

Sepsis - understanding serious infection in pregnancy and after birth

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Introduction

You have been given this leaflet for one or more of the following reasons:

1. To give you some information and guidance on what to do if you think you have an infection during or after your pregnancy.
2. During your hospital admission you were screened for sepsis because your vital signs indicated that there was a possibility that you may be unwell. On this occasion your sepsis screen was negative.

It is important that you are aware of the signs and symptoms of sepsis and that you seek help urgently if you or your relatives/friends are concerned that you are unwell. In rare circumstances, even when you are usually healthy, you can become critically ill very quickly from serious infection or sepsis.

Definition of sepsis

An infection can progress to a more serious situation where it spreads to the blood stream and occurs throughout the body. This is known as “sepsis”. The first signs are usually a rise in your temperature, heart rate and breathing. You may also feel unwell, have chills and flu-type symptoms, abdominal pain in your tummy and diarrhoea. This can progress very quickly in rare circumstances to a potentially life threatening condition.

Timing of serious infections: when am I more likely to get an infection or sepsis?

Sepsis in pregnancy is often preceded by a sore throat or other upper respiratory tract infection. Sepsis may happen in pregnancy or after your baby is born. The risk of getting an infection is increased in the following circumstances:

- After having a miscarriage
- If your waters ruptured early or more than 36 hours before your baby was born
- If you developed a urine infection (urinary tract infection)
- If your baby was born prematurely
- After you have had your baby - this is the most common time for serious infection (septic illness) to develop; in particular if you had your baby by caesarean section, by forceps or vacuum, or if you had a third or fourth degree tear (large tear to your perineum).

How can sepsis before or after childbirth be prevented?

- Good personal hygiene; daily showers/baths
- Frequent maternity pad changes/keeping your stitches clean and dry
- Proper hand washing and drying especially **before and after** changing your maternity pads
- Keeping your caesarean section wound clean and dry. These measures may prevent infection that could lead to sepsis.

When should I contact the doctor?

You should contact your GP or the maternity unit immediately if you are feeling concerned, unwell or if you notice any of the following during pregnancy or after your baby is born:

- Sore throat, suspected chest infection, a cough that produces mucus coming up from the lungs (productive cough)
- Headache, flu-like symptoms, chills, fever
- Urinary symptoms (not able to pass urine, urinating more often, burning sensation when passing urine)
- Rash
- Vaginal discharge which is foul smelling and/or an unusual change in colour
- Abdominal/pelvic pain that doesn't seem to be getting better and/or tender to touch
- Diarrhoea or vomiting
- Sudden increase in vaginal bleeding postnatally
- After a caesarean birth if your scar becomes red or painful

It is important that you complete any course of antibiotics that you are prescribed during pregnancy and the postnatal period. This may prevent more serious infection developing.

Where can I get more information on sepsis?

If you require more information on sepsis you can ask hospital staff who will be able to answer your questions.

You could also visit The UK Sepsis Trust at www.Sepsistrust.org. The Sepsis Trust is the UK's leading Sepsis charity and have a support team with trained advisors who can be contacted on 0800 389 6255 or at info@Sepsistrust.org

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