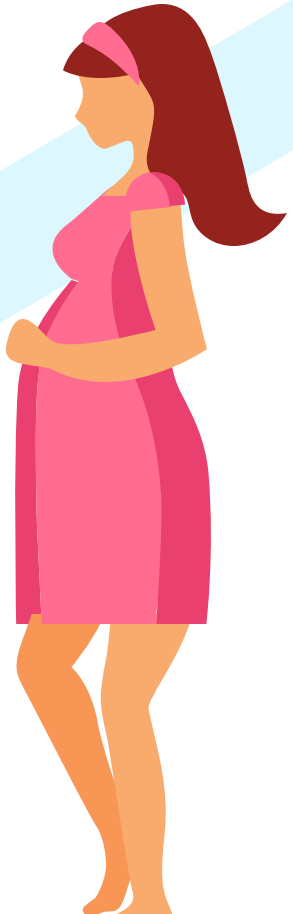
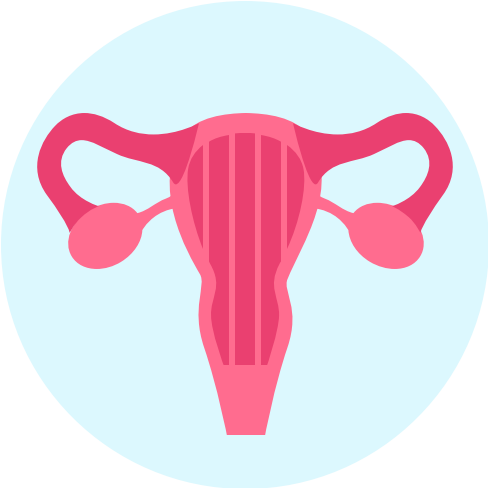
MEDICAL TERMINATION OF PREGNANCY

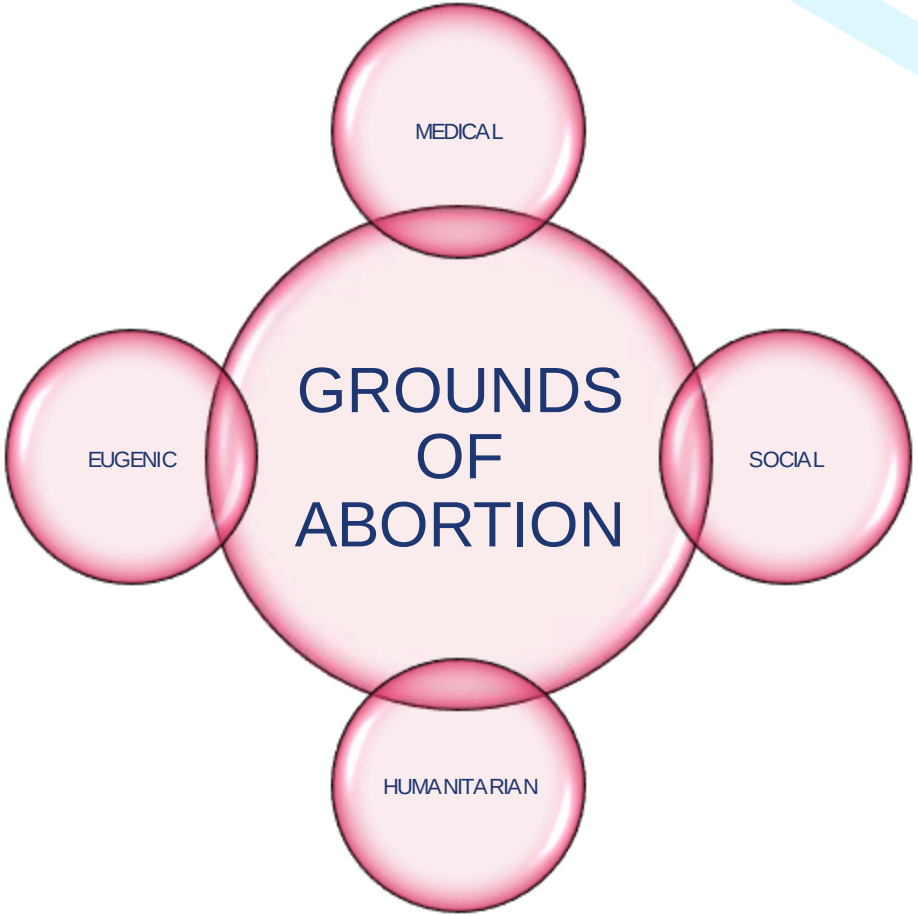
VINAY V.S
Roll no:97



MTP ACT

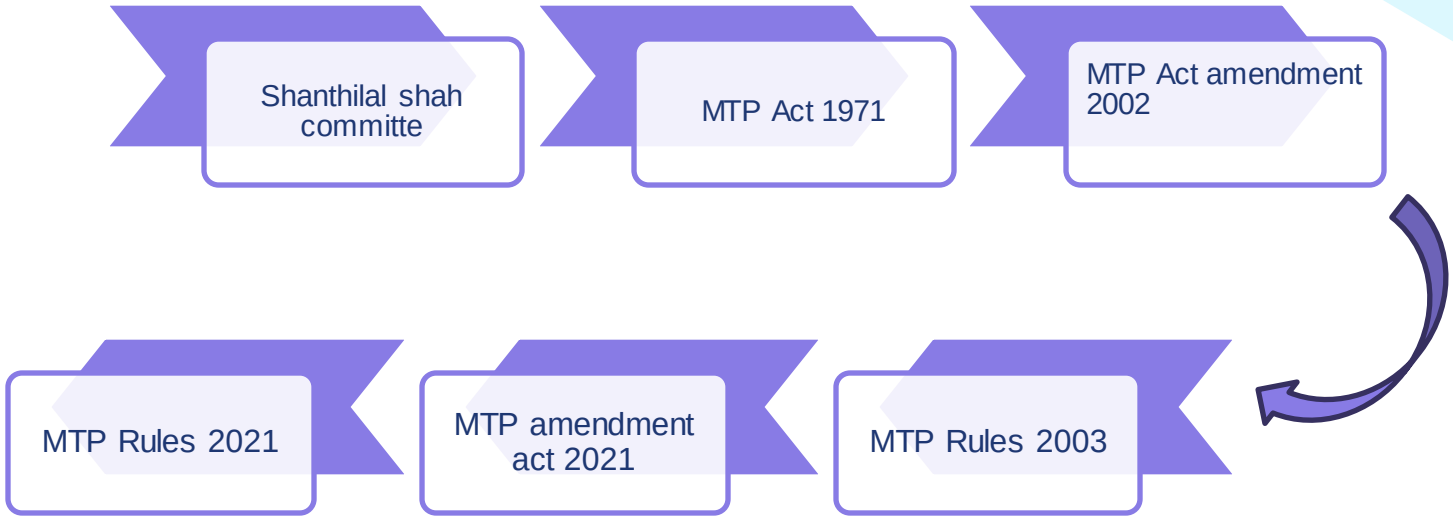


An Act to provide for the termination of certain pregnancies by registered Medical Practitioners and for matters connected therewith or incidental thereto. (Act no 37, MTP act 1971)


MEDICAL
EUGENIC
GROUNDS OF ABORTION
SOCIAL
HUMANITARIAN

BEFORE 1971 ?

SECTIONS		CLAUSES
IPC 312	(BNS 88)	Causing miscarriage (with the knowledge of woman/mother)
IPC313	(BNS 89)	Causing miscarriage without the consent of mother
IPC 314 (1,2)	(BNS 90 - 1,2)	Death of woman by act done with intent to cause miscarriage
IPC 315	(BNS 91)	Act done with an intent to prevent child being born alive or to cause it to die after birth
IPC 316	(BNS 92)	Causing death of a quick and unborn child by act amounting to culpable homicide


Shanthilal shah committe
MTP Act 1971
MTP Act amendment 2002
MTP Rules 2003
MTP amendment act 2021
MTP Rules 2021

WHO AND WHEN?

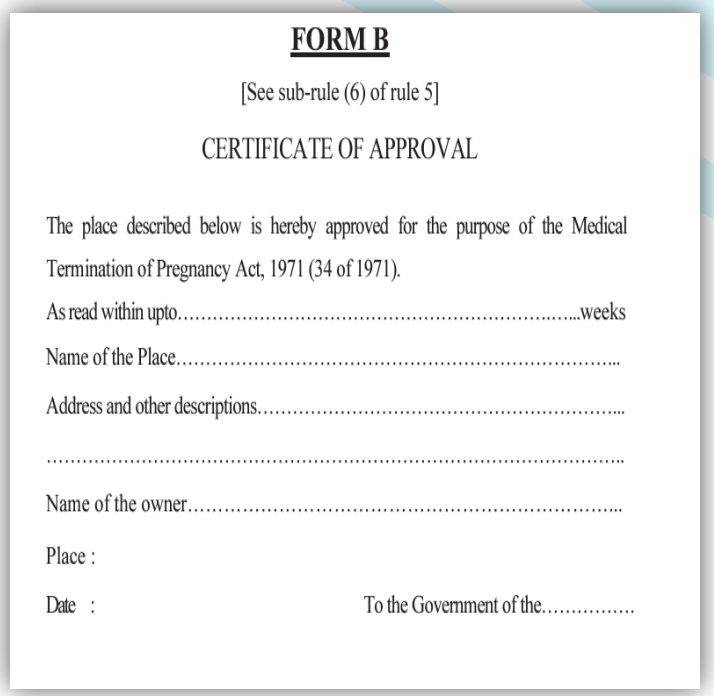
- RMP
- Upto 9 weeks
- Upto 12 weeks
- Beyond 12 weeks

- Upto 20 weeks
- Upto 20-4 weeks
- Beyond 24 weeks

WHERE CAN BE PREGNANCY TERMINATED ?

- A) A hospital established or maintained by the Government

  B) A place approved by the Government or a District Level Committee (DLC)



FORM B

[See sub-rule (6) of rule 5]

CERTIFICATE OF APPROVAL

The place described below is hereby approved for the purpose of the Medical Termination of Pregnancy Act, 1971 (34 of 1971).

As read within upto……...weeks

Name of the Place……...

Address and other descriptions……...

……

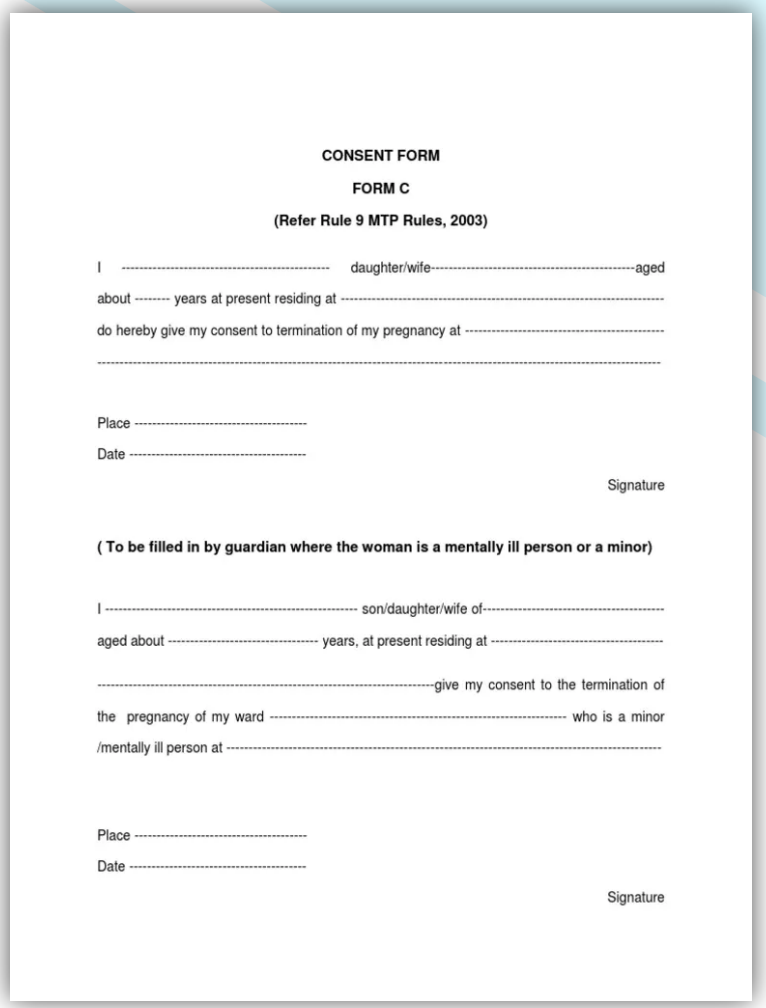
Name of the owner……...

Place :

Date : To the Government of the…….

CONSENT

- Only the consent of the woman (18 years and above) is required to terminate the pregnancy.
- Minor or a mentally ill woman → consent of the guardian



CONSENT FORM

FORM C

(Refer Rule 9 MTP Rules, 2003)

I ---------- daughter/wife----------aged about -------- years at present residing at ----------
do hereby give my consent to termination of my pregnancy at ----------
---

Place ----------
Date ----------

Signature

(To be filled in by guardian where the woman is a mentally ill person or a minor)

I ---------- son/daughter/wife of----------
aged about ---------- years, at present residing at ----------
----------give my consent to the termination of the pregnancy of my ward ---------- who is a minor /mentally ill person at ----------

Place ----------
Date ----------

Signature

RMP FORMS

FORM I

RMP Opinion Form

(For gestation age upto twenty weeks)

[See Regulation 3]

I _____

(Name and qualifications of the Registered Medical Practitioner in block letters)

_____

(Full address of the Registered Medical Practitioner)

hereby certify that I am of opinion, formed in good faith, that it is necessary to terminate the pregnancy of _____

(Full name of pregnant woman in block letters)

resident of _____

(Full address of pregnant woman in block letters)

for the reasons given below*.

I hereby give intimation that I terminated the pregnancy of the woman referred to above who bears the Serial No. _____ in the Admission Register of the hospital/approved place.

Place:

Date:

Signature of the Registered Medical Practitioner

*of the reasons specified items (a) to (e) write the one which is appropriate:

a. in order to save the life of the pregnant woman,
b. in order to prevent grave injury to the physical and mental health of the pregnant woman,
c. in view of the substantial risk that if the child was born it would suffer from such physical or mental abnormalities as to be seriously handicapped,
d. as the pregnancy is alleged by pregnant woman to have been caused by rape,
e. as the pregnancy has occurred as a result of failure of any contraceptive device or methods used by a woman or her partner for the purpose of limiting the number of children or preventing pregnancy.

Note: Account may be taken of the pregnant woman's actual or reasonably foreseeable environment in determining whether the continuance of her pregnancy would involve a grave injury to her physical or mental health.

Place:

Date: Signature of the Registered Medical Practitioner

FORM E

Opinion Form of Registered Medical Practitioners
(For gestation age beyond twenty weeks till twenty-four weeks)
[See sub-rule (2) of rule 4A]

I _____

(Name and qualifications of the Registered Medical Practitioner in block letters)

_____

(Full address of the Registered Medical Practitioner)

I _____

(Name and qualifications of the Registered Medical Practitioner in block letters)

_____

(Full address of the Registered Medical Practitioner)

hereby certify that we are of opinion, formed in good faith, that it is necessary to terminate the pregnancy of _____

(Full name of pregnant woman in block letters)

resident of _____

(Full address of pregnant woman in block letters)

which is beyond twenty weeks but till twenty-four weeks under special circumstances as given below*.

*Specify the circumstance(s) from (a) to (g) appropriate for termination of pregnancy beyond twenty weeks till twenty-four weeks:

(a) Survivors of sexual assault or rape or incest
(b) Minors
(c) Change of marital status during the ongoing pregnancy (widowhood and divorce)
(d) Women with physical disabilities [major disability as per criteria laid down under the Rights of Persons with Disabilities Act, 2016 (49 of 2016)]
(e) Mentally ill women including mental retardation
(f) The foetal malformation that has 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
(g) Women with pregnancy in humanitarian settings or disaster or emergency situations as declared by Government

We hear by give intimation that we terminated the pregnancy of the woman referred to above who bears the Serial No. _____ in the Admission Register of the hospital / approved place.

Signature of the Registered Medical Practitioner

Signature of the Registered Medical Practitioner

Place:
Date:

Note: Account may be taken of the pregnant woman's actual or reasonably foreseeable environment in determining whether the continuance of her pregnancy would involve a grave injury to her physical or mental health.

FORM D

(See sub-clause (ii) of clause (b) of rule 3A)

Report of the Medical Board for Pregnancy Termination Beyond 24 weeks

Details of the woman seeking termination of pregnancy:

1. Name of the woman:
2. Age:
3. Registration/Case Number:
4. Available reports and investigations:

S.No	Report	Opinion on the findings

5. Additional Investigations (if done):

S.No	Investigations done	Key findings

6. Opinion by Medical Board for termination of pregnancy:
   a) Allowed
   b) Denied

Justification for the decision:

7. Physical fitness of the woman for the termination of pregnancy:
   a. Yes
   b. No

Members of the Medical Board who reviewed the case:

S.No	Name	Signature

Date and Time: .....

Differences between MTP act 1971 v/s 2021

	MTP Act,1971	MTP Amendment Act,2021
In case of contraceptive failure	Applied to married women only	Irrespective of marital status
Gestational age limit	12 weeks in all women Up to 20 weeks in special conditions	20 weeks for all women , 24 weeks under special conditions
Doctor's opinion required before termination	1 doctor's till 12 weeks 2 doctor's till 20 weeks	1 doctor's till 20 weeks 2 doctor's till 24 weeks
Breach of women's confidentiality	Fine up to Rs.10,000	Fine &/or imprisonment
In case of foetal abnormalities	20 weeks limit	No limit
Causing miscarriage	Imprisonment and/or fine	Imprisonment and/or fine
Abortion post sex determination	Imprisonment	Imprisonment

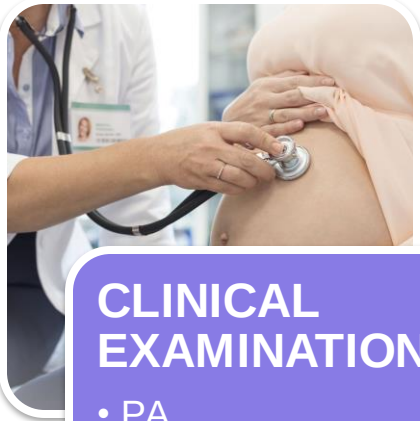
CASE SCENARIO -3

A 24 year old unmarried female comes to OBG OPD with c/o of 3 months of amenorrhea. Sexually active and not on any contraceptive use. UPT positive. Opts for MTP

How to proceed with the case ?

HISTORY

- LMP
- Obstetric history
- Medical illnesses



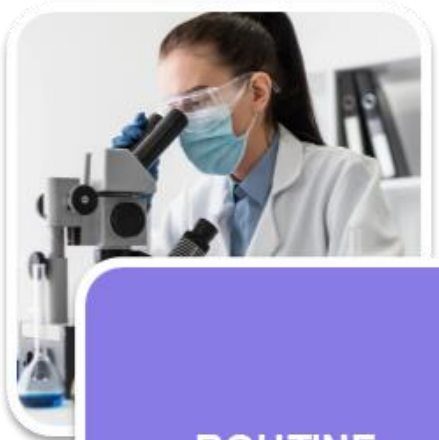
CLINICAL EXAMINATION

- PA
- PS
- PV

ASSESMENT OF GESTATIONAL AGE

- LMP
- Clinical examination
- USG

PRE PROCEDURE COUNSELLING & CONSENT



ROUTINE INVESTIGATIONS

POST PROCEDURE COUNSELLING & POST ABORTION CARE

PRE - PROCEDURE COUNSELLING

- OPTION FOR MTP METHODS WOMEN HAVE
- DETAILED INFORMATION ABOUT METHODS OF TERMINATION
- COMPLICATION AND CONSEQUENCES
- SHEDULE AND PLANNING FOR FOLLOW UP
- CONTRACEPTION OPTIONS
- SIGN INFORMED CONSENT
- COST OF PROCEDURE
- RETURN OF FERTILITY

POST - PROCEDURE COUNSELLING

- FOLLOW UP
- HYGIENE AND NUTRITION
- POSSIBLE COMPLAINTS AFTER THE PROCEDURE
- DANGER SIGNS
- ACCESS TO HOSPITAL
- REST & SUPPLEMENTATION
- CONTRACEPTION,RETURN OF FERTILITY