

Mangham-Jefferies, L; Becker, AJ (2014) More cost-effectiveness studies are needed across the continuum of care. [Image]

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## More cost-effectiveness studies are needed across the continuum of care

There is limited evidence that **SUPPLY** and **DEMAND** side strategies to help improve the health of mothers and babies are cost-effective. Of the few cost-effectiveness studies reported, **most focus on pregnancy care and community-based strategies**.

A systematic review identified a range of strategies implemented at different levels of the health system and targeted different aspects of the continuum of care: SUPPLY: Cost-effectiveness studies on strategies to improve the supply of healthcare DEMAND: Cost-effectiveness studies on strategies to generate demand for healthcare Newborn care Pregnancy care Childbirth care Post-partum care women's groups on maternal and newborn health Family and midwife led women's groups train CHWs & volunteers community care train traditional birth attendants emergency transport media campaign local leaders promote facility-birth local leaders promote ANC train traditional birth attendants home-based care compare home, community & facility care facility-based quality improvement initiative First-level facilities reduce cost of ANC and facility births enhance care for newborns universal vs targeted services improve care at birth bamako initiative extend content of antenatal care improve care in maternity hospitals Hospital train new cadre in EmOC treat obstetric fistula upgrade special newborn care

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**Source:** Adapted from Mangham-Jefferies L, Pitt C, Cousens S, Mills A, Schellenberg J. (2014) Cost-effectiveness of strategies to improve the utilization and provision of maternal and newborn health care in low-income and lower-middle-income countries: a systematic review. BMC Pregnancy and Childbirth, 14:243



