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MEDICAL TERMINATION OF PREGNANCY- A REVIEW

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ABSTRACT

MTP is also known as justifiable abortion, the induction of which is justifiable only when caused in good faith to save the life of the woman, if it is materially endangered by the continuance of pregnancy, but not to save the family honour or for any other ethical or economical reason. In India, many females die due to pregnancy and related complications despite the efforts of Government to reduce maternal mortality through various schemes and facilities. Many of the females are not aware of the legal and safe abortion facilities, and many of them are forced to seek unsafe abortions for cultural reasons. MTP is the lawful abortion of a foetus, and it empowers a woman to decide whether to continue her pregnancy or terminate it. It is a liberal law, which enables registered medical practitioners to terminate pregnancy for social and socio-medical reasons. It spared many women from inflicted pregnancy and forced motherhood. Therapeutic abortion ensures the correct intervention depending upon the stage of unwanted pregnancy thereby minimizing the chance of illegal abortions which is the reason for higher mortality and morbidity in India. Medical Termination of Pregnancy Act (MTP Act), 1971 has liberalized abortion in India with the social aim of reducing the population explosion threatening the country. This review discusses the legal provisions, current common methods, complications and medicolegal aspect of medical abortions available in India.

KEYWORDS: MTP, Justifiable abortion, Legal provisions, Common methods, Complications, Medicolegal aspect etc.

INTRODUCTION

The original MTP Act of 1971 came into force on 1st April 1972 and amended in 2002 to provide for the termination of certain pregnancies by the registered medical practitioners (RMP) for protection and preservation of the lives of women.[1] Prior to the introduction of MTP Act, 1971, 4-5 million abortions were performed in India.[2] Apprehension, denial and ignorance to contraceptive usage lead to unwanted pregnancies which are terminated in unhygienic and unsafe conditions by untrained personnel leading to maternal mortality and serious complications for millions of women each year in India.[3] The MTP Act of 1971 was passed to liberalize abortions in India, on the basis of clearly specified guidelines. This liberalization was decided upon with the idea of saving the lives of millions of women, who would otherwise resort to criminal abortion out of desperation, thereby succumbing to its complications.[4]

LEGAL PROVISIONS FOR MTP[5,6,7]

As per MTP Act 1971, pregnancy can be terminated on the following grounds:

1. **Therapeutic grounds**[8]

(a) Obstetrical Conditions: Severe eclampsia in successive pregnancies; repeated, long and difficult labours particularly associated with psychiatric conditions, for example, reactive depression with risk of suicide, obsessional or schizophrenic states, unwanted pregnancy in a mentally subnormal person.

(b) Malignant Conditions: Invasive carcinoma of the cervix, carcinoma of the ovary and sarcomatous changes in fibroid, abdominal reticulosis, carcinoma breast with recurrence or metastasis, where pelvic irradiation in excess of 30 rads is received during the first three months of pregnancy.

(c) Cardiovascular Conditions: Severe cardiac failure due to valvular disease or acute rheumatic carditis, congenital heart disease producing severe strain, thyrotoxic heart disease with atrial fibrillation,

hypertension with cardiac and renal failure and ischaemic heart disease with complications.

(d) Respiratory Conditions: Severe respiratory insufficiency due to lung disease.

(e) Alimentary Conditions: Serious relapsing conditions like peptic ulcer, pancreatitis, regional ileitis, celiac disease, acute hepatitis or hepatocellular failure, ulcerative colitis with perforation or bleeding.

(f) Renal Conditions: Nephrotic syndrome with low serum albumin.

(g) Endocrine and Metabolic Conditions: Diabetes mellitus with nephropathy and proliferative retinopathy, parathyroid tumour with uncontrolled calcium metabolism, severe osteomalacia or juvenile rickets.

(h) Neurological Conditions: Multiple sclerosis, severe and frequent epilepsy, cerebral and spinal tumours, heredofamilial conditions, for example, Huntington's Chorea, paroneal muscular atrophy, hereditary spastic paraplegia, myasthenia gravis showing relapse in pregnancy.

(i) Psychological and Emotional Conditions: Where there is currently present or possibility of occurrence in the future of a major psychosis, grave neurosis or suicide, these should really be judged on a broad basis. Unwanted pregnancy and pregnancy from incest or rape can lead to neurosis or psychosis.

2. Eugenic grounds

Pregnancy can be terminated if continuation of pregnancy is likely to result in-

a) Gross physical handicap in the child.
b) Gross mental handicap in the child.
c) Death of the child.

For example

- Viral infections- German measles, Hepatitis-B, Chicken pox.
- Bacterial infections.
- Syphilis.
- Excessive exposure to radiations (more than 200 rads).
- Cytotoxic drugs like Thalidomide, LSD.
- Rh-incompatibility.
- Parents suffering from inheritable chromosomal disorder.
- Parents suffering from inheritable psychiatric disorder.

3. Humanitarian grounds

- Pregnancy can be terminated if it has resulted from rape.

4. Social grounds

- Pregnancy can be terminated if it is due to failure of contraceptive.

5. Environmental grounds

Pregnancy can be terminated if the environment around the mother is not healthy for the proper development of the child, e.g.-

- Poverty.
- Small home.
- Already many children.
- An earlier child being handicapped so requiring extra attention.

REQUIREMENTS FOR MTP[9,10,11,12]

Requirements for routine MTP

1. Qualification required

Once a doctor has any of the experiences listed below, he is automatically competent to do MTP and need not apply for the certificate.

- Doctors with MD (Gynaecology) or DGO need not have extra experience.
- Doctors registered before 1972 should have three years experience in Gynaecology.
- Doctors registered after 1972 should have the following:

(i) 6 months house surgeonship in Gynaecology; and
(ii) One year's experience in Gynaecology.

- The new rules also allow registered medical practitioners to qualify through on the spot training.
- A RMP who has assisted in at least 25 cases of MTP in a recognized hospital approved by the Government.

2. Place - MTP can be carried out at

- A hospital maintained or established by government.
- Non-government hospital approved by government (license to be obtained from the chief medical and health officer/civil surgeon of the district).

3. Consent

- A female above 18 years of age with sound mind can give consent for MTP.
- In minor females (i.e. age less than 18 years) or mentally ill (lunatic), consent of parents or guardian is necessary.

4. Duration of pregnancy

- When duration of pregnancy is below 12 weeks of gestation, one RMP can terminate the pregnancy.
- When duration of pregnancy is above 12 weeks but less than 20 weeks (i.e. 12-20 weeks), then two RMPs, are required to terminate the pregnancy.

5. Documentation and record

- According to regulation 5 of MTP regulations, all approved centers are required to maintain an admission register in the format prescribed in form III.
- The name of the patient should not be entered in any case sheet, operation theater register or any other record.

- In all other documents, the number assigned to each patient in the MTP register should be used as a reference number.
- A fresh register should be started in each calendar year with new serial number generated by mentioning the year against the serial number.
- A certificate can be issued to an employed woman.
- The admission register is a secret document, which should be kept under safe custody for five years from the last entry.

6. Confidentiality

All information should be treated as professional secrets. No information can be given to anyone under any circumstances except for the following exceptions:

- Secretary of Health in departmental inquiries.
- First-class Magistrate in criminal court proceedings.
- District judge in civil court proceedings; and
- Secretary to the government of India in the case of *bona fide* scientific research.

Requirements for emergency MTP

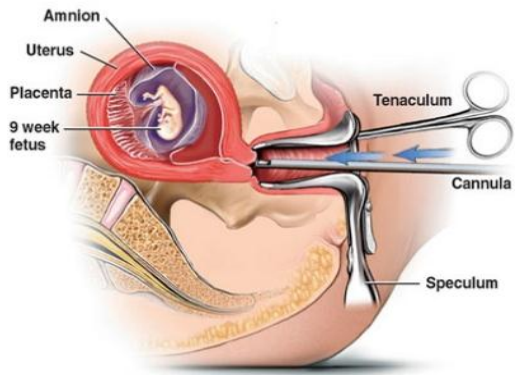
In emergency i.e. there is danger to the life of the mother, MTP can be done-

- By any RMP.
- At any place.
- At any stage of gestation.

Provided the opinion is formed in good faith that MTP is essential to save the life of the mother (only on therapeutic grounds MTP beyond 20 weeks can be done).

METHODS FOR MTP[13,14,15,16]

Methods of inducing abortion under MTP Act	
First trimester (up to 12 weeks)	**Second trimester (13-20 weeks)**
Medical	• **Dilatation and evacuation** (13-14 wks)
• Mifepristone	• **Intra-uterine instillation of**
• Mifepristone and misoprostol PgE_1	**hyperosmotic solution:**
• Methotrexate and misoprostol	i Intra-amniotic hypertonic urea 40% saline 20%
• Tamoxifen and misoprostol	ii. Extra-amniotic: Ethacrydine lactate,
Surgical	prostaglandins (PGE2, PGF2α)
• Menstrual regulation.	• **Prostaglandins** [PGE1, PGE2, PGF2α]:
• Vacuum aspiration (MVA/EVA)	Intravaginally, intra-muscularly or
• Suction evacuation &/or curettage	intra-amniotically
• Dilatation and evacuation:	• **Oxytocin infusion**
i. Rapid method ii. Slow method	• **Hysterotomy**



COMPLICATIONS OF MTP[17,18,19,20]

There is no universally safe and effective method which is applicable to all cases. However, the complications are much less (5%) if termination is done before 8 weeks by manual vacuum aspiration or suction evacuation/curette. The complications are about five times more in mid-trimester termination. Use of prostaglandin analogues and mifepristone has made second trimester MTP effective and safe. The complications are either related to the methods employed or to the abortion process.

1. Immediate

(a) Neurogenic shock (b) Extensive haemorrhage (c) Perforation of vagina (d) Laceration of cervix (e) Laceration of uterus (f) Laceration of bladder (g) Laceration of bowel (h) Incomplete abortion (i) Endometritis (j) Embolism (k) Thrombophlebitis (l) **Post abortal triad** of pain, bleeding and low grade fever due to retained clots or products (m) Due to anaesthesia and related to the methods employed:

- **Prostaglandins-** intractable vomiting, diarrhea, fever, uterine pain and cervico-uterine injury.
- **Oxytocin-** water intoxication and rarely convulsions.
- **Hysterotomy-** haemorrhage and shock, peritonitis, intestinal obstruction, menstrual abnormalities, scar endometriosis (1%) and incisional hernia.
- **Saline-** hypernatraemia, pulmonary oedema, endotoxic shock, DIC, renal failure, cerebral haemorrhage.

2. Delayed

The complications are grouped into: **Gynaecological** and **Obstetrical.**

- **Gynaecological complications-** (a) Menstrual disorders (10-15 %) (b) Psychological disorders (c) Sepsis (d) Pelvic inflammatory disease (e) Sterility

due to cornual block (3-5 %) (f) Scar endometriosis (1%) and (g) uterine synechiae leading to secondary amenorrhoea.

- **Obstetrical complications** - (a) recurrent midtrimester abortion (33 % more) due to cervical incompetence (b) ectopic pregnancy (three fold increase) (c) preterm labour (d) dysmaturity (e) increased perinatal loss (f) rupture uterus (g) Increased chances (33 % more) of complications in future pregnancy (h) Increased chances (33 % more) of congenital anomalies in children (i) Rh-isoimmunization in Rh-negative women, if not prophylactically protected with immunoglobulin and (j) failed abortion and continued pregnancy.

3. Mortality

First trimester: The maternal death is lowest (about 0.6/100,000 procedures) in first trimester termination specially with manual vacuum aspiration and suction evacuation. Concurrent tubectomy even by abdominal route doubles the mortality rate.

Mid-trimester: The mortality rate increases 5-6 times to that of first trimester. Contrary to the result of the advanced countries, the mortality from saline method has been found much higher in India compared to termination by abdominal hysterotomy with tubectomy.

MEDICOLEGAL IMPORTANCE[21,22]

1. When abortion is induced without proper indication or in contravention to the provisions of MTP Act, it is considered as criminal abortion and is punishable by law.
2. When Doctor violates the provisions of MTP Act, he is liable to be punished by the law and similarly this act amount to **misconduct** in professional sense.
3. To bring a false charge of assault against any person, a female may pled that she has been assaulted and due to assault, abortion was induced.
4. A female may be falsely charged or implicated for inducing criminal abortion.

LEGAL ASPECTS OF ABORTION[23,24]

A. Sec. 312, IPC

Causing miscarriage, with consent of lady but other than MTP provisions, **Punishments**-

(a) Before quickening- Imprisonment upto 3 years/Fine/both.
(b) After quickening- Imprisonment upto 7 years + Fine.

B. Sec. 313, IPC

Causing miscarriage, without consent of lady but other than MTP provisions, **Punishments**- Imprisonment of 10 years + Fine/upto life imprisonment (whether quickening or not).

C. Sec. 314, IPC

Death caused during miscarriage, other than MTP provisions. **Punishments-**

(a) With consent of lady- Imprisonment upto 10 years + Fine.
(b) Without consent of lady- 10 years + Fine/upto life imprisonment.

D. Sec. 315, IPC

Death of child during miscarriage, **Punishments-** Imprisonment upto 10 years/Fine/both.

E. Sec. 316, IPC

Primary aim was to kill mother, but death of her quick unborn child by act amounting to culpable homicide. **Punishments-** Imprisonment upto 10 years/Fine/both.

F. Sec. 511, IPC

Failed attempt- In all the above sections, if the person fails in his attempt to cause abortion, he would still be punishable with half of the imprisonment prescribed under that section.

CONCLUSION

Lower educational and lower social status of the women are the reasons for their repeated and unwanted conceptions making them vulnerable to all the possible risks of morbidity and mortality due to abortions. Unsafe abortions constitute about 13% of the maternal deaths. Additional consequences of unsafe abortion include loss of productivity, economic burden on public health systems, stigma and long-term health problems, such as infertility. The MTP Act of 1971 was passed to liberalize abortions in India, on the basis of clearly specified guidelines. The development of evidence based therapeutic abortion both medical and surgical intervention in unwanted conceptions should be done in accordance with the MTP act 1971. Women should encouraged to avail the medical facilities provided by the trained medical personnel is essential step to rationalize the MTP act 1971.

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