



WOMEN CARE | CHILD CARE | FERTILITY

July 30, 2026

National Stock Exchange of India Limited
Exchange Plaza, Plot No. C/1, G Block,
Bandra Kurla Complex, Bandra (E),
Mumbai – 400 051.
Symbol: RAINBOW

BSE Limited
Corporate Relationship Department,
Phiroze Jeejeebhoy Towers,
Dalal Street, Mumbai – 400 001.
Scrip Code: 543524

Sub: Earnings Presentation on Un-audited Financial Results (Standalone and Consolidated) for the quarter ended June 30, 2026.

Dear Sir/ Madam,

Please find enclosed herewith the Earnings Presentation of the Company on Un-audited Financial Results (Standalone and Consolidated) for the quarter ended June 30, 2026, which the Company proposes to share with analysts/ investors.

This is for your information and record.

Thanking You,
Yours Faithfully,

For **Rainbow Children's Medicare Limited**

Shreya Mitra
Company Secretary and Compliance Officer

Encl.: As above

Rainbow Children's Medicare Limited

Registered Office: 8-2-120/103/1, Survey No. 403, Road No. 2, Banjara Hills, Hyderabad- 500034, Telangana
CIN:L85110TG1998PLC029914

Corporate Office: 8-2-19/1/A, Daulet Arcade, Road No. 11, Banjara Hills, Hyderabad- 500034, Telangana

info@rainbowhospitals.in **1800 2122** **www.rainbowhospitals.in**

Q1 FY26-27 EARNINGS UPDATE


**Rainbow
Children's
Hospital**
It takes a lot to treat the little.


BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery



30th July, 2026

Disclaimer

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A testament to our
Gold Standard in
Exceptional patient care.



- Rainbow Children's Hospital Banjara hills, received **re-accreditation** from **JCI**
- Country's **first pediatric hospital** to have 2 **flagship hub hospitals**, one each in Hyderabad and Bengaluru, **awarded with JCI Accreditation**
- Country's **first standalone fertility center** BirthRight Fertility, Kondapur, Hyderabad received **re-accreditation** from **JCI**

An insight into the Rainbow approach





Dr. Ramesh Kancharla

Pediatric Healthcare Visionary

Chairman & Managing Director

Dr. Ramesh comes from an agricultural background from a village in Andhra Pradesh, India where the accessibility to healthcare was very poor. This motivated Dr. Ramesh to pursue medical education

Garnered rich experience in pediatric gastroenterology and liver disease at best pediatric hospitals in the United Kingdom and got exposed to the nuances of pediatric healthcare model at these hospitals

Lack of quality pediatric healthcare in the country and his resolve that no child should suffer due to lack of dedicated medical facilities led to the foundation of Rainbow Children's Hospitals in 1999

Rainbow is currently the country's largest pediatric hospital chain with 24 hospitals spread across 9 cities

Bestowed with Healthcare leader of year award by the Financial Express, Healthcare award, 2024

26 years of Rainbow Journey

1999-2010



- Established standalone pediatric specialty hospital concept

Integrated perinatal services within the children's hospital

Expansion within Hyderabad and a new city – Vijayawada

2011-2020



- Nurtured perinatal services
- Enhanced Pediatric multi specialty and tertiary care services
- Investment by the CDC Group, UK
- Foray into newer cities – Bengaluru and New Delhi
- Hub and Spoke model nurtured in Hyderabad

2021-2024

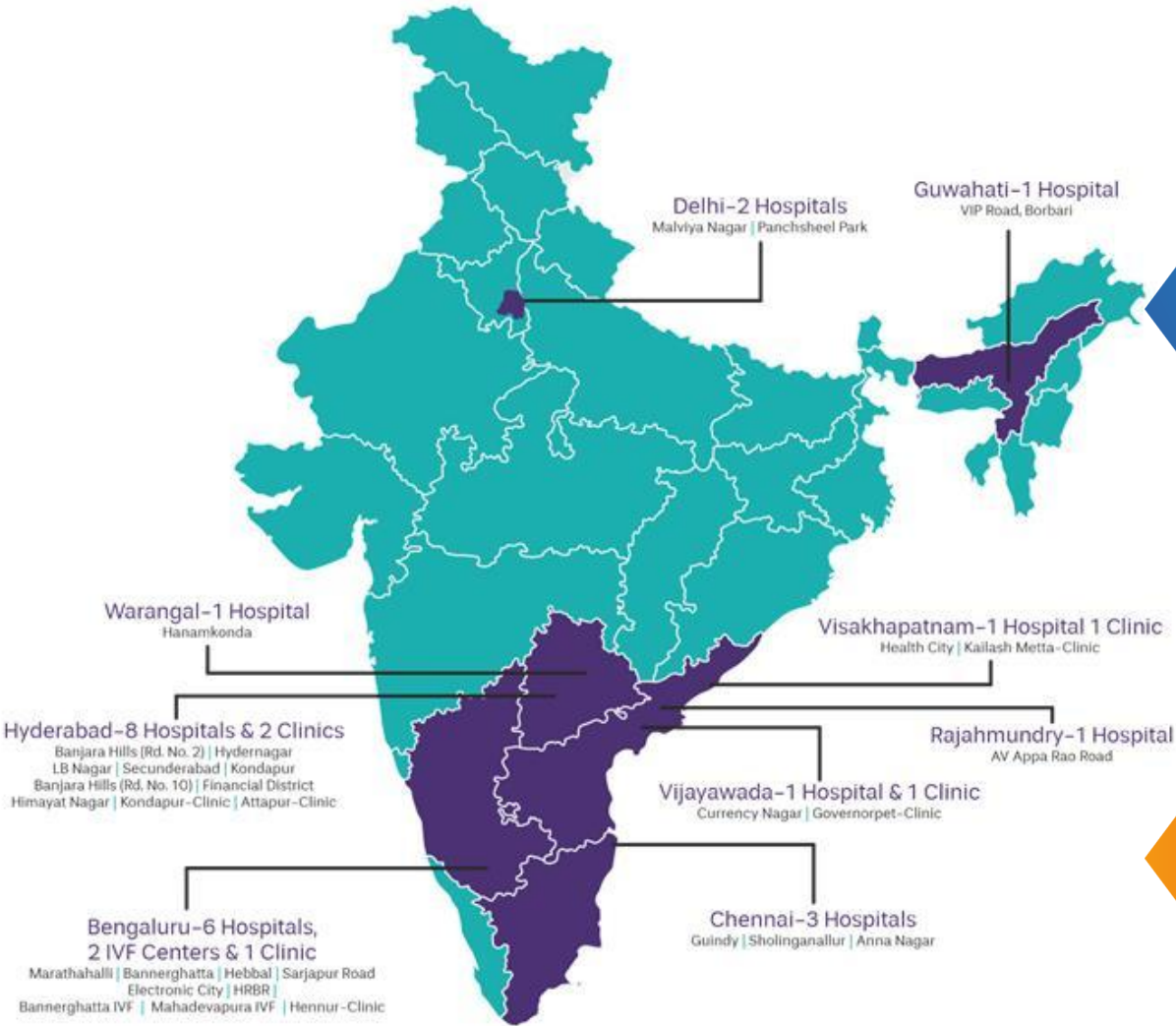
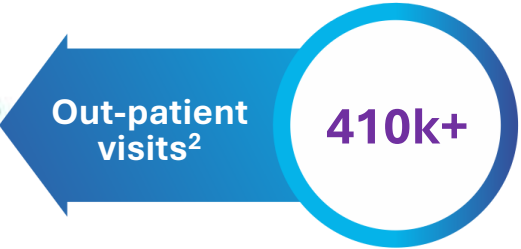


- Successful listing on the stock exchanges – NSE and BSE
- Largest chain of comprehensive pediatric care with cutting-edge quaternary care services
- Largest pediatric training program in private healthcare in the country
- Venturing into newer territories: Chennai and Visakhapatnam

2025-2026

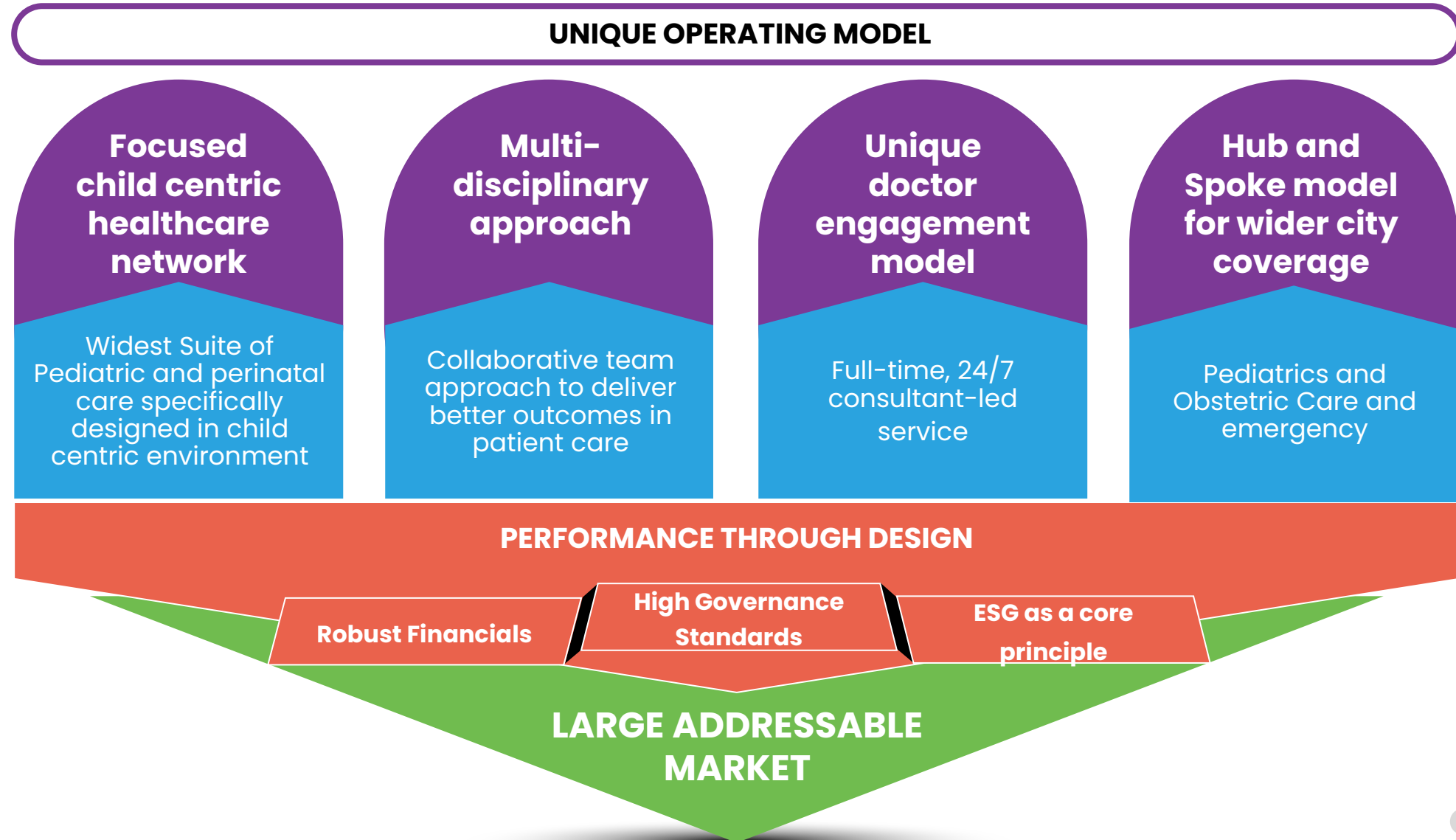


- Acquisition of: Prashanthi Hospital, Warangal & Pratiksha Hospital, Guwahati
- Commencement of spoke hospitals at Rajahmundry, Electronic City and HRBR, Bengaluru
- Pioneering the way: The first pediatric and fertility hospital to earn prestigious JCI accreditation in the country



Note: ; ¹ Including the beds at Madhukar, New Delhi; ² Including full time residents and DNB; ³ Numbers for Q1 FY27

A novel approach to pediatric healthcare delivery



Ability to conceptualize, create and operate specialized children's hospitals



Children Centric Hospitals



Children centric environment and soothing interiors help in children to recover faster



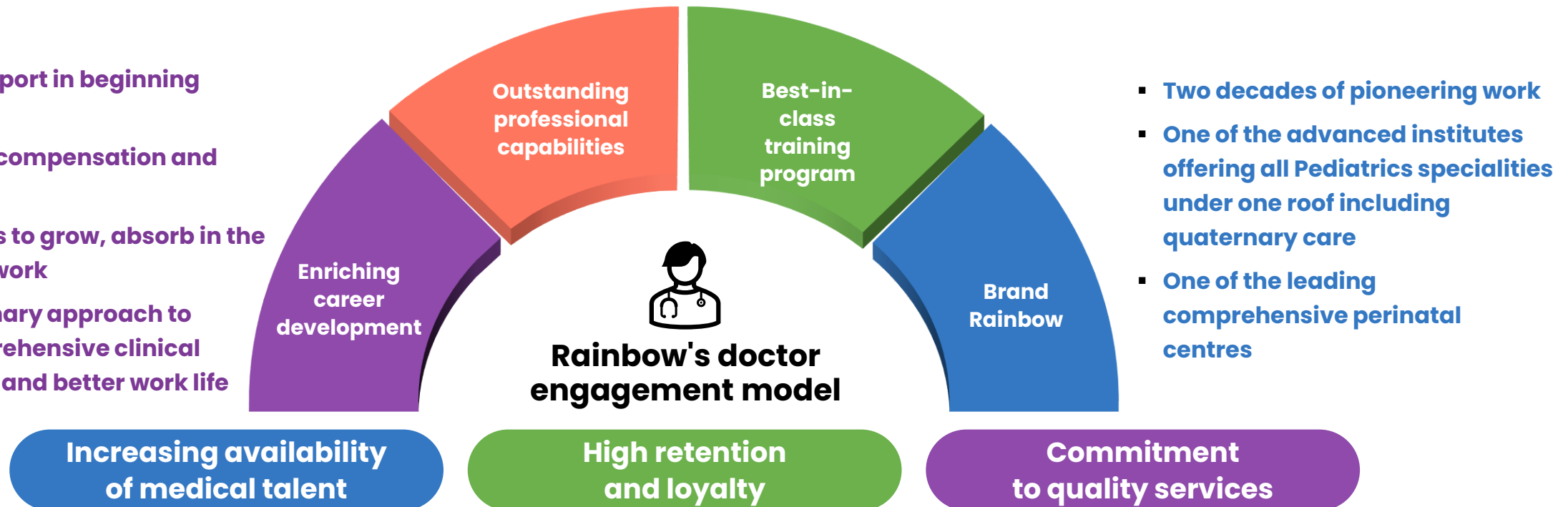
Allocation of significant portion of capex towards interiors of hospitals for creating congenial environment



Doctor engagement model fostering loyalty and sustainability with an institution-first approach

- **1075+ full-time doctors**
- **A number of doctors trained or possess qualifications from the UK, USA, Canada, Australia**
- **Modern infrastructure and clinical back-up to provide quality care**
- **Recognised as MRCPCH Examination Centre**
- **Recognised as training center¹ by National Board of Examinations**
- **Leading training program in India approved by National Board of Examinations**

- **Retainer/Support in beginning years**
- **Competitive compensation and rewards**
- **Opportunities to grow, absorb in the Rainbow network**
- **Multidisciplinary approach to create comprehensive clinical environment and better work life balance**



Note: ¹ For offering training in Pediatrics, Neonatology, Pediatrics Intensive Care, Pediatric subspecialties, Obstetrics and Gynaecology

The specialist in **comprehensive children's care**



Full suite of Pediatric offerings



Pediatric Secondary Care

- Pediatric outpatients
- Immunizations
- Developmental Screening
- Acute and seasonal illness

Pediatric Tertiary Intensive Care

- Care of preterm babies with low/extremely low birth weight
- Newborn emergency transports
- Neonatal surgical Services
- Advanced ventilation including HFOV
- Pediatric neurocritical care services
- ECMO services



Pediatric Multi-specialty & Quaternary Care

- Pediatric Surgery, urology and minimally invasive surgery
- Pediatric Cardiology and cardiac surgery
- Pediatric Neurology and neuro-surgery
- Pediatric Haemato-oncology
- Pediatric Gastroenterology and liver diseases
- Pediatric Nephrology
- Pediatric Pulmonology and allergy
- Pediatric transplantation (liver, kidney, bone-marrow)
- CRRT, plasmapheresis, hemodialysis

**~1/3 of Beds Allocated
to Critical Care**

**3 Hospitals
Accredited by JCI#**

**14 Hospitals
Accredited by NABH**

Comprehensive perinatal care provider, with synergies between Pediatric and perinatal services

Comprehensive services for all pediatric care needs

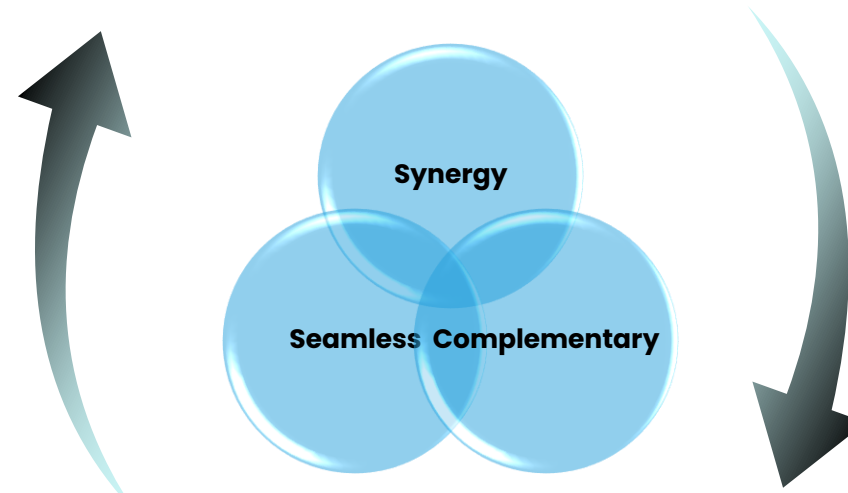
Pediatrics

- 24*7 full spectrum of Pediatric multi specialty cover with level 4 NICU care



Coordinated handholding for both perinatal and pediatric services

Ease of seeing both pediatrician and obstetrician



- Comprehensive perinatal service
- 24/7 Obstetrics, anesthesia, blood bank
- Maternity ICU

Obstetrics, Fetal Medicine & Fertility

Fully integrated maternity care and fertility services

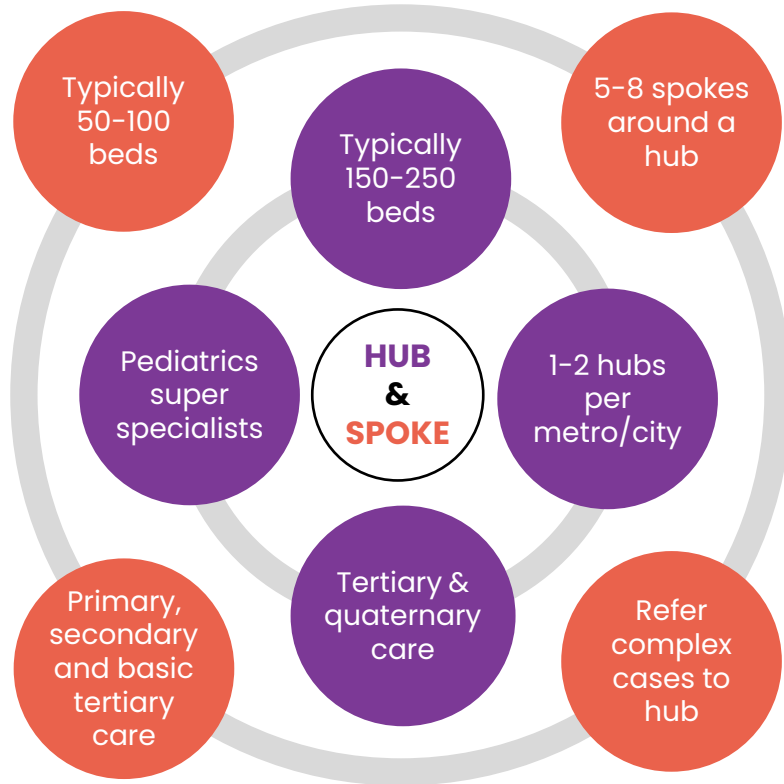
**Accessibility/nativity/comfort/
knows the system/strong
recommendation from pediatrician**

**Full range of fetal service included
cardiac echo/neonatologist
consultation prior to delivery**



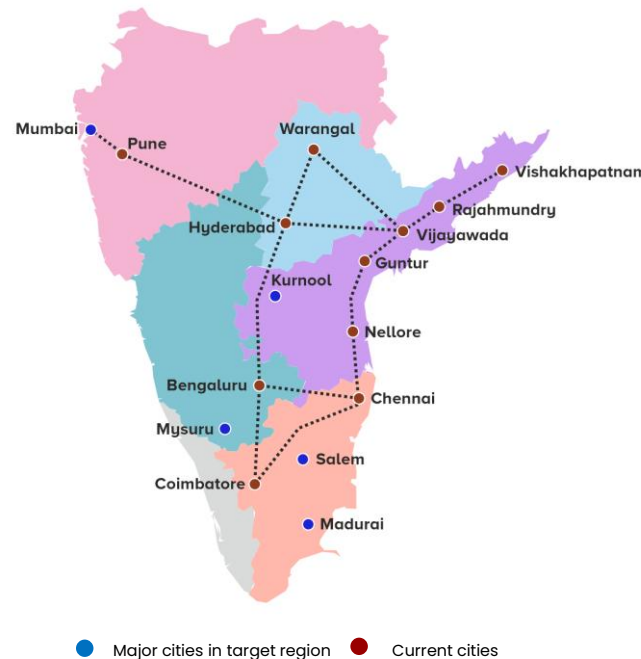
Hub and Spoke approach to **optimise delivery of patient care services** at scale

City level hub and spoke model



Accessibility of super-specialty at hubs, general pediatrics at spokes

Regional level “South Connect” model



Regional spokes at 200-250 kms from city hubs

Regional spokes to provide high quality Pediatric, obstetrics and gynaecology care at tier-II cities and act as connecting bridge to address a large market

- Robust transport network to save sick newborn and children from districts
- Establish Pediatric sub-specialty outreach clinic at districts
- Provide emergency service for maternal and Pediatric patients

Financially prudent expansion

Network effect and synergies enhance operational efficiencies

City & Regional – Hub & Spoke Model

City

Hyderabad



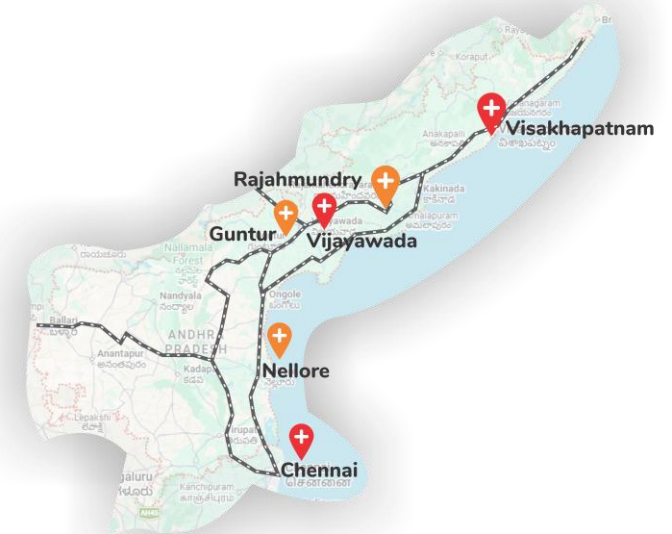
Bengaluru



Chennai



Regional



● Hub ● Spoke ● Upcoming Hospital

- Hub Hospital is centrally situated, providing accessibility from all parts of the city
- Spokes hospitals are situated at areas experiencing rapid growth and development, strategically located to ensure convenient access for nearby towns and cities

Robust governance framework

High Governance Standard

Board of directors



Dr. Ramesh Kancharla

Chairman & Managing Director
MD (Pediatrics) & MBBS (UK)

- Specialist in Pediatric Gastroenterology, Hepatology and Nutrition
- Worked in prestigious hospitals such as King's College Hospital, London, Great Ormond Street Children's Hospital – London and is a member of the Royal Colleges of Physicians of the United Kingdom
- Bestowed with 'healthcare leader of year' award at the Financial Express, Healthcare award, 2024



Dr. Dinesh Kumar Chirla
Whole-time Director



Dr. Adarsh Kancharla
Non Executive Director



Mr. Aluri Srinivasa Rao
Independent Director



Dr. Anil Dhawan
Independent Director

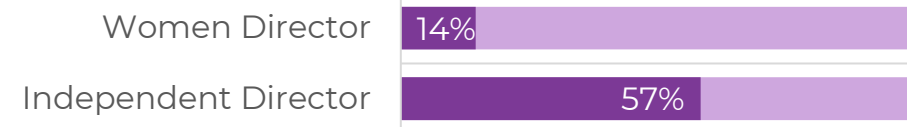


Mr. Santanu Mukherjee
Independent Director

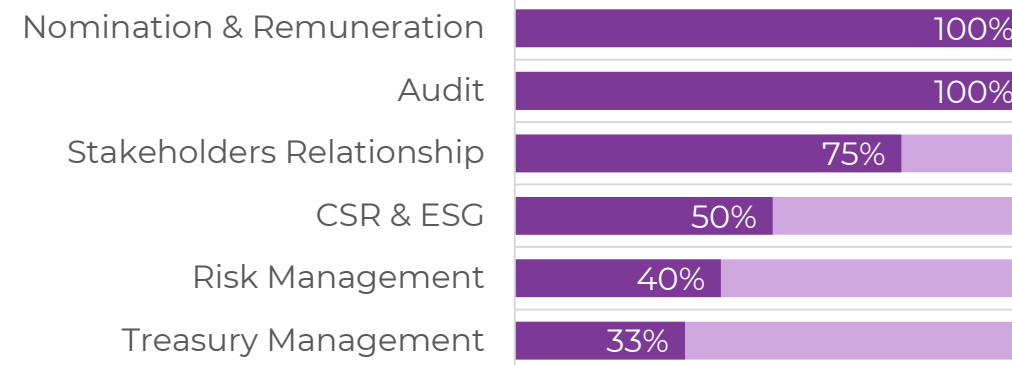


Ms. Sundari Raviprasad Pisupati
Independent Director

Board composition



Committees of the Board



■ % Independent Directors

Our Mission

Our aim at Rainbow Children's Hospital is to provide **highest standards of care for the mother, fetus, new born and children** so that none of them is deprived of a tertiary care facility.

Our Vision

The measure of our success is in the number of smiling faces.

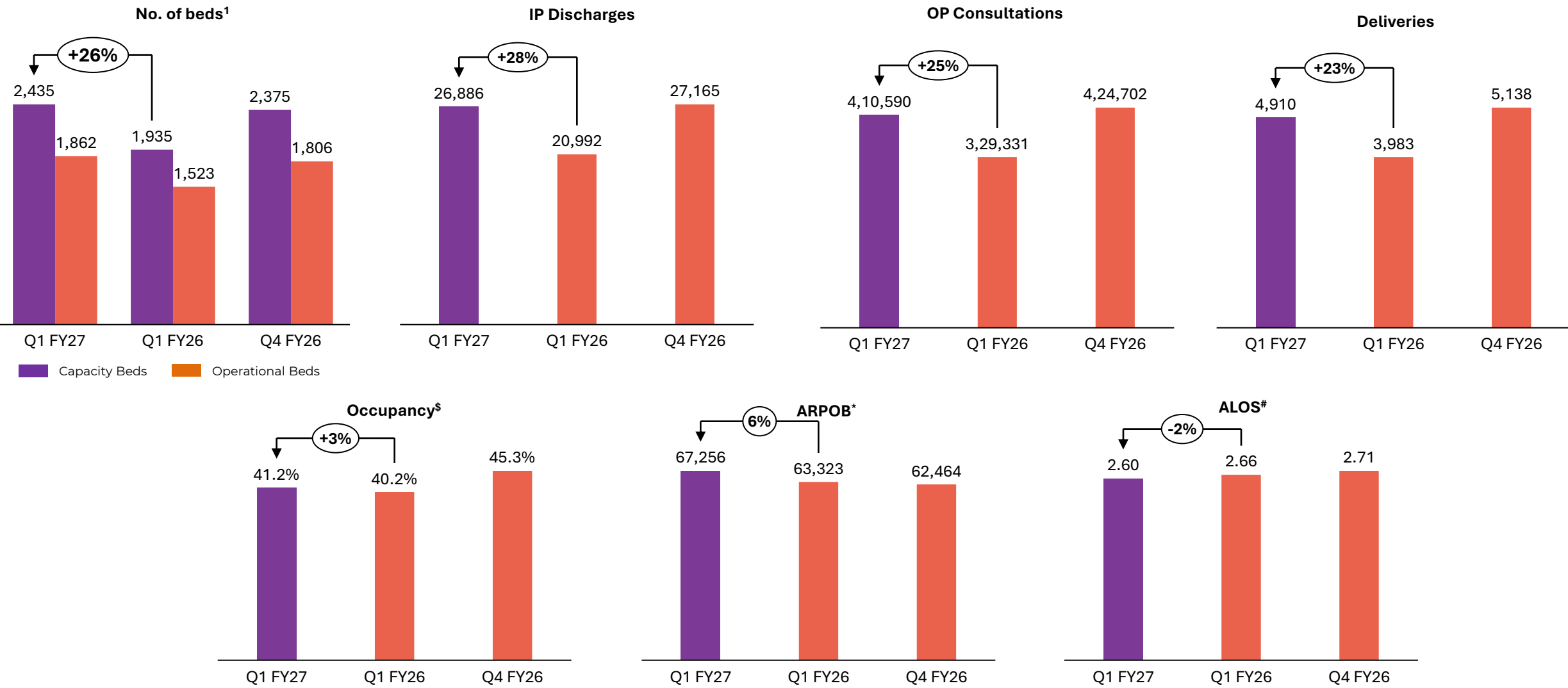


Awards & Accolades

 Guinness World Record Holder for the Largest Gathering of People Born Prematurely – 2016	 South East Asia's Smallest Baby Born at Rainbow Children's Hospital, Hyderabad – 2018	 Certified for the Fifth Year	 For Four Consecutive Years	 Rainbow Children's Hospital, Marathahalli, Bengaluru Accredited by JCI in 2024	 BirthRight Fertility by Rainbow Children's Hospitals, Kondapur, Hyderabad Accredited by JCI in 2022
 India's First NABH Accredited Corporate Children's Hospital	 Ranked India's No.1 in Pediatrics, Obstetrics & Gynecology & No.2 in Infertility – 2023	 Awarded Best Children's Hospital in India by CNBC TV 18 and ICICI Lombard – 2010, 2014, 2018	 The Week & Hansa Research Survey – India's No.1 Pediatrics Standalone Hospitals – 2021-2022	 Best Hospital for Mother & Childcare Best Hospital for Obstetrics and Gynecology 2024	 Ranked No.1 in National Single Speciality – Pediatrics Times Critical Care Survey 2022, 2023
 Ranked No.1 in Obstetrics & Gynecology Hospital in– Times Critical Care Survey – 2021	 The Best Multi Speciality Hospital in Fertility and IVF Category 2018-2019	 Awarded as Leader in Safe Delivery	 Best Organisation for Women 2025	 Pioneer in Women & Children's Hospital 2024	 VCCircle – Best Pediatric Hospital (under best Single Speciality Healthcare Company Category) 2015, 2016
 Rainbow Children's Hospital & BirthRight, Secunderabad & Marathahalli World's Best Specialized Hospitals 2025	 Rainbow Children's Heart Institute - Hyderabad, World's Best Specialized Hospitals 2025	 Pharmacie De Qualite' Certification from the Bureau of De Veritas – Rainbow Children's Hospital, Banjara Hills, - 2017	 BEST PRACTICES CERTIFIED Amazing Workplace for Excellence in People Practices 2025		

Quarterly Performance

Q1 FY27 - Operational KPIs (1/2)



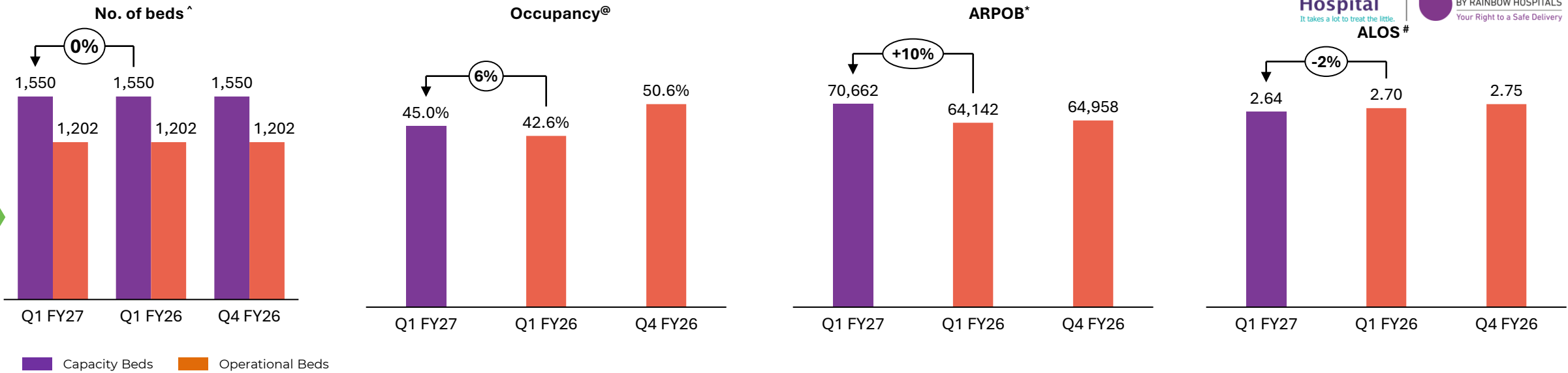
¹ Weighted average operational bed for the quarter/period are considered for occupancy calculations
Commencement of Operations : 1. Rainbow HRBR commenced on 1st May with 60 capacity beds (48 operational bed)

¹ For the operational KPIs calculation, we exclude the beds at Rainbow Madhukar, New Delhi

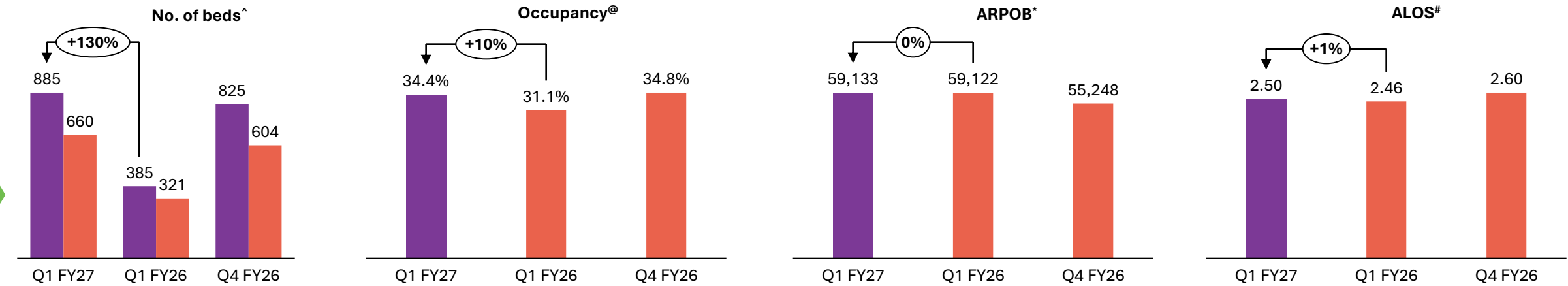
^{*} ARPOB = Total operating revenue / occupied beds days for the period
[#] ALOS = occupied bed days / total IP discharges
Occupied Bed Days = sum of midnight census for the period
[§]Occupancy = Occupied bed days / (Weighted operational beds for the period * no. of days for the period)

Q1 FY27 - Operational KPIs (2/2)

Matured Hospitals¹



New Hospitals²



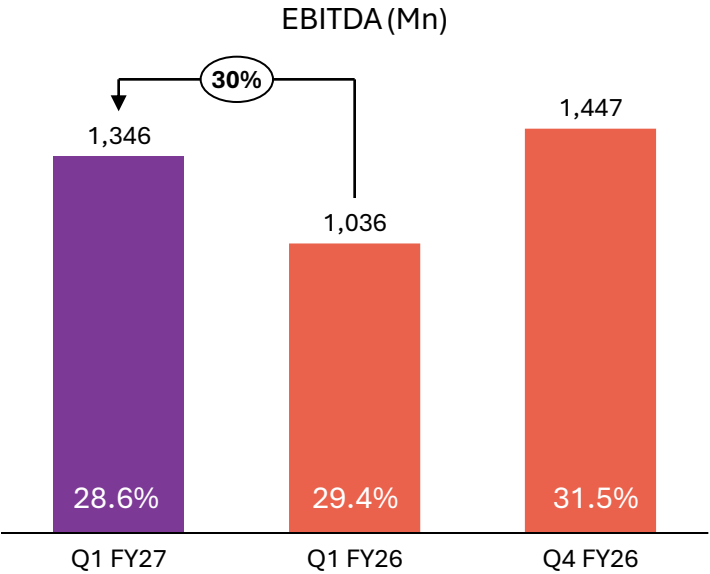
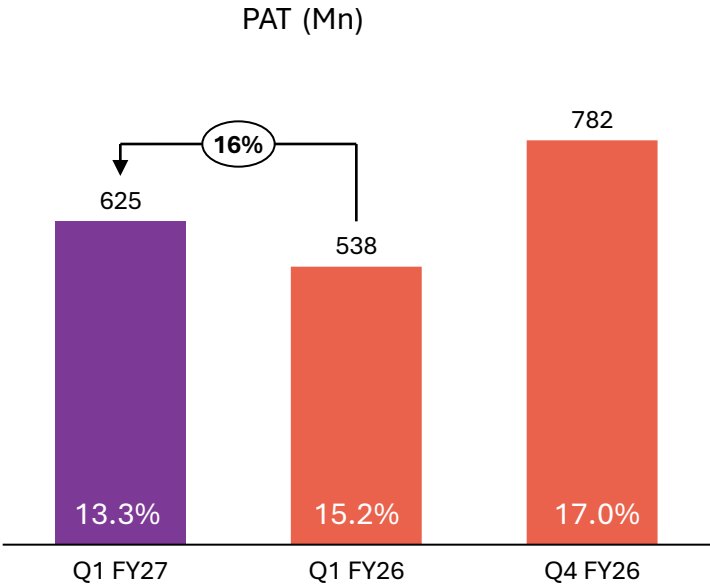
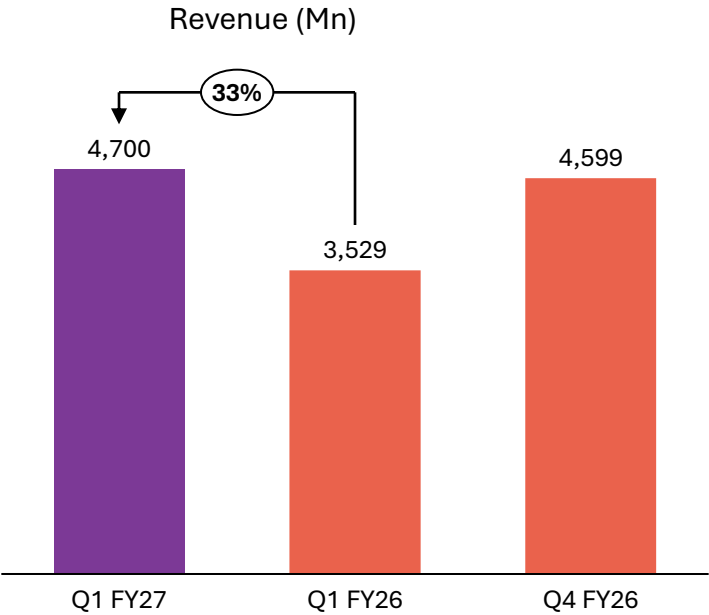
¹ Matured Hospitals include the hospitals which have completed 5 years of operations as on 31st March 2021. Rainbow Visakhapatnam, Rainbow Hebbal have completed 5 years and are categorized as matured hospital from this financial year. Historical data will not match due to this change.

^ Weighted average operational bed for the quarter/period are considered for occupancy calculations
Commencement of Operations : 1. Rainbow HRBR commenced on 1st May with 60 capacity beds (48 operational bed)

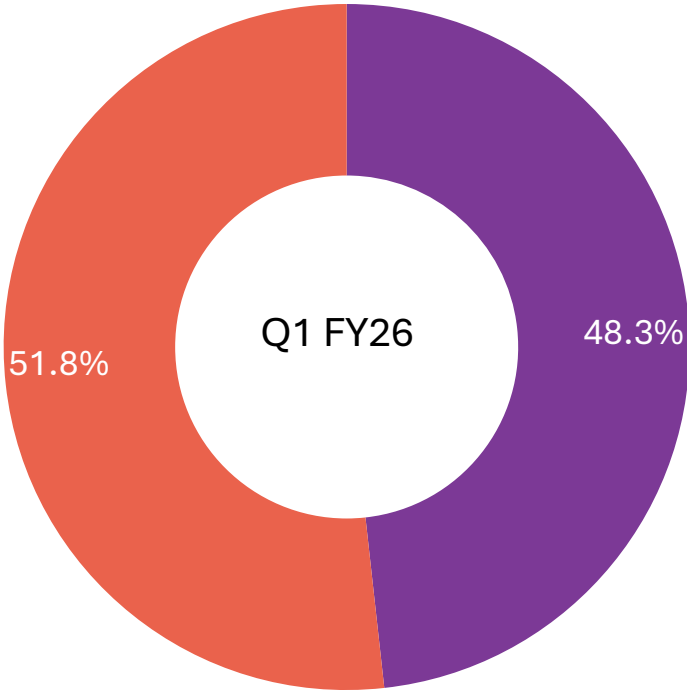
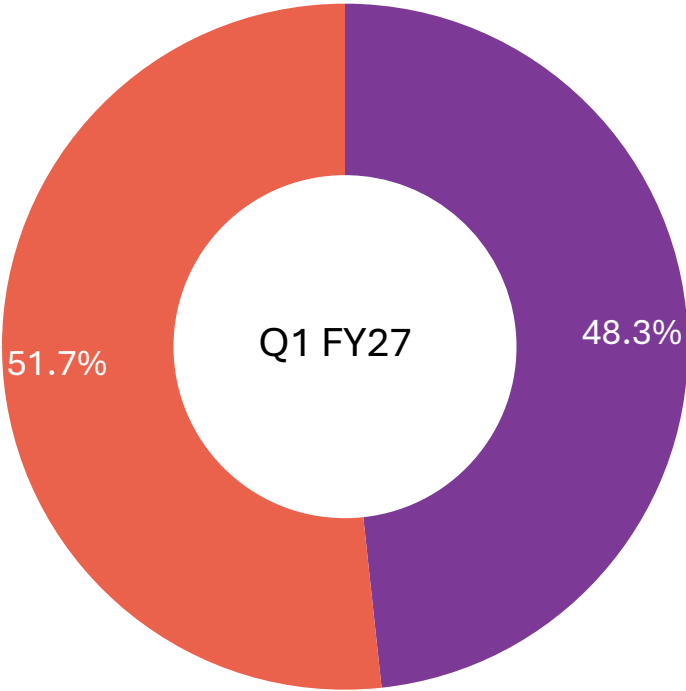
² New Hospitals include the hospitals which are under 5 years of operations : 1. OMR, Chennai 2. Financial District, Hyderabad 3. Himayatnagar, Hyderabad 4. Sarjapur Road, Bengaluru 5. Anna Nagar, Chennai 6. Prashanthi Hospital, Warangal 7. Pratiksha Hospital, Guwahati 8. Rajahmundry, Andhra Pradesh 9. Electronic City, Bengaluru 10. HRBR, Bengaluru

* ARPOB = Total operating revenue / occupied beds days for the period ; # ALOS = occupied bed days / total IP discharges ; Occupied Bed Days = sum of midnight census for the period ; ®Occupancy = Occupied bed days / (Weighted operational beds for the period * no. of days for the period)

Q1 FY27 – Financial Performance



Q1 FY27 – Payor Profile¹



 Cash  Insurance

¹The payor profile represents only Inpatient Income (IP) ; Outpatient Income is excluded

Consolidated statement of profit and loss

All numbers in INR Mn	Q1 FY27	Q1 FY26	YoY Growth	Q4 FY26	QoQ Growth
Income					
Revenue from operations	4,699.9	3,529.3	33%	4,599.0	2.2%
Other income	127.1	200.2	-37%	50.6	151.0%
Total income	4,827.0	3,729.5	29%	4,649.7	3.8%
Expenses					
Cost of materials consumed	645.4	475.0	36%	569.8	13.3%
Employee benefits expense	668.5	516.2	30%	630.7	6.0%
Finance costs	212.1	180.8	17%	205.0	3.5%
Depreciation and amortisation expense	422.0	341.9	23%	409.4	3.1%
Professional fees to doctors	1,238.2	917.6	35%	1,126.7	9.9%
Other expenses	801.3	584.3	37%	824.7	-2.8%
Total expenses	3,987.4	3,015.7	32%	3,766.4	5.9%
Exceptional items	-	-		15.4	
Profit before tax	839.5	713.7	18%	867.9	-3.3%
Tax expenses:					
(a) Current tax	222.8	174.8	27%	258.3	-13.7%
(b) Deferred tax expense/(credit)	-8.7	4.3	-301%	-172.6	-95.0%
(c) Adjustment of tax related to earlier periods	-	-3.5	-100%	-0.0	-100.0%
Total tax expense	214.1	175.7	22%	85.7	149.8%
Profit for the year	625.4	538.0	16%	782.2	-20.0%

	FY26	FY25	YoY Growth
	17,030.8	15,158.7	12.4%
	437.9	510.1	-14.2%
	17,468.7	15,668.7	11.5%
	2,270.3	1,949.2	16.5%
	2,335.3	2,063.7	13.2%
	776.2	724.6	7.1%
	1,505.7	1,384.4	8.8%
	4,188.1	3,690.2	13.5%
	2,795.4	2,556.7	9.3%
	13,871.0	12,368.7	12.1%
	15.4	-	
	3,582.3	3,300.0	8.6%
	964.8	873.1	10.5%
	-194.5	-35.2	452.7%
	-3.5	19.9	
	766.9	857.7	-10.6%
	2,815.4	2,442.3	15.3%

EBITDA (Post Ind AS 116 & excluding other income)	1,346.5	1,036.2	30%	1,447.0	-7.0%
Less : IND AS Impact	264.3	224.1	18%	245.6	7.6%
EBITDA (Pre Ind AS 116 & excluding other income)	1,082.2	812.1	33%	1,201.5	-9.9%

	5,441.7	4,898.9	11.1%
	956.2	873.1	
	4,485.5	4,025.8	11.4%

Key Developments

Expansion Plan & Timelines

City / Cluster	Current Capacity	FY : 26-27	FY : 27-28	FY: 28-29	Total
Telangana¹	1,040¹				1,040
Bengaluru	592			Seegehalli (80)	672
Tamil Nadu	270		Coimbatore² (~130)		400
National Capital Region (NCR)[#]	154		Gurugram Sector – 56 (~125)	Gurugram Sector – 44 (~325)	604
Andhra Pradesh	359	Nellore (~70) Guntur (~50)	Nellore (~30)		509
North East	150³				150
Central India⁴	-	Indore (~25)		Indore (~75)	100
Maharashtra⁵	-		Mumbai (~100)	Pune (~150)	250
Total Beds	2,565	145	385	630	3,725

¹ Telangana beds includes acquisition of Prashanthi Hospital, Warangal

² Coimbatore is expected to get commissioned by H2 FY27-28

³ North-East beds includes acquisition & integration of Pratiksha Hospital, Guwahati from 1st September 2025

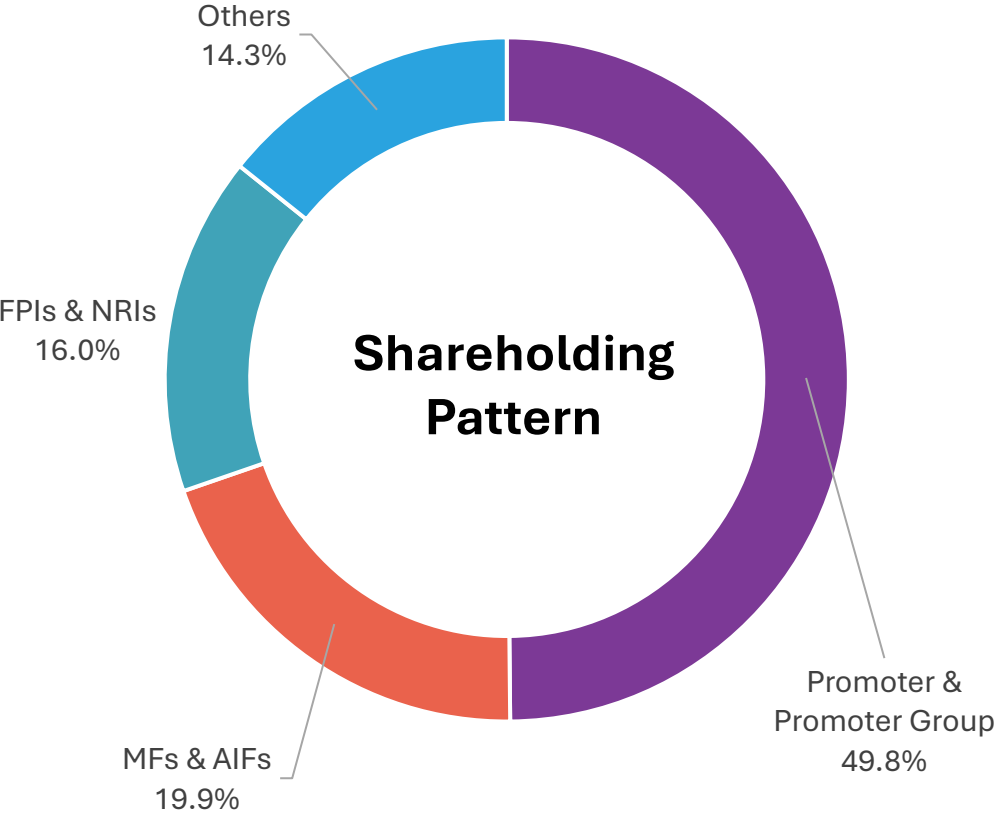
⁴ Rainbow to operate 25 beds in Indore currently, ~100 beds independent facility likely to be commissioned by end of FY29, Rainbow to vacate these 25 beds within the adult hospital then.

⁵ Rainbow Mumbai hospital likely to commence by Q1 FY28

[#] Bed Count includes the 130 beds at Malviya Nagar where Rainbow Hospitals provides Medical services

() indicates no. of beds

Shareholding – as on June 30, 2026



Institutional Shareholders holding more than 1% as on June30, 2026		
Sr. No	Name of Shareholder	Share Holding# (%)
1	ICICI PUDENTIAL & ISIF EQUITY FUND	5.9
2	DSP MUTUAL FUND	4.1
3	FRANKLIN TEMPLETON INVESTMENT FUNDS	2.9
4	ABU DHABI INVESTMENT AUTHORITY	2.1
5	VANGUARD FUND	1.9
6	HDFC MUTUAL FUND & INSURANCE COMPANY	1.9
7	TATA MUTUAL FUND	1.7
8	ASHOKA WHITEOAK / ASHOKA INDIA	1.6
9	AXIS MUTUAL FUND	1.4
10	NIPPON MUTUAL FUND	1.3
11	MOTILAL OSWAL MUTUAL FUND	1.3

Different Schemes of Investor / Fund House are grouped together

MFs - Mutual Funds, AIFs - Alternative Investment Fund, FPIs - Foreign Portfolio Investors, NRIs - Non- Resident Indians

Thank You

"It takes a lot to treat the little"



Pioneering **comprehensive pediatric healthcare** with robust infrastructure (1/2)

Total No. of
Beds

2,565³

Rainbow[®]
Children's
Hospital
It takes a lot to treat the little.

BirthRight[™]
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery



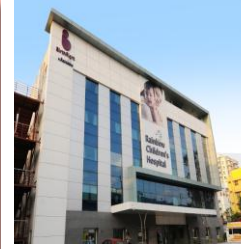
Banjara Hills, 1999
250



Vikramপুরi, 2009
110



Kondapur, 2013
50



Hydernagar, 2014
160



LB Nagar, 2016
100



RCHI¹, 2019
110



Financial District, 2023
100



Himayat Nagar, 2024
60



Warangal², 2025
100



Marathahalli, 2015
200



BG Road, 2016
102



Hebbal, 2020
50



Sarjapur, 2024
90



Electronic City, 2026
90



HRBR, 2026
60

Telangana²
(1,040 Beds)

Bengaluru
(592 beds)

Note: ¹Rainbow Children's heart institute, Banjara hills, Hyderabad ; ²Telangana beds includes acquisition of Prashanthi Hospital, Warangal on 1st July 2025;

³ Bed Count includes the 130 beds at Malviya Nagar where Rainbow Hospitals provides Medical services

beds

Pioneering **comprehensive pediatric healthcare** with robust infrastructure (2/2)

Total No. of
Beds

2,565³



Delhi³
(24 Beds)



Malviya Nagar³, 2017
130



Rosewalk, 2019
24

Northeast
(150 Beds)



Guwahati, 2025
150

Chennai
(270 beds)



Guindy, 2018
135



Sholinganallur, 2022
55



Anna Nagar, 2024
80

Andhra Pradesh
(359 beds)



Vijayawada, 2007
130



Visakhapatnam, 2020
129



Rajahmundry, 2025
100

Note; ³ Bed Count includes the 130 beds at Malviya Nagar where Rainbow Hospitals provides Medical services

Appendix





Appendix

From Guwahati to Hyderabad: A Journey of Hope, ECMO and Survival

- **Challenge:** An 8-year-old in Guwahati developed severe pneumonia secondary to Influenza B infection. Despite nearly a week of ventilator support at a local hospital, oxygen levels continued to fall and respiratory function kept deteriorating. With no ECMO capability available in the region, the local team recognized that ventilator support alone would not be enough — survival odds were narrowing by the day.
- **Intervention:** Rainbow's Pediatric ECMO Retrieval Team mobilized from Hyderabad and travelled nearly 1,800 km to Guwahati, carrying the equipment needed to initiate Venovenous ECMO on-site — a system that takes over the lungs' oxygenation function, giving damaged tissue time to recover. Once stabilized, the child was airlifted back to Hyderabad while the team managed the ECMO circuit throughout the flight. This was the first reported pediatric ECMO transfer out of Northeast India, and one of the longest pediatric ECMO air-retrieval missions carried out in the country.
- **Outcome:** The clinical course remained demanding after arrival. The child required ECMO for 36 days and developed secondary infections during the admission, both needing continuous multidisciplinary management. The team weaned the child off ECMO step by step, and he was ultimately discharged in good health.
- **Significance:** This case demonstrates a mobile, advanced-life-support capability that extends well beyond the hospital's physical footprint. For regions without local ECMO infrastructure, the retrieval model brings tertiary-level critical care to the patient rather than requiring the reverse — expanding the addressable referral base and reinforcing the hospital's role as a national escalation point for pediatric critical care.



Defying the Odds: Saving a Child from Multi-Organ Failure After a Five-Storey Fall

- **Challenge:** A 13-year-old arrived in shock after falling from the fifth floor of a residential building. Initial assessment found a cluster of injuries that individually carry high mortality risk: a tear in the thoracic aorta (the body's main blood vessel), significant brain and lung trauma, pancreatic injury, kidney dysfunction, and a fractured femur. The combination left a narrow margin for error — treating one injury too slowly, or in the wrong order, risked the others becoming unsurvivable.
- **Intervention:** The cardiology and intensive care teams addressed the aortic tear first, performing emergency endovascular stenting to repair the vessel from within — a less invasive approach than open-chest surgery that let attention shift quickly to the remaining injuries. Over the following weeks the child needed mechanical ventilation, dialysis, blood transfusions, blood-pressure support medication, and advanced neurocritical care, remaining in a medically induced coma through the early phase of treatment.
- **Outcome:** After close to five weeks of coordinated care across specialties, the child stabilized enough for discharge and went home in stable condition.
- **Significance:** Cases at this severity test how well a hospital's specialties function as one system rather than separate departments. The sequencing decision alone — stabilizing the vascular injury before tackling everything else — reflects a trauma protocol built for exactly this kind of multi-system emergency, reinforcing the hospital's standing as a tertiary destination for catastrophic pediatric injury.

THE HINDU

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Hyderabad teenager survives fifth-floor fall after 34 days of intensive care in Hyderabad

He suffered a tear in aorta (largest and main artery), femur bone fracture, injury to lungs, brain injury (bleeding), kidney failure, pancreatic trauma and other complications

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THE HINDU BUREAU



తెలుగు వార్తలు

మృత్యుంజయుడు.. ఆ బాలుడు

- ఐదో అంతస్తు నుంచి పడి శరీరమంతా చిద్రుంపై పాణి పాయ స్థితిలో వచ్చిన 13 ఏళ్ల బాలుడికి అరుదైన చికిత్సలతో బంజారాహిల్స్ రెయిన్ బో వైద్యులు పునరుద్ధరణ ప్రసాదించారు. వివరాలను ఆసుపత్రి వర్గాలు బుధవారం వెల్లడించాయి. కొన్నివారాల క్రితం నిజాంపేటలోని ఓ అపార్ట్మెంట్ ఐదో అంతస్తులో అడుగుంటూ ఓ బాలుడు కింద పడిపోయాడు. నేలకు శరీరం బలంగా తాళడంతో తీవ్ర రక్తస్రావమైంది. ఓపీ ఫూర్తిగా పడిపోయి కేమాలోకి వెళ్లిపోయాడు. శరీరంలోని కీలకమైన బృహద్రమని (టోరాసిక్ అయోర్గా) చిట్టిపోవడంతోపాటు మెదడుకు తీవ్ర గాయం అయింది. క్షేమగ్రంథి దెబ్బతింది. ఊపిరితిత్తులు, మూత్రపిండాలు వైఫల్యంతోపాటు తొడ ఎముకలు విరిగిపోయాయి. బాలుడిని బంజారాహిల్స్ రెయిన్ బోకి తరలించగా.. ఎండోవాస్కులర్ స్టెంట్

ప్రక్రియ ద్వారా బృహద్రమనిని సరిచేశారు. ఇతర గాయాలకూ చికిత్స అందిస్తూ వచ్చారు. రెండోవారంలో బాలుడు కేమా నుంచి బయటపడటంతో వెంటిలేటర్ తొలగించారు. న్యూరో ఇంటెన్సివ్ కేర్ ద్వారా మెదడును రక్షిస్తూ.. మిగిలిన అవయవాల పనితీరును మెరుగుపరిచారు. ఐదు వారాల సుదీర్ఘ పోరాటం తర్వాత ఆ బాలుడు ప్రాణాలతో బయటపడ్డాడు. 'ఆ బాలుడు ఆసుపత్రిలో చేరేటప్పుడు ప్రతి అవయవం దెబ్బతిని ఉంది. గాయాలకే కాకుండా, ప్రతి అవయవం మళ్లీ పనిచేసేలా చూడటంపై దృష్టి సారించాం. మూత్రపిండాలు పనిచేయకపోవడంతో డయాలిసిస్ చేశాం' అని సీనియర్ టెన్సివ్ ఐసీయూలో ఇంటెన్సివ్ కేర్ నిపుణులు డాక్టర్ అనుపమ తెలిపారు. ఓపీ పీడియాట్రిక్ కార్డియాలజిస్టు డాక్టర్ నాగేశ్వరరావు కోనేటి మాట్లాడుతూ.. ఈ కేసులో టోరాసిక్ అయోర్జిక్ గాయం అత్యంత తీవ్రమైనది. చికిత్సలో ఏమాత్రం ఆలస్యమైనా ప్రాణాంతకంగా మారుతుంది. ఆ పరిస్థితుల్లో తక్షణం దెబ్బతిన్న బృహద్రమనిని సరిచేశాం. బాలుడు కోలుకోవడంతో డిశ్చార్జ్ చేశాం. తొడ ఎముకలు నయం కావడానికి కొంత టైడ్ డ్రెస్స్ అవసరం' అని తెలిపారు.

Uncovering a 1-in-100,000 Pregnancy Complication

- **Challenge:** A 27-year-old presented with bleeding that had persisted for more than a month following a diagnosis of incomplete miscarriage at six weeks of pregnancy. She had already undergone a dilation and evacuation procedure at another hospital, and several follow-up consultations had not resolved the bleeding. By the time she reached BirthRight by Rainbow Hospitals, she was severely anemic from prolonged blood loss, and the underlying cause was still undiagnosed.
- **Intervention:** Detailed evaluation by the obstetrics team identified a highly vascular mass at the site of her previous Caesarean scar. An MRI confirmed a chronic Caesarean Scar Ectopic Pregnancy — a condition where the pregnancy implants in scar tissue from an earlier Caesarean delivery rather than the uterine cavity. It occurs in roughly 1 in 100,000 pregnancies, with the chronic form rarer still, and left untreated carries serious risk of severe bleeding, uterine rupture, and loss of future fertility. The team performed minimally invasive laparoscopic surgery to remove the ectopic tissue, then reconstructed the scar defect using a two-layer uterine repair technique chosen specifically to preserve the uterus and her future fertility, with transfusions correcting the anemia alongside.
- **Outcome:** The patient recovered well post-surgery, with both her immediate health and long-term fertility intact.
- **Significance:** The value in this case sits as much in the diagnosis as in the surgery — a condition frequently missed in standard evaluation, caught here through specialist-level suspicion and imaging. Paired with a fertility-preserving technique, it illustrates the kind of specialist depth that distinguishes BirthRight's women's health line from general obstetric care, particularly for patients with a prior Caesarean history

RARE PREGNANCY COMPLICATION TREATED

A 27-year-old woman who suffered persistent bleeding for over a month after being diagnosed with an incomplete miscarriage was found to have one of the rarest pregnancy complications. Doctors at BirthRight by Rainbow Hospital, Financial District, performed life-saving surgery while preserving her uterus and future fertility.

The woman had undergone a dilatation and evacuation (D&E) procedure at another hospital after an ultrasound during her six-week pregnancy suggested an incomplete miscarriage. Despite repeated consultations over the next month, the bleeding continued.

At BirthRight, doctors found her severely anaemic from prolonged blood loss. Consultant Obstetrician and Gynaecologist Dr. Manasa Badveli detected a highly vascular mass at the site of her



previous Caesarean scar. An MRI confirmed a chronic Caesarean Scar Ectopic Pregnancy, a condition in which the pregnancy implants in a Caesarean scar instead of the uterine cavity. The hospital said the condition occurs in about one in 100,000 women, while the chronic form is even rarer.

A multidisciplinary team re-

moved the ectopic pregnancy through minimally invasive laparoscopic surgery and reconstructed the Caesarean scar using a two-layer uterine repair technique. The patient also received blood transfusions.

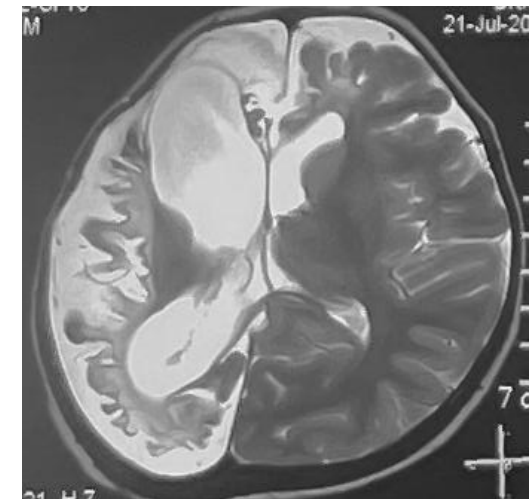
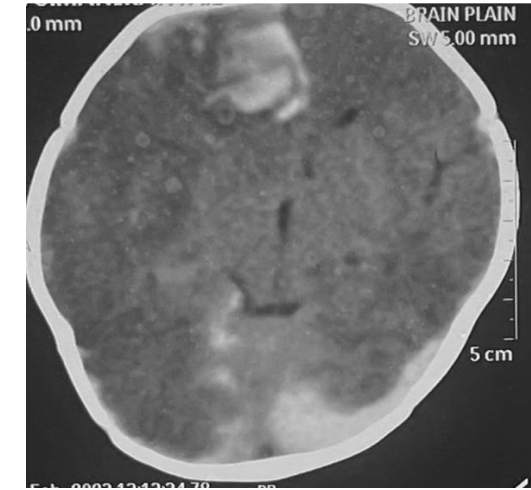
Dr. Badveli said earlier diagnosis could have avoided surgery and urged women with persistent bleeding after miscarriage, especially those with previous Caesarean deliveries, to seek specialist evaluation or a second opinion.



*Dr. Manasa Badveli
Consultant Obstetrician,
Gynaecologist &
Laparoscopic Surgeon,
Robotic Surgeon BirthRight by
Rainbow*

Hemispherectomy for Drug-Refractory Epilepsy Following Traumatic Brain Injury

- **Challenge:** A 2-month-old sustained a head injury when a mobile phone fell from a height of roughly three feet; a CT scan showed intracranial bleeding and damage to the right hemisphere. Ten days later came a first seizure, which progressed over the next 2.5 years into drug-refractory epilepsy — 40 to 50 seizures a day despite multiple anti-epileptic medications. The seizure burden brought developmental delay across language, social, and motor domains, plus left-sided weakness and poor coordination; by this point the child could walk only with support and could not follow simple commands.
- **Intervention:** MRI showed gliosis (scarring) confined to the right hemisphere, and video-EEG confirmed all seizure activity originated from that same hemisphere, with the left side unaffected. This precise localization made the child a candidate for a right functional hemispherotomy — a procedure that surgically disconnects the diseased hemisphere from the rest of the brain, stopping it from generating or spreading further seizures.
- **Outcome:** Seizures stopped completely after surgery. Within four weeks, the child began responding to their name, speaking simple words such as "Amma" and "Tata," and walking with support — progress attributed to the young brain's capacity for neuroplasticity once the seizure activity was removed.
- **Significance:** Hemispherectomy is a radical, low-volume procedure reserved for a narrow set of unilateral, drug-resistant epilepsy cases, where outcomes hinge on surgical precision and early intervention. Its successful use here reflects a pediatric neurosurgery and epilepsy program capable of managing the most complex, treatment-resistant cases in-house rather than referring them onward.



About Us

Rainbow network comprises of 24¹ hospitals and 5 clinics in 9 cities, with a total bed capacity of 2,565¹ beds. Our Pediatric services under “Rainbow Children’s Hospital” includes newborn and pediatric intensive care, pediatric multi-specialty services, pediatric quaternary care (including organ transplantation); whereas our women care services under “Birthright by Rainbow” offers perinatal care services which includes normal and complex obstetric care, multi-disciplinary fetal care, perinatal genetic and fertility care along with gynecology services.

Rainbow Children’s Hospital built on strong fundamentals of multidisciplinary approach with a full-time consultant led clinical service along with 24/7 commitment in a child centric environment. The company follows a hub-and-spoke operating model where the hub hospital provides comprehensive outpatient, inpatient care, with a focus on tertiary and quaternary services, while the spokes provide emergency care in pediatrics and obstetrics, large outpatient services and comprehensive obstetrics, pediatric and level 3 NICU services. This model is successfully operational at Hyderabad and is gaining traction in Bengaluru. The endeavor is to replicate this approach in Chennai and across the National Capital Region. Subsequently Rainbow intends to expand into tier-2 cities of Southern India.

Rainbow embraces a unique doctor engagement model, where doctors work exclusively on a full-time, retainer basis. The doctors work in teams and have 24/7 commitment, which is particularly important for children’s emergency, neonatal, pediatric intensive care services and to support pediatric retrieval services. The Company also operates the country’s largest pediatric DNB training programme in private healthcare, offering post graduate residential DNB and fellowship programme.

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¹ including the 130 beds at Malviya Nagar where Rainbow Hospitals provides Medical services