

SUPPLEMENTARY MATERIAL

Continuity of care by a primary midwife (caseload midwifery): A cost analysis using results from the COSMOS randomised controlled trial

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Appendix 1: Measurement and valuation of resources

Public hospital costs

For women receiving caseload midwifery care, a single cost per woman was assigned for the caseload midwife's time to cover the costs of antenatal, intrapartum and postnatal care provided by this midwife (Appendix Table 1). This was calculated as an annual caseload midwife salary, taken from hospital payroll records, divided by 45 women in the caseload.

For women receiving antenatal care and standard care, antenatal visits occurred per the following schedule:

Visit	Provider
Booking clinic	Midwife and obstetric consultant/registrar
22 week consultation	Midwife (GP for women receiving shared care)
28 week consultation	Midwife
32 week consultation	Midwife (GP for women receiving shared care)
34 week consultation	Midwife (GP for women receiving shared care)
36 week consultation	Obstetric consultant/registrar
38 week consultation	Midwife (GP for women receiving shared care)
39/40 week consultation	Midwife (GP for women receiving shared care)
41 week consultation	Obstetric consultant/registrar

The average duration of each antenatal appointment was recorded as a part of trial data collection. Midwife and obstetrician salary time was multiplied by the length of each appointment and who the care provider was. No costs to public hospitals were incurred for GP appointments. For women receiving caseload midwifery, the antenatal care consultations with a midwife were provided by the caseload midwife, with additional costs for obstetric consultant/registrar (Appendix Table 1.1). For women in the standard care arm, the costs of each antenatal consultation is outlined in Appendix Table 1.2 (below).

For women in both arms of the study, emergency department presentations during the antenatal time period was identified based upon self-reported data. Costs were assigned based upon the Independent Hospital Pricing Authority National Hospital Cost Data Collection (NHCDC) Round 24,[1] and the mean costs to hospitals for pregnancy-related emergency department presentations. Induction of labour and epidural use by women was identified based upon hospital records. Costs of induction of labour was assumed to be staff time and consumables, and costs of epidural covered staff time and consumables.

For women in the caseload arm who had a vaginal birth, it was assumed that the caseload midwife provided intrapartum care. Additional costs for ward supplies and hotel costs (i.e. accommodation costs) were identified from NHCDC, for disaggregated costs of vaginal birth. In a scenario analysis, the assumption was made that caseload midwives provide intrapartum care in addition to the cost of the birth suite midwives who had to be rostered to provide that care, as per the required ratios, regardless of whether they also provided care to the woman, and this was tested. For women in the standard care arm who had a vaginal birth, the length of labour recorded in hospital records was multiplied by midwife time, and salary costs. Midwife time in birth suite was calculated based upon midwife to woman ratios of two midwives per three women in birth suite[2]. Additional costs for ward supplies and hotel costs were identified from NHCDC, for disaggregated costs of vaginal birth. For women in the caseload arm and standard care arm who had a vaginal birth with forceps or vacuum it was assumed that an obstetric registrar or trainee also attended for 1.5 hours. For women in the caseload arm and standard care arm

who had a caesarean section, additional staff time was identified during the study, and the additional costs for operating room, ward supplies and hotel costs were identified from the NHCDC, for disaggregated costs of caesarean section.

For women in the caseload and standard care arms postnatal ward use was based upon maternal time in hospital from birth to discharge. Costs were based upon midwife time for providing care in postnatal ward, and salary costs. Midwife time in the postnatal ward was calculated based upon midwife to woman ratios of 1:4 in am and pm shifts, and 1:6 in night shifts.[2] It was assumed that core midwifery staff provided the care. For the baby, staff time for the provision of care was based upon the length of admitted time from birth obtained from hospital records, and multiplied by midwife salary to identify costs. For babies admitted to the special care nursery (SCN) or neonatal intensive care unit (NICU), it was assumed that they were admitted to these units for 4.8 days, based upon national average for length of stay identified from the NHCDC. This was then multiplied by nurse staff time, based upon SCN and NICU ratios of 1:2,[2] plus neonatologist time, pathology, critical care, consumables and hotel costs identified from the NHCDC.[1]

For women in the standard care arm, the number of postnatal home visits were identified based upon women's self-reported data at two months postpartum, the length of visit assumed to be 1.5 hours, including travel time and costed based upon midwife salary. For women in the caseload arm, postnatal home visits are provided by caseload midwife and thus included in the caseload midwife cost per woman.

Expenditure by public hospital funders

Outpatient episodes were categorised into activities for funding purposes based upon Tier-2 codes and whether the episode was provided by a midwife, or obstetrician. GP-services for women receiving shared care were based upon Medicare Benefits Schedule item numbers. Emergency department episodes were assumed to be presentations for pregnancy related conditions and were categorised as such based upon Australian Emergency Classification Codes. Inpatient episodes were categorised based upon Australian Refined-Diagnostic Related Groups (AR-DRG) codes and if a woman had a caesarean section or vaginal birth.

For women receiving caseload midwifery and standard care, activities were costed the same, with only the type and volume of activities varying between the groups (Appendix Table 1.3, below). Funding for antenatal care followed the standard schedule of antenatal visits, based upon whether the appointment was provided by a midwife, an obstetric consultant/registrar or a GP (for women receiving shared care); the number of visits was dependant on the duration of the pregnancy. Emergency department presentations during the antenatal time period was identified based upon self-reported data, and assigned the cost to funders of the corresponding AECC codes. Induction of labour was assumed to be associated with an obstetrician outpatient consultation, and then an antenatal admission. Epidural use does not have a specific activity code and so did not attract a cost to funders.

Funding for vaginal birth and caesarean section birth was assigned based upon the weighted average of AR-DRG codes relating to type of birth from the NEPD.[3] Funding for the baby was based upon the AR-DRG code assigned to the baby for the birth. If maternal length of stay was longer than 48 hours, then a separate postnatal admission activity was assumed. For domiciliary visits post birth, each home visit was funded as a midwife outpatient activity.

Appendix Table 1.1: Caseload midwifery – costs to public hospitals

Resource	Units consumed	Cost per unit
Caseload midwife time	= 1/45 One full-time caseload midwife cares for 45 women per year	\$153,648 Based upon hospital payroll records.
<i>Antenatal care</i>		
Booking clinic – obstetric consultant/registrar	40 minutes All women	Obstetric consultant/registrar: \$210/hour Based upon hospital payroll records.
36 week consultation with obstetric consultant/registrar	15 minutes All women whose pregnancy progressed beyond 35 weeks' gestation	Obstetric consultant/registrar: \$210/hour Based upon hospital payroll records.
41 week consultation with obstetric consultant/registrar	15 minutes All women whose pregnancy progressed beyond 40 weeks' gestation	Obstetric consultant/registrar: \$210/hour Based upon hospital payroll records.
Emergency department use	Use identified self-reported data for each woman at 2 months postpartum	\$736 Cost to public hospitals identified from AECC Code E1420A and B (average) NHCDC
<i>Labour and birth</i>		
Induction of labour	Use of induction identified from hospital records for each woman 20 minutes Obstetric consultant/registrar's time - assumption	Obstetric consultant/registrar: \$210/hour Based upon hospital payroll records. Consumables \$80
Epidural	Use of epidural identified from hospital records for each woman	\$301.10 Based on Medicare item number 18226, which covers costs of anaesthetist's time and consumables
Vaginal birth	Identified from hospital records for each woman Maternal length of stay from admission to birth – based on hospital records	Ward supplies - \$294 Hotel costs - \$3.8 per hour Based on NHCDC
Vaginal birth with forceps or vacuum	Identified from hospital records for each woman 1.5 hours Obstetric consultant/registrar's time – assumption Maternal length of stay post-birth – based on hospital records	Obstetric consultant/registrar: \$210/hour Based upon hospital payroll records. Ward supplies - \$294 Hotel costs post birth - \$3.8 per hour Based on NHCDC
Caesarean section	Identified from hospital records for each woman 2 hours Obstetric registrar's time – based on trial data 1 hour Obstetric resident's time – based on trial data 1 hour paediatrician's time – based on trial data 1 hour anaesthetist's time – based on trial data	Obstetric consultant/registrar: \$210/hour Obstetric resident: \$126/hour Paediatrician: \$210/hour Anaesthetist: \$210/hour Anaesthetic nurse: \$78/hour Scrub nurse: \$78/hour Theatre technician: \$78/hour Recovery nurse: \$78/hour Based upon hospital payroll records.

	<p>1 hour anaesthetic nurse's time – based on trial data 1 hour scrub nurse's time – based on trial data 1.5 hour operating theatre technician's time – based on trial data 1 hour recovery nurse's time – based on trial data</p> <p>Maternal length of stay post-birth – based on hospital records</p>	<p>Operating room costs - \$2,748 Ward supplies - \$402 Hotel costs post birth - \$3.8 per hour Based on NHCDC</p>
Postnatal ward - mother	<p>Identified from hospital records for each woman Maternal length of stay post-birth – based on hospital records</p>	<p>Midwife time on postnatal ward, based upon ratio of 1:4 am and pm, 1:6 night</p> <p>Midwife salary: \$78/hour Based upon hospital payroll records.</p>
Postnatal ward - baby	<p>Identified from hospital records for each baby Baby's length of stay post-birth – based on hospital records</p>	<p>Midwife time on postnatal ward, based upon ratio of 1:4 am and pm, 1:6 night</p> <p>Midwife salary: \$78/hour Based upon hospital payroll records.</p>
Special care nursery or neonatal intensive care unit admission	<p>Admission identified from hospital records for each baby Length of stay assumed to be 4.8 days per average reported in NHCDC</p>	<p>Nurse time based upon ratio of 1:2 Intensive care nurse: \$78/hour Neonatologist: \$210/hour Based upon hospital payroll records.</p> <p>Critical care costs - \$2,748 Pathology - \$249 Consumables - \$271 Hotel costs post birth - \$1.9 per hour Based on NHCDC</p>

Appendix Table 1.2: Standard care – costs to public hospitals

Resource	Units consumed	Cost per unit
Booking clinic – midwife and obstetric consultant/registrar	<p>40 minutes – midwife 20 - minutes obstetric consultant/registrar All women</p>	<p>Midwife: \$78/hour Obstetric consultant/registrar: \$210/hour Based upon hospital payroll records.</p>
22 week consultation with midwife	<p>20 minutes - midwife All women not receiving shared care, whose pregnancy progressed beyond 21 weeks' gestation</p>	<p>Midwife: \$78/hour Based upon hospital payroll records.</p>
28 week consultation with midwife	<p>20 minutes - midwife All women whose pregnancy progressed beyond 27 weeks' gestation</p>	<p>Midwife: \$78/hour Based upon hospital payroll records.</p>
32 week consultation with midwife	<p>20 minutes - midwife All women not receiving shared care, whose pregnancy progressed beyond 31 weeks' gestation</p>	<p>Midwife: \$78/hour Based upon hospital payroll records.</p>

34 week consultation with midwife	20 minutes - midwife All women not receiving shared care, whose pregnancy progressed beyond 33 weeks gestation	Midwife: \$78/hour Based upon hospital payroll records.
36 week consultation with obstetric consultant/registrar	15 minutes All women whose pregnancy progressed beyond 35 weeks' gestation	Obstetric consultant/registrar: \$210/hour Based upon hospital payroll records.
38 week consultation with midwife	30 minutes - midwife All women not receiving shared care, whose pregnancy progressed beyond 37+6 weeks' gestation	Midwife: \$78/hour Based upon hospital payroll records.
39/40 week consultation with midwife	20 minutes - midwife All women not receiving shared care, whose pregnancy progressed beyond 38 weeks' gestation	Midwife: \$78/hour Based upon hospital payroll records.
41 week consultation with obstetric consultant/registrar	15 minutes All women whose pregnancy progressed beyond 40 weeks' gestation	Obstetric consultant/registrar: \$210/hour Based upon hospital payroll records.
Emergency department use	Use identified self-reported data for each woman at 2 months postpartum	\$736 Cost to public hospitals identified from AECC Code E1420A and B (average) NHCDC
<i>Labour and birth</i>		
Induction of labour	Use of induction identified from hospital records for each woman 20 minutes Obstetric consultant/registrar's time – assumption	Obstetric consultant/registrar: \$210/hour Based upon hospital payroll records. Consumables \$80
Epidural	Use of epidural identified from hospital records for each woman	\$301.10 Based on Medicare item number 18226, which covers costs of anaesthetist's time and consumables
Vaginal birth	Identified from hospital records for each woman Maternal length of time in birth suite based on length of time from admission to labour to birth – based on hospital records Maternal length of stay post-birth – based on hospital records	Midwife time on birth suite, based upon ratio of 2:3 Midwife salary: \$78/hour Based upon hospital payroll records. Ward supplies - \$294 Hotel costs post birth - \$3.8 per hour Based on NHCDC
Vaginal birth with forceps or vacuum	Identified from hospital records for each woman 1.5 hours Obstetric consultant/registrar's time – assumption Maternal length of stay post-birth – based on hospital records	Obstetric consultant/registrar: \$210/hour Midwife salary: \$78/hour Based upon hospital payroll records. Ward supplies - \$294 Hotel costs post birth - \$3.8 per hour Based on NHCDC
Caesarean section	Identified from hospital records for each woman	Obstetric consultant/registrar: \$210/hour

	<p>2 hours Obstetric registrar's time – based on trial data 1 hour Obstetric resident's time – based on trial data 1 hour paediatrician's time – based on trial data 1 hour anaesthetist's time – based on trial data 1 hour anaesthetic nurse's time – based on trial data 1 hour scrub nurse's time – based on trial data 1.5 hour operating theatre technician's time – based on trial data 1 hour recover nurse's time – based on trial data</p> <p>Maternal length of stay post-birth – based on hospital records</p>	<p>Obstetric resident: \$126/hour Paediatrician: \$210/hour Anaesthetist: \$210/hour Anaesthetic nurse: \$78/hour Scrub nurse: \$78/hour Theatre technician: \$78/hour Recovery nurse: \$78/hour Based upon hospital payroll records.</p> <p>Operating room costs - \$2,748 Ward supplies - \$402 Hotel costs post birth - \$3.8 per hour Based on NHCDC</p>
Postnatal ward - mother	<p>Identified from hospital records for each woman Maternal length of stay post-birth – based on hospital records</p>	<p>Midwife time on postnatal ward, based upon ratio of 1:4 am and pm shift, 1:6 night shift</p> <p>Midwife salary: \$77.76/hour Based upon hospital payroll records.</p>
Postnatal ward - baby	<p>Identified from hospital records for each baby Baby's length of stay post-birth – based on hospital records</p>	<p>Midwife time on postnatal ward, based upon ratio of 1:4 am and pm shift, 1:6 night shift</p> <p>Midwife salary: \$77.76/hour Based upon hospital payroll records.</p>
Special care nursery or neonatal intensive care unit admission	<p>Admission identified from hospital records for each baby Length of stay assumed to be 4.8 days per average reported in NHCDC</p>	<p>Nurse time based upon ratio of 1:2 Intensive care nurse: \$78/hour Neonatologist: \$210/hour Based upon hospital payroll records.</p> <p>Critical care costs - \$2,748 Pathology - \$249 Consumables - \$271 Hotel costs post birth - \$1.9 per hour Based on NHCDC</p>
<i>Postnatal</i>		
Postnatal home visits	<p>Number of visits based upon women's self-reported data at 2 months</p> <p>Length of visit assumed to be 1.5 hours, including travel time</p>	<p>Midwife salary: \$78/hour Based upon hospital payroll records.</p>

Appendix Table 1.3: Expenditure by public funders, based upon health service use activities

Health service activity	Units consumed	Cost to funders per activity
<i>Antenatal care</i>		
Booking clinic – midwife and obstetric consultant/registrar	Tier 2 code 40.28 Midwifery and Maternity Tier 2 code 20.40 Obstetrics - management of pregnancy without complications	\$205.21 \$265.5 Based upon NEPD
22 week consultation with midwife (GP for women receiving shared care)	Tier 2 code 40.28 Midwifery and Maternity MBS Item number 16500 and 16591	\$205.21 Based upon the NEPD \$49.85 \$150.75 Based on Medicare benefits Schedule
28 week consultation with midwife	Tier 2 code 40.28 Midwifery and Maternity	\$205.21 Based upon the NEPD
32 week consultation with midwife (GP for women receiving shared care)	Tier 2 code 40.28 Midwifery and Maternity MBS Item number 16500	\$205.21 Based upon the NEPD \$49.85 Based on Medicare benefits Schedule
34 week consultation with midwife (GP for women receiving shared care)	Tier 2 code 40.28 Midwifery and Maternity MBS Item number 16500	\$205.21 Based upon the NEPD \$49.85 Based on Medicare benefits Schedule
36 week consultation with obstetric consultant/registrar	Tier 2 code 20.40 Obstetrics - management of pregnancy without complications	\$265.50 Based upon the NEPD
38 week consultation with midwife (GP for women receiving shared care)	Tier 2 code 40.28 Midwifery and Maternity MBS Item number 16500	\$205.21 Based upon the NEPD \$49.85 Based on Medicare benefits Schedule
39/40 week consultation with midwife (GP for women receiving shared care)	Tier 2 code 40.28 Midwifery and Maternity MBS Item number 16500	\$205.21 Based upon the NEPD \$49.85 Based on Medicare benefits Schedule
41 week consultation with obstetric consultant/registrar	Tier 2 code 20.40 Obstetrics - management of pregnancy without complications	\$265.50 Based upon the NEPD
Emergency Department	AECC Code E1420A and B (average)	\$615.35 Based upon the NEPD
<i>Labour and birth</i>		
Induction of labour	Obstetrician consultation: Tier 2 code 20.40 Obstetrics - management of pregnancy without complications Antenatal admission: AR-DRG code O66A.	\$265.50 \$5,203.39 Based upon the NEPD
Epidural	-	-

Vaginal birth	Weighted average of AR-DRG codes O60A, O60B, O60C	\$6,655.73 Based upon the NEPD, Round 24
Caesarean section	Weighted average of AR-DRG codes O01A, O01B, O01C	\$13,030.89 Based upon the NEPD, 24
Postnatal ward – mother, if length of stay >48 hours	Weighted average of AR-DRG codes O61A, O61B	\$5,108.61 Based upon the NEPD, Round 24
Postnatal ward - baby	AR-DRG: P03Z P04Z P06A P60A P61Z P62Z P64Z P65B P65C P65D P66A P66B P66C P66D P67A P67B P67C P67D	\$129,748.45 \$98,240.31 \$121,033.82 \$8,403.33 \$269,055.58 \$187,168.03 \$49,064.94 \$43,771.41 \$35,841.68 \$26,744.46 \$32,750.73 \$21,043.69 \$14,136.56 \$7,159.30 if gestation<37 weeks then \$31,075.98 if gestation>37 weeks then \$17,770.72 if gestation<37 weeks then \$18,282 if gestation>37 weeks then \$7,943.02 if gestation<37 weeks then \$14,914.52 if gestation>37 weeks then \$5,778.45 if gestation<37 weeks then \$9,073.46 if gestation>37 weeks then \$3,927.47 Based upon the NEPD, Round 24
<i>Postnatal</i>		
Postnatal home visits	Tier 2 code 40.28 Midwifery and Maternity	\$205.21 Based upon the NEPD, Round 24

Appendix 2: Budget Impact Analysis additional methodological details

To identify the size of the future eligible population, data were drawn from the *Queensland Perinatal Data Collection* (PDC), containing all pregnancies and births (n=365,138) between 01/07/2012 and 30/06/2018 in Queensland (QLD), Australia.[4] The PDC contains the details of all births regardless of location (private hospital, public hospital), information on maternal demographics, maternal clinical characteristics, medical interventions performed in pregnancy and childbirth, and infant outcomes. This was considered the most current source of whole of population, individual level data containing obstetric risk status of women, which was required to identify eligibility for caseload midwifery.

We reweighted the data of births over 20 weeks' gestation between 01/07/2013 and 30/06/2018 (n=302,169) to reflect the Australian population of women giving birth between 01/01/2023 and 31/12/2027. Reweighting was conducted using GREGWT, a generalised regression reweighting algorithm developed by the Australian Bureau of Statistics (ABS).[5] Weighting was conducted using national benchmarks for mother's age by First Nations identification, private hospital births, mother's age by parity, and age by caesarean section using data from the Australian Institute of Health and Welfare's (AIHW) Mothers and Babies 2012 - 2020 reports.[6] Linear trends were fitted to extrapolate benchmarking figures between 2023 and 2027.

Appendix 3: Comparison of costs to public hospitals and public funders for caseload midwifery, standard care and shared care.

Appendix Table 3.1 Costs to public hospitals per woman – Caseload midwifery, Standard Care, Shared Care

	Caseload	Control	
		Standard care	Shared care
		n=1,146	n=1,151
Caseload midwife salary cost	\$3,414	-	-
Antenatal visits (non-caseload midwife, obstetrician), mean (SD)	\$214 (\$55)	\$337 (\$30)	\$166 (\$17)
Emergency department presentations*, mean (SD)	\$487 (\$659)	\$528 (\$718)	\$369 (\$524)
Induction*, mean (SD)	\$35 (\$53)	\$40 (\$55)	\$38 (\$54)
Epidural*, mean (SD)	\$94 (\$139)	\$113 (\$146)	\$97 (\$141)
Birth Suite, mean (SD)	\$1,376 (\$1,694)	\$3,665 (\$3,899)	\$4,184 (\$9,141)
Postnatal (ward, SCN or NICU) - baby, mean (SD)	\$3,731 (\$2,557)	\$4,202 (\$2,142)	\$4,075 (\$3,401)
Postnatal ward - mother, mean (SD)	\$2,993 (\$1,619)	\$3,242 (\$1,285)	\$3,217 (\$1,318)
Postnatal costs, after to discharge (home visits), mean (SD)	n/a included in caseload midwife salary cost	\$198 (\$77)	\$195 (\$110)
Total costs for all services, mean (SD)	\$12,363 (\$4,967)	\$12,320 (\$6,299)	\$12,341 (\$12,801)

Grey shaded cells indicate statistically significant difference with caseload

Appendix Table 3.2: Expenditure by public funders per woman – Caseload midwifery, Standard Care, Shared Care

	Caseload		Control			
			Standard care		Shared care	
	Mean	SD	Mean	SD	Mean	SD
<i>Antenatal health service use</i>						
Outpatient episodes - Midwife	\$1,379.71	\$142.91	\$1,378.97	\$151.47	\$410.42	\$0.00
Outpatient episodes - Obstetrician	\$596.80	\$126.42	\$580.95	\$117.09	\$600.67	\$129.47
Outpatient episodes - General Practitioner	\$0.00	\$0.00	\$0.00	\$0.00	\$387.63	\$34.31
Emergency department episodes	\$407.40	\$550.78	\$441.07	\$600.39	\$308.85	\$438.44
Antenatal costs TOTAL	\$2,383.95	\$588.31	\$2,401.37	\$644.20	\$1,707.57	\$469.52
<i>Labour, birth, postnatal in-hospital service use</i>						
Induction of labour	\$7,885.15	\$2,516.30	\$8,208.49	\$2,737.78	\$8,419.07	\$2,861.87
Labour and birth inpatient episodes - mother	\$1,675.03	\$2,521.98	\$1,846.43	\$2,587.52	\$1,745.39	\$2,558.39
Neonatal inpatient episode - baby	\$4,920.13	\$6,367.80	\$5,178.16	\$10,900.87	\$5,296.50	\$8,673.57
Postnatal inpatient episode, prior to discharge	\$3,040.20	\$2,508.76	\$3,722.71	\$2,272.54	\$3,586.90	\$2,344.61
Labour, birth, postnatal in-hospital costs TOTAL	\$17,520.51	\$8,360.82	\$18,955.79	\$11,982.59	\$19,047.86	\$10,541.75
Postnatal outpatient episode (home visits)	\$410.42	\$0.00	\$410.42	\$0.00	\$410.42	\$0.00
Total costs for all services	\$20,320.51	\$8,333.33	\$21,774.43	\$12,006.87	\$21,165.85	\$10,452.46

Grey shaded cells indicate statistically significant difference with caseload

Appendix 4:**Appendix Table 4.1 : Costs to public hospitals in the scenario analysis where caseload midwives are not included in birth suite ratios (i.e. their time in birth suite is an additional cost)**

	Caseload	Standard care	p-value	Difference
	n=1,146	n=1,151		
Caseload midwife salary cost	\$3,414	-	n/a	\$3,414
Antenatal visits (non-caseload midwife, obstetrician), mean (SD)	\$214 (\$55)	\$316 (\$63)	<0.001	-\$102
Emergency department presentations*, mean (SD)	\$487 (\$659)	\$508 (\$699)	0.29	-\$21
Induction*, mean (SD)	\$35 (\$53)	\$39 (\$55)	0.22	-\$4
Epidural*, mean (SD)	\$94 (\$139)	\$110 (\$145)	0.04	-\$16
Birth Suite, mean (SD)	\$3,306 (\$5,145)	\$3,729 (\$4,855)	<0.001	-\$423
Postnatal (ward, SCN or NICU) - baby, mean (SD)	\$3,731 (\$2,557)	\$4,154 (\$2,263)	<0.001	-\$423
Postnatal ward - mother, mean (SD)	\$2,993 (\$1,619)	\$3,239 (\$1,289)	<0.001	-\$246
Postnatal costs, after to discharge (home visits), mean (SD)	n/a included in caseload midwife salary cost	\$198 (\$81)	n/a	-\$197
Total costs for all services, mean (SD)	\$14,294 (\$8,120)	\$12,323 (\$7,404)	<0.001	\$1,971
Midwife and obstetrician staff costs only				
Caseload midwife salary cost, mean (SD)	\$3,414	-	n/a	\$3,414
Hospital Midwife Staff Costs (ex Caseload Midwives), mean (SD)	\$4,829 (\$5,104)	\$5,627 (\$4,670)	<0.001	-\$798
Obstetric Staff Costs, mean (SD)	\$521 (\$245)	\$561 (\$251)	<0.001	-\$41
Total, mean (SD)	\$8,764 (\$5,168)	\$6,188 (\$4,734)	<0.001	\$2,576

Appendix References

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