



UNIVERSAL CERVICAL LENGTH SCREENING TO PREVENT PRETERM BIRTH IN COLOMBIA. A COST UTILITY STUDY.

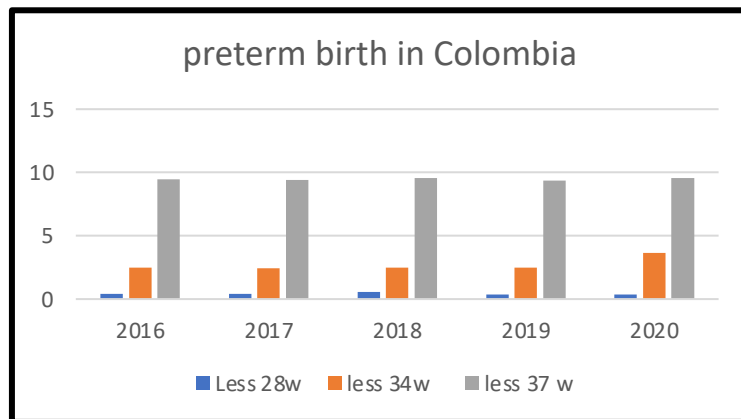
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The Problem:

In Colombia, 10% of deliveries are preterm (DANE 2022)

Prematurity is responsible for 50% of neonatal deaths (Platt, 2020).

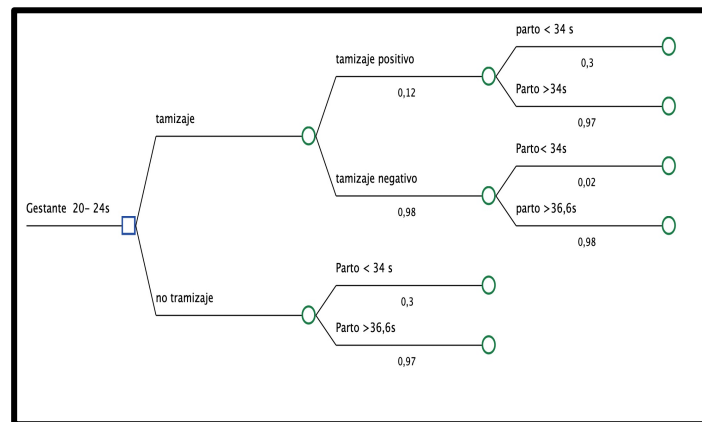


Objective:

To determine if universal screening with cervicometry is a cost-effective strategy in Colombia.

Methodology :

A cost-utility study was carried out, from the perspective of the Colombian health system, with a decision tree model comparing: screening with universal cervicometry vs no screening.



Results :

The incremental cost utility ratio (RICE) is \$2,004,513.

Screening of 832 pregnant women is required to prevent one neonatal death.

It is required to screen 38 pregnant women to prevent a delivery before week 34.

Strategy	Cost	Incremental cost	efectivity	Incremental efectivity	ICER (USD)
No screening	646		0,96		
Screening	662	18	0,99	0,03	442

Conclusion :

Universal screening with cervicometry is a cost-effective strategy in Colombia from the perspective of the health system, for the prevention of preterm birth before week 34 .

You can read the complete paper in this QR code :

