

Maternal Sepsis

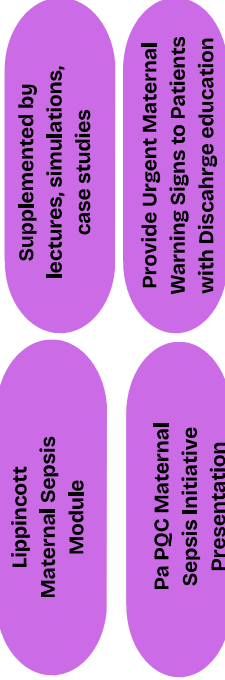
Problem Statement

- Obstetric (OB) sepsis is a life-threatening condition defined as organ dysfunction resulting from infection during pregnancy, delivery, post-abortion or postpartum.
- Changes in vital signs are an early indicator of infection but can be dismissed due to normal physiologic changes in pregnancy (e.g., decreased blood pressure, increased heart rate)

Focus Area

- Given the extremely low incidence of maternal sepsis at this site, the team emphasized simulation-based learning, case studies, and patient narratives to ensure staff competency despite limited real-time clinical exposure. Education was intentionally multidisciplinary to reflect the full continuum of care for pregnant and postpartum patients.

Key Interventions



Status

- Staff report improved confidence and clarity in recognizing maternal sepsis and initiating escalation despite low case frequency.
- OB providers and nurses are continuing to work together to provide education to patients upon discharge

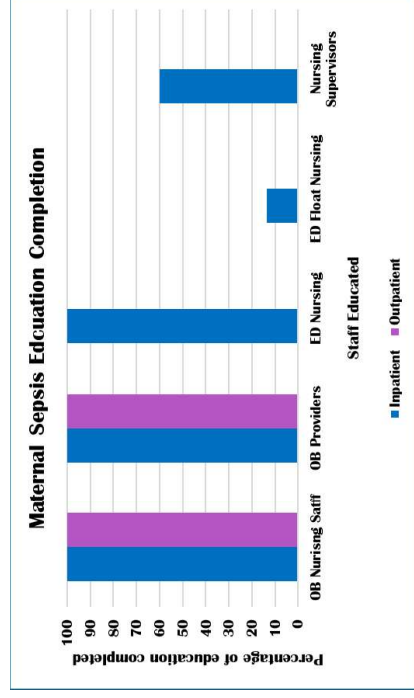
Measures



- Established a multidisciplinary maternal sepsis QI team
- Deployed standardized maternal sepsis education using the Lippincott Maternal Sepsis Module supplemented by PA PQC-aligned lectures, simulation scenarios, and case reviews embedded into routine staff education
- Rolled education out across inpatient OB, outpatient OB, and Emergency Department staff, including providers, core nursing staff, float pool nurses, and nursing supervisors
- Implemented standardized patient education at discharge, ensuring all obstetric patients receive "Urgent Maternal Warning Signs" via the AVS
- Began development of a maternal sepsis identification and capture process to support future tracking, sustainability, and outcome measurement



Results



URGENT MATERNAL WARNING SIGNS

- Headache that goes away over time
- Changes in your vision
- Obstetrician's feet swelling or heart
- Baby's movements (less or more)
- Feeling dizzy or lightheaded
- Thoughts about your baby or your baby
- Fever
- Severe belly pain that doesn't go away
- Vaginal bleeding or fluid leaking during pregnancy
- Reduced or no fetal movement
- Trouble breathing
- Severe nausea and vomiting up (not like morning sickness)
- Vaginal bleeding or fluid leaking after pregnancy
- Unusually fainting or dizziness
- Swelling of your hands or face

If you have any of these symptoms during or after pregnancy, contact your health care provider and get help right away.

If you can't reach your provider, go to the emergency room. Remember to say that you're pregnant within the last year.

Learn more: <https://www.acog.org/health/urgent-signs>

Take a photo to learn more

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On this topic, our team would most like to learn from our peers:

1. Practical strategies for identifying and tracking maternal sepsis cases in low-volume settings without over- or under-capture.
2. Approaches to maintaining staff competency and vigilance for maternal sepsis when real-time exposure is infrequent.
3. Effective methods to engage float pool and supervisory staff consistently across variable schedules and clinical roles.
4. Examples of successful integration of maternal sepsis tracking across inpatient OB, outpatient OB, and ED workflows.
5. Sustainable ways to incorporate patient voice and equity principles into ongoing sepsis QI work beyond initial education.