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ON MATERNAL HEALTH



Sepsis in Obstetric Care



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For the purpose of this Bundle, sepsis in obstetric care refers to the World Health Organization definition for maternal sepsis as a life-threatening condition defined as organ dysfunction resulting from infection during pregnancy, childbirth, post-abortion, or the postpartum period (up to 42 days). Such conditions include infections that are related to delivery and other types of infections that occur during pregnancy or the postpartum period.

Readiness — Every Unit

Establish inter- and intradepartmental protocols and policies for the care of patients experiencing obstetric sepsis or suspected sepsis.*

Provide multidisciplinary education on obstetric sepsis to all clinicians and staff that provide care to pregnant and postpartum people, including in non-labor & delivery settings such as emergency departments, intensive care units, and outpatient clinics.*

Utilize evidence-based criteria for sepsis assessment for all pregnant and postpartum patients, in all units, including obstetric-specific criteria, when appropriate.*

Create a culture that utilizes non-hierarchical communication so that all team members, including the patient, feel empowered to speak up about a concern and know that their input is valued by the entire care team.*

Recognition & Prevention — Every Patient

Implement evidence-based measures to prevent infection.*

Recognize and treat infection early to prevent progression to sepsis.*

Consider sepsis on the differential diagnosis of a person with deteriorating status, even in the absence of fever.*

In all care environments, assess and document if a patient presenting is pregnant or has been pregnant within the past year.*

Provide patient education focused on general life-threatening pregnancy and postpartum complications and early warning signs, including sepsis signs and symptoms other than fever, and instructions for who to notify| with concerns.*

Response — Every Event

Initiate facility-wide standard protocols and policies for assessment, treatment, and escalation of care for people with suspected or confirmed obstetric sepsis.*

Initiate facility-wide standard protocols and policies for post-stabilization management of people with sepsis.*

Engage in team communication among units involved in the care coordination for patients with sepsis to understand diagnoses, treatment plans, and follow-up care.*

Facilitate comprehensive post-sepsis care, including screening and proper referrals for post-sepsis syndrome.*



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Reporting and Systems Learning — Every Unit

Conduct multidisciplinary reviews for systems improvement of each sepsis case to assess the screening program, the quality of care provided to patients with sepsis, and whether instances of bias may have impacted care.*

Establish a culture of multidisciplinary planning, huddles, and post-event debriefs.

Implement a system to ensure communication occurs with the pregnant or postpartum person and their identified support network on an ongoing basis during treatment and through follow-up care.*

Respectful, Equitable, and Supportive Care — Every Unit/Provider/Team Member

Include each pregnant or postpartum person and their identified support network as respected members of and contributors to the multidisciplinary care team.*

Engage in open, transparent, and empathetic communication with pregnant and postpartum people and their identified support network about sepsis diagnosis and recommended treatment plans that are aligned with their health literacy, culture, language, and accessibility needs.*

Because maternal mortality and severe maternal morbidity related to sepsis disproportionately affect Black, Indigenous, and Hispanic people because of systemic racism, but not race itself, it is necessary to mitigate this bias by having a high index of suspicion for sepsis.*

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*See [Sepsis in Obstetric Care Element Implementation Details](#)