

# Rethinking childbirth education could save AU \$97 million p.a.

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Research led by The University of Notre Dame Australia, NICM and Western Sydney University, shows antenatal education not only reduces the rates of medical interventions during childbirth, but can save the healthcare system up to AU\$97 million per year.

The Australian-first research found that an effective childbirth education programme - which significantly reduced the incidence of [caesarean births](#) - could save an average of AU\$808 per woman.

Lead author, Dr Kate Levett says applied to the 120,000 first time mothers who give birth annually in Australia, the potential saving for hospitals, government and private health insurers is significant and is likely to be an underestimate of the actual amount of medical resources saved.

"Most of the medical savings in the model come from the reduction in rate of uncomplicated [caesarean section](#) in the women allocated to the 2-day antenatal programme, Complementary Therapies for Labour and Birth (CTLB)," said Dr Levett, Research Fellow at The University of Notre Dame Australia and Adjunct Fellow at NICM.

"Our previous research showed that after taking the CTLB course, approximately 82 per cent of women, who were first time mothers, experienced a vaginal birth, as opposed to a caesarean section.

"With the global emphasis on reducing caesarean section rates and the

budgetary constraints faced by maternity providers, the potential benefits of this intervention may be significant from both a clinical and an economical perspective," Dr Levett said.

Published online in the medical journal *BMJ Open*, the latest study is part of an ongoing collaborative investigation into the high rates, and costs of medical intervention that women experience during childbirth.

"We have a strong international collaborative team with NICM, the School of Nursing and Midwifery, and the Translational Health Research Institute at Western Sydney University, The University of Central Lancashire UK, and Health Economist, Associate Professor Federico Girosi at Capital Markets CRC Australia and Western Sydney University, who designed the analysis," said Dr Levett.

The researchers say the use of AR-DRG codes provides a simple way to conduct cost analyses for particular interventions, as well as enabling healthcare commissioners and providers around the world to make informed choices about the added value of a proposed intervention.

Frequent [medical interventions](#) during childbirth are problematic as they commonly result in instrumental birth or caesarean section at a high cost, both mentally and financially.

The researchers' latest findings look specifically at the cost implications of the CLTB intervention, and propose that savings generated from reduced medical interventions, specifically caesarean section, could be used to resource effective evidence-based antenatal education for women.

Dr Levett said antenatal education programmes like CTLB can reduce the stress of childbirth and save valuable hospital resources.

"Previous research has shown the antenatal CTLB programme significantly reduces epidural use, as well as reducing a range of other clinical interventions that have important adverse consequences, including caesarean section, if overused in healthy women and babies," Dr Levett said.

While wider national and international implementation of the pilot clinical trial is recommended to confirm results in a broader population and examine issues of generalisability, the researchers say the positive savings could lead to a reduction in birth-related healthcare costs of approximately nine per cent.

**More information:** Kate M Levett et al, Cost analysis of the CTLB Study, a multitherapy antenatal education programme to reduce routine interventions in labour, *BMJ Open* (2018). [DOI: 10.1136/bmjopen-2017-017333](https://doi.org/10.1136/bmjopen-2017-017333)

Provided by NICM, Western Sydney University

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