



Análisis de costos de la detección de microglobulina alfa 1 placentaria en el abordaje de la sospecha de amenaza de parto pretérmino [

2022

text (article)

Analítica

Aim: identify the possible economic benefit of implementing the measurement of placental alpha 1 microglobulin in users with suspected Preterm Labor Threat, who access the emergency service of the Hospital de The Women Dr. Adolfo Carit Eva (HOMACE), as a mechanism to impact on maternal and infant mortality and economic resources in the Costa Rican Social Security Fund (CCSS). **Methods:** economic study, quantitative-retrospective approach, with cross-sectional design. This study included the consult of secondary sources of the Department of Medical Records and Statistics of the Hospital; where the cost of care for hospitalized patients diagnosed with ICD-10 "False Labor before 37 weeks" is calculated; compared to a hypothetical scenario where the qualitative measurement of placental alpha 1 microglobulin is implemented for this same health event. For the data analysis, both individual and collective costs were determined in diagnostic control tests, as well as hospital and medical treatment costs, which allowed estimating the individual, total and average costs of admission of these users. To calculate the Costs of suspected PPA ruled out, the following scenarios were proposed: hospitalization of all patients in whom a possible PPA is suspected (n= 60) and use of the qualitative placental alpha1 microglobulin test, taking into account their negative predictive value (97%). Subsequently, the value of the cost/savings ratio is estimated (interpreted as beneficial if it is less than 1 and not beneficial otherwise). **Results:** An incidence of preterm delivery of 10.1% was reported; the costs derived from the care of patients with suspected preterm delivery come mainly from hospitalization. Therefore, when developing the respective cost analysis, it is evident that the economic benefit of to incorporate qualitative measurement of placental alpha 1 microglobulin is derived mainly from the decrease in hospitalization. A minimum cost per patient of 3,317,071.21 colones is obtained

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