

## Key notes on:      **Maternal sepsis**

- Sepsis is defined as “life-threatening organ dysfunction caused by a dysregulated host response to infection” (Rhodes et al., 2017, p 488)
- The WHO defines maternal sepsis as “a life-threatening condition defined as organ dysfunction resulting from infection during pregnancy, childbirth, post-abortion, or postpartum period” (Bonet et al., 2017, p 1)
- Sepsis is a major cause of maternal death and severe morbidity in both developed and developing countries
- Urinary tract, genital tract, surgical wounds. lungs and breasts are the most common sources of infection leading to sepsis in maternity patients
- Sepsis should never be underestimated – its course is often insidious and women may appear deceptively well before suddenly collapsing, often with little or no warning
- Early involvement of consultant staff and early referral to anaesthetic and critical care teams as early as possible when a woman is recognised as being seriously ill
- Care with IV fluid administration – women with sepsis are prone to pulmonary oedema; if women are persistently hypotensive and tachycardic despite fluid resuscitation, they will probably need inotropic support E.g. noradrenaline to correct the vasodilation associated with sepsis
- Surviving Sepsis Campaign – bundle of care applies to maternity patients

### **Electronic Resources**

Surviving Sepsis Campaign <http://www.survivingsepsis.org/Pages/default.aspx>

UK Sepsis Trust <https://sepsistrust.org/education/>

Sepsis Alliance <https://www.sepsis.org/>

SOMANZ Guideline for the Investigation and Management of Sepsis in Pregnancy (2017)  
<https://www.somanz.org/guidelines.asp>

NICE Guideline - Sepsis: recognition, diagnosis and early management (NG 51) (2016)  
<https://www.nice.org.uk/guidance/ng51>

Royal College of Obstetrics and Gynaecology. Bacterial Sepsis in Pregnancy. Green-top Guideline 64a 2012.  
<https://www.rcog.org.uk/en/guidelines-research-services/guidelines/gtg64a/>

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