

Prehospital maternal sepsis screening and action tool

For use by midwives and primary health practitioners within community settings. To be applied to all **women who are pregnant or have been pregnant in the last 6 weeks irrespective of outcome** with fever suspected infection and/or abnormal vital signs.

Trial form

1. In the context of presumed infection, are any of the following true:

(common sources: pneumonia, UTI, breast abscess, mastitis, endometritis, chorioamnionitis, infected caesarean or perineal wound, influenza, intra-abdominal infection)

Tick

Patient looks, or says they are, very unwell ☐

Family or carer is very concerned ☐

There is ongoing deterioration ☐

NO

Low risk of sepsis. Consider other diagnoses. Use clinical judgement and/or standard protocols.

Give safety net advice to women and family:

- Call 111 if deteriorates rapidly and inform LMC.
- Inform LMC if condition fails to improve or gradually worsens.

YES

Perform a full set of observations, including:

- blood pressure
- respiratory rate
- heart rate

3. Is maternal **ANY AMBER FLAG** present?

Tick

Relatives worried about mental state/behaviour ☐

Māori and/or Pacific Ethnicity ☐

Acute deterioration in functional ability ☐

Respiratory rate 21-24 OR dyspnoeic ☐

Heart rate 91-130 OR new dysrhythmia ☐

Systolic B.P 91-100mmHg ☐

Not passed urine in last 12-18 hours ☐

Temperature $\leq 36^{\circ}\text{C}$ ☐

Immunosuppressed/diabetes/gestational diabetes ☐

Has had invasive procedure in last 6 weeks (e.g. CS, forceps delivery, ERPC, cerclage, chorionic villus sampling, miscarriage, termination) ☐

Prolonged rupture of membranes ☐

Close contact with Group A. Streptococcus ☐

Bleeding/offensive wound/vaginal discharge ☐

If immunity also impaired treat as Red Flag Sepsis

2. Is **ONE** maternal Red Flag present?

Tick

Responds only to voice or pain/unresponsive ☐

Acute confusion ☐

Systolic B.P ≤ 90 mmHg ☐

Heart rate ≥ 130 per minute ☐

Respiratory rate ≥ 25 per minute ☐

Needs oxygen to keep SpO2 $>92\%$ ☐

Non-blanching rash or mottled/ashen/cyanotic ☐

Not passed urine in last 18 hours ☐

NO

At risk of sepsis

Consider:

- same day LMC assessment
- is urgent referral required?
- agree on management plan including follow-up or transfer to hospital.

YES

YES

Red Flag Sepsis! This is a time critical condition, immediate action is required.

1. Dial 111 and arrange **immediate** transfer to nearest hospital.
2. Cannulate if skills and competencies allow.
3. Consider IV fluids.

4. If available give Oxygen to keep sat $>94\%$.
5. Pre-alert ambulance crew to **'Red Flag Sepsis'**.
6. Inform family of transfer.