**Machine Learning in Prenatal Health Prediction  
Enhancing Early Diagnosis and Maternal Care Through AI**

**Anusha B C**

**Maharani’s college Mysuru**

**Abstract**

Machine learning (ML) is revolutionizing prenatal healthcare by enabling early prediction and intervention in maternal and fetal complications. The complexity and volume of prenatal health data, ranging from ultrasound imaging and electronic health records to genetic and lifestyle information, make it an ideal candidate for ML applications. These algorithms can detect subtle patterns and correlations often missed by conventional diagnostic approaches, thereby improving risk assessment and outcomes for both the mother and fetus. This paper explores the current state of machine learning in prenatal health prediction, its applications in detecting conditions such as gestational diabetes, preeclampsia, and congenital anomalies, and the challenges related to data quality, interpretability, and clinical integration. By examining various ML models and real-world case studies, we highlight the potential of AI to transform prenatal care from reactive to proactive, personalized medicine.

**Introduction**

Prenatal care is a fundamental aspect of maternal and fetal well-being, aiming to monitor, predict, and prevent potential health issues throughout the stages of pregnancy [1]. Despite significant advances in obstetrics and maternal-fetal medicine, many complications such as gestational diabetes mellitus (GDM), preeclampsia, intrauterine growth restriction (IUGR), and congenital anomalies still pose substantial risks to pregnant individuals and their unborn children [2]. Early identification and management of these conditions are critical to improving outcomes, yet current screening and diagnostic methods often suffer from limitations such as infrequent testing, subjective interpretation of clinical data, and inadequate personalization of care. In this evolving healthcare landscape, machine learning (ML) offers a promising solution by enabling data-driven, predictive, and individualized prenatal care [3].

Machine learning, a subfield of artificial intelligence, focuses on algorithms that learn from data and improve over time without explicit programming. These models are particularly well-suited for healthcare applications, where the volume, variety, and complexity of data surpass human cognitive capacity [4]. Prenatal healthcare generates extensive data, including electronic health records (EHRs), lab test results, ultrasound images, wearable sensor data, and increasingly, genetic information. ML techniques can extract hidden patterns from this data, identify correlations, and make accurate predictions about maternal and fetal health risks. This has the potential to transform traditional prenatal care from a reactive model—where interventions occur after symptoms appear—to a proactive model centered on prevention and early intervention [4-6].

One of the key strengths of ML in prenatal prediction lies in its ability to integrate heterogeneous data sources and recognize non-linear relationships among variables. For instance, a supervised learning model can be trained on thousands of patient records to predict the likelihood of GDM based on age, BMI, family history, glucose levels, and other relevant features. Similarly, unsupervised learning can be employed to discover subgroups of patients at high risk for certain conditions, even when labeled data is scarce [6]. Deep learning models, particularly convolutional neural networks (CNNs), have shown remarkable success in analyzing prenatal imaging, such as fetal ultrasounds and Doppler studies, to detect anatomical anomalies or estimate gestational age more accurately than manual measurements [5].

The benefits of incorporating ML into prenatal care are manifold. Clinicians can receive automated alerts for high-risk pregnancies, enabling early and personalized interventions. Predictive models can assist in scheduling appropriate follow-ups, allocating medical resources more efficiently, and reducing the likelihood of emergency situations during delivery [7]. Moreover, the use of ML can improve access to quality prenatal care in underserved regions by supporting remote diagnostics and telemedicine platforms. Patients themselves may benefit from mobile health applications that use ML algorithms to monitor vital signs and provide real-time feedback throughout pregnancy [8].

However, the integration of ML into prenatal health is not without challenges. Concerns about data privacy, algorithmic bias, model interpretability, and clinical validation must be addressed before widespread adoption [9]. Despite these hurdles, the momentum for AI-powered prenatal health prediction continues to grow, supported by ongoing research, increasing computational power, and expanding datasets [10].

This paper delves into the current state of machine learning applications in prenatal healthcare, with a focus on predictive models, their clinical utility, and the future implications for personalized maternal-fetal medicine.

**Machine Learning Models in Prenatal Prediction**

Various machine learning models have been developed and tested for prenatal health prediction, each offering unique advantages based on the type and complexity of data [11]. Supervised learning algorithms such as logistic regression, random forests, and support vector machines are frequently used for classification tasks, such as predicting gestational diabetes or hypertensive disorders. These models are trained on labeled datasets, learning from historical patient records to identify features most associated with adverse outcomes [12]. More recently, deep learning models, including neural networks and convolutional neural networks (CNNs), have shown promise in interpreting prenatal imaging data such as ultrasound and fetal echocardiograms. These models can automate image classification, detect abnormalities, and assess fetal development with high accuracy. Additionally, ensemble methods that combine multiple algorithms often outperform single-model approaches by reducing variance and bias [13]. Time-series models, including recurrent neural networks (RNNs), are also useful for tracking changes in physiological parameters over the course of pregnancy. Model performance is typically evaluated using metrics such as accuracy, precision, recall, and area under the curve (AUC), and the best-performing models are integrated into clinical decision support systems. The growing diversity and sophistication of ML models are significantly enhancing prenatal risk prediction capabilities [14].

**Applications in Prenatal Risk Detection**

Machine learning has shown considerable promise in enhancing the detection of maternal and fetal health risks during pregnancy. One of its most impactful applications is in predicting gestational diabetes mellitus (GDM), a condition that affects a significant proportion of pregnant individuals and can lead to complications such as macrosomia, preterm birth, and neonatal hypoglycemia [15]. Traditional screening methods like the oral glucose tolerance test are limited to specific gestational windows, whereas ML models can provide risk assessments early in pregnancy using variables such as maternal age, BMI, ethnicity, and past medical history. Early prediction allows for lifestyle modifications and medical interventions that may prevent disease onset [16].

Another important application is in the early identification of preeclampsia, a hypertensive disorder that can escalate rapidly and pose severe risks to both mother and fetus [17]. ML algorithms have been trained to analyze longitudinal blood pressure data, proteinuria, and biochemical markers to predict preeclampsia weeks before clinical symptoms appear. These predictive tools can trigger enhanced monitoring or timely delivery to reduce complications [18].

Preterm birth prediction is another area where machine learning is proving valuable. By analyzing data from EHRs, ultrasound, and even cervical length measurements, ML models can identify women at high risk of delivering before 37 weeks of gestation [19]. This allows clinicians to administer corticosteroids or recommend other preventive treatments [20].

Moreover, congenital anomaly detection through deep learning applied to prenatal imaging is transforming anomaly screening. CNNs can automatically detect structural abnormalities in ultrasound images, reducing reliance on highly specialized sonographers and allowing more consistent and scalable diagnostics [21]. Combined with genetic and biochemical screening, ML enhances the accuracy of prenatal anomaly detection, offering better-informed clinical decisions [22].

Overall, machine learning enables the shift from episodic and reactive prenatal care to a continuous, proactive, and data-driven model that prioritizes early intervention and personalized risk management [23].

**Future Perspective**

The future of machine learning in prenatal health prediction is poised to be transformative, marked by increased integration of multi-modal data, advances in model transparency, and improved accessibility for diverse healthcare settings. One promising direction is the integration of genomic, proteomic, and metabolomic data with traditional clinical information to create more holistic predictive models [24]. With the rise of precision medicine, combining genetic risk profiles with machine learning algorithms can offer even earlier and more accurate risk predictions for congenital conditions, inherited disorders, and pregnancy complications [24-26].

Another significant advancement will be the development of explainable artificial intelligence (XAI) models tailored for clinical decision support. As clinicians increasingly rely on AI-generated insights, transparent models that can justify their predictions will be essential for gaining trust and ensuring clinical adoption [25]. Tools like SHAP and LIME are already aiding this effort, but further refinement and education will be critical in facilitating real-world use [26].

Edge computing and mobile health (mHealth) platforms are also set to play a pivotal role in extending prenatal ML tools to remote or underserved populations. Wearable devices integrated with AI can continuously monitor vital signs and environmental exposures, offering real-time alerts and personalized recommendations [27]. These innovations could significantly reduce disparities in maternal-fetal health by offering high-quality, AI-powered prenatal care outside of traditional clinical environments [22].

Collaborations between data scientists, clinicians, ethicists, and policymakers will be key to ensuring that ML applications align with ethical guidelines, are clinically validated, and are equitably deployed. As more longitudinal datasets become available, including from diverse populations, model accuracy and generalizability will continue to improve [23-26].

Ultimately, the future of ML in prenatal care lies in developing adaptive, inclusive, and patient-centered systems that not only predict outcomes but actively guide interventions, shaping the next generation of maternal-fetal medicine [27].

**Challenges and Barriers to Widespread Adoption**

While the potential for machine learning (ML) in prenatal care is immense, there are several challenges that need to be addressed for its successful and widespread adoption. One of the most significant hurdles is the integration of ML models into existing healthcare systems. Healthcare settings, especially in low-resource environments, may lack the infrastructure needed to support the deployment of these advanced technologies. Data interoperability between different healthcare systems and electronic health records (EHRs) remains an ongoing challenge, as patient information is often stored in siloed, incompatible systems [28]. Moreover, clinicians must be trained to understand and interpret AI-based predictions effectively, requiring substantial investment in professional education and system integration [29].

Another critical challenge lies in ensuring that ML models are robust, generalizable, and free from biases. Many existing datasets used to train ML models are not representative of diverse populations, particularly those from low-income, rural, or underrepresented ethnic backgrounds. This underrepresentation can lead to biased predictions that may not be accurate for all demographic groups, exacerbating existing health disparities [30]. For ML models to be effective in prenatal care, they must be trained on diverse datasets that reflect the full spectrum of genetic, environmental, and socio-economic factors that influence maternal and fetal health [31].

Furthermore, issues related to data privacy and security remain at the forefront of discussions surrounding AI in healthcare. Prenatal healthcare involves highly sensitive personal data, and ensuring the confidentiality of this information is paramount. There is a growing need for regulatory frameworks that address the ethical and legal challenges surrounding the use of personal health data for AI-driven prediction and decision-making. In particular, concerns about data ownership, informed consent, and the potential for misuse of genetic information must be carefully considered [32-34].

**Ethical Considerations in ML Applications**

As ML models become increasingly integrated into prenatal care, several ethical considerations need to be addressed. One major concern is the potential for algorithmic bias, which can lead to disparities in healthcare outcomes. If ML models are trained on biased or incomplete datasets, they may make incorrect predictions for certain populations, leading to unequal access to care or misdiagnosis [35]. Ethical guidelines must be developed to ensure that ML models are trained with diverse, representative data and that their predictions are regularly evaluated for fairness and accuracy.

Another key ethical issue is the transparency and interpretability of ML models. Healthcare providers must understand how an AI system generates its predictions to make informed decisions based on its recommendations. While machine learning models, particularly deep learning models, can achieve high accuracy, they are often considered "black boxes," making it difficult for clinicians to trust and interpret their results. Explainable AI (XAI) techniques, which aim to make AI decision-making processes more transparent, will be crucial in ensuring that ML models are not only accurate but also understandable by clinicians [36]. Efforts to improve transparency and interpretability will play a pivotal role in gaining clinician trust and facilitating the broader adoption of AI in prenatal care.

**Future Research Directions**

Several exciting research directions are emerging in the field of ML for prenatal care. One promising avenue is the integration of multiple data sources—such as genomic, proteomic, metabolomic, and clinical data—into comprehensive risk prediction models. By combining genetic data with other forms of biological and environmental information, researchers can create more accurate and holistic models of maternal and fetal health. For example, combining genomic risk factors with data on lifestyle, nutrition, and environmental exposures could lead to more precise predictions of pregnancy complications like preeclampsia or gestational diabetes [37-39].

Another area of active research is the development of real-time, adaptive ML models that continuously learn from new data. These models could dynamically update their predictions based on new patient information, ensuring that they provide the most current and relevant risk assessments. This would be particularly valuable in a dynamic healthcare setting, where patient conditions can change rapidly throughout pregnancy [40]. Furthermore, the use of mobile health (mHealth) applications and wearable devices, which are increasingly becoming part of prenatal care, presents an opportunity to collect continuous data on maternal and fetal health. AI models that analyze this real-time data could offer personalized recommendations and interventions to improve outcomes for both the mother and child [41].

**Global Implications and Accessibility**

The global impact of ML in prenatal care could be transformative, especially in underserved and resource-limited areas. While high-tech hospitals and medical centers in developed countries are the main beneficiaries of AI advancements, there is considerable potential for ML to address gaps in healthcare access in lower-income regions. Mobile health platforms, which integrate AI-based prenatal risk prediction, could make high-quality prenatal care accessible to millions of pregnant individuals worldwide, particularly in remote areas where access to skilled healthcare providers is limited [42]. Moreover, AI can help healthcare systems allocate resources more efficiently, ensuring that high-risk pregnancies receive timely care while minimizing unnecessary interventions for low-risk individuals [43].

**Long-Term Implications for Personalized Prenatal Care**

The long-term implications of ML in prenatal care are far-reaching and have the potential to revolutionize the way pregnancy is managed globally. By enabling more personalized and proactive care, ML models could significantly reduce maternal and fetal mortality rates. As AI systems become more integrated into everyday clinical practice, they could help provide tailored care based on an individual’s specific risk factors, leading to more targeted interventions and better health outcomes for both mothers and babies [44].

Additionally, the ability to predict and prevent complications before they occur could drastically reduce the need for costly emergency interventions, potentially lowering healthcare costs overall. For instance, AI models that predict the likelihood of preterm birth could allow for early interventions such as administering corticosteroids, which can help reduce the incidence of complications in premature infants. Similarly, predictive models for gestational diabetes and preeclampsia could lead to earlier and more effective treatments, decreasing the long-term risks of these conditions for both mothers and babies [45].

**Ethical, Social, and Legal Considerations**

While the potential benefits of AI in prenatal care are significant, the ethical, social, and legal implications must be carefully addressed. Privacy concerns, in particular, are a major issue when dealing with sensitive health data. As prenatal care involves genetic data and other highly personal information, ensuring robust data security measures and patient consent processes is paramount. Clear regulations surrounding the ownership, use, and sharing of health data will be necessary to protect individuals' rights and privacy while enabling the use of AI for better outcomes [46].

Furthermore, the integration of AI into prenatal care must not exacerbate existing health inequalities. It is essential that AI models are trained on diverse datasets that represent various populations to avoid perpetuating biases and ensuring equitable care for all pregnant individuals, regardless of their ethnicity, socio-economic status, or geographical location [47].

**Regulatory and Policy Frameworks**

As machine learning continues to advance and become integrated into prenatal healthcare, regulatory and policy frameworks must evolve to keep pace with these changes. Governments, healthcare providers, and technology developers need to collaborate in creating standards for the ethical use of AI in maternal and fetal health. These frameworks should address issues such as transparency in algorithmic decision-making, the validation of ML models for clinical use, and the development of guidelines for clinical practitioners to understand and trust AI-based predictions [48].

International collaborations may be necessary to ensure that AI-based prenatal care is accessible to all populations, including those in underserved regions. Global health organizations and regulatory bodies can work together to develop guidelines for the use of AI that consider both local healthcare needs and technological capabilities, promoting equitable access to cutting-edge prenatal care [49].

**Collaborative Efforts for Advancing AI in Prenatal Care**

Advancing the use of machine learning in prenatal care will require collaboration across multiple sectors. Data scientists, clinicians, ethicists, and policymakers must work together to ensure that AI models are not only effective and accurate but also fair and ethical. Collaboration between academia, healthcare institutions, and tech companies will drive innovation in developing new algorithms and ensuring their clinical validity [50].

Moreover, interdisciplinary teams can help ensure that AI models take into account the broader social, psychological, and cultural factors that influence maternal and fetal health. By incorporating insights from various fields, such as sociology and psychology, into the design of AI tools, we can ensure that prenatal care is not just personalized but also holistic, addressing the full range of factors that impact health outcomes during pregnancy [51].

**Conclusion**

Machine learning is redefining the landscape of prenatal healthcare by providing tools that enable early, accurate, and personalized prediction of maternal and fetal health risks. Through sophisticated algorithms capable of processing vast and diverse datasets, ML models can identify subtle patterns and risk factors often missed by traditional diagnostic methods. From predicting gestational diabetes and preeclampsia to detecting congenital anomalies via imaging, the application of machine learning has demonstrated substantial clinical value across a wide range of prenatal conditions.

The integration of ML into prenatal care offers a shift from reactive to proactive healthcare. By equipping clinicians with predictive insights early in the pregnancy journey, interventions can be more timely and targeted, improving both maternal and neonatal outcomes. This transformation not only enhances clinical decision-making but also optimizes healthcare resource utilization and opens avenues for extending care to remote and underserved populations through mobile and wearable technologies.

However, challenges such as data privacy, model interpretability, algorithmic bias, and regulatory compliance remain critical concerns. Ensuring that ML models are ethically developed, transparently deployed, and rigorously validated in clinical settings is essential to their successful integration into standard prenatal care practices.

Looking ahead, the synergy between machine learning, genomic medicine, and digital health platforms holds the potential to revolutionize how prenatal care is delivered. With continued advancements in technology and data science, machine learning will increasingly support personalized, equitable, and data-driven maternity care.

In conclusion, machine learning represents a powerful tool in the quest for better prenatal health outcomes. Its ability to predict, personalize, and prevent will be central to the evolution of maternal-fetal medicine, offering a future where every pregnancy benefits from intelligent, anticipatory care.

**References**

1. Amann, J., Blasimme, A., Vayena, E., Frey, D., & Madai, V. I. (2020). Explainability for artificial intelligence in healthcare: a multidisciplinary perspective. BMC Medical Informatics and Decision Making, 20(1). https://doi.org/10.1186/s12911-020-01332-6
2. Arnaout, R., Curran, L., Zhao, Y., Levine, J. C., Chinn, E., & Moon‐Grady, A. J. (2021). An ensemble of neural networks provides expert-level prenatal detection of complex congenital heart disease. Nature Medicine, 27(5), 882. https://doi.org/10.1038/s41591-021-01342-5
3. Bertini, A., Salas, R., Chabert, S., Sobrevía, L., & Pardo, F. (2022). Using Machine Learning to Predict Complications in Pregnancy: A Systematic Review [Review of Using Machine Learning to Predict Complications in Pregnancy: A Systematic Review]. Frontiers in Bioengineering and Biotechnology, 9. Frontiers Media. https://doi.org/10.3389/fbioe.2021.780389
4. Chowdhury, M., Leung, A. A. C., Walker, R. L., Sikdar, K. C., O’Beirne, M., Quan, H., & Turin, T. C. (2023). A comparison of machine learning algorithms and traditional regression-based statistical modeling for predicting hypertension incidence in a Canadian population. Scientific Reports, 13(1). https://doi.org/10.1038/s41598-022-27264-x
5. Espinosa, C., Becker, M., Marić, I., Wong, R. J., Shaw, G. M., Gaudillière, B., Aghaeepour, N., Stevenson, D. K., Stelzer, I. A., Peterson, L. S., Chang, A. L., Xenochristou, M., Phongpreecha, T., Francesco, D. D., Katz, M., Blumenfeld, Y. J., & Angst, M. S. (2021). Data-Driven Modeling of Pregnancy-Related Complications [Review of Data-Driven Modeling of Pregnancy-Related Complications]. Trends in Molecular Medicine, 27(8), 762. Elsevier BV. https://doi.org/10.1016/j.molmed.2021.01.007
6. Esteva, A., Chou, K., Yeung, S., Naik, N., Madani, A., Mottaghi, A., Liu, Y., Topol, E. J., Dean, J., & Socher, R. (2021). Deep learning-enabled medical computer vision [Review of Deep learning-enabled medical computer vision]. Npj Digital Medicine, 4(1). Nature Portfolio. https://doi.org/10.1038/s41746-020-00376-2
7. Gao, C., Osmundson, S. S., Edwards, D. R. V., Jackson, G. P., Malin, B., & Chen, Y. (2019). Deep learning predicts extreme preterm birth from electronic health records. Journal of Biomedical Informatics, 100, 103334. https://doi.org/10.1016/j.jbi.2019.103334
8. Ho, D., Schierding, W., Wake, M., Saffery, R., & O’Sullivan, J. M. (2019). Machine Learning SNP Based Prediction for Precision Medicine [Review of Machine Learning SNP Based Prediction for Precision Medicine]. Frontiers in Genetics, 10. Frontiers Media. https://doi.org/10.3389/fgene.2019.00267
9. Igwama, G. T., Nwankwo, E. I., Emeihe, E. V., & Ajegbile, M. D. (2024). Enhancing maternal and child health in rural areas through AI and mobile health solutions. International Journal of Biology and Pharmacy Research Updates, 4(1), 35. https://doi.org/10.53430/ijbpru.2024.4.1.0028
10. Iparraguirre-Villanueva, O., Espinola-Linares, K., Flores-Castañeda, R. O., & Cabanillas-Carbonell, M. (2023). Application of Machine Learning Models for Early Detection and Accurate Classification of Type 2 Diabetes. Diagnostics, 13(14), 2383. https://doi.org/10.3390/diagnostics13142383
11. Javaid, A., Zghyer, F., Kim, C. H., Spaulding, E. M., Isakadze, N., Ding, J., Kargillis, D., Gao, Y., Rahman, F., Brown, D. E., Saria, S., Martin, S. S., Kramer, C. M., Blumenthal, R. S., & Marvel, F. A. (2022). Medicine 2032: The future of cardiovascular disease prevention with machine learning and digital health technology [Review of Medicine 2032: The future of cardiovascular disease prevention with machine learning and digital health technology]. American Journal of Preventive Cardiology, 12, 100379. Elsevier BV. https://doi.org/10.1016/j.ajpc.2022.100379
12. Kim, H. Y., Cho, G. J., & Kwon, H. S. (2022). Applications of artificial intelligence in obstetrics. ULTRASONOGRAPHY, 42(1), 2. https://doi.org/10.14366/usg.22063
13. Lin, L., Cheng, Y., Ji, W., Liu, M., Hu, Z., Yang, Y., Wang, Y., & Zhou, Y. (2023). Machine learning for predicting diabetes risk in western China adults. Diabetology & Metabolic Syndrome, 15(1). https://doi.org/10.1186/s13098-023-01112-y
14. Nazer, L., Zatarah, R., Waldrip, S., Ke, J. X. C., Moukheiber, M., Khanna, A. K., Hicklen, R., Moukheiber, L., Moukheiber, D., Ma, H., & Mathur, P. (2023). Bias in artificial intelligence algorithms and recommendations for mitigation [Review of Bias in artificial intelligence algorithms and recommendations for mitigation]. PLOS Digital Health, 2(6). Public Library of Science. https://doi.org/10.1371/journal.pdig.0000278
15. Ornoy, A., Becker, M., Weinstein‐Fudim, L., & Ergaz, Z. (2021). Diabetes during Pregnancy: A Maternal Disease Complicating the Course of Pregnancy with Long-Term Deleterious Effects on the Offspring. A Clinical Review [Review of Diabetes during Pregnancy: A Maternal Disease Complicating the Course of Pregnancy with Long-Term Deleterious Effects on the Offspring. A Clinical Review]. International Journal of Molecular Sciences, 22(6), 2965. Multidisciplinary Digital Publishing Institute. https://doi.org/10.3390/ijms22062965
16. Reid, J., & Eaton, E. (2019). Artificial intelligence for pediatric ophthalmology [Review of Artificial intelligence for pediatric ophthalmology]. Current Opinion in Ophthalmology, 30(5), 337. Lippincott Williams & Wilkins. https://doi.org/10.1097/icu.0000000000000593
17. Sendra-Balcells, C., Campello, V. M., Torrents‐Barrena, J., Ahmed, Y. A., Elattar, M., Botwe, B. O., Nyangulu, P., Stones, W., Ammar, M., Benamer, L. N., Kisembo, H. N., Sereke, S. G., Wanyonyi, S., Temmerman, M., Mikolaj, K., Tolsgaard, M. G., & Lekadir, K. (2022). Generalisability of fetal ultrasound deep learning models to low-resource imaging settings in five African countries. arXiv (Cornell University). https://doi.org/10.48550/arXiv.2209.
18. Sharf, Y., Farine, D., Batzalel, M., Megel, Y., Shenhav, M., Jaffa, A. J., & Barnea, O. (2006). Continuous monitoring of cervical dilatation and fetal head station during labor. Medical Engineering & Physics, 29(1), 61. https://doi.org/10.1016/j.medengphy.2006.01.005
19. Sherbini, A. E., Virk, H. U. H., Wang, Z., Glicksberg, B. S., & Krittanawong, C. (2023). Machine-Learning-Based Prediction Modelling in Primary Care: State-of-the-Art Review. AI, 4(2), 437. https://doi.org/10.3390/ai4020024
20. Shu, C., Han, S., Li, L., Xu, P., & Bai, Y. (2021). The Clinical Application and Prospect of Smart Prenatal Care and Postpartum Recovery [Review of The Clinical Application and Prospect of Smart Prenatal Care and Postpartum Recovery]. Journal of Healthcare Engineering, 2021, 1. Hindawi Publishing Corporation. https://doi.org/10.1155/2021/3279714
21. Syed, M., Syed, S., Sexton, K. W., Syeda, H. B., Garza, M. Y., Zozus, M., Syed, F., Begum, S., Syed, A. U., Sanford, J. A., & Prior, F. (2021). Application of Machine Learning in Intensive Care Unit (ICU) Settings Using MIMIC Dataset: Systematic Review. Informatics, 8(1), 16. https://doi.org/10.3390/informatics8010016
22. Teo, K., Yong, C. W., Muhamad, F., Mohafez, H., Hasikin‬, K., Xia, K., Qian, P., Dhanalakshmi, S., Utama, N. P., & Lai, K. W. (2021). The Promise for Reducing Healthcare Cost with Predictive Model: An Analysis with Quantized Evaluation Metric on Readmission. Journal of Healthcare Engineering, 2021, 1. https://doi.org/10.1155/2021/9208138
23. Tian, Y., & Li, P. (2022). Genetic risk score to improve prediction and treatment in gestational diabetes mellitus [Review of Genetic risk score to improve prediction and treatment in gestational diabetes mellitus]. Frontiers in Endocrinology, 13. Frontiers Media. https://doi.org/10.3389/fendo.2022.955821
24. Wang, Q., Peng, W., Wang, L., & Li, Y. (2019). Toward Multiomics-Based Next-Generation Diagnostics for Precision Medicine [Review of Toward Multiomics-Based Next-Generation Diagnostics for Precision Medicine]. Personalized Medicine, 16(2), 157. Future Medicine. https://doi.org/10.2217/pme-2018-0085
25. Xia, T.-H., Tan, M., Li, J., Wang, J., Wu, Q., & Kong, D. (2021). Establish a normal fetal lung gestational age grading model and explore the potential value of deep learning algorithms in fetal lung maturity evaluation. Chinese Medical Journal, 134(15), 1828. https://doi.org/10.1097/cm9.0000000000001547
26. Xiong, Y., Lin, L., Chen, Y., Salerno, S., Li, Y., Zeng, X., & Li, H. (2020). Prediction of gestational diabetes mellitus in the first 19 weeks of pregnancy using machine learning techniques. The Journal of Maternal-Fetal & Neonatal Medicine, 35(13), 2457. https://doi.org/10.1080/14767058.2020.1786517
27. Zihni, E., Madai, V. I., Livne, M., Galinović, I., Khalil, A. A., Fiebach, J. B., & Frey, D. (2020). Opening the black box of artificial intelligence for clinical decision support: A study predicting stroke outcome. PLoS ONE, 15(4). <https://doi.org/10.1371/journal.pone.0231166>
28. Davuluri, M. (2020). AI-Driven Drug Discovery: Accelerating the Path to New Treatments. International Journal of Machine Learning and Artificial Intelligence, 1(1).
29. Davuluri, M. (2020). AI in Pediatric Healthcare: Transforming Care for Younger Patients. International Numeric Journal of Machine Learning and Robots, 4(4).
30. Davuluri, M. (2021). AI in Personalized Oncology: Revolutionizing Cancer Care. International Machine learning journal and Computer Engineering, 4(4).
31. Davuluri, M. (2017). AI-Enhanced Telemedicine: Bridging the Gap in Global Healthcare Access. International Numeric Journal of Machine Learning and Robots, 1(1).
32. Davuluri, M. (2021). AI for Chronic Disease Management: Improving Long-Term Patient Outcomes. International Journal of Machine Learning and Artificial Intelligence, 2(2).
33. Davuluri, M. (2022). AI in Mental Health: Transforming Diagnosis and Therapy. International Machine learning journal and Computer Engineering, 5(5).
34. Yarlagadda, V. S. T. (2024). Machine Learning for Predicting Mental Health Disorders: A Data-Driven Approach to Early Intervention. International Journal of Sustainable Development in Computing Science, 6(4).
35. Yarlagadda, V. S. T. (2020). AI and Machine Learning for Optimizing Healthcare Resource Allocation in Crisis Situations. International Transactions in Machine Learning, 2(2).
36. Yarlagadda, V. S. T. (2019). AI for Remote Patient Monitoring: Improving Chronic Disease Management and Preventive Care. International Transactions in Artificial Intelligence, 3(3).
37. Yarlagadda, V. S. T. (2019). AI-Enhanced Drug Discovery: Accelerating the Development of Targeted Therapies. International Scientific Journal for Research, 1 (1).
38. Yarlagadda, V. (2017). AI in Precision Oncology: Enhancing Cancer Treatment Through Predictive Modeling and Data Integration. Transactions on Latest Trends in Health Sector, 9(9).
39. Yarlagadda, V. S. T. (2022). AI-Driven Early Warning Systems for Critical Care Units: Enhancing Patient Safety. International Journal of Sustainable Development in Computer Science Engineering, 8(8).
40. Kolla, V. R. K. (2021). Cyber security operations centre ML framework for the needs of the users. International Journal of Machine Learning for Sustainable Development, 3(3), 11-20.
41. Kolla, V. R. K. (2020). India’s Experience with ICT in the Health Sector. Transactions on Latest Trends in Health Sector, 12, 12.
42. Kolla, V. R. K. (2016). Forecasting Laptop Prices: A Comparative Study of Machine Learning Algorithms for Predictive Modeling. International Journal of Information Technology & Management Information System.
43. Kolla, V. R. K. (2021). Prediction in Stock Market using AI. Transactions on Latest Trends in Health Sector, 13, 13.
44. Kolla, Venkata Ravi Kiran, Analyzing the Pulse of Twitter: Sentiment Analysis using Natural Language Processing Techniques (August 1, 2016). International Journal of Creative Research Thoughts, 2016. Available at SSRN: Link
45. Kolla, Venkata Ravi Kiran, Forecasting the Future: A Deep Learning Approach for Accurate Weather Prediction (December 01, 2018). International Journal in IT & Engineering (IJITE), 2018. Available at SSRN: Link.
46. Deekshith, A. J. I. J., & Deekshith, A. (2021). Data engineering for AI: Optimizing data quality and accessibility for machine learning models. International Journal of Management Education for Sustainable Development, 4(4), 1-33.
47. Deekshith, A. (2019). Integrating AI and Data Engineering: Building Robust Pipelines for Real-Time Data Analytics. International Journal of Sustainable Development in Computing Science, 1(3), 1-35.
48. Deekshith, A. (2020). AI-Enhanced Data Science: Techniques for Improved Data Visualization and Interpretation. International Journal of Creative Research In Computer Technology and Design, 2(2).
49. Deekshith, A. (2023). Scalable Machine Learning: Techniques for Managing Data Volume and Velocity in AI Applications. International Scientific Journal for Research, 5(5).
50. DEEKSHITH, A. (2014). Neural Networks and Fuzzy Systems: A Synergistic Approach. Transactions on Latest Trends in Health Sector, 6(6).
51. Deekshith, A. (2023). AI-Driven Sentiment Analysis for Enhancing Customer Experience in E-Commerce. International Journal of Machine Learning for Sustainable Development, 3(2).