Mother and Child Care
Healthcare Division at Technopak

Technopak’s Healthcare Division is one of the strongest in the country. The practice is built on the firm’s foundation of ‘concept to commissioning’. We partner with our clients to identify maximum-value opportunities for them and provide solutions to their key challenges and help create sustainable and high growth business models. We have the ability to be strategic advisors providing customized solutions during the ideation phase and also be a trusted advisor overall.

Technopak adds value to its clients’ portfolio with an ecosystem approach which allows the integration of best practices and innovative business models to meet strategic objectives.

Technopak has executed more than 50 projects in the last five years with various healthcare providers, government, payers, NGOs, medical equipment companies, financial institutions etc.

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- Expansion into new product lines / geographies
- Mid-term and long-term strategic direction

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- Feasibility Studies
- Competitive scenario analysis
- Clinical business assessments & market positioning

Public Health
- Population based assessment
- Epidemiological studies & community diagnosis
- Assessment of health indicators & emerging trends
- Technical assistance in health programs planning & evaluation

Performance Improvement
- Service line reorganization/management
- Patient flow/Work flow optimization
- Optimum resource utilization

Revenue Management
- Enabling Organic & Profitable Growth
- Creating shareholder value
- Revenue maximisation strategy

Transaction Advisory
- Mergers / Acquisitions & Other Assistance
- Due diligence

Quality Management
- Quality accreditation and certification assistance
- Clinical protocols
- Benchmarking and evaluation through scorecards

Healthcare Providers
- SEZs and Medi-Cities
- Payors / Health Insurers
- Government Organizations
- NGOs / Funding Agencies
- Private Equity / Venture Capital
- International, Private & Public Sector Banks
- Healthcare Providers

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Authors:
Faisal Siddiqui | Vice President
Mohit Kumar Chaturvedi | Associate Vice President

Design & Development:
Arvind Sundriyal | Assistant Manager-Design
Introduction

All women need access to antenatal care during pregnancy, skilled care during childbirth, and care and support in the weeks after childbirth.

This care continuum is natural and one would expect it to be omnipresent especially, in India. Two of the eight Millennium Development Goals (MDG) adopted by the international community in 2000 are targeted to improve maternal and child health. The goals are to reduce child mortality by two-thirds and maternal mortality by three-quarters by 2015.

However, Mother and Child care initiatives have fallen short of delivering the results. This is in contrast to trends emerging in the private healthcare sector of India, which promise to impact the quality of outcomes and clinical options available to the Indian consumer. In the absence of a list of successful models that can be replicated for success, care providers are transforming the way they deliver Mother and Child care services in line with new technology and techniques and to meet expectations of a more evolved Indian consumer.

Many of the services offered in the Mother and Child care segment may seem complementary and offer a potential opportunity for more integrated care delivery models. Achieving low cost of care delivery and infusing more technology to drive depth and expanse are priorities to be taken up. There is a shuffle among private players on these fronts and the charm of a “first mover” is no longer for the taking. Or, is it that single specialty models can be used by players as a game changer to break-away from the pack? An evolved model in Mother and Child care can be made robust and sustainable to give a differential advantage in a revitalized market strategy.
Underwater Birthing: Another significant development is that the existing hospitals/centers are now offering facilities like labor and delivery in water as the “Go Green” revolution is becoming more popular in the developed world. Research and the experiences of women show that water births are a safe and often more pleasant way to have a baby. Water birth has also been shown to reduce the risk of episiotomy and perineal tears, and to shorten the first stage of labor.

Growth of Assisted Reproductive Technology (ART): Though Assisted Reproductive Technology, or ART, facilities are still at a nascent stage in developing countries, they are well established and abundant in the developed world. These clinics provide services like in vitro fertilization, artificial insemination, intra cytoplasmic sperm injection etc.

Studies conducted to explain the trend of rising C-sections have found that, of late, more women are having children later in life, which increases birth complications and the need for C-sections. Other factors include increase in maternal risk factors, such as obesity and diabetes and also a higher number of women have multiple births as a result of the increase in fertility treatments (associated with advancing age for first-time mothers).

In the developed world, focus by both government and private sector entities on the provision of maternal and child care services has resulted in impressive outcomes. Countries like Italy (Maternal Mortality Rate (MMR) - 4, Infant Mortality Rate (IMR)-3), France (MMR-8, IMR-3) and UK (MMR-12, IMR-5), boast of some of the best maternal and child care indicators. In comparison, India’s maternal and child care indicators appear disappointing. The country’s MMR is 5 times worse than China and 10 times worse than the US.
About 70 percent of under-five mortality is caused by perinatal conditions (33.1 percent), respiratory infections (22 percent) and diarrhea (13.8 percent). Malnutrition is an underlying cause for about one-third of all infant deaths.

However, there is wide economic and regional disparity within India, with the above indicators showing a drastic improvement among the urban, educated women and their children.

At one end of the spectrum, maternal complications and communicable diseases pose a serious threat to the health of impoverished women and children in both rural and urban areas while at the other end lifestyle diseases like cancer, obesity, hormonal imbalances, infertility, etc. are the leading causes of morbidity and mortality among the upper class.

At present, the mother and child healthcare market stands at USD 3.56 billion, and constitutes 4 percent of the total healthcare delivery market in India. In terms of availability of mother and child healthcare services, the market comprises varied delivery formats, ranging from basic facilities run by dais, or midwives, in semi-urban and rural areas to classy corporate-owned mother & child and pediatric hospitals, boutique clinics and specialized infertility centers in the metros. However, quality issues continue to plague even the urban centers and a lot is left to be achieved.

These grim indicators present a huge business opportunity for healthcare providers, who can penetrate deeper into niche areas within mother and child healthcare to establish and expand innovative models of delivery within this space.

Growth Drivers

Growth in this segment will be fueled by multiple factors:

a. Increasing disposable incomes and willingness to pay a premium for high quality personalized care among the middle and upper class populace of India
b. Increasing level of awareness has led to women giving due importance to their wellness, and special needs during pregnancy and childbirth
c. Couples facing fertility issues no longer shy away from exploring artificial reproduction therapy options like IVF, surrogacy etc.
d. With approximately 75,000 births every day and the growing prevalence of families with only one or two children, each baby becomes more precious; this has resulted in an immense focus on meeting the wellness and healthcare needs of children

e. Increasing interest about new and emerging treatment modalities like stem cell therapy is likely to drive the growth in this niche segment within MCH
f. Increase in health insurance coverage of maternity and childbirth related hospitalization in group as well as individual policies has also contributed to the demand for high-quality services
Existing Models of Delivery

Mother and Child Care Specialty Hospitals

It is a well-researched and universally-accepted fact that women have very special physical and emotional needs during gestation and childbirth and should not be treated as regular patients suffering from debilitating illnesses. Likewise, children aren’t just smaller adults; they present many medical conditions that are unique to them. Even when it comes to diagnostics, children have a certain body type which makes their healthcare needs harder to read and interpret. The modes of drug administration and dosages are different among children. Therefore, experts have always recommended that expectant mothers and children should be treated in healthcare facilities that are specifically designed and developed to cater to their needs and expectations. This necessitates the existence of specialized maternity and children’s hospitals as well as standalone pediatric hospitals. It is believed that by virtue of focusing on one specialty i.e. MCH, such hospitals are able to attract more qualified specialists, super-specialists and experienced nursing staff and hence deliver better quality care while handling substantial volumes. Also, over a period of time, such hospitals are able to bring down their operational costs because of economies of scale.

However, the irony in India is that maternal and child care specialized hospitals are largely ignored by private players in healthcare. They have mainly focused on more capital-intensive and resource-driven specialties like cardiology and neurology which are perceived to be more financially viable investment options. The result is that even the top metros in India have a dearth of specialized mother and child care hospitals. The few that have ventured in this space are concentrated only in the southern part of India and are yet to make their mark in the rest of the country.

It is believed that by virtue of focusing on one specialty i.e. MCH, such hospitals are able to attract more qualified specialists, super-specialists and experienced nursing staff and hence deliver better quality care while handling substantial volumes.

Critical Success Factors for Mother and Child Care hospitals

- **Process Flows**: Efficient operational, clinical and financial processes increase productivity and result in optimum resource utilization
- **Human Resources**: Skilled and better trained manpower plays a critical role in achieving higher patient satisfaction and ultimately better throughput
- **Brand Positioning**: Strong & visible brand identity results in building loyalty
- **Critical Case Management**: Competence in handling medical emergencies along with technology support helps in safe clinical outcomes
- **Infrastructure & Design**: Family friendly rooms and spaces that feature a vibrant yet cozy decor that enhances comfort

Mother and Child Healthcare Specialty Department

Most multispecialty secondary & tertiary care hospitals in India have in-house mother and child care departments that generally contribute around 15 percent of the total patient inflow of the hospital. However, this department is not accorded the same importance as other departments. This is evident from the fact that most MCH departments do not have dedicated maternal and pediatric care beds, and the marketing and promotion of these services is neglected at the cost of specialties like Cardiology, Oncology etc. There is a serious shortage of general and critical care pediatric beds in most of the hospitals, and expectant mothers and pediatric patients are usually accommodated in the same rooms as other patients.

The number and quality of neonatal intensive care units (NICU) is even more inferior to maternal care. Like other healthcare infrastructure in India, NICUs are not only inadequate but also disproportionately spread, with 70 percent of beds concentrated in Tier I cities.

Metro cities also have a reasonably good supply of Labor-Delivery-Recovery-Postpartum (LDRP) suites which need high investment to set up and highly skilled manpower to operate. However, in most hospitals these suites are not being utilized to their optimal capacity.

Maternal Nursing Homes

A widespread arrangement of delivering obstetrics, gynecology and basic neonatal services in India is the ubiquitous Maternal Nursing Home, which generally functions as a small center offering essential diagnostic, therapeutic and surgical services. It is a common practice for these nursing homes to provide specialties like medicine and general surgery along with obstetric and gynecological, or OB/GYN services. They are mostly owned by a single doctor or a family/group of doctors and rely upon the brand equity of the doctors to attract patients.

While in most Tier II and Tier III towns they are the only available option for maternity care, in metros they are the preferred choice for a majority of low and low-to-middle income families. In recent years competition from organized sector has increased and there has been a gradual evolution and rebranding of nursing homes. Many maternal nursing homes are now being taken over by corporate entities which have realized the financial prudence of these Brownfield investments. Even though the average revenue per occupied bed is much lower than that for a multispecialty hospital, lower operational costs and high volumes ensure faster break-even and financial sustainability.

Critical Success Factors for Maternal Nursing Homes

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- **Infrastructure & Design**: Family friendly rooms and spaces that feature a vibrant yet cozy decor that enhances comfort

Mother and Child Care Specialty Hospitals

<table>
<thead>
<tr>
<th>The Children’s Hospital of Philadelphia</th>
<th>Children’s Hospital, Boston</th>
<th>Children’s Hospital, Cincinnati</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of Beds</td>
<td>430</td>
<td>395</td>
</tr>
<tr>
<td>No. of annual OP cases</td>
<td>500,000 (exclusive of emergency)</td>
<td>850,000</td>
</tr>
<tr>
<td>No. of annual Emergency visits</td>
<td>597,000</td>
<td>1,218,000</td>
</tr>
<tr>
<td>No. of annual inpatient admissions</td>
<td>24,000</td>
<td>30,560</td>
</tr>
<tr>
<td>No. of annual surgeries</td>
<td>28,500</td>
<td>33,000</td>
</tr>
</tbody>
</table>

GDP

First Hospital in US devoted exclusively to pediatric medicine.
First formal medical training for pediatric doctors.
Provides primary care, ambulatory surgery, research, rehabilitation and home care services.
rated the most pediatric hospital in US.
60% of beds allocated to neonatal, cardiac, and pediatric intensive care units.

Very high focus on pediatric research.
Centers of excellence in Brain, Cancer and Blood Diseases, Cardiology, Orthopedics and Transport.
Run as outpatient facility and emergency care center in Ohio.
16-bed adult and day surgery center focusing on urology and orthopedics.
Houses 85 in-patient psychiatry beds and 36 residential psychiatry beds.
Houses the highest fund of pediatric research.

Premium Boutique Birthing Centers

In the past decade, a new delivery format that has emerged and evolved in MCH in India is that of standalone boutique birthing centers that have introduced the concept of luxury birthing in India.

<table>
<thead>
<tr>
<th>Bed Strength</th>
<th>Bed Strength Specialty Hospital having MCH beds</th>
<th>Contribution to Brand Value</th>
<th>Workshop Contribution</th>
<th>Financial Viability</th>
<th>Level of Investment</th>
<th>Allied Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 50</td>
<td></td>
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<td></td>
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<tr>
<td>50-100</td>
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<tr>
<td>100-500</td>
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<td></td>
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<tr>
<td>Above 500</td>
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</tbody>
</table>
Concentrated only in the top metro cities so far, these centers focus solely on maternity and childbirth and approach these as pleasant and important events rather than a medical condition. They are targeted at the upper middle class/premium segment of customers.

They offer several advantages over the OB/GYN departments of typical multispecialty hospitals. Multispecialty hospitals generally focus on diagnosing and treating illnesses and generally may not offer certain programs and a customized birthing experience. Birthing centers address this gap by focusing on the unique needs of maternity care and an all-encompassing customer experience - homelike ambience, comfort, compassionate staff members, personalized care, lenient visitation policy and friendly facility design.

They serve as a one-stop shop for childbirth services and offer many facilities i.e. antenatal health check-up packages apart from support services like customized menu in the kitchen, swanky cafeterias, diagnostics, onsite pharmacy, maternity wear and toys and accessories shops, state-of-the-art OTs, pre- and post-procedure recovery rooms, NICUs, classy patient rooms and LDRP suites. They differentiate themselves by offering many value-added services like special classes and programs on childbirth preparation, Lamaze classes, parent and sibling education programs, antenatal exercises including aerobics, yoga, diet and nutrition and genetic counseling by trained personnel. However, most of these birthing centers are not designed to cater to high-risk cases, which is a deterrent for many expectant mothers.

Primary research by Technopak reveals that the major factor that pulls consumers to boutique birthing centers is their “Brand Name” followed by word-of-mouth about the experience at these centers. Referral by doctors and the reputation of the center’s doctors emerged as the other important deciding factors.

An analysis of doctors’ perspectives of multispecialty and boutique birthing centers throws up the following conclusion:

<table>
<thead>
<tr>
<th>For Consumers</th>
<th>For Promoters</th>
<th>For Care Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inclusive/Exclusive Approach</td>
<td>Focused approach on only one specialty</td>
<td>Multispecialty Focus</td>
</tr>
<tr>
<td>Employee Characteristics</td>
<td>Staff (i.e. nurses and doctors) is better trained and focused</td>
<td>Staff on rotation</td>
</tr>
<tr>
<td>Normal Deliveries</td>
<td>More than 70% of the deliveries are normal</td>
<td>Around 40-60% of the deliveries are C-sections</td>
</tr>
<tr>
<td>Others</td>
<td>All specialties under one roof helps in case of complications; Sharing of support services</td>
<td>Enhanced customer experience; Quality clinical outcomes; lower gestation period, lower capital expenditure</td>
</tr>
</tbody>
</table>

### Comparative Analysis of Business Delivery Models

#### Strategic Model
- **Mother & Child Care Specialty Hospitals**
  - Dedicated Pediatrics and Neonatology Wing; Exclusive Obstetric beds
  - High level NICU & PICU beds
  - IP beds for Obstetric cases not segregated
  - Full-time consultants only in OB/GYN & on-call consultant in Pediatrics
  - Nurses in NICU can be trained/untrained
  - High risk, complicated
  - Moderate to High
  - Full-time consultants in OB/GYN & Pediatrics

- **Boutique Birthing Centers**
  - IP beds not segregated, Nursery cum Level I NICU; PICU cots present
  - Full-time consultants in OB/GYN & on-call consultant in Pediatrics
  - Nurses in NICU can be trained/untrained
  - Low risk, low gestation period
  - Low to Moderate

#### Positive Aspects
- Enhanced customer experience; Quality clinical outcomes; lower gestation period, lower capital expenditure
- Personalized services; Lower pricing
- Consistent care pathways

#### Negative Aspects
- Lack of support for high risk cases
- Difficulty in hiring and retention of trained manpower
- Non-hospital setting

#### For Consumers
- Better ambience & comfortable environment
- Convenient scheduling
- Personal touch given by nurses & doctors
- Possibility of opting for modern birthing techniques like Lamaze, water birth etc.
- Non-hospital setting
- Unique experience for both the mother and her family
- Lower capital expenditure
- Higher operational efficiency
- Higher patient satisfaction
- Economies of scale
- Operating cost advantage
- Consistent case pathways
- Better compliance with care pathways
- Better ‘in-service’ training opportunities for nursing teams
- Comfortable environment

#### For Promoters
- Better ‘in-service’ training opportunities for nursing teams
- Higher patient satisfaction
- Economies of scale
- Operating cost advantage
- Economies of scale
- Operating cost advantage
- Lower capital expenditure
- Lower capital expenditure

#### For Care Providers
- Higher operator efficiency
- Consistent case pathways
- Better compliance with care pathways
- Better ‘in-service’ training opportunities for nursing teams
- Comfortable environment
- Economies of scale
Proliferation of ART Services

ART consists of a group of technologies, which assist infertile couples in conception and pregnancy. They encompass various procedures, ranging from the relatively simple Intrauterine Insemination (IUI) to other variants of In vitro fertilization (IVF), commonly known as “test-tube technology”. These advanced technologies are generally pursued only as a last resort after less invasive alternatives have been exhausted.

Infertility varies across regions of the world and is estimated to affect 8 to 12 percent of couples worldwide. This has led to a rapid increase in worldwide usage of ART to treat infertility. According to data from the National Survey of Family Growth, in the US, almost 12 percent of women aged between 15 and 44 have reported using infertility services.

ART services in India are highly fragmented and over 90 percent of the market is dominated by unorganized players (e.g., nursing homes, small private clinics run by infertility specialists or even unqualified specialists).

According to studies conducted by WHO, the extent of primary and secondary infertility in India is 3 percent and 8 percent respectively. In India, it is estimated that around 30 million couples are infertile. Out of these, 20 percent need to undergo advanced infertility treatments like IVF, ICSI, egg donation or surrogacy.

Factors influencing the interest of respective regions
- The nearly 50 percent jump in infertility in urban India since 1981. This can be attributed to increased urbanization, stress, a competitive work environment and a fast-paced lifestyle, late marriages, more women opting to work, increased incidence of diabetes, pelvic inflammatory diseases etc.
- India is becoming a hub for reproductive tourism, due to the low cost of treatment, availability of competent specialists, and rampant commercial surrogacy in the country.
- Increasing awareness about the efficacy and safety of treatment, with more and more infertile couples opting for ARTs.

Challenges in this segment
- Cost of treatment still remains prohibitive for the majority of Indian couples
- Absence of stringent regulation and standardized defined protocols and practices
- Lack of transparency about success rates and outcomes of ART treatment
- Lack of availability of high and fertility treatments
- Common risks include pre-term birth, low birth weight and twins or higher-order multiples as compared to naturally conceived infants

Awareness Level
Primary research conducted by Technopak in the NCR reveals that there is more awareness among pregnant women about IVF services than other upcoming trends and techniques. The research also indicates that most women are unaware of other ART technologies like IUI, laser hatching, egg donation etc. and only have knowledge of IVF. Newer trends, models and techniques are yet to find acceptance.
Cord Blood Banking

Cord blood stem cells are currently used in the treatment of blood and immune system related genetic diseases, cancers, metabolic disorders, and the treatment of blood disorders. The advantage with stem cells in cord blood is that it does not have to match the tissue type as closely as bone marrow, so there is a greater chance that it could also be used by siblings & family members. Though this science is relatively novel, it is already being tipped as the next game-changer in medical treatment.

Cord blood banks are facilities that offer to extract, cryopreserve (at -196°C) and store cord blood (for limited time) for potential future medical use. There are both private and public cord blood banks. In a public bank, the individual loses all rights of ownership over the blood after donation, whereas in a private bank, the sample is saved only for the donor family.

The concept of cord blood banks is very new in India and the number of players is currently limited. However, this trend is gaining momentum, especially among the upper and upper-middle class.

Setting up a cord blood bank with a storage capacity of more than 100,000 samples requires an upfront investment of USD 2.72 - 3.62 million (INR 15-20 crores). Presently, banks in India charge between INR 70,000 to 150,000 for storage up to 21 years, with a few banks also providing EMI plans.

Due to the high cost of storing cord blood & reluctance of people to pay after bearing notable expenses in pregnancy, only 0.16 percent of babies born in India have their cells stored compared with 5 percent in the US and 1 percent in Europe.

The current cord blood bank market is estimated to be USD 4.35 billion and growing at a CAGR of 20 percent in the US and 1 percent in Europe.

The outlook of India's cord blood banking industry is promising. According to an条[10]report, the current cord blood banking industry is estimated to be USD 4.35 million and growing at a CAGR of 20 percent in the US and 1 percent in Europe.

Innovative Low cost Technologies

According to the latest census, 68.8 percent of the population lives in rural India where low resource settings present many difficulties to maternal and child care delivery. Therefore, timely interventions, through innovative low cost technologies and devices, will prove to be a major breakthrough to reach out to these women at their doorstep. Although much has been done worldwide to promote the development of innovative low cost technologies, India is yet to benefit from using indigenously designed low cost technologies and devices. And these are technologies that add value and raise maternal, and child care standards. The need of the hour is to develop “Energy Independent” devices that are accessible to all, even in low resource settings and prevent unnecessary maternal and child mortality in our country. Some of these innovative technologies are:

Mobile healthcare

As per an estimate by UN, half the people living in remote areas in the world own a mobile phone. This provides an unprecedented potential in the use of mobile phones to achieve better maternal and child care in a cheap and timely manner. This opportunity is already being explored in innovative ways across the world, and also in India.

In Ghana, nurse midwives use mobile phones to discuss complex cases with their colleagues and supervisors. In Rwanda, they use a system of rapid SMS alerts, through which community health workers inform health centers about emergency obstetric and infant cases, enabling the centers to offer advice or call for an ambulance if needed.

In Karnataka, Mother and Child Tracking System (MCTS) was launched in 2011 by the Health and Family Welfare Department, with the aim of using mobile phone technology to impart information on mother and child care services and maintain that database for monitoring. Its objective is to track pregnant women through their delivery period and deliver medical services as per WHO norms. Since its launch the 0.75 million pregnant women and 0.25 million immunized children have been registered in the state.

Another smartphone based Ultrasound imaging device called “MobiUS” uses the power and wireless connectivity of a smartphone with the Internet to bring ultrasound imaging within reach of healthcare professionals everywhere.

Low cost Infant warmers/incubators

In developing nations, prematurity, low birth weight and hypothermia lead to the death of the infant within a month of delivery. All these can be prevented by timely assistance in regulating the body temperature of an infant. In India low cost incubators and baby warmers are in trial phase in some rural areas. They not only provide a suitably regulated controlled environment but are also designed to work in low resource settings and curb problems related to availability of electricity and trained personnel.

Mobile Health Unit Services

Similarly, to address cultural sensitivity issues that prevented many women from seeking necessary healthcare services, Mobile Health Units were launched in India as a PPP initiative, involving HMRI and Sanjeevani in Assam and 104 Mobile in Andhra Pradesh. Together, they have targeted 12 million people so far with services like pre- and postnatal check-ups, height and weight monitoring, nutritional supplements for mothers and children, basic lab investigations and screening, and advice and medicine dispensation for chronic illnesses such as diabetes, hypertension, epilepsy and anemia.

Low Cost Delivery Model

The government health facilities are constrained by issues of improper staffing levels, efficiency and low clinical safety standards. Boutique birthing centers and private multi-specialty hospitals tend to be beyond the paying capacity of rural customers. Consequently they turn to poorly run nursing homes where they generally receive substandard care.

Fortunately, in the last few years, a few entrepreneurs have realized this and responded to the immense business opportunity that this need-gap offers at the bottom of the pyramid. Though still a handful in number, these healthcare groups run as for-profit organizations while also making tremendous social impact by providing safe, high-quality yet affordable maternity care to low income women. These low-cost hospitals are generally small in size (20-40 bed), and offer services like gynecology, pediatrics and general medicine at prices which are 40 to 50 percent lower than comparable private hospitals.

They are able to bring down capital and operational expenses by taking the building/land on a lease basis, right-skilling the workforce and providing a standardized, no-frills service. Moreover, focus on a particular niche — maternal and child care —
One of the notable examples of this model is expand in future. and child care centers are likely to grow rapidly and
An emerging concept today, such low cost mother
per month, at a quarter of the comparable cost.
high operational
efficiency which translates into high volumes with
works on good customer service, high operational
and their attrition rate is low. Therefore, the model
midwives (ANMs) who are less costly to employ
Doctors earn fixed salaries rather than variable
Consultation charges: INR 50
Focused on ‘Service Quality at a low and
educational and counseling, and prenatal care,
continuous hands-on assistance during labor
and postpartum support
Monitoring the physical, psychological, and
social well-being of the mother throughout
the childbearing cycle
Providing the mother with individualized
education, counseling, and prenatal care,
continuous hands-on assistance during labor
and delivery, and postpartum support

Midwifery Model of Childbirth

With the aim of reducing medical interventions and
checking the rising C-section rates in India, many
birthing centers have been set up in the recent years
that focus on providing a gentle and natural birthing
experience to women. They have proved to be a
boon to women who are looking for other options
than a restrictive hospital birth and a relatively
unprepared home birth.

The midwifery model of childbirth involves a woman
birthing with the help of midwives. The obstetrician/
gynecologist is a backup option and is ideally called
in only if the need arises. The labor team consists of
trained midwives, hypo-birthing experts, doula
and the family as the support system.

This model is based on the premise that pregnancy
and birth are normal life processes. The midwifery
model of care includes:
• Monitoring the physical, psychological, and
  social well-being of the mother throughout
  the childbearing cycle
• Providing the mother with individualized
  education, counseling, and prenatal care,
  continuous hands-on assistance during labor
  and delivery, and postpartum support
• Minimizing technological interventions

The key driver for this model is the increasing
awareness about adverse effects of medications used
in such hospital procedures as an epidural or an
induction. Besides, educated women now seek to
frequently exercise one’s choice – be it waiting, birthing
position, eating/drinking during labor, having people
as labor support etc. Some of the notable examples
of such birthing centers in India include Daimaa’s
Natural Birth and Wellness Centre, Mumbai, Birth
Village, Kochi, and The Sanctum, Healthy Mother
Natural Birthing center, Hyderabad.

Conclusion

Technopak foresees considerable growth and
expansion in this highly untapped market of mother
and child healthcare services.

Public sector and NGOs are key stakeholders in
deriving Mother and Child services to the vast
majority of population. So far they have been able
to achieve positive impact through various schemes
like JSY, ICDS, and many state specific Mother &
Child health programs. However, the results are still
far from desired because most of these agencies
are working in silos without adequate coordination.

What can make them more efficient and effective is
a framework where these stakeholders join hands
and develop a common implementation plan.

Clear demarcation of roles and responsibilities
will prevent duplicity of resources apart from
achieving better results. Creating awareness
and ensuring accessibility will be key influencing
factors for success of these programs. This would
require use of innovative methods to convey the
messages to target population and reaching their
doorto deliver required care. Clearly defined
job responsibilities will ensure that benefits of
these schemes are actually delivered to the needy
population and also that the same beneficiary is not
enrolled under more than one program for similar
services. This will result in accountability in terms
of better health outcomes. Technology is the key
component wherein solutions like telemedicine and
m-health are used to their advantage.
In the private sector, we believe that there is immense scope for multiple business models to coexist and yet be financially sustainable in this segment. Most of the players are likely to differentiate themselves by the particular strata of society to which they cater. As boutique birthing centers expand across geographies, their focus will continue to be upper and upper middle class mothers. Likewise, low cost hospitals will draw majority of their customers from lower strata residing in rural areas and urban slums. At the same time, the market is expected to witness consolidation and inorganic growth. Banking on the popularity of renowned gynecologists, corporate entities will try to acquire, or float a joint venture (JV) with, obstetric nursing homes for lower gestation period, faster growth and lower capital expenditures.

A promising business model that corporate hospital groups can consider is a hospital autonomous mother and child care unit. Unlike a ‘Me Too’ clinical program, this will be a specialized center of excellence within a multispecialty hospital, housed either within the main hospital building or in a separate block within the main hospital premises. The center would be distinct from the rest of the hospital in its design, interiors, space layout, and service levels, all of which will be planned in line with the requirements of mothers and children. It will have a dedicated and highly trained workforce. As and when required, consultants from the main hospital can be made available for cross-consultation etc. This center will provide comprehensive ante-natal, birthing, neonatal and pediatric services as well as all essential support and retail services.

From the perspective of an expectant/nursing mother, this would be an ideal situation, as she will be able to consult a doctor, undergo necessary diagnostic tests, attend antenatal classes, and shop for maternity wear, child-care books, baby clothes, toys, baby accessories, food and hygiene products; all under one roof.

From the promoters’ perspective, the center can provide many interesting avenues of revenue generation apart from clinical services. It offers the opportunity to partner with retail chains and generate income from the many allied services that a mother and her child would value and avail.

This model may well be the game changer for many players looking to re-vitalize their business strategies or positioning.

India’s leading management consulting firm with more than 20 years of experience in working with organizations across consumer goods and services.

Founded on the principle of “concept to commissioning”, we partner our clients to identify their maximum-value opportunities, provide solutions to their key challenges and help them create a robust and high growth business models.

We have the ability to be the strategic advisors with customized solution during the ideation phase, implementation guide through start-up and a trusted advisor overall.

Drawing from the extensive experience of more than 175 professionals, Technopak focuses on six major divisions, which are Fashion & Textile, Retail & Consumer Goods, Healthcare, Education, Food & Agriculture and Leisure & Tourism.

Our key services are:

**Business Strategy** : Assistance in developing value creating strategies based on consumer insights, competition mapping, international benchmarking and client capabilities.

**Start-Up Assistance** : Leveraging operations and industry expertise to ‘commission the concept’ on turnkey basis.

**Performance Enhancement** : Operations, industry & management of change expertise to enhance the performance and value of client operations and businesses.

**Capital Advisory** : Supporting business strategy and execution with comprehensive capital advisory in our industries of focus.

**Consumer Insights** : Holistic consumer & shopper understanding applied to offer implementable business solutions.
Our Divisions

Healthcare Strategy & Design
At Technopak, our team is dedicated to assist healthcare clients manage their businesses through innovative solutions focusing on short-term as well as long-term results. Our expertise in the field of strategy development and implementation assistance, and performance enhancement has allowed us to perform various assignments across the entire healthcare spectrum and at various geographical locations. Our team comprises of architects, planners, designers, engineers, business analysts & research professionals offers a variety of services that cover the entire gamut of Hospitals and Healthcare operatives.

The Healthcare Design division was set up in 2008 and comprises of a dedicated team of professionals with wide experience in the development of projects related to the Healthcare industry. Our team assists in creating “healing environment” for the hospital, encompassing state of the art technology, and supporting both the comfort of the patient and the patient care comfort of the staff.

Retail & Consumer Products
Technopak aids retailers and consumer product companies in formulating growth strategy and performance enhancement mandates. Over the past two decades, we have worked on various facets such as entry into the Indian market, development of new category, activation of new retail formats, channel development, product extension, region expansion etc. One key reason why Technopak is considered the industry leader is the relentless focus on the Indian Market. We help clients understand the market dynamics in India and help them arrive at the best method to grow business in India. Our Retail and Consumer product expertise helps gain a competitive edge by providing execution capabilities and corporate strategies.

Textile & Fashion
With almost 20 years of experience in delivering end-to-end solutions to the entire gamut of the textile industry, right from fibre to retailing, the Fashion & Textile division at Technopak assists the textile and apparel organizations in optimizing their profits through enhancement and expansion. Many leading Indian and international Textile manufacturers and Apparel brands have benefited from our offerings in the areas of business planning and strategy, apparel operations, supply chain management and strategic alliances. Our team consists of top calibre advisors who have worked closely with a diverse group of clients comprising textile manufacturers, apparel retailers, garment manufacturers and exporters, apparel sourcing organizations, trade promotion councils, industry associations, international development bodies, and financial institutions as well as central and state governments.

Food & Agriculture
Technopak’s Food Services & Agriculture team comprises of established domain experts who build and enhance the business performance of organizations which are either working in the sector or are willing to enter this space. Our end-to-end solutions are customized as per the business’s requirements and capabilities. We continuously strive to create strong industry relationships and work for a global footprint by delivering a wide range of services to organizations that operate or wish to operate in the Food and Agriculture sector, in India as well as internationally.

Education
Technopak’s Education division has a vast understanding of the sector in terms of industry environment, growth potential, regulation and policy, which has enabled us to become a thought leader in the sector. Technopak caters to all the education segments—K-12, Higher Education, Vocational Training and ancillaries. Innovative business models and government thrust on privatization has led to assertive participation by private organizations. Such participation spans various levels of investment and operational scale, be it organization planning for expansion in the country or foreign institutions aiming to foray into the Indian education sector.
For further information, please contact:

**Faisal Siddiqui**  
Vice President  
faisal.siddiqui@technopak.com  
Mobile: +91 9871333441

**Mohit Kumar Chaturvedi**  
Associate Vice President  
mohit.chaturvedi@technopak.com  
Mobile: +91 9871885444

*www.technopak.com*