Perinatal Quality Collaborative of North Carolina

Obstetric Sepsis Action Plan

Provide the facilitation, support, and education necessary to implement evidence-based measures to prevent infection, recognize and treat infection early to prevent progression to sepsis, and implement systems to appropriately escalate care for patients experiencing maternal infection or sepsis

Secondary Aim	Primary Drivers	Secondary Drivers
1. Evidence-based measures to prevent infection	1.1 Implement infection prevention measures	1.1.1 Infection prevention measures should be instituted: • Prenatal screening for infection (such as for asymptomatic bacteriuria) • Peripartum antibiotic indications (such as for PPROM, GBS prophylaxis) • Cesarean delivery infection prevention (such as for prophylactic antibiotics, vaginal cleansing during labor or with ruptured membranes)
2. Recognition and early treatment of infection and timely escalation of care for patients with infections	2.1 Screening & Timely and Appropriate Treatment 2.2 Timely and appropriate escalation of care for patients who exhibit concerning symptoms 2.3 Comprehensive post-sepsis care, including screening and proper referrals for post-sepsis syndrome	2.1.1 When a patient contacts an entry point (such as clinic or triage) with symptoms possibly related to infection, have a pre-hospital risk assessment to determine next steps to direct care. 2.1.2 Utilize a sepsis screening tool on presentation and throughout hospitalization to identify patients who may be developing sepsis to prompt further investigation. 2.1.3 Utilize an obstetric-specific assessment tool (such as Sepsis in Obstetrics Score or CMQCC criteria) to assess for higher acuity of care (such as ICU, early tertiary care, or stepdown) 2.1.4 When indicated, provide antibiotics to patients within one hour 2.2.1 Initiate facility-wide standard protocols and policies for assessment, treatment, and escalation of care for people with suspected or confirmed obstetric sepsis. 2.2.2 Consider sepsis on the differential diagnosis of a person with deteriorating status, even in the absence of fever. 2.2.3 Utilize a standardized order set for sepsis evaluation/ management. 2.2.4 Prioritize laboratory results to assist in identifying severity and potential source

Provide the facilitation, support, and education necessary to implement evidence-based measures to prevent infection, recognize and treat infection early to prevent progression to sepsis, and implement systems to appropriately escalate care for patients experiencing maternal infection or sepsis

		2.2.5 Activate a rapid response team for the unstable patient • Identify champions for each type of care team member [Physicians (Obstetrician, Anesthesiologist, Emergency Medicine, Critical Care Medicine), advanced practice providers, nurses, RRT representative, pharmacy representative] to serve as a leader for dissemination of new processes • Consider creation of an obstetric sepsis alert that notifies RRT, pharmacy, and the laboratory to prioritize bedside collaboration, antibiotic dosing and delivery, and laboratory processing 2.2.6 Administer antibiotics within one hour after diagnosis of sepsis. 2.2.7 Transfer of care to an appropriate facility per the Levels of Maternal Care Obstetric Care Consensus. 2.2.8 Initiate fetal surveillance and maternal management strategies. • Prompt maternal antimicrobial treatment and/or source control combined with supportive and resuscitative measures leads to stabilization of both mother and the fetus in the majority of cases • Consideration of antenatal steroids (for fetal lung maturity) in appropriate cases • Fetal heart rate tracing surveillance should be individualized based on gestational age and maternal status 2.2.9 Ensure team communication among units involved in the care coordination for patients with sepsis • Care coordination for patients with sepsis to understand diagnoses, treatment plans, delivery planning (as appropriate), and follow up care must occur across units and amongst multidisciplinary team members.

Provide the facilitation, support, and education necessary to implement evidence-based measures to prevent infection, recognize and treat infection early to prevent progression to sepsis, and implement systems to appropriately escalate care for patients experiencing maternal infection or sepsis

		• Consider having neonatal resuscitation equipment availability in the ICU, designated operating room location in case of urgent cesarean delivery, and appointing a representative from each team to disseminate communication. • Communication can include, but is not limited to, OB/GYN, ICU, NICU, and Anesthesiology. 2.3.1 Assess patients for post-sepsis syndrome, which is characterized by fatigue, cognitive decline, mobility issues, pain, weakness, depression, anxiety, and post-traumatic stress disorder. 2.3.2 Assessment and proper referrals to the following but not limited to occupational therapy, physical therapy, speech therapy, pain clinics, and psychiatry 2.3.3 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 2.3.4 In all care environments, assess and document if a patient presenting is pregnant or has been pregnant within the past year
3. Providing Education	3.1 Provider Education 3.2 Education across care settings, including Emergency Departments 3.3 Patient & Patient Support System Education	3.1.1 Provide multidisciplinary education on obstetric sepsis to all clinicians and staff on your unit 3.2.1 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. Ensure that emergency departments are asking patients if they are pregnant or have recently given birth.

Provide the facilitation, support, and education necessary to implement evidence-based measures to prevent infection, recognize and treat infection early to prevent progression to sepsis, and implement systems to appropriately escalate care for patients experiencing maternal infection or sepsis

		3.3.1 Provide patient and patient support system 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 3.3.2 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 3.3.3 Engage members of the support team such as doulas to ensure that they have education on early warning signs and can support the patient in identifying any concerning symptoms and accessing follow-up
4. Utilizing Case Reviews and Debriefs to Ensure Equitable Care and Systems Learning	4.1 Conduct multidisciplinary reviews for every case of sepsis and assess for equity of care	4.1.1 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 4.1.2 Establish a culture of multidisciplinary planning, huddles, and post-event debriefs. 4.1.3 Include each pregnant or postpartum person and their identified support network as respected members of and contributors to the multidisciplinary care team

Provide the facilitation, support, and education necessary to implement evidence-based measures to prevent infection, recognize and treat infection early to prevent progression to sepsis, and implement systems to appropriately escalate care for patients experiencing maternal infection or sepsis

		4.1.4 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. 4.1.5 Units should consider providing patients with an opportunity to provide feedback on whether they experienced bias in their care and review comments with staff to promote self-awareness and eliminate biased care 4.1.6 Each unit should have training in providing respectful and equitable care.