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Review. Postpartum sepsis is a potentially life-threatening complication that may rapidly progress to septic shock and multiple organ failure. The risk of severe adverse outcomes increases substantially in cases of delayed diagnosis, underrecognition of early symptoms, inadequate postpartum monitoring, and delayed medical attention. Clinical manifestations of postpartum sepsis are often nonspecific and may include fever, general weakness, tachycardia, dyspnea, pain, signs of systemic intoxication, and hemodynamic instability. In addition, other severe conditions, particularly thrombotic complications, may coexist during the postpartum period, complicating timely clinical interpretation of symptoms and increasing the risk of diagnostic errors.

Important components of patient safety include adequate postpartum surveillance, patient awareness of warning symptoms, early antimicrobial therapy, and multidisciplinary collaboration among obstetricians-gynecologists, intensive care specialists, family physicians, and other healthcare professionals. A fundamentally important component of postpartum sepsis management is timely and adequate elimination of the primary source of infection (source control). In cases of septic metroendometritis, sepsis, or toxic septic shock, when intensive therapy proves ineffective and the uterine source of infection persists, laparotomy with hysterectomy and bilateral salpingectomy may represent a life-saving intervention as a method of radical infection source control. Timely referral of high-risk patients, early intensive treatment, and adequate infection source control contribute to reducing the incidence of severe septic complications, improving treatment outcomes, and enhancing patient safety and quality of medical care.

Conclusions. Postpartum sepsis remains a serious challenge to patient safety and the quality of medical care due to the risk of rapid progression, septic shock, and multiple organ failure. Early recognition of clinical signs of infection, timely diagnosis, appropriate referral of high-risk patients, and early antimicrobial and intensive therapy are essential for preventing severe septic complications and reducing maternal morbidity. At the same time, timely and adequate elimination of the primary source of infection is a fundamentally important prerequisite for the effective management of postpartum sepsis. In cases of generalized infection and failure of conservative treatment, radical surgical intervention, including hysterectomy with bilateral salpingectomy, may represent a life-saving stage of treatment as a method of septic source control. Increased awareness of postpartum infectious complications and adherence to the principles of timely infection source control are important prerequisites for ensuring patient safety and improving the quality of medical care.

Keywords: maternal morbidity, septic shock, postpartum infectious complications, multidisciplinary care, patient referral pathways.

PREVENTION OF OCCUPATIONAL DISEASE IN DENTISTS AS A GUARANTEE OF PATIENT SAFETY

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Introduction. Professional adaptation begins at the stage of training in institutions of professional pre-higher and higher education. During this professional route, physical and psychological loads change dynamically, while the level of skill of specialists increases. One of the main components of the healthcare system is the provision of high-quality dental services. Maintaining optimal working conditions at the dental workplace allows specialists to remain in the profession for a long time. The main working postures in this case are standing and sitting. Full utilization of specialized knowledge and professional skills is possible only when maintaining good health and high efficiency of specialists through the application of professional and applied physical training. Dental care is a crucial component of the healthcare system, possessing significant human resources and potential to meet the population's needs for affordable and high-quality treatment. This ensures patient safety both during dental interventions and in the future, improving their quality of life.

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Purpose. To identify the occupational profile features of a dental specialist's work, study the ergonomic indicators of dentists' working postures, and develop recommendations to prevent the development of occupational diseases.

Materials and methods. The main professional requirements of the "Dentistry" specialty regarding the psychophysiological characteristics of employees were determined by surveying dentists with 2 to 36 years of work experience. Ergonomic studies were conducted in private dental offices and clinics, based on which graphic diagrams of working postures were created using the photogoniometry method. The development of a complex of professional and applied physical training was based on the potential risks of developing occupational diseases in case of non-compliance with the optimal parameters of sitting and standing working postures.

Results. The research revealed that the work of a dentist involves great responsibility for the patient's life and the quality of dental services. A detailed occupational profile study of the nature of a dentist's work helped establish that the most significant professional requirements include: the ability to perform coordinated movements with both hands, well-developed hand-eye coordination, the ability to make correct decisions in sudden complex situations, the capacity to quickly adapt to changing work objects or environments, and the ability to promptly find and correct one's mistakes. Additionally, maintaining high performance despite the presence of other people, unexpected impressions, or extraneous noise is vital. The dental practice is feasible only with a sufficient development level of professionally significant qualities, including hand-eye coordination, strength and mobility of the nervous system, concentration, span of attention, and color discrimination. By conducting short-term photogoniometric studies at dental workplaces without disrupting the treatment process, we established that modern equipment improves the quality of dental services for the patient. This is also a positive factor for the clinician, who works in more comfortable conditions. However, the sitting position was found to be the most unfavorable, where the dentist's right leg is extended too far forward, leading to an unstable spinal position. There is also a neck deviation from the vertical axis of more than 40° (with a norm of no more than 20°). In the elbow joint, the angle is 45°, which also exceeds optimal values. The standing position is more favorable, as the angles are closer to optimal. Nevertheless, the deviation of the torso from the vertical axis averages more than 30° (with a norm of no more than 20°). We have developed a professional and applied physical training complex aimed at improving the physical fitness of specialists. It is based on an individual approach, regularity, comprehensiveness, gradual progression, professional orientation, motivation, monitoring, and objective assessment. The complex includes aerobic, coordination, and strength exercises, flexibility training (stretching), muscle endurance and posture correction, as well as the stabilization of back, neck, shoulder, and wrist muscles. It also incorporates cardiovascular exercises and fitness activities to reduce body weight, improve health, boost energy and positivity, and reduce stress levels.

Conclusions. Thus, a comprehensive study of the occupational profile characteristics of dental work and working posture diagrams (sitting and standing) allowed us to identify the most critical professional requirements and qualities for long-term, high-quality performance. It was established that deviations from optimal joint angles occur during work, which can be classified as an irrational working posture. Prolonged exposure to such factors may lead to occupational diseases of the musculoskeletal system. To mitigate these negative impacts, it is essential to adhere to basic hygienic requirements for the workplace and posture throughout the professional career, and to perform targeted professional and applied physical training exercises.

DRINKING WATER MONITORING: ASSESSMENT OF SAFETY AND CARCINOGENIC RISKS

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Introduction. Providing the population with safe and high-quality drinking water is one of the key objectives of the public health system. Under conditions of intensive anthropogenic pressure, urbanization, and technogenic pollution of water bodies, the issue of controlling the quality of water supplied through centralized

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