



WOMEN CARE | CHILD CARE | FERTILITY

October 31, 2026

National Stock Exchange of India Limited
Exchange Plaza, Plot No. C/1, G Block,
Bandra Kurla Complex, Bandra (E),
Mumbai - 400051.
Symbol: RAINBOW

BSE Limited
Corporate Relationship Department,
Phiroze Jeejeebhoy Towers,
Dalal Street, Mumbai - 400001.
Scrip Code: 543524

Sub: Press Release on Unaudited Financial Results (Standalone and Consolidated) for the quarter and half year ended September 30, 2026.

Dear Sir/ Madam,

Please find enclosed herewith Press Release on the Unaudited Standalone and Consolidated Financial Results for the quarter and half year ended September 30, 2026.

This is for your information and record.

Thanking You,

Yours Faithfully,

For **Rainbow Children's Medicare Limited**

**SHREYA
MITRA**

Digitally signed by
SHREYA MITRA
Date: 2026.10.31
19:44:05 +05'30'

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

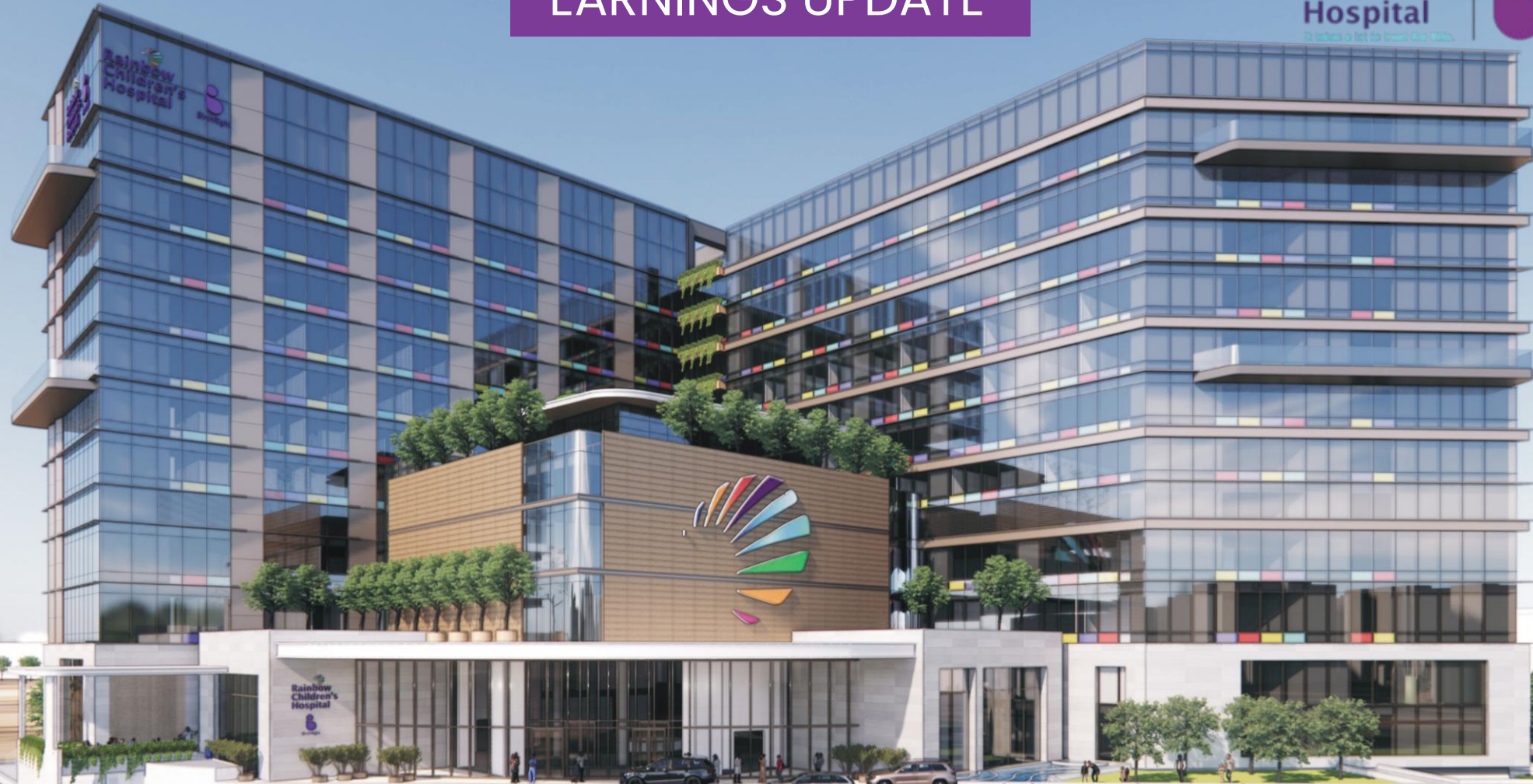
www.rainbowhospitals.in

OUR PRESENCE: BENGALURU | CHENNAI | DELHI | GUWAHATI | HYDERABAD | RAJAHMUNDY | VIJAYAWADA | VISAKHAPATNAM | WARANGAL

Q2 FY26-27 EARNINGS UPDATE


**Rainbow
Children's
Hospital**
It takes a lot to grow the world.


BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery



31st October, 2026

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Quarterly performance

04

YTD performance

14

An insight into the Rainbow approach

22

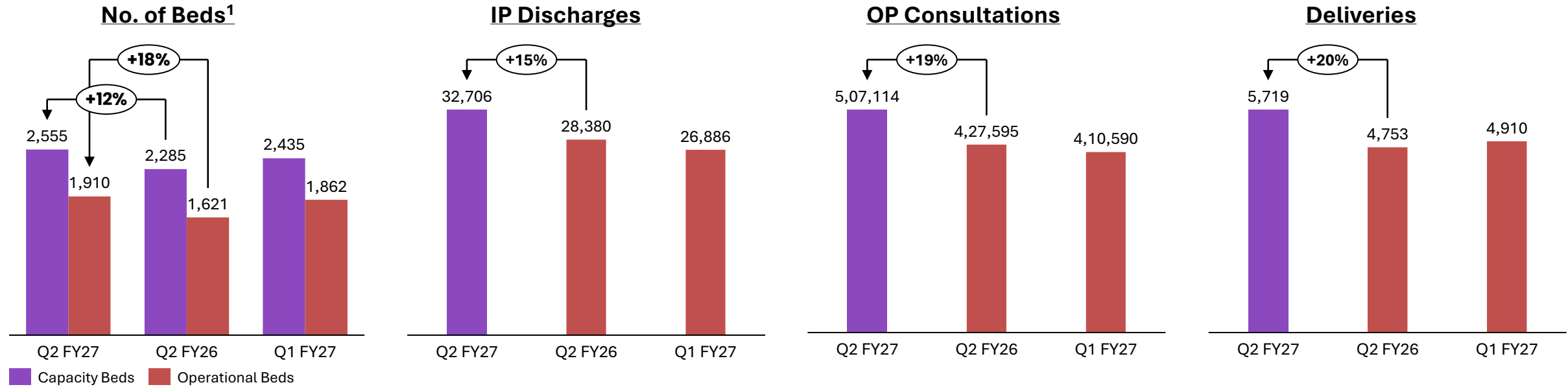
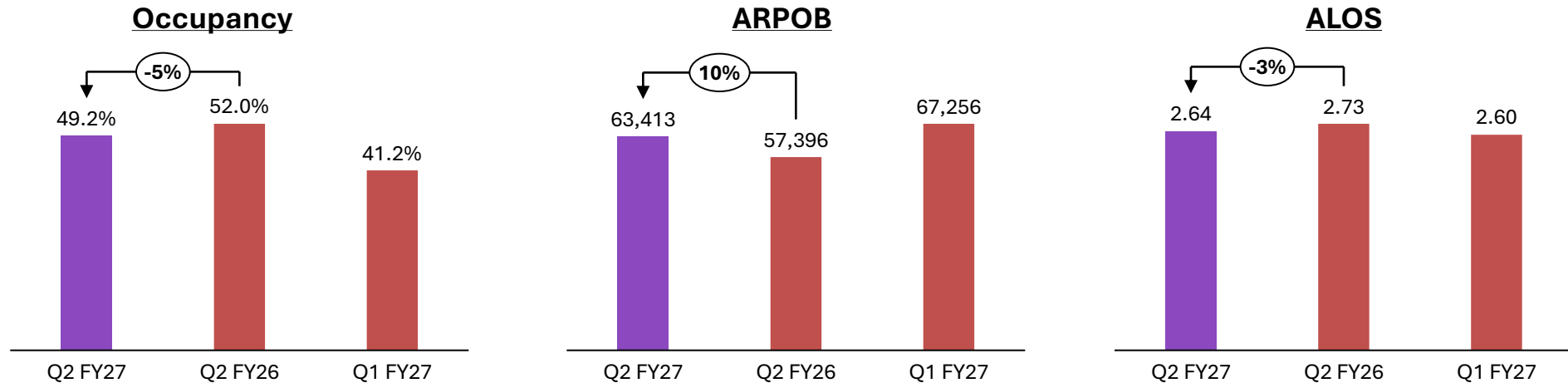
Key developments

30

Quarterly Performance



Q2 FY27 - Operational KPIs

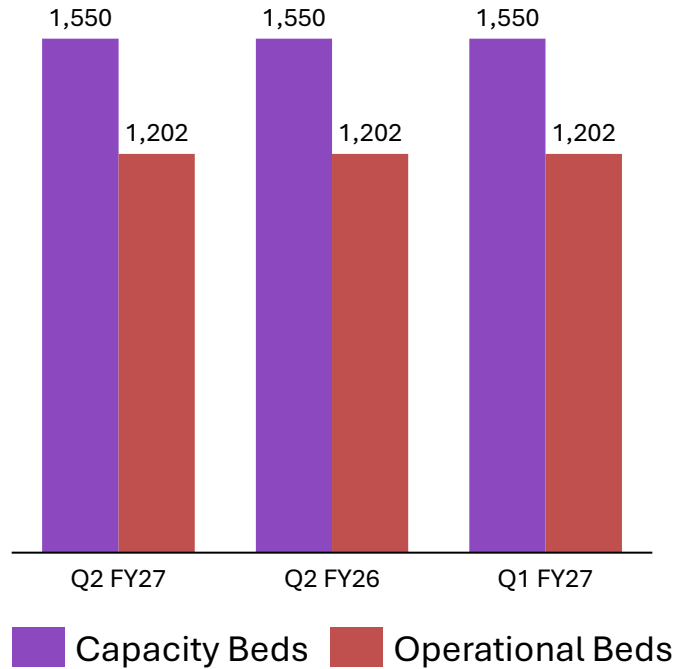


Commencement of Operations : 1. Rainbow Nellore (70 Capacity Beds, 55 Operational Beds) & Rainbow Guntur (50 Capacity Beds, 40 Operational Beds) commenced on 1st September 2. Rainbow HRBR commenced on 1st May with 60 capacity beds (48 operational bed)

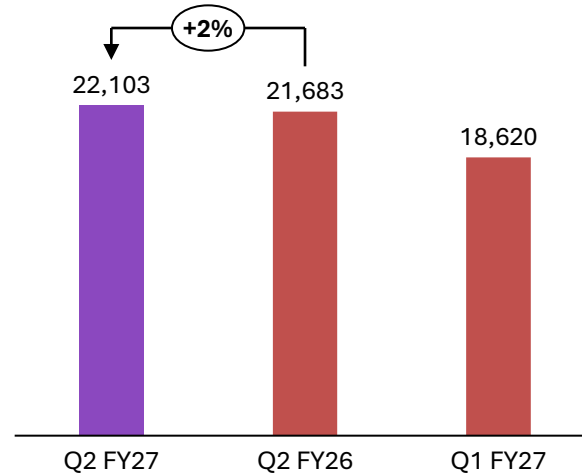
¹ For the operational KPIs calculation, we exclude the beds at Rainbow Madhukar, New Delhi

Q2 FY27 – Mature Hospitals

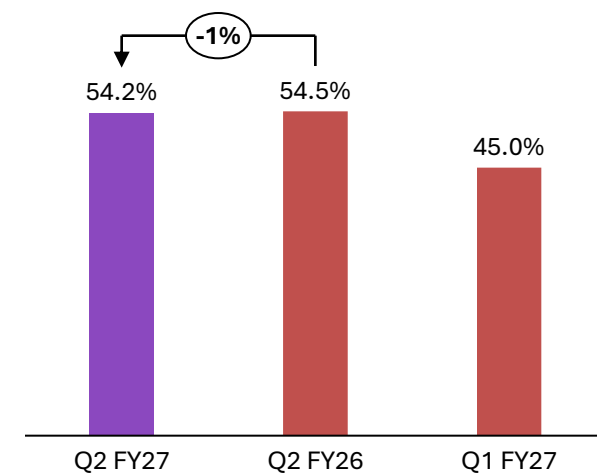
No. of beds¹



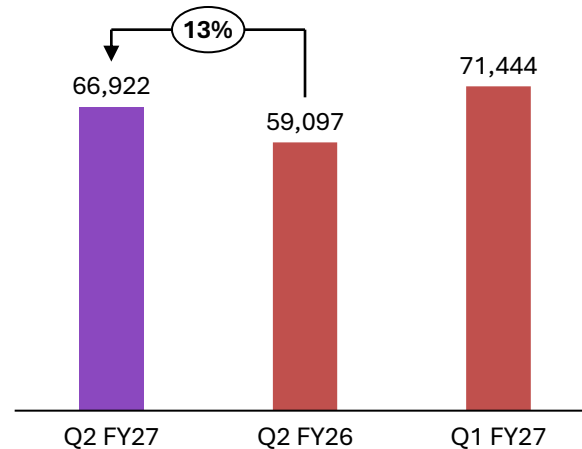
IP Discharges



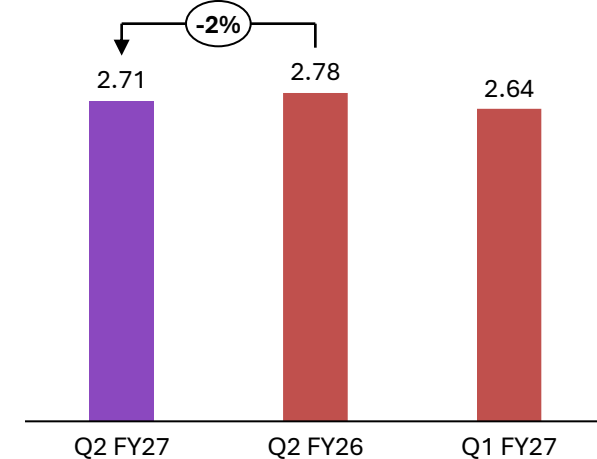
Occupancy



ARPOB



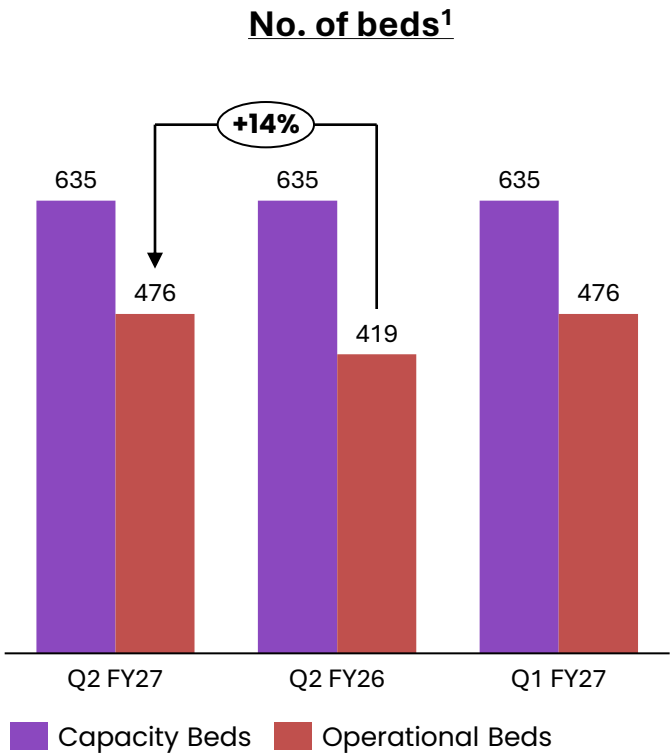
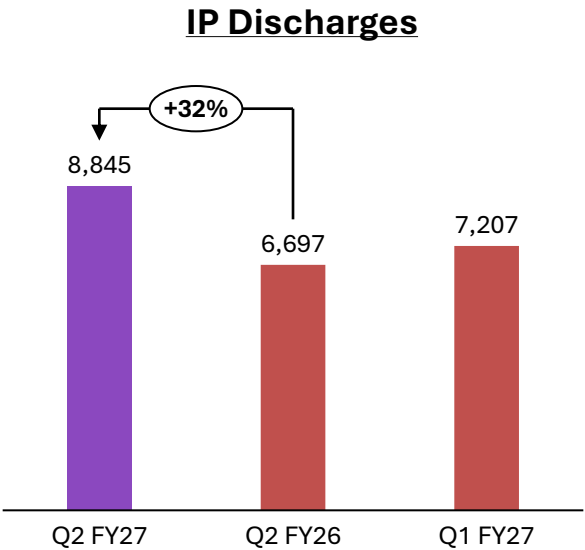
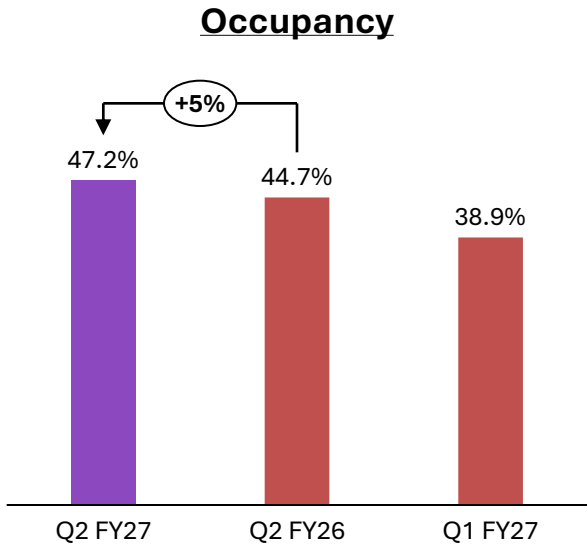
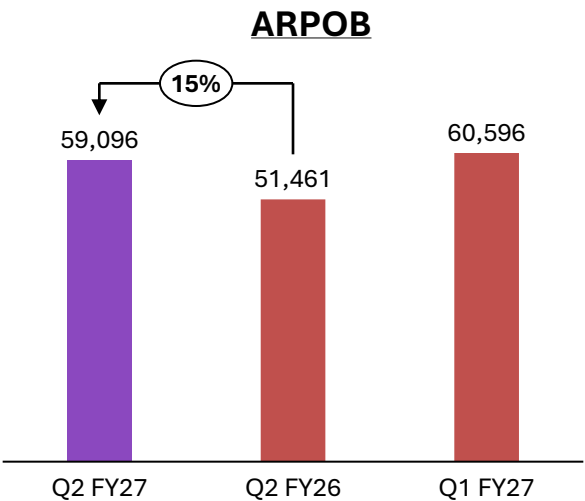
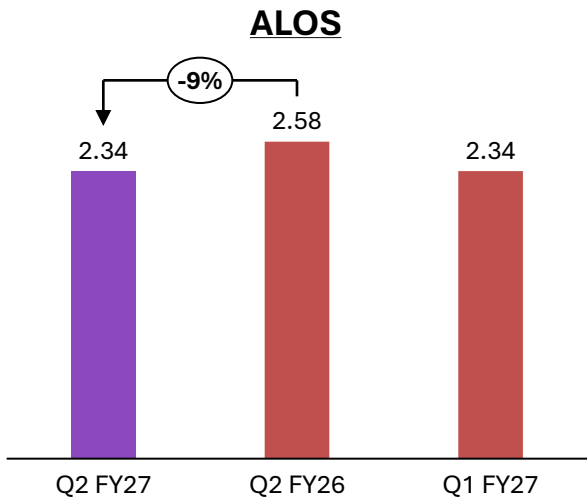
ALOS



Mature Hospitals: Hospitals which have completed 5 years since commencing operations. i.e. on or before 31st March 2021

Mature Hospitals: Banjara, Secunderabad, LB Nagar, Hydernagar, Kondapur, Vijayawada, Marathahalli, BG Road, Madhukar, Guindy, Rosewalk, RCHI, Hebbal, Vizag

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

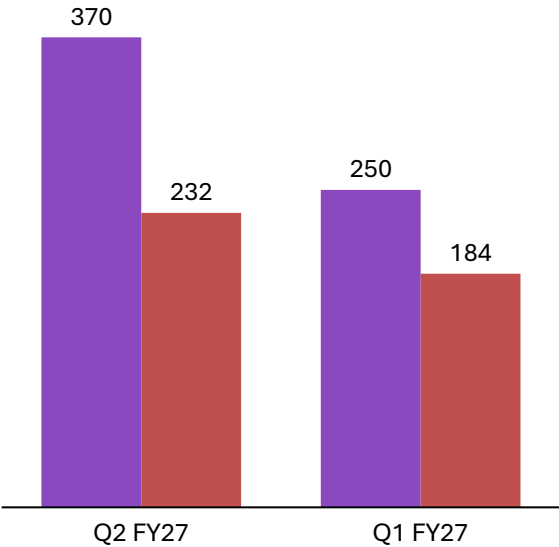


Emerging Hospitals: Hospitals which are between 2-5 years post commencement of operations (i.e between 1st April 2021 to 31st March 2024)
Emerging Hospitals: OMR, Financial District, Himayat Nagar, Sarjapur, Anna Nagar, Warangal, Guwahati

¹ Rainbow Guwahati commenced operations on 1st September 2025

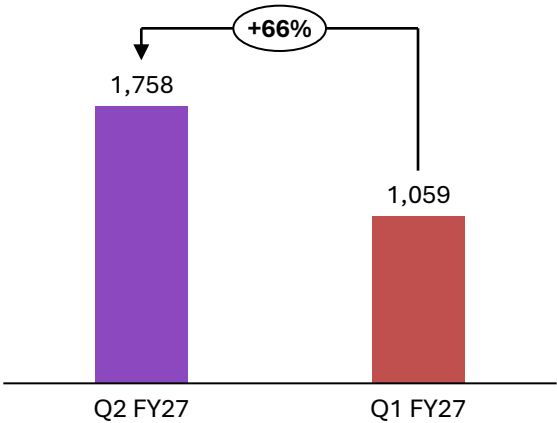
Q2 FY27 – New Hospitals

No. of Beds

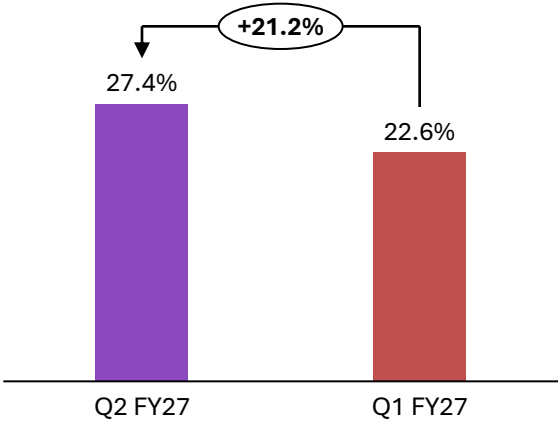


Capacity Beds Operational Beds

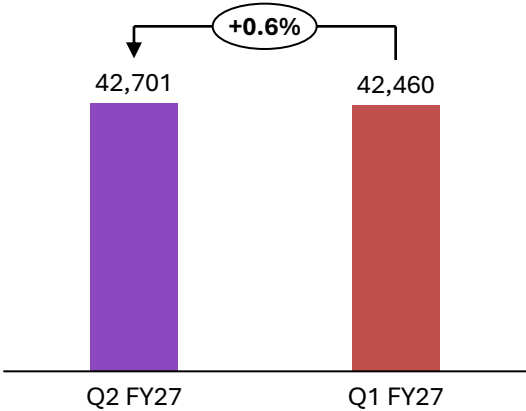
IP Discharges



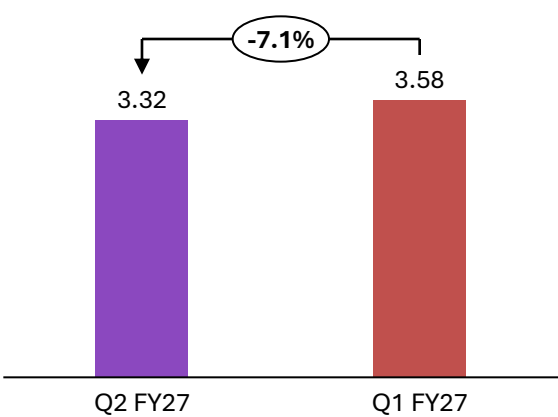
Occupancy



ARPOB



ALOS



New Hospitals: Hospitals which are between 0-2 years post commencement of operations (i.e after 1st April, 2024)
New Hospitals: Rajahmundry, Electronic City, HRBR, Nellore, Guntur

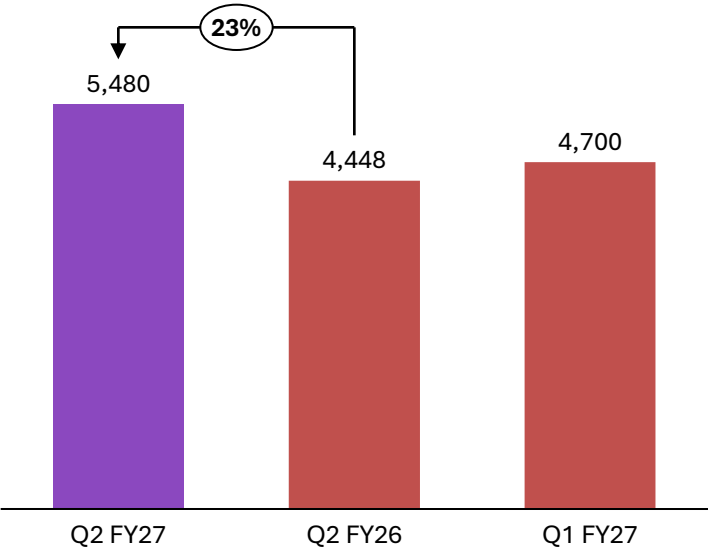
¹ No comparable Q2 FY26 data are available, as these hospitals had not commenced operations during the corresponding period

Commencement of Operations : 1. Rainbow Nellore (70 Capacity Beds, 55 Operational Beds) & Rainbow Guntur (50 Capacity Beds, 40 Operational Beds) commenced on 1st September 2. Rainbow HRBR commenced on 1st May with 60 capacity beds (48 operational bed)

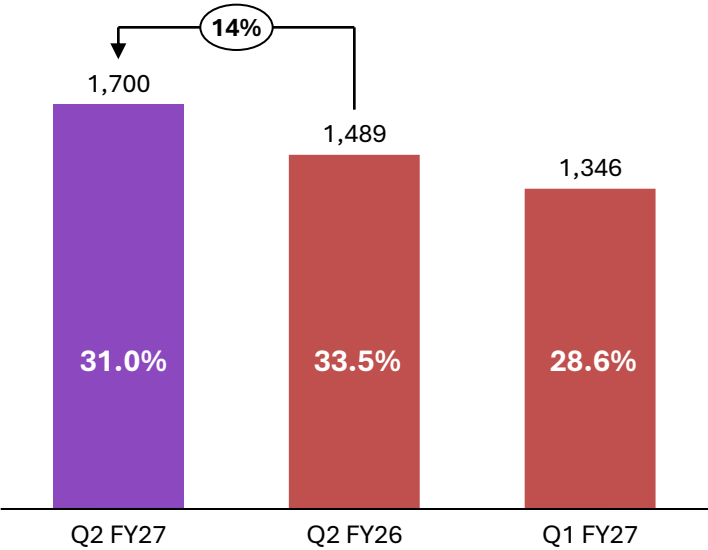
Q2 FY27 – Financial Performance



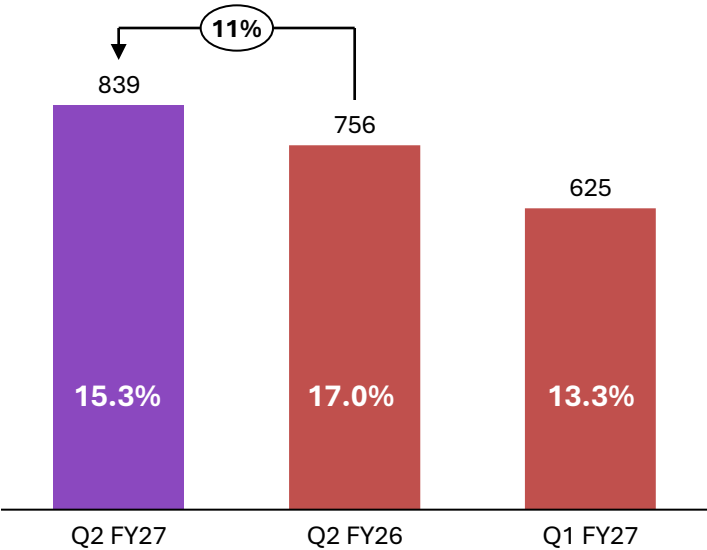
Revenue (Mn)



EBITDA (Mn)



PAT (Mn)



Q2 FY27 - Maturity wise Hospital Performance

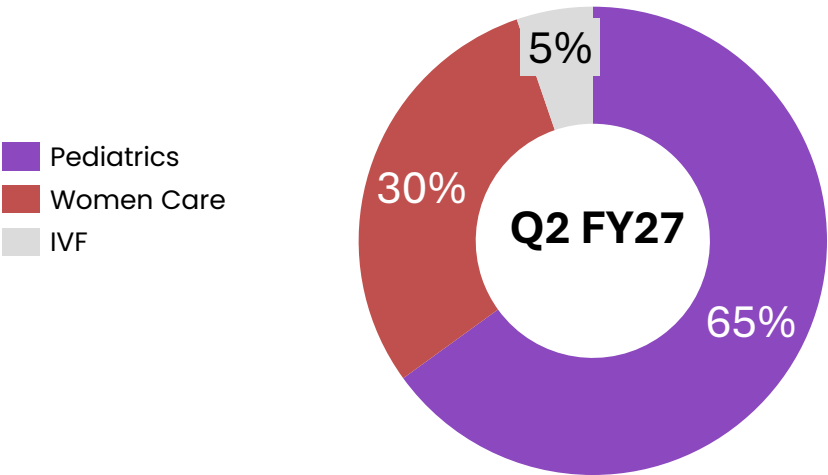
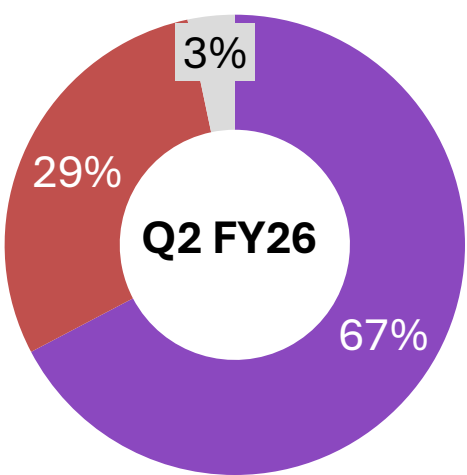
<u>Cluster</u>	<u>Hospitals</u>	<u>% Group revenue</u>	<u>% Group beds</u>	<u>Occupancy %</u>	<u>EBITDA %</u>	<u>ARPOB¹</u>
Mature	14	73%	63%	54%	28%	67,000
Emerging	7	22%	25%	47%	26%	59,000
New	5	4%	12%	27%	-16%	43,000
Group	26	100%	100%	49%	26%	63,000

Mature Hospital : More 5 years, Emerging Hospitals: 2-5 Years, New Hospitals: 0-2 Years
Pre INDAS 116 EBITDA considered

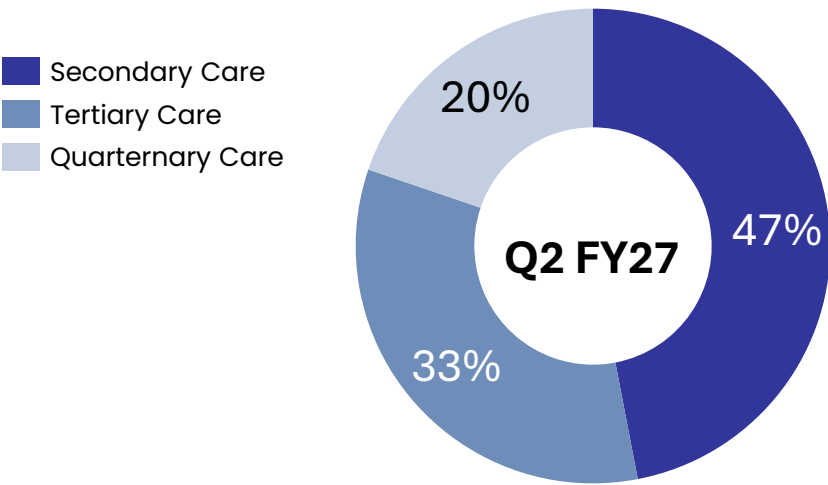
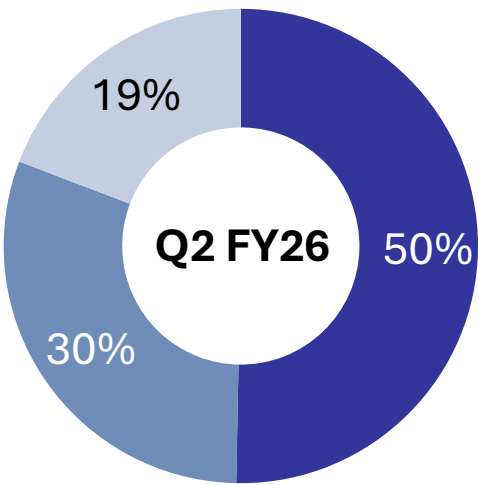
¹ARPOB rounded to the nearest 1,000

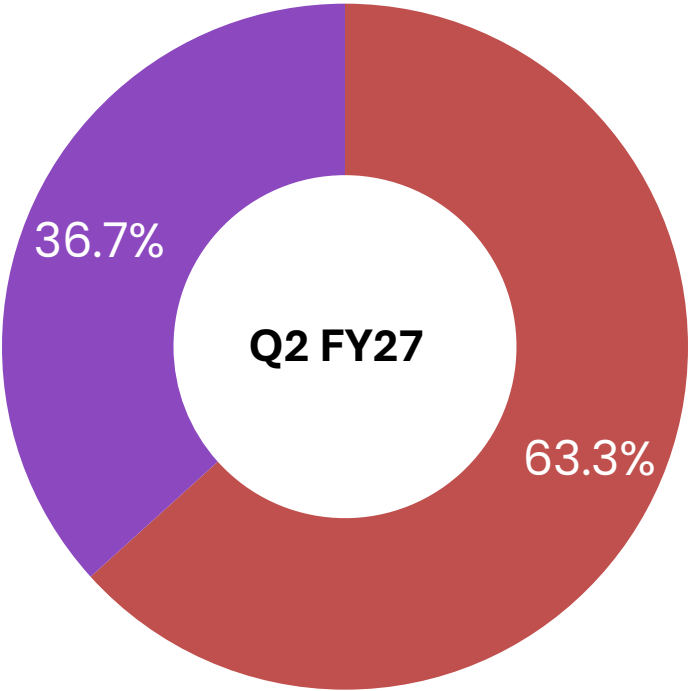
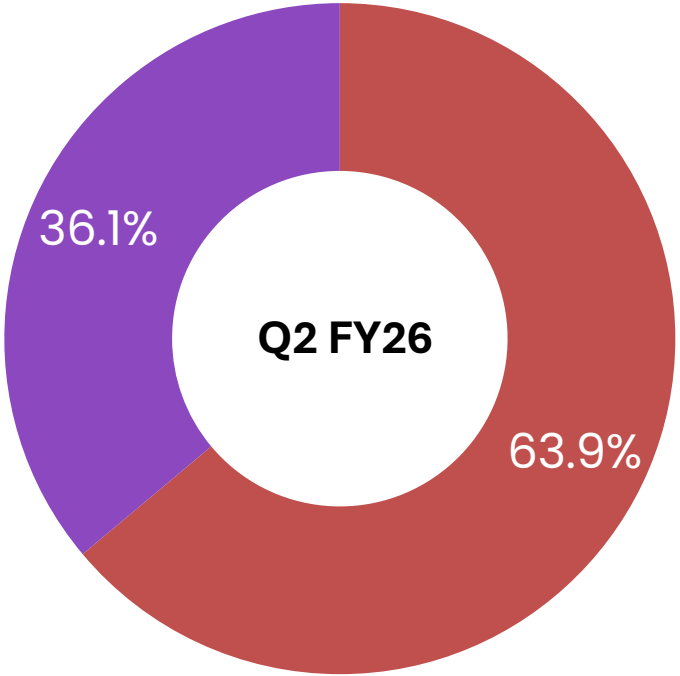
Q2 FY27 – Specialty wise Performance

Specialty Mix



Pediatrics Super Specialty Mix





Cash Insurance

¹The payor profile represents entire revenue including OP Revenue

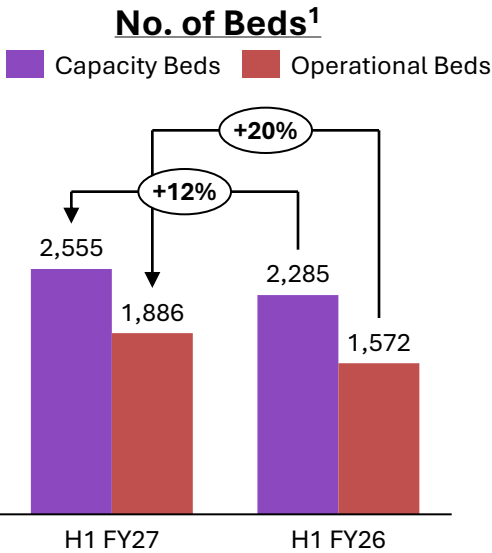
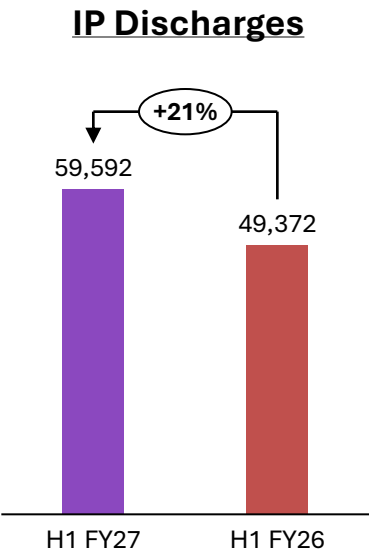
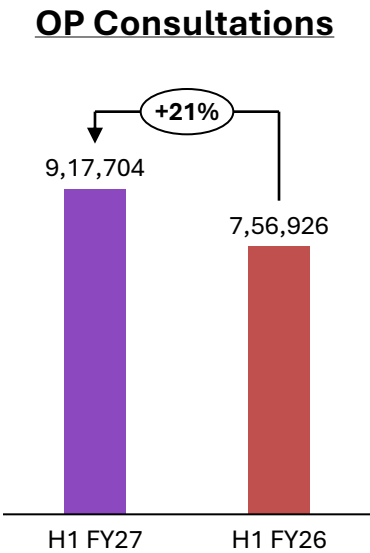
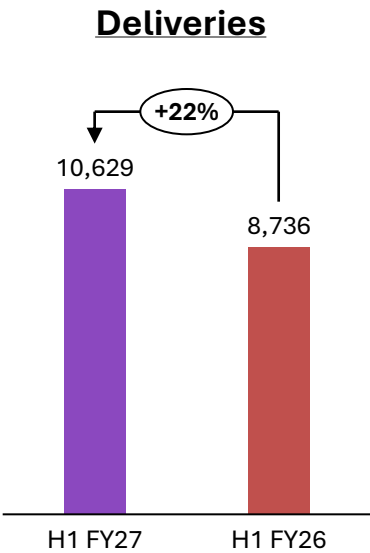
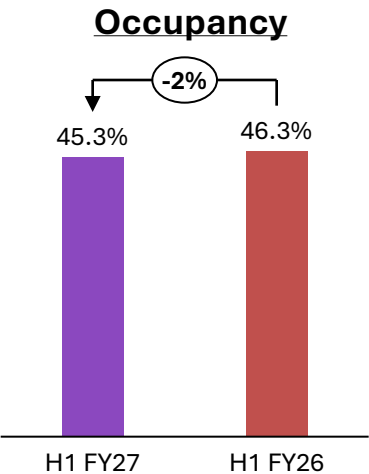
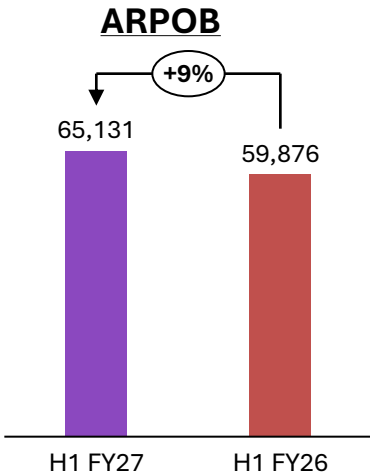
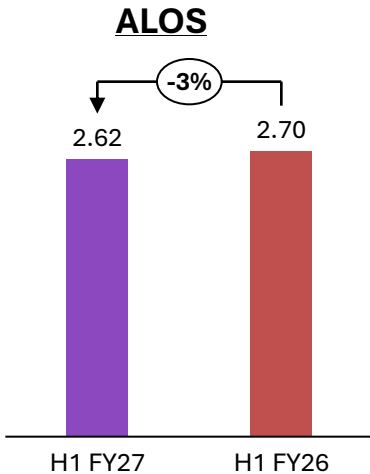
Consolidated Statement of Profit and Loss

All numbers in INR Mn	Q2 FY27	Q2 FY26	YoY Growth	Q1 FY27	QoQ Growth	H1 FY27	H1 FY26	YoY Growth
Income								
Revenue from operations	5,480.2	4,448.0	23.2%	4,699.9	16.6%	10,180.1	7,977.3	27.6%
Other income	81.3	82.0	-0.8%	127.1	-36.1%	208.4	282.1	-26.1%
Total income	5,561.5	4,529.9	22.8%	4,827.0	15.2%	10,388.4	8,259.4	25.8%
Expenses								
Cost of materials consumed	737.7	622.1	18.6%	645.4	14.3%	1,383.1	1,097.1	26.1%
Employee benefits expense	751.8	587.8	27.9%	668.5	12.5%	1,420.3	1,104.0	28.6%
Finance costs	220.0	188.5	16.7%	212.1	3.7%	432.0	369.3	17.0%
Depreciation and amortisation expense	446.1	358.4	24.5%	422.0	5.7%	868.0	700.3	24.0%
Professional fees to doctors	1,403.0	1,063.2	32.0%	1,238.2	13.3%	2,641.2	1,980.8	33.3%
Other expenses	888.0	686.2	29.4%	801.3	10.8%	1,689.3	1,270.5	33.0%
Total expenses	4,446.5	3,506.2	26.8%	3,987.4	11.5%	8,433.9	6,522.0	29.3%
Profit before tax	1,115.0	1,023.7	8.9%	839.5	32.8%	1,954.6	1,737.4	12.5%
Tax expenses:								
(a) Current tax	332.2	292.6	13.5%	222.8	49.1%	555.0	467.5	18.7%
(b) Deferred tax expense/(credit)	-56.1	-25.2	122.7%	-8.7	543.9%	-64.8	-20.9	210.7%
(c) Adjustment of tax related to earlier periods							-3.5	
Total tax expense	276.1	267.5	3.2%	214.1	28.9%	490.2	443.2	10.6%
Profit for the year	838.9	756.2	10.9%	625.4	34.1%	1,464.3	1,294.3	13.1%
EBITDA (Post Ind AS 116 & excluding other income)	1,699.8	1,488.7	14.2%	1,346.5	26.2%	3,046.3	2,524.9	20.6%
Less : IND AS Impact	275.5	233.5	18.0%	264.3	4.2%	539.8	457.6	18.0%
EBITDA (Pre Ind AS 116 & excluding other income)	1,424.3	1,255.1	13.5%	1,082.2	31.6%	2,506.5	2,067.3	21.2%

YTD
Performance



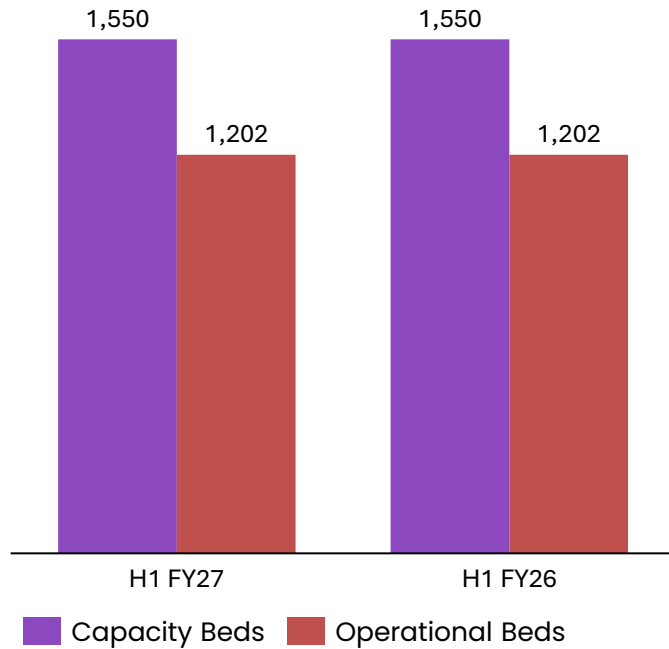
H1 FY27 - Operational KPIs



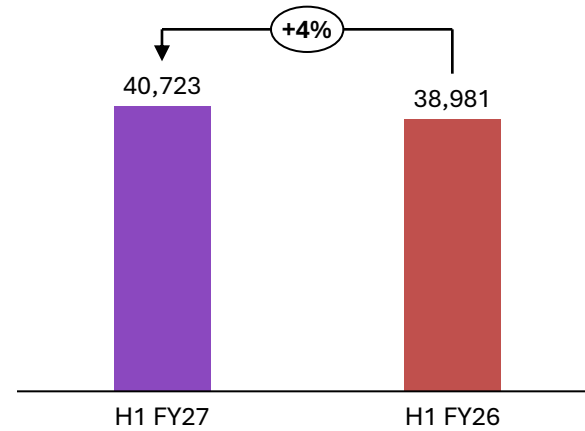
¹ Weighted average operational bed for the quarter/period are considered for occupancy calculations
Commencement of Operations : 1. Rainbow Nellore (70 Capacity Beds, 55 Operational Beds) & Rainbow Guntur (50 Capacity Beds, 40 Operational Beds) commenced on 1st September 2. Rainbow HRBR commenced on 1st May with 60 capacity beds (48 operational bed)

H1 FY27 – Mature Hospitals

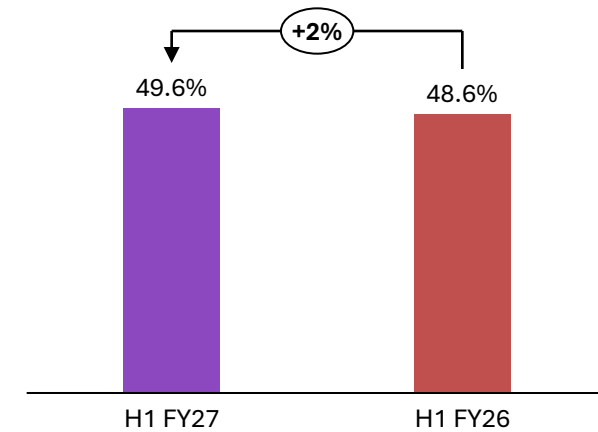
No. of beds¹



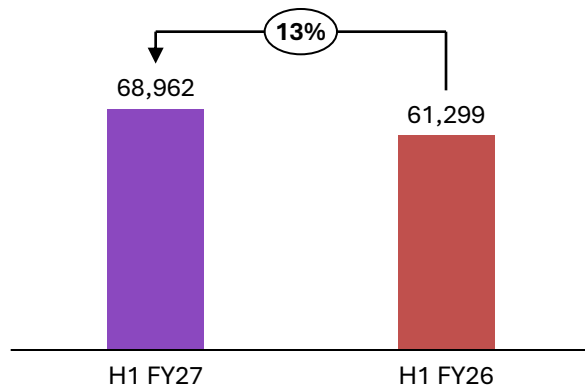
IP Discharges



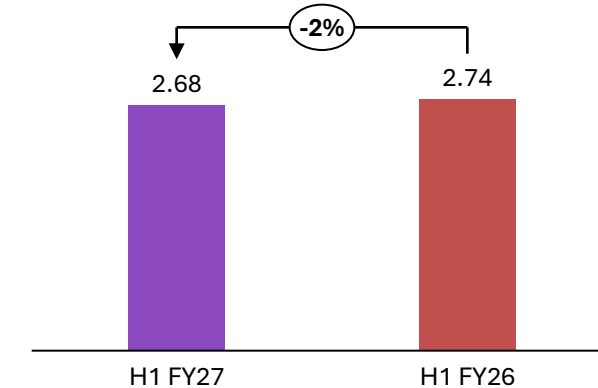
Occupancy



ARPOB



ALOS

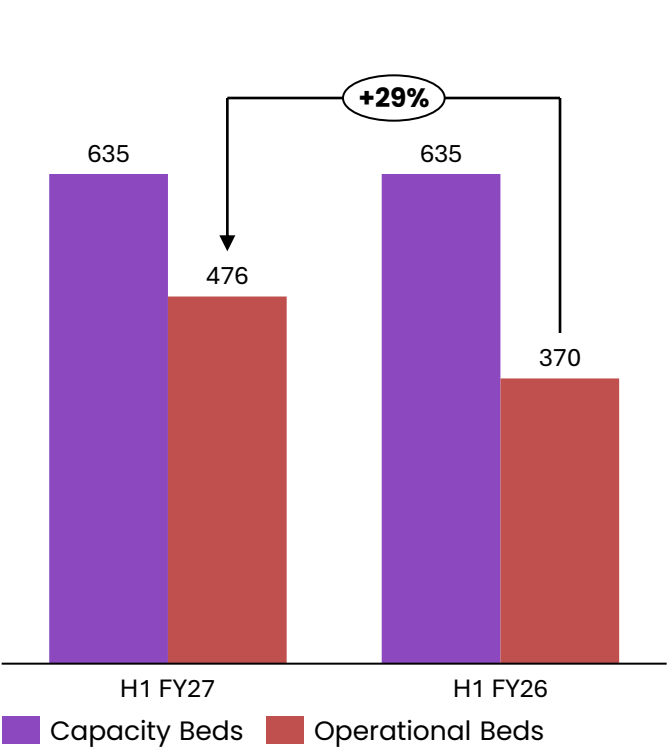


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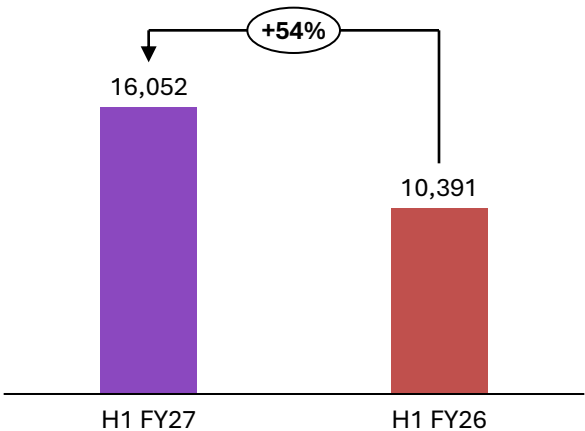
Mature Hospitals: Banjara, Secunderabad, LB Nagar, Hydernagar, Kondapur, Vijayawada, Marathahalli, BG Road, Madhukar, Guindy, Rosewalk, RCHI, Hebbal, Vizag

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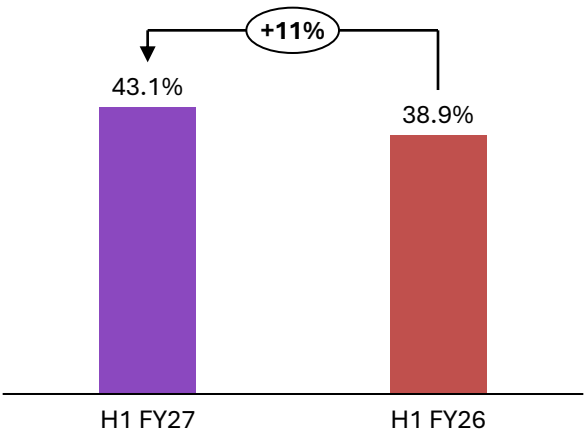
No. of beds¹



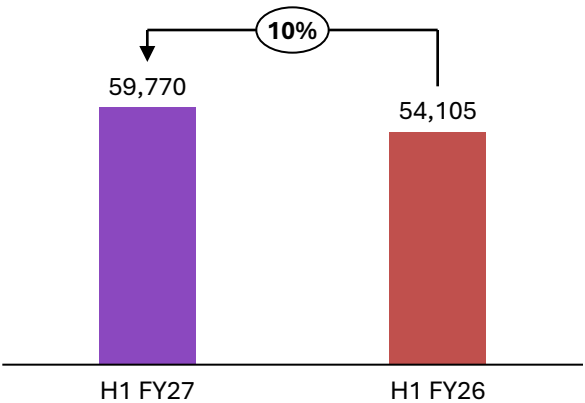
IP Discharges



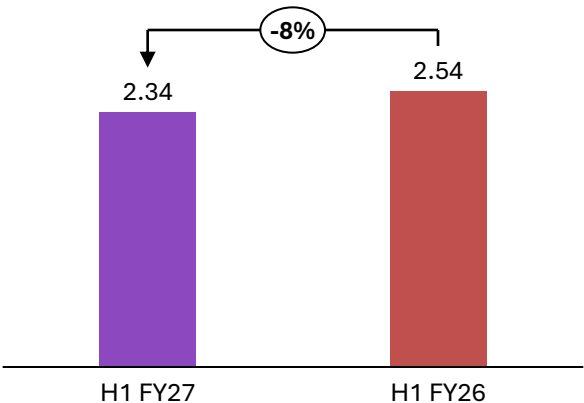
Occupancy



ARPOB



ALOS

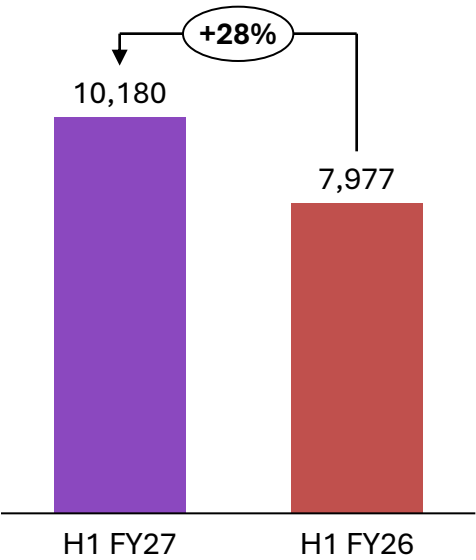


Emerging Hospitals: Hospitals which are between 2-5 years post commencement of operations (i.e between 1st April 2021 to 31st March 2024)
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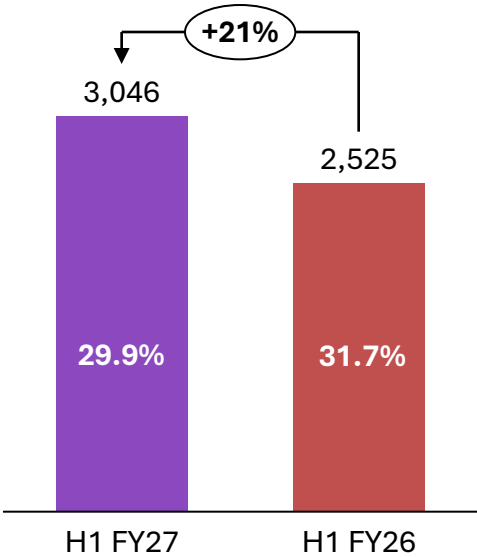
¹ Rainbow Guwahati commenced operations on 1st September 2025

H1 FY27 – Financial Performance

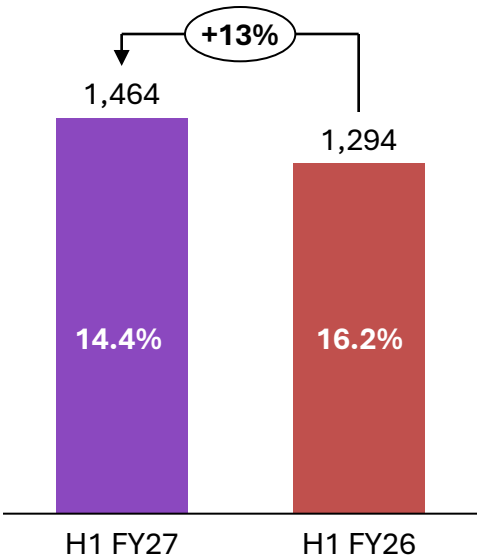
Revenue (Mn)



EBITDA (Mn)



PAT (Mn)



H1 FY27 - Maturity wise Hospital Performance

<u>Cluster</u>	<u>Hospitals</u>	<u>% Group revenue</u>	<u>% Group beds</u>	<u>Occupancy %</u>	<u>EBITDA %</u>	<u>ARPOB¹</u>
Mature	14	73%	64%	50%	27%	69,000
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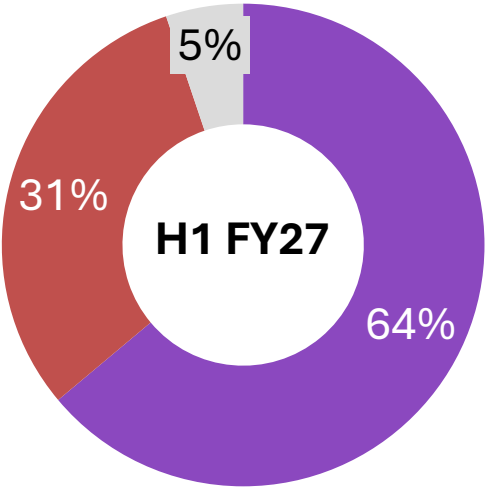
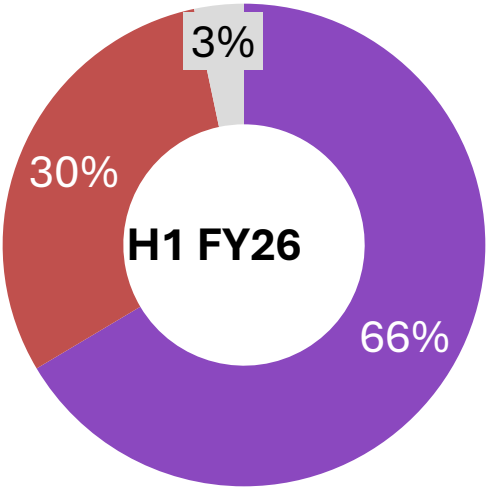
Mature Hospital : More 5 years, Emerging Hospitals: 2-5 Years, New Hospitals: 0-2 Years
Pre INDAS EBITDA considered

¹ARPOB rounded to the nearest 1,000

H1 FY27 – Specialty wise Performance

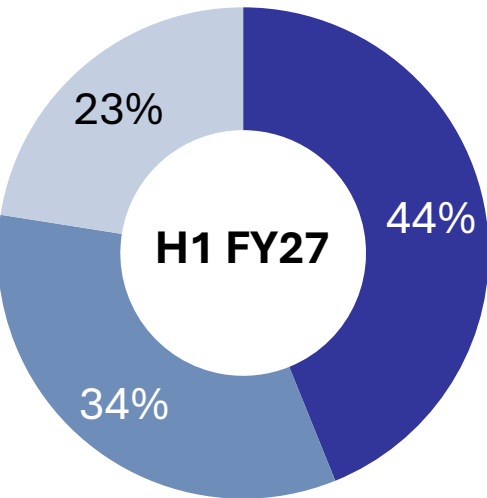
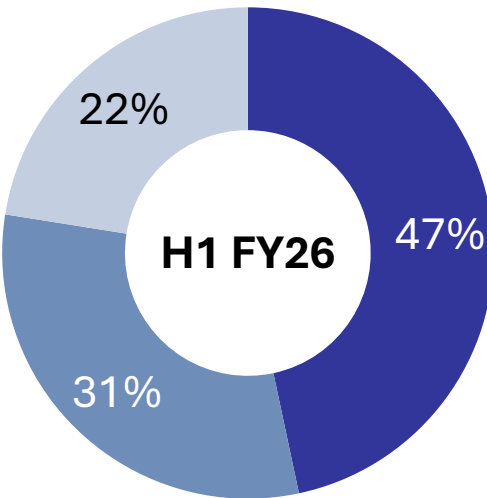
Specialty Mix

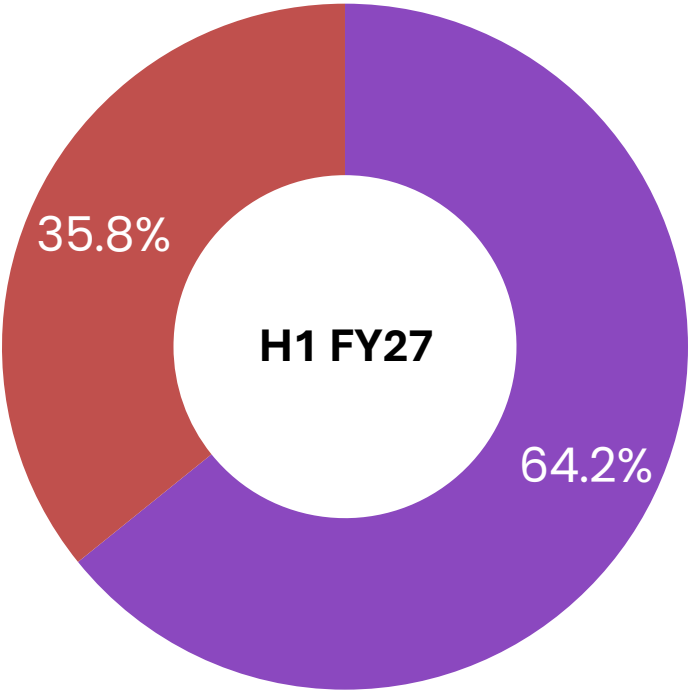
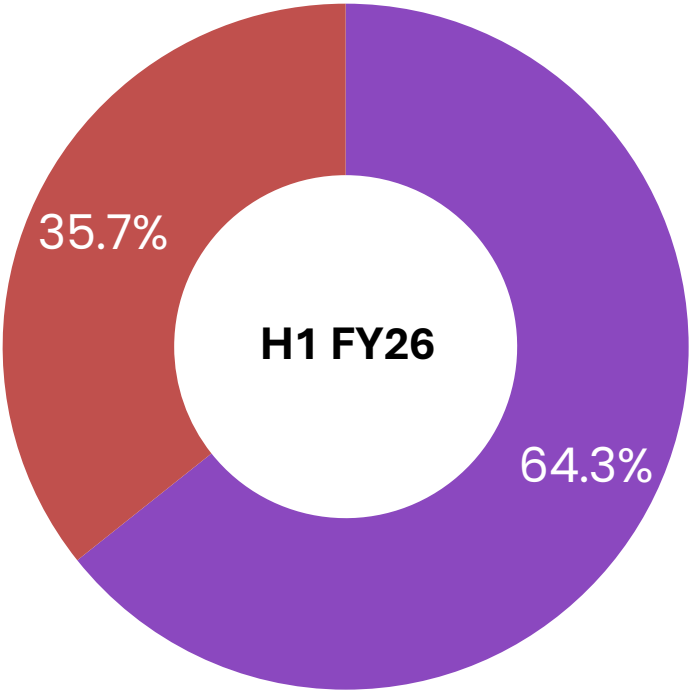
- Pediatrics
- Women Care
- IVF



Pediatrics Super Specialty Mix

- Secondary Care
- Tertiary Care
- Quarternary Care





 Cash  Insurance

¹The payor profile represents entire revenue including OP Revenue

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 26 hospitals spread across 11 cities

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

A novel approach to healthcare delivery

RAINBOW'S UNIQUE OPERATING MODEL



Comprehensive Pediatric multispecialty and maternal care

From conception to adolescence – under one roof

- Widest suite of Pediatric and perinatal services, from routine to quaternary care
- Child-centric hospitals designed around children and families
- Seamless continuum across obstetrics, foetal medicine, NICU and Pediatrics



Multidisciplinary approach

Complex care with outcomes to match

- Level-4 NICU and ~1/3 of beds dedicated to critical care
- Quaternary capabilities – transplants, ECMO, foetal medicine, neonatal surgery
- 3 JCI- and 14 NABH-accredited hospitals



Outstanding clinical model

Full-time, consultant-led care, 24/7

- 1,100+ full-time doctors working in multidisciplinary teams
- Country's largest private Pediatric DNB and DrNB training programme
- Institution-first culture driving retention and consistent quality of care



Hub-and-spoke network for care at scale

Optimising patient care delivery across cities and regions

- Super-speciality hubs for quaternary and complex care, with emergency and OP services across the network
- Regional spokes deliver tertiary care in tier-II cities
- One integrated clinical network extends hub expertise to every spoke

PERFORMANCE THROUGH DESIGN



High governance standards



High-quality clinical outcomes

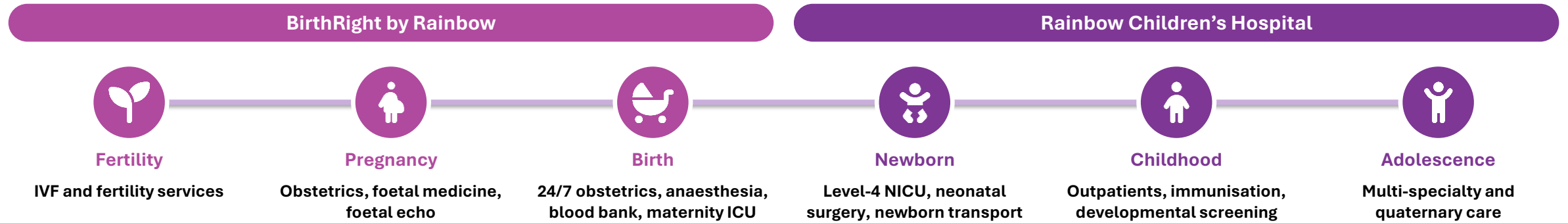


Prudent, capital-efficient expansion



Serving India's large mother & child healthcare market

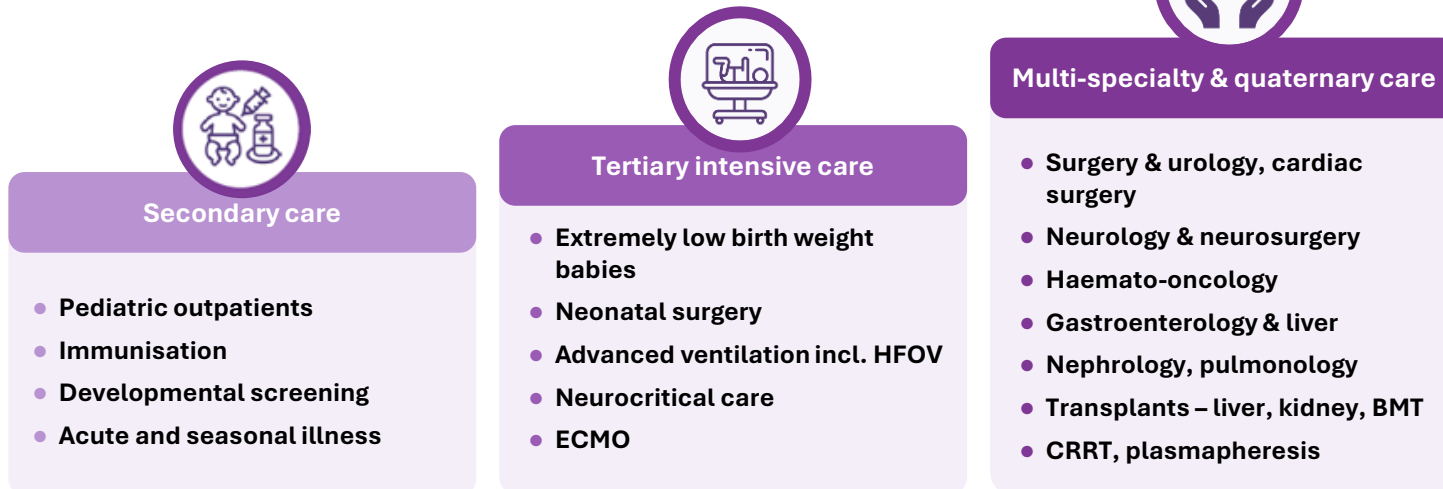
Comprehensive care through a multidisciplinary approach



One family, one care team: Integrated care where obstetric and Pediatric teams work together, before and after birth

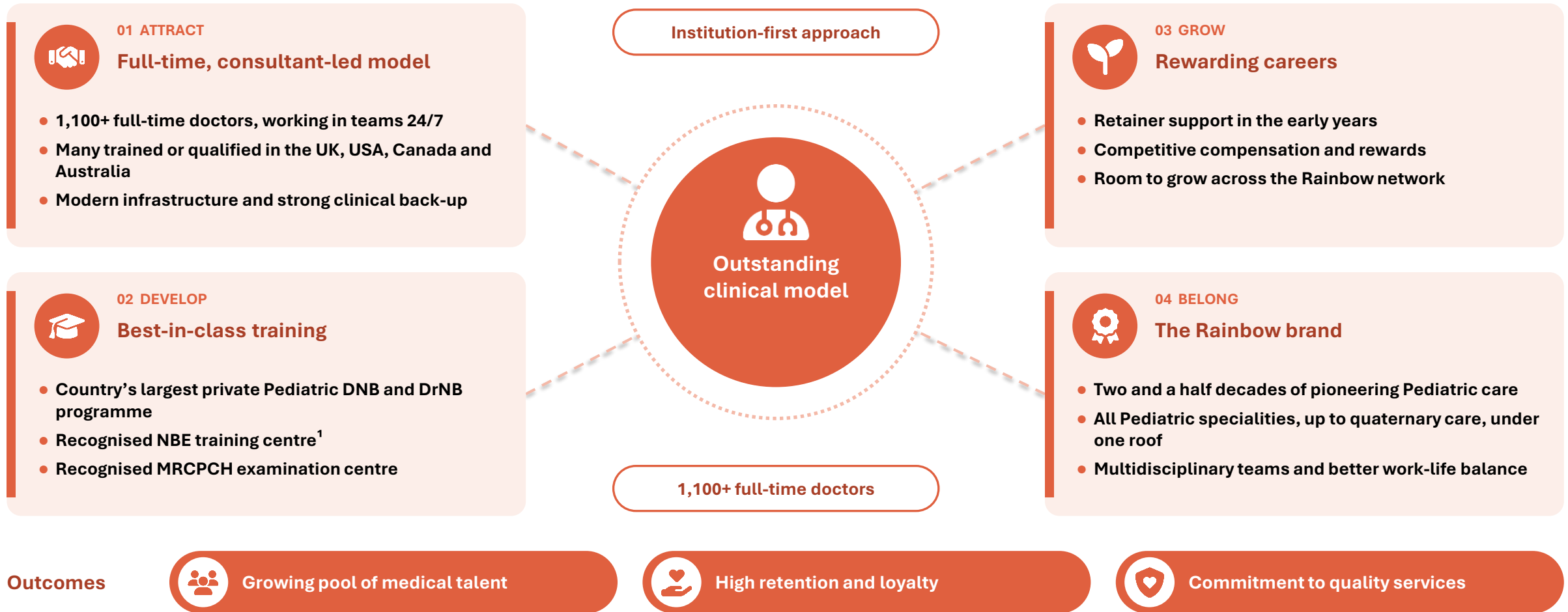
From everyday care to the most complex

Rising complexity →



All of this, under one roof backed by

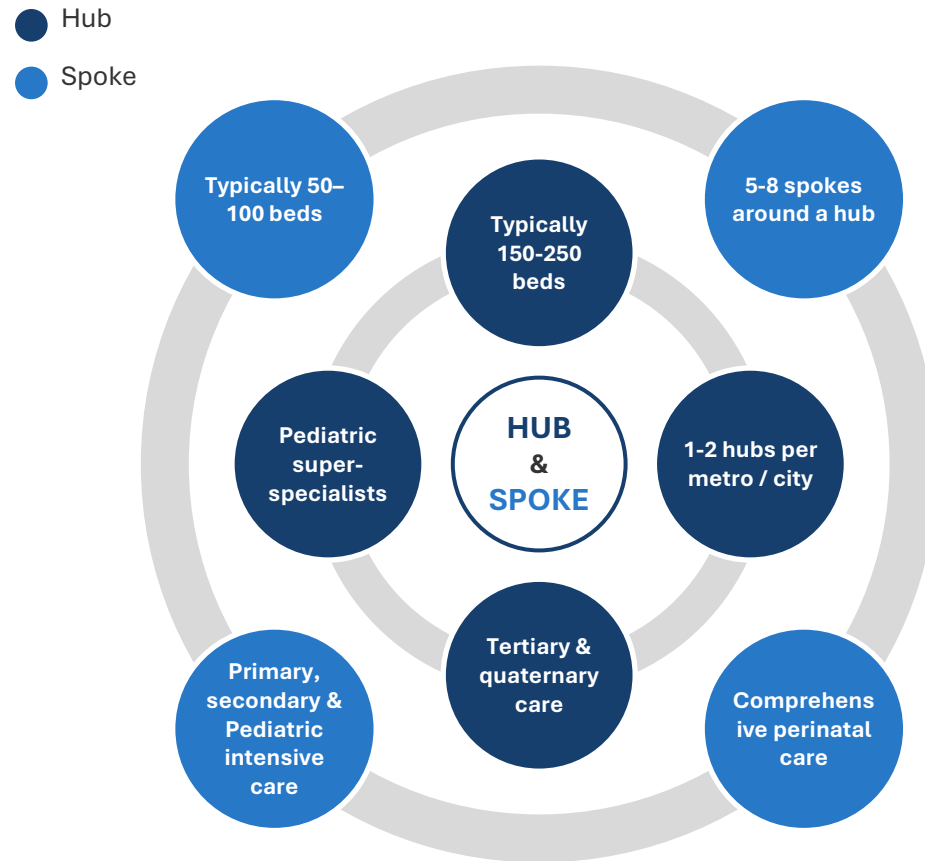
-  **~1/3 of beds**
dedicated to critical care
-  **24/7 consultant-led care**
with Level-4 NICU
-  **1,100+ full-time doctors**
working as multidisciplinary teams
-  **3 JCI & 14 NABH**
accredited hospitals



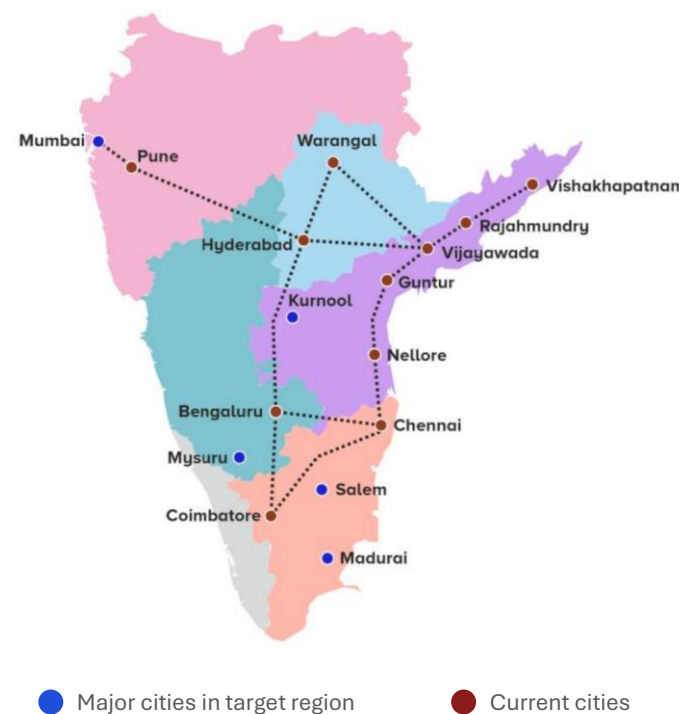
¹ National Board of Examinations – training in Pediatrics, Neonatology, Pediatric Intensive Care, Pediatric sub-specialties, Obstetrics & Gynaecology

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

City level: hub-and-spoke model



Regional level: 'South Connect' model



Regional spokes

- 200-250 km from city hubs, in tier-II cities
- Act as a bridge to address a large market



Care closer to home

- High-quality Pediatric, obstetric & gynaecology care
- Emergency services for mothers and children



Connected to the hub

- Robust transport network to save sick newborns & children from districts
- Pediatric sub-specialty outreach clinics in districts

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

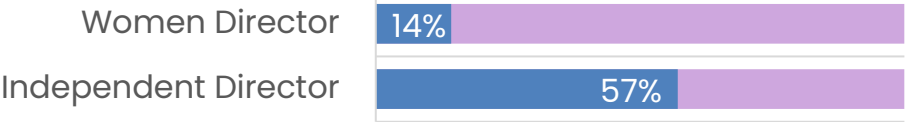


Mr. Santanu Mukherjee
Independent Director

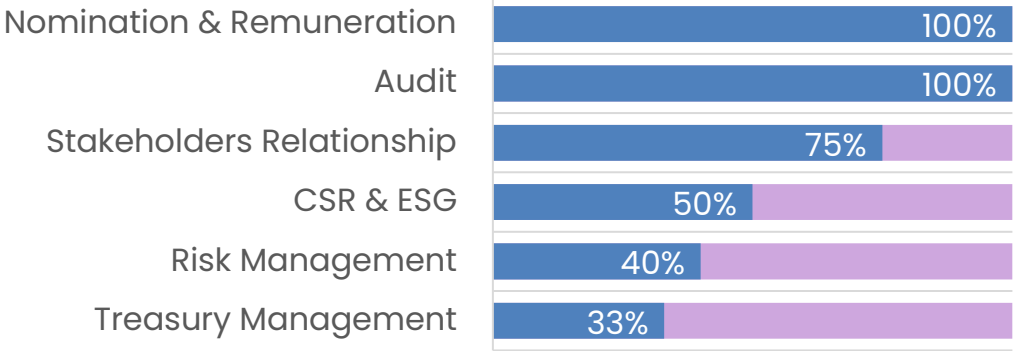


**Ms. Sundari
Raviprasad Pisupati**
Independent Director

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, foetus, 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.

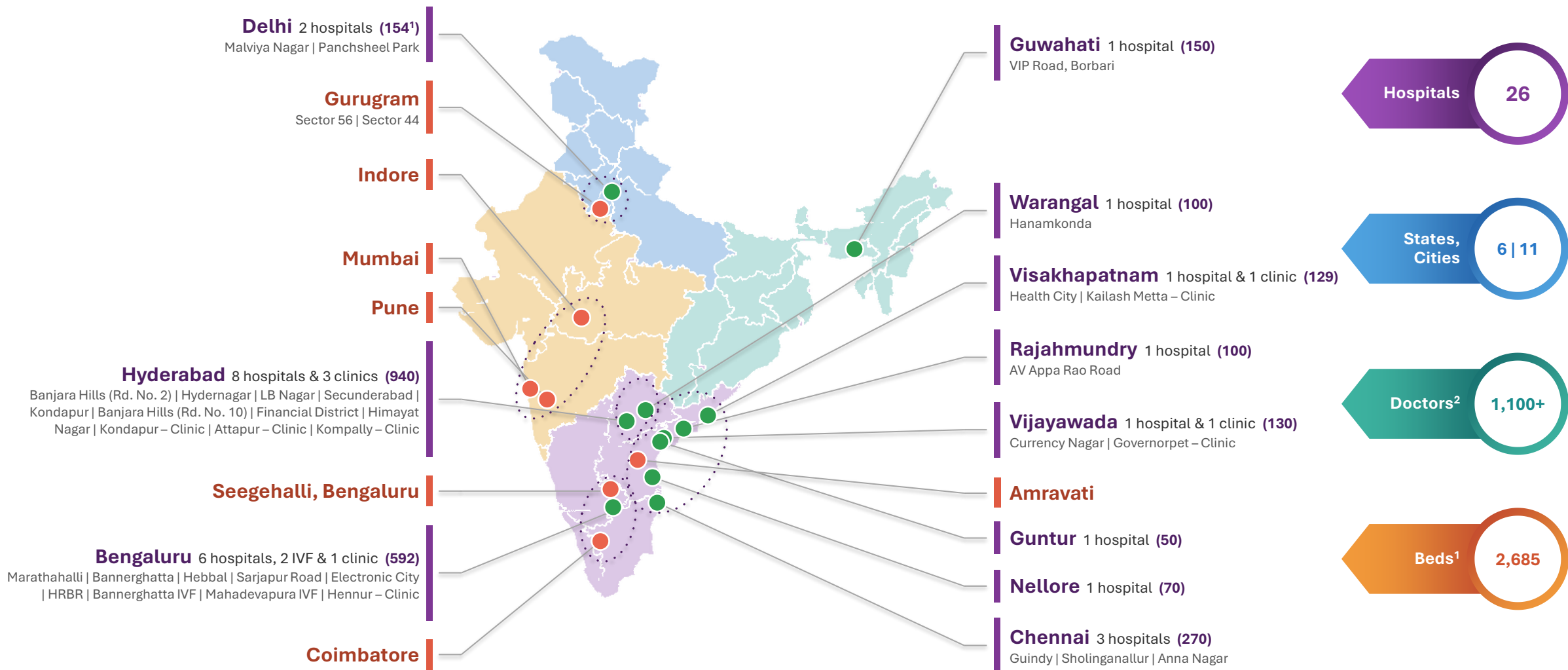


 Guinness World Record Holder for the Largest Gathering of People Born Prematurely – 2016	 South East Asia's Smallest Baby Born at Rainbow Children's Hospital, Hyderabad – 2018	 Certified for the Fifth Year	 For Four Consecutive Years	 Rainbow Children's Hospital, Marathahalli, Bengaluru Accredited by 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	 Amazing Workplace for Excellence in People Practices 2025		

Key Developments



India's most awarded Pediatric hospital chain | Moving towards Pan-India presence



● Existing (beds) ● Under progress

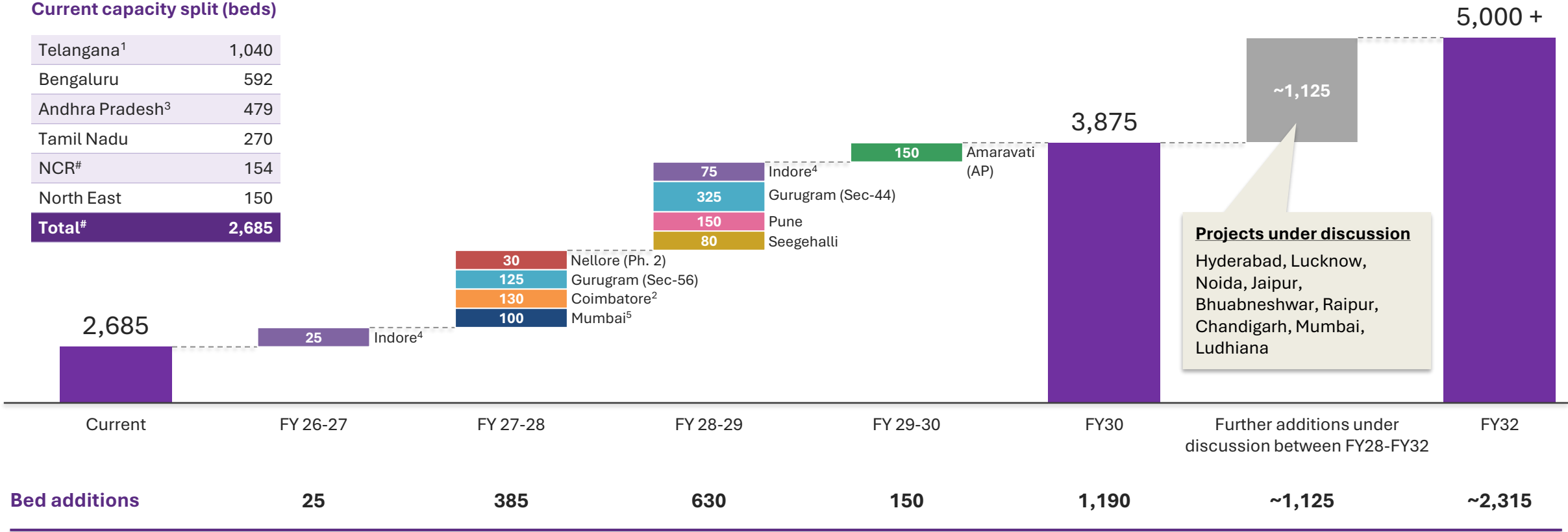
Note: ; ¹ Including the beds at Madhukar, New Delhi; ² Including full-time residents and DNB

Expansion Plan & Timelines

Indicative timelines for completion of existing projects

Current capacity split (beds)

Telangana ¹	1,040
Bengaluru	592
Andhra Pradesh ³	479
Tamil Nadu	270
NCR [#]	154
North East	150
Total[#]	2,685



¹ Telangana beds includes acquisition of Prashanthi Hospital, Warangal

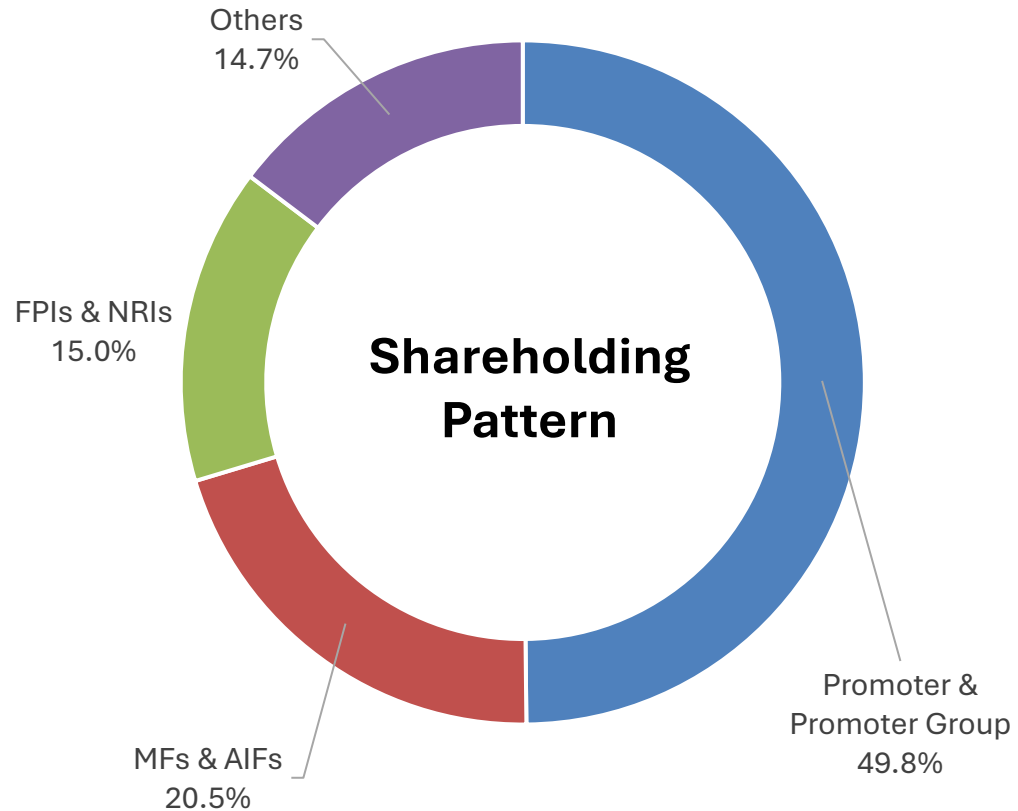
² Coimbatore is expected to get commissioned by H2 FY27-28

³ Commissioned Nellore (70 beds) & Guntur (50 beds) Hospitals from 1st September 2026

⁴ Rainbow to operate 25 beds in Indore currently, ~100 beds independent facility likely to be commissioned by end of FY29

⁵ Rainbow Mumbai hospital likely to commence by Q1 FY28

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



Institutional Shareholders holding more than 1% as on September 30, 2026		
Sr. No	Name of Shareholder	Share Holding# (%)
1	ICICI PRUDENTIAL & ISIF EQUITY FUND	5.5
2	DSP MUTUAL FUND	3.4
3	FRANKLIN TEMPLETON INVESTMENT FUNDS	2.3
4	HDFC LIFE INSURANCE COMPANY	2.1
5	ABU DHABI INVESTMENT AUTHORITY	2.1
6	VANGUARD FUND	2.0
7	TATA MUTUAL FUND	1.9
8	AXIS MUTUAL FUND	1.6
9	NIPPON MUTUAL FUND	1.6
10	ASHOKA WHITEOAK / ASHOKA INDIA	1.5
11	MOTILAL OSWAL MUTUAL FUND	1.5

* Different schemes of each investor/fund house have been grouped together

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

Definitions:

- **Capacity Beds :** Total Bed count in the hospital on the last day of the relevant period /year. (Capacity beds are a total of operational beds (bed available for mid-night occupancy) and non-census beds (all other bed available other than census beds, i.e., day-care beds, pre-OP & post-OP beds, Emergency Beds, etc).
- **Operational Beds:** Weighted average count of census beds for the relevant period /year. (Beds where patient stays for treatment and counted for midnight occupancy)
- **Occupied beds days:** Total count of patients at midnight at each day for the relevant period / year
- **Occupied beds:** Occupied bed days divided by no. of the days for the relevant period/year
- **Occupancy :** Occupied beds/Operational Beds for the relevant period / year
- **ARPOB :** Revenue divided by occupied bed days
- **ALOS :** Occupied bed days divided by IP Discharges
- **IP Discharges:** Count of patient discharged for the relevant period / year
- **OP Consultation:** Count of doctor consultation in outpatient department for the relevant period / year

Abbreviations

- **INR:** Indian Rupee
- **Mn:** Million
- **ARPOB:** Average Revenue Per Occupied Bed Day
- **ALOS:** Average Length of Stay
- **Revenue:** Revenue from Operations + Other Income as per financials
- **EBITDA:** Profit before tax + finance costs + depreciation and amortization – other income
- **EBITDA Margin:** EBITDA divided by Revenue in percentage
- **PAT:** Profit After Tax
- **PAT Margin:** PAT divided by Revenue in percentage
- **NABH :** National Accreditation Board for Hospitals & Healthcare Providers
- **NABL :** National Accreditation Board for Testing and Calibration Laboratories
- **JCI :** Joint Commission International
- **DNB:** Diplomate of National Board
- **DrNB:** Doctorate of National Board
- **MRCPCH:** Membership of the Royal College of Pediatrics and Child Health

Thank You

"It takes a lot to treat the little"



South India's youngest baby successfully receives liver transplant

- A six-week-old baby weighing just 2.9 kg developed jaundice in the first week of life, progressing rapidly to severe liver failure by the third week. Investigations revealed a rare condition called Gestational Alloimmune Liver Disease (GALD), and initial treatments with intravenous immunoglobulin and two exchange transfusions failed to halt the deterioration.
- With the baby's life at risk, Rainbow Children's Hospital, Banjara Hills, performed a complex living-donor liver transplant using a 62-gram graft from the mother. The procedure was particularly challenging due to the baby's tiny blood vessels and limited abdominal space, requiring exceptional surgical precision to connect the blood vessels and position the graft safely.
- The post-operative journey was quite stormy with pulmonary complication, and the child required an additional intestinal surgery for obstruction. The baby was managed on parenteral nutrition during the ICU stay of 3 weeks and discharged after another week of stay with a well functioning liver.
- **This landmark surgery demonstrates Rainbow's ability to perform highly complex neonatal transplants, combining advanced surgical expertise, specialised intensive care and multidisciplinary teamwork to save even the smallest and most critically ill patients.**

METRO INDIA



2.9-kg baby gets liver transplant

METRO INDIA NEWS | HYDERABAD

A six-week-old baby weighing just 2.9 kg has successfully undergone a living-donor liver transplant at Rainbow Children's Hospital, Banjara Hills, in what the hospital described as South India's smallest paediatric liver transplant.

The baby developed jaundice in the first week of life and progressed to severe liver failure by three weeks. Doctors suspected Gestational Alloimmune Liver Disease (GALD), a rare condition, after ruling out infections, metabolic disorders and genetic causes.

Treatment with intravenous immunoglobulin and two exchange transfusions failed, prompting doctors to proceed with a transplant. The baby received a 62-gram liver graft donated by his mother.

The procedure was challenging because of the infant's tiny blood vessels and limited abdominal space. Surgeons reduced the graft to fit the baby and carefully connected the

vessels.

Recovery was also complicated by severe lung problems requiring high-frequency ventilation, inhaled nitric oxide and bronchoscopy. The baby later developed serious infections involving antibiotic-resistant bacteria.

A leak near an intestinal surgical join required a second operation and temporary stomas. Prolonged intravenous nutrition was provided before oral feeds were gradually restarted.

Dr Prashant Bachina said early diagnosis and timely transplantation can be crucial in rapidly progressive liver failure. Dr Mettu Srinivas Reddy said the procedure required meticulous planning, surgical precision and close teamwork. The transplant involved specialists in hepatology, transplant surgery, anaesthesia, neonatal and intensive care, paediatric surgery, radiology, nutrition, physiotherapy, infection control and transplant nursing.

**INDIAN
CHRONICLE**

epaper.indianchronicledaily.com
09 Oct 2026 - Page 2

Rainbow Children's Hospital Performs Liver Transplant on 2.9-kg Baby



"Hyderabad Correspondent, October 8 (Indian Chronicle): A six-week-old baby weighing just 2.9 kg has successfully undergone a living-donor liver transplant at Rainbow Children's Hospital, Banjara Hills, after developing rapidly progressive liver failure caused by the rare Gestational Alloimmune Liver Disease (GALD). The hospital described the case as a landmark procedure involving what it termed South India's smallest baby to undergo a liver transplant. The infant received a 62-gram liver graft donated by the mother, which was carefully reduced to match the baby's size. The surgery was particularly challenging because of the newborn's extremely small blood vessels and limited abdominal space. Surgeons had to precisely connect the tiny blood vessels and position the graft safely, the hospital said. The baby developed jaundice during the first week of life, progressing to severe liver failure by the third week. After infections, metabolic disorders and genetic causes were excluded, doctors suspected GALD. Intravenous immunoglobulin and two exchange transfusions failed to stop the deterioration, leading to the decision to proceed with transplantation. Post-operative recovery was complicated by severe lung problems requiring advanced respiratory support, including high-frequency oscillatory ventilation and inhaled nitric oxide. The baby also developed resistant bacterial infections and an intestinal leak that required a second surgery and temporary stoma. Following prolonged nutritional support and multidisciplinary care, oral feeds were gradually resumed. The baby was eventually discharged breathing without oxygen and taking full feeds by mouth. Dr Prashant Bachina, paediatric gastroenterologist and hepatologist, stressed the importance of early diagnosis and timely transplantation. Dr Srinivas Reddy Mettu, paediatric liver transplant surgeon, said the procedure required meticulous planning, precision and close teamwork. The hospital said its paediatric liver transplant programme across Hyderabad, Chennai and Bengaluru has completed 107 transplants, with an overall survival rate of 95%.

- A previously healthy 2.5-year-old child presented with widespread body swelling and significant protein loss through the urine, indicating a serious kidney disorder. Despite six weeks of standard steroid treatment for nephrotic syndrome, the condition did not improve, raising concerns about steroid-resistant nephrotic syndrome.
- The kidney biopsy revealed an extremely rare condition called lipoprotein glomerulopathy, in which abnormal fat deposits accumulate within the tiny blood vessels of the kidneys. Genetic testing confirmed an associated variation in the APOE gene, helping establish the diagnosis. **This was reported as the third and youngest Pediatric case of its kind in India.**
- Following the diagnosis, steroids were gradually withdrawn and lipid-lowering treatment with atorvastatin was initiated. Within just three weeks, urinary protein loss reduced significantly, while the child's lipid profile and blood albumin levels improved.
- **This case highlights the need of Pediatric nephrology services with advanced genetic testing in identifying and treating rare kidney diseases, enabling targeted treatment and potentially improving long-term outcomes.**

Born with an Extra Limb: A Remarkable Surgical Journey

- A full-term newborn, born to a mother with gestational diabetes, was noted at birth to have a rare and striking abnormality—an extra limb-like structure arising from the perineal region, a condition known as polymelia (pyromelia).
- Despite this, the baby cried at birth and was initially stable.
- As such malformation can be associated with serious internal defects, a detailed evaluation was urgently undertaken. Brain and abdominal ultrasounds were normal. Imaging of the spine showed a low-lying spinal cord with an associated fatty mass, suggesting a condition called lipomyelocoele, a form of closed spinal dysraphism.
- Advanced scans also confirmed that the extra limb was not connected to the spinal cord, consistent with a rare condition called polymelia (extra limb formation).
- **A multidisciplinary team involving neonatology, pediatric surgery, radiology, anesthesia, and neurosurgery performed the complex surgery.**
- The baby underwent successful surgical excision of the perineal limb appendage. The operation was delicate due to the proximity to the spine, pelvis, and rectum, but the abnormal structures were completely removed without neurological injury.
- The parents were counselled for follow up for the associated spinal dysraphism.
- **This rare case highlights how a life born with an extraordinary anatomical anomaly can be safely guided toward a normal future through precise imaging, multidisciplinary care, and timely surgery.**



Rainbow Children's Medicare Limited operates a network of 26 hospitals, 6 clinics and 2 dedicated fertility clinics across 11 cities, with a total bed capacity of 2,685¹ beds. Its pediatric services, operating under the brand "Rainbow Children's Hospital", include newborn and pediatric intensive care, pediatric multi-specialty services and pediatric quaternary care, including organ transplantation. Its women's healthcare services, under "BirthRight by Rainbow", encompass normal and complex obstetric care, multidisciplinary fetal care, perinatal genetic and fertility care, and gynaecology 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.

For further information please contact

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¹including the 130 beds at Madhukar Hospital where Rainbow Hospitals provides Medical services