https://rhl-chat-bot.streamlit.app/

**Feedback:**

1. Providing the source at the beginning.

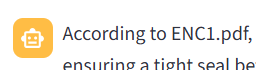
2. Responding to greetings. However, it is the same response almost every time. “I'm here for medical questions. Ask one!” It needs to be more flexible based on the user greeting.

3. Single keywords like “resuscitation”, “anxiety” are getting good response.

**Observations:**

I

Every time the model provides an answer, it is providing the answer by providing the exact PDF document name. If we change the document name from say ENC to Essential Newborn Care, will it be able to show that name?

II

No URL input, need to provide to Shivam.

III

GAD-7 file is not provided to the model. Need to test this version for Uganda application.

IV

User: I am a 78 year old woman, pregnant

Bot: According to PEE.pdf, if a woman is pre-viable and pregnant, the recommendation is to end the pregnancy. Additionally, WHO\_pregnancy\_birth.pdf highlights that women treated for pre-eclampsia or eclampsia should be counseled about the risks of recurrence in future pregnancies and the importance of early antenatal care. Given your age and pregnancy status, it is crucial to consider the potential risks involved, including severe complications such as pre-eclampsia.

Would you like to know more about the risks associated with pregnancy at an advanced age or the management options available?

User: More information on pregnancy at an advanced age

Bot: I apologize, but I do not have sufficient information in my documents to answer this question accurately.

User: But you mentioned "Would you like to know more about the risks associated with pregnancy at an advanced age or the management options available?", so I wanted to know more.

Bot: According to WHO\_pregnancy\_birth.pdf.pdf, I apologize, but I do not have sufficient information in my documents to answer this question accurately.

Would you like to know about the management of complications in pregnancy or specific risks associated with certain conditions?

“*The model shouldn’t have asked the user if he/she would like to know more information, if there is no information available.”*

*“The last response from the bot is not ideal. It starts with “According to...” (provides source as well) and says no information is available.”*

V

User: How to clamp and cut cord?

Bot: According to BABC.pdf.pdf and ECLB.pdf.pdf, to clamp and cut the umbilical cord, follow these steps:

Wait 1-3 minutes after birth to allow for delayed cord clamping, unless the baby is not breathing or the mother is heavily bleeding.

Change your gloves or remove the first pair if doubled gloved.

Place one clamp or tie around the cord about 2 finger breadths from the baby’s abdomen.

Push blood away from the first clamp to prevent splashing.

Place another clamp or tie about 5 finger-breadths from the abdomen.

Cut between the two clamps or ties using sterile scissors or a blade.

Do not apply anything to the umbilical stump unless local guidelines specify otherwise.

Would you like to know more about the benefits of delayed cord clamping?

User: Yes please

Bot: According to ECLB.pdf.pdf, the benefits of delayed cord clamping include:

Increased Blood Volume: Delaying cord clamping for 1-3 minutes allows the baby to receive the maximum amount of blood from the placenta, which is crucial for their transition to life outside the womb.

Reduced Neonatal Anemia: This practice has been shown to decrease the incidence of neonatal anemia, providing better iron stores for the newborn.

HIV Considerations: Delayed cord clamping is recommended for women living with HIV or whose HIV status is unknown, as it may help improve outcomes for both mother and baby.

These benefits highlight the importance of timing in cord clamping for newborn health.

Would you like to know more about the specific guidelines for cord clamping in different scenarios?

User: Yeah sure

Bot: According to ECLB.pdf.pdf, the specific guidelines for delayed cord clamping are as follows:

General Practice: Delayed cord clamping should be practiced unless the baby is not breathing or the woman is experiencing heavy bleeding.

Timing: Wait 1-3 minutes after birth to clamp and cut the cord to ensure the baby receives maximum blood from the placenta.

HIV Considerations: For women living with HIV or whose HIV status is unknown, delayed cord clamping is particularly recommended to improve neonatal outcomes.

Sterility: All supplies used for clamping and cutting the cord must be sterile to prevent infection.

These guidelines emphasize the importance of assessing maternal and neonatal conditions before deciding on the timing of cord clamping.

Would you like to know more about the potential risks associated with early cord clamping?

User: Uh yeah

I Bot: apologize, but I do not have sufficient information in my documents to answer this question accurately.

User: Yes for the potential risks

Bot: According to WHO\_pregnancy\_birth.pdf, potential risks include complications related to abdominal pain during early and later pregnancy, as well as postpartum. Specific risks associated with delivery methods, such as subcutaneous delivery, and the use of replacement fluids are also noted. The diagnosis of these complications is detailed in charts provided in the document. Additionally, the quality of evidence regarding these risks is assessed using the GRADE approach, which categorizes the certainty of the evidence as high, moderate, low, or very low. This assessment helps in formulating recommendations for managing these risks effectively.

Would you like to know more about specific complications or management strategies during pregnancy?

“*When a filler word is added -* ***Uh*** *yeah – the model was not able to understand and stopped responding.*”

“*When asked for more information after the above incident, the model could not provide content within the topic. Instead, it went to fetch another document to provide a different information unrelated to the query.*”

VI

Point-wise provision of information would be better than paragraphs.

**Sushma’s feedback:**

1. Greeting follow-up not picked up. Ex:

how are you doing?

Sorry, I didn't understand. Please rephrase.

hello

I'm here for medical questions. Ask one!

1. For the source, the bot is giving the whole document name with extension. Ex: According to ECLB.pdf, the Danger Signs in newborns include: No need for the extension. And if there is a way to rename these documents to make more sense, we should do that.
2. I asked for danger signs, it gave the answer. I asked the temperature to be converted into Fahrenheit. Then it did convert by getting it from another document. Does that mean, it has the intelligence to understand our question but will only answer if it is in the document? Then when I asked the question, can you convert from degrees to Fahrenheit, it said it doesn’t have that information in the provided documents.

Ex: but you just got the degrees converted to Fahrenheit from another document. So, you understood the question I asked?

According to 29\_jan\_morning.pdf, I apologize, but I do not have sufficient information in my documents to answer this question accurately.

Would you like to know about the temperature ranges for newborns or how to monitor their temperature?

1. When asked about distress signs, flowise is giving a different source and ours is giving a different source. How do we know which one is accurate? Also, I have asked it to present the information in bullet points, and it did. Maybe we should standardize that.
2. How to manage neonatal “joundece” – This was one of the user questions from the flowise. There it understood joundece means **jaundice**. But our AI didn’t understand. We need to correct this as the STT from the front end may not understand the exact word all the time. And when a world is similar, we should be able to provide information.
3. When i asked it to put the information in bullet points, once it did and the next time it said out of scope.