

Economic plan

This plan identifies the areas prioritised for economic modelling. The final analysis may differ from those described below. The rationale for any differences will be explained in the guideline.

1 Guideline

Inducing Labour

2 List of modelling questions

Review questions by scope area	What are the benefits and harms of pharmacological and mechanical methods in induction of labour?
Population	Pregnant women offered induction of labour for any indication
Interventions and comparators considered for inclusion	<ul style="list-style-type: none"> • Vaginal PGE₂ tablet • Placebo • No treatment • Vaginal PGE₂ gel • Vaginal PGE₂ pessary (slow release) • Intracervical PGE₂ • Vaginal PGE₂ pessary (normal release) • Vaginal misoprostol (dose less than 50mcg) • Vaginal misoprostol tablet (dose 50mcg or more) • Oral misoprostol tablet (dose less than 50mcg) • Oral misoprostol tablet (dose 50mcg or more) • Titrated (low dose) oral misoprostol solution • IV oxytocin • Amniotomy • IV oxytocin plus amniotomy • Nitric oxide • Mifepristone • Mechanical methods - Foley catheter • Mechanical methods - Double balloon or Cook's catheter • Extra-amniotic PGE₂ • Buccal/sublingual misoprostol
Perspective	NHS and PSS
Outcomes	QALYs
Type of analysis	Cost utility analysis (CUA)
Modelling software	Excel
Issues to note	This model updates a health economic model produced as part of a NIHR UK health technology assessment: Alfirevic Z, Keeney E, Dowswell T, Welton NJ, Medley N, Dias S, et al. Which method is best for the induction of labour? A systematic review, network meta-analysis and cost-effectiveness analysis. Health Technol Assess 2016;20(65).