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• 中文摘要	查無中文摘要	
• 英文摘要	<p>Rapid economic developments over recent decades and the resultant changes in social structures have dramatically brought down the birth rate in the developing world. However, the incidence and improved survival chances of low birthweight infants has increased, which is attributed primarily to recent medical advances in perinatal practices, ranging from assisted ventilation to surfactant therapy.¹⁻² From 1992 through 2002 in Taiwan, the birth rates dropped 29 per cent from 15.5 to 11.0 per 1000 women.³ In the same period, the percentage of live born babies weighing 2500 mg and less increased 45 per cent from 4.99% to 7.23%. The reported incidence of very-low-birth-weight (VLBW) and extremely-low-birth-weight (ELBW) babies have increased at an even faster rate. The percentage of live born babies weighing less than 1500 g in Taiwan increased 51 per cent from 0.31% in 1992 to 0.47% in 2002 and that of live born babies weighting less than 1000 g increased by 2.6 times from 0.07% to 0.25%.⁴ The increasing incidence and improved survival chances of infants of low birthweight, combined with the diffusion of new technologies, have increased the demand for and expenditure of care provided to these children in the infancy and beyond and consumed a significantly portion of the finite health care resources. Most of the studies in the scientific literature have focused on assessing treatment costs² consumed by low birth weight infants in the neonatal intensive care unit (NICU),⁵⁻¹² relatively few studies have documented the longer-term costs of low birthweight infants following their discharge from the neonatal unit. Some investigators reported that low birthweight</p>	

children have significantly more health service costs than do normal birth weight in the first year of life¹³⁻¹⁶. In contrast, other studies followed up the increase use and cost of health care services consumed by low birth weight infants into early childhood¹⁷⁻²¹ and even up to later childhood of age 8-9 years.²²⁻²³ Among all the aforementioned studies dealt with health care costs for low birthweight, most of the studies focused on very-low-birth-weight (VLBW)^{5-6, 8-10, 13-16, 19-22} or extremely-low-birth-weight (ELBW).^{7,14,17,18,22} Less has been reported about the costs of moderately-low-birth-weight (MLBW) infants.^{13,15,22} In addition, very few studies provided detailed and disaggregated information on the access to and utilization of each type of health services.^{14,16,18} Furthermore, most of the findings in the prior studies were based upon a sampling frame or confined in a limited setting when examining the effects of low birthweight on health care use, and the cost estimates cannot be extrapolated and generalized.^{5-18,20} The purpose of this study is to fill the gap in the literature by conducting a comprehensive economic assessment of low birthweight infants' resource use and costs associated with outpatient services and inpatient services in the first year of life after birth.