

HTA REPORT | VOLUME 10 | ABSTRACT**Ultrasound in Pregnancy****Rosery H, Maxion-Bergemann S, Rosery B,
Bergemann R**HTA Schriftenreihe, Band 10, Hrsg.: Rüther, Dau-
ben, Warda, Niebühl, 2004, ISBN 3-89906-733-9.**BACKGROUND**

The Maternity Code that has been in force in the Federal Republic of Germany since 1996 recommends the use of three routine pre-natal ultrasound examinations (PUSE) during pregnancy whereas other European countries recommend fewer examinations. In this Health Technology Assessment report (HTA report), the use of pre-natal ultrasound in pregnancy has been carefully examined. The advantages of a comprehensive three-phase PUSE program has been compared to a two-phase PUSE program as assessed from the perspective of the pregnant woman, the health-service provider and the third-party payer.

OBJECTIVE

The primary objective has been to systematically determine whether three-phase PUSE provides more overall benefit than two-phase PUSE. This has been accomplished by firstly performing a comprehensive review dedicated to the *status quo* of the quantitative and qualitative elements associated with PUSE in Germany. Related to this, the usefulness of the ultrasound examination has been shown to be an integral part of the whole pre-natal routine. Secondly, the testing accuracy of PUSE with respect to the fetal position and risk of congenital abnormalities of the embryo or of the fetus has been examined followed by the psychosocial and macroeconomic implications of routine PUSE. Finally, the investigation recommends the various steps that should be taken as a consequence of the results of the study.

METHODS

A systematic literature research has been carried out in thirteen databases identified from an Internet search of databases of eighteen HTA organisations at the beginning of the investigation in order to find relevant documents. Furthermore, the Internet databases of ten leading, international providers of guidelines were combed for appropriate guidelines. Epidemiological data about service utilisation were based on comprehensive prenatal surveys, reimbursement codes, and German demographical statistics. The documents were selected according to pre-defined criteria, systematically evaluated, quantitatively assessed and described individually. With reference to the eligible publications, each query in the course of the research was separately processed. Based on the key findings of the assessment various political options on health issues have been worked out.

RESULTS

This study was unable to establish any medically proven, primary advantage resulting from the use of a third PUSE based on the information that was contained in eleven primary studies, three systematic reviews, two HTA reports and seven guidelines that were reviewed and summarised in the report. However, the different methodological approaches and the scope of investigations that were used in the primary studies restricts to some extent generalisation of their results. Consequently, the impact these studies may have exerted on the subsequent systematic reviews, HTA reports and guidelines means that their interpretation should be taken with some degree of caution. For example, the Maternity Code defined examination criteria that were not focused on in the studies. Also, the medical advantage needs to take more into consideration the established psychological benefit that having more frequent PUSE gives to pregnant women. Overall, the benefit of a third PUSE is not overwhelming and contrasts strongly with the annual costs of EUR 23.6 millions that the German statutory health insurance system has to pay for this service despite of some of its advantages.

CONCLUSION

The German Maternity Code is in need of optimisation with respect to the definition of examination targets and the definition of pregnancies at risk. It should be critically assessed, whether two requested PUSE are sufficient instead of the three demanded PUSE. The "Einheitlicher Bewertungsmaßstab", a German reimbursement code, includes a flat rate for the PUSE in combination with other services, under the collective term of "complex services" and therefore is often unnoticed. A lower demand for PUSE would decrease the calculated value of the service accordingly. The "Gebührenordnung für Ärzte", a separate German reimbursement code, specifies PUSE as a single service. A reduction from three to two PUSE would immediately serve to reduce costs.

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