



## World Sepsis Day - September 13 One Day - One Vision - All Year Effort



### SPOT MATERNAL SEPSIS

Sepsis is defined as life-threatening organ dysfunction caused by a dysregulated host response to infection.

Consider sepsis in any woman who is pregnant or within 14 days post-partum who has suspected or confirmed infection and appears very unwell, incl. patients with SARS-CoV-2. Early warning scores can be helpful to identify unwell patients.

The standard definition of sepsis is based on the Sequential Organ Failure Assessment (SOFA) score. SOFA variables:

- PaO<sub>2</sub>/FiO<sub>2</sub> ratio
- Bilirubin
- Platelet count
- Administration of vasopressors and dose rate
- Serum creatinine or urine output
- Mean arterial pressure (MAP)
- Glasgow Coma Scale (GCS) score

**SOFA SCORE**  $\geq 2$  in setting of infection strongly supports the diagnosis of sepsis.

**SEPTIC SHOCK:** Vasopressors needed to maintain MAP  $\geq 65$  mmHg and serum lactate level  $\geq 2$  mmol/L (18 mg/dL) despite volume resuscitation.

Act fast when sepsis is suspected.  
Mortality increases every hour.



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### TREAT MATERNAL SEPSIS AS AN EMERGENCY - **Within 1 Hour**

- Measure lactate level, remeasure if initial lactate level  $\geq 2$  mmol/L
- Obtain blood cultures before administering antibiotics
- Administer broad-spectrum antibiotics
- Begin rapid administration of 20 mL/kg crystalloid for hypotension or lactate level  $\geq 4$  mmol/L
- Source control intervention, including consideration of timing of delivery of fetus - *as soon as possible*

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#### **IF SHOCK IS REFRACTORY TO FLUIDS**

- Initiate vasopressor therapy - MAP target  $\geq 65$ mmHg
- Norepinephrine is the first-line vasopressor of choice
- Vasopressin or Epinephrine can be added if Norepinephrine alone fails to meet target

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**IF SHOCK IS REFRACTORY TO VASOPRESSORS,  
PLEASE INITIATE TRANSFER TO A FACILITY WITH EXPERIENCE  
IN TREATING SEPTIC SHOCK.**

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