**Legal abortion limit in India raised upto 24 weeks of gestation but only for substantial fetal abnormalities or for victims of rape: a welcome step for citizens and health care providers**

**Authors:**

**Permanent Medical Board, Post Graduate Institute of Medical Education and Research (PGIMER), Chandigarh, India**

Rashmi Bagga (Chairperson of Permanent Medical Board) 1, Ranjana Singh 2, Yogender Bansal 3, Tulika Singh 4, Kanya Mukhopadhyay 5, Ruchita Shah 6, Anupriya Kaur 7, Shefali K Sharma 8, Prema Menon 9, Manoj Goyal 10, Nandita Kakkar 11, Himanshu Gupta 12, Sahajal Dhooria 13

**Corresponding Author:** Ranjana Singh

**Affiliations:**

1Dept of Obstetrics and Gynaecology, PGIMER, Chandigarh, INDIA 160012, [rashmibagga@gmail.com](mailto:rashmibagga@gmail.com)

2Dept of Hospital Administration, PGIMER, Chandigarh, INDIA 160012, [ranjana1591@gmail.com](mailto:ranjana1591@gmail.com)

3Dept of Forensic Medicine, PGIMER, Chandigarh, INDIA 160012, [yogendrabansal@hotmail.com](mailto:yogendrabansal@hotmail.com)

4Dept of Radiodiagnosis, PGIMER, Chandigarh, INDIA 160012, [tulikardx@gmail.com](mailto:tulikardx@gmail.com)

5Dept of Pediatric Medicine, PGIMER, Chandigarh, INDIA 160012, [kanyapgi@gmail.com](mailto:kanyapgi@gmail.com)

6Dept of Psychiatry, PGIMER, Chandigarh, INDIA 160012, [drruchitashah@gmail.com](mailto:drruchitashah@gmail.com)

7Dept of Pediatric Medicine, PGIMER, Chandigarh, INDIA 160012, [anukaur.genetics@gmail.com](mailto:anukaur.genetics@gmail.com)

8Dept of Internal Medicine, PGIMER, Chandigarh, INDIA 160012, [sharmashefali@hotmail.com](mailto:sharmashefali@hotmail.com)

9Dept of Pediatric Surgery, PGIMER, Chandigarh, INDIA 160012, [menonprema@hotmail.com](mailto:menonprema@hotmail.com)

10Dept of Neurology, PGIMER, Chandigarh, INDIA 160012, [goyal\_mk@yahoo.com](mailto:goyal_mk@yahoo.com)

11Dept of Histopathology, PGIMER, Chandigarh, INDIA 160012, [nandita\_kakkar@yahoo.com](mailto:nandita_kakkar@yahoo.com)

12Dept of Cardiology, PGIMER, Chandigarh, INDIA, [himanshu2883@gmail.com](mailto:himanshu2883@gmail.com)

13Dept of Pulmonary Medicine, PGIMER, Chandigarh, INDIA 160012, [sahajal@gmail.com](mailto:sahajal@gmail.com)

Dear Editor, This is in response to the following article: Arora V, Verma IC. The Medical Termination of Pregnancy (Amendment) Act, 2021: A step towards liberation. Indian Journal of Medical Ethics May. 2021. ISSN 0975-5691.

Arora and Verma have elegantly described “The Medical Termination of Pregnancy (MTP) Amendment Act, 2021” published in the Gazette of India on March 25, 2021 [1]. It is a much-needed amendment following the liberal MTP Act, 1971 and places India among the few nations which provide autonomy to women requesting an abortion. This amendment is welcomed by the medical fraternity and citizens of India. It will also reduce the burden on the medical boards constituted by the Government of India in 2017 in premier tertiary level institutes to deal with women requesting termination of pregnancy beyond 20 weeks. The amendment in sub-section 2 of section 3 of the principal act (2021) states that a pregnancy up to 20 weeks of gestation may be terminated by only one registered medical practitioner (clause a), and a pregnancy between 20 to 24 weeks of gestation by at least two registered medical practitioners (clause b) under the rules made under this Act [1,2]. The registered medical practitioners must be of the opinion that either (i) the continuance of the pregnancy would involve a risk to the life of the pregnant woman or of grave injury to her physical or mental health; or (ii) there is a substantial risk that if the child were born, it would suffer from any serious physical or mental abnormality. For the purposes of clause (a) i.e, where any pregnancy occurs as a result of failure of a contraceptive device being used by the woman or her partner, the anguish caused by such a pregnancy may be presumed to constitute a grave injury to the mental health of the pregnant woman. Hence, such a pregnancy may be terminated upto 20 weeks of gestation only and not beyond that. A notable change from the previous act is that instead of the term “failure of contraceptive device used by the married woman or her husband”, the amendment mentions “failure of contraceptive device used by any woman or her partner” which implies that live in adult couples may be benefitted by this amendment. For the purposes of clauses (a) and (b), where any pregnancy caused by rape, the anguish caused by the pregnancy shall be presumed to constitute a grave injury to the mental health of the pregnant woman. Such a pregnancy may be terminated upto 24 weeks of gestation but not beyond that. This amendment also enables the medical board constituted by each State Government or Union territory to exercise its power to decide about termination of pregnancy due to substantial fetal abnormalities diagnosed by a Medical Board. Specifically, for this purpose only, the limit of gestation of pregnancy shall not apply, meaning that such pregnancies may be terminated by the decision of the Medical board even beyond 24 weeks of gestation. This amendment provides a much-needed relief to women where serious fetal malformations are diagnosed late during the course of pregnancy, for example hydrocephalus, or a genetic disorder where report of the fetal sample may be available after 20 weeks of gestation. However, the onus to utilize the act in its true spirit to benefit women and their families now lies on the fraternity of obstetricians and gynaecologists. This act clearly states that the embargo of 20 weeks has been raised to 24 weeks of gestation for two situations only: substantial fetal abnormalities or for a pregnancy caused by a rape. Each of these two situations can be documented objectively; fetal abnormalities are diagnosed by sonography or by genetic tests and a rape victim has sufficient legal proceedings for evidence. This amendment does not allow termination of pregnancy after 20 weeks of gestation if the pregnancy results from failure of contraception. This should be clearly understood by all obstetricians and gynaecologists involved in the care of women requesting MTP. We hope that this act will provide relief to women, and save them from the ordeal of multiple hospital visits, filing a petition in the High Court for abortion, appearing before a medical board and then procuring a decision from the Honourable Court, before they are able to get a pregnancy with substantial fetal malformations terminated. This process is time consuming which further increases the gestation and adds to risk of abortion as well as prolonging the agony of the women [3,4].

**References**

1. **The Medical Termination of Pregnancy (Amendment)Act, 2021,** (Act **NO. 8 OF 2021).** [cited 2021 April 08] **Available from:** <http://egazette.nic.in/WriteReadData/2021/226130.pdf>
2. The Medical Termination of Pregnancy Act, 1971 (Act No. 34 of 1971). [cited 2021 April

08] Available from: <http://tcw.nic.in/Acts/MTP-Act-1971.pdf>

1. Raymond EG, Grimes DA. The comparative safety of legal induced abortion and childbirth in the United States. Obstet Gynecol.2012; 119:215-9.

doi: 10.1097/AOG.0b013e31823fe923

1. Bartlett L, Berg C, Shulman H, et al. Risk Factors for Legal Induced Abortion–Related Mortality in the United States. Obstet Gynecol. 2004; 103: 729-37.

doi: 10.1097/01.AOG.0000116260.81570.60