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# Mandatory notification to Obstetric teams of women presenting to emergency departments from 16 weeks gestation

## Good practice point

### Key points

Obstetric teams should have early notification of any women presenting to emergency departments from 16 weeks gestation so that implications for the ongoing pregnancy, in the context of the presenting problem, is considered.

In situations where pregnancy loss is possible and where woman will likely birth an intact fetus, early referral for care by clinicians experienced in perinatal loss, in a maternity setting is preferable.

### Aim

The aim of this good practice point is to support early notification to Obstetric teams of any woman presenting to emergency departments from 16 weeks gestation.

### Background

Pregnant women may present to emergency departments with varied symptoms leading to multiple differential diagnoses that could be aligned to different specialties. Most women with second trimester pregnancy complications are encouraged to present to emergency departments rather than maternity units, with gestation cut offs ranging from 16-20 weeks gestation.

Women presenting to emergency departments may experience delays in accessing obstetric care which may impact ongoing pregnancy outcomes (Trostian et al. 2022; Trostian et al. 2025). They are also at risk of negative experiences as they may require invasive tests in a busy and chaotic environment and may receive inadequate clinical, psychological and emotional support regarding actual or potential risks to their pregnancy (Trostian et al. 202; Kukulskienė and Žemaitienė 2022; Punches et al. 2018).

Early referral to the obstetric team can also support reduction in length of stay and improved flow in the emergency department (Wattimena et al. 2013).

Refer to the Safer Care Victoria [obstetric triage decision aid](#) (McCarthy et al. 2022)

### References

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