The Global Incidence of Puerperal Sepsis Protocol for a Systematic Review

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Outline

Background

Objective

Methods

- Sepsis is among the leading causes of preventable maternal death not only in developing countries but in developed countries as well
- It is usually reported as the third or fourth leading cause of maternal death

The predisposing factors or conditions leading to the development of sepsis are quite varied and include:

- Home birth in unhygienic conditions
- Low socioeconomic status
- Anaemia

- Primiparity
- Prolonged rupture of membranes
- Prolonged labour
- Multiple vaginal examinations
- Obstetrical manoeuvres

 Sepsis is an important morbid condition because of its consequences on both fetal and maternal outcomes

Maternal complications include:

- Septicaemia,
- Endotoxic shock,
- Peritonitis or abscess formation leading to surgery
- Long term future fertility

Fetal outcomes include

- A depressed fiveminute Apgar score,
- Neonatal septicaemia and
- Pnuemonia

Definition

- 'A temperature rise above 38.0°C maintained over 24 hours or recurring during the period from the end of the 1st to the end of the10th day after childbirth or abortion'. (ICD-10)
- 'Oral temperature of 38.0°C or more on any two of the first ten days postpartum'. (USJCMW)

 There is some overlap with the definition of endometritis in others – which includes foul smelling discharge, uterine tenderness

 Incidence of puerperal sepsis shows wide variations among published literature – may be related to definition, recording etc

- Sepsis is an important public health problem contributing to maternal morbidity and mortality
- Most of the predisposing factors are preventable
- The global magnitude of the problem is limited hence the need for a systematic review summarizing the true extent of puerperal sepsis

Objective

To provide the incidence or prevalence data on puerperal sepsis worldwide

Types of Studies

 Any study design including crosssectional, cohort, clinical trials, surveys having incidence or prevalence data on puerperal sepsis

Types of participants

Women within 42 days of termination of pregnancy

Types of interventions

None

Types of outcome measures

Puerperal sepsis

Search strategy

- Data bases Medline, EConlit, Biosis, EMBASE, Popline, Cinahl, Pias International, CAB, Sociofile, the gray literature database (SIGLE), Cochrane data bases
- Hand searching of journals
- Personal contacts

Will review both published and unpublished data from 1997-2002

Selection Criteria

 Study designs providing prevalence or incidence rates for any puerperal sepsis in any population

Exclusion Criteria

- Studies with no data
- Reports providing statements only but no source of data
- Reports referring to data collected before 1990
- Studies where no dates for data collection are provided

Methods of Review

- All studies identified will be assessed by titles and abstracts first
- Full text retrieval
- A data extraction form will be used to extract information such as design, population setting characteristics, follow-up, and completeness of data
- The review is expected to be completed by the end of the year.