



Resource impact statement

Resource impact

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No significant resource impact is anticipated

The NICE guideline on antenatal care updates and replaces the former guideline published in 2008 and updated in 2019.

We do not expect this update to have a significant impact on resources; that is:

- the resource impact of implementing any single guideline recommendation in England will be less than £1 million per year (or £1,800 per 100,000 population, based on a population for England of 56.3 million) **and**
- the resource impact of implementing the whole guideline in England will be less than £5 million per year (or £9,000 per 100,000 population, based on a population for England of 56.3 million).

Most of the recommendations reflect current practice and will reinforce it.

Access to antenatal care and the time between women's first contact with a healthcare professional and subsequent steps varies across the country. The recommendations will help improve timely access to antenatal care and improve early recognition of specific needs and risk factors so that appropriate care can be planned.

Referring women with pregnancy-related pelvic girdle pain to physiotherapy services for exercise advice and/or a non-rigid lumbopelvic belt is not current practice in all units across the country. Based on around 592,000 pregnant women per year in England, we estimate that 20% (118,400) will experience pelvic girdle pain with 6.5% (7,700) of them likely to have severe pain. Therefore, although this is a consider recommendation, it may result in an increase in the number of pregnant women seeking and accessing physiotherapy services. The current level of service and how it might change following the recommendation is unknown.

Any potential increase in capacity or costs is not expected to be significant at a national level but should be assessed at a local level.

Antenatal care services are commissioned by integrated care systems/clinical commissioning groups. Providers are NHS hospital trusts, community providers, primary care providers, GPs, and secondary care providers.