included .

Retrospective data collected from electronic record on nerve centre , ICE ,E3 and paper notes

Conclusions :

It has highlighted areas of improvement in management of sepsis in our institution Timely initiation of treatment protocol particularly administration of antibiotics within recommended time frame and improved documentation will ensure good patient outcomes, we suggested introduction of sepsis screening and management tool proforma on nerve centre , training of midwives in taking blood cultures to reduce waiting times and proposed annual re audit

References:

<https://doi.org/10.1016/j.ijoa.2018.04.010>
<https://secure.library.leicestershospitals.nhs.uk/PAGL/Shared%20Documents/Pyrexia%20and%20Sepsis%20in%20Labour%20UHL%20Obstetric%20Guideline.pdf>
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Project Outcomes

Audit Criteria	Standards	Compliance	Compliance with standards
Give Oxygen to maintain saturation >94 %	100%	100%	Fully compliant
Take cultures: at least one set of peripheral blood cultures plus a culture sputum, mid-stream specimen of urine, wound swabs, placental swabs, high vaginal swabs, throat swabs as appropriate	100%	88.23% Blood cultures, 92.1 Vaginal swabs	Partially compliant
Give IV antibiotics according to Trust policy and taking into account allergies	100%	86.2% Given Abx 68.6 % given in 1 hour	Partially compliant
Give IV fluids; if hypotensive and/or lactate >2 then give 500ml stat dose of Hartmann’s/Sodium chloride 0.9%, this can be repeated up to 30mls/kg. Involve the anaesthetist if the patient has pre-eclampsia	100%	72.5 % (only in..% completed filled)	Fully compliant
Check serial lactate; inform critical care outreach if lactate >4 and recheck after fluid challenge	100%	50.9% CCT 100 %	Non -compliant
Monitor urine output hourly; consider urinary catheter for accurate hourly monitoring	100 %	39.2%	Non -compliant
MEOWS recording and Documentation (on sepsis screening and action tool proforma)	100%	0 % on proforma , 72.5% complete on nerve centre and paper notes , 19%partially completed	Non -Compliant
Overall compliance			