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Abortion, legislations, clinical rights and professional responsibility

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Abstract
An abortion is a procedure to end a pregnancy. It is done by a licensed health care professional. It can be done two different ways: 1. Medication abortion, which uses medicines to end the pregnancy. It is sometimes called a "medical abortion" or "abortion with pills."2. Procedural abortion, a procedure to remove the pregnancy from the uterus. It is sometimes called a "surgical abortion." The actual incidence of abortion world-wide is not known. Estimates range from 30-55 million a year or about 40-70 per thousand women of reproductive age, with an abortion ratio of 260-450 per thousand live births. In India it has been computed that about 6 million abortions take place every year, of which 4 million are induced and 2 million spontaneous.

Keywords: Abortion, legislations, clinical rights, professional responsibility

Introduction
Definition: Abortion is theoretically defined as termination of pregnancy before the foetus becomes viable (capable of living independently).This has been fixed administratively at 28 weeks, when the foetus weighs approximately 1000g.
Types: Abortions are usually categorized as spontaneous and induced:
1. Spontaneous Abortion: They may be considered as‟ Nature's method of birth control ″and they occur in every 15 pregnancies. It has further 2 types.

Isolated → & Threatened, Inevitable, Complete, Incomplete, Missed and Septic.

Recurrent
2. Induced Abortion: Induced abortions are deliberately induced. It is further of two types.

Legal (MTP) & → Septic (common)
Illegal (Criminal)

Abortion hazards
Abortions whether spontaneous or induced, whether in hands of skilled or unskilled persons are almost always fraught with hazards, resulting in maternal morbidity and mortality. where abortions are legal and statistics relatively accurate, the mortality ratio ranges from 1 to 3.5 per100,000 abortions in developed countries. In India, mortality is reported to be 7.8 per thousand random abortions. This is because most of the abortions are illegally induced.

Complications
Early complications: Hemorrhage, shock, sepsis, uterine perforation, cervical Injury, thromboembolism, psychiatric complications.
Late complications: Infertility, ectopic gestation, increased risk of spontaneous Abortion and reduced birth weight.

Legislations of abortion
Abortion is one of the subjects that have been discussed extensively in both national and international level. It has become a controversial issue all over the world. Everybody is in dilemma whether a mother has right to terminate her pregnancy at any time she wishes or an unborn child has a right to life.

During the last 25 years there have been gradual liberalization of abortion laws throughout the world. Untill 1971, abortions in India were governed exclusively by the Indian Penal Code 1860 and the code of Criminal procedures 1898, and were considered a crime except when performed to save the life of a pregnant woman. The Medical Termination of Pregnancy Act was passed by Indian Parliament in 1971 and came into force from April 1,1972 (except in J&K where it came into effect from November 1,1976). Implementing rules and regulations initially written in 1971 were revised again in 1975.The MTP Act is a health care measure which helps to reduce maternal mortality and morbidity resulting from illegal abortions and motivates women to adopt some form of contraception.

Medical Termination of Pregnancy Act (MTP Act 1971)
The Medical Termination of Pregnancy Act 1971 lays down:

1. **The conditions under which a pregnancy can be terminated under the MTP Act 1971**
   - **Medical**: where continuation of the pregnancy might endanger the mother's life or cause grave injury to her physical or mental health.
   - **Eugenic**: Where there is substantial risk of the child being born with serious handicaps due to physical or mental abnormalities.
   - **Humanitarian**: Where pregnancy is the result of rape.
   - **Socio Economic**: Where actual or reasonably forseeable environments (whether social or economic) could lead to risk of injury to the health of the mother.
   - **Failure of contraceptive devices**.

2. **The person or persons who can perform abortion.**

The Act provides safeguards to mother by authorizing only a Registered Medical Practitioner having experience in gynaecology and obstetrics to perform abortion where length of pregnancy does not exceed 12 weeks. However, where the pregnancy exceeds 12 weeks and is not more than 20 weeks, the opinion of 2, medical practitioners is necessary.

3. Where abortion can be done

The procedure can be only performed in hospitals established or maintained by the govt. or places approved by the govt. for this purpose.

Impact of liberilization of abortion

Although abortion has been greatly liberalized, the annual no. of legal abortions are about 6.1 per thousand pregnancies, where as the illegal abortions performed in the country are about 13.5 per thousand pregnancies.

A recent amendment to the MTP Act in the year 2003 includes decentralization of power for approval of places as MTP Centres, from State to district level with the aim of enlarging the network of safe MTP Centres, and MTP services providers.

The strategy at the community level is

- Spread awareness regarding safe MTP in the community and the availability of services.
- Enhance access to confidential counseling for safe MTP: train ANM_S, AWW_S, link workers/$ASHA_S$ to provide such counseling and,
- Promote post-abortion care through ANM_S, ASHAS, AWWS while maintaining confidentiality.

At the facility level the strategy is

- To provide manual vacuum Aspiration facility at all CHC_S and at least 50% of PHC_S that are being strengthened for 24 h0ur deliveries.
- Provide comprehensive and high quality MTP services at all FRU_S
- Encourage private and NGO sectors to establish quality MTP services.

Repeated abortion is not conductive to the health of the mother. It has to be ensured that abortion does not replace the traditional methods of birth control. The numerous abortion hazards which are inherent should serve as a warning that abortions under the best of circumstances can never be as safe as efficient contraception.

Clinical Rights

Clinical rights of women undergoing abortion are discussed as:

In order to regulate the timely disclosure of pertinent information to women by abortion providers, fourteen American states have enacted "women's right to know'' statutes. At time of writing at least ten other states are considering similar statutes. The Virgina statute mandates a 24-hour wait for women seeking abortion, requiring the facility to give women an explanation of abortion risks, dangers and alternatives, and then wait at least a day before performing abortion.

- The concept of informed consent has been clarified and broadened by the Supreme courts of United States as well as by courts in all over the world.
- A pregnancy can be terminated only with the written consent of the woman.
- Pregnancy in a minor (below the age of 18 years) or lunatic can only be terminated with the written consent of parents or legal guardians.
- The courts have ruled that doctors /nurses have a" continuing duty to be familiar with up-to-date information about potential and developing risks of treatments or procedures in order to inform patients properly.
- The standard of disclosure has lifted to what "reasonable or prudent'' patient might want to know about a procedure, rather than what a" reasonable" doctor might disclose.
- Common but minor risks must be disclosed, while rare risks must be disclosed if the consequences are potentially serious or fatal.
- The doctor/nurse must also understand that the patient has understood what she/he has been told.
- Doctors/Nurses who fail to inform their patients about the documented risks associated with the induced abortion may be liable to prosecution in the courts.
- The procedure can only be done at places established or maintained by Govt. or approved by Govt. for this purpose only.
- The procedure has to be reported to the Directorate of health Services of the state.

Conclusion

The unique medical, psychological and political issues surrounding induced abortion pose a challenge to the often frial practice of informed consent. Since the only true choice is an informed choice, women who are considering an abortion, and the doctors, other health workers who provide them, bear a particular responsibility to ensure that any consent is obtained with full and comprehensive disclosure of the potential risks, that is fully understood, and that it is presented in a non-coercive setting.

Professional responsibility

The role and responsibility of the nurse as well as the rights of the patients are supported within the law, and within the ethical framework provided by American Nurses Association code of Ethics for nurses with interpretive statements (ANA 2001).

- In view of abortion, nurses are agreeable if medically indicated. However, nurses should respect the choices of mother for as long as the abortion is legal under the state law.
- Nurses should provide information of alternative and respecting the patient's right to freedom from imposition and the right to receive utmost care in an environment that provides privacy, culturally appropriate and specific nursing expertise as they develop uterine contractions and expel the products of conception. (ANA,2011)
- Symptoms of miscarriage or termination of pregnancy brings a lot of anxiety and grief. She may express feelings of inadequacies and failure, and even blame herself for the loss of her baby. Midwives need to support the mother and her family at the time when they are grieving for their lost baby.
- The legalization of abortion means that every women, upon being diagnosed as pregnant, now has a choice to whether or not to carry the pregnancy to its natural conclusion.IN many cases she may approach the nurse for cousel, information and advice prior to the procedure. A calm and relaxed atmosphere and psychological support are import to the client during the procedure.
- It is important that all women going home after an abortion be aware of possible complications. Vaginal bleeding will continue for 1-3 weeks, but if it becomes heavier than a menstrual period, or if the patient passes large clots with bleeding, she should consult the physician, she should also seek medical advice if she develops fever, persistent pain or burning on micturation.
- The early menses usually occurs 2-8 weeks after the abortion. The mother should be informed that the menses may be heavier or less in quantity and may be either of a longer or shorter duration.
- If lactation begins, it is usually mild and lasts less than 48 hours if the breasts are not stimulated. Using a tight bra or binding breasts and using an icebag will ease the discomfort until the engorgement decreases,.
- Normal physical activity can be resumed as early as desired. Increased fatigue is often noted for few days. Mother should be informed to avoid tub baths or immersion baths for about 1 week.
- Follow-up visits must be made in 2-4 weeks after abortion. It is important for the patient to have this examination to ensure that the reproductive organs have returned to the pregnancy state.
- If abortion is against the personal moral, ethical and religious values of the nurse, the nurse has right to refuse to participate in a voluntary termination of pregnancy, except in emergency situations.(ANA,2001)
- The care provided by the nurse should be competent, supportive and non-judgmental. However, the nurse should be aware of the abortion laws within the state of practice to be more legally binding

At some time during the abortion experience, the nurse should introduce the subject of family planning if she has not already requested for information. Counselling on contraception is of importance to those women who are or have been faced with the reality of an unwanted pregnancy.

Conflict of Interest

Not available

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