

- physiological intrauterine resuscitation. Each episode of hypotension must be reported to the neonatologist and recorded in the newborn's documentation.
- 13) If treatment of hypotension does not lead to sufficient normalisation of BP (within a few minutes), urgent delivery of the foetus should be considered.
 - 14) After delivery, phenylephrine can usually be discontinued, but the hypotensive effect of oxytocin and carbetocin must be considered.
 - 15) Hypotension develops less severely in women with preeclampsia; therefore, prevention requires an individual approach and lower doses of vasopressors.
 - 16) Persistent hypotension after delivery may indicate occult blood loss, dehydration, or cardiac complications and requires a comprehensive differential diagnosis.

Key reference of the opinion:

Kinsella SM, Carvalho B, Dyer RA, Fernando R, McDonnell N, Mercier FJ, et al. International consensus statement on the management of hypotension with vasopressors during caesarean section under spinal anaesthesia. *Anaesthesia* 2018, 73(1):71-92.

AUTHORS' STATEMENT: Declaration of conflict of interest: None of the authors has a conflict of interest regarding the topic discussed. **Financial support:** Supported by the Ministry of Health of the Czech Republic – RVO VFN64165. **Authors' contributions:** All consensus statement authors read the manuscript, participated in proofreading, and agree with its content and submission to the journal *Anesteziologie a intenzivní medicína*. Quynh Giang Nguyenová prepared the materials and edited the Czech and English texts. Jan Bláha was the final editor of the text.

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