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OBSTETRIC SEPSIS AND SEPTIC SHOCK: CRITICAL CARE RESUSCITATION, HEMODYNAMIC STABILIZATION, AND MULTIDISCIPLINARY MANAGEMENT

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Obstetric sepsis and septic shock remain life-threatening complications of pregnancy, childbirth, and the postpartum period, requiring rapid recognition, coordinated resuscitation, and timely source control. Physiological changes associated with pregnancy may obscure early signs of clinical deterioration, while delays in diagnosis and treatment can rapidly lead to multiorgan dysfunction and maternal death. Effective management therefore requires close collaboration between obstetricians, intensivists, anesthesiologists, emergency physicians, microbiologists, and other relevant specialists.

This presentation focuses on contemporary critical care strategies for the recognition and management of obstetric sepsis and septic shock. Key topics include early identification of maternal deterioration, clinical assessment of organ dysfunction, appropriate use of laboratory investigations and microbiological cultures, and evaluation of potential infectious sources. Particular emphasis is placed on the initial resuscitation bundle, including prompt administration of empiric broad-spectrum antimicrobials, individualized intravenous fluid therapy, repeated assessment of perfusion, and early initiation of vasopressor support when hypotension persists despite adequate fluid resuscitation. Norepinephrine is discussed as the first-line vasopressor in septic shock, with hemodynamic targets adapted to the individual clinical situation.

The presentation also addresses source control, including the management of intrauterine and postoperative infections, and the indications for urgent obstetric intervention. Special consideration is given to pregnancy-specific physiological changes, fetal assessment when applicable, delivery-related decision-making, and postpartum critical care. Strategies for preventing fluid overload, recognizing evolving respiratory and renal dysfunction, and providing organ support in the intensive care unit are also reviewed.

By integrating obstetric and intensive care perspectives, this presentation aims to strengthen clinicians' ability to make timely, evidence-informed decisions in critically ill obstetric patients. The overarching objective is to improve maternal outcomes through early recognition, goal-

directed resuscitation, appropriate antimicrobial therapy, definitive source control, and coordinated multidisciplinary care.
Keywords: obstetric sepsis; septic shock; maternal critical care; resuscitation; hemodynamic stabilization; vasopressors; intensive care; source control.