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THE COST OF CLINICAL PROCEDURES PERFORMED IN THE MATERNITY WARD OF THEBE DISTRICT HOSPITAL

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Background: Maternity services in South Africa like in many developing countries remains a challenge. The high mortality and morbidity rates recorded in the confidential enquiries to maternal death (CEMD) reports in South Africa support a need for more studies to be done to improve maternal health services. Although clinical procedures are an integral part of the maternal health services, little is known about the current-status of clinical procedures performed in the maternity units of district hospitals and related resource utilisation. The apparently “free” maternity services at government hospitals involve substantial hidden and unpredicted costs, which is not quantified.

Aims of the study: To describe the cost of the specific clinical procedures performed at the maternity unit of Thebe District Hospital.

Methodology: This was a cross-sectional study design involving a retrospective record review of all maternity patient records for a one-month period in 2009. The month of September is mid-month for the financial year and was chosen as it is reflected a stable month in terms of financial performance. The costing aspect of this study was based on the National Health Reference Price List and UPFS. Data was analysed with NCSS software.

Results: The study found that NVD was the main clinical procedures, which is in line with the district hospital package. The CS rate was within acceptable norm but a significant number of BBA is of concern and would require further exploration. The majority of the patients who delivered at this unit are black, unemployed and had no medical aid. Most of them arrived by ambulance although it was not clear whether these patients were coming directly from home or were referred by PHC clinics and CHCs. There were no maternal and perinatal mortality and morbidity during the study period.

This study documented the direct cost of clinical procedures performed at a district hospital. The Human resources was the main cost driver. The calculated cost for this study was far lower than the costs prescribed in NHRPL for NVD and CS but higher than UPFS. This study highlighted the need for revising the UPFS.

Conclusion: The research findings will inform the resource needs for performing specified clinical procedures in maternity section at the Thebe District Hospital and will hopefully be used as a benchmark for maternity sections at all district hospitals in Thabo Mofutsanyana District and elsewhere. It has provided reasonable indications about the costs of each procedure and evidence can be used to determine the costs of each procedure in various district hospitals in the country and worldwide. It can further be utilised to do proper planning for our district hospitals in the province and develop the scientific criteria for resource allocation.