

# 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



# 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.

### 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><sub>HR</sub> AB

Is the presentation consistent with **suspected** or **confirmed** infection? NO → Exit sepsis pathway\*

↓ YES

↑ 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

### 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

ONE OR MORE  
RED FLAG

NO RED FLAG

If >1 flag ticked  
or deterioration,  
consider

≥ 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

Start Sepsis Six  
NOW

### 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  $\text{SpO}_2 \leq 92\%$ , target saturation  $\geq 94\%$  (88 - 92% if known  $\text{CO}_2$  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

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