

Cost-effectiveness analysis of medical termination of pregnancy provided by nurse-midwives or physicians in a high resource setting

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Why cost-effectiveness?

Cost of healthcare is becoming an increasingly important factor influencing decision makers in both high and low resource settings

Cost-effectiveness analysis (CEA) compares relative costs and outcomes of different courses of action.

The efficacy, safety and acceptability of medical termination of pregnancy provided by standard care by doctors or by nurse-midwives: a randomised controlled equivalence trial

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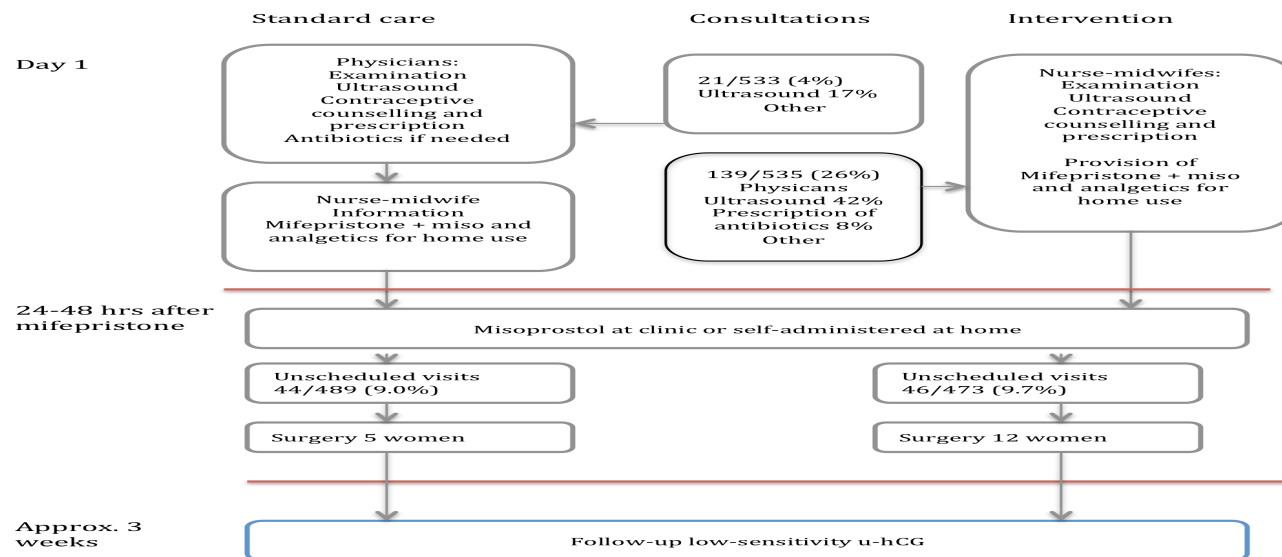
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Flow of patients

Figure 1 Flow of patients.



Direct costs

Cost item	Time Standard (h)	Time Intervention (h)	Cost Standard (SEK)	Cost Intervention (SEK)
Midwife time (procedure)	0.5	0.7	159	223
Physician time (procedure)	0.5	0	187	0
Examination room usage	1.0	0.7	45	32
Consultation time with physicians	0.01	0.03	3	10
Cost of treated patient's time	1	0.7	127	89
Direct cost/ procedure SEK			521	354
Direct cost/ procedure EUR			58	39

Costs were expressed in Swedish Krona (average exchange rate 2011 1US\$=SEK 6.775; 1 Euro €=SEK 9.0298)

Costs for unscheduled visits, complications and surgery

	Standard treatment (n) Physician and NMW	Intervention (n) NMW	95% CI
Unscheduled visits	195 (46/473 (9.7%))	178 (44/489 (9%))	-3 to 4.5% P= 0.7
Complications	126 (29/472 (6.1%))	84 (20/493 (4.1%))	-0.7 to 5% P= 0.14
Surgery	299	150	
SEK	620	412	
EUR	69	46	

Costs were expressed in Swedish Krona (average exchange rate 2011 1US\$=SEK 6.775; 1 Euro €=SEK 9.0298)

Costs for training

Physicians:

No additional training

Nurse Midwives:

Ultrasound training from consultant (study setting)
or ultrasound course

50 supervised independent ultrasounds

€2.55 per procedure

LARCs after abortion?

US: If 10% of women aged 20–29 years switched from oral contraception to LARC, total costs would be reduced by \$288 million per year

Trussell et al. Burden of unintended pregnancy in the United States: potential savings with increased use of long-acting reversible contraception. *Contraception* 87 (2013)154-161

Home-abortion?

Conclusion

- Intervention treatment EUR 21.5 cheaper per procedure (direct cost including training)
- Cost for complication/ unscheduled visits/ surgery reduced by EUR 23 (average per procedure)

Additional factors

- Reduced waiting time for “the next patient”
- More effective contraception (LARCs) reduce overall costs for un-intended pregnancy
- Home abortion

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Thank you!

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