

Cost-effective standardization of preterm labor evaluation.

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Abstract

OBJECTIVE:

The purpose of this study was to determine the effect of a standardized evidence-based protocol for preterm labor evaluation on resource use and obstetrics outcomes.

STUDY DESIGN:

We conducted a retrospective 12-month observational study of patients with symptoms of preterm labor at the Mayo Clinic. All patients underwent triage evaluation per a standardized protocol with a combination of cervical length measurement with contingent fetal fibronectin assay.

RESULTS:

Of 201 patients who underwent evaluation, 3 women delivered within 7 days, and only 1 woman delivered after a negative evaluation. Mean gestational age at evaluation was 29 weeks 1 day, and delivery was at 38 weeks 3 days of gestation, with an average interval of 57.4 days until delivery. The rate of hospital admission was reduced by 56%, compared with the previous year; an estimated annual cost saving was \$39,900.

CONCLUSION:

Implementation of a standardized protocol for evaluation of preterm labor reduces the rate of unnecessary hospital admissions for observation with consequent significant reduction in expenses.