



E-ISSN: 2664-2301  
P-ISSN: 2664-2298  
IJOGN 2022; 4(1): 24-28  
Received: 02-12-2021  
Accepted: 13-01-2022

**Anjali Shukla**  
Lecturer, Integral college of  
Nursing, Integral University,  
Lucknow, Uttar Pradesh,  
India

## The medical termination of pregnancy (amendment) Act, 2021

**Anjali Shukla**

### Abstract

In India, Pregnancy can be terminated till 20 weeks under Medical Termination of Pregnancy Act, 1971. After that, either one has to go for illegal abortion or forcefully have to bear the child. Women has the right of abortion but with a limitation and this limitation has caused not only serious social, legal but as well as reproductive health issue in women especially about their right for safe abortion. Abortion services should be available to all women and girls to the fullest extent that the law allows. Universal Declaration of Human Rights 1948 considered Reproductive Rights as one of the basic Human Rights. My paper will focus on the reproductive health issue of the woman where abortion is required as a protective measure for her health and wellbeing of the family as well as provide awareness regarding amendment of MTP Act 2021 about the for the wellbeing of her and her family.

**Keywords:** Abortion, comprehensive abortion care, amendment, nurse's role

### Introduction

Unwanted pregnancies and unsafe abortions are prevalent in regions where women and adolescent girls have unmet contraceptive needs. Globally, about 25 million unsafe abortions take place every year<sup>[1]</sup>. WHO defines unsafe abortion as a procedure for termination of a pregnancy done by an individual who does not have the necessary training or in an environment not conforming to minimal medical standards<sup>[2]</sup>. Before 1971, abortion was criminalized under Section 312 of the Indian Penal Code, 1860. It was in the 1960s, when abortion was legal in 15 countries<sup>[3]</sup>. In 1964 led by Shantilal Shah, the recommendations of this committee were accepted in 1970 and introduced in the Parliament as the Medical Termination of Pregnancy Bill. This bill was passed in August 1971 as the Medical Termination of Pregnancy Act, which was authored by Sripati Chandrasekhar<sup>[4]</sup>. The Medical Termination of Pregnancy (MTP) Act 1971, was amended in 2002 to facilitate better implementation and increase access for women especially in the private health sector<sup>[5]</sup>. The MTP rules 2003, define composition of the committee stating that one member of the committee should be a gynecologist/surgeon/anesthetist and other members should be from the local medical profession, non-government organizations, and Panchayati Raj Institution of the district and one member of the committee should be a woman and provide specific guidelines pertaining to equipment, facilities, drugs, and referral linkages to higher facilities, The MTP Rules 2003 state that an approved can be inspected by the Chief Medical Officer (CMO)<sup>[6]</sup>. In 2014, MoHFW shared the Medical Termination of Pregnancy Amendment Bill 2014 in the public domain. The proposed amendments to the MTP Act were primarily based on increasing the availability of safe and legal abortion services for women in the country: Expanding the provider base, increasing the upper gestation limit for legal MTPs, Increasing access to legal abortion services for women, increasing clarity of the MTP law<sup>[7]</sup>. A woman gets a pregnancy terminated voluntarily from a service provider, it is called induced abortion<sup>[8]</sup>. Spontaneous abortion is the loss of a woman's pregnancy before the 20th week that can be both physically and emotionally painful. In common language, it is called a miscarriage<sup>[9]</sup>. Around 73 million induced abortions take place worldwide each year. Six out of 10 (61%) of all unintended pregnancies, and 3 out of 10 (29%) of all pregnancies, end in induced abortion. Global estimates from 2010–2014 demonstrate that 45% of all induced abortions are unsafe<sup>[10]</sup>. Of all unsafe abortions, one third were performed under the least safe conditions, i.e., by untrained persons using dangerous and invasive methods. Each year, 4.7–13.2% of maternal deaths can be attributed to unsafe abortion<sup>[11]</sup>. In developed regions, it is estimated that 30 women die for every 100 000 unsafe abortions. In developing regions, that number rises to 220 deaths per 100 000 unsafe abortions<sup>[12]</sup>.

**Corresponding Author:**  
**Anjali Shukla**  
Lecturer, Integral college of  
Nursing, Integral University,  
Lucknow, Uttar Pradesh,  
India

## Introduction

The Medical Termination of Pregnancy Act, 1971 (“MTP Act”) was passed due to the progress made in the field of medical science with respect to safer abortions <sup>[13]</sup>. The Medical Termination of Pregnancy (Amendment) Bill, 2020 was introduced in Lok Sabha on March 2, 2020 and passed on March 17, 2020. It amends the Act to increase the upper limit for termination from 20 to 24 weeks for certain categories of women, removes this limit in the case of substantial foetal abnormalities, and constitutes Medical Boards at the state-level <sup>[14]</sup>. In 2021, MTP Amendment Act 2021 was passed with certain amendments in the MTP Act including all women being allowed to seek safe abortion services on grounds of contraceptive failure, increase in gestation limit to 24 weeks for special categories of women, and opinion of one provider required up to 20 weeks of gestation. 13 Abortion can now be performed until 24 weeks pregnancy as the MTP Amendment Act 2021 has come in force by notification in Gazette from 24 September 2021 <sup>[15]</sup>. Comprehensive abortion care (CAC) is included in the list of essential health care services. CAC includes the provision of information, abortion management and post-abortion care <sup>[16]</sup>. It encompasses care related to miscarriage (spontaneous abortion and missed abortion), induced abortion (the deliberate interruption of an ongoing pregnancy by medical or surgical means), incomplete abortion as well as fetal death. There are various factors contributing to unsafe abortions include social factors, Policy factor, Economic factors, Physical access factors. An estimated 56 million women seek abortions each year; nurses and midwives are commonly involved in their care <sup>[17]</sup>.

### The Medical Termination of Pregnancy Act, 1971

The Medical Termination of Pregnancy (MTP) Act, 1971 provides the legal framework for making comprehensive abortion care services available in India. Termination of pregnancy is permitted for a broad range of conditions up to 20 weeks of gestation as detailed below:

- When continuation of pregnancy is a risk to the life of a pregnant woman or could cause grave injury to her physical or mental health.
- When there is substantial risk that the child, if born or dead would be seriously handicapped due to physical or mental abnormalities;
- When pregnancy is caused due to rape (presumed to cause grave injury to the mental health of the woman);
- When pregnancy is caused due to failure of contraceptives used by a married woman or her husband.
- When the socio-economic condition of the family is poor and the couple already has 2–3 children <sup>[18]</sup>.

### The Medical Termination of Pregnancy Act, 2021

The new rules as per the amendments were announced by the government on October 12. Following are the revised rules as per the amendment act:

1. The gestation period upper limit for terminating a pregnancy with 1 doctor's opinion has been extended from 12 weeks to 20 weeks, with the rule being expanded to include unmarried women as well.
2. The gestation period upper limit for termination of pregnancy with 2 doctors' opinion has been extended from 20 weeks to 24 weeks, for the following special

categories:

- a) survivors of sexual assault or rape or incest
  - b) change of marital status during the pregnancy (widowhood and divorce)
  - c) women with physical disabilities
  - d) mentally ill women
  - e) the foetal anomalies that have substantial risk of being incompatible with life or if the child is born it may suffer from such physical or mental abnormalities to be seriously handicapped
  - f) women with pregnancy in humanitarian settings or disaster or emergency
3. A state-level Medical Board will determine the request for termination of a pregnancy longer than 24 weeks in the cases of foetal anomalies <sup>[19]</sup>.

### Role of the medical board

1. To examine the woman and her reports
2. To approve or deny the request for termination within 3 days of receiving it
3. To ensure that the termination procedure, when advised by the Medical Board, is carried out with all safety precautions along with appropriate counselling within 5 days of the receipt of the request for medical termination of pregnancy

### The Medical Board shall consist of the following:

1. Gynaecologist;
2. Paediatrician;
3. Radiologist or Sonologist; and
4. Other members notified by the State Government or Union territory <sup>[20]</sup>.

### Key Provisions of the Medical Termination of Pregnancy Amendment Act, 2021

On 29 January 2020, Government of India first introduced the MTP Amendment Bill 2020, which was passed in Lok Sabha on 17 March 2020. A year later, the Bill was placed in Rajya Sabha and was passed on 16 March 2021 as the MTP Amendment Act 2021 <sup>[13]</sup>.

### Termination due to Failure of Contraceptive Method or Device

Where the length of the pregnancy does not exceed 20 weeks, if such medical practitioner under the Act, failure of any device or method used by any woman or her partner for the purpose of limiting the number of children or preventing pregnancy. It allows unmarried women to also terminate a pregnancy for this reason.

### Upper Gestation Limit for Special Categories

Where the length of the pregnancy exceeds 20 weeks but does not exceed twenty-four weeks in case of such category of woman as may be prescribed by rules made under this Act

- 1) the continuance of the pregnancy would involve a risk to the life of the pregnant woman or of grave injury to her physical or mental health; or
- 2) There is a substantial risk that if the child were born, it would suffer from any serious physical or mental abnormality.
- 3) where any pregnancy is alleged by the pregnant woman to have been caused by rape, victims of incest and other

vulnerable women (differently abled women, minors, among others) [14].

24 Weeks in case of substantial foetal abnormalities.

**Opinion Needed for Termination of Pregnancy**

- Opinion of one Registered Medical Practitioner (RMP) for termination of pregnancy up to 20 weeks of gestation.
- Opinion of two RMPs for termination of pregnancy of 20-24 weeks of gestation.
- Opinion of the State-level medical board is essential for a pregnancy to be terminated after

**Not allowed beyond 24-weeks**

The Act allows abortion after 24 weeks only in cases where a Medical Board diagnoses substantial foetal abnormalities.

**Confidentiality**

A registered medical practitioner may only reveal the details of a woman whose pregnancy has been terminated to a person authorized by law. Violation is punishable with imprisonment up to a year, a fine, or both [17].

**Table 1:** The MTP Act 1971 and the MTP Act Amendments 2021 Indications MTP Act 1971 MTP Act Amendments 2021

Indications	MTP Act 1971	MTP Act Amendments 2021
Contraceptive failure	Only applies to married women	Unmarried women are also covered
Gestational age limit	20 weeks for all indications	24 weeks for rape survivors begone 24 weeks for substantial fetal anomormalities
Medical practitioner opinion required before termination	<ul style="list-style-type: none"> <li>▪ One RMP till 12 weeks</li> <li>▪ Two RMP till 20 weeks</li> </ul>	<ul style="list-style-type: none"> <li>▪ One RMP till 20 weeks</li> <li>▪ Two RMP till 20-24 weeks</li> <li>▪ Medical board approval after 24 weeks</li> </ul>
Breach of the women's confidentiality	Fine up to mpress 1000	Fine and /or Imprisonment of 1 year

**Comprehensive abortion care (CAC):** Woman-centred approach Abortion care services should be transformed from being just a medical procedure into a woman centred CAC approach. This implies providing safe and legal abortion services, taking into account different factors influencing a woman’s physical and mental health needs, her personal circumstances and the ability to access abortion services [21]. The three key elements of this approach, which would help to the transition of abortion care to being woman-centred care are:

- **Choice:** giving woman the options to choose from the methods for the termination of pregnancy and post-abortion contraception
- **Access:** making services available near her home. i.
- **Quality:** care provided with all the standard norms followed as under high quality of care, some of which are: Provision of adequate time for counselling, maintenance of privacy and confidentiality, use of internationally recommended technologies. Appropriate clinical standards and protocols for infectionii. prevention, pain management, management of complications and other clinical components of care.iii. Provision of post-abortion contraceptive services, including emergency contraception, Provision of reproductive and other health services, such as RTI/STIs and counselling on sexual behaviour. iv.
- Important steps taken to establish CAC services are: Provision of funds to states/union territories for the operationalization of CAC services including drugs and equipment, at health facilities
- Capacity building of medical officers in safe MTP techniques, Training ANMs, ASHAs to provide confidential counselling for CAC and promoting post-abortion care and contraception, Certification of private and NGO sector facilities through District Level Committees (DLCs)
- Active monitoring of CAC services in the public and private facilities through Health Management Information System (HMIS) and the quarterly reporting [15].

**Who may terminate a pregnancy?**

As per the MTP Act, pregnancy can be terminated only by a registered medical practitioner (RMP) who meets the following requirements:

- a) has a recognized medical qualification under the Indian Medical Council Act
- b) whose name is entered in the State Medical Register.
- c) who has such experience or training in gynaecology and obstetrics as per the MTP Rules.

The Rules further prescribe that only those with the following experience or training can perform MTPs:

- Up to 12 weeks gestation A practitioner who has assisted a registered medical practitioner in the performance of 25 cases of MTP, of which at least five have been done independently in a hospital that has been established or maintained by the Government or at a training institute approved for this purpose by the Government.
- Up to 20 weeks gestation, A practitioner who holds a post-graduate degree or diploma in obstetrics and gynaecology
- A practitioner who has completed six months of house surgency in obstetrics and gynaecology
- A practitioner who has at least one year experience in the practice of obstetrics and gynaecology at any hospital that has all facilities [22].

**Where Can a Pregnancy be terminated:** MTP can be performed at the following places:

- A hospital established or maintained by the Government
- A place approved by the Government or a District Level Committee (DLC) constituted by that Government with the Chief Medical Officer (CMO) as the Chairperson of the Committee
- It should be noted that the DLC shall consist of not less than three and not more than five members, including the Chairperson, as the Government may specify from time to time.

- One member of the DLC shall be a gynaecologist/surgeon/anaesthetist and the other members shall be from the local medical profession, Non-Governmental Organisations (NGOs) and the Panchayati Raj Institution (PRI) of the district.
- One of the members of the DLC shall be a woman, the tenure of the committee shall be for two calendar years and the tenure of the non-government members shall be of not more than two terms <sup>[23]</sup>.

**Documentation/Reporting of MTP Cases:** It is mandatory to fill and record information for abortion cases, performed by any technique, in the following forms: Consent Form, RMP Opinion Form, Monthly Reporting Form (to be sent to the district authorities), Admission Register for case records <sup>[24]</sup>.

**Maintenance of Admission Register:** Every head of the hospital or owner of the approved place shall maintain a register in for recording there in the details of the admissions or women for the termination of their pregnancies and keep such register for a period of five years from the end of the calendar year it relates to. Admission Register shall be a secret document and the information contained there in as to the name and other particulars of the pregnant woman shall not be disclosed to any person. Entries in the admission register shall be made by the serial number for each calendar year <sup>[25]</sup>.

#### Nurses responsibility in Abortion care

- **Counselling:** Counselling is an integral part of comprehensive abortion services and is as important as performing the procedure correctly. Every woman who seeks CAC services must be offered counselling. Providers, nursing staff and counsellors may be appropriately trained to offer abortion related counselling services. The process of decision-making may be difficult for the woman and she may need help. Counselling is also important to help her decide whether to use a temporary or permanent method of contraception to avoid another unwanted pregnancy. Wherever possible, the spouse should also be counselled <sup>[15]</sup>.
- **Clinical assessment:** Clinical assessment for suitability to undergo termination of pregnancy is critical to avoid complications while providing abortion services. The assessment helps to identify the woman who needs referral for the procedure at a higher level of facility, which is better equipped and can handle complications <sup>[24]</sup>.
- **Infection prevention:** The essentials of infection prevention in a CAC procedure and applied to any condition involving surgical intervention. They help to minimise infection due to micro-organisms and prevent the transmission of Hepatitis B and C, sexually transmitted infections (STIs) and HIV. Universal precautions for infection prevention should be understood and applied by all medical and paramedical staff involved in providing CAC services. There should be frequent monitoring of staff for adherence to protocols related to infection prevention, both for their and the woman's protection <sup>[26]</sup>.

**Complications:** Potential complications related to abortions

include pain, bleeding, an incomplete abortion, or an infection in the upper genital tract that causes endometritis, oophoritis, parametritis, salpingitis, uterine perforation, Fainting/Syncope, Shock (either during the procedure or later) <sup>[27]</sup>.

#### Conclusion

Abortion rights should be given to every woman. The amendments will increase the ambit and access of women to safe abortion services and will ensure dignity, autonomy, confidentiality and justice for women who need to terminate pregnancy. Some where the MTP laws of India is discriminating the rights of the women. As under these laws only a married women and unmarried women are also covered in case of any failure of the contraceptive methods can go for abortion and brape victim. Abortion care is a common procedure performed across many healthcare settings. Nurses and midwives provide technical and psychosocial care to women who seek abortions. Introduction of education programmes, as well as embedding practice in person-centred models of care, may improve outcomes for women seeking abortions.

*“Every woman has the right to enjoy their Reproductive rights, as its woman who has to carry her pregnancy not the government”*

#### References

1. Rehnström Loi U, Lindgren M, Faxelid E, Oguttu M, Klingberg-Allvin M. Decision- making preceding induced abortion: a qualitative study of women's experiences in Kisumu, Kenya. *Reproductive Health*. 2018;15(1):1-12. <https://doi.org/10.1186/s12978-018-0612-6>
2. WHO. WHO launches new guideline to help health-care workers ensure safe medical abortion care MTP ACT. Ministry of Health and Family Welfare | GOI ([mohfw.gov.in](http://mohfw.gov.in)), 1971.
3. Medical termination of pregnancy act. A study of the legislative process Author (s): Savithri Chattopadhyay Source : Journal of the Indian Law Institute, symposium on population control and the law (October-December 1974). 2020;16(4):549-569.
4. Katke RD. MTP and PCPNDT Act. January, 2015.
5. Hospital GS. A Study on socio-demographic and obstetric profile of MTP seekers at Guru. 2012;3(1):50-54.
6. Prime pubmed | Medical termination of pregnancy and concurrent contraceptive adoption in a tertiary referral hospital in Delhi.
7. Frederico M, Arnaldo C, Decat P, Juga A, Kemigisha E, Degomme O, *et al*. Induced abortion: A cross-sectional study on knowledge of and attitudes toward the new abortion law in Maputo and Quelimane cities, Mozambique. *BMC Women's Health*. 2020;20(1):1-13. <https://doi.org/10.1186/s12905-020-00988-6>
8. Chatterjee P. Medical Termination of Pregnancy Act: A Boon or a Bane for a Woman in India - A Critical Analysis. *International Journal of Science and Research (IJSR)*. 2016;5(9):236-240. <https://www.ijsr.net/archive/v5i9/ART20161470>.
9. Bearak J, Popinchalk A, Ganatra B, Moller AB, Tunçalp Ö, Beavin C, *et al*. Unintended pregnancy and abortion by income, region, and the legal status of abortion: estimates from a comprehensive model for

- 1990–2019. *Lancet Glob Health*. 2020 Sep;8(9):e1152-e1161. Doi: 10.1016/S2214-109X(20)30315-6.
10. Bearak J, Popinchalk A, Ganatra B, Moller AB, Tunçalp Ö, Beavin C, *et al*. Unintended pregnancy and abortion by income, region, and the legal status of abortion: estimates from a comprehensive model for 1990–2019. *The Lancet Global Health*. 2020;8(9):e1152-e1161.
  11. Abortion Worldwide. Uneven Progress and Unequal Access (gutmacher.org), 2017.
  12. <https://www.drishitias.com/printpdf/medical-termination-of-pregnancy-mtpamendment-act-2021>
  13. Statement of Objects and Reasons, Medication Termination of Pregnancy (Amendment) Bill, 2020.
  14. 226130.pdf (egazette.nic.in)
  15. Guidelines CAC Training & Service Delivery. pdf (nrhmhp.gov.in)
  16. [https://nhm.gov.in/New\\_Updates\\_2018/NHM\\_Components/RMNCHA/MH/Guidelines/CAC\\_Training\\_and\\_Service\\_Delivery\\_Guideline.pdf](https://nhm.gov.in/New_Updates_2018/NHM_Components/RMNCHA/MH/Guidelines/CAC_Training_and_Service_Delivery_Guideline.pdf)
  17. MTP ACT, Ministry of Health and Family Welfare | GOI (mohfw.gov.in), 1971.
  18. <https://pib.gov.in/pressreleasepage.aspx?PRID=1705381>
  19. India's amended law makes abortion safer and more accessible (who.int)
  20. CAC Providers Manual.indd (nhm.gov.in)
  21. The Medical Termination of Pregnancy (Amendment) Bill, 2020 (prsindia.org)
  22. MTP Rules | Ministry of Health and Family Welfare | GOI (mohfw.gov.in)
  23. Guidance on Maintenance of MTP Records - Private Hospital Registration - Private Hospital Registration, Comprehensive Abortion Care (CAC) National Health Mission, Chhattisgarh (cg.nic.in)
  24. The role of nurses and midwives in the provision of abortion care: A scoping review - pubmed (nih.gov)
  25. Abortion Complications (Nursing) - statpearls - NCBI Bookshelf (nih.gov)
  26. Complications related to induced abortion: a combined retrospective and longitudinal follow-up study | BMC Women's Health | Full Text (biomedcentral.com)