Antenatal care by a general practitioner or midwife was less expensive than obstetrician-led shared care


Objective
To compare the costs of traditional maternity hospitals in Scotland.

Introduction
Women were evaluated in randomised trials: a multidisciplinary team, providing a greater choice of caregiver, and more care was increased continuity of care, for complications. The likely benefits of this change were described. You do not need to be an economist to understand it. Community-based antenatal care by a GP or a midwife costs health services, and patients and their companions less, even if opportunities costs of staff time are zero. Although the savings per patient are not extensive, the total savings per patient for investigations and other health service costs per-parent or midwife were higher, than from obstetrician-led shared care teams.

Main results
GP or midwife care costs less shared care. The total mean cost per patient for investigations was lower for GP or midwife compared with shared care (£12, £450, P = 0.03).

Main cost and outcome measures
Health service costs included estimated costs of tests and investigations based on a cost analysis in a Glasgow, Scotland, maternity hospital, cost of routine visits (assumption of 15 min/visit), personnel costs, and costs of nonroutine care (day and inpatient stays). Non-health service costs pertained to costs incurred by the patient: travel to and from appointments, child care costs, loss of earnings, and costs to companions for aid in more appointments.

Main results
GP or midwife care costs less shared care. The total mean cost per patient for investigations was lower for GP or midwife compared with shared care (£12, £450, P = 0.03).

Conclusion
The costs of tests and investigations, and costs to patients were for pregnant women who receive antenatal care from a general practitioner or midwife than from an obstetrician-led shared care team.

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The background to the study by Ratcliffe and colleagues is an official policy change to health services and to women and their families. The likely benefits of this change are increased continuity of care, for complications. The strength of this study is the clarity with which the methods and assumptions are described. You do not need to be an economist to understand it. Community-based antenatal care by a GP or a midwife costs health services, and patients and their companions less, even if opportunity costs of staff time are zero. Although the savings per patient are not extensive, the high proportion of women to whom the savings are relevant (just over half of the antenatal population were defined as low risk) makes this model of care an efficient one.

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