

Antenatal Couples' Counselling in Uganda (ACCU): A cost-effectiveness analysis and methodological evaluation of a randomised controlled feasibility study

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Introduction: Common avoidable factors contributing to maternal and neonatal deaths include lack of birth planning and an unmet need for contraception. The Antenatal Couples' Counselling in Uganda (ACCU) randomised controlled feasibility trial has tested the feasibility of a complex community-based intervention to provide counselling to antenatal couples. The intervention aimed to increase the proportion of women delivering in an appropriate location and increase the uptake of Postpartum Family Planning (PPFP), in order to reduce maternal and neonatal morbidity and mortality.

Objectives: This analysis aims to provide a cost-effectiveness analysis of the feasibility trial using trial outcomes, costs and estimates of patient out-of-pocket expenditures (OOPs). Any challenges in completing a comprehensive cost-effectiveness analysis will be investigated for potential changes that can be made in a full-scale randomised controlled trial of the complex community intervention.

Methods: The ACCU trial is a two-group, non-blinded cluster-randomised controlled feasibility trial. The intervention and control group each include an urban and rural sub-county in the city of Mbarara and surrounding area. The cost-effectiveness analysis compares the intervention costs and patient OOP expenditure between the intervention groups and control groups, and differences in outcomes in terms of: proportion of women delivering in appropriate locations according to their risk of complications, proportion uptaking PPFP, and incidence of neonatal and maternal morbidity and mortality.

Results: Preliminary analysis shows an average cost per participant of £53.21. An increase in the proportion of women delivering in an appropriate location was observed, with 84% in the intervention group compared to 75% in the control group, costing £726.04 per additional delivery in an appropriate location. PPFP uptake at 6 months increased, with 89% uptake in the intervention group compared to 56% in the control group, costing £162.82 per additional woman using PPFP at 6 months.

Conclusions: Further work is still required in order to fully assess the cost-effectiveness of this intervention. Initial results show a promising improvement in the number of women delivering appropriate healthcare centres.

