

septic shock in pregnancy  
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general

- Septic shock in obstetric patients is rare.
- The common site of infection in pregnant women is the pelvis, an area amenable to medical and surgical intervention.
- The organisms responsible for infections in these women are usually responsive to common broad-spectrum antimicrobial agents.

causes

- Common infections associated with septic shock in obstetric patients include the following:
  - (i) Pyelonephritis
    - Renal calculi
    - Perinephric abscess
  - (ii) Chorioamnionitis
  - (iii) Endomyometritis (primarily after cesarean delivery)
  - (iv) Episiotomy infections
  - (v) Septic abortion
  - (vi) Necrotizing fasciitis
- common organisms that cause sepsis in obstetric patients are as follows:
  - Escherichia coli*
  - Bacteroides spp
  - Clostridium spp
  - Klebsiella spp
  - Pseudomonas aeruginosa*
  - Group A  $\beta$ -hemolytic streptococcus
  - Staphylococcus aureus*
  - Fungal spp
  - Group B streptococcus
  - Peptostreptococcus*
  - Peptococcus spp
  - Enterococcus spp
  - Listeria monocytogenes*
  - Enterobacter spp
  - Proteus spp

management

- The overall goal in the management of pregnancy that is complicated by septic shock is to aggressively treat the mother.
- Resuscitation of the mother usually adequately resuscitates the fetus.
- Attempting delivery in the setting of maternal instability increases maternal and fetal mortality rates. The only obvious exception is if the intrauterine environment is the source of the infection.
- The basic tenets of treatment for septic shock include prompt identification of the source of infection, empiric antimicrobial therapy, aggressive intravascular volume resuscitation, and maintenance of adequate oxygenation and ventilation.
- In obstetric patients, most infections occur in the pelvis and are amenable to drainage or surgery.