Supplementary material 6 - Extracted costs for intrapartum care

Activity	Economic Evaluations	Review articles	Primary research studies		
costed	for National Guidelines		Unit costs reported	Range	Mean (SD)
Induction of	£31.17 for drugs only [1]	£33.35 for Propess, £39.53 for vaginal	£47.56 [4],	£31.17 -	£469.22 (£323.86)
labour		prostaglandin gel/tablet. Inpatient days	£518.46-£805.42 in addition to cost of vaginal birth [5],	£805.42	Only fully-costed
		costed separately[2],	£791.53 in addition to the cost of a vaginal birth [6],		induction included in
		£361.77 for induction [3]	£33.35 for Propess pessary, £30.02 for 2 doses of Prostin [7],		the summary estimates.
			£28.94 for 2 doses of 3mg dinoprostone tablet [8]		
			£290.60[9]		
Augmentation	£34.98 [1],	£1.90 for oxytocin, £2.97 for	£189.16[11],	£1.10 -	£41.29 (£68.72)
of labour	£56.96 [10]	amniotomy and oxytocin[2]	£1.01 for oxytocin, £0.95 for Amnihook [7],	£189.16	
			£1.10 for oxytocin [12]		
Epidural	£118.08 [10]	Not costed	£369.89 [11],	£118.08 -	£381.85 (£266.89)
			£693.70 in addition to the cost of a vaginal birth [6],	£693.70	
			£345.73 [7]		

Activity	Economic Evaluations	Review articles	Primary research studies		
costed	for National Guidelines		Unit costs reported	Range	Mean (SD)
Spontaneous	£1,170.50 [1],	£1,888.08 [13],	£1,125.95 for birth without complication or £2,474.24 for birth	£1,125.95 -	£1,854.15 (£486.97)
vaginal birth	£1,762.19 [10]	£1,222.87 if within 24 hours of	with complication [11],	£2,721.27	
		commencing induction of labour[2],	£1,729.09 [15],		
		£1,905.40 [14]	£1,460.77-£1,812.38, dependent upon complexity [5],		
			£1,782.05 [6],		
			£1,473.00 [7],		
			£2,572.02 [16],		
			£1,943.23 [17],		
			£1,607.61 [12],		
			£1,648.92 [8],		
			£2,721.27 [18],		
			£2,586.11 [9],		
			£2,343.25 [19]		

Primary research studies		
Range Mean (SD)		
£1,633.64 - £2,378.33 (£552.20)		
ead costs for £3,866.18 Only estimates of labour		
and birth included.		
[5],		

Economic Evaluations	Review articles	Primary research studies		
for National Guidelines		Unit costs reported	Range	Mean (SD)
£2,724.24 - £3,494.18	£2,166.30 [13],	£1,251.51 plus staffing and overhead costs [11],	£1,056.44 -	£3,164.49 (£801.63)
[1],	£972.05 more than a spontaneous	£4,281.45 [15],	£4,281.45	Only full estimates of
£3,923.25 [10]	vaginal birth [3],	£2,935.27 - £3,438.43(depends on complexity) [5],		elective Caesarean birth
	£3,966.92 [14]	£3,380.67 [6],		included.
		£2,983.79 [7],		
		£3,402.19 [17],		
		£3,385.25 [8],		
		£4,120.81 [18],		
		£1,056.44 [21],		
		£3710.33 [9],		
		£3,506.86 [19]		
	for National Guidelines £2,724.24 - £3,494.18 [1],	for National Guidelines £2,724.24 - £3,494.18 £2,166.30 [13], [1], £972.05 more than a spontaneous £3,923.25 [10] vaginal birth [3],	for National Guidelines £2,724.24 - £3,494.18	for National Guidelines Fample Fam

Activity	Economic Evaluations	Review articles	Primary research studies		
costed	for National Guidelines		Unit costs reported	Range	Mean (SD)
Emergency	£2,724.24 - £3,494.18	£3,541.94 [13],	£318.78 - in addition to cost of labour [20],	£2,724.24 -	£3864.74 (£867.58)
Caesarean	[1],	£4,143.29 [2],	£1,251.51 for birth plus staffing and overhead costs for labour	£4,982.21	Only estimates of labour
section	£3,923.25 [10]	£972.05 more than a spontaneous	[11],		and birth included.
		vaginal birth [3]	£1,432.71 (in addition to cost of vaginal birth) [4],		
			£3,600.98 [15],		
			£3,717.67 - £4,284.10 (dependent on complexity) [5],		
			£4,212.22 [6],		
			£3,795.33 [7],		
			£4,278.73 [16],		
			£4,325.86 [17],		
			£4,039.93 [12],		
			£4,244.57 [8],		
			£4,555.92 [18],		
			£1,056.44 [21],		
			£4,982.21 [9],		
			£4,644.47 [19]		
Repair 3/4th	£351.95 [10]		£707.79 [11],	£70.37 -	£376.70 (£321.71)
degree tear			£70.37 [12]	£707.79	

Mean (SD) £524.22 (£387.80)
£524.22 (£387.80)
£135.03 (£85.18)
provided
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Activity	Economic Evaluations	Review articles	Primary research studies		
costed	for National Guidelines		Unit costs reported	Range	Mean (SD)
Examination	Not costed	£3,944.70 [14]	Not costed	Only one cost provided	
under					
anaesthesia					
for					
postpartum					
haemorrhage					

- 1. National Institute for Health and Care Excellence, *Hypertension in pregnancy: diagnosis and management.* 2011: p. 1-51.
- 2. Alfirevic, Z., et al., Which method is best for the induction of labour? A systematic review, network meta-analysis and cost-effectiveness analysis. Health Technol Assess, 2016. **20**(65): p. 1-584.
- 3. Farrar, D., et al., *The identification and treatment of women with hyperglycaemia in pregnancy: an analysis of individual participant data, systematic reviews, meta-analyses and an economic evaluation.* Health Technol Assess, 2016. **20**(86): p. 1-348.
- 4. Round, J.A., et al., *Screening for gestational diabetes mellitus: cost-utility of different screening strategies based on a woman's individual risk of disease.* Diabetologia, 2011. **54**(2): p. 256-63.
- 5. Coomarasamy, A., et al., *PROMISE: first-trimester progesterone therapy in women with a history of unexplained recurrent miscarriages a randomised, double-blind, placebo-controlled, international multicentre trial and economic evaluation.* Health Technol Assess, 2016. **20**(41): p. 1-92.
- 6. Lain, S.J., et al., An economic evaluation of planned immediate versus delayed birth for preterm prelabour rupture of membranes: findings from the PPROMT randomised controlled trial. BJOG, 2017. **124**(4): p. 623-630.
- 7. Walker, K.F., et al., Labour induction near term for women aged 35 or over: an economic evaluation. BJOG, 2017. **124**(6): p. 929-934.
- 8. Waugh, J., et al., Spot protein-creatinine ratio and spot albumin-creatinine ratio in the assessment of pre-eclampsia: a diagnostic accuracy study with decision-analytic model-based economic evaluation and acceptability analysis. Health Technol Assess, 2017. **21**(61): p. 1-90.

- 9. Wastlund, D., et al., The cost-effectiveness of universal late-pregnancy screening for macrosomia in nulliparous women: a decision-analysis. BJOG, 2019.
- 10. National Institute for Health and Care Excellence, Intrapartum Care for healthy women and babies. Clinical Guideline CG 190. . 2014.
- 11. Schroeder, E., et al., Cost effectiveness of alternative planned places of birth in woman at low risk of complications: evidence from the Birthplace in England national prospective cohort study. BMJ, 2012. **344**: p. e2292.
- 12. Bick, D., et al., A multicentre, randomised controlled trial of position during the late stages of labour in nulliparous women with an epidural: clinical effectiveness and an economic evaluation (BUMPES). Health Technol Assess, 2017. **21**(65): p. 1-176.
- 13. Mistry, H., et al., A structured review and exploration of the healthcare costs associated with stillbirth and a subsequent pregnancy in England and Wales. BMC Pregnancy Childbirth, 2013. 13: p. 236.
- 14. Gallos, I., et al., Uterotonic drugs to prevent postpartum haemorrhage: a network meta-analysis. Health Technol Assess, 2019. 23(9): p. 1-356.
- 15. Essex, H.N., et al., *Cost-Effectiveness of Nicotine Patches for Smoking Cessation in Pregnancy: A Placebo Randomized Controlled Trial (SNAP).*Nicotine Tob Res, 2015. **17**(6): p. 636-42.
- 16. Ussher, M., et al., *The London Exercise And Pregnant smokers (LEAP) trial: a randomised controlled trial of physical activity for smoking cessation in pregnancy with an economic evaluation.* Health Technol Assess, 2015. **19**(84): p. vii-xxiv, 1-135.
- 17. Campbell, H.E., et al., *Healthcare and wider societal implications of stillbirth: a population-based cost-of-illness study.* BJOG, 2018. **125**(2): p. 108-117.
- 18. Jones, M., et al., A dynamic, modifiable model for estimating cost-effectiveness of smoking cessation interventions in pregnancy: application to an RCT of self-help delivered by text message. Addiction, 2019. **114**(2): p. 353-365.
- 19. Wastlund, D., et al., *Screening for breech presentation using universal late-pregnancy ultrasonography: A prospective cohort study and cost effectiveness analysis.* PLoS Med, 2019. **16**(4): p. e1002778.
- 20. Eddama, O., et al., Study of progesterone for the prevention of preterm birth in twins (STOPPIT): findings from a trial-based cost-effectiveness analysis. Int J Technol Assess Health Care, 2010. **26**(2): p. 141-8.
- 21. Jacklin, P.B., et al., A cost-effectiveness comparison of the NICE 2015 and WHO 2013 diagnostic criteria for women with gestational diabetes with and without risk factors. BMJ Open, 2017. **7**(8): p. e016621.