



Resource impact statement

Resource impact

Published: 17 April 2019

Last updated: 23 August 2023

www.nice.org.uk

The August 2023 update to the NICE guideline on ectopic pregnancy and miscarriage partially updates the former guideline from 2019, last updated in 2021. The guideline update sets out recommendations on the medical management of miscarriage.

We expect that the resource impact of this update:

- for any single guideline recommendation in England will be less than £1 million per year (or approximately £1,800 per 100,000 population, based on a population for England of 56.6 million people) **and**
- for implementing the whole guideline in England will be less than £5 million per year (or approximately £8,800 per 100,000 population, based on a population for England of 56.6 million people).

This updated guideline recommends the use of mifepristone in combination with misoprostol for the medical management of missed miscarriage (recommendation 1.5.11). Mifepristone is currently used in early pregnancy settings, but the recommendation may increase the use of misoprostol. Any additional costs because of this increase in use should be offset by a reduction in surgical interventions.

The recommendation to provide pregnancy tests if the resolution of bleeding and pain indicate that the miscarriage has completed (recommendation 1.5.18) will increase the number of urine pregnancy tests supplied. However, the unit cost of a urine test is small.

The updated guideline recommends changing the time a woman or person should contact their healthcare team, if bleeding has not started, from 24 hours to 48 hours (recommendation 1.5.12). This will lead to a capacity benefit. However, if there are concerns that the woman or person will not contact their healthcare team, there should be an arrangement for the service to follow up with these people, which will take additional staff time. The overall capacity impact of the recommendation is expected to be roughly neutral.

Maternity services and transitional care are commissioned by integrated care boards. Providers are NHS hospital trusts, primary care, and community care services.