



Maternity Education Program

Sepsis Postnatal

Facilitator Resource Kit

CSDS



Clinical Skills Development Service



Maternity Education Program

The resources developed for Maternity Education Program (MEP) are designed for use in any Queensland Health facility that care for patients/women who are pregnant/birthing or postnatal. Each resource can be modified by the facilitator and adapted to the needs of the learner and the environment in which the education is being delivered—from tertiary to rural and remote facilities.



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Sepsis Postnatal – Facilitator Resource Kit

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Who is this resource kit for?

This resource kit provides healthcare workers with knowledge and skills on assessing and managing maternal sepsis in the postnatal period.

Target audience

Midwifery and medical staff providing maternity care

Duration

45 mins (including setup, simulation and debrief)

Group size

Suited to small groups (6 – 8)

Learning objectives

By the end of the session the learner should be able to:

- Give telephone advice to an unwell woman at home.
- Recognise and respond to a clinically deteriorating patient.
- Demonstrate the clinical management for maternal collapse.
- Assess the possible cause of the maternal sepsis (postnatal) and its management.

Facilitation guide

1. Provide Participant Resource Kit to the learner.
2. Utilise care of deteriorating patient with postnatal sepsis flowchart.
3. Utilise scenario to conduct a simulated postnatal sepsis case.
4. Conduct group debrief following simulation.

Supporting documents

- Participant Resource Kit
- List of further readings
- SOMANZ Flowchart for assessment and management of sepsis in pregnancy
- Maternal blood sampling values
- Postnatal sepsis simulation



Overview

Despite an overall decline in maternal mortality in Australia, the maternal mortality rate from sepsis has increased. In the period 2008–2012, sepsis accounted for 11.4% of maternal deaths in Australia.

Group A beta haemolytic streptococcal (GAS) infection is the most common pathogen, resulting in 25% of maternal deaths from sepsis in Australia. Sepsis continues to be one of the major causes of maternal mortality among Aboriginal and Torres Strait Islander women¹.

Despite significant advances, understanding of the pathobiology of sepsis remains incomplete and currently no gold standard diagnostic test exists to confirm the presence of sepsis. Sepsis is broadly defined as life-threatening organ dysfunction caused by a dysregulated host response to infection.

Early detection of sepsis is essential for appropriate multidisciplinary management to ensure the best outcomes for the mother and her baby. Septic patients may progress to develop septic shock, multi-organ failure and death.

Recognising the patient with sepsis is paramount and is the first step in appropriate assessment and management.

Obstetric Emergency is any clinical situation involving a maternity patient where immediate medical/ midwifery assistance is required.

¹ SOMANZ Guideline for the Management of Sepsis in Pregnancy 2017

Further Readings

SOMANZ Guidelines for the Investigation and Management of Sepsis in Pregnancy – Society of Obstetric Medicine Australia and New Zealand

The document addresses the issue of sepsis in the peri-partum period. It contains a number of recommendations to guide clinical practice and improve patient outcomes. We have identified several key outcomes that can be audited allowing individual centres to assess their performance in implementation of these guidelines.

<https://www.somanz.org/downloads/2017SepsisGuidelines.pdf>

Bacterial Sepsis in Pregnancy Green-top Guideline No. 64a April 2012

The scope of this guideline covers the recognition and management of serious bacterial illness in the antenatal and intrapartum periods, arising in the genital tract or elsewhere, and its management in secondary care.

https://www.rcog.org.uk/globalassets/documents/guidelines/gtg_64a.pdf

SMFM Consult Series #47: Sepsis during pregnancy and the puerperium

The purpose of this guideline is to summarize what is known about sepsis and to provide guidance for the management of sepsis in pregnancy and the postpartum period.

[https://www.ajog.org/article/S0002-9378\(19\)30246-7/pdf](https://www.ajog.org/article/S0002-9378(19)30246-7/pdf)

The Glasgow Structured Approach to Assessment of the Glasgow Coma Scale

The Glasgow Coma Scale provides a practical method for assessment of impairment of conscious level in response to defined stimuli.

<https://www.glasgowcomascale.org/>



Emergency Management

Sepsis SOMANZ Presentation

<https://bit.ly/3cjOBpt>



SOMANZ Guidelines for the investigation and management of sepsis in pregnancy 2017

Bowyer L, Robinson H, Barrett H, Crozier T, Giles M, Idel I, Lowe S, Lust K, Marnoch C, Morton M, Said J, Wong M, Makris A
<http://onlinelibrary.wiley.com/doi/10.1111/ajio.12646/pdf>



Scan me on your phone

Inpatient Maternal Sepsis Tool by The UK Sepsis Trust

<https://bit.ly/35Ti8p2>



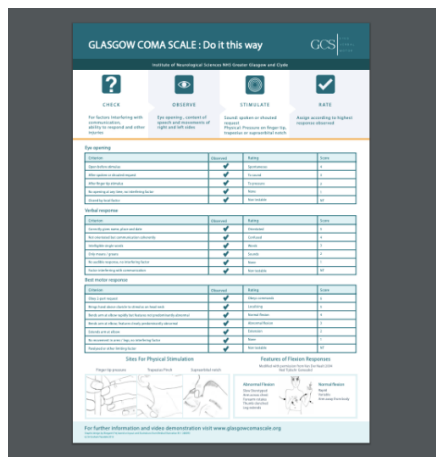
Scan me on your phone



Emergency Management

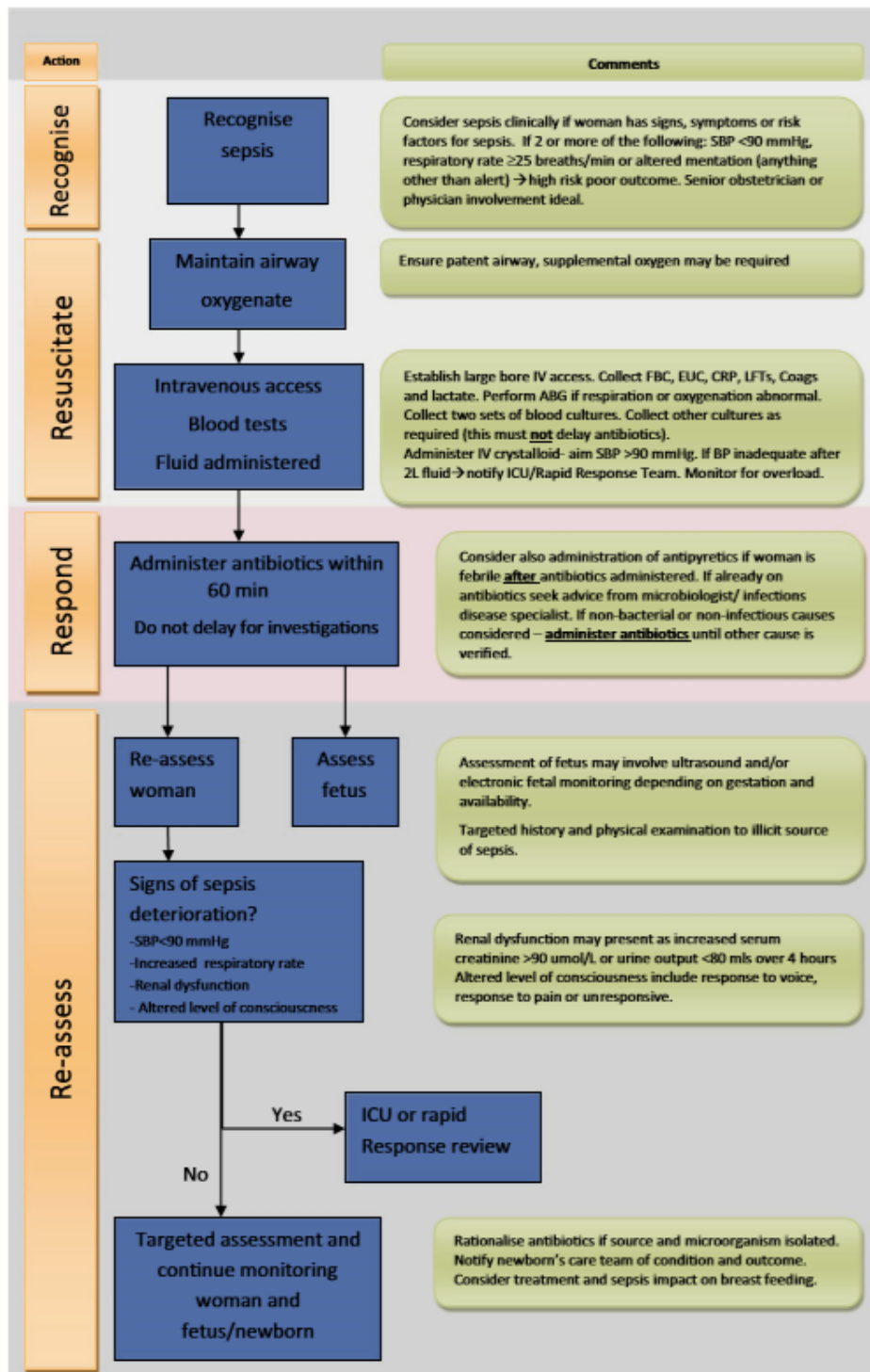
Glasgow Coma Scale

<https://www.glasgowcomascale.org/downloads/GCS-Assessment-Aid-English.pdf?v=3>



Scan me on your phone

SOMANZ Flowchart for assessment and management of sepsis in pregnancy

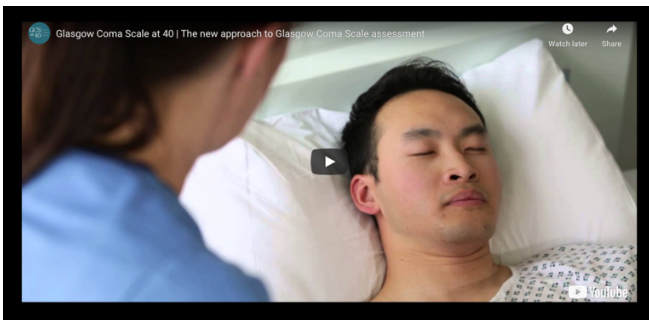




Emergency Management

Glasgow Coma scale video

<https://www.glasgowcomascale.org/#video>



Scan me on your phone



Simulation Event

This section contains the following documents:

1. Pre-simulation briefing poster
2. Immersive in-situ scenario
3. Physical resources
4. Human resources
5. Simulated patient script information
6. Handover card
7. Additional information
8. Stage 1 – Initial assessment
9. Stage 2 – Ongoing management
10. Stage 3 – Resolution

Pre-simulation Briefing

Establishing a safe container for learning in simulation.



1 Clarify objectives, roles and expectations

- Introductions.
- Learning objectives.
- Assessment (formative vs summative).
- Facilitators and learners' roles.
- Active participants vs observers.

2 Maintain confidentiality and respect

- Transparency on who will observe.
- Individual performances.
- Maintain curiosity.

3 Establish a fiction contract

- Seek a voluntary commitment between the learner and facilitator.
- Ask for buy-in.
 - Acknowledge limitations.

4 Conduct a familiarisation

- Manikin/simulated patient.
- Simulated environment.
- Calling for help.

5 Address simulation safety

- Identify risks.
- Medications and equipment.
 - Electrical or physical hazards.
 - Simulated and real patients.

Note: Adjust the pre-simulation briefing to match the demands of the simulation event, contexts or the changing of participant composition.

Adapted from Rudolph, J., Raemer, D. and Simon, R. (2014). Establishing a Safe Container for Learning in Simulation. Simulation in Healthcare: Journal of the Society for Simulation in Healthcare, 9(6), pp.339-349.

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Scenario

Type	Immersive in-situ scenario	
Target audience	Obstetric medical staff and midwives	
Overview	<p>Maternity Review Centre or assessment area</p> <p>Situation: Pam presents 6 days post-partum feeling unwell, reports a temperature of 37.8°C at home.</p> <p>Background: 26-year-old Para 1. SVD with a shoulder dystocia and PPH of 2 litres. GDM on insulin now ceased. Had an Epidural and oxytocin infusion for labour and birth. Perineum episiotomy that was sutured, last Hb 86 on day 3 on discharge home. Breast feeding her baby who was 4000gm at birth.</p> <p>Assessment: Obs. reported temperature of 37.8°C Appears flushed and looks unwell.</p> <p>Recommendation: Full postnatal assessment and refer to MO as required.</p>	
Learning objectives	<p>By the end of the scenario the learner should be able to:</p> <ul style="list-style-type: none"> • Provide telephone advice to an unwell woman at home • Recognise and respond to the clinically deteriorating patient • Demonstrate the clinical management for maternal collapse • Assess the possible cause of the maternal sepsis (PN) and its management. 	
Duration	<p>Pre-brief: 10 minutes Orientation: 5 minutes Simulation: 15 mins Debrief: 15 mins</p>	<p>Total: 45 mins Allow 15 minutes for set up</p>

Physical resources

Room set up	Standard assessment area
Simulator/s and setup	<p>Simulated patient or manikin (including software)</p> <p>If using a simulated patient – simulated patient in normal clothes wearing skin colour bike pants with suture perineum attached with pus on sutures and perineum broken down. Simulated patient is waiting outside the simulation room.</p> <p>If using a manikin – manikin wearing skin colour bike pants with suture perineum attached with pus on sutures and perineum broken down. Manikin is in bed.</p>
Clinical equipment	Standard assessment room with routine set up
Access	Nil
Other	<ul style="list-style-type: none"> • Paperwork for emergency management – P/N assessment sheet and P/N QMEWT • Patient records on ieMR

Human resources

Faculty	Facilitators x2 to take on roles of scenario lead and primary debriefer (Obstetric Reg/Consultant and midwife with debriefing experience).
Simulation Coordinators	If using a manikin – Sim Co x1 for set up and control manikin software during scenario.
Confederates	<p>If using a simulated patient – simulated patient x1, plus the facilitator to be the woman on the telephone gaining advice from home and then as a QAS officer providing a handover.</p> <p>If using a manikin – Facilitator to provide QAS handover at the bedside.</p>
Other	<p>If using a simulated patient – Midwife x1 is present in the simulation room, preparing for the woman's arrival following the phone consultation. The other midwives and doctors are outside the room, to be called in as needed.</p> <p>If using a manikin – Midwife x1 is present in the simulation room to receive handover from QAS officer. The other midwives and doctors are outside the room, to be called in as needed.</p>

Simulated patient script information

Phone call: Performed in another room away from participants.

A woman calls the assessment area feeling unwell. She has taken her temperature 37.8°C and is feeling hot, shivery, nauseated and dizzy. She is at home alone. Her husband is at work an hour away. She doesn't feel well enough to drive and has tried calling a few people to see if they could take her to hospital, but they are either unavailable or at work. She is very distressed. The baby is well; there are no issues with the baby.

Simulated script

You are Pamela (Pam) Little. You had your baby six (6) days ago.

It was a normal birth but the baby's shoulder got stuck and baby needed some help being born. After the birth, I lost a lot of blood. I had to have some blood because my iron was really low. I wasn't feeling that great yesterday. My bottom has been really sore and I needed to take pills regularly just to be able to move about. I woke up this morning and I was sweating and shaking. I took my temperature and it said 37.8°C. I rang my GP but he said I needed to come to hospital.

Handover card from QAS caring for Pam

I	Introduction	This is Pam, this is ... <staff name>
S	Situation	Transferred by QAS with a history of being unwell, pyrexia.
B	Background	Baby was born six (6) days ago, normal birth complicated by a shoulder dystocia and a 2 litre PPH. Its Pams first (1 st) baby, breast feeding baby well. Nil medical or social history, partner is on his way in but will be an hour.
A	Assessment	<ul style="list-style-type: none"> • Obs. Temperature 37.8°C • RR – 22 HR – 102 B/P 110/70 GCS 15/15
R	Recommendations	<ul style="list-style-type: none"> • Observations reported to T/L and MO as temperature of 37.8°C. • Appears flushed and looks unwell. • Closely observe. • Paracetamol for temperature. <p>Thanks for looking after her.</p>

Additional information

Name	Pamela Little
Age	36 years old
Sex	Female
Weight	95 kg
Allergies	Nil known
Medications	Iron and Vitamin C
Medical/Surgical History	Endometriosis & laparoscopy last year
History	Nil
Social History/Employment	Administration Officer on maternity leave
Partner's name	John
Pregnancy history	G2P1 (miscarriage)
Blood Group	A Pos antibodies Neg
Hb	83 – 3 days ago
Serology	Neg
Rubella	Immune
GBS	Unknown

State 1: Initial assessment		Script	Details	Expected actions
Vital signs				
RR	22	<p>Pam has arrived via QAS with her baby – her husband is on his way from work. Pam has her baby with her.</p> <p>Pam (Mum)</p> <p>Feeling hot, achy and shivery.</p> <p>“I just want to lay down.”</p>	<p>I Introduction This is Pam, this is <staff name></p> <p>S Situation Pam has just arrived after self-referral, 6 days P/N with a reported Temp of 37.8°C</p> <p>B Background G2P1 SVD with a shoulder dystocia and PPH of 2 L, requiring a blood transfusion. Was GDM on insulin. Went home 3 days ago B/F. Bloods - last Hb 83</p> <p>A Assessment Obs. need to be taken</p> <p>R Recommendation Set of Obs. required Full P/N assessment Once Obs. performed then MO review</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Establishes rapport with woman <input type="checkbox"/> Listens/asks for history <input type="checkbox"/> Perform full P/N assessment <input type="checkbox"/> Discuss pain relief plan of care <input type="checkbox"/> Calls for assistance as situation becomes more intense <input type="checkbox"/> Makes a plan including next set of Obs. IVC. Blood cultures <input type="checkbox"/> Plan antibiotic therapy
SPO ²	98%			
BP	100/70			
HR	106			
Temp.	38.3°C			
Consciousness Sedation score	Alert but hot			
Breasts	Full NAD			
Fundus	Firm non tender			
PV loss	Brown non offensive			
Perineum	Red swollen pus present			
Legs	NAD			
Urine/ Bowels	NAD			

State 2: On going management				
Vital signs		Script	Details	Expected actions
RR	24	Pam (Mum) "I have a terrible headache. Can I have some Panadol?" 5 minutely obs. See next page.	<ul style="list-style-type: none"> • Pam shivering but hot to touch • Asking for more blankets • Complaining of a headache. 	<input type="checkbox"/> Call a MERT / Code <input type="checkbox"/> Call for HELP <input type="checkbox"/> Call senior clinicians (Consultant) <input type="checkbox"/> Explanation to mother <input type="checkbox"/> IVC - if not already performed x2 <input type="checkbox"/> Bloods to lab <input type="checkbox"/> FBC/ Chem 20/ Coags <input type="checkbox"/> Blood cultures <input type="checkbox"/> DRABC – lay her flat <input type="checkbox"/> IDC – hourly urine <input type="checkbox"/> Urine to lab <input type="checkbox"/> Swabs of perineum <input type="checkbox"/> Venous blood gas <input type="checkbox"/> Commence antibiotic therapy <input type="checkbox"/> Fluid resuscitation <input type="checkbox"/> Facial O ² if sats. drop <input type="checkbox"/> Ensure baby is safe.
SPO ²	96%			
BP	90/45			
HR	120			
Temp	39.5°C			
Consciousness Sedation score	Sleepy now shivering. Responsive when spoken to.			

State 2: On going management				
Vital signs	5 mins QMEWT= 13	10 mins QMEWT=13	15 mins QMEWT=6	20 mins QMEWT=4
RR	28	26	18	14
SPO ²	94	96	97	98
O ₂ Flow	2L	2L	RA	RA
BP/ART	88/40	90/50	100/60	110/70
HR	122	122	115	105
TEMP	39.9°C	39.6°C	39°C	38°C
GCS Consciousness	Hot uncomfortable	Sleepy rousable	Sleepy but rousable	Awake
BSL	5.6			
ECG	Sinus Tachycardia			

State 3: Resolution		Script	Details	Expected actions
Vital signs				
RR	16	Pam (Mum) Still a bit lightheaded. “Would like something to eat and drink.” Remains hot but not shivering.	<ul style="list-style-type: none"> • Urine concentrated in IDC but >30mls • Antibiotics in progress (Golden hour) • Baby has no problems 	<input type="checkbox"/> Recap of treatment and care <input type="checkbox"/> Explanation to Pam of what happened and why <input type="checkbox"/> Debrief to family <input type="checkbox"/> Documentation of events <input type="checkbox"/> Ongoing plan of care – Pam now improving, where should her care continue <input type="checkbox"/> ICU <input type="checkbox"/> Birth suite
SPO ₂	97%			
BP	110/55			
HR	105			
Temp	38.2°C			
Consciousness sedation score	Alert			



Supporting Resources

This section contains the following resources that will be essential in the delivery of this learning package:

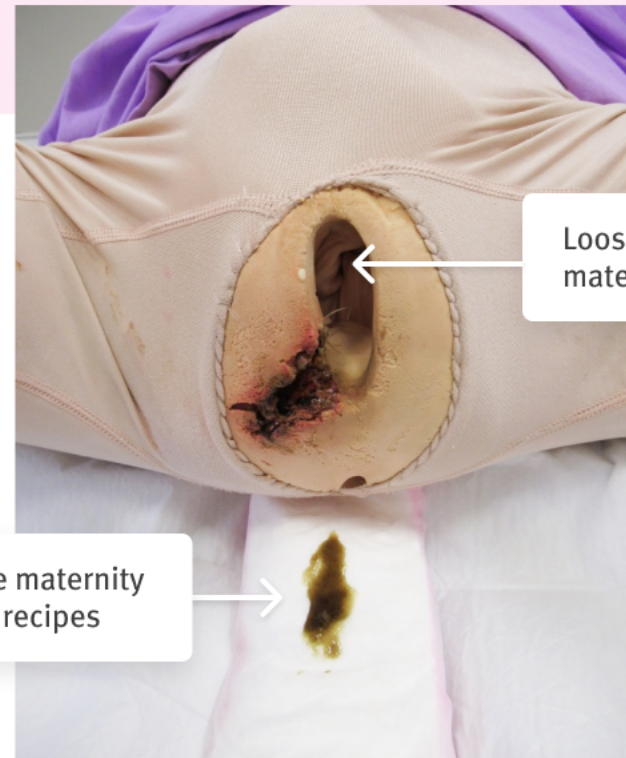
1. Manikin set-up guide
2. Laboratory reports
3. CTG on admission
4. Current CTG. 2nd stage pushing
5. Simulation debriefing poster
6. Debriefing guide



Postnatal sepsis



Skin coloured bike pants with suture perineum sown in to pants – can be worn by manikin or simulated patient



Loose suture material visible

Pus – see maternity moulage recipes

Admission bloods**DATE:****PATIENT:****DOB:****LABORATORY REPORT****PAGE: 1****REF:**

Test	Result	Reference	Comment
Haemoglobin	87 g/dL	13.7-17.7g/dL	
WCC	18.0 L	3.9-10.6 x 10 ⁹ /L	
Platelets	186 L	150-440 x 10 ⁹ /L	
Haematocrit	0.35	0.39 - 0.52	
RCC	3.85 L	4.50 - 6.0x10 ¹² /L	
MCV	90 fL	80 - 100 fL	
Neutrophils	(83%) 9.15	2.0 - 8.0x10 ⁹ /L	
Lymphocytes	(10%) 1.15	1.0 - 4.0x10 ⁹ /L	
Monocytes	(6%) 0.65	0.1 - 1.0x10 ⁹ /L	
Eosinophils	(0%) 0.01	<0.60x10 ⁹ /L	
Basophils	(0%) 0.03	<0.20x10 ⁹ /L	
CRP	156	<5	

Admission bloods**DATE:****PATIENT:****DOB:****LABORATORY REPORT****PAGE: 2****REF:**

Test	Result	Reference	Comment
Sodium	135	135 - 145 mmol/L	
Potassium	3.1	3.5 - 5.1 mmol/L	
Chloride	109	100 - 110 mmol/L	
Bicarbonate	24	22 - 32 mmol/L	
Anion gap	13	4 - 13 mmol/L	
Urea	4.1	2.1 - 7.1 mmol/L	
Creatinine	50	73 - 108 umol/L	
Urea/Creat	42	40 - 100	

Admission bloods**DATE:****PATIENT:****DOB:****LABORATORY REPORT****PAGE: 3****REF:**

Test	Result	Reference	Comment
Protein (total)	70 g/L	60 - 83 g/L	
Albumin	40 g/L	35 - 50 g/L	
Bilirubin (total)	5 umol/L	<20 umol/L	
Bilirubin (conj)	2 umol/L	<4 umol/L	
Gamma GT	60 umol/L	<55 U/L	
AST	40 U/L	<35	
ALT	40 U/L	<45	
ALP	110 U/L	(56-119)	

Admission bloods**DATE:****PATIENT:****DOB:****LABORATORY REPORT****PAGE: 1****REF:**

Test	Result	Reference	Comment
Coagulation profile	Pending		
Blood cultures	Pending		

Admission Bloods**DATE:****PATIENT:****DOB:****LABORATORY REPORT****PAGE: 1****REF:**

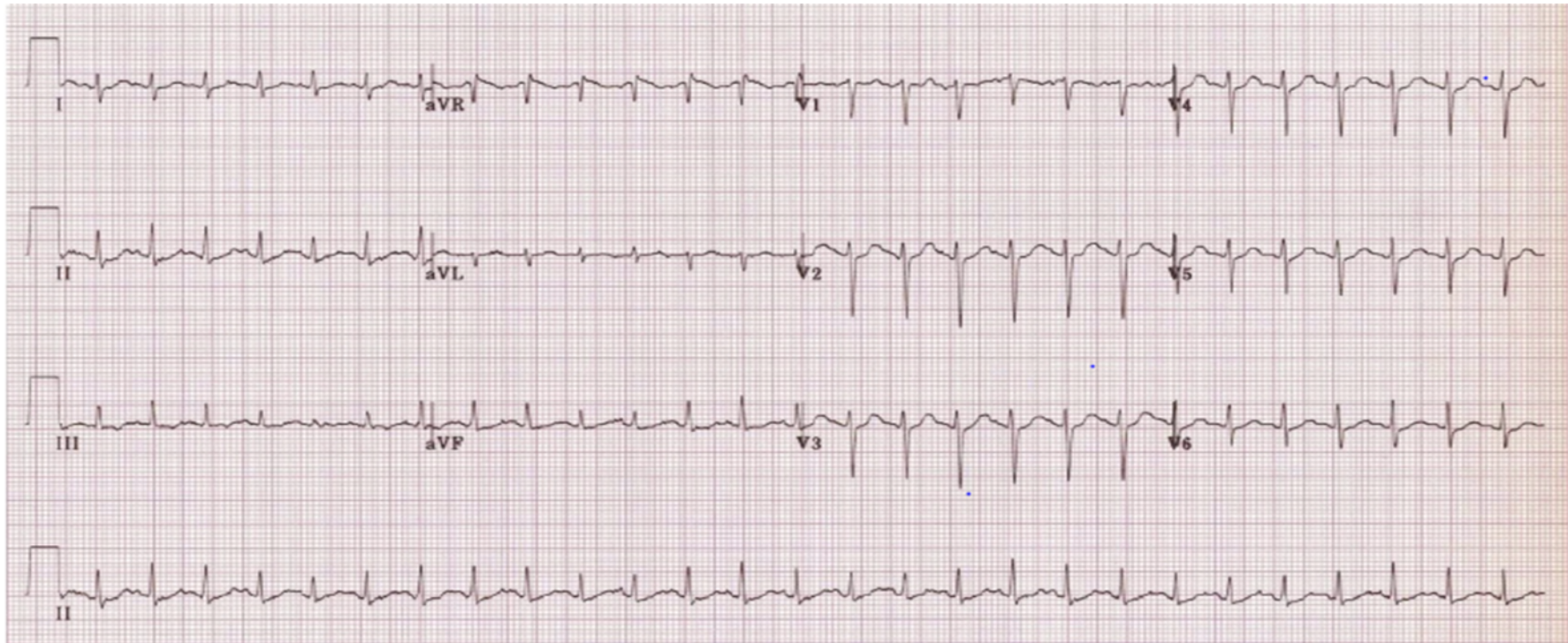
Test	Result	Comment
Group and Antibody Screen		
Group	O Rh (D) Positive	
Antibody	Negative	
		Nil
Expires in 7 days		

RADIOMETRY ABL800 FLEX					
ABL800 RH~RB PATIENT REPORT			SYRINGE-S250uL		1 SAMPLE # 16538
IDENTIFICATION					
Patient ID Patient Last Name Patient First Name Sample type T FO2 (I) Operator		Arterial 36.4 50% CSDS Simulation			
Blood Gases					
Test	Result	Reference	Test	Result	Reference
pH	7.45	7.350-7.450	Electrolyte values		
pCO2	25 mmHg	35.0-45.0	cNa+	135 mmol/L	135-145
pO2	65 mmHg	75.0-100	cK+	31 mmol/L	3.2-4.5
cHCO3-(P)c	17 mmol/L	21.0-27.0	cCl-	109 mmol/L	100-110
cBase(B)c	-5.2 mmol/L	-3.0-3.0	cCa2+	1.20 mmol/L	1.15-1.36
P50c	40 mmHg		AnionGap K+c	13 mmol/L	
Baro		mmHg	Metabolite values		
Oximetry values			cGlu	11.1 mmol/L	3.0-7.8
aO2	94%		cLac	5.5 mmol/L	0.7-2.5
cI Hb	87 g/L	105-135	cCrea	umol/L	36-82
Hcl	%		Temperature corrected values		
FO2Hb	%	94.0-98.0	pH (T)	mmHg	
FCOHb	%	0.0-1.5	pCO2 (T)	mmHg	
FMelHb	%		pO2 (T)	mmHg	
FHHb	%				
Notes:					

Admission Urine**DATE:****PATIENT:****DOB:****LABORATORY REPORT****PAGE: 1****REF:**

Test	Result	Comment
Urine Dipstick	Leucocytes +++	
	Nitrates +	
	Glucose Nil	
	Protein ++	
	Ketones +++	
	Blood +++	
	Leucocytes +++	
Culture pending		

ECG – Sinus Tachycardia



Simulation Debriefing

Establishing a safe container for learning in simulation.



Reaction phase - "vent"

1

- How was that?
- How are you feeling?
- Any other initial reactions?
- Learners may reveal key areas that are important to them.



Description phase

2

- Clinical summary of the case.
- Can be shortened if it appears there is shared understanding of the case.

Analysis phase

3

- Select which strategy is suited.
- Learner Self-Assessment - learner generates objectives
 - What went well/what would you change?
 - What well/did not go well and why?
- Focused Facilitation - analyse performance related to objective

Summary phase

4

- Discuss take-home learning points
- Learner guided approach or
- Facilitator guided approach

Debriefing guide

Scenario objectives	<p>Participants are required to:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Provide telephone advice to an unwell woman at home <input type="checkbox"/> Recognise and respond to the clinically deteriorating patient <input type="checkbox"/> Demonstrate the clinical management for maternal collapse <input type="checkbox"/> Assess the possible cause of the maternal sepsis (PN) and management
Vent phase	<p>Example questions:</p> <ul style="list-style-type: none"> • Initial thoughts of how the simulation went? • Acknowledge emotions (note body language and tone of participants)
What happened (phases)?	<p>Example questions:</p> <ul style="list-style-type: none"> • Tell us about your patient and what were your initial priorities? • What led to your decision to escalate management? • What clinical signs and symptoms led you to become concerned?
What was done well and why?	<p>Example questions:</p> <ul style="list-style-type: none"> • What could have been better at each phase?
Relevance to experience	<p>Example questions:</p> <ul style="list-style-type: none"> • How would you transfer knowledge from today into your workplace?
What has been learned?	<p>Example questions:</p> <ul style="list-style-type: none"> • What actions will you take to enhance your skills and knowledge post simulation?
Transfer to clinical settings	<p>Example questions:</p> <ul style="list-style-type: none"> • Can you give an example of how you may apply new skills or knowledge gained during this session? • What will you take away from this session?
Key moments	<ul style="list-style-type: none"> • Recognition of post-natal sepsis (potential / actual) • Calling for HELP early • Having key team members present • Preparing and plan for ongoing adverse event

Acronyms and abbreviations

Term	Definition
BF	Breast feeding
BGL	Blood glucose level
CSDS	Clinical Skills Development Service
DRABC	Danger Response Airway Breathing Circulation
ECG	Electrocardiograph
FBC	Full blood count
GAS	Group A beta haemolytic streptococcal
GCS	Glasgow coma scale
GDM	Gestational diabetes mellitus
Hb	Haemoglobin
IDC	Indwelling catheter
ieMR	Integrated electronic medical records
IOL	Induction of labour
IVC	Intra venous cannula
MERT	Medical emergency response team
MO	Medical Officer
NAD	Nothing abnormal detected
Obs.	Observations
PHR	Pregnancy Health Record
PN	Postnatal
PPH	Postpartum haemorrhage
PV	Per vagina
QAS	Queensland Ambulance Service

QMEWT	Queensland Maternity Early Warning Tool
RCOG	Royal College of Obstetricians and Gynaecologists
SMFM	Society for Maternal – Fetal Medicine
SOMANZ	Society of Obstetric Medicine of Australia & New Zealand
SVD	Spontaneous vaginal delivery
USS	Ultrasound scan
VE	Vaginal examination

References

This resource kit has been inspired by the Optimus BONUS project of the Children’s Health Queensland’s Simulation Training Optimising Resuscitation for Kids (STORK) service. To know more information about STORK and their Optimus project, visit their website.

1. Children’s Health Queensland. 2020. Queensland Paediatric Emergency Care Education | CHQ. [online] Available at: <https://www.childrens.health.qld.gov.au/research/education/queensland-paediatric-emergency-care-education/> [Accessed 24 July 2020].
2. SOMANZ Guideline for the Management of Sepsis in Pregnancy 2017
3. Royal College of Obstetricians and Gynaecologists. Bacterial Sepsis in Pregnancy. Green-top Guideline No. 64a. RCOG. 2012. Available from: www.rcog.org.uk/globalassets/documents/guidelines/gtg_64a.pdf

Share your feedback



Please complete our online survey and help make Maternity Education Program better.

The survey should take no more than 5 minutes to complete. Scan the QR code with your device or visit this link

<https://www.surveymonkey.com/r/Z8Q398N>



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