**The Medical Termination of Pregnancy Act, India**

**Introduction**

Termination of pregnancy in India is legal under certain conditions. In 1971 the Government of India passed the Medical Termination of Pregnancy Act. Till 1971, pregnancy termination or abortion was a punishable criminal offense under Section 312 of the Indian Penal Code with. In 1964, in response to high population growth, maternal mortality and alarming incidence of unsafe abortions, the Government of India had set up the Shantilal Committee to review the socio-cultural, legal and medical aspects of abortion. The committee report proposed legalisation of abortion services under specific conditions. These recommendations took the shape of the MTP Act. The Act was amended twice, in 2002 and 2003. There are specific provisions (given below) under the MTP Act and flouting of these is considered a punishable offence with rigorous imprisonment for 2 to 7 years.

**Indications for termination**

Pregnancy can be terminated if

* it’s continuance involves a risk to the life or health of the pregnant woman;
* it is caused by rape;
* it is caused in married couples by failure of contraceptive for limiting children; and
* there is a substantial risk that that the child born would be handicapped either physically or mentally

**Period of gestation till which termination is legal**

Pregnancy can be terminated upto 20 weeks

* With opinion of 1 registered medical practitioner if pregnancy is less than 12 weeks of gestation
* With opinion of 2 registered medical practitioner if pregnancy is between 12-20 weeks of gestation

**Service providers**

Pregnancy can be terminated ***only*** by

* Registered medical practitioners (MBBS/allopaths) with experience or training in gynecology or obstetrics as prescribed by rules

**Place for termination**

Government centres above Primary Health Centre level are automatically approved for abortion service provision. In private sector, it can be terminated at centres

* established or maintained or approved by a district level committee set up by the government except in case of emergencies
* equipped with an operation table, instruments, anesthetic, resuscitation and sterilization equipment and drugs and parental fluids for emergency use.

For medical abortion using pills, the centre can be of approved private service providers with access to an approved place (as specified above) and with a certificate from owner of approved place agreeing to provide access displayed prominently.

**Woman’s entitlements under the Act**

Pregnancy termination involves

consent of the woman unless she is less than 18 years of age or is “mentally ill” i.e. in need of treatment for mental disorder other than mental retardation in which case legal guardian’s consent is sought. Spousal or any other family member’s signature is not required by law if the woman is adult

* assurance of confidentiality wherein personal details of the woman undergoing termination will not be revealed

**Methods of termination**

* Medical: Permitted upto 7 weeks or 49 days of gestation. A combination of 1 tablet of 200 mgs of Mifepristrone should be administered followed 36-48 hours later by 4 tablets of Misoprostol 200 mcg. The medication should be available on presentation of service provider’s prescription and administration of the drugs should be under medical supervision.
* Surgical: For 7 to 15 weeks of gestation manual vacuum aspiration of MVA should be done. For gestation between 15 to 20 weeks, dilatation and electric evacuation or EVA should be done under anaesthesia.

**Abortion Legislation Timeline**

Till 1971 Abortion criminalized under Section 312 of the IPC, except for saving the woman’s life

1964 Ministry of Health and Family Planning constitutes Shantilal Shah committee

1966 Shantilal Shah committee report submitted

1970 Shantilal Shah committee recommendations accepted & introduced as a bill in the parliament

1971 MTP bill passed by the parliament

1972 MTP Act enforced in all States except Jammu & Kashmir

1975 MTP rules & regulations framed

2002 MTP Act amended to decentralize approval process for a private place, to replace the word

‘lunatic’ with ‘mentally ill person’ & to introduce stricter penalties for noncompliance

2003 MTP rules & regulations amended to define composition & tenure of District Level Committee,

provide infrastructre guidelines & define inspection & cancellation process for approved places

2014 Ministry of Health and Family Welfare shared MTP Amendment bill 2014 in the public domain.

Proposed amendments included expansion of the provider base & increase in upper gestation limit for legal MTPs & clarity on the MTP Act

2016 MTP Amendment bill, 2016 was drafted. Proposed amendments include increase in upper

gestation limit for legal MTPs & improved legal access to survivors of rape, victims of incest &

single and differently-abled women