
CONFERENCE ABSTRACT

Maternity Sepsis Screening Tool Pilot

17th International Conference on Integrated Care, Dublin, 08-10 May 2017

Karn Cliffe¹, Vida Hamilton¹, Mary Higgins², Karen Power³, Michael Turner³, Rosena Hanniffy³, Siaghal MacColgain³, Jeremy Smith¹, Mary Doyle¹, Patricia Daly¹, Suzanne Jackmann¹, Liz Dunn¹, Patrick Maguire⁴, Christina Doyle¹, Kevin Bailey¹

1: HSE, Ireland;

2: National Maternity Hospital, Ireland;

3: Coombe Women and Infants University Hospital, Ireland;

4: Rotunda Hospital, Ireland

Introduction: Sepsis was the leading cause of maternal mortalities in the Centre for Maternal & Child Enquiries (CMACE) publication 2011, and the second leading cause of maternal mortalities in the Mothers and Babies: Reducing Risk through Audit and Confidential Enquiry (MBRRACE) publication 2014. The National Sepsis Programme developed a Maternal Sepsis Screening Tool for pilot through the 19 maternity units in Ireland.

Description of practice change implemented: In March 2016 the National Programme invited all 19 maternity hospitals to a workshop held in The Coombe Women's and Infants University Hospital. Maternity care requires a multidisciplinary approach, so we invited midwives, obstetricians, anaesthetists, microbiologists and pharmacists working in maternity hospitals and units to attend this day. The aim was to present the work of the group alongside the screening form and invite all hospitals to participate in the pilot study. A feedback form was developed and participating hospitals were asked to complete it from an individual or an organisational point of view.

Aim and theory of change: Improving and standardising timely recognition and prompt appropriate treatment of sepsis within maternity care.

Targeted population and stakeholders

Doctors and Midwives in acute maternity settings.

Timeline: Following local education by the sepsis programme, the pilot was conducted over a 3 month period in participating hospitals. Twelve hospitals gave feedback; this included 83 Midwives, 45 Doctors, 7 organisations/groups, 4 Nurses, 1 Pharmacist, 1 HIPE coder.

Highlights: The feedback was analysed based on both qualitative and quantitative data. In the spirit of collaboration and integrating care. The National Programmes for Sepsis and Obstetrics & Gynaecology together convened a maternity working group in order to decide the best way forward for sepsis management in Irish maternity hospitals. With the

information gathered from the pilot and the expertise of obstetricians, midwives and anaesthetics and microbiologists, the aim of the working group was to make decisions on an updated pathway and provide leadership on this topic. This work is currently ongoing and there is an updated sepsis screening tool was developed for implementation in all 19 Maternity Units next year.

Sustainability: Education will be vital in relaying an understanding of the appropriate use of the form and indeed, its importance. This will be key to continuous sustainability.

Transferability: As there were many maternity units involved both tertiary and regional the improvements to care are transferable across all maternity units in Ireland.

Conclusions: The new tool will be implemented next year and further analysis will be done after a designated period of time. Its impact will be audited, including balancing measures.

Discussions: While the initial findings informed the new screening tool it is a live document and changes can be made in line with evolving understanding of sepsis in maternity care. We have also highlighted the importance of not normalising the abnormal despite the various normal physiological and structural changes a woman's body undergo in pregnancy and 42 days postpartum. We need to be ever mindful of the risks of infection and potential for infection to lead to sepsis.

The key is balancing the need for early recognition and treatment with a rational approach to antimicrobial use..

Lessons learned: The importance of engagement with front line staff and incorporating their feedback to improve the tool. Also the imperativeness of a multidisciplinary team to instigate and sustain change.

Keywords: maternity; sepsis; pilot; screening
