Fetal monitoring at home in high-risk pregnancy. An integrated clinical and economic evaluation
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The Netherlands is the only country in the Western world where the obstetric care system is predominantly oriented toward midwife-assisted primary care and surveillance, aimed at the selection of (high) obstetric risks.

Although the foundations of the system date from the late 19th, early 20th century, its performance has only been evaluated systematically since the 1980s. In this ‘era of accountability and responsibility’, not without coincidence, clinical research methods such as clinical experimental study designs, clinical epidemiology, clinical decision sciences and economic evaluation (‘medical technology assessment’) have strongly developed. Each of these methods, each from its own perspective, contributes to health care decision support either at the individual or the societal level.

Simultaneously, hospital-at-home care has gained increasing attention as one of the options to diminish the demand for in-patient care. The interest in hospital-at-home care is understandable as it closely matches developments in society: while the borderline between health (care) and non-health (care) gradually fades, physicians increasingly share medical decisions with affluent, well-educated and well-informed citizens/patients, thereby reducing ‘patientism’ and paternalism. Despite its limited application and small scale character, de-institutionalized care may not only offer opportunities to increase efficiency and reduce medicalization but also increase quality of care and individualization of care. Despite enthusiastic reports, limited experience and the absence of proper evaluations of home versus hospital care obscure its exact merit.

The computerization of health care technologies has provided a specific incentive toward hospital-at-home care. Telemedicine and telemonitoring techniques – i.e. the surveillance of the patients’ health status in support of prevention, diagnosis, treatment through the recording, transport, storage and analysis of (biomedical) data using medical information and communication technology – have been developed in the early 1980s and their application in clinical practice in the late 1980s and 1990s has received a lot of attention. The potential significance of telemedicine for the Dutch health care system has only recently been recognized, given the 1999 report “Telemonitoring. Toepassingen en mogelijkheden in de Nederlandse gezondheidszorg.”

This thesis offers a clinical and economic evaluation of a hospital-at-home program
in antenatal surveillance supported by a newly developed technique: domiciliary antenatal fetal monitoring for high-risk pregnant women. We hope the thesis will not only aid decision making and contribute to the implementation of this new modality but also stimulate the debate on telemedicine and hospital-at-home care and contribute to the methods of evaluation in antenatal care.

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References


