Bilaga till rapport

SBU Utvärderar: Förlossningsrädsla, depression och ångest under graviditet, rapport nr 322 (2021)

Appendix 7 Table over included studies, health economic assessment

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Bilaga 7 – Included health economic studies

Table 1 *Economic evaluations comparing psychoeducation with usual care for fear of childbirth.*

Author **Year** **Reference** **Country**	Rouhe et al 2015 [1] Finland
Study design **Population** **Setting** **Perspective**	RCT-based CA Time period: prenatal, delivery and post-natal readmissions Nulliparous women with severe FOC (W-DEQ ≥100), mean age 29 years* University hospital Health care perspective
Intervention **vs** **control**	Psychoeducative group sessions (6 sessions à 2 hrs during pregnancy and 1 session after birth, incl. discussion and relaxation) (n=131) vs Conventional care, incl. information letter (n=240)
Incremental cost	No statistically significant difference in prenatal, delivery and post-natal readmission costs (3 786 Euro vs. 3 830 EUR) Costs reported in EUR year 2009
Incremental effect	Spontaneous vaginal delivery with no complications 63,4% vs. 47,5% (p=0,005) Elective CS with no complications 10,7% vs. 12,9% (n.s.) Complicated CS 12,2% vs. 20,4% (p<0,05) No statistically significant differences in life satisfaction or general well-being
ICER	Not relevant
Study quality and transferability** **Further information** **Comments**	Moderate quality High transferability to Sweden ITT analysis of resource use based on Rouhe et al 2013*, where 44% of women in the control group (106 out of 240) received specialised care for FOC after randomisation Costs due to sick leave were not included in the analyses, as this did not differ significantly between treatment groups Antenatal inpatient stays, ultrasound screening visits and induction of labour were not included in the costs, as they did not differ significantly between groups or were unrelated to FOC

* Information from Rouhe et al 2013 (1).
** Study quality is a combined assessment of the quality of the study from a clinical as well as an economic perspective (https://www.sbu.se/globalassets/ebm/metodbok/checklist_trialbased-economic-study.pdf).
Abbreviations: CA = Cost analysis; CS = caesarean section; EUR = Euro; FOC = Fear of childbirth; hrs = hours; ICER = Incremental cost-effectiveness ratio; ITT = Intention-to-treat; n.s. = not statistically significant; W-DEQ = Wijma Delivery Expectancy Questionnaire

Table 2 *Economic evaluations comparing psychoeducation with usual care for mild-moderate depression and anxiety.*

Author **Year** **Reference** **Country**	Trevillion et al 2020 [20] United Kingdom
Study design **Population** **Setting** **Perspective**	RCT-based CUA; ITT analysis Time period: prenatal (baseline, 14 weeks post-randomisation) and 3 months post-delivery Pregnant women (aged ≥16 years) with mild or moderate major depressive disorder, or mixed anxiety and depressive disorder NHS maternity units in London Health and social care perspective
Intervention **vs** **control**	Guided self-help: workbook with homework (incl. psychoeducation) and 1–8 sessions with Psychological Wellbeing Practitioner (n=26) vs Usual care (n=27)
Incremental cost (95% CI)	At 14 weeks post-randomisation: unadjusted mean difference -1 024 GBP (-3 538, 1 489) At 3 months post-delivery: unadjusted mean difference -80 GBP (-2 976, 2 816) Costs reported in GBP year 2015/2016
Incremental **effect (95% CI)**	At 14 weeks post-randomisation: unadjusted mean difference 0,00 (-0,06; 0,07) At 3 months post-delivery: unadjusted mean difference 0,01 (-0,05; 0,08) Base case SF-6D value set for the UK by Brazier 2002; EQ-5D-5L value set for England (Devlin 2016) used in sensitivity analyses
ICER	At 14 weeks post-randomisation: not reported At 3 months post-delivery: 7 200 GBP Probabilistic sensitivity analyses suggest that intervention has about 50 % probability of being cost-effective over a range of willingness-to-pay per QALY thresholds between 0 GBP and 50 000 GBP.
Study quality and **transferability*** **Further information** **Comments**	High quality Moderate transferability to Sweden Phase 2 study with small sample. Study did not reach its recruitment target of 110 patients.

* Study quality is a combined assessment of the quality of the study from a clinical as well as an economic perspective (https://www.sbu.se/globalassets/ebm/metodbok/checklist_trialbased-economic-study.pdf).

Abbreviations: CUA = Cost-utility analysis; GBP = British pounds; ICER = Incremental cost-effectiveness ratio; ITT = Intention-to-treat; NHS = National Health Service; n.s. = not statistically significant; QALY = quality-adjusted life year

References

1. Rouhe H, Salmela-Aro K, Toivanen R, Tokola M, Halmesmaki E, Saisto T. Life satisfaction, general well-being and costs of treatment for severe fear of childbirth in nulliparous women by psychoeducative group or conventional care attendance. Acta Obstet Gynecol Scand. 2015;94:527-33.

2. Trevillion K, Ryan E, Pickles A, Heslin M, Byford S, Nath S et al. An exploratory parallel-group randomised controlled trial of antenatal Guided Self-Help (plus usual care) versus usual care alone for pregnant women with depression. DAWN trial. 2020;1(187-97).