



# Resource impact statement

Resource impact

Published: 29 September 2023

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The NICE guideline on intrapartum care updates and replaces the former guideline CG190 published in 2014. The guideline update helps women to make an informed choice about where to have their baby and about their care in labour. It also aims to reduce variation in aspects of care.

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 is because the overall incremental cost of treatment is low and any cost is likely to be offset by savings and benefits. However, some of the guideline areas and recommendations may represent a change to current local practice. These are:

**Remifentanil patient-controlled analgesia (recommendations 1.6.20 to 1.6.23)**

The recommendations to consider remifentanyl may increase the use of intravenous remifentanyl patient-controlled analgesia, and this will have resource implications such as increased monitoring, which will require the presence of a qualified midwife or other suitably qualified person to be available at all times. But this is likely to be offset by reduced use of rescue analgesia (including epidurals).

### **Management of the third stage of labour (recommendations 1.10.11 to 1.10.13)**

The recommendation will increase the administration of oxytocin by intravenous bolus injection for women in the third stage of labour who have already had oxytocin during labour, and this may have resource implications if an additional midwife is needed to assist with the intravenous administration.

Intrapartum care services are commissioned by integrated care boards. Providers are NHS Hospital trusts.