

<b>Evidence gap identifier</b>	IMEWS3
<b>Brief title</b>	Economic evaluation of early warning systems for pregnant women during acute maternity care
<b>Report</b>	<u><a href="#">Irish Maternity Early Warning System (IMEWS) V2</a></u>
<b>Date identified</b>	01/10/2017
<b>Identified by</b>	CICER
<b>Supported by</b>	Systematic review
<b>Population</b>	Pregnant/postpartum women
<b>Intervention</b>	Early warning systems
<b>Comparator</b>	Standard care or alternative systems
<b>Outcome(s)</b>	Healthcare resource use and expenditure including costs associated with direct medical resource use (such as staff time, education input, additional referrals); indirect costs (associated with lost or reduced productivity); other non-medical costs (such as patient out of pocket expenses); cost savings, and cost effectiveness measures (such as incremental cost-effectiveness ratio (ICERs), quality-adjusted life years (QALYs))
<b>Setting</b>	Acute maternity care
<b>Study design</b>	Economic evaluations, including cost-effectiveness, cost-utility, and cost-benefit analysis), cost and comparative resource use analysis
<b>Further information</b>	There was a lack of robust economic evaluation establishing the cost-effectiveness and resource implications related to implementation of early warning systems for pregnant women and newborn babies. Future planned effectiveness studies should incorporate economic evaluations and the potential for using economic modelling in future studies should be explored.