

Economic evidence tables for review question: What is the effectiveness of prophylactic antibiotics for preventing postnatal infections in assisted vaginal birth?

Table 7: Economic evidence tables for prophylactic antibiotics for preventing postnatal infections in assisted vaginal birth

Study country and type	Intervention and comparator	Study population, design and data sources	Costs and outcomes (descriptions and values)	Results	Comments
<p>Author and year: Knight 2019</p> <p>Country: UK</p> <p>Type of economic analysis: Cost analysis</p> <p>Source of funding: Health Technology Assessment programme of the National Institute for Health Research</p>	<p>Intervention: Women following an operative vaginal birth received a single dose of intravenous co-amoxiclav (1 g of amoxicillin/200 mg of clavulanic acid)</p> <p>Comparator: Women following an operative vaginal birth received or a placebo (sterile saline)</p>	<p>Population characteristics: Women aged 16 years and over who had an operative vaginal birth at ≥ 36+0 weeks' gestation</p> <p>Modelling approach/alongside an RCT: Economic data collected alongside an RCT</p> <p>Source of baseline data: Trial control (placebo)</p> <p>Source of effectiveness data: N/A</p> <p>Source of cost data:</p>	<p>Mean cost per participant: Intervention: £102.50 (SD: £652.40)</p> <p>Control: £155.10 (SD: £497.40)</p> <p>Difference: -£52.60 (99% CI: -£115.10 to £9.90)</p>	<p>ICERs: N/A</p> <p>Probability of being cost effective: No PSA undertaken.</p> <p>Subgroup analysis: None</p> <p>Sensitivity analysis: Sensitivity analysis was undertaken with imputation for missing data</p> <p>mean difference in the total cost was -£50.90 (99% CI-£114.70 to £12.90; p = 0.040)</p>	<p>Perspective: NHS</p> <p>Currency: GBP</p> <p>Cost year: 2017/18</p> <p>Time horizon: Period following operative birth to 6 weeks after birth</p> <p>Discounting: N/A</p> <p>Applicability: Directly applicable</p> <p>Limitations:</p>

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		<p>Resource use data was collected from a telephone interview and postal questionnaire undertaken at 6 weeks after birth.</p> <p>Source of unit cost data: BNF 2017; Unit Costs of Health and Social Care 2017; NHS Reference Costs 2017/18</p>			<p>Potentially serious limitations</p> <p>Other comments: Staffing and consumable costs were not included in the costs of the intervention. Uncertainty around point estimate of mean difference in cost estimated using a 99% CI.</p> <p>The RCT reported a significant benefit of prophylactic antibiotic in terms of reduced rates of confirmed or suspected infection at 6 weeks after birth: Relative risk 0.58, 95% CI 0.49 to 0.69)</p>

BNF: British National Formulary; CI: confidence interval; GBP: Great British Pounds; ICER: Incremental cost-effectiveness ratio; NHS: National Health Service; RCT: randomised controlled trial; SD: standard deviation; UK: United Kingdom;