



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

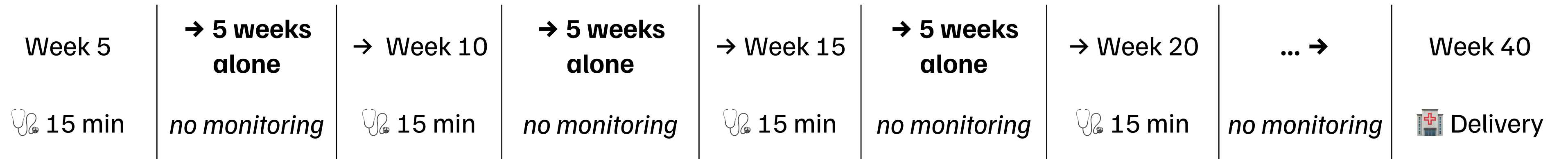
Pregnancy biology does not rewind, it can only be managed - 98% globally is clinically unmonitored
ONI operationalises this gap into a new care category — the way IVF created the fertility industry.

Raising: USD \$0.5 Million · Pre-Seed

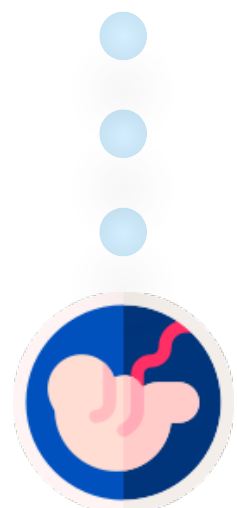
ONI AI

Pregnant Mothers 98% of time alone, risks build silently |

A Symphony of Change

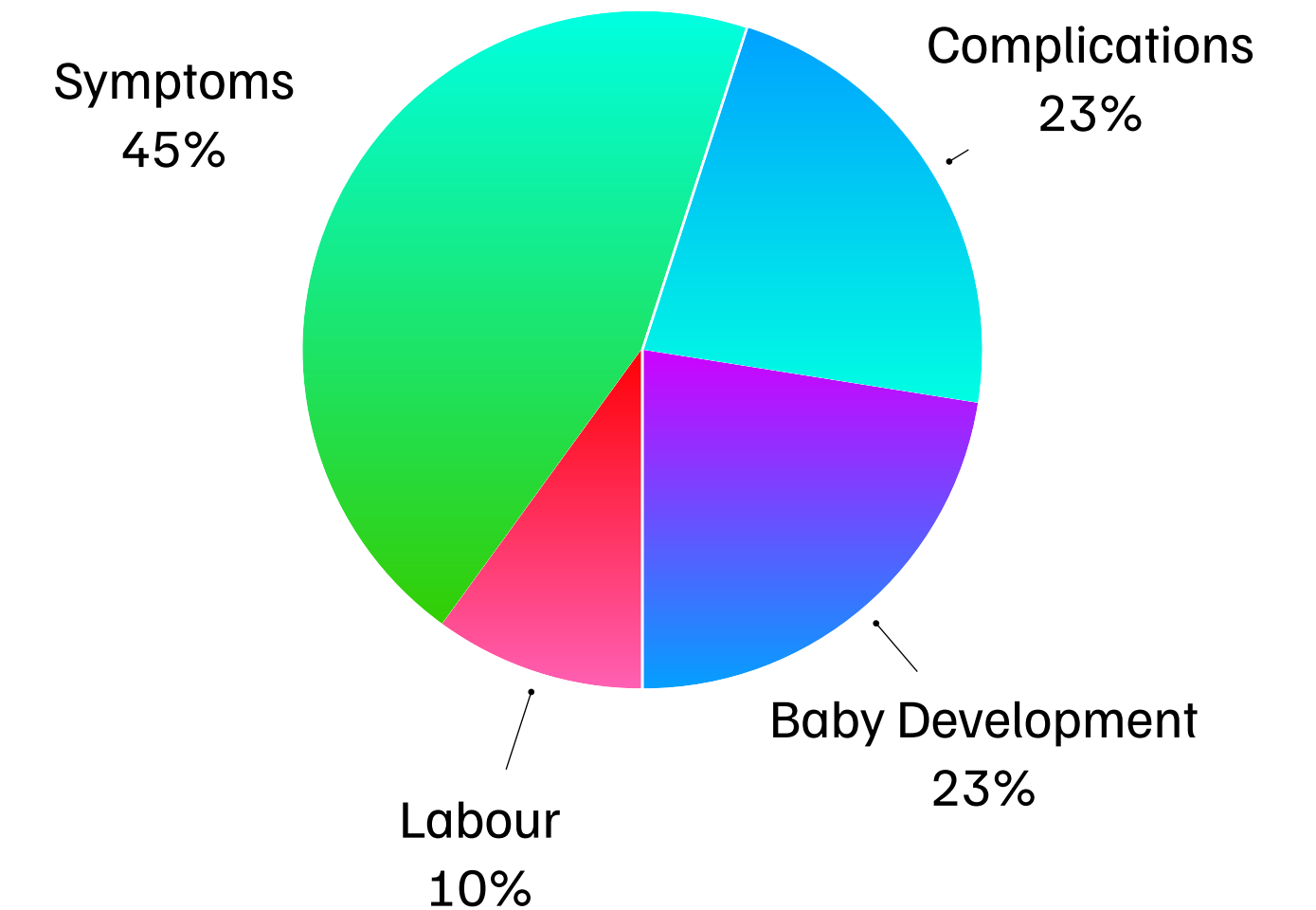


Undergoes 100+ physiological & anatomical changes



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

Pregnancy Biology does not rewind, it can only be managed |

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. 48% 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.

ONI is building the 'Intelligence layer' for better clinical outcomes, not just volumes

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
 Epigenetics	Provides weekly recommendations on Epigenetic's - Nutrition, Mental Health, Physical, Sleep, Water
One place	All recommendations, appointments, test results, supplements, epigenetic 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”**

Model: Doctor-enabled. Mother-paid. Near-zero CAC. |

THE DOCTOR'S PROBLEM

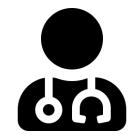
60% of OPD patients never convert to IP.

Every lost IP delivery = ₹2 lacs of hospital revenue that never materialised.

ONI FIXES THE LEAK

Continuous monitoring keeps the patient in the doctor's orbit.

ONI converts the relationship into a tracked, recoverable IP admission.



Doctor gets ONI free

Zero cost. Immediate clinical value.



Mother enrolled & monitored

Continuous care keeps her in the system.



IP delivery conversion ↑

Hospital earns ₹2L per delivery.



Mother pays ₹500–1,000/mo

LTV ₹5,250 · CAC near-zero.

THE REAL INCENTIVE

It's not about a revenue share.

Revenue per IP delivery

₹2 lacs

per admission recovered for hospital & ObGyn

Mother subscription LTV

₹5,250

LTV — doctor pays nothing for this

Doctor's CAC on ONI

₹0

Free tool that pays them back in beds filled

Emotional need + clinical category = premium acceptance. IVF proved it!

Horizontal Category Creation - next billion category |

THE PROBLEM

Hospitals Think Horizontally

Multi-specialty hospitals treat all departments uniformly — same protocols, same margins, same logic.
But every specialty has unique patient journeys, event frequencies, and price sensitivities.

THE INSIGHT

Pregnancy Is Unlike Any Other

Highest event frequency.
Longest consistent engagement.
Maximum price elasticity.
The patient is motivated, emotionally invested, and willing to premiumise — from first scan to first birthday.

THE OPPORTUNITY

CPC Can Dwarf the IVF Category

IVF created a \$B+ category by premiumising one moment.
Comprehensive Pregnancy Care (CPC) spans 280 days + postnatal — with exponentially more touchpoints, higher volume, and deeper trust.

IVF

1 event Low frequency Niche patient \$1B+ category

SCALE

CPC

280+ days Highest frequency Mass market **Category × bigger**

IVF premiums one moment. CPC premiums an entire journey - Market is 100X bigger

Customer Acquisition |

B2C · PULL

Demand Generation



Freemium

1

Awareness via Platforms

2.5M DAU on Mylo & Healofy — freemium AI assistant builds habits

2

Clinical Engagement

Symptom & complaint understanding; clinical pathways to obgyn help

3

Subscription Trigger

Health Baby Routine subscription program activated

4

Outreach to ObGyns

Patient-initiated referrals drive provider awareness organically

**Demand generation for ObGyns;
Organic with brand building**

Brand & Trust

PULL

PUSH

**KUL
Flywheel**

B2B2C · PUSH

KUL Adoption



EMR Resellers — Subscriptions

- Onboard hospitals, maternity homes & ObGyns via existing EMR partners
- Aligned with Akhil Systems (400 hospitals) & Suvarna Medisystems (600 hospitals)
- Shared subscription model across provider network

Direct Sales — Subscriptions

- Onboard independent ObGyns, maternity homes & hospital chains with EMR
- Signed Ujala Cygnus & 2 ObGyns in Mumbai; in discussions with Medanta & KIMS

KUL adoption strategy

Ready pipeline for 1,100 hospitals

GTM Playbook |

A path from Venture to Institutional Scale

STAGE 1

Now — Month 6

Clinical Ecosystem & Intelligence

Deploy the platform. Build the data moat.

● Hospital & EMR partnerships

Roll out across signed network — Ujala Cygnus (28), Akhil EMR (400), KIMS, Medanta

● AI Didi live

Voice capture, risk-flagged OPD lists, auto-scheduling — from day one in every hospital

● Mother platform

Continuous between-visit monitoring. Week-by-week personalised care for every patient

● Data flywheel starts

Clinician-labelled, longitudinal, outcome-linked data — the moat that cannot be replicated

● Revenue model

B2B2C subscription — doctor free, mother pays ₹500–1,000/month

Venture Capital · INR 5 Cr current raise

STAGE 2

Month 6 — Year 2

Own & Operate Clinics

Shop-in-shop. Inside the hospital ecosystem.

● Shop-in-shop model

ONI-branded care units embedded inside existing hospital infrastructure — no greenfield build required

● Full Continuum Care

ObGyn + AI Didi + mother platform operating as one integrated care unit, not separate products

● Own the patient journey

From first antenatal visit through delivery — ONI controls the clinical relationship end-to-end

● Real-world outcomes data

Clinical evidence generated at own clinics becomes the validation asset for the next stage

● Revenue expansion

Subscription + diagnostics + precision nutrition layers all activate from owned-clinic patient base

Series A · Ticket size TBD

STAGE 3

Year 2 onwards

Full-Scale Maternity Franchise

Mumbai. Delhi. Then every metro in India.

● Franchise model

Proven ONI clinical protocol + brand + AI platform licensed to franchise partners across metros

● Mumbai & Delhi first

Highest density of premium ObGyn demand. Brand recognition from hospital network already established

● Women's Health OS

Pregnancy is the entry point. ONI expands into pre-conception, post-partum, and child health 0–10 years

● Institutional revenue





Franchise fees + platform licensing + diagnostics GMV — the model PE firms understand

● Data compounds

Every franchise clinic feeds the central AI — predictions sharpen, moat deepens, replication cost rises

Private Equity · Institutional Scale

Blue Sky: Pregnancy native health commerce platform

Phase	Timeline	Revenue layer	Potential
1	Now	 Subscription (₹500–1,000/mo, B2B2C) P1: Hospitals & MCH changes P2: 7,000 Maternity Homes with with No digitisation P3: 5,000 private clinics with no digitisation	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 - Data flywheel MOAT**

Competition |

Dimension	Cayaba / Nadia Care (~\$15M)	Malama (~\$9.2M)	Mylo (~\$25M)	Healofy (~\$7.5M)	ONI (Positioning)
Core identity	Care delivery company	Network + infra layer	Community + commerce platform	Vernacular social community	Clinical intelligence + engagement layer
Frontline worker	Maternity Navigator	Doula	Pregnant Mothers	Pregnant Mothers	OB-GYN + AI assistant
Model	Hybrid care (clinical + social)	Doula-led care + coordination	Community-led engagement + commerce	Social network (UGC-driven, vernacular-first)	Continuous pregnancy care (clinical + behavioral)
Depth of services	Broad (mental health, nutrition, care navigation)	Focused (doula + coordination)	Moderate (advice, products, peer support)	Low–moderate (peer support, emotional support)	Deep (clinical + predictive + behavioral)
Moat	Community + integrated care teams	Insurance + billing + workforce aggregation	Engagement loops + commerce + data	Vernacular network effects + high engagement	Data + doctor integration + longitudinal journey
Position in stack	Care provider	Enablement + network layer	Engagement + commerce layer	Engagement / social layer	Continuous care layer

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

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.

Data 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.**

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

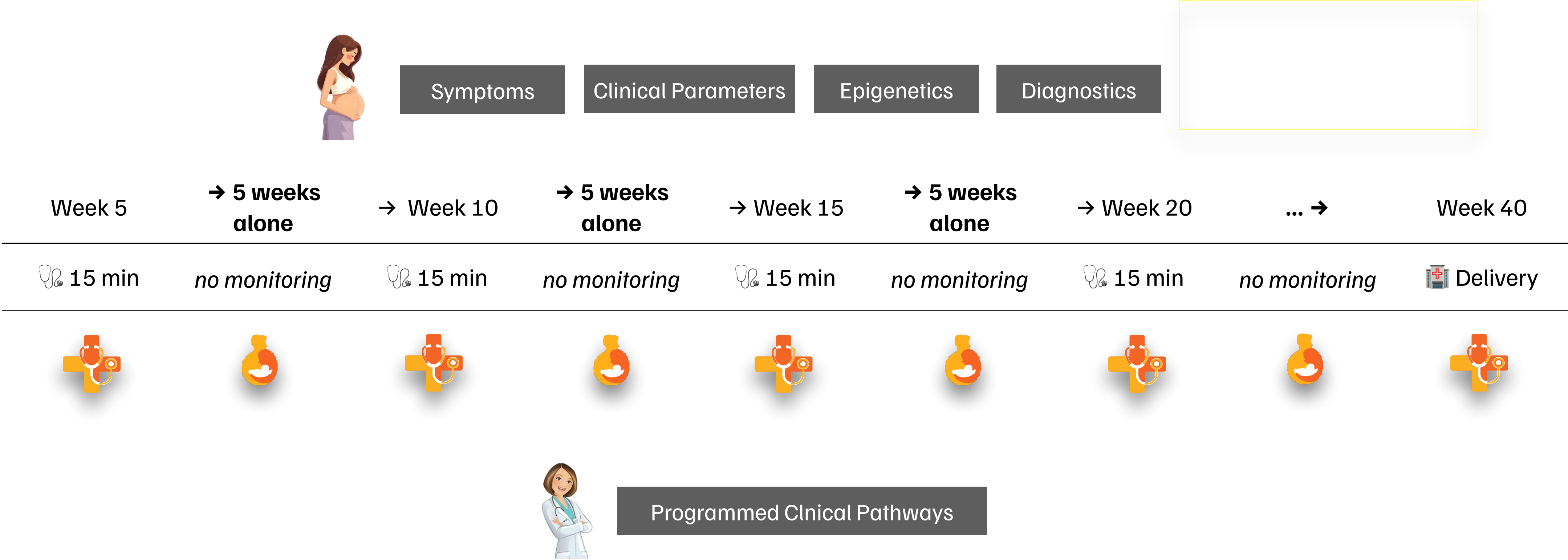
Clinical Advisory

- 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.

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

\$150,000 already invested. Deeply committed — financially and operationally

From Pregnancy to Woman OS |



ONI



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.

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

