Obstetrics & Gynaecology - Topic 20 - Medical termination of pregnancy

Medical Termination of Pregnancy

Definition

- Medical termination of pregnancy means an induced termination carried out within the legal framework, and the phrase includes both medicine-based and procedural methods.

Principles of Care

- Comprehensive abortion care includes accurate information, assessment, voluntary informed consent, safe treatment, management of complications and follow-up support.
- Care should be respectful, confidential and free from judgement about marital status, age, religion or the reasons for seeking help.
- The method depends on gestational age, clinical condition, the woman's preference, provider competence and the facilities available.
- A legal gestational limit is different from the gestational range for a particular medicine or technique, so these limits must not be used interchangeably.

Indian Legal Framework

The MTP Act and Permitted Grounds

Statutory Framework and Amendments

- The Medical Termination of Pregnancy Act, 1971, its amendments and the applicable Rules govern lawful abortion care in India.
- The 2021 amendment changed the gestational framework, extended the contraceptive-failure presumption to any woman and her partner, and strengthened confidentiality protection.

Permitted Grounds and Mental-Health Assessment

- Termination can be considered when continuing the pregnancy risks the woman's life or causes grave injury to her physical or mental health.
- It can also be considered when there is a substantial risk of serious fetal abnormality within the statutory provisions.
- Pregnancy alleged to result from rape is presumed to cause grave mental-health injury, and contraceptive failure can also support the statutory presumption of mental-health injury.
- Assessment of mental-health risk includes the woman's actual and reasonably foreseeable circumstances rather than requiring a psychiatric diagnosis in every case.

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Gestational Age and Required Opinions

Situation	Ordinary statutory pathway
Pregnancy not exceeding 20 weeks	One eligible registered medical practitioner forms the required good-faith opinion.
Pregnancy exceeding 20 but not exceeding 24 weeks	At least two eligible practitioners form the required opinion for categories covered by the Rules.
Substantial fetal abnormality beyond the usual gestational limit	A duly constituted Medical Board assesses the statutory pathway.
Immediate necessity to save the pregnant woman's life	The emergency exception under section 5 applies as specified in the Act.

- The medical opinions must be formed in good faith by registered medical practitioners who meet the required experience or training criteria.
- For substantial fetal abnormalities beyond 24 weeks, the statutory Medical Board pathway applies; it is not a blanket extension for every reason for termination.
- The emergency exception applies when termination is immediately necessary to save the pregnant woman's life, and urgent care should not be delayed by avoidable administrative steps.
- A complex case outside the ordinary framework needs prompt specialist and legal review rather than an unsupported promise of eligibility or a delayed refusal without referral.

Categories and Equal Access from 20 to 24 Weeks

- The Rules include survivors of sexual assault, rape or incest; minors; and women whose marital circumstances change during pregnancy.
- They also include specified physical disabilities, mental illness including women with intellectual disability, specified serious fetal malformations and pregnancy in notified humanitarian, disaster or emergency settings.
- The 2024 Rules replaced an outdated term with the respectful wording women with intellectual disability.
- The Supreme Court has explained that unmarried or single women facing a change in material circumstances cannot be excluded merely because they are unmarried.
- Marital status therefore does not by itself determine access, and the clinical grounds and relevant statutory pathway still require assessment.

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Place, Provider and Records

Approved Place and Eligible Provider

- Services are provided in a government hospital or an appropriately approved place, with the equipment, staff and referral arrangements needed for the gestation and method.
- For early medicine-based abortion up to nine weeks, the Indian service framework allows an eligible practitioner to prescribe from a clinic with documented access to an approved facility under the prescribed conditions.

Confidential Records and Statutory Forms

Confidentiality and Required Records

- The admission register and statutory records must be maintained securely, and the woman's identity must not be disclosed except as authorised by law.
- Complete the required consent, opinion, procedure and reporting forms accurately according to current state and national requirements.

Forms, Reports and Clinical Documentation

- Form C records consent; the current national provider manual uses Form I for the opinion up to 20 weeks, Form E for 20–24 weeks and Form D for the Medical Board opinion.
- Form II is the monthly statement, while Form III is the confidential admission register, retained for five years from its last entry.
- Record clinical findings and the basis for the decision without copying unsupported statements or disclosing unnecessary personal information.

Consent and Safeguarding

Adult Consent, Guardian Consent and Capacity

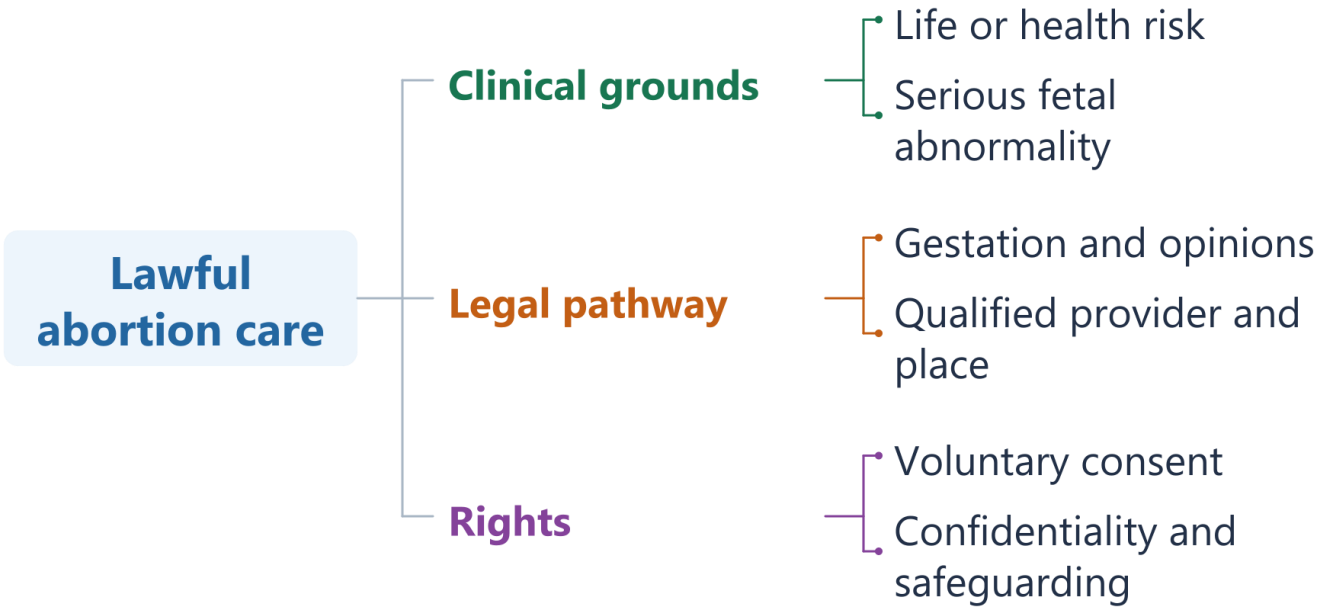
- An adult woman who can provide the legally required consent gives her own written consent; a husband or partner does not have a separate veto or routine consent requirement.
- For a person below 18 years, written guardian consent is required under the Act, while the young person's understanding, wishes, privacy and safety must also be respected.
- The Act also specifies guardian consent for its defined category of a mentally ill person, but a disability label alone should not replace a careful assessment of capacity and the applicable law.
- Do not assume that every person with intellectual disability lacks decision-making ability, and provide accessible communication and specialist support when required.

POCSO Reporting and Safeguarding Support

- Sexual activity involving a minor engages mandatory reporting duties under the POCSO Act, and these duties must be explained sensitively.

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- For the limited context of lawful MTP after consensual adolescent activity, the Supreme Court permits omission of the minor's identity from the report when both the minor and guardian request this; the reporting duty itself remains.
- Obtain appropriate legal and safeguarding support for difficult cases without withholding necessary emergency treatment.



Clinical Assessment and Method Selection

Before Treatment

Pregnancy, Ectopic Risk and Clinical Assessment

- Confirm pregnancy, estimate gestational age from the history and examination, and assess symptoms that could indicate ectopic pregnancy or another urgent problem.
- Ask about bleeding, abdominal pain, previous ectopic pregnancy, uterine surgery, medical illness, allergies, anaemia, anticoagulants and long-term steroid use.
- Check general condition and vital signs, and examine with consent when clinically indicated.

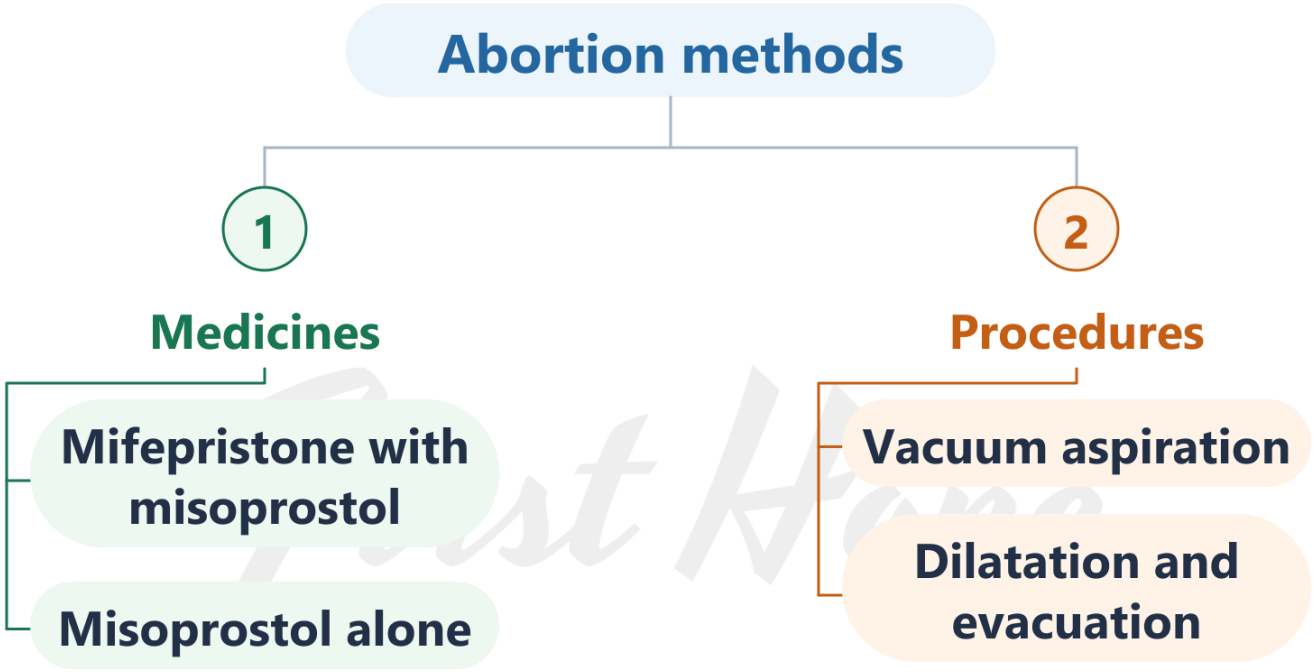
Selected Tests and Treatment Counselling

- Ultrasound is useful for uncertain dates, discordant findings, suspected ectopic pregnancy, significant pain or another clinical indication; it is not automatically required for every early abortion.
- Check haemoglobin and other investigations according to risk, method and local protocol, and arrange access to blood and emergency treatment when needed.
- Explain the expected course, pain control, side effects, possible failure, further treatment and a clear route to urgent help.
- A positive pregnancy test does not establish that the pregnancy is intrauterine, and abortion medicines do not treat an ectopic pregnancy.

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Choose a Suitable Method

- Medicine-based care avoids uterine instrumentation but usually involves more bleeding and cramping over a longer period and may require further treatment.
- Vacuum aspiration provides a short procedural option in early pregnancy, with appropriate analgesia, infection prevention and trained clinical support.
- Later pregnancy requires specialist medicine-based treatment or dilatation and evacuation according to gestation, expertise and legal eligibility.
- The woman should be offered the suitable options available and supported in her choice rather than being directed solely by provider convenience.



Compare Early Methods

Feature	Medicine-based method	Vacuum aspiration
Process	Expulsion follows medicines over a variable interval.	Uterine contents are removed during a short procedure.
Main advantage	Avoids intrauterine instrumentation.	Usually provides prompt completion and tissue assessment.
Main limitation	Cramping, bleeding and uncertainty about completion may last longer.	Requires a trained procedural provider, analgesia and suitable facilities.
Further treatment	Additional medicines or aspiration may be required.	Further assessment or treatment may still be needed if incomplete or complicated.

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