The medical termination of pregnancy (amendment) Act, 2021

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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 abandonment 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 [1]. 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 [2]. Before 1971, abortion was legal in 15 countries [3]. 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 Chandrasekhars. [4], 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 [5]. The MTP rules 2003, define composition of the committee stating that one member of the committee should be a gynaecologist/surgeon/anaesthetist 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) [6]. 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 [7]. A woman gets a pregnancy terminated voluntarily from a service provider, it is called induced abortion [8]. 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 [9]. 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 [10]. 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 [11]. 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 [12].

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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 [13]. 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 [14]. 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. Abortion can now be performed until 24 weeks pregnancy as the MTP Amendment Act 2021 has come into force by notification in Gazette 24 September 2021 [15]. 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 [16]. 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 acess factors. An estimated 56 million women seek abortions each year; nurses and midwives are commonly involved in their care [17].

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 [18].

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.

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 [20].

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 [13].

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) \[^{[14]}\].

**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 24 weeks in case of substantial foetal abnormalities.

**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 \[^{[17]}\].

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

<table>
<thead>
<tr>
<th>Indications</th>
<th>MTP Act 1971</th>
<th>MTP Act Amendments 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contraceptive failure</td>
<td>Only applies to married women</td>
<td>Unmarried women are also covered</td>
</tr>
<tr>
<td>Gestational age limit</td>
<td>20 weeks for all indications</td>
<td>24 weeks for rape survivors</td>
</tr>
<tr>
<td>Medical practitioner opinion required before termination</td>
<td>One RMP till 12 weeks</td>
<td>One RMP till 20 weeks</td>
</tr>
<tr>
<td>Breach of the women’s confidentiality</td>
<td>Fine up to 1000</td>
<td>Two RMP till 20-24 weeks</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Medical board approval after 24 weeks</td>
</tr>
</tbody>
</table>

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**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 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.
- **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 infections prevention, pain management, management of complications and other clinical components of care. 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.
- **Important steps taken to establish CAC services are:** Provision of funds to state/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, ASHA’s 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 [\[^{[15]}\].

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**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 surgery 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 [23].

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
[24].

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 [25].

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 [25].

- **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
  [24].

- **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 [26].

Complications: Potential complications related to abortions
include pain, bleeding, an incomplete abortion, or an
infection in the upper genital tract that causes endometritis,
episiotomy, parametritis, salpingitis, uterine perforation,
Fainting/Syncope, Shock (either during the procedure or later) [27].

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
they can go for abortion and brage 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”

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