2024 Obstetric Sepsis Collaborative Final Presentations

EHR Updates

Eisenhower Health

The Family Birth Center EPIC Workflow for Maternal Sepsis

California Maternal Quality Care Collaborative (CMQCC) Improvement Project

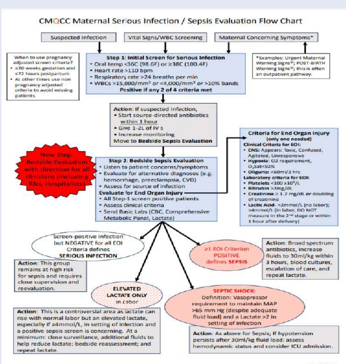
Veronica Williams: Director of Women's Services, Krystal Smith: Maternal/Newborn Manager,
Ursula Gainer: Nursing Professional Development Practitioner,
Judy Ankney: RN Quality Outcome Analyst for Perinatal Services,
Dr. Paul Mike: OB Hospitalist Site Director and Dr. Jaime Tannenbaum: NICU Medical Director

AIM: By August 30, 2024, 100% of pregnant women seen at Eisenhower Medical Center Family Birth Center OBED or admitted patients to LDRP will receive a 2-step approach to maternal sepsis screening

Evidenced Based Practice

- Sepsis occurs in about 0.04% of deliveries and is a leading cause of maternal death (12.7%)
- Most cases (63%) of maternal death from sepsis are likely to have been preventable
- For each maternal death from sepsis, there are 50 women who experience life-threatening morbidity from sepsis
- Significant racial inequities related to maternal deaths from sepsis

Standardized Algorithm



This achievement is notable because of the collaboration between disciplines and how quickly our OB EPIC IS person was able to build and implement the Maternal Sepsis Screening tool.

Key Steps to Success

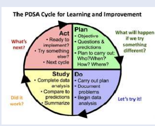
- **Bimonthly meetings with OB Team:** Director of Women's Services, Maternal/Newborn Manager, Nursing Professional Development Practitioner and Perinatal Quality Analyst
- **Early involvement of stakeholders** in project
- **EMC Hospital Sepsis Coordinator** involved with project through implementation
- **OB IS EPIC project builder** was assigned to FBC and did not have competing department projects
- **IS Ticket placed with OB EPIC person** to include a Best Practice Alert (BPA) hard stop for Step One when 2 out of 4 criteria are met. This will notify RN to notify OB Hospitalist and call Rapid Response Team. Time Zero.
- **Education provided to stakeholders** on AIM and CMQCC Maternal Sepsis Algorithm
- **Updated hospital wide Sepsis policy** to include Maternal Sepsis

Clinical Education

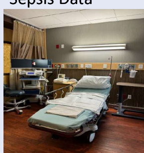
- Nurses were educated through PPP, scheduled clinical skill days, Relias education module on Maternal Sepsis, and EPIC computer training on Maternal Sepsis screening tool
- Providers were given CMQCC's provider information from toolkit. OB hospitalist site Director reviewed information with team
- Community OB's, ED providers and residents were given CMQCC's provider information from toolkit
- Maternal Sepsis drill is scheduled to include rapid response and ICU critical care teams.

Flowsheets
Sepsis Screening Tool:
Can the patient be excluded from the SST? No
SST: Section I: SIRS
Temp < or = 96.8F OR > or = 100.4F
HR > 110 beats/minute
RR > 24 breaths/minute
WBC<4,000 OR >15,000 mm3 OR >10% Immature Granulocytes
Section I Total
SST: Section I: Determination:
Does the Section I score include 2 or more NEW signs? No
SST: Section II: Determination:
Is Section II score greater than 0? No
SST: Section III: Determination:
Does Section III score reflect 1 or >1 changes w/in 6 hrs of N... No
SST: Section IV: Intervention
Call Rapid Response Nurse

Sustainability



- **Integrated Sustainability**: The financial return on investment is a non-profit Integrated Strategy for Success and Sustainability that considers all the components of the project as a cohesive whole rather than singling out funding as the key to sustainability
- Sustainability meetings will be scheduled quarterly to review workflows and Maternal Sepsis Data



Resources:

Acosta, Kurinczuk, Lucas, et al. PLoS Med 2014
Buck, 2013
California Pregnancy-Associated Mortality Review Report from 2002-2007
Improving diagnosis and treatment of maternal sepsis.(2020). California Maternal Quality Care Collaborative(CMQCC). https://www.cmqcc.org/resources-toolkits/toolkits/improving-diagnosis-and treatment-maternal-sepsis
Hensley, Bauer, Admon, et al. JAMA 2019
Kendel et al. AJOG 2019

Sepsis Algorithm and EHR Revisions

Sutter OB Sepsis Leadership Team

Methods

- OB Sepsis Standard Work Algorithm Revisions (in red)
  - #1 Screening for serious infection (vital signs/labs)
  - #2 Suspect serious infection (SOB, cough, etc.)
  - Evaluation for End Organ Injury with Basic Labs (CBC, Comprehensive Metabolic Panel, Lactate) updated
  - No lactate levels during 2nd stage or within 1 hour of delivery
- EHR Revisions
  - Row information for suspect serious infection and included family/patient observation
  - New or worsening signs of organ injury parameters

Obstetrical Sepsis Standard Work Algorithm

Routine Screening/Change in Condition/BPA Fires

Screen for Serious Infection
- Oral Temp > 100.4°F (38°C) OR Temp < 96.8°F (36°C)
- HR > 110 Sustained X15 min
- RR > 24 Sustained X15 min
- WBC > 15,000 OR < 4,000 OR > 10% Immature neutrophils (Bands)

2 or more Criteria met

Yes

Suspect Serious Infection

Yes

Alternative Clinical Condition (i.e Hemorrhage, Preeclampsia)

No

RRT or Designee Validates Positive Screen, Assigns "Time Zero"

Yes

- Notify OB Provider (Use "Suspected OB Sepsis" Order set)
- Start IV, if not present
- Draw Lactate, CBC, Chem Panel (Consider: U/A & Chest X-ray, if appropriate)
- Blood Cultures (Not required if Chorioamnionitis/Endometritis suspected)
- Administer source directed ABX within 1H
- Administer 1L Fluid Bolus over 45 min
- Continuous Pulse Ox
- VS or BP, HR, RR Q30 min; Temp Q1H

Sepsis Screening
OB Triage, Admission, Q Shift (LD & AP 2H/ PP 4H within start of shift), if BPA fires or if change in patient condition

End Organ Injury
- Lactate > 2 mmol/L in absence of labor
- Oxygen Sat < 92%
- Platelet count < 100,000
- Bilirubin > 2mg/dL
- SBP < 85 mmHG OR MAP < 65 mmHG
- Creatinine ≥ 1.2 mg/dL OR doubling of creatinine
- Urine output < 30 ml/hr X 2H
- Confused, Agitated, Unresponsive

1 or More Criteria

No → **Lactate Elevated in Labor** — No → Continue VS Perform Sepsis Screening Q Shift, if BPA fires or if change in patien

Lactate Elevated in Labor — Yes → **NOT Sepsis**
Lactate level is not used for diagnosis of sepsis (end o injury) in labor. Trend & Treat
DO NOT collect Lactate in 2nd stage or within 1H of del

- Notify OB Provider
- 30mL/kg IV bolus over 60 min. (Pressure bag PRN
- Repeat Lactate Q 3H until < 2mmol/L

Yes

Sepsis

- Notify OB Provider
- RRT or designee consult
- Start 2nd IV
- Blood Cultures, if not already done
- 30mL/kg IV bolus over 60 min. (Pressure bag PRN)
- VS Q15 min or more frequently, if indicated
- Insert Foley Catheter, if indicated
- Change to broad spectrum ABX
- Repeat Lactate Q 3H until < 2mmol/L

Lactate > 3.9 mmol/L or Hypotensive SBP < 85mmHG or MAP < 65 after fluid bolus

Yes

Septic Shock

- Notify Provider/RRT or designee to come to bed
- RRT/ICU provider will determine if ICU admissio
- Consult MFM for pregnant patients

10.03.24

Treat | Labor | PP | Labor Simple | I/O | Pre-Aug | Pre-Ind | Post/ | Labor

Accordion | Expanded | View All

Admission (Cur... 9/26/2024 1200

Sepsis Screen
- 1) 2 or more signs of serious infection
- 2) Suspect serious infection?
- 3) Signs of organ injury
- 4) Is sepsis screen positive?
- Rows cascade with a positive sepsis scr...

OB Cardiovascular Disease Screen
- History of CVD
- Subjective Symptoms

9/26/24 1200
1) 2 or more signs of serious infection
Select multiple options (F5)
- None
- Oral Temp > 38 C (100.4 F) or < 36 C (96.8 F)
- Maternal Heart Rate > 110 bpm sustained x 15 min
- Resp Rate > 24 breaths/min sustained x 15 min
- WBC >15,000 or <4,000 or >10% immature neutrophils

Comments (Alt+M)

Row Information
- Only use values from previous 24 hours

Accordion | Expanded | View All

Admission (Cur... 9/26/2024 1200

Sepsis Screen
- 1) 2 or more signs of serious infection
- 2) Suspect serious infection?
- 3) Signs of organ injury
- 4) Is sepsis screen positive?
- Rows cascade with a positive sepsis scr...

OB Cardiovascular Disease Screen
- History of CVD
- Subjective Symptoms
- Abnormal Vital Signs
- Risk Factors
- Physical Exam
- CVD Score
- CVD Screen Result
- Rows cascade when pt meets CVD

PPH Risk: Admission
- Prior cesarean birth or prior uterine incision?

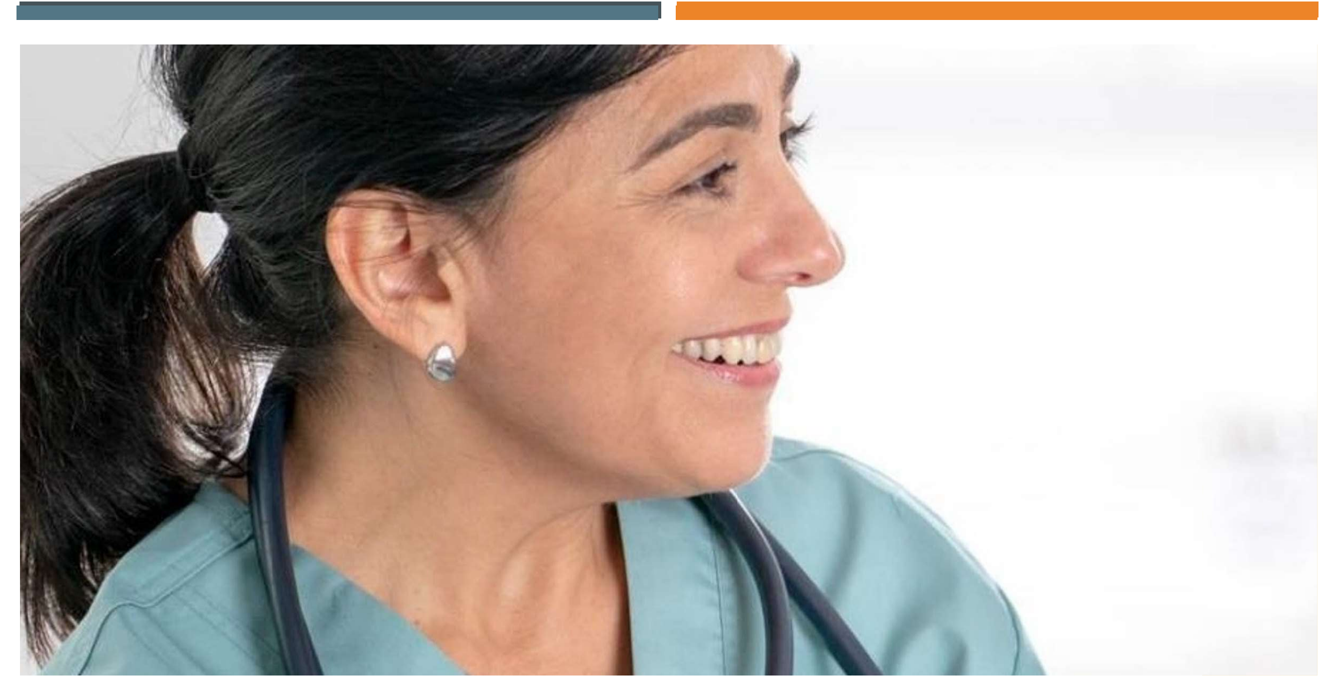
9/26/24 1200
2) Suspect serious infection?
Select single option (F5)
- No
- Yes

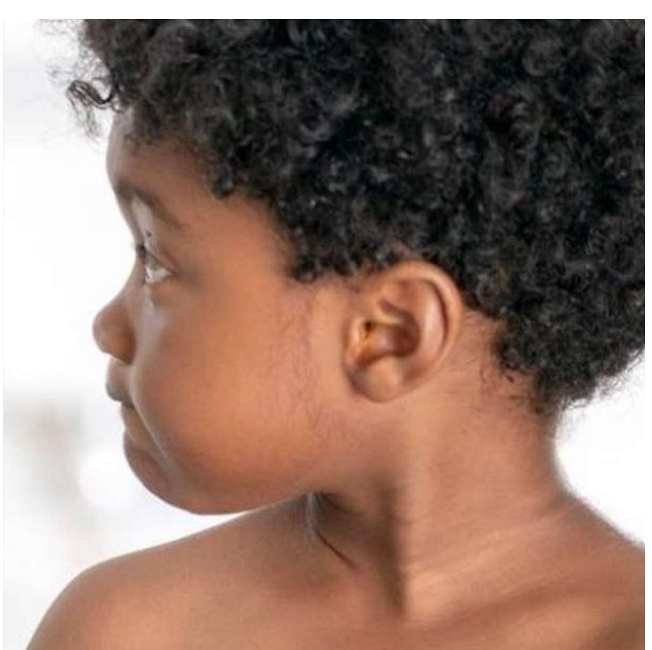
Comments (Alt+M)

Row Information

RN Assessment and/or Patient/Family Reports:
Fever
Chills
Sweating
SOB
Cough
Wound Infection/Cellulitis
Foul smelling vaginal discharge
UTI symptoms
Pain:
Generalized, abdominal, breast, or perineal
Current antibiotic use

LOMA LINDA UNIVERSITY HEALTH
MATERNITY SERVICES
CMQCC MATERNAL SEPSIS MENTOR CLOSING PRESENTATION





THE POWER OF THE ELECTRONIC MEDICAL RECORD

CMQCC 2 STEP BUILT IN TO DECISION SUPPORT

Maternal Sepsis Criteria

1. Positive for at **least two** initial sepsis screening criteria within 6 hours of each other:
   - Oral Temp < 96.8° F OR ≥ 100.4° F
   - Heart Rate > 110 beats per min
   - Respiratory Rate > 24 breaths per min
   - WBC (White Blood Cells) > 15,000/mm3 OR < 4,000/mm3 OR > 10% bands
   - MAP < 65 mmHg sustained for 15 min

OR

2. Anytime a laboring patient has a temperature greater than 102.2° F (one time, without any other criteria)

OR

3. A pregnant patient has temperature is 98.6° F to 102.2° F with fetal tachycardia (160 bpm or greater) AND leukocytes greater than 15 or less than 4

TIME ZERO MATTERS

Time Zero Triggers

The sepsis timer will display within in the patient's chart in storyboard.

- Time provider documented YES to '*Do you suspect infection*?' in BPA/Navigator

OR

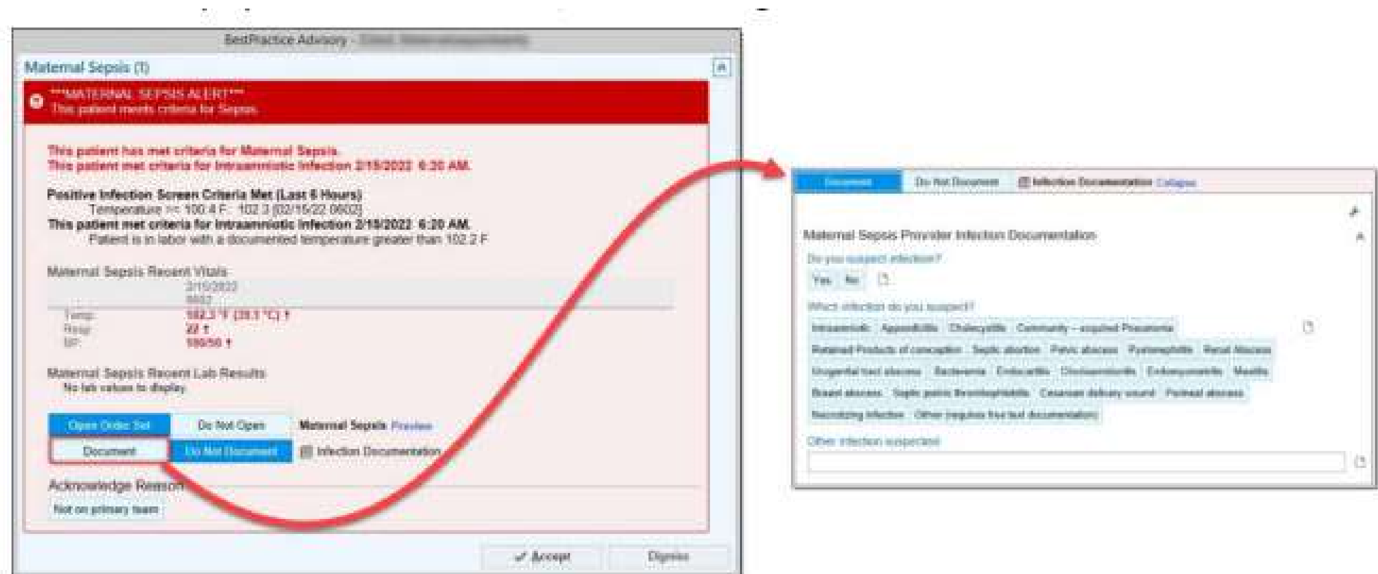
- Time of RN Initial BPA/Abx ordered if provider has not answered '*Do you suspect infection?*'

OR

- Any time a laboring patient has a temp greater than 102.2° F (one time without any other criteria)

OR

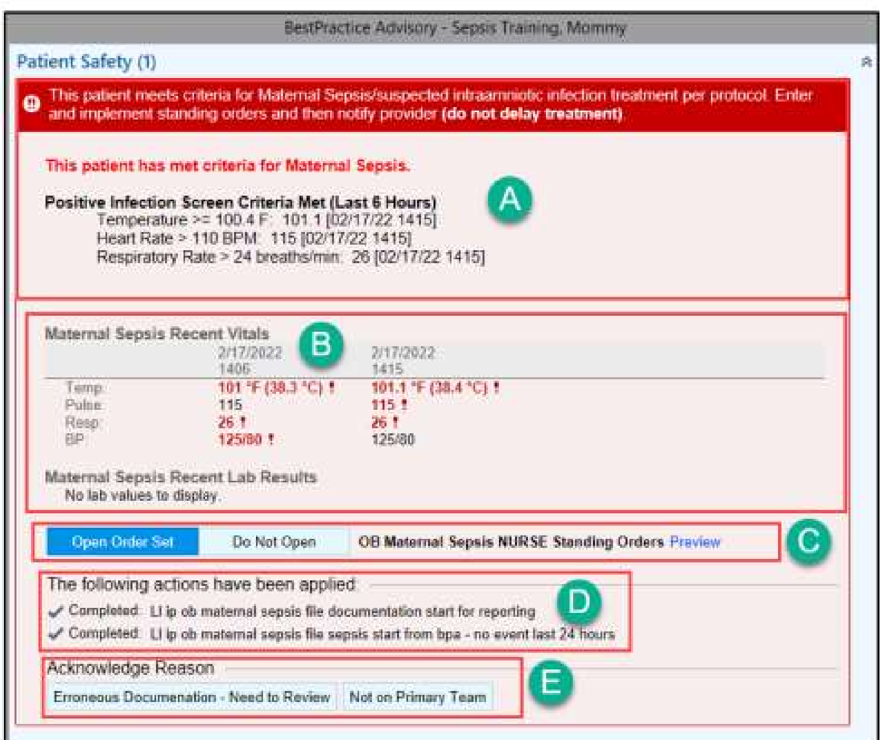
- A pregnant patient has temperature is 98.6° F to 102.2° F with fetal tachycardia (160 bpm or greater) AND leukocytes greater than 15 or less than 4



BPAS THAT ARE EFFECTIVE

THE POWER OF NURSE DRIVEN CARE

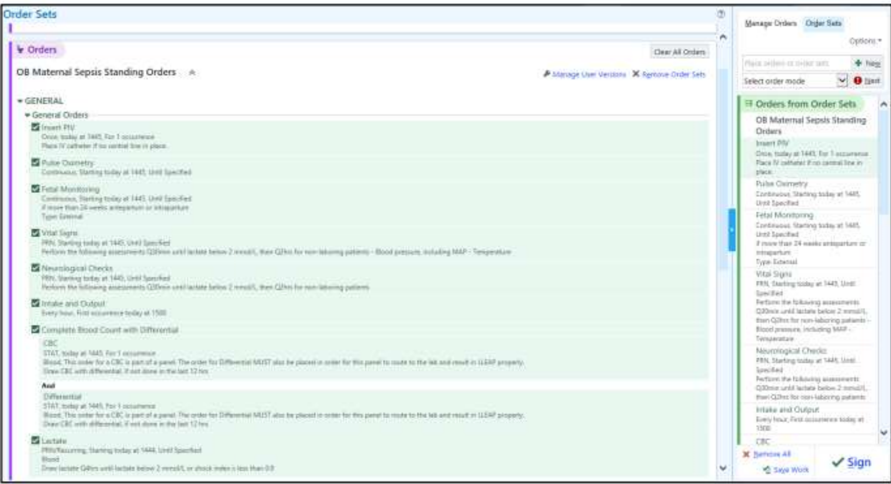
Confidence-building strategies



NURSE BPAS THAT ARE FUNCTIONAL

Maternal Sepsis Standing Order Set

Once the patient meets criteria for maternal sepsis, place the Maternal Sepsis Order set with an order mode of **Per Protocol**. In the event an intraamniotic infection is suspected, the order set contains hard stops to further address orders for antibiotics.

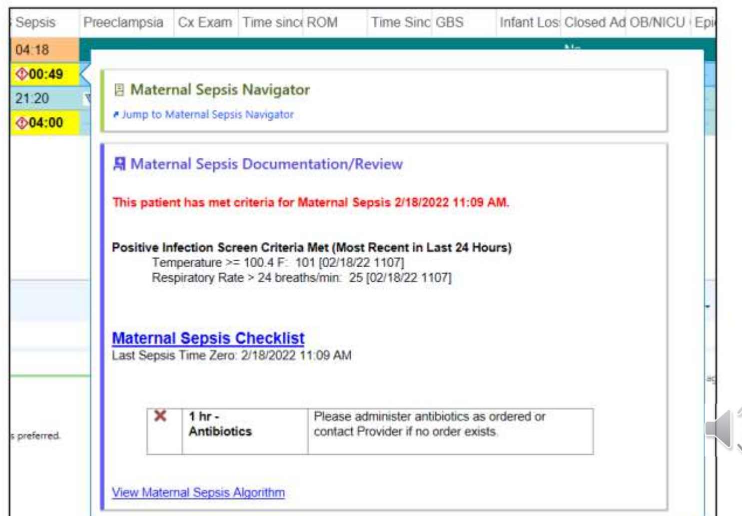


NURSE DRIVEN CARE WITH DECISION SUPPORT

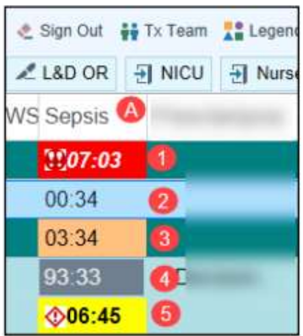
IMPACTFUL FEATURES IN STORK

Grease Board Hover Bubble

To help clinicians quickly identify outstanding Maternal Sepsis tasks a Sepsis column has been added to the Grease Board. Colors and icons appear in the column to help you quickly and accurately care for the patient. Hover over the column and the Maternal Sepsis Checklist will appear providing you with more information and a hyperlink to review the Maternal Sepsis Navigator.



Grease Board Maternal Sepsis Columns



Note: Clinicians that have customized their view of the Grease Board will need to use the wrench icon to reset the view and see the Sepsis column by default.

A. **Sepsis Column** - The newly created Sepsis column will appear by default on the Grease Board. It will contain the time that has passed since the patient met maternal sepsis criteria and time zero was filed in the system. The time displays in **hours: minutes**.

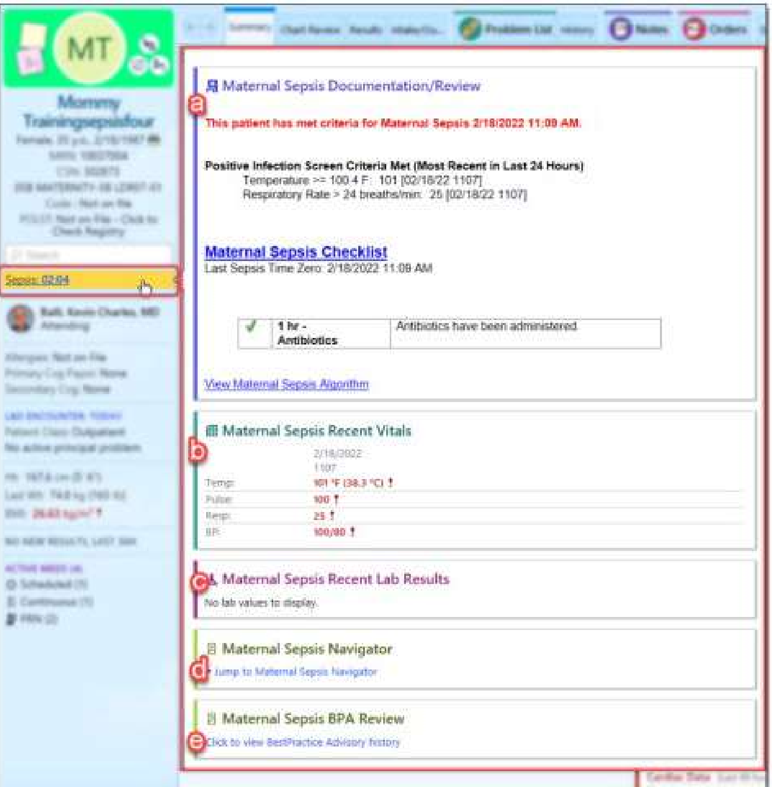
1. Red color – Call the Rapid Response team. The patients chart contains two instances of documentation identifying the patient's MAP is < 65 within 15 minutes of each other and within 1 hour after administering the required 30ml/kg to the patient.
2. **No color** – If the maternal sepsis counter displays then the patient has indicated for maternal sepsis AND the absence of a highlight color indicates the patient does not have any outstanding maternal sepsis tasks overdue.
3. **Orange color** – Indicates the patient has indicated for maternal sepsis with end organ damage.
4. **Grey color** – Indicates the patients is no longer on the maternal sepsis protocol.
5. **Yellow color** – Indicates the patient's chart has overdue or upcoming overdue maternal sepsis protocol documentation tasks. Hover to discover the outstanding / upcoming outstanding tasks and treat the patient accordingly.

GREASE BOARD FUNCTIONALITY

STORYBOARD WORKS FOR YOU

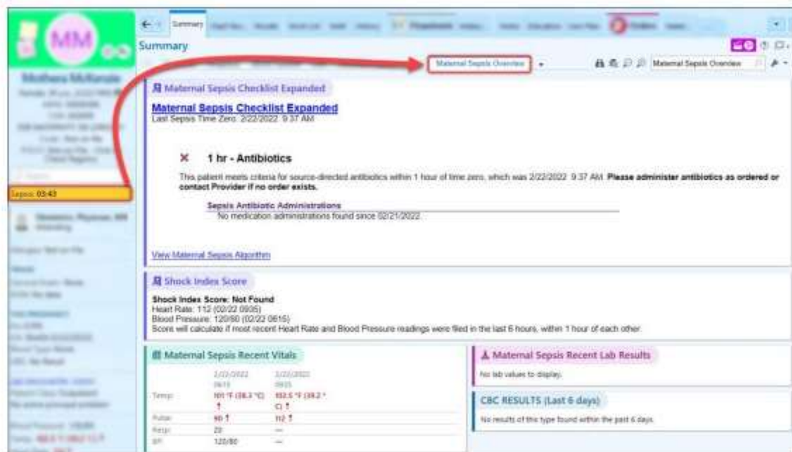
Storyboard Hover bubble

Once time zero has started, a sepsis timer will appear on the patient's storyboard. Hovering over the timer will display a hover bubble that contains important information and a link to the Maternal Sepsis Navigator.



Summary – Sepsis Overview Report

With the sepsis timer started, clicking on the timer will open the Sepsis Overview report. This report will display the **Maternal Sepsis Checklist**, **Shock Index Score**, **Recent Vitals**, **Labs**, **Microbiology**, and **Imaging** if applicable.

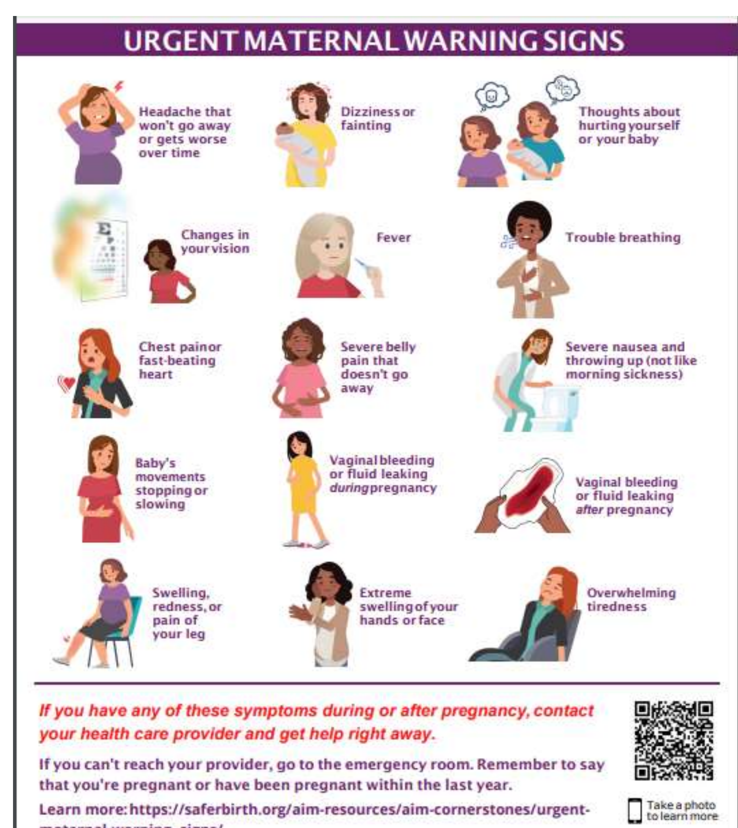


SEPSIS OVERVIEW REPORT SUMMARY

ENGAGING OUR TEAMS

- Continuous education for nurses and physicians
- Sepsis week and celebrations reminding our teams to have a "Sepsis Bias"
- Encourage questions and provide thoughtful responses to objections and optimizations
- Empower nurses to provide indicated and standardized care to improve outcomes
- Use of catch phrase "hit hard and deescalate quickly"
- Badge buddies from AIM for Maternal Warning signs

BADGE BUDDIES AND AVS SMART PHRASES WITH QR CODES AND AIM URGENT MATERNAL WARNING SIGNS



THANK YOU

WE HAVE BEEN HONORED TO MENTOR AND BE A PART OF THIS AMAZING TEAM

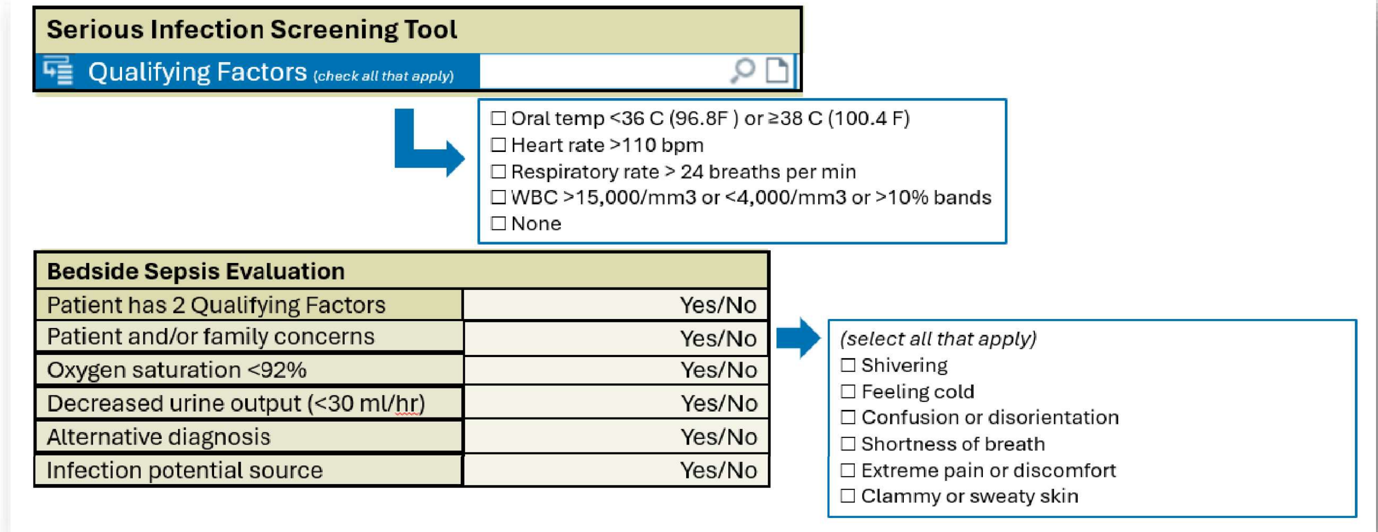
- Courtney Martin DO, MHA, FACOG
- Daisy Ramos, RN, CNS, MS
- Kim Johns, RN, DNP

Implementation Achievement

A Serious Infection Screening Tool was created for RNs to complete as part of their assessment every shift & for any change in status

While Epic has MEWT tools to alert bedside staff of qualifying factors, this alert may be missed if data was not validated timely.

This allows bedside RNs to become familiar with serious infection qualifying factors and the bedside assessment red flags.



Next Steps

- Submit for IT build.
- Bring this to our best practice team to implement on all campuses.

UCLA Health

CMQCC Obstetrical Sepsis Report Out November 2024

Accomplishments

In collaboration with nursing, physician, informatics and IT teams we created a specialized screening tool for obstetrical sepsis, aimed at enhancing identification and timely treatment.

OB Sepsis Initial Screen - Step One - *Complete upon admission/transfer, at change of shift handover, and with acute change in patient condition*		
*IS IMMUNOSUPPRESSED?		YES/NO
*HAS SUSPECTED/CONFIRMED INFECTION?		YES/NO
In last 12 hours temperature < 36 C or >= 38 C		
In last 12 hours HR > 110 bpm		
*HR > 110 BPM SUSTAINED AT LEAST 15 MINUTES		
In last 12 hours RR > 24 breaths per minute		
In last 12 hours WBC > 15 or < 4 or Bands > 10%		
- TOTAL NUMBER OF POSITIVE SEPSIS SCREEN CRITERIA -		
OB initial sepsis screen		
Interventions for POSITIVE screen		nt required);
OB Sepsis Organ Dysfunction Screen - Step Two		
*IN THE LAST 12 HOURS ALTERED MENTAL STATUS (AMS)		YES/NO
*OLIGURIA <0.5mL/kg/hr FOR 2 HOURS		YES/NO
*INCREASED O2 DEMAND?		YES/NO
In last 12 hours O2 SATS < 92%		
In last 12 hours MAP < 65		
*ARE OB SEPSIS LABS RESULTED?		YES/NO
In last 12 hours creatinine >= 1.2		
In last 12 hours bilirubin > 2		
In last 12 hours platelet count < 100K		
In last 12 hours lactate level > 18		
*ORGAN DYSFUNCTION R/T SUSPECTED/CONFIRMED INFECTION		
Is the patient POSITIVE for OB sepsis/septic shock?		
Interventions:		

*HR > 110 BPM SUSTAINED AT LEAST 15 MINUTES options:
- Yes
- Yes - alternative etiology
- No
- Next Row

Interventions for POSITIVE screen options:
- Order CBC, CMP, Lactate per nurse protocol
- In 2nd stage of labor or within 1 hour of delivery order CBC, CMP per nurse protocol
- Notify MD/Designee for bedside evaluation
- No labs drawn (patient refusal)
- Other (comment required)

Any option cascades Step Two

*ORGAN DYSFUNCTION R/T SUSPECTED/CONFIRMED INFECTION options:
- Yes - any of the abnormal values, AMS, increased O2 demands, or decreased UOP or doubling of creatine related to suspected/confirmed infection
- No - laboring patient - with only lactate abnormal
- No - above abnormal values are related to a chronic condition or medication
- No - no organ dysfunction listed

Interventions options:
- MD/Designee notified to evaluate for additional labs (coags, blood cultures) and fluid bolus (30mL/kg)
- (SMH only) Sepsis Response activated
- Rapid response activated
- Escalation of care
- Sepsis response deferred/Other
- Next Row

Our Team

Bethan Faulkner

Denise Ribeiro

Kelly Bruce

Rashmi Rao

Lorraine Malden

Kim Chen
Nurse Informaticist | Nursing Informatics
ISS | Information Services & Solutions

Kimberly Chen

Aurora Casados
Application Analyst, IP Clinical Documentation (ClinDoc)

Aurora Casados (Her/She)

Esther Grifoll
Quality Portfolio Manager, Medical Informatics
ISS | Information Services & Solutions

Esther Grifoll

UCLA Health

Washington Hospital CMQCC Sepsis Collaboration

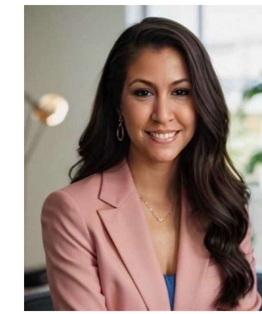
We are most proud of our EMR order set that includes easy, all in-one orders of pertinent actions:

- ❑ Labs
- ❑ Radiology/EKG
- ❑ Antibiotics
- ❑ Nursing
- ❑ Monitoring type
- ❑ IV fluids
- ❑ Anti-biotics
- ❑ Consult

Meet our Team

Dr. Calhoun

Jessica Ross, CNS



Stacy Davis, Manager

Joane Manantan, Director

OB SEPSIS ORDER SET [762]

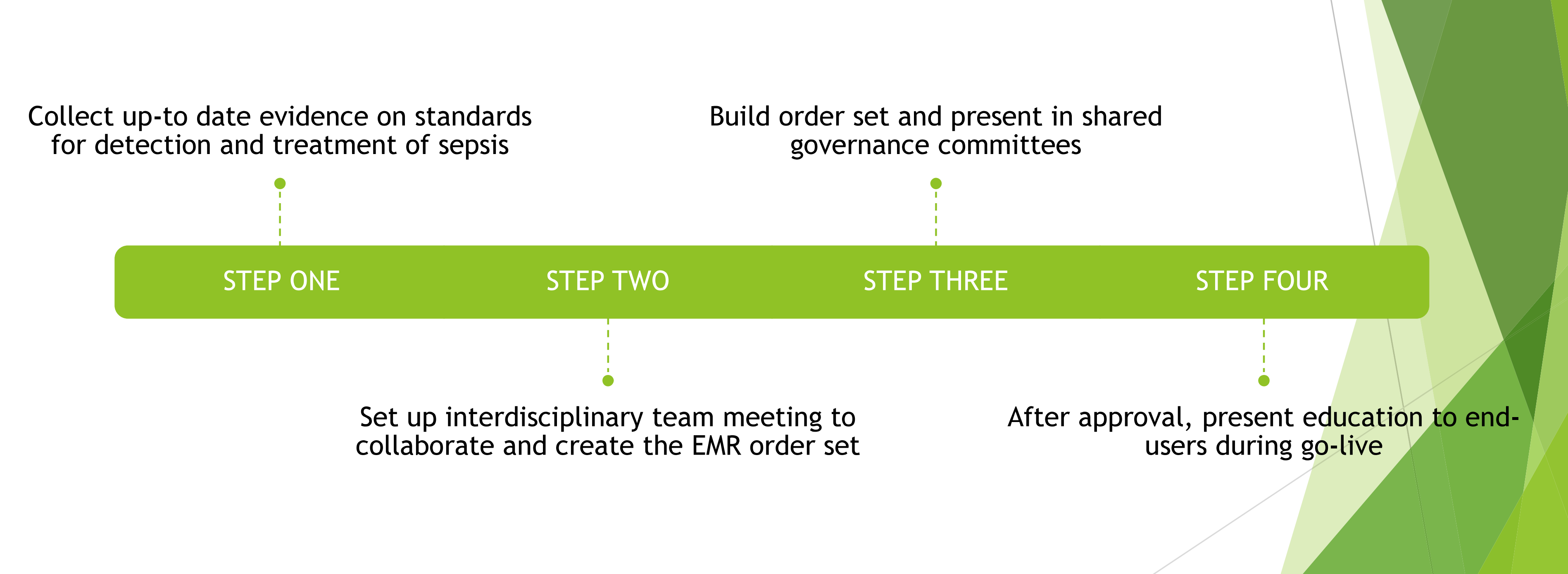
LAB

Lab Orders - Stat
*Do not order the following labs is already done in ED

Order	Details
[] CBC with Auto Differential	Routine, STAT, For 1 Occurrences, Blood Release to patient: Immediate if (answer = Manual release only) Reason for preventing immediate release: Additional details for preventing immediate release:
[] Prothrombin Time	Routine, STAT, For 1 Occurrences, Plasma Release to patient: Immediate if (answer = Manual release only) Reason for preventing immediate release: Additional details for preventing immediate release:
[] PTT	Routine, Lab Collect STAT, For 1 Occurrences, Plasma Release to patient: Immediate if (answer = Manual release only) Reason for preventing immediate release: Additional details for preventing immediate release:
[] ABG	STAT, Once Routine (RT) Scheduled, For 1 Occurrences, Blood
[] Comprehensive Metabolic Panel	Routine, STAT, For 1 Occurrences, Plasma Release to patient: Immediate if (answer = Manual release only) Reason for preventing immediate release: Additional details for preventing immediate release:
[] Basic Metabolic Panel	Routine, STAT, For 1 Occurrences, Plasma Release to patient: Immediate if (answer = Manual release only) Reason for preventing immediate release: Additional details for preventing immediate release:
[] Liver Panel	Routine, STAT, For 1 Occurrences, Plasma Release to patient: Immediate if (answer = Manual release only) Reason for preventing immediate release: Additional details for preventing immediate release:
[] Blood Culture Panel	**"And" Linked Panel**
[] Blood Culture #1	Routine, STAT, For 1 Occurrences, Blood Release to patient: Immediate if (answer = Manual release only) Reason for preventing immediate release: Additional details for preventing immediate release:
[] Blood Culture #2	Routine, STAT, For 1 Occurrences Blood, Peripheral, Blood Release to patient: Immediate if (answer = Manual release only) Reason for preventing immediate release: Additional details for preventing immediate release:
[] Culture Placenta	Routine, Once, For 1 Occurrences, Placenta Release to patient: Immediate if (answer = Manual release only) Reason for preventing immediate release: Additional details for preventing immediate release:

Washington Hospital CMQCC Sepsis Collaboration

Implementation Achievement
OB Sepsis Order Set



Staff Education

MPMC Sepsis Educational Activity: "Pin the Data"

Implementation Achievement:

Educational activity created to support comprehensive understanding and systematic use of sepsis algorithm. A patient case study was reviewed as a group. Each staff member was called upon to answer an intervention question based on the patient's progressive worsening clinical presentation. Utilization of the algorithm was promoted throughout the session. The activity prompted group collaboration and active discussion.

Key Step

-Provide staff with pre-read didactic material on sepsis 30 days in advance of event
-Create patient sepsis case study

Key Step

-Design visual board
-Create Q&A based on case study; focus on supporting staff utilization of sepsis algorithm
-Laminate sepsis algorithms for use as cognitive aids
-Enlarge and laminate responses

Key Step

-Day of event staff place their names in sepsis bowl
-Name pulled from sepsis bowl, case study information provided, question delivered
-Staff answer questions using sepsis algorithm, and laminated multiple choice answers provided
-Correct answer pinned to board

My Health Online and Call Center

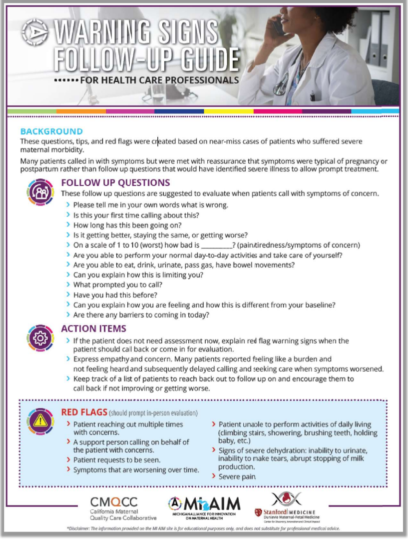
Sutter Health OB Sepsis Leadership Team

Background

- Healthy Pregnancy Care Plan is a self-enrolled care companion designed for expectant patients with low-risk pregnancies.
- Timely education throughout the course of a patient's pregnancy, including education tasks regarding baby's growth, healthy eating, exercise, mental health, and preparing for labor and delivery.
- Interactive care plan also allows clinicians to send questionnaires as ad hoc tasks to gather information or if there are other areas of concern.

Methods

- My Health Online
  - Pregnancy Care Companion
    - 24, 36 weeks and PP day 5
    - Urgent Maternal Warning Signs
    - Advocacy language for patients
- Warning Signs Follow-Up Guide
  - For healthcare professionals (Call Center)



We are most proud of our collaboration and sepsis education throughout Sutter Roseville Medical Center

Patients

- Added the CMQCC Maternal Early Warning Sign document to:
  - Hospital admission packets
  - ATU patient bed spaces
  - Maternal tours
  - Physician offices

FBC Staff

- Our Sepsis Coordinator provided extensive education for our Labor & Delivery Staff Nurses.
  - Presented at summer staff meeting
  - Rounded on all shifts
  - Initiated Sepsis screen audits and provided follow-up to outliers

RRT Collaboration

- Created OB Sepsis education for incoming Rapid Response Team nurses and partnered with RRT Team Lead to improve the management of the maternal sepsis patient

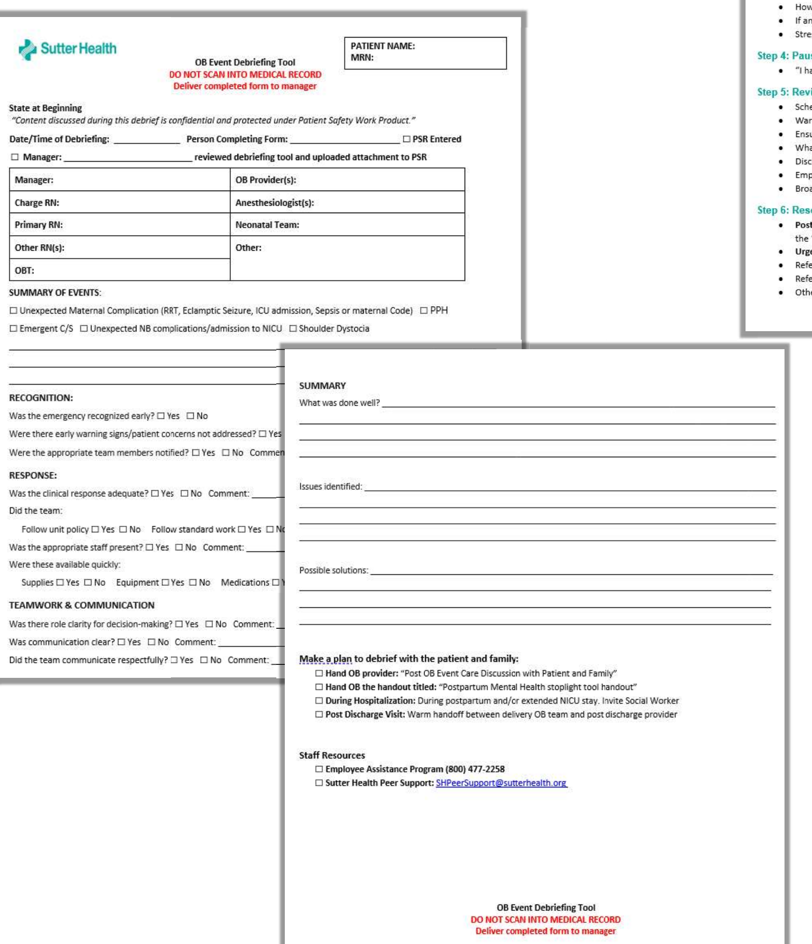
Discharge Education

Care Discussion Packet

Sutter Health OB Sepsis Leadership Team

Methods

- Clinical Debrief Form
- Post OB Event Care Discussion with Patient and Family
- Postpartum Mental Health Stoplight Tool handout



Sutter Health

OB Event Debriefing Tool
DO NOT SCAN INTO MEDICAL RECORD
Deliver completed form to manager

PATIENT NAME:
MRN:

State at Beginning
"Content discussed during this debrief is confidential and protected under Patient Safety Work Product."

Date/Time of Debriefing: ____________ Person Completing Form: ____________ ☐ PSR Entered

☐ Manager: ____________ reviewed debriefing tool and uploaded attachment to PSR

Manager:	OB Provider(s):
Charge RN:	Anesthesiologist(s):
Primary RN:	Neonatal Team:
Other RN(s):	Other:
OBT:	

SUMMARY OF EVENTS:
☐ Unexpected Maternal Complication (RRT, Eclamptic Seizure, ICU admission, Sepsis or maternal Code) ☐ PPH
☐ Emergent C/S ☐ Unexpected NB complications/admission to NICU ☐ Shoulder Dystocia

RECOGNITION:
Was the emergency recognized early? ☐ Yes ☐ No
Were there early warning signs/patient concerns not addressed? ☐ Yes
Were the appropriate team members notified? ☐ Yes ☐ No Commen

RESPONSE:
Was the clinical response adequate? ☐ Yes ☐ No Comment:
Did the team:
Follow unit policy ☐ Yes ☐ No Follow standard work ☐ Yes ☐ N
Was the appropriate staff present? ☐ Yes ☐ No Comment:
Were these available quickly:
Supplies ☐ Yes ☐ No Equipment ☐ Yes ☐ No Medications ☐

TEAMWORK & COMMUNICATION
Was there role clarity for decision-making? ☐ Yes ☐ No Comment:
Was communication clear? ☐ Yes ☐ No Comment:
Did the team communicate respectfully? ☐ Yes ☐ No Comment:

SUMMARY
What was done well? ____________

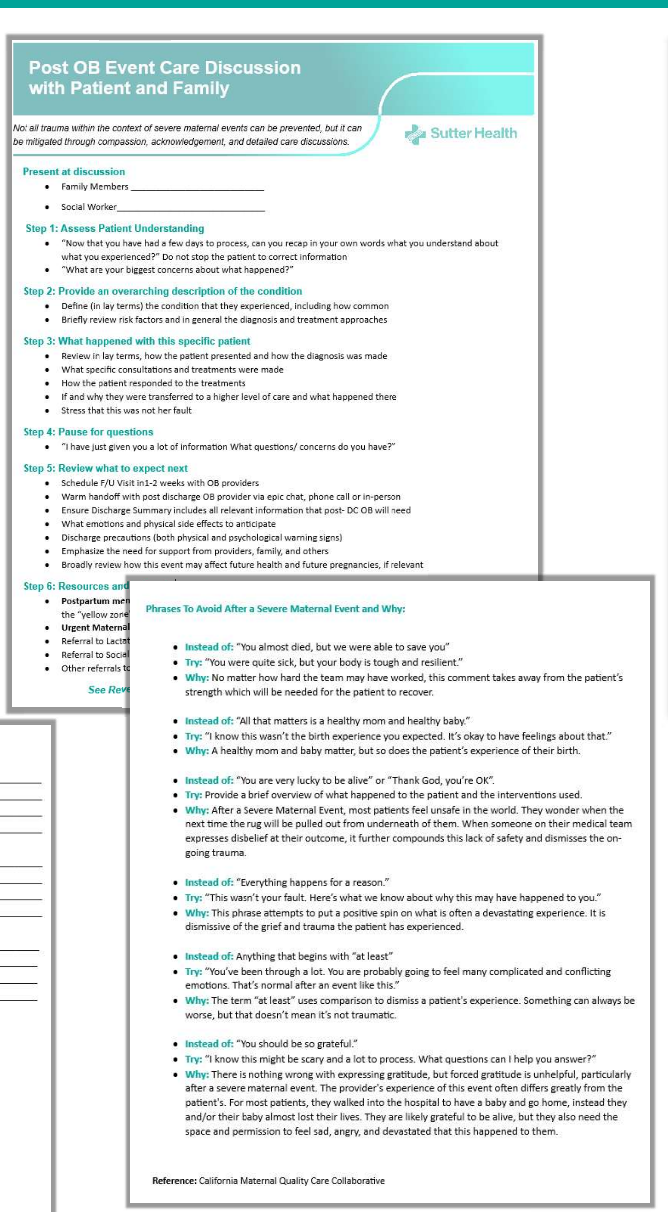
Issues identified: ____________

Possible solutions: ____________

Make a plan to debrief with the patient and family:
☐ Hand OB provider: "Post OB Event Care Discussion with Patient and Family"
☐ Hand OB the handout titled: "Postpartum Mental Health stoplight tool handout"
☐ During Hospitalization: During postpartum and/or extended NICU stay. Invite Social Worker
☐ Post Discharge Visit: Warm handoff between delivery OB team and post discharge provider

Staff Resources
☐ Employee Assistance Program (800) 477-2258
☐ Sutter Health Peer Support: SHPeerSupport@sutterhealth.org

OB Event Debriefing Tool
DO NOT SCAN INTO MEDICAL RECORD
Deliver completed form to manager



Post OB Event Care Discussion with Patient and Family

Sutter Health

Not all trauma within the context of severe maternal events can be prevented, but it can be mitigated through compassion, acknowledgement, and detailed care discussions.

Present at discussion
- Family Members ____________
- Social Worker ____________

Step 1: Assess Patient Understanding
- "Now that you have had a few days to process, can you recap in your own words what you understand about what you experienced?" Do not stop the patient to correct information
- "What are your biggest concerns about what happened?"

Step 2: Provide an overarching description of the condition
- Define (in lay terms) the condition that they experienced, including how common
- Briefly review risk factors and in general the diagnosis and treatment approaches

Step 3: What happened with this specific patient
- Review in lay terms, how the patient presented and how the diagnosis was made
- What specific consultations and treatments were made
- How the patient responded to the treatments
- If and why they were transferred to a higher level of care and what happened there
- Stress that this was not her fault

Step 4: Pause for questions
- "I have just given you a lot of information What questions/ concerns do you have?"

Step 5: Review what to expect next
- Schedule F/U Visit in1-2 weeks with OB providers
- Warm handoff with post discharge OB provider via epic chat, phone call or in-person
- Ensure Discharge Summary includes all relevant information that post- DC OB will need
- What emotions and physical side effects to anticipate
- Discharge precautions (both physical and psychological warning signs)
- Emphasize the need for support from providers, family, and others
- Broadly review how this event may affect future health and future pregnancies, if relevant

Step 6: Resources and
- Postpartum men
- the "yellow zone
- Urgent Maternal
- Referral to Lacta
- Referral to Social
- Other referrals t

See Rev

Phrases To Avoid After a Severe Maternal Event and Why:

- **Instead of:** "You almost died, but we were able to save you"
- **Try:** "You were quite sick, but your body is tough and resilient."
- **Why:** No matter how hard the team may have worked, this comment takes away from the patient's strength which will be needed for the patient to recover.

- **Instead of:** "All that matters is a healthy mom and healthy baby."
- **Try:** "I know this wasn't the birth experience you expected. It's okay to have feelings about that."
- **Why:** A healthy mom and baby matter, but so does the patient's experience of their birth.

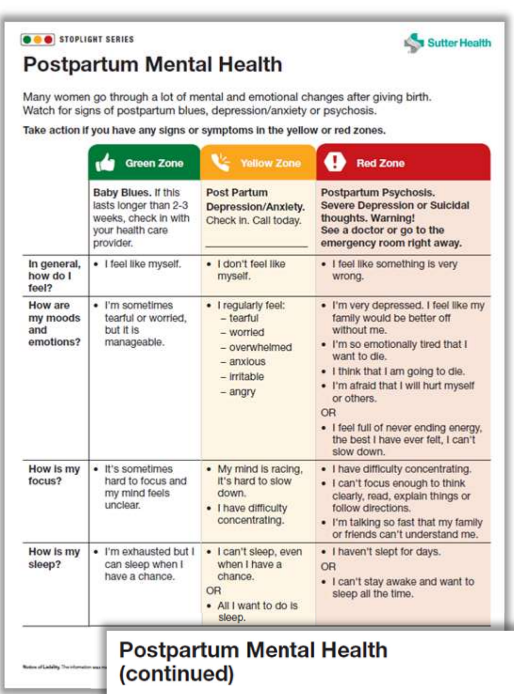
- **Instead of:** "You are very lucky to be alive" or "Thank God, you're OK".
- **Try:** Provide a brief overview of what happened to the patient and the interventions used.
- **Why:** After a Severe Maternal Event, most patients feel unsafe in the world. They wonder when the next time the rug will be pulled out from underneath of them. When someone on their medical team expresses disbelief at their outcome, it further compounds this lack of safety and dismisses the on-going trauma.

- **Instead of:** "Everything happens for a reason."
- **Try:** "This wasn't your fault. Here's what we know about why this may have happened to you."
- **Why:** This phrase attempts to put a positive spin on what is often a devastating experience. It is dismissive of the grief and trauma the patient has experienced.

- **Instead of:** Anything that begins with "at least"
- **Try:** "You've been through a lot. You are probably going to feel many complicated and conflicting emotions. That's normal after an event like this."
- **Why:** The term "at least" uses comparison to dismiss a patient's experience. Something can always be worse, but that doesn't mean it's not traumatic.

- **Instead of:** "You should be so grateful."
- **Try:** "I know this might be scary and a lot to process. What questions can I help you answer?"
- **Why:** There is nothing wrong with expressing gratitude, but forced gratitude is unhelpful, particularly after a severe maternal event. The provider's experience of this event often differs greatly from the patient's. For most patients, they walked into the hospital to have a baby and go home, instead they and/or their baby almost lost their lives. They are likely grateful to be alive, but they also need the space and permission to feel sad, angry, and devastated that this happened to them.

Reference: California Maternal Quality Care Collaborative



STOPLIGHT SERIES

Sutter Health

Postpartum Mental Health

Many women go through a lot of mental and emotional changes after giving birth.
Watch for signs of postpartum blues, depression/anxiety or psychosis.

Take action if you have any signs or symptoms in the yellow or red zones.

	Green Zone	Yellow Zone	Red Zone
	Baby Blues. If this lasts longer than 2-3 weeks, check in with your health care provider.	**Post Partum Depression/Anxiety.** Check in. Call today.	**Postpartum Psychosis. Severe Depression or Suicidal thoughts. Warning! See a doctor or go to the emergency room right away.**
In general, how do I feel?	• I feel like myself.	• I don't feel like myself.	• I feel like something is very wrong.
How are my moods and emotions?	• I'm sometimes tearful or worried, but it is manageable.	• I regularly feel: – tearful – worried – overwhelmed – anxious – irritable – angry	• I'm very depressed. I feel like my family would be better off without me. • I'm so emotionally tired that I want to die. • I think that I am going to die. • I'm afraid that I will hurt myself or others. OR • I feel full of never ending energy, the best I have ever felt, I can't slow down.
How is my focus?	• It's sometimes hard to focus and my mind feels unclear.	• My mind is racing, it's hard to slow down. • I have difficulty concentrating.	• I have difficulty concentrating. • I can't focus enough to think clearly, read, explain things or follow directions. • I'm talking so fast that my family or friends can't understand me.
How is my sleep?	• I'm exhausted but I can sleep when I have a chance.	• I can't sleep, even when I have a chance. OR • All I want to do is sleep.	• I haven't slept for days. OR • I can't stay awake and want to sleep all the time.

Postpartum Mental Health (continued)

Many women go through a lot of mental and emotional changes after giving birth.
Watch for signs of postpartum blues, depression/anxiety or psychosis.

Take action if you have any signs or symptoms in the yellow or red zones.

	Green Zone	Yellow Zone	Red Zone
	Baby Blues. If this lasts longer than 2-3 weeks, check in with your health care provider.	**Post Partum Depression/Anxiety.** Check in. Call today.	**Postpartum Psychosis. Severe Depression or Suicidal Ideation. Warning! See a doctor or go to the emergency room right away.**
Am I participating in my daily activities like I normally do?	• I can be tearful and emotional, but I still want to be around others.	• I don't really want to: – be around others – do anything – leave the house	• I want to be left alone. • I'm unable to care for myself or my baby/children.
Has my thinking changed?	• My thoughts are grounded in reality. • I feel connected to those around me.	• I worry about "what ifs" and avoid situations that cause anxiety. • I constantly worry about something happening to me, my baby, or someone I love. • I often experience scary thoughts.	• My family is telling me that I am: – hyper – paranoid/suspicious – very irritable – distrusting of those around me • I'm feeling like a stranger to myself and experiencing: – delusions: untrue or strange beliefs often with religious themes. – hallucinations: seeing or hearing things that other people can't see or hear.

If at any time you or a loved one are concerned about your symptoms or safety, trust your instincts.

Go to the nearest emergency room or call 9-1-1 if symptoms are severe.

Resources:
Postpartum Support International www.postpartum.net or call or text "help" to 800-944-4773
Maternal Mental Health Hotline (24/7 support from a mental health professional) call or text 833-943-5746
Mental Health Crisis and Suicide Hotline call or text 9-8-8

Implementing Care Discussions Pre-Discharge and Post Discharge - Sutter Tracy Community Hospital

A Care Discussion workflow was designed for patients experiencing a Severe Maternal Event. We began with defining criteria to determine which patients would have the Care-Discussion workflow initiated. Then established the Who? What? Where? When? Why? and How?, allowing us to facilitate a meaningful discussion that would have the most impact for the patient and family experiencing a Severe Maternal Event.

WHY?

We shared with the team the importance of the Care Discussion to ensure nurses bought into this initiative. The nursing staff was all asked to watch Maile's story from Sepsis.org prior to training on how to facilitate a Care-Discussion.

Who? and When?

We established who will participate in Care Discussions Pre & Post Discharge.

Pre-discharge ideally includes Patient & support person, RN, OB Doc, and optional pediatrician & Social Worker.

The Care Discussion will occur - Morning of expected Discharge when OB Doc is rounding

Post-Discharge will be completed on Post-partum follow up call by Manager or designee.

What? and How?

The Pre-Discharge Care Discussion tool from CQMCC determines the format of the Care Discussion.

The "What to Say and What Not to Say" tool from CQMCC will determine how we facilitate the discussion.

Deliberate Discharge Teaching on Sepsis

Jennifer Nunes MSN, MHA, RN & Alexia Johnson DNP, RN, CCNS, NEA-BC, CCRN, NPD-BC
Memorial Hospital Los Banos

Background

Memorial Hospital Los Banos participated in the California Maternal Quality Care Collaborative on Maternal Sepsis from November 2023 to October 2024.
We focused on patient teaching.

Purpose

Improve discharge teaching of patients at risk for sepsis, to help patients recognize symptoms of sepsis and seek treatment.

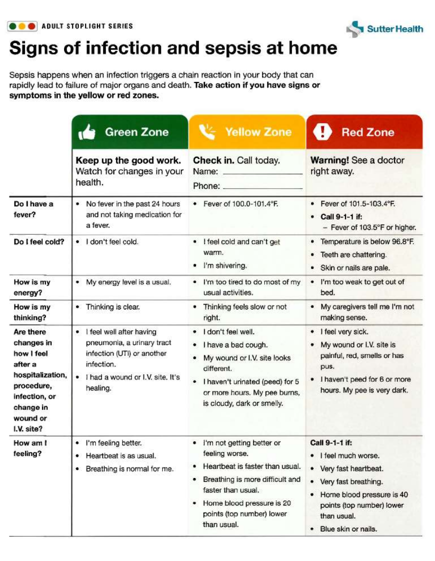
Methods

Staff nurses educated about the importance of reviewing sepsis warning signs with patients in staff meetings and daily huddles in January and February of 2024.

Results

From March 1-October 30, 2024, 2 of 750 obstetric patients were identified as having sepsis: one following delivery and one returning to hospital after discharge.

Examples of Education Provided to Patients regarding Sepsis



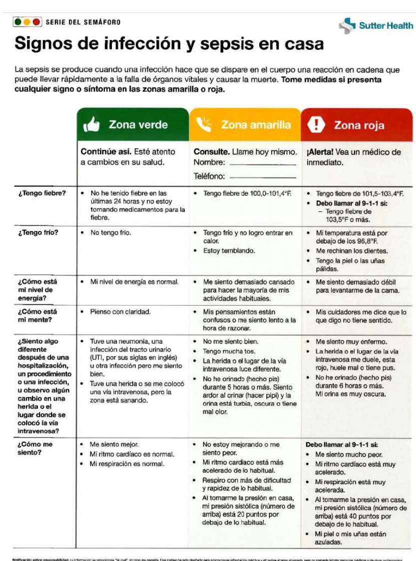
ADULT STOPLIGHT SERIES

Sutter Health

Signs of infection and sepsis at home

Sepsis happens when an infection triggers a chain reaction in your body that can rapidly lead to failure of major organs and death. **Take action if you have signs or symptoms in the yellow or red zones.**

	Green Zone	Yellow Zone	Red Zone
	Keep up the good work. Watch for changes in your health.	**Check in.** Call today. Name: ______ Phone: ______	**Warning!** See a doctor right away.
Do I have a fever?	• No fever in the past 24 hours and not taking medication for a fever.	• Fever of 100.0-101.4°F.	• Fever of 101.5-103.4°F. • **Call 9-1-1 if:** – Fever of 103.5°F or higher.
Do I feel cold?	• I don't feel cold.	• I feel cold and can't get warm. • I'm shivering.	• Temperature is below 96.8°F. • Teeth are chattering. • Skin or nails are pale.
How is my energy?	• My energy level is a usual.	• I'm too tired to do most of my usual activities.	• I'm too weak to get out of bed.
How is my thinking?	• Thinking is clear.	• Thinking feels slow or not right.	• My caregivers tell me I'm not making sense.
Are there changes in how I feel after a hospitalization, procedure, infection, or change in wound or I.V. site?	• I feel well after having pneumonia, a urinary tract infection (UTI) or another infection. • I had a wound or I.V. site. It's healing.	• I don't feel well. • I have a bad cough. • My wound or I.V. site looks different. • I haven't urinated (peed) for 5 or more hours. My pee burns, is cloudy, dark or smelly.	• I feel very sick. • My wound or I.V. site is painful, red, smells or has pus. • I haven't peed for 6 or more hours. My pee is very dark.
How am I feeling?	• I'm feeling better. • Heartbeat is as usual. • Breathing is normal for me.	• I'm not getting better or feeling worse. • Heartbeat is faster than usual. • Breathing is more difficult and faster than usual. • Home blood pressure is 20 points (top number) lower than usual.	**Call 9-1-1 if:** • I feel much worse. • Very fast heartbeat. • Very fast breathing. • Home blood pressure is 40 points (top number) lower than usual. • Blue skin or nails.



SERIE DEL SEMÁFORO

Sutter Health

Signos de infección y sepsis en casa

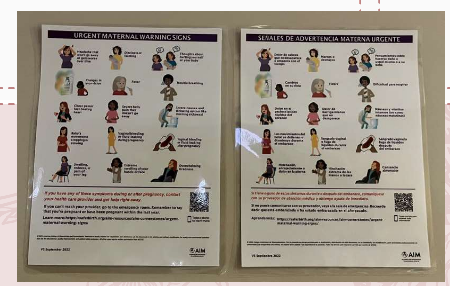
La sepsis se produce cuando una infección hace que se dispare en el cuerpo una reacción en cadena que puede llevar rápidamente a la falla de órganos vitales y causar la muerte. **Tome medidas si presenta cualquier signo o síntoma en las zonas amarilla o roja.**

	Zona verde	Zona amarilla	Zona roja
	Continúe así. Esté atento a cambios en su salud.	**Consulte.** Llame hoy mismo. Nombre: ______ Teléfono: ______	**¡Alerta!** Vea un médico de inmediato.
¿Tengo fiebre?	• No he tenido fiebre en las últimas 24 horas y no estoy tomando medicamentos para la fiebre.	• Tengo fiebre de 100,0-101,4°F.	• Tengo fiebre de 101,5-103,4°F. • **Debo llamar al 9-1-1 si:** – Tengo fiebre de 103,5°F o más.
¿Tengo frío?	• No tengo frío.	• Tengo frío y no logro entrar en calor. • Estoy temblando.	• Mi temperatura está por debajo de los 96,8°F. • Me rechinan los dientes. • Tengo la piel o las uñas pálidas.
¿Cómo está mi nivel de energía?	• Mi nivel de energía es normal.	• Me siento demasiado cansado para hacer la mayoría de mis actividades habituales.	• Me siento demasiado débil para levantarme de la cama.
¿Cómo está mi mente?	• Pienso con claridad.	• Mis pensamientos están confusos o me siento lento a la hora de razonar.	• Mis cuidadores me dice que lo que digo no tiene sentido.
¿Siento algo diferente después de una hospitalización, un procedimiento o una infección, u observo algún cambio en una herida o el lugar donde se colocó la vía intravenosa?	• Tuve una neumonía, una infección del tracto urinario (UTI, por sus siglas en inglés) u otra infección pero me siento bien. • Tuve una herida o se me colocó una vía intravenosa, pero la zona está sanando.	• No me siento bien. • Tengo mucha tos. • La herida o el lugar de la vía intravenosa luce diferente. • No he orinado (hecho pis) durante 5 horas o más. Siento ardor al orinar (hacer pipi) y la orina está turbia, oscura o tiene mal olor.	• Me siento muy enfermo. • La herida o el lugar de la vía intravenosa me duele, esta rojo, huele mal o tiene pus. • No he orinado (hecho pis) durante 6 horas o más. Mi orina es muy oscura.
¿Cómo me siento?	• Me siento mejor. • Mi ritmo cardíaco es normal. • Mi respiración es normal.	• No estoy mejorando o me siento peor. • Mi ritmo cardíaco está más acelerado de lo habitual. • Respiro con más de dificultad y rapidez de lo habitual. • Al tomarme la presión en casa, mi presión sistólica (número de arriba) está 20 puntos por debajo de lo habitual.	**Debo llamar al 9-1-1 si:** • Me siento mucho peor. • Mi ritmo cardíaco está muy acelerado. • Mi respiración está muy acelerada. • Al tomarme la presión en casa, mi presión sistólica (número de arriba) está 40 puntos por debajo de lo habitual. • Mi piel o mis uñas están azuladas.

Discussion

One postpartum patient returned to hospital, stating that she probably had an infection. She was admitted with sepsis.
Staff also appears more cognizant of signs and symptoms of sepsis and identified a patient with early symptoms of sepsis immediately after delivery.
Both patients had screened negative for sepsis upon their obstetric admissions.

OB Sepsis Implementation Achievement
Eden Medical Center



Accomplishment during the Sepsis Collaborative:

- Improved patient education related to Sepsis as well as other urgent maternal warning signs.

Why it's important:

- Prior to participation in the collaborative, patient education for sepsis was vague and incomplete. The topic of "sepsis" was often not discussed with patients or family members as routine education.

Key Steps to Implementation:

- RN education during annual skills training (May); allow staff to use & be familiar with the tool
- Presented patient education at OB Department meetings to discuss with patients during prenatal visits
- Make education easily accessible to patients and for staff to use
  - Laminated and posted in all patient rooms
  - Encourage patients to scan QR Code (most patients leave hand-outs in room at discharge)
  - Availability of printed copies in various languages for non-English speaking patients
- Leader rounding- ask patients about sepsis education; re-enforce education
- Document education in EHR

Next Steps:

- OB Sepsis Workgroup partner with hospital Sepsis Workgroup and continue OB Sepsis measures

Miscellaneous

Stanford Tri-Valley Video
https://www.youtube.com/watch?v=6Q8RbMqbJBw&list=PPSV

Hoag Video
https://drive.google.com/file/d/1Af8QgyR_hzdlpg-_fJFDeq61WEHvFQO5/view?usp=sharing

Stanford Medicine Children's Health: Lucile Packard Children's Hospital

Implementation Achievement: Progress Toward 2-Step Sepsis Screening for Every Obstetric Patient

July 2024:
RN Training completed and OB Sepsis Screening Pathway Implemented & RNs are advocating for 2-Step Screening

→

OB Sepsis Pathway updated to reflect CMQCC recommendations as "Obstetric Serious Infection / Sepsis Evaluation" Pathway

→

Collaboration with Providers on updated Pathway leading to improved RN to Provider communication and compliance with 2-step screening

Sutter Maternity & Surgery Center Labor and Delivery Antibiotics

Jamie Russell, Antimicrobial Stewardship Pharmacist, PharmD, BCPS, Janet Windt, RN, BSN, Katie Millar, CNM, Maxine Karimoto, MD, Lynne Drummond RN, MSN

Sutter Health

Background

ACOG's recommendations direct the pathway for how to manage antibiotics in the perinatal population. Provider variation and lack of standard tools and education creates potential for gaps in the treatment or prophylaxis for perinatal patients.

Purpose

The purpose is to ensure proper usage of recommended antibiotic administration in the Perinatal population.
To create tools guiding practice.

Methods / Discussion

ACOG recommendations were evaluated and compared with pharmacy literature and protocols to evaluate penicillin allergies. (Figure 1)

The Antimicrobial Stewardship pharmacist developed an algorithm to guide local practice. (Figure 2)

A tip sheet was created to manage Cesarean Section antibiotic recommendations. (Figure 3)

A tip sheet was created to manage patients with intra-amniotic infections. (Figure 4)

Education was provided to the provider group. Laminated tipsheets were placed at each workstation.

ACOG Recommendations for GBS Prophylaxis and Penicillin Allergies

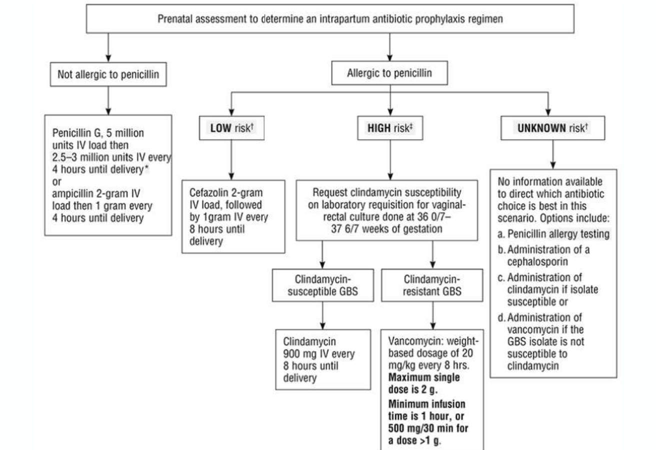


Figure 1

SMSC Penicillin Allergy Algorithm

The antimicrobial stewardship pharmacist created a penicillin allergy algorithm used by Pharmacy to validate medication selections based on the allergy.

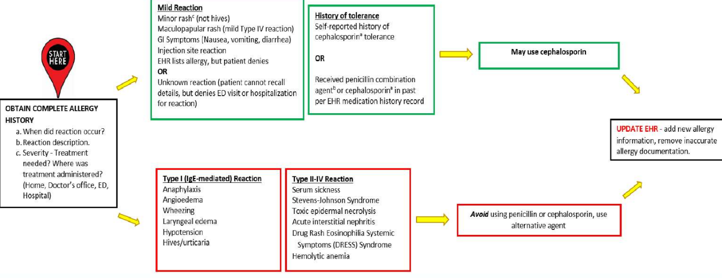


Figure 2

Tipsheets

Cesarean Section Antibiotics

Usual Regimen	Patients with Severe Penicillin Allergy	Notes
Cefazolin within 60 minutes of skin incision • <120kg – 2gm • ≥ 120kg – 3gm *Pharmacists perform automatic dose-substitution based on weight	Clindamycin 900mg IV PLUS gentamicin 5mg/kg IV	• Severe allergies to beta-lactams are defined as anaphylaxis, angioedema, bronchospasm or hives within 60 minutes of a dose, or penicillin induced Stevens Johnson Syndrome or Toxic epidermal necrolysis. • Without one of these complications from a penicillin, the risk of an allergic reaction to a cephalosporin is about 1:1000 i.e. 0.1%.
PLUS single dose of azithromycin IV for patient in labor or with ruptured membranes	PLUS single dose of azithromycin IV for patient in labor or with ruptured membranes	Azithromycin administered after cord clamp
Screen shot of EPIC order set C-section options	MEDICATIONS: ANTIINFECTIVES [342223] Prophylactic Antibiotic Agents [808950] ○ Patients weighing less than 120 kg [760739] (Selection Required) ○ Patients weighing greater than or equal to 120 kg [758166] (Selection Required) ○ Beta-Lactam Allergic (clindamycin/gentamicin) [164399] (Selection Required) ○ Beta-Lactam and Clindamycin Allergic (vancomycin/gentamicin) [342125] (Selection Required)	

Figure 3

Intra-amniotic Infections

Intraamniotic Infection		
Recommended Antibiotics	**Mild Penicillin Allergy**	**Severe Penicillin Allergy**
Ampicillin 2gm IV Q6h + Gentamicin 5mg/kg IV Q24h	Cefoxitin 2gm IV Q6h (Not recommended for GBS + patients)	Vancomycin 20mg/kg IV Q8h*** + Gentamicin 5mg/kg IV Q24h

Intraamniotic infection in GBS Positive Patient

- Increase ampicillin dosing to recommended 2gm IV Q6h
- Add gentamicin 5mg/kg IV Q24h

Intraamniotic infection in Patient who Undergoes C-Section

- Add Clindamycin 900mg IV Q8h or Metronidazole 500mg IV Q8h
- Add Azithromycin 500mg IV (administer after cord clamp)

Duration of Antibiotics for Intraamniotic Infection

- If patient delivers vaginally, discontinue antibiotics after the first post delivery dose
- If cesarean, discontinue after patient is afebrile x 24 hours

*** Currently discussing with order set committee if vancomycin dosing should be 1gm Q12h or 20mg/kg Q8h

Dosing and treatment recommendations taken from Sutter EPIC order sets

Figure 4

References

- Prevention of group B streptococcal early-onset disease in newborns. ACOG Committee Opinion No. 797. American College of Obstetricians and Gynecologists. Obstet Gynecol 2020;135:e51–72.
- ACOG Practice Bulletin No. 199: Use of Prophylactic Antibiotics in Labor and Delivery

Learn More

Email: Jamie.Russell@sutterhealth.org

Maternal Sepsis added into Hospital “Code Sepsis” Policy

Change

The maternal sepsis information was adopted from the CMQCC bundle. The content was then added directly into the policy. By doing this providers and staff can locate the information in a quick and efficient way to ensure safe and timely treatment begins. This includes appropriate criteria, alterations, and treatment for maternal patients.

Implementation

Education was the key part of implementing and dissemination of the information. The OB educator added Maternal Sepsis content to all new hire orientation, annual competency events, assigned learning modules, and included in multidisciplinary meetings.

Success

The change helped to ensure all team members are aware of the importance of knowing the differences between the general population and the maternal population when assessing and identifying sepsis. Utilizing the policy changes, following the algorithm, and using a multidisciplinary team with an OB provider has assisted in early identification, decision making, and has improved the onset of treatment.

POLICY AND PROCEDURE

Title: Code Sepsis Activation and Patient Management

IV. Maternal Sepsis Evaluation (20 weeks though day 3 postpartum)

Refer to attached CMQCC Appendix D Maternal Sepsis Evaluation Flow Chart.

GET THE WORD OUT ABOUT OB SEPSIS

SUTTER AMADOR HOSPITAL OB SEPSIS COLLABORATIVE GROUP

Our team is proud of the work we have done to get the word out about OB Sepsis. With the use of the Urgent Maternal Warning Signs flyer and posters we have provided a visual reminder of what patients should be concerned about and when to seek help in pregnancy and postpartum. One of our goals was to display the UMWS posters in many different venues throughout our community.

Key Step 1: Disperse

Brainstorm Poster Locations

FBC Patient Rooms

ED Patient Rooms

SMF Women's Center

SMF Pediatric Group

Public Health Amador and Calaveras County

WIC office Amador and Calaveras County

First 5 Amador and Calaveras County

*Advocacy Language printed on backside of UMWS handouts and Posters in FBC

*English & Spanish versions for our population

Key Step 2: Education

Identify Roles

1. Patients and their primary support person:

Share handout, review warning signs and when to seek help. Encourage scanning of QR code and exploring topics. Review use of Advocacy Language

2. Nurses: FBC, ED, OB & Peds Offices

Share with nurses OB Sepsis Warning Signs and current recommendations. Provide UMWS handout to patients: triage, NST's, admits

3. OB Providers

Share current OB Sepsis Recommendations and bring awareness to UMWS posters/flyers

Key Step 3: Follow Up

How Are We Doing?

Rounding back with OB office, Community groups, ED to see how it's going, answer questions, provide further assistance.

Audits of charts: Evaluating utilization of UMWS handout.

Added "Handouts Given" to our Labor Precautions smart phrase as a reminder for nurses to review handout with patients.

Keep at it ......

until it's habit!

CMQCC

Sepsis Collaborative Closing Presentation

Maternal Sepsis Patient Education

- Maternal Sepsis Education Handout first implemented in 2023
- To be given to all Sepsis diagnosed patients.
- Since Collaborative, decision was made to translate current material to two other languages:
  - Spanish
  - Mandarin

El Camino Health®

Sepsis Program | Quality, Safety & Risk

Maternal Sepsis

What is Maternal Sepsis?

A life-threatening medical emergency defined as an organ dysfunction resulting from an infection (bacterial, viral, fungal, or parasitic) during pregnancy, childbirth, abortion, miscarriage, or the postpartum period.

Common Signs and Symptoms

- Fever and chills
- Dizziness
- Lower abdominal pain
- Foul-smelling vaginal discharge
- Vaginal bleeding
- Increased heart rate and/or respiratory rate
- Persistent cough
- Pain/burning on urination or not being able to urinate
- Feelings of discomfort or illness

Who is at Risk?

Individuals:

- With diabetes
- Who undergo invasive procedures during pregnancy

Sepsis can also result from complications, such as:

- Miscarriages
- Cesarian births
- Prolonged or difficult labor
- Ruptured membranes
- Infection following vaginal birth
- Mastitis
- Viral or bacterial illnesses (e.g., flu, COVID)

How is Sepsis Diagnosed?

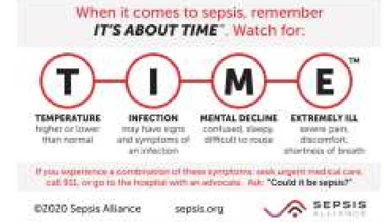
There is no "one test" that can tell if you have maternal sepsis. A provider will evaluate your symptoms, history, and order additional tests.

How is Sepsis Treated?

- Anti-infective medications
- IV (intravenous) fluids for hydration
- Treat source of infection (e.g., surgery, debridement, dilation and curettage, etc.)

How is Sepsis Prevented?

- Stay up-to-date on routine vaccinations.
- Avoid sick contacts.
- Practice good hygiene (e.g., handwash for 40-60 seconds with soap and water, bathe regularly, keep wounds clean and dry).
- Contact your healthcare provider if you think you have an infection of any kind.
- Take anti-infectives as prescribed.
- Follow your provider's instructions regarding care of your perineal area or your surgical incision site.



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San Jose Sepsis Team Achievement

Created an original worksheet/job aid for sepsis management

- Creates efficient, organized charting
- Used for onboarding new hires

San Jose Sepsis Team Achievement