How much money should be spent on childbirth, and whose benefit is it?

Economic evaluation in midwifery

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Funding Source: Federal Ministry of Education and Research (01 GT 0616)

Description

Rising costs as well as a lack of evidence-based practice are obvious in the German health system. Therefore the legislative body requires health economic studies. Economic evaluations enable to link parameters of quality to costs. Economic evaluations in Germany comparing models in maternity care are unique. Results of international studies, conducted in other countries (e.g. Canada or Scotland), are only restricted transferable to the German health system. The purpose of this study is to compare midwife-led care with consultant-led care for healthy women ("low-risk"). Regarding maternal health in Germany, the c-section rate is increasing rapidly from 18% in 1995 to 31.6% in 2009 [1] and intervention rates are increasing (e.g. nearly 50% of all vaginal births are accompanied by some kind of anaesthesia [1]). Apart from detrimental health effects for women and children, rising medical intervention rates cause increasing costs. In Germany, the majority of women (98%) give birth in a hospital. Results of international studies identify less medical interventions in midwife-led units as in consultant-led care units combined with a positive neonatal and maternal outcome and a great satisfaction with continuity of care by women [2,6].

Purposes

- Analysing efficiency, comparing midwife-led care with consultant-led care in Germany.
- Are there any differences between costs and quality of these two care options?
- Will midwife-led care units lower costs and keep the same quality of care as consultant-led care units?
- What are women’s preferences and do they differ before and after birth?
- Are there differences in efficiency, comparing women’s views, the perspective of insurance companies and perspective of health care providers?

Methods

Evaluating costs:
Costs were derived from activity-based-costing in labour room. Time registration was designed to analyze the involvement of professionals in process of labour. Birth documentation was developed to register interventions and to evaluate the expenditures on material.

Evaluating benefits:
Women’s anticipations and preferences are obtained with a closed-ended willingness-to-pay questionnaire [4,9] during pregnancy. It was asked how much money women would pay for their preferred care model. Thus, the individual benefit can be measured. The sum of individual benefits is defined as societal benefit for cost-benefit analyses. The willingness-to-pay as well as the savings are defined as benefit.

Evaluating effectiveness:
Eight weeks and six months postpartum women are asked once more about potentially changing willingness-to-pay.

Evaluating utilities:
Health-related quality of life will be examined by EQ-5D [12] and SF-36 questionnaires. QALYs (quality-adjusted live years) will be formed.

Cooperation:
Prof. Wolfgang Greiner, University of Bielefeld, Faculty of Health Sciences
Dr. Hermann Pohlabeln, BIPS, University of Bremen

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Literature

[9] RYAN, Mandy; RATCLIFFE, Julie; TUCKER, Janet: Using Willingness To Pay to value alternative models of antenatal care. Economic evaluation in midwifery.