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**Title:** Feasibility of the FAST-M Bundle and its Integration into the Malawian Healthcare System – Preliminary Data

**Background:** Globally maternal sepsis accounts for 11% of maternal deaths, the majority in sub-Saharan Africa. In high-income settings there is evidence that bundled approaches to sepsis care can improve patient outcomes, however none are specific to the maternal population or feasible in low-income settings. Prior work developed a maternal sepsis treatment bundle called “FAST-M”. The purpose of the study was to assess whether introduction of the FAST-M intervention was feasible in the Malawian healthcare system.

**Methods:** A multi-centre, controlled study, with a before and after design across 15 health facilities in Malawi. The study consisted of a 2 month baseline assessment followed by a 12 month intervention phase. The intervention consisted of 1) introduction of modified early obstetric warning scores and the FAST-M decision tool, 2) introduction of the FAST-M treatment bundle and 3) a training programme on use of the FAST-M tools.

**Results:** A full set of observations was performed on admission in 77.4% of patients at month 6 vs. 0% at baseline ( $p < 0.0001$ ). Completion of antibiotics within an hour of sepsis recognition was 64% at month 6 vs. 13.3% at baseline ( $p = 0.0008$ ). Completion of the entire FAST-M bundle within an hour of sepsis recognition was 20.0% at month 6 vs. 0% at baseline ( $p = 0.1$ ).

**Conclusions:** Preliminary data demonstrates that introduction of the FAST-M intervention into the Malawian healthcare system is not only feasible but has also resulted in an improvement in clinical care. Ongoing work will assess the sustainability of the intervention and barriers to its implementation.