

Medical Termination of Pregnancy (MTP) Act



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***MTP Act:
addressing
a public
health
priority***





MTP Act



- Aims to improve the maternal health scenario by preventing large number of unsafe abortions and consequent high incidence of maternal mortality & morbidity
- Legalizes abortion services
- Promotes access to safe abortion services to women
- De-criminalizes the abortion seeker
- Offers protection to medical practitioners who otherwise would be penalized under the Indian Penal Code (sections 315-316)

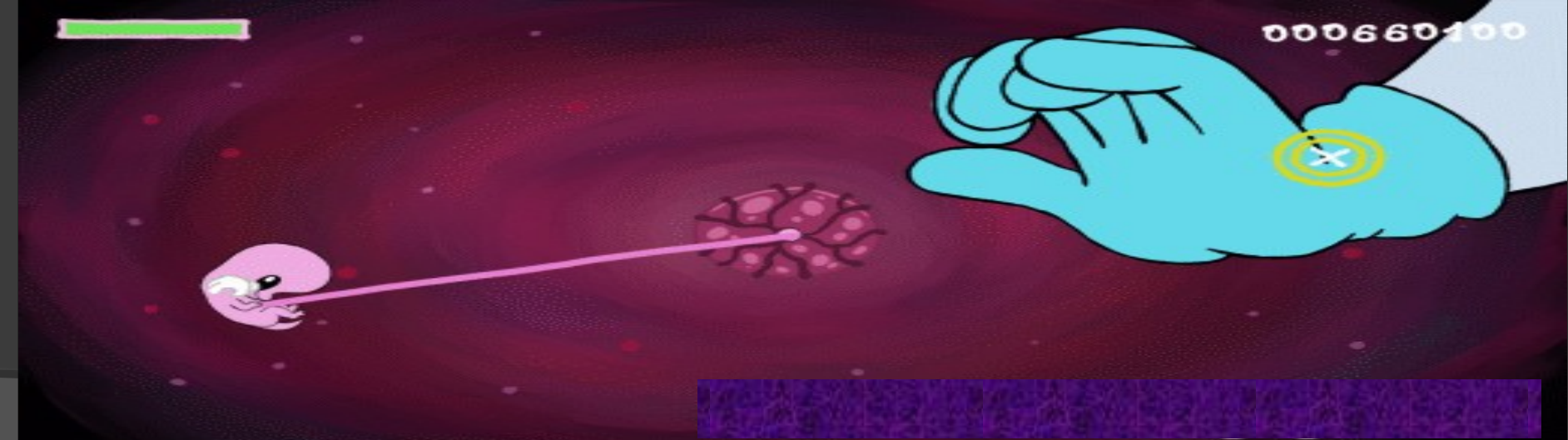
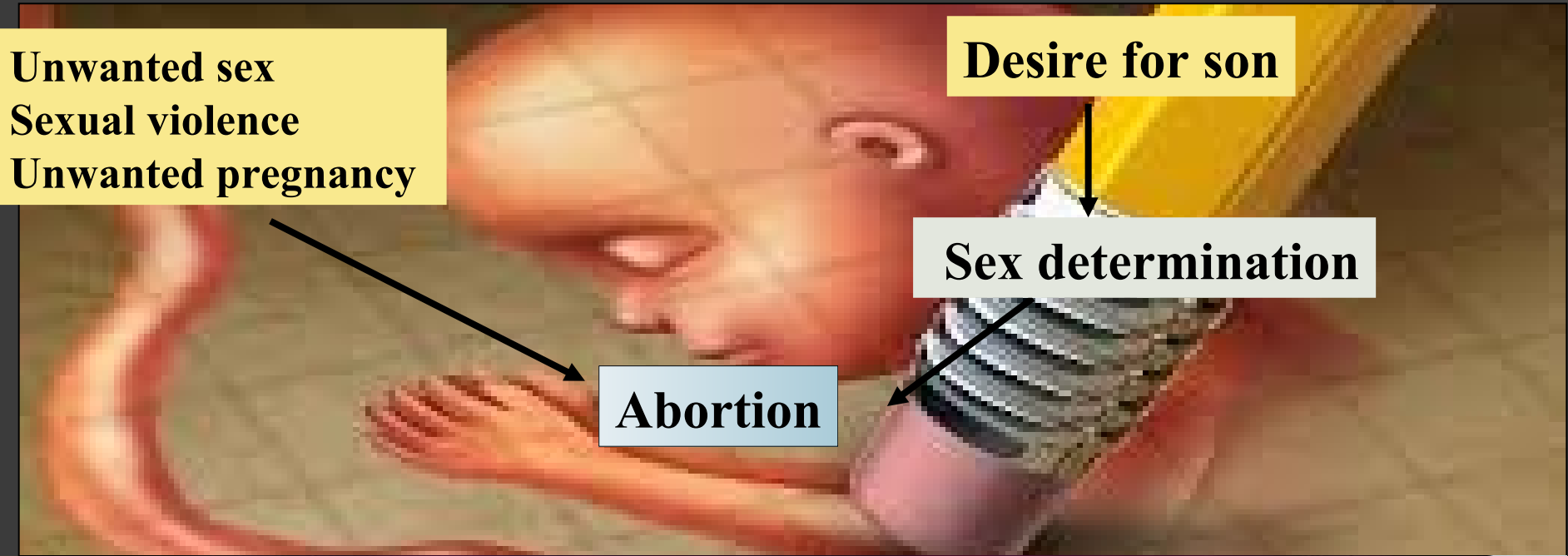
Reason of abortion

Unwanted sex
Sexual violence
Unwanted pregnancy

Desire for son

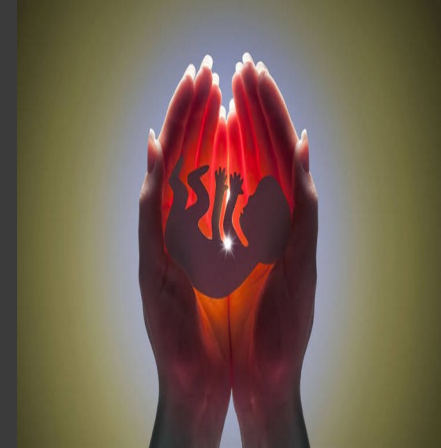
Sex determination

Abortion





Legal framework



MTP Act :

- Lays down when & where pregnancies can be terminated
- Grants the central govt. power to make rules and state govt. power to frame

MTP Rules:

- Lays down who can terminate the pregnancy, training requirements, approval process for place etc.

MTP Regulations:

- Lays down forms for opinion, maintenance of records
- Custody of forms and reporting of cases



Legal abortions



Abortions are termed legal only when all the following conditions are met:

- ☐ Termination done by a medical practitioner approved by the Act
- ☐ Termination done at a place approved under the Act
- ☐ Termination done for conditions and within the gestation prescribed by the Act
- ☐ Other requirements of the rules & regulations are complied with



MTP Act specifies



- ✓ The indication for legal termination
- ✓ Who can terminate
- ✓ The place where it can be terminated
- ✓ consent requirement

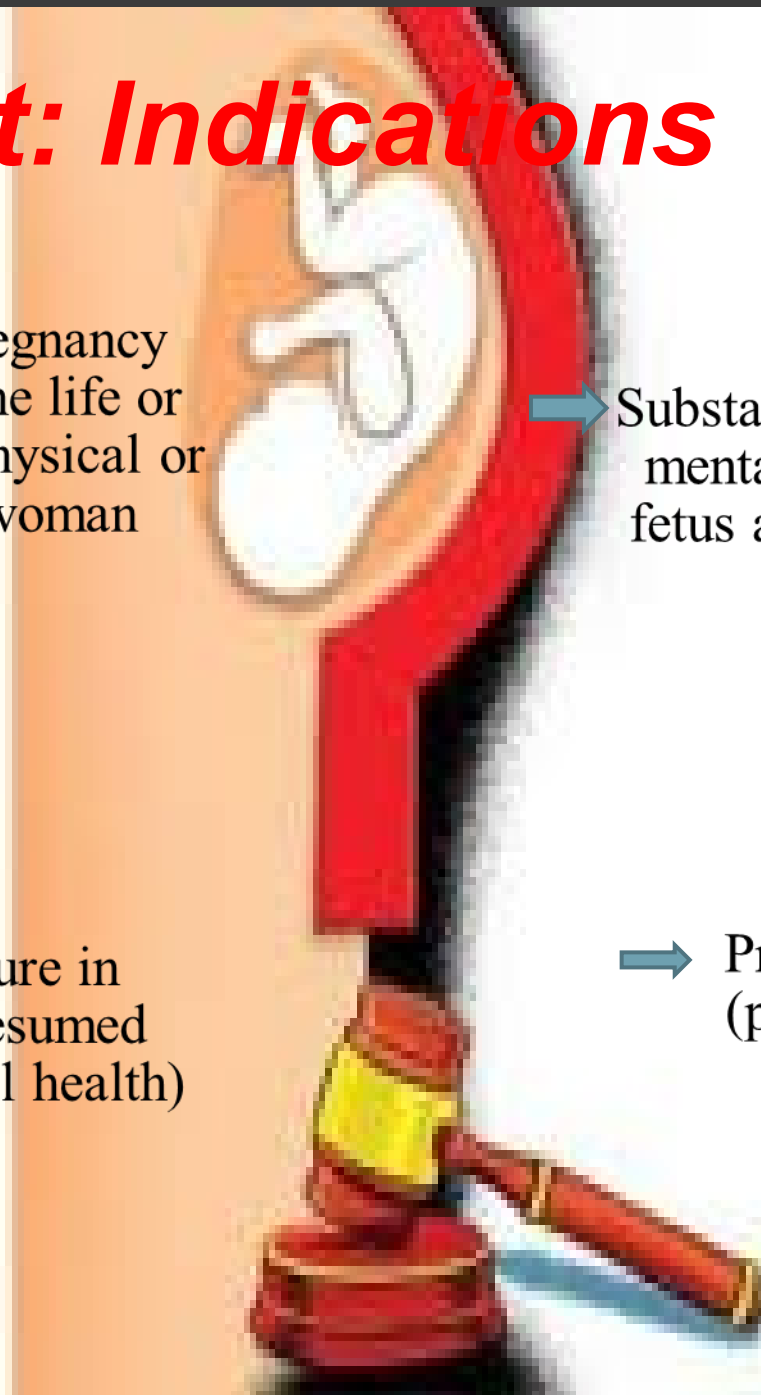
MTP Act: Indications

→ Continuation of pregnancy constitutes risk to the life or grave injury to the physical or mental health of woman

→ Substantial risk of physical or mental abnormalities in the fetus as to render it seriously handicapped

→ Contraceptive failure in married couple (presumed grave injury to mental health)

→ Pregnancy caused by rape (presumed grave injury to mental health)





WHEN can pregnancies be terminated?



- Up to 20 weeks gestation
- With the consent of the women. If the woman is below 18 years or is mentally ill, then with consent of a guardian
- With the opinion of a registered medical practitioner, formed in good faith, under certain circumstances
- Opinion of two RMPs required for termination of pregnancy between 12 and 20 weeks

The MTP act 1971 and The MTP act amendments 2021

● **MTP act 1971**

- Only applies to married women
- 20 weeks for all indications
- 1 RMP till 12 weeks
- 2 RMPs till 20 weeks
- Fine for breach of the women's confidentiality was up to 1000rs

● **MTP amb. 2021 act**

- Unmarried women are also covered
- 24 weeks for rape survivors beyond 24 weeks for substantial fetal abnormalities
- 1 RMP till 20 weeks
- 2 RMP 20-24 weeks medical board approval
- Fine and /or imprisonment of 1 year



MTP rules: Who can perform?



A medical
practitioner
(RMP)

- Who has a recognized medical qualification as defined in clause (h) of section 2 of Indian Medical Council Act, 1956
- Whose name has been entered in a State Medical Register and
- Who has such experience or training in Gynecology and Obstetrics as prescribed by Rules made under the Act



MTP Act: Place for conducting MTP



- ❑ A hospital established or maintained by Government
- ❑ OR A place approved for the purpose of this Act by a District-level Committee constituted by the government with the CMHO as Chairperson





CONCENT:- Form C

- Only the concent of a woman is required
- If the age less than 18 yrs or mentally ill patient ,concent of guardian is required.





MTP rules: training requirement - 1



For termination up to 12 weeks:

- A practitioner who has assisted a registered medical practitioner in performing 25 cases of MTP of which at least 5 were performed independently in a hospital established or maintained or a training institute approved for this purpose by the Government

MTP rules: training requirement - 2



For termination up to 20 weeks

- A practitioner who holds a post-graduate degree or diploma in Obstetrics and Gynecology
- A practitioner who has completed six months house job in Obstetrics and Gynecology
- A practitioner who has at least one-year experience in practice of Obstetrics and Gynecology at a hospital which has all facilities
- A practitioner registered in state medical register immediately before commencement of the Act, experience in practice of Obstetrics and Gynecology for a period not less than three years.





MTP Act amendment 2002



- ⦿ Decentralizes site registration to a 3-5 member district level committee chaired by the CMO/DHO
- ⦿ Approval of sites that can perform MTPs under the act can now be done at the district level
- ⦿ Stricter penalties for MTPs being done in a un-approved site or by a persons not permitted by the act



Implications of amendments

- Simplifies registration of sites which can be done at district level now
- Providers can get their sites approved for providing abortions under the MTP Act for 1st trimester only or up to 20 weeks and thereby come under the protective cover of the MTP Act





Implications of amendments

- Approved providers can provide medical abortions from their clinic, as long as they have access to an approved site
- Offers potential to increase number of approved sites, which would enable women to access safe abortion services
- Effective implementation will help to bring all abortions within legal frame work





Implications of amendments

- Simplifies registration of sites which can be done at district level now
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MTP rules: what are they for?



- ⦿ Enable proper implementation of the provisions of the Act
- ⦿ Ensure that MTP services are provided by qualified persons in safe and hygienic settings
- ⦿ Help to monitor quality of services

MTP rules: what do they cover?

- ⦿ Experience & training required for providers
- ⦿ Approval of a place for terminating pregnancy under the Act
- ⦿ Composition & tenure of District Level Committee
- ⦿ Inspection, cancellation or suspension of approval; review
- ⦿ Consent form

Approval of a place by trimester

For sites up to 12 weeks (1st trimester)

- ⊙ Gynecology examination/ labor table
- ⊙ Resuscitation and sterilization equipment
- ⊙ Drugs & parental fluids
- ⊙ Back up facilities for treatment of shock
- ⊙ Facilities for transportation

Approval of a place by trimester

For sites up to 20 weeks (1st and 2nd trimester):

- ⦿ All requirements for up to 12 weeks +
- ⦿ Operation table and instruments for performing abdominal or gynecological surgery
- ⦿ Anesthetic equipment, resuscitation equipment and sterilization equipment
- ⦿ Drugs & parental fluids notified for emergency use, notified by Government of India from time to time

Regulatory body: D L C

- ⦿ District level MTP Committee
 - Minimum of 3 & Maximum of 5 members including chairperson (CM H O)
- ⦿ Composition of the committee:
 - One medical person (Gyne/Surgeon/Anestheist)
 - One member from local medical profession; NGO & Panchayati Raj Institution of the district.
 - At least one member shall be a woman.
- ⦿ Tenure 2 calendar years
 - NGO members shall not have more than 2 terms

Approval Process

- ④ Application in Form A to be addressed to CMHO by place seeking approval
- ④ CMHO verifies or inspects the place to satisfy that termination can be done under safe & hygienic conditions
- ④ CMHO recommends approval to the committee
- ④ Committee considers application & recommendation and approve and issue certificate of approval in Form B

Application form for Approval (Form A)

प्ररूप क

[नियम 5 का उपनियम (2) देखिए]

गर्भ का चिकित्सीय समापन (संशोधन) अधिनियम, 2002 (2002 का 64), के धारा 4 के खंड (ख) के अधीन स्थान के अनुमोदन के लिये आवेदन का प्रारूप :-

अनुमोदित जगह का प्रवर्ग

(अ) 12 सप्ताह तक के गर्भ का समापन किया जा सकता है।

(आ) 20 सप्ताह तक के गर्भ का समापन किया जा सकता है।

1. स्थान का नाम (स्पष्ट अक्षरों में)

2. पूरा पता

3. गैर-सरकारी/प्राइवेट/नर्सिंग होम/अन्य संस्थाएं :

4. कृपया बताइए कि क्या इस स्थान पर निम्नलिखित सुविधाएं उपलब्ध हैं -

प्रवर्ग अ

(i) स्त्री रोग विज्ञान परीक्षण/प्रसव पीड़ा पटल।

(ii) पुनरुज्जीवन उपस्कर।

(iii) निर्जमीकरण उपस्कर।

(iv) प्रघात के उपचार के लिए सुविधाएं जिसके अंतर्गत आपात औषधियां भी हैं।

(v) परिवहन के लिए सुविधाएं यदि अपेक्षित हो।

प्रवर्ग आ

(ii) शल्य क्रिया वाली पटल और उदरीय या स्त्री रोग विषयक शल्य — चिकित्सा करने के लिए उपकरण

(iii) आपातक दशाओं के लिए पर्याप्त मात्रा में औषधियां और जनकीय तरल

(iv) निरचेतक उपस्कर, पुनरुज्जीवन उपस्कर और निर्जमीकरण उपस्कर

स्थान :

तारीख :

स्थान के स्वामी के हस्ताक्षर

Certificate for Approval (Form B)

प्ररूप ख

[नियम 5 का उपनियम (6) देखिए]

अनुमोदन का प्रमाण - पत्र

नीचे वर्णित स्थान को गर्भ का चिकित्सीय समापन अधिनियम, 1971 (1971 का 34) के प्रयोजनार्थ अनुमोदित किया जाता है :

.....सप्ताहों के भीतर पड़े गए रूप में

स्थान का नाम

पता तथा अन्य वर्णन

स्वामी का नाम

स्थान :

तारीख :

सेवा में.....सरकार

Approval Process

- ⦿ Place to be inspected within 2 months of receiving application
- ⦿ Certificate to be issued within 2 months of inspection
- ⦿ If deficiency found, within 2 months of deficiency having been rectified

Inspection

- ◉ CMHOs to inspect to ensure safe & hygienic conditions for conduction of MTPs.
- ◉ Call for information and seize in case found otherwise

Cancellation/ Suspension

- ④ CMHO to report the committee for unsafe and unhygienic conditions.
- ④ Committee can suspend or cancel approval after giving the owner an opportunity for representation
- ④ Owner can reapply to the committee after making additions and improvements.
- ④ During suspension the place be deemed as non-approved

MTP regulations

- ⦿ Power to states to make regulations regarding MTP services
- ⦿ Regulations for Union Territories by Central Govt.
- ⦿ Application of central govt. regulations in the absence of state regulations.

MTP regulations: What do they cover?

- ⦿ Forms to be required for making opinion, admission register and reporting of MTPs
- ⦿ Custody of forms
- ⦿ Prevention of disclosure of information

MTP regulations: opinion forms

- ⦿ For an MTP, opinion of an approved RMP (2 RMPs for 2nd trimester) is required.
- ⦿ The provider(s) is required to certify his/her opinion in Form I within three hours of terminating a pregnancy.

Declining sex ratios...

- ⦿ Census 2001 confirmed apprehensions of declining juvenile sex ratios.
- ⦿ Parallel with steep increase in availability of ultrasound machines and use during pregnancy
- ⦿ Sex determination testing followed by second trimester abortion- major pathway for sex selection
- ⦿ Public interest litigation triggered amendments in Act of 1994
- ⦿ Focus on “female feticide” as having attained endemic proportions

The thin edge.....

- The recent incidents in Rajasthan have shown that the distinction between two public policy issues – sex selection (“female feticide”) and safe abortion – have become extremely blurred
- Choices along the thin edge separating the two are:
 - Restricting access to abortion to prevent sex selection
 - Dealing with the two issues separately
 - Developing a integrated strategy to address both sex selection and unsafe abortion together