



Fuelling the shift from Prenatal Care to **AI-powered 'CPC'** Continuum Pregnancy Care

Every year, 30 million Indian women go through pregnancy almost entirely alone between doctor visits.
ONi operationalises that gap into a new care category — the way IVF created the fertility industry.

Raising: USD \$1 Million · Pre-Seed



Pregnant Mothers 98% of time alone, risks build silently

A Symphony of Change



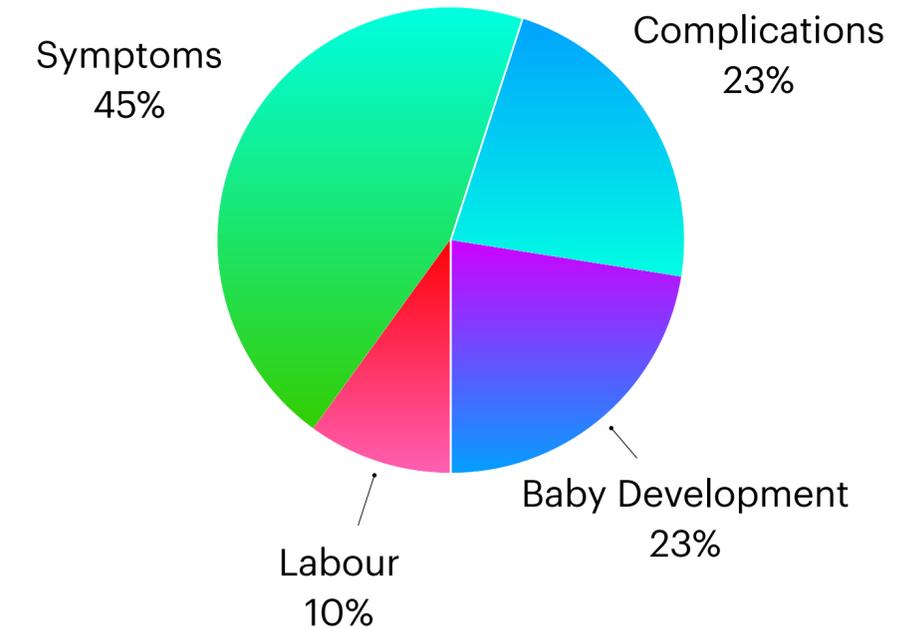
Undergoes 100+ physiological & anatomical changes



Development synchronised with Maternal Changes



Metric	Mylo	Healofy	BabyCenter
Scale	10M+ users	3M downloads	32M+ monthly users (web)
Estimated MAU	~1.5–3M	~1–2M	~3–5M India est.
DAU	2M	500K	5.3M (web)
New vs Repeat	High repeat	Very high repeat	Mix (high new via SEO)
Sessions/day	2–4	3–5	1–3
Time spent/day	8–15 mins	15–25 mins (highest)	5–12 mins
Language strategy	Hindi + English	9 Indian languages	Multi-language (incl. Hindi)



The most demanding phase of a woman's life — navigated almost entirely alone

What goes wrong: the Scale! |

These aren't edge cases. These are **tens of millions of women** — every year — in India alone.

Complication	Women affected per year	Prevalence	Source
Anemia in pregnancy	2 Cr	66%	NFHS-5, 2019-21
Vitamin D deficiency	~2.7 Cr	~90%	Indian Journal of Endocrinology
Gestational diabetes	90 lacs	30%	BMC Public Health, 2024
Hypertensive disorders	84 lacs	28%	PMC, Indian studies
Pre-term births	1.5 Cr	50%	NFHS-5, 2019-21

Most of these are **detectable early** — if someone is watching.

Only average 4 antenatal check-ups, throughout pregnancy. (NFHS-5)

| Today, **2 out of 3 newborns** have growth retardation.

| Globally, fertility rates have fallen below replacement levels

The Doctors side: Equally broken |

1500 active cases per doctor — each a 40-week longitudinal case with **150+ data points** tracked manually.

An OPD for an ObGyn is very unique vs any other physician - **each mother is in a different week**, and hence **personalisation is impossible**

Pain Point	Reality
46% pregnancies are high-risk	Every other patient needs intensive monitoring
150+ data points per patient	Labs, vitals, ultrasounds, symptoms, history — across 40 weeks
EMRs are storage, not intelligence	Data goes in, insights never come out
Zero visibility between visits	A complete black hole for 4–5 weeks at a time
Risk frameworks from 1973	Hobel's scoring model — still the standard — predates the internet

This is global, not just Indian. 46% of US women lack adequate OB-GYN access. 98% of NHS births are midwife-led with no risk engines. The Middle East faces 60% overweight/obese pregnancies with no continuous monitoring.

Doctors don't lack skill. They lack a system that **computes risk across time**

What ONI does?

ONI fills the gap between doctor visits.

Two users. Two value propositions. One platform.

Mother

Feature	What she gets
 Voice Captures	Symptom logging with personalized AI guidance
 Weekly tasks	Matched to her exact gestational week and baby's development stage
 Risk alerts	Sent directly to her doctor if something needs attention
 One place	All test results, supplements, and recommendations unified

ObGyn

Feature	What she gets
 Voice capture	Speaks naturally during consultation — AI structures the clinical notes
 Risk dashboard	All patients visible with risk scores and priority flags
 Clinical Pathways	Basis risk, Tests, follow-ups, scans queued automatically
 Between consultations	Current 'Black hole' ; Now she gets complete progress

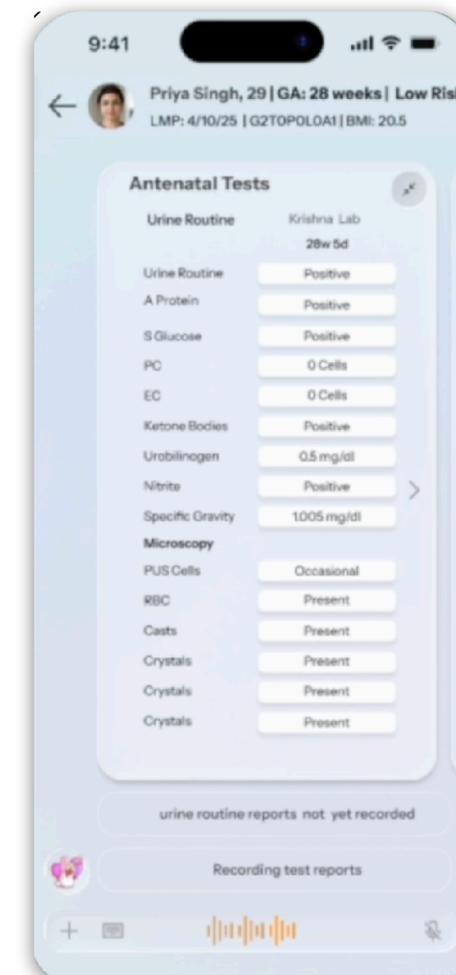
Empowering **“Continuum Pregnancy Care”**

Meet Ai "Didi"

"Didi" =elder *sister* in Hindi. Always there. Always watching out for you. Talk to her!

Doctor's Workflow.

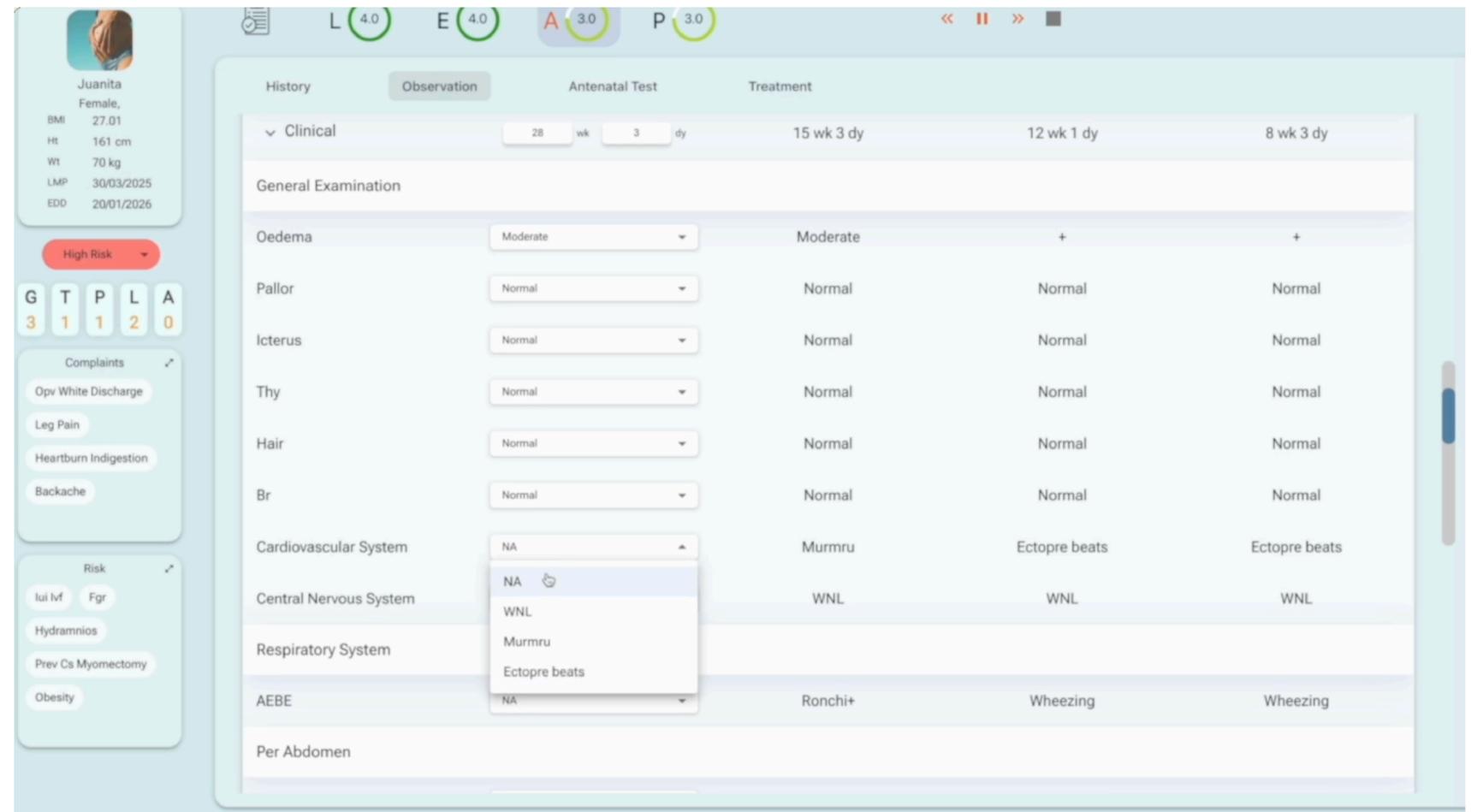
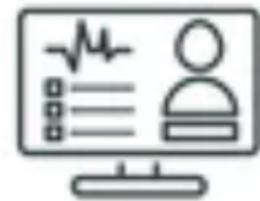
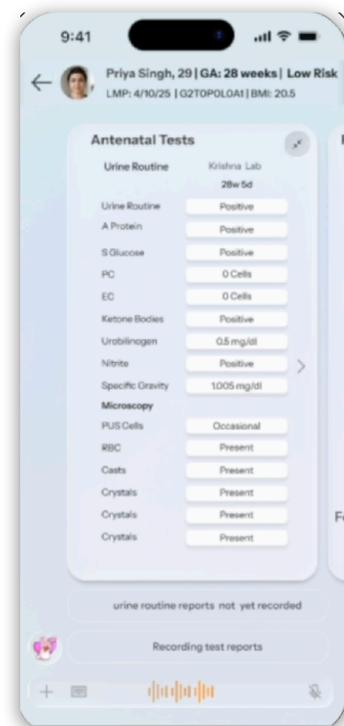
Step	What happens
1. 🗣️ Voice Capture	Doctor speaks naturally during consultation
	↓
2. 📄 Auto-Structure	Symptoms, findings, diagnosis - structured records
	↓
3. ⚠️ Risk Flags	OPD list prepared with priority patients highlighted
	↓
4. 📅 Auto-Schedule	Tests, follow-ups, scans queued automatically
	↓
5. 📊 Dashboard +	Patients visible with risk scores.



AI Didi is a **digital workforce extension** — today, only top 100 obgyns can afford (with senior nurses)

Dual Screen

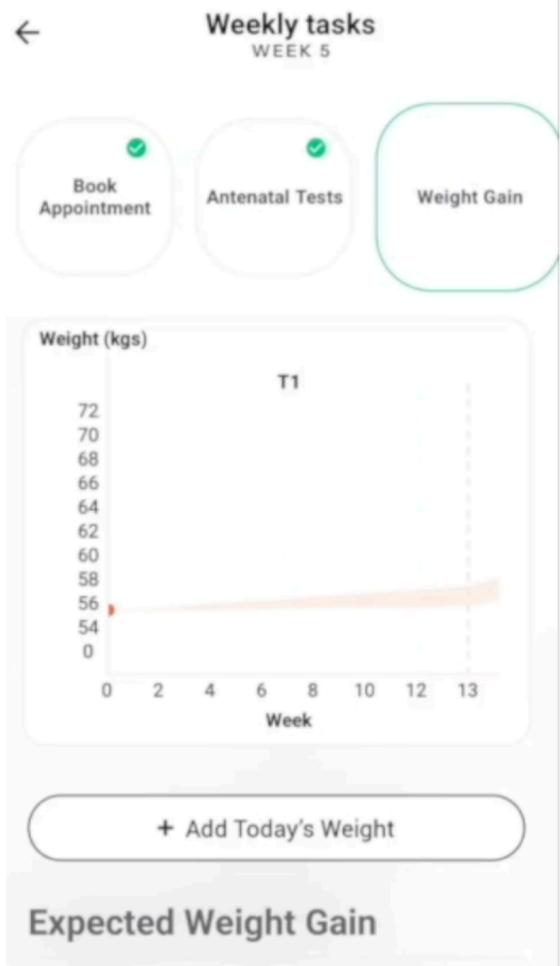
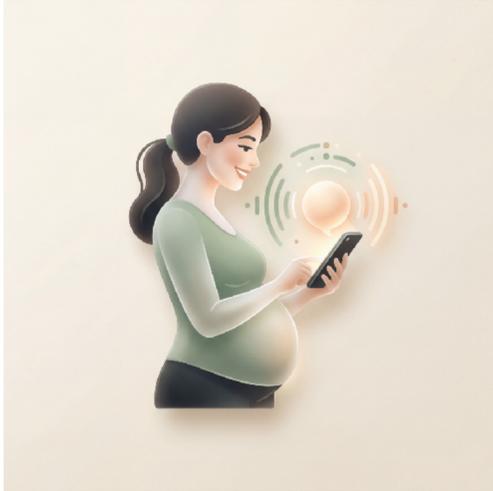
Speak on the mobile, see it on the large screen



Obgyn workflows are longitudinal, digital extension helps entire data, web ease of use & decision

Mothers App

Voice AI based continuous monitoring between consultations; guided by ObGyn (no interaction)



Week 5

HEALTHY BABY ROUTINE

Watch ▶

This Week your baby's heart starts beating.

Nutrition 10

During week 5, your baby's heart is undergoing one of the most miraculous transformations in human development.

Obgyn workflows are longitudinal, digital extension helps entire data, web ease of use & decision

Why Now?

AI unlocks Continuum Pregnancy Care (tech). Until now, no technology could crack **Scaled Personalised care to millions**

Pregnancy is unique	Why it needs AI
40 weeks longitudinal	6,720 hours of unmonitored time between 9 visits
Two evolving systems	Mother adapts while fetus grows — simultaneously
Multiple risk modules	Anemia, hypertension, diabetes, growth, mental health — all interconnected
Time-bound interventions	Week 12 is different from Week 32. Timing = everything.
High data capture points	60+ history points, weekly vitals, labs, ultrasounds, symptoms
Outcome-linked	Clear success metric: healthy mother + healthy baby

The IVF precedent (business)

India's IVF market was **zero** 20 years ago. Today: **\$1–2.5 billion**, growing 12–16% CAGR (annually 2 lacs couples).

Pregnancy is 10 X bigger market than IVF & it is recurring (3 cr every year)

ONI is creating the next category: **“Continuum Pregnancy Care”**

Until AI, this was impossible at scale.

Virgin, Price-Elastic Category with No Incumbents

Base	Calculation	Value	Global Market	Why it matters
 TAM	30M pregnancies × ₹750/mo × 7 months (~\$60 each)	\$1.75 Billion	United States	46% of women lack OB-GYN access. 5.5M in maternity deserts.
 SAM	16M urban + semi-urban pregnancies (60% of total)	\$600 Million	United Kingdom	98% midwife-led care — no risk engines at all.
 SOM	1.6M pregnancies at 10% penetration of SAM	\$93 Million p.a.	Middle East	60% overweight/obese women — high-risk, no monitoring.

Pregnancy care is **time-bound, high willingness-to-pay, and has zero continuous monitoring solutions today**

Expansion	Mechanism	GMV Potential
 Diagnostics	25% attach rate × ₹30,000 average ticket	~\$1 Billion
 Precision nutrition	Timing-aware biological interventions (not generic supplements)	~\$330 Million

Building a “**Blue Ocean**” opportunity

Competition |

Dimension	Cayaba / Nadia Care - raised ~USD 15 mn	Malama - raised ~USD 9.2 mn (last round)
Core identity	Care delivery company	Network + infra layer
Frontline worker	Maternity Navigator	Doula
Model	Hybrid care (clinical + social)	Doula-led care + coordination
Depth of services	Broad (mental health, nutrition, etc.)	More focused on doula + coordination
Moat	Community-based + integrated care teams	Insurance + billing + workforce aggregation
Position in stack	“Care provider”	“Enablement + network layer”

Need gap clearly defined in the US market - which is the most advanced healthcare ecosystem

KUL's, Tech adopters |

Primary wedge: Multi-specialty hospital chains (*where ONI already has traction*)

Hospitals Now		Maternity Homes - 6/12 months		Diagnostics led - 9-15 months	
Target	18,000 multi-specialty hospitals in India	Market	~7,000 maternity homes, ~7M births/year — India's largest but least digitized segment	Partner	Metropolis Labs (1,000 OB-GYNs already in network)
Signed	Ujala Cygnus (28 hospitals) + Akhil EMR (400 hospitals)	Approach	ONI-preloaded tablets, workflow-light deployment	Entry	First-trimester screening (avg ticket ₹15,000, 17% YoY growth for 4 consecutive years)
Pipeline	KIMS (19 hospitals) + Medanta (10 hospitals)	Distribution	Pharma distributor networks + DPDP compliance	Loop	Lab → Doctor → Mother → Test → Result → Doctor Dashboard
Value	Clinical validation + reference logos + early AI learning loop	Value	Converts India's least digitized care segment into a scalable network. ONI becomes <i>Pregnancy OS for Bharat</i> .	Value	Turns a one-time diagnostic into a continuous care entry point — not a transaction

| Time tested path!

B2B2C loop - payer pays, provider free

Step	What happens
1	Doctor uses ONI for free
	↓
2	Doctor onboards mother onto ONI
	↓
3	Mother pays ₹500–1,000/month

Unit Economics	Value
Month 1	Free (onboarding)
Month 2–8	₹500–1,000/month
LTV per pregnancy	₹5,250 (~\$60)
CAC	Near-zero (doctor onboards)
Gross margin	70–80%

Why mothers will pay?

An average delivery cost today INR 1.75 lacs vs IVF cycles of INR 4 lacs. ONI enhances all of that for ₹500–1,000/month. Pregnancy is high-stakes and price-elastic.

the IVF market proved it: new care category + deep emotional need = premium acceptance
 India's IVF market: **zero → \$1–2.5 billion!**

Team built for category creation |

Sunil Punjabi — CEO

Built 4 business from scratch - IPL Broadcast rights (USD 1.1 bn Investment), Fox Star (USD 20 mn investment) , Sony Liv, Fame India Ltd, Consumer, & CEO of Public listed co (delivered 8X shareholder value in 3 years)

Shabeer K — CTO

Voice, AI pipelines, ML infra (Arré)

Shriram Krishnan — CFO

Capital, compliance, institutional scale (Fox Star Studios), CFO of Public listed co

Clinical Advisory

- Dr Sanjay Gupte — FOGSI, FIGO Ethics committee head
- Dr Smita Kankanala — MCH Head, Continental Hospitals

A rare blend of **consumer-scale operations, AI engineering, financial governance**, and top-tier clinical credibility. Built for millions. Understands healthcare's trust equation.

What cant be copied over night? |

Why Pregnancy AI is uniquely hard

Clinical layer (2+ years to build)

Component	Detail
Protocols encoded	FIGO + FOGSI + RCOG + ACOG — all embedded into decision engine
Structured data model	60+ history data points per patient
Pathway engine	Week-by-week: risk assessment → test ordering → intervention triggers
Validated labels	From practicing OB-GYNs — not internet scraping

Data moat (compounds with every pregnancy)

Property	Why it matters
Clinician-labelled	Real doctors validating real cases
Longitudinal	Full 40-week trajectories — not episodic snapshots
Outcome-linked	Connected to delivery outcomes for model training
Cannot be recreated	Hospital records are episodic. Synthetic data can't capture real biology.

ONI tracks the trajectory — not just the snapshot.

Reference: Connected MOM (comparable system) **reduced pre-term births by 20%** through continuous BP monitoring alone.

The flywheel

More pregnancies → better predictions → better outcomes → more adoption → more data → **repeat.**

This dataset cannot be recreated retrospectively or synthetically. **Whoever owns it, owns the category.**

Rev expansion: Pregnancy native health commerce platform

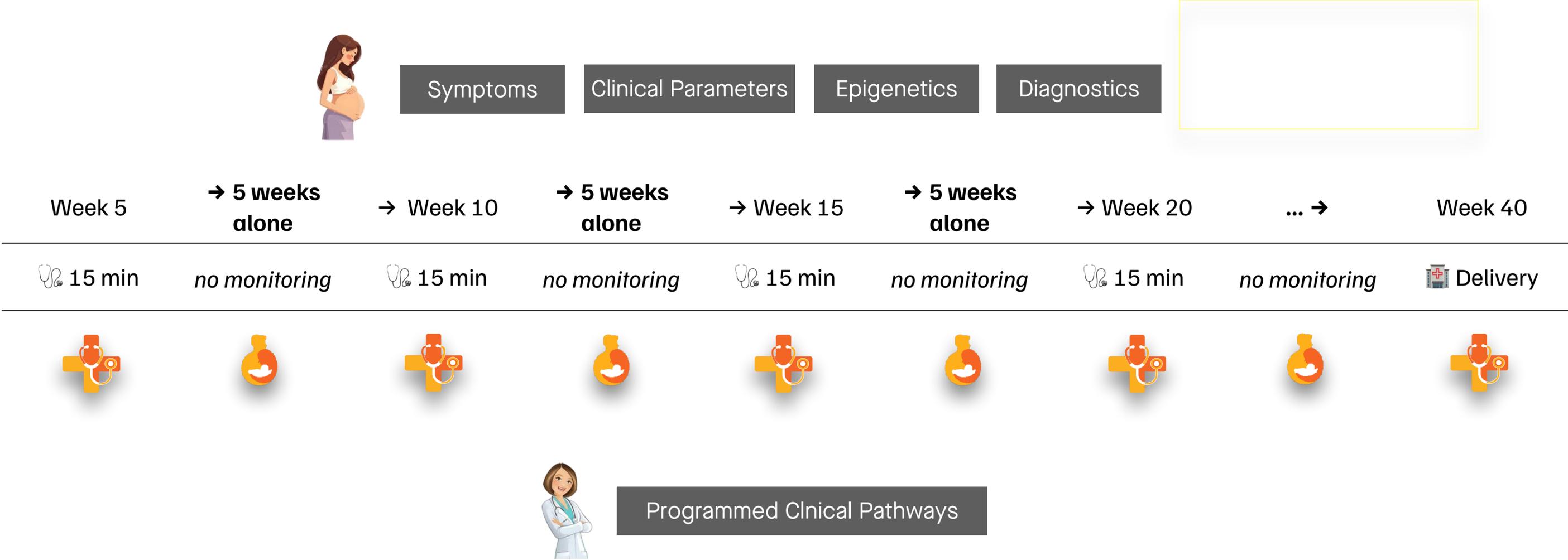
Phase	Timeline	Revenue layer	Potential
1	Now	 Subscription (₹500–1,000/mo, B2B2C)	SOM: \$93M p.a.
2	Year 1-2	 Diagnostics (1st trimester screening + ongoing labs)	GMV: ~\$1B
3	Year 2-3	 Precision biological interventions (timing-aware, not generic supplements)	GMV: ~\$330M
4	Year 3+	 Lifecycle (pre-conception → post-partum → child 0–10 yrs)	Women's Health OS

Each layer compounds on the data and relationships built in the previous one. ONI knows the **exact timing** of biological need and the **specific deficit or risk** — turning generic health commerce into precision, timing-aware recommendations.

ONI knows the **'exact timing'** of biological need & specific risk

DPDP tailwind

India's new **Digital Personal Data Protection (DPDP) Act** requires healthcare providers to digitize patient consent and data handling. Non-compliance means penalties. This makes ONI not just a care tool, but a **regulatory necessity — securing lab + OB-GYN compliance under the DPDP Act while delivering care.**



ONI provides this compliance layer as a natural byproduct

Break-down, and what it unlocks

Use of funds

Priority	%	Amount
Hospital deployment & onboarding	40%	\$4,00,000
Product engineering & AI models	35%	\$3,50,000
Clinical validation & partnerships	15%	\$1,50,000
Operations & working capital	10%	\$1,00,000

Path to Series A — 18 to 24 months

Now	+12 months	+18–24 months
\$1M raised	Hospitals live & generating	Series A ready
Contracts signed	Predictive models validated	Proven revenue
Product built	EMR integrations live	Outcome data
	Outcome data collecting	Expansion-ready GTM

#	What Capital Unlocks	Milestone
1	Full rollout at Ujala Cygnus (28 hospitals). Train OB-GYN teams. Onboard mothers. Activation playbooks.	Live, revenue-generating deployments
2	Build modern risk engine — move beyond Hobel (1973) to longitudinal, timing-aware AI risk models	India's first modern pregnancy risk framework
3	Deep integrations with Akhil EMR + Metropolis diagnostics workflows	ONI becomes embedded, not optional
4	Train predictive models for PIH, pre-term birth, GDM (24-month horizon)	From reactive alerts → predictive clinical pathways

Founders skin in the game

\$185,000 already invested. Deeply committed — financially and operationally

From Pregnancy to Woman OS |

ONI starts with pregnancy — the **highest-stakes, most data-rich, most time-bound** window in a woman's life. But pregnancy is both an **entry point** and an **expansion platform**.

Before Pregnancy	Pregnancy (40 weeks)	After Birth	Child Health
Pre-conception (using pregnancy data)	★ ONI starts here	Post-partum recovery	0–10 years
PCOS/PCOD management	Continuous AI monitoring	Lactation support	Neuro-cognitive tracking
Nutritional & metabolic readiness	Risk prediction	Mental health monitoring	Growth & metabolic intelligence
Infertility support	Epigenetic interventions		Early deviation detection

The compounding moat

More pregnancies → better predictions → better outcomes → more adoption → more data → **repeat**.

This longitudinal data — clinician-labelled, trajectory-based, outcome-linked — **cannot be recreated retroactively or synthetically**. Whoever owns this dataset, owns the category.

The endgame: ONI is building the **operating system for the first 10 years of life** — starting from conception. Programming health, for the rest of life.