







Telangana AI Rising Grand Challenge

Adoption of AI-Based Solutions for High-Risk Pregnancy Prediction

Introduction

In Telangana, the healthcare system operates across three tiers—primary, secondary, and tertiary—with varying levels of care and resources. High-risk pregnancies, when missed, can lead to life-threatening emergencies, while unnecessary referrals can overwhelm higher-tier centers.

Challenges Identified

1. Patient Awareness & Accessibility

- Many expectant mothers lack awareness of early warning signs for complications.
- Transportation barriers or cultural norms may prevent patients from accessing betterequipped facilities, even when urgent care is needed.

Limitations Hindering Digital/AI Adoption

1. **Infrastructure & Resource Constraints:** Rural PHCs and ASHA workers may face intermittent power or poor connectivity, posing challenges to AI deployment.

Proposed Technological Solutions

1. AI-Based Risk Prediction Model

- Classification Approach: The core solution should employ a classification model (e.g., highrisk vs. low-risk) with a clear High-Risk Score or probability. Emphasis should be on minimizing missed high-risk cases (false negatives).
- **Data Integration:** While the base model must utilize state-provided maternal data, startups are encouraged to incorporate additional relevant data (e.g., nutrition, socio-economic factors) to enhance predictive accuracy and contextual insights.

2. Referral Guidance & Decision Support

- Integrate clinical guidelines for automated triage, prompting referrals (e.g., "Refer to CHC/District Hospital") or local management.
- Provide real-time alerts for CHCs, district hospitals, or tertiary centers when certain risk thresholds are met.

3. Mobile/Tablet Application Interface

- Develop a lightweight app allowing CHCs, district hospitals, or tertiary centers to input patient details at the point of care.
- Enable offline functionality for data entry in low-connectivity areas, with syncing capabilities once networks are restored.

4. Telemedicine & Specialist Support

- Facilitate virtual consultations with obstetricians at CHCs, district hospitals, or tertiary centers when an Al-detected high-risk case requires escalation.
- Empower local teams with remote expert guidance for more confident referral decisions.

Proposed Methodology

1. Al Model Development & Training

- Employ machine learning or deep learning on reliable, well-structured maternal health datasets, focusing on classification models that reliably separate high-risk from low-risk cases.
- Evaluate models based on accuracy, precision, recall, and F1 score, prioritizing recall to ensure critical cases are not missed.

2. Pilot Deployment at Selected Rural CHCs, District Hospitals and Tertiary Centers in Telangana

- Introduce the solution in phased pilots at the healthcare centers with adequate patient inflow and trained workers.
- Assess user experience, including ease of data entry and clarity of Al-generated risk predictions.
- Compare referral outcomes against historical benchmarks to measure effectiveness.

3. Integration & Scale-Up

- Develop API integrations to process MCH data at T+1 intervals and perform scoring.
- Link the AI model's dashboard with existing digital health platforms across Telangana.
- Provide workflow training for CHC, and healthcare staff on interpreting Al-based risk scores.
- Establish clear escalation protocols leveraging AI outputs to guide referrals.

4. Monitoring & Continuous Improvement

• Gather regular feedback from frontline workers on usability and acceptance.

• Track key maternal-fetal outcomes (maternal mortality, neonatal mortality, referral rates) to evaluate success.

5. Regulatory & Ethical Compliance

- Adhere to patient privacy laws and guidelines to ensure data confidentiality.
- Implement role-based access for sensitive health records.
- Maintain audit logs of data entries and Al decisions to enhance transparency and accountability.