

# COMMUNITY MATERNAL SEPSIS PATHWAY

For health professionals working in community settings. Use for all people who are pregnant or up to 6 weeks postpartum



Health New Zealand  
Te Whatu Ora



Health Quality & Safety Commission  
Te Tāhū Hauora

## RAISE THE FLAG *Could it be Sepsis?*

Sepsis is a life-threatening emergency and can happen to anyone. Consider sepsis for any sick person with evidence of infection, especially when risk factors are present.

This pathway is to be filed in patient record and is intended for use by all clinicians

Family name	<input type="text"/>		
Given name	<input type="text"/>	Gender	<input type="text"/>
AFFIX PATIENT LABEL HERE			
DOB	<input type="text"/>	NHI	<input type="text"/>

### SEPSIS RISK FACTORS

- Māori or Pacific ethnicity
- Socio-economic deprivation
- Previous sepsis event
- Chronic medical conditions
- Immunosuppressed
- Prolonged rupture of membranes
- Recent trauma, surgery/procedure, or hospital admission

### RECOGNISE

Date, time started, initial

DD/MM/YY 00:00<sup>24</sup> HR AB

☐ Is the presentation consistent with **suspected** or **confirmed** infection? Exit sepsis pathway\*

↓ YES

NO

↑ NO

Does patient meet **ANY** of the following criteria?

- ☐ Appears seriously unwell    ☐ Abnormal vital signs    ☐ Whānau or carer is very concerned

↓ YES

### RED FLAGS

- ☐ New oxygen requirement
- ☐ RR ≥ 25
- ☐ SBP ≤ 90 mmHg **OR** ≥ 40 mmHg below patient's normal
- ☐ HR ≥ 130
- ☐ Skin ashen/mottled **OR** non-blanching rash
- ☐ Responds to voice only **OR** pain/unresponsive

ONE OR MORE RED FLAG

NO RED FLAG



**Start Sepsis Six NOW**

If >1 flag ticked or deterioration, consider

### AMBER FLAGS

- ☐ Persistent whānau concern
- ☐ RR 21 - 24 **OR** respiratory distress
- ☐ HR 100 - 129 **OR** new arrhythmia
- ☐ SBP 91 - 100 mmHg
- ☐ Temp < 36°C **OR** > 39°C
- ☐ Altered mental state
- ☐ Prolonged rupture of membranes (>24 hours)
- ☐ Close contact with Group A Strep
- ☐ Malodorous vaginal discharge
- ☐ Non-reassuring CTG / fetal tachycardia > 160
- ☐ Invasive procedure or termination in last 6 weeks

≥ 1 flag ticked

No flag ticked – Exit pathway\*

- ☐ If >1 flag ticked, have a lower threshold for treating as Red Flag Sepsis
- ☐ Consider urgent investigations, advice, and observation
- ☐ Use judgement to decide if can be managed in the community
- ☐ Ensure antibiotics given <3 hours if indicated

### SEPSIS SIX

Perform as many of these steps as possible

1. Obstetric consultation to decide most appropriate hospital for emergency transfer.
2. Arrange immediate ambulance transfer to hospital. State Red Flag Sepsis. Inform family/whānau of transfer with suspected sepsis.
3. Give oxygen if SpO<sub>2</sub> ≤ 92%, target saturation ≥ 94% (88 - 92% if known CO<sub>2</sub> retainer).
4. Gain IV access and draw at least 2 sets of blood cultures from a single site.
5. Give IV or IM antibiotics (2 g ceftriaxone or if weight is less than 40 kg, use dose of 50 mg/kg).
6. Give IV fluids (500 ml 0.9% saline, repeated if clinically indicated up to a maximum of 2000 mL).

If discharging, provide written advice and arrange review at 24-48 hours.

\*In case of deterioration restart screening

Community Sepsis Pathway Maternal  
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