

ABSTRACT

(ARTICLE RESUMES)

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***Abstract**— Hypertension in pregnancy or preeclampsia was one of the main causes of morbidity and mortality in fetuses and pregnant women. Preeclampsia occurs at gestational age above 20 weeks. Treatment for hypertension in pregnant women must be safe and appropriate, so the treatment of preeclampsia requires special attention to obtain effective therapy at a more rational cost. One methodology that can be used to conduct pharmacoeconomic research is a cost effectiveness analysis. This study aimed to determine the most effective use of drugs between methyldopa and nifedipine in terms of costs and benefits (outcomes) resulting in inpatients of preeclampsia hospital. This study was designed descriptively with retrospective data collection, by taking data from the medical records of inpatients. the cost analysis method used is cost effectiveness analysis and the cost effectiveness ratio. The results of the study can be seen from the ACER value. ACER is a value that expresses the amount of cost required for each improvement in treatment outcome. the antihypertensive nifedipine had lower ACER values than methyldopa antihypertensives. The most effective use of antihypertensive drugs in reducing blood pressure in preeclampsia is nifedipine.*

***Keywords** — cost effectiveness analysis, preeclampsia, methyldopa, nifedipine*