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Review Article

Medical termination of pregnancy (Amendment) ACT 2021- A review

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ABSTRACT

The Medical Termination of Pregnancy (Amendment) Act 2021 ensures universal access to comprehensive care by expanding access to safe and legal abortion services on eugenic, therapeutic, humanitarian and social grounds. These modifications will broaden the scope of safe abortion services available to women and will contribute towards ending preventable maternal mortality.

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1. Introduction

The Medical Termination of Pregnancy (Amendment) Bill, 2020 was introduced in the Lok Sabha on 2nd March 2020.¹ It received Parliament's approval on 17th March 2020 and eventually received the President's assent on 25th March 2021, resulting in a comprehensive law governing abortions in India.² On therapeutic, eugenic, humanitarian, and social grounds, this expands access to safe and legal abortion services, ensuring universal access and complete care. The new law will help to achieve the Sustainable Developmental Goal by reducing preventable maternal death. The MTP Amendment Bill 2020, which comes after 50 years of the historic MTP Act of 1971, is an evolutionary milestone.³

In 1964, India's abortion laws were liberalized in response to high maternal mortality from unsafe abortions.⁴ Doctors frequently encountered seriously ill or dying women who had undergone unsafe abortions performed by untrained personnel. They realized that the majority of women seeking abortions were married and faced no social pressure to hide their pregnancies, and that decriminalizing abortion would encourage women to seek abortions in legal and safe environments.⁵ It is always advised that all types

of abortions, including medical abortions, be supervised by skilled health care providers with a medical prescription. When used under medical supervision, abortion with mifepristone and misoprostol is a very safe way to end a pregnancy, with a success rate of 92-97 percent.⁶ The use of abortion pills is governed by clear rules developed by organizations such as the World Health Organization (WHO) and FOGSI in India.⁷

One of the primary measures for achieving the new worldwide goal of zero avoidable maternal deaths by 2030 is to improve the quality of health care.⁸ An increase in susceptibility for unsafe abortion is associated to teenage pregnancy and low socioeconomic status. There is an augmented prevalence of abortion among educated females while the risks of unsafe abortion, and mortality linked to abortion is higher among uneducated women.⁹ However safe abortion services are nevertheless inaccessible to many women especially the ones living in rural and remote regions and because of that these women are subjected to dangerous abortion practices which are not safe as well as legally not permitted.

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1.1. Amendments

The Rajya Sabha passed the MTP (Amendment) Bill in 2021, in response to the enormous burden of unsafe abortions. The Bill was passed by the lower house in 2020.¹ The salient features of this bill are:

1. One of the most notable elements of this bill is that it allows abortion up to 20 weeks based on the judgement of just one medical practitioner.
2. Two doctors' consent is required to terminate pregnancies between 20 and 24 weeks. Special categories of women, such as rape/incest victims, differently-abled women, and minors, are granted such extension of the gestation period.
3. If there are significant foetal abnormalities, a State-level Medical Board will evaluate whether abortions after 24 weeks are permissible or not.
4. Abortions can only be performed by specialists who specialize in Obstetrics and Gynecology
5. Except to a person authorized by law, the "name and other particulars of a woman whose pregnancy has been terminated shall not be revealed."
6. If abortions are requested to end pregnancies resulting from rape and the gestation period is more than 24 weeks, the only option is to file a writ petition.

1.2. Obstacles in the Act

1. There is still a scarcity of certified medical personnel who can perform abortions.
2. In today's society, there is still stigma attached to abortion services.
3. A female victim of rape whose pregnancy has progressed beyond the 24 week mark is required to seek the assistance of the court in order to abort the child. When the decision on whether or not to abort the child is delayed by the judiciary for various reasons, the complexities in abortion cases multiply.
4. There is a pervasive lack of understanding of the MTP Act, its conditions, and its revisions among the general public.
5. Lack of contraceptive awareness and contraception availability
6. There are many quacks in rural locations who provide a variety of healthcare services including abortion treatments, which can put a pregnant woman's life at risk.

2. Delayed abortion to get legal authorization- Important Judgments

On the basis that the fetus had spina bifida, an incurable condition, the Calcutta High Court authorized a 37 year old lady to medically terminate her pregnancy at 34 weeks in February 2022, making it the country's most delayed

abortion to get legal authorization.¹⁰ So far, the country's most delayed abortion was at 33 weeks. The Bombay High Court approved it in August 2021, allowing a 20 year old woman to medically terminate her pregnancy because her fetus had Arnold Chiari Malformation II, a type of brain defects that can cause catastrophic spinal diseases, as well as bilateral clubfoot.¹¹

3. Conclusion

Several other elements, in addition to government legislation, must be reconsidered for this important issue. In order to increase the knowledge of the MTP Act, contraception, and post-abortion care, the non-profit organizations should step forward to undertake and organize contraceptive precautions counseling sessions which could be a beneficial approach. Since India lacks sex education, educational institutions must make attempts to provide knowledge to students and hence awareness camps must be held on a regular basis.

4. Conflict of Interest

The authors declare that there is no conflict of interest.

5. Source of Funding

None.

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