

# Supporting Maternal Sepsis Awareness and Infection Prevention in Communities

UPMC Altoona

UPMC | NURSING

For PA PQC Yearly Meeting May 19, 2026

## Gap

- Maternal sepsis is a life-threatening, emergency condition occurring when an infection during pregnancy, childbirth, post-abortion, or the postpartum period (up to 42 days) causes severe organ dysfunction. It is a leading cause of maternal mortality, requiring immediate hospital treatment with IV antibiotics, fluids, and possibly ICU care to prevent death or long-term disability.
- It is important to identify early warning signs and symptoms, but most of the public are not aware of sepsis. UPMC Altoona is hoping to distribute education on sepsis to close this gap. One of the opportunities is to provide education that is relevant those in the pregnant and postpartum period.
- The purpose of this quality improvement project is to disseminate this critical information.

## Implementation and Key Interventions

- For our PAPQC project, we worked on Patient Voice and Health Equity related to maternal sepsis. This included discharge phone calls and interviews on day of discharge asking about the education provided on Post Birth Warning Signs and Maternal Early Warning Signs.
- The purple bracelets are distributed so the birthing person remembers to tell health care providers that they had a baby recently.
- UPMC Altoona provided the education sheet on MEWS and PBWS and gave a magnet with the information to be readily available in their home. Our prenatal class content contains the MEWS.
- The prenatal office was asked what information is sent to the patients, and they send the standard prenatal information which included the MEWS.
- MEWS clings are in the patient rooms and OB offices.
- Also, for patient voice we shared April's story again this year by sharing her presentation for maternal health week.
- For Health Equity, charts were reviewed for sepsis diagnosis or other infections and filtered out for commonalities such as provider, race, payer, and BMI.

## Evaluation and Outcome

For **Patient Voice**, the communication with the birthing couples included comments that they mostly received the information at discharge. One comment was that immediately after surgery is not a good time because the focus then is on pain control and the infant. They did comment on the magnets and the purple bracelets being good reminders.

For **Health Equity**, information was retrieved from charts to include commonalities and risk factors for SSIs. Refer to Table below. The results were:

- SSIs are more prevalent with a high BMI. Our focus was on surgical prep scrub and discharge teaching on incision care. We went back to basics and reviewed and confirmed staff competencies for best practices.
- Insurance providers were split evenly between private payers and Medicaid. All patients except one were white, non-Hispanic, the other was Mexican, Hispanic.
- Two had housing and food insecurities.

Our goal is to bring down the SSI numbers with the interventions.

For maternal sepsis, there were two cases from May 2024 through February 2026, one was a CS.

Race	Hispanic	Insurance	BMI
White	No	Medicaid	28.1
White	No	Private	37.4
White	No	Medicaid	46.1
White	No	Medicaid	55.3
Mexican	Yes	Medicaid	38.7
White	No	Private	31.7
Declined	No	Private	37
White	No	Private	38.3
White	No	Private	51.49

## Application

- On this topic, our team would most like to learn from our peers, what interventions are helping to decrease SSIs after CSs? Also, what fun education is provided for community education at public events on maternal sepsis?

## References

Alliance for Innovation on Maternal Health (n.d.). AIM patient safety bundles: Sepsis in obstetric care. Retrieved from: [Sepsis in Obstetric Care | AIM \(saferbirth.org\)](https://www.saferbirth.org/)

World Health Association. (2017)).Statement on maternal sepsis. Retrieved from: [WHO-RHR-17.02-eng.pdf](https://www.who.int/news-room/fact-sheets/detail/maternal-sepsis)

## Target Audience

- Those who plan to have maternity care in our surrounding communities, attend prenatal classes, educators/nurses in the clinics or work on maternity/postpartum units, and emergency staff.
- Anyone attending a community health and wellness event

## Plan

- UPMC Altoona is participating in the Pennsylvania Perinatal Quality Collaborative (PAPQC) with a focus on maternal sepsis. The UPMC Women's Health Service Line (WHSL) is also a partner to promote the latest research and maternal sepsis education for staff and providers. UPMC Altoona is also focusing on prevention of surgical site infections (SSI).
- Reviewing the data of sepsis cases to identify opportunities for improved outcomes.
- Assess education in the community and plan education in the community on maternal sepsis.
- Educational materials are updated at the UPMC system level including the POST-BIRTH Warning Signs (PBWS) and Maternal Early Warning Signs (MEWS)
- Hospital staff participate in yearly education on maternal sepsis.



We want to make sure you stay safe and healthy during this exciting time. We encourage you to wear this purple bracelet throughout the 1<sup>st</sup> year after delivery.



If you are seeking medical attention (for example, in the Emergency Department) this bracelet lets any care teams know that you recently had a baby. Sometimes serious medical issues related to childbirth can arise unexpectedly. It's important to wear this bracelet as a reminder that your symptoms may be related to a recent pregnancy.

Be sure to keep your follow-up appointments and contact your doctor right away if you are not feeling well.

