

AIM OBSTETRIC SEPSIS Bundle Lessons Learned

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Patient Voice

Delivered a compelling Maternal Health Awareness Day Grand Rounds, "Dismissed: April's Sepsis Story," highlighting sepsis awareness, respectful maternity care, and provider accountability.

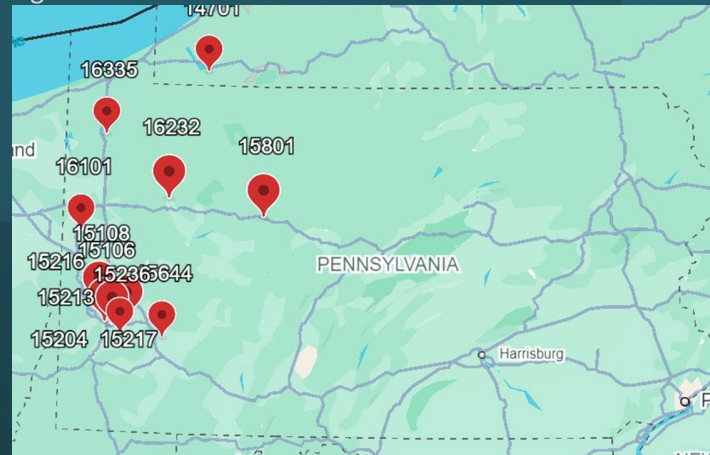
Lessons Learned/ Opportunities

- o 15 cases timely recognition. Many patients complex with
- o comorbid conditions
- o All cases had prenatal care, 10/15 POSTPARTUM (may have followed up with local OB)
- o All cases were not normal BMI
 - o 5 overweight (BMI 25-30)
 - o 2 Class I Obesity (BMI 30-35)
 - o 1 Class II Obesity (BMI 35-40)
 - o 7 Class 3 Obesity (BMI 40 or >)
- o Missing documentation was respiratory rate & map
- o Variety of causes: 3 chorio, 2 urosepsis, 2 endometritis, 1 wound infection, 1 rhinovirus, 1 pneumonia, 1 placenta path, 3 unclear
- o Most gut pathogens- 2/15 opportunistic infections esp. in healthcare (Morganelli & Citrobacter)
- o 2 sepsis cases readmitted within 30 days.
- o Transportation remains to be a significant barrier for birthing people- particularly patients transferred to tertiary center.
- o Capturing race/ethnicity is important when reporting outcomes and identifying trends in vulnerable populations. .

Health Equity

SDOH :

- No trend in cases by zip code.
- Most cases English speaking. Other languages: Portuguese, Pashto, Haitian/Creole, Spanish and undisclosed.
- Majority white race
- Noted that patients reported undisclosed language and declined providing race information
- 8 self-pay, signed up for Medicaid at birth encounter
- 5/15 were transferred in and all had issues coming into see baby or at discharge.



Conclusion: Although obstetric sepsis is rare, cases occurred each month during the QI period. Prompt recognition is critical to reducing morbidity. A standardized system policy, along with ongoing staff education & simulation, will help keep early identification and response at the forefront of practice.

