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Economic burden of in-hospital maternity care and perinatal morbidities in gestational diabetes mellitus

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This study was to evaluate the direct costs of in-hospital maternity and newborn care in a public hospital to explore the inpatient health care cost allocation for gestational diabetes mellitus (GDM) in a developing country. 662 pregnant women and their newborns were included in this study. 162 women with GDM were compared with 500 normal pregnant populations. Maternal and neonatal outcomes as well as details for costs of care were obtained from the hospital registration system. The rate of cesarean delivery was remarkably higher in mothers with GDM; 97% vs 61% ($P < 0.001$). Furthermore, the rate of newborn admission in neonatal intensive care unit was 10 times higher in GDM group ($P = 0.004$). The total cost of in-hospital care in GDM group was 35% higher than non-GDM group ($P = 0.007$). Moreover, the cost of inpatient services was 1483.35 ± 435.45 and 1072.40 ± 208.92 USD in mothers with GDM and non-GDM, respectively. GDM is considerably associated with an increase in direct cost of in-hospital care. Prevention, screening, and treatment of GDM should be focused on reducing maternal and neonatal morbidities associated with GDM to reduce the costs of care.