Septic shock in pregnancy 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.

Common infections associated with septic shock in obstetric patients include the following:
(i) Pyelonephritis
(ii) Perinephric abscess
(iii) Chorioamnionitis
(iv) Endomyometritis (primarily after cesarean delivery)
(v) Episiotomy infections
(vi) Septic abortion
(vii) 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 β-hemolytic streptococcus
- Staphylococcus aureus
- Fungal spp
- Group B streptococcus
- Peptostreptococcus
- Peptococcus spp
- Enterococcus spp
- Listeria monocytogenes
- Enterobacter spp
- Proteus spp

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.