From the Chief Medical Officer
Dr Michael McBride

Department of
Health, Social Services and Public Safety
www.dhsspsni.gov.uk

AN ROINN
Sláinte, Seirbhísí Sóisialta agus Sábháilteachta Poiblí

MÄNNYSTRIE O
Poustie, Resydènter Heisin an Fowk Siccar

HSS(MD) 39/2010

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Chief Executives, Public Health Agency/Health & Social Care Board/ HSC Trusts/NIAS
Executive Medical Director/Director of Public Health, PHA
(*for onward distribution to all relevant health protection staff*)
Assistant Director of Public Health (Health Protection), PHA
Director of Nursing, PHA
Family Practitioner Service Leads, Health & Social Care Board
(for cascade to GP Out of Hours services)
GP Medical Advisers, Health & Social Care Board
All General Practitioners
(for onward distribution to practice staff)
GP Locums
All Community Pharmacists
Medical Directors, HSC Trusts
(for onward distribution to Obstetricians, General Physicians, Paediatricians, A&E staff and laboratory staff)
Directors of Nursing, HSC Trusts
(for onward distribution to all Community Nurses, and midwives)
RQIA (*for onward transmission to all independent providers including independent hospitals*)
CEMACH Northern Ireland

Dear Colleague

GENITAL TRACT SEPSIS IN PREGNANT AND POST NATAL WOMEN

The Centre for Maternal and Child Enquiries (CMACE) have issued an "Emergent Theme Briefing" in advance of the next Saving Mothers Lives report because of the significance of the facts and findings relating to deaths due to genital tract infection. The CMACE briefing can be found at the link below:
www.cmace.org.uk/Publications-Press-Releases/Emergent-Theme-Briefings/Microsoft-Word---GT_Sepsis_0508_final_v2-style.aspx

Death and serious illness from pregnancy related sepsis are still very rare, but there is potential for genital tract infection to follow a fulminating and sometimes fatal course.

CMACE recommend antibiotic prophylaxis is crucial in the following clinical scenarios:

- Periabortion;
- Preterm and/or prolonged rupture of membranes;
- Caesarean Section (perioperative);
- Anal sphincter tear (3rd or 4th degree) repair.

The main reason for the rise in maternal mortality from sepsis in the 2006-2008 triennium is the increased number of deaths due to community-acquired beta-haemolytic streptococcus Lancefield Group A (*Streptococcus pyogenes*) (GAS). Most deaths occurred between December and April, often preceded by sore throat or other URTI. Most of the deaths occurred in the postpartum period.

All pregnant and recently delivered women need to be informed of the risks, signs and symptoms of genital tract infection and how to prevent its transmission, including the importance of good personal and perineal hygiene. Women should be encouraged to seek urgent medical advice from their GP or maternity services if they feel ill. This is especially necessary when the woman, her family or close contacts have a sore throat or upper respiratory tract infection.

Healthcare professionals should consider the possible diagnosis of genital tract infection. Whilst presentation may be atypical, tachypnoea, neutropenia and hypothermia are all ominous signs. Diarrhoea is a common symptom of pelvic sepsis and the combination of abdominal pain and abnormal or absent foetal heart rate may signify sepsis rather than placental abruption. Patients should be transferred urgently to hospital for prompt aggressive treatment.

Invasive GAS infection is illness associated with the isolation of GAS from a normally sterile body site, such as blood, endometrium, deep tissue or abscess at operation or necropsy, or associated with necrotising soft tissue infection, such as necrotising fasciitis. Obstetricians should report cases of invasive Group A Streptococcal infection (IGAS) to the Public Health Agency Duty Room (028 90553994 or 028 90553997) to allow the appropriate Public Health response.

Yours sincerely

DR MICHAEL MCBRIDE
Chief Medical Officer

PROF MARTIN BRADLEY
Chief Nursing Officer

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