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Sepsis is a major cause of mortality and morbidity in obstetric patients¹. The qSOFA is a simple bedside test that can identify patients with infection who are at greater risk for a poor outcome outside the Intensive Care setting. Starting 8th March 2017, all patients entering our obstetric HDU (oHDU) at the Princess Royal Maternity, Glasgow, had a qSOFA score entered as additional local data into the Scottish Intensive Care Society Audit Group database Wardwatcher. There are three parts to the qSOFA score, systolic blood pressure ≤ 100 mmHg, respiratory rate ≥ 22 and GCS ≤ 14 . A score of 2 or more has been shown to predict poor outcome in sepsis², but to our knowledge has not been investigated in the obstetric population.

Methods

Data was exported 8th January 2020, the 618 admissions were analysed using Fisher's Exact test and CHI-squared using R. Poor outcome was defined as being transferred to ICU or having the discharge outcome recorded as other than "improved". Fishers and CHI² were performed on the following 2x2 tables.

Results

We looked at all our patients that were admitted to obstetric HDU (oHDU) regardless of diagnosis and then reviewed the cases that went to Intensive Care (ICU).

CHI squared test resulted in a p-value of 0.001674 and Fishers t-test had a p-value of 0.006108 with sensitivity being low at 0.24 but high specificity at 0.96.

We then further subdivided all our patients who were admitted to oHDU and looked at those who had infection and potentially sepsis as part of their admission diagnosis.

CHI squared test resulted in a p-value of 0.8249, and Fishers t-test had a p-value of 0.6106, sensitivity of 0.25 and specificity of 0.84.

All admissions to oHDU	Discharged to ICU	Discharged elsewhere
qSOFA ≥ 2	4	25
qSOFA < 2	13	576
Diagnosis of sepsis only	Discharged to ICU	Discharged elsewhere
qSOFA ≥ 2	2	14
qSOFA < 2	6	78

Discussion

Our data suggests that a higher score of qSOFA in our patients regardless of diagnosis may require ITU input. When looking at the sub-division of patients who had infection as part of their diagnosis, the data is less clear and potentially qSOFA could be helpful but due to the small sample size we were not able to prove this. We still feel that a qSOFA score would be beneficial in all patients admitted to oHDU throughout Scotland as it is a quick assessment to do.

We feel that as a number the qSOFA score could be handed over with along with an early warning score if required.



<https://www.npeu.ox.ac.uk/downloads/files/mbrance-uk/reports/MBRRACE-UK%20Maternal%20Report%202019%20-%20WEB%20VERSION.pdf>, 23/01/2020

² Singer M, Deutschman CS, Seymour CW, et al. The Third International Consensus Definitions for Sepsis and Septic Shock (Sepsis-3). *JAMA*. 2016;315(8):801–810. doi:10.1001/jama.2016.0287