



Resource impact summary report

Resource impact

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NICE has recommended 4 placental growth factor (PLGF)-based tests, used with standard clinical assessment to help decide on care (to help rule in or rule out pre-eclampsia) for women with suspected preterm (between 20 weeks and 36 weeks and 6 days of pregnancy) pre-eclampsia. This guidance updates and replaces NICE's previous guidance (DG23), which recommended using the Triage PLGF test and the Elecsys immunoassay sFlt-1/PLGF ratio, with standard clinical assessment and subsequent clinical follow-up to help rule out pre-eclampsia in women presenting with suspected pre-eclampsia between 20 weeks and 34 weeks plus 6 days.

The number of people who have suspected pre-eclampsia presenting between 20 weeks and 36 weeks and 6 days of pregnancy is estimated to be 6% of all births, based on clinical expert opinion, this is around 63 per 100,000 population for England ([Office for National Statistics provisional births in England and Wales 2021](#)). This is estimated to be equivalent to around 36,000 women in England each year.

Depending on current local practice, increased uptake of PLGF ratio tests may require additional resources and result in additional costs including:

- an increase in costs for PLGF ratio testing in women suspected of having preterm pre-eclampsia; this includes cash costs of the test and consumables, and capacity (cash or non-cash) costs of both direct and indirect staff time
- an increase of around 450 women in England having community follow-up after a normal PLGF concentration after testing; this will be a capacity impact for outpatient services and ultrasound scans
- an increase of around 1,550 women having an intensive outpatient regime after an abnormal PLGF concentration after testing.

Increased uptake of PLGF ratio tests may:

- reduce the number of women being admitted to hospital with pre-eclampsia by around 2,000 per year in England, creating a capacity benefit for inpatient services
- lead to improved consistency of best practice across the country
- lead to more people being accurately diagnosed with pre-eclampsia
- lead to better health outcomes and care experience, for both women and babies.

These benefits will also provide some savings to offset some of the potential costs identified above.

A [resource impact template](#) is provided for completion at a local level. This allows users to estimate the potential costs and benefits of implementing the guidance.

Maternity services are commissioned by integrated care systems. Providers are NHS hospital trusts.