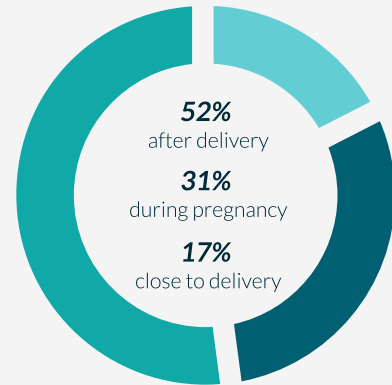


# Let's revolutionize the maternal experience.

## A PROBLEM THAT DEMANDS ATTENTION

80% of recorded pregnancy-related deaths are entirely preventable.<sup>1</sup>



**Less than 50%**  
of US counties  
have an OBGYN<sup>2</sup>

**Maternal mortality is most prevalent after delivery (up to one year postpartum)<sup>1</sup>**

Black women are **3x more likely** to die during pregnancy<sup>3</sup>

**20%** of pregnant individuals experience depression, **over 50%** go undiagnosed<sup>4,5</sup>

**44.4%** Between 2019-2020, the maternal mortality rate for Hispanic women almost doubled<sup>1</sup>

1. Mercer 2022 2. AAMC 2018 3. CDC 2019 4. Bonari 2004 5. Heart.org 2022

## WHAT WE CREATED

A modern, digital solution setting a new standard of care

**Marani modernizes pregnancy care by augmenting a traditional maternity model to reduce overall maternity costs for employers and individuals.**



**M•other™**  
MOBILE APP



**M•care™**  
PROVIDER PORTAL



**24/7 Medical Care Team**



## Delivering peace of mind

**CASE STUDY:**  
Hypertensive Pregnancy

### *Meet Anita*

Anita is a 31-year old Marketing Analyst in Atlanta, Georgia. She had a pregnancy complicated by hypertension, and during her 27th week she developed intense pain in her right calf.

Unable to reach her OB at 5:30pm, she requested a Maternal Fetal Medicine Physician (MFM) consultation on the Marani app



- Connected to an MFM in less than 15 minutes who diagnosed a blood clot
- The MFM coordinated care with an urgent care physician who confirmed and treated the blood clot
- MFM informed her Primary Care Physician the next morning

**IMPACT:**

**The mother's issue was resolved in a timely manner... diagnosing and treating a blood clot, avoiding a costly ER visit, and potential maternal death.**

Contact [contact@maranihealth.com](mailto:contact@maranihealth.com) to learn how you can join the digital revolution in pregnancy care.





## Listening first, treating second

**CASE STUDY:**  
Gestational Diabetes

### *Meet Naomi*

**Naomi is a 42-year-old Manager in Salt Lake City, Utah. Her IVF pregnancy at 8 weeks was complicated by newly diagnosed COVID-19 infection and diabetes.**

Once diagnosed, Naomi's OB and PCP refused to initiate diabetic management. Naomi reached out to our Nurse Navigator for care.



- She met with a diabetic educator and MFM the same day. Supplies were ordered and shipped to Naomi.
- Within 24-hours, insulin regimen called for elevated levels, and Naomi was taught self-injection.
- Once her regimen was underway, she was connected to a local MFM provider for management.

**IMPACT:**

**A potential heart defect in the baby was avoided by limiting early pregnancy high-sugar exposure, along with other maternal complications from diabetes.**

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## Data insights lead to better outcomes

**CASE STUDY:**  
Hypertensive Pregnancy

### Meet Seema

**Seema is a 39-year-old Retail Associate in Syracuse, New York. Her pregnancy at 21 weeks was complicated by hypertension.**

Upon a hypertension diagnosis, Seema requested a consultation



- An MFM spoke with her and made the decision to start monitoring her blood pressure immediately. Ordered a BP cuff to her home.
- At 29 weeks, she called again with a severe-range BP and relayed that her PCP wanted her transported to tertiary care center for delivery.
- MFM prescribed higher-dose regimen the same day, then contacted PCP to coordinate care, and provide assurances that a delivery was not needed at this time.
- Successfully delivered at 37 weeks

**IMPACT:**

**A potential early delivery with an 8-week NICU stay was avoided, along with unnecessary medical transport cost**

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