Digital Health Readiness Survey

July 2025

India has made strong progress in maternal health — But Reaching the Next Milestone Needs Systemic Action

India's maternal health outcomes have significantly improved, driven by public investments and national programs

- Maternal deaths dropped from **384 to 97 per 100,000 live births** (2000–2020), a **75% reduction** — but still short of the **SDG goal of 70** by 2030.[1]
- **Institutional delivery now at 88.6%**, driven by schemes like JSY, LaQshya, and PM-SUMAN.
- **National standards such as NABH's Entry-Level Certification and LaQshya's labor room** quality protocols have begun to institutionalize quality practices across hospitals — making safe delivery more consistent in higher-tier facilities.

India's challenge is no longer just about access — it's about building a health system that delivers consistent quality, especially in the private sector.

India's maternal health delivery is increasingly shaped by the private sector

30,000
single-specialty maternity clinics and nursing homes

70%
of outpatient consults related to maternal and reproductive health happen in private sector

60%
inpatient obstetric admissions, including deliveries happen in private sector

70%
of private sector maternal care deliveries can be attributed to medium and small hospitals

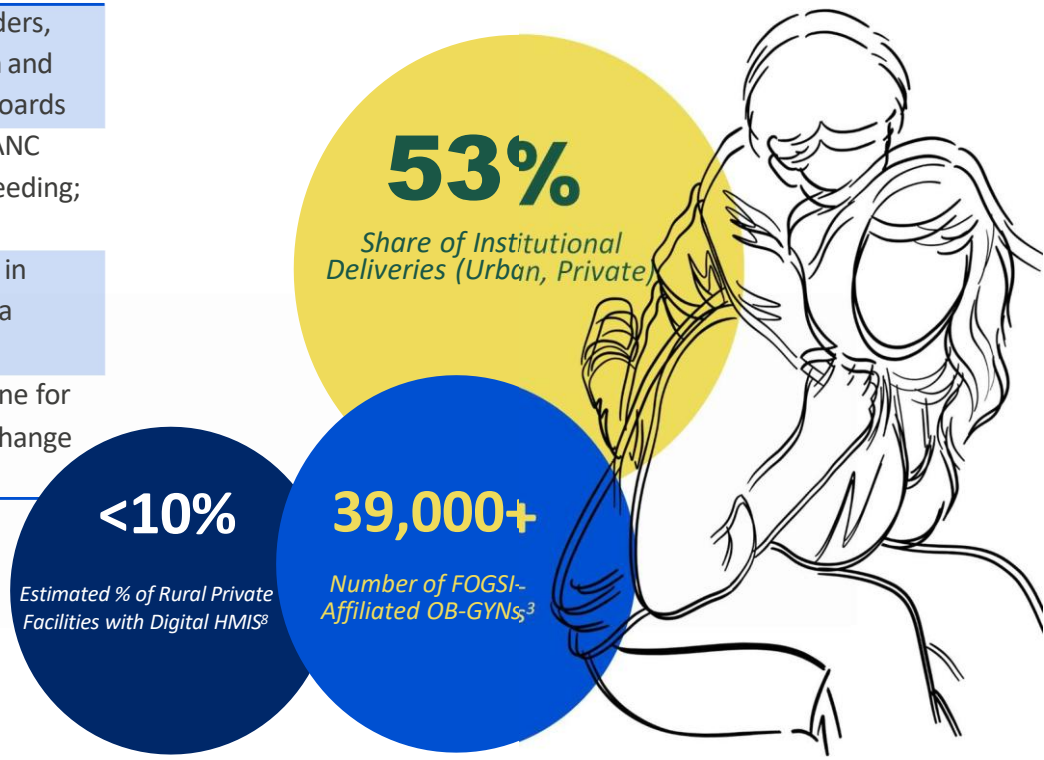
Sources: ORGI, 2022; NFHS-5, 2021; Say et al., 2014; WHO, 2015; Legido-Quigley, 2018; NABH Annual Report 2023; MoHFW LaQshya Status Update 2024

India's Maternal Health Systems Are Going Digital - Now Comes the Challenge of Delivering Digital Health at Scale.

Four flagship national platforms now operate at scale, collectively supporting multiple stages of the maternal–child health continuum. These platforms are not only laying the digital backbone for service delivery but are also beginning to show measurable population-level impact.

Table: India's Flagship Digital Health Platforms Supporting Maternal Health (non-exhaustive)

Platform	2025 Scale	Primary Value Proposition
Mother & Child Tracking System (MCTS)	> 40 million pregnancies, 33 million children registered[12]	Automated SMS reminders, real-time immunization and service coverage dashboards
Kilkari & Mobile Academy (IVR suite)	> 10 million active women; 266,000 ASHAs engaged[13]	Behavioral nudges for ANC adherence and breastfeeding; micro-training for FLWs
eSanjeevani (tele-OB network)	6,880 hub-and-spoke sites; >216 million consultations (as of Mar 2024)[14]	Specialist consultations in underserved districts via telemedicine
Ayushman Bharat Digital Mission (ABDM)	535 million Health IDs issued; open APIs active for EMR vendors[15]	Interoperability backbone for public–private data exchange



Sources: ORGI, 2022; NFHS-5, 2021; Say et al., 2014; WHO, 2015; Legido-Quigley, 2018; NABH Annual Report 2023; MoHFW LaQshya Status Update 2024

A first-of-its-kind national survey reveals how practice settings, clinician roles, and real-world workflows shape readiness of OB-GYNs for digital tools

About Survey

The digital readiness assessment engaged a total of **579 OB-GYN practitioners** from **25 states and union territories across India.**

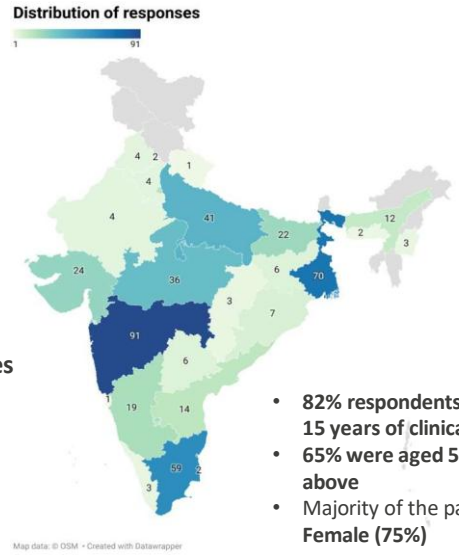
To complement the breadth of the survey, **21 in-depth interviews (IDIs)** were conducted with a purposefully selected group of clinicians to gather rich, contextual insights into their daily workflows, perceptions, and experiences with digital health tools.

Participants represented all regions of India, ensuring a comprehensive national spread. States with the highest participation included:

- **Maharashtra** – 91 respondents
- **West Bengal** – 70 respondents
- **Tamil Nadu** – 59 respondents
- **Uttar Pradesh** – 41 respondents
- **Karnataka** – 19 respondents

In terms of city classification:

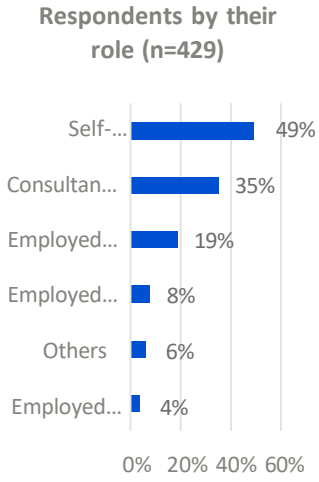
- **36% of respondents were based in Tier 2 cities**
- **35% in Tier 3 or smaller towns**
- **29% in Tier 1 metropolitan areas**



- **82% respondents had more than 15 years of clinical experience.**
- **65% were aged 50 years or above**
- Majority of the participants being **Female (75%)**

Where and how clinicians work was a critical parameter to understand adoption patterns

- **64% practice in hospitals** - often using digital systems due to mandates, but struggled with adaptation to already available tools
- **26% run independent clinics** — by contrast, had more decision-making autonomy in choosing tools — but frequently lacked IT infrastructure, trained staff, vendor access or finding right fit solutions.
- **10% straddle both —** navigating divergent digital realities



"In the hospital, EMR is mandatory, so we've adapted. But in my private clinic, I'm still using registers. There's no one to maintain a system there."
— Clinic owner, Tier 2 city

Source: FOGSI Digital Health Readiness Survey, 2025

India's Private Maternal Sector is Digitally Fragmented — Despite Its Dominant Role in Care Delivery

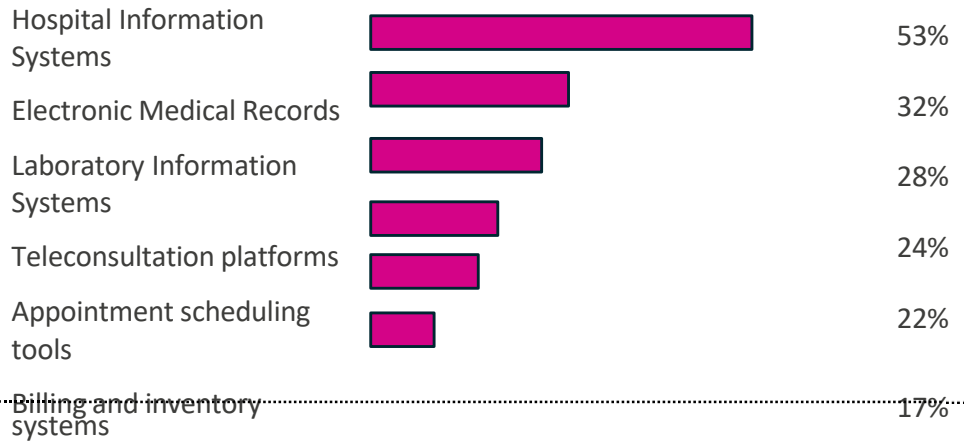
Adoption exists — but it's fragmented and uneven

Across 579 OB-GYNs surveyed, 69% report using at least one digital health tool — but this masks wide variance in depth and intent

Hospital-based providers had the highest adoption (75.7%), driven by mandatory systems and institutional mandates.

Private clinic-based providers, especially in Tier 2/3 cities, lagged with only 46.6% adoption.

Most commonly used tools



The digital tools adopted by OB-GYNs vary considerably between outpatient (OPD) and inpatient (IPD) settings—reflecting distinct operational demands, platform access, and integration levels.

OPD Settings
Fragmented and Practitioner-Driven

- **Common tools** include - Online appointment platforms (e.g., *Practo*, *Just Dial*, *WhatsApp*), EMRs (*Healthplix*, *Practo*), fetal monitoring apps (*Fetosense*, *BPL*), and informal teleconsultation via *WhatsApp*.
- Tools are often adopted **independently** by individual clinicians based on usability and convenience—especially in small clinics and nursing homes.

OPD is where clinician choice shapes adoption—and where targeted nudges (e.g., digital toolkits, vendor bundles) can yield rapid gains.

IPD Setting
Structured and System-Mediated

- Hospitals more frequently implement **integrated HIS and LIS systems**, such as *Trakcare*, *Medivision*, and *Keystone*.
- EMRs are often embedded within broader hospital software suites rather than standalone systems.
- Respondents were frequently unaware of backend tool names—indicating **low visibility and influence** over procurement in IPD settings.

IPD adoption depends on hospital-level protocols and procurement—suggesting the need for upstream engagement with hospital administrators and digital integrators.

Source: FOGSI Digital Health Readiness Survey, 2025

What's Really Holding Back Digital Health in OB-GYN Practice

Based on insights from 579 national survey respondents and 21 in-depth interviews, the following pain points emerged

Too Many Tools, No Trusted Guide

- In interviews, many OB-GYNs say they struggle to identify which tools are reliable, safe, or endorsed—amid a crowded market with little clinical curation.

"There are 20 different EMRs. I don't have time to test all of them. If FOGSI filters it, we trust it."

High Costs of Tools and Setup

- **44.7%** of OPD users and **35.5%** of IPD users reported high costs as a constraint.
- Among OPD non-users, **32.2%** flagged cost concerns even without adopting tools.

"We operate on tight margins. Unless a tool saves money or brings patients, it's hard to justify the spend." — Nursing homeowner, Tier 3 town

EMRs Not Designed for OB-GYN Use

- Clinicians noted that generic EMRs—often repurposed from general internal medicine—lacked essential modules like antenatal histories, delivery summaries, or maternal risk tracking.

"There's no space for antenatal history or delivery notes. It's like the tool was built for internal medicine." — OB-GYN, standalone maternity clinic

Poor Fit with Busy Clinical Workflows

- Around 27–29% say digital tools take too much time or don't match the flow of high-volume outpatient practice.

"In a high-volume OPD, I barely get five minutes per patient. If the tool slows me down, I stop using it." — Senior OB-GYN, Tier 1 city

Peer and Staff Resistance

- One-third of users (34.2% IPD, 29.3% OPD) face reluctance from colleagues or support staff—especially in larger hospitals where systems disrupt established routines.

"In a high-volume OPD, I barely get five minutes per patient. If the tool slows me down, I stop using it." — Senior OB-GYN, Tier 1 city

Lack of Digitally Skilled Staff

- 43.3% (IPD) and 40.7% (OPD) of current users report staff shortages as a challenge; over 50% of non-users also cite this as a key reason for not adopting digital tools.

"I do everything—consultation, ultrasound, counselling. There's no one to manage the software, and I can't type between patients." — Clinic-based OB-GYN, Tier 2 city

What it means?

A Workflow Compatibility > Attitude or Age

Even enthusiastic users drop tools if not aligned with OPD/IPD routines

B Institutional Support > Infrastructure Alone

Hospitals succeed due to peer support, accountability, and training

C Specialty Fit > General Use

Most EMRs lack OB-GYN-specific modules (antenatal risk, fetal history, delivery notes). Fit drives stickiness.

D Trust Signals > Features

Smaller clinics struggle with finding trusted tools that work well for them

Source: FOGSI Digital Health Readiness Survey, 2025

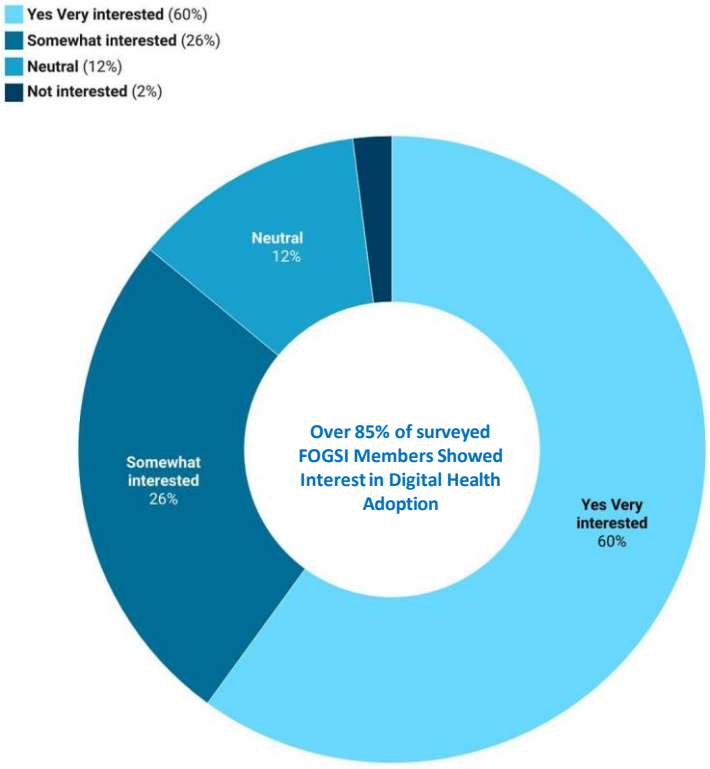
FOGSI members have shown strong appetite in going digital — but they need support in navigating the ecosystem

OB-GYNs are willing to adopt digital tools

AND

They want FOGSI to be their Digital Health partner

Interest profile among the FOGSI members for the digital health adoption (n= 573)



Providers are asking for

A **Clear recommendations they can trust**

Nearly 3 in 4 members want FOGSI to suggest reliable, OB-GYN-friendly tools.

B **Training that goes beyond standalone webinars**

58.7% want formal training, and 51.9% need help setting up tools within their workflow

C **Help with visibility and cost of right fit tools**

50% want better pricing. Most of them want support in developing OB-GYN Specific tools

D **Stories from people who have already adopted**

26.4% want to hear from other FOGSI members on to what has worked well for them

Area of support as mentioned by the respondents (n=573*)

Area of Support	Proportion
Recommended reliable Digital Tools	70.6% (409)
Providing Trainings/webinars	58.7% (340)
Technical implementation support	51.9%, (301)
Negotiating better pricing	49.9% (289)
Negotiating subsidies	37.8% (219)
Share success stories	26.4% (153)

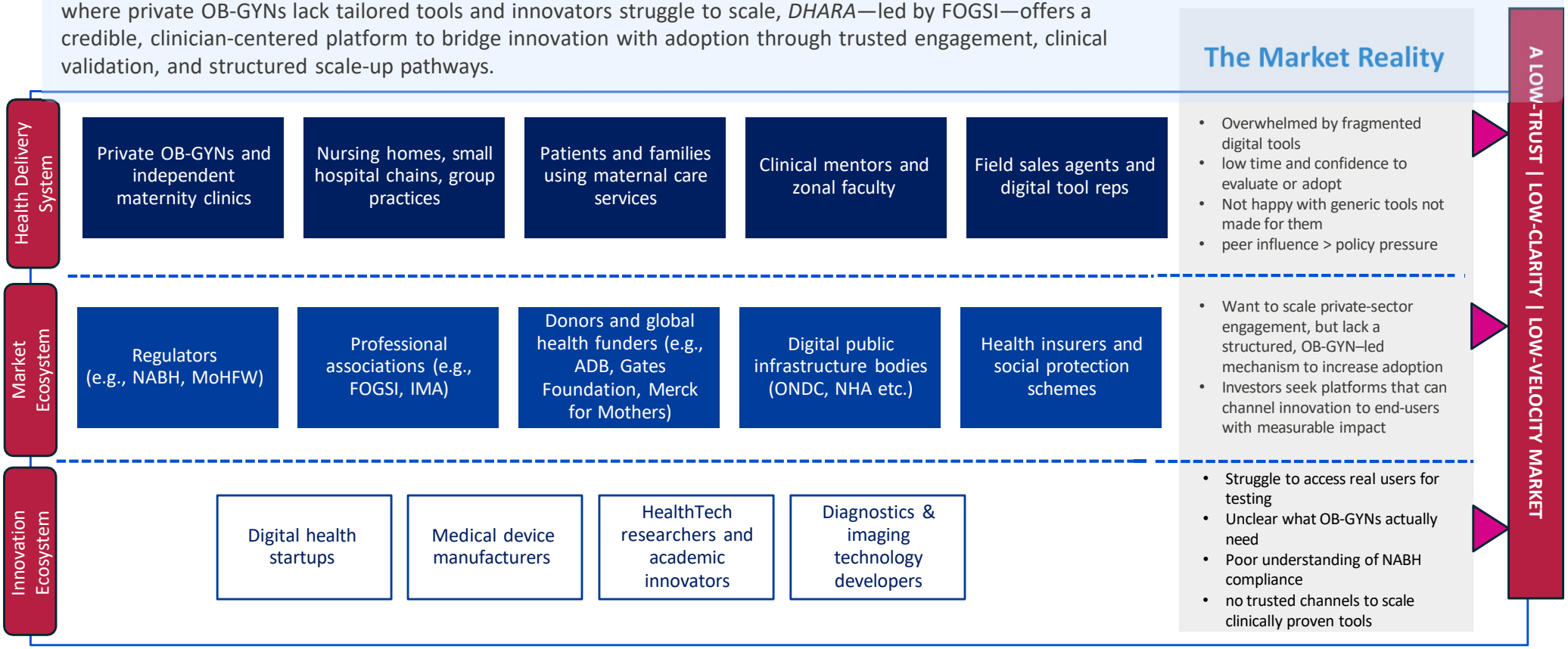
*Multiple responses allowed

Source: FOGSI Digital Health Readiness Survey, 2025

The reality across the Indian market ecosystem that we need to remain aware of

A Low Trust, Low Clarity, Low Velocity Market needs Transformative and Collaborative Efforts

where private OB-GYNs lack tailored tools and innovators struggle to scale, *DHARA*—led by FOGSI—offers a credible, clinician-centered platform to bridge innovation with adoption through trusted engagement, clinical validation, and structured scale-up pathways.



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