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Management of Post-Cesarean Section Sepsis

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Post-Cesarean section sepsis is a potentially life-threatening complication associated with significant maternal morbidity and mortality. Surgical site infections, postpartum endometritis, pelvic abscesses, and other infectious complications may lead to rapid clinical deterioration and multiple organ dysfunction. Early recognition and prompt, evidence-based management are essential to improving maternal outcomes. To review the key principles of diagnosis and management of post-Cesarean section sepsis, with emphasis on early recognition, antimicrobial therapy, hemodynamic stabilization, and source control. A narrative review of current clinical recommendations and evidence-based approaches to maternal sepsis management was conducted, focusing on postpartum infections following Cesarean delivery. Effective management requires a multidisciplinary approach involving obstetricians, intensivists, anesthesiologists, microbiologists, and surgical specialists. Initial management includes rapid clinical assessment, hemodynamic monitoring, laboratory investigations, measurement of serum lactate, and collection of appropriate microbiological specimens without delaying treatment. Prompt administration of broad-spectrum intravenous antibiotics is essential when sepsis or septic shock is suspected. Fluid resuscitation should be individualized according to hemodynamic status and response to treatment, while vasopressor support, preferably with norepinephrine, may be required in persistent septic shock. Identification and timely control of the infectious source, including drainage of abscesses, debridement of infected tissues, or further surgical intervention when indicated, are critical components of treatment. Subsequent antimicrobial therapy should be guided by microbiological results, clinical response, and local resistance patterns.

Post-Cesarean section sepsis requires urgent recognition and coordinated multidisciplinary management. Early antimicrobial therapy, appropriate resuscitation, timely source control, and continuous reassessment of organ function are fundamental to reducing the risk of severe maternal complications and improving clinical outcomes. Standardized sepsis pathways and

effective communication among healthcare professionals may further strengthen the quality and safety of postpartum care.

Keywords: Post-Cesarean section sepsis; maternal sepsis; postpartum infection; septic shock; antimicrobial therapy; early recognition, timely intervention, source control; critical care.