|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | To | |  | |  | |  |  |  |  |  |
|  | Medical Officer | |  | |  | |  |  |  |  |  |
|  | City Family Welfare Bureau | |  | |  | |  |  |  |  |  |
|  | Pune Municipal Corporation | |  | |  | |  |  |  |  |  |
|  |  | |  | |  | |  |  |  |  |  |
|  | Submitting herewith the report of MTP done in the month of in the revised format. | | | | | | |  |  |  |  |
|  |  | |  |  | |  | |  |  |  |  |
|  | **MEDICAL TERMINATION OF PREGNANCY ACT** | | |  | |  | |  |  |  |  |
|  |  |  | |  | |  | |  |  |  |  |
|  | Name of the Hospital: |  | |  | |  | |  |  |  |  |
|  | Address: |  | |  | |  | |  |  |  |  |
|  | MTP Centre No.: License no.: | Date of expiry: | |  | |  | |  |  |  |  |
|  |  |  | |  | |  | |  |  |  |  |
| **Sr.No.** | **Details** | **During Month** | | **Progressive** | |  | |  |  |  |  |
| **1** | **Total No. of M.T.P. cases done** |  | |  | |  | |  |  |  |  |
| **2** | **Break up of total No of cases** |  | |  | |  | |  |  |  |  |
| **3.1** | **Duration of pregnancy** |  | |  | |  | |  |  |  |  |
| **a. Before 12 weeks** |  | |  | |  | |  |  |  |  |
| **b. between 12 to 20 weeks** |  | |  | |  | |  |  |  |  |
| **c. Sex of fetus** |  | |  | |  | |  |  |  |  |
| **d. Not available** |  | |  | |  | |  |  |  |  |
| **3.2** | **Age Group** |  | |  | |  | |  |  |  |  |
| **a. Below 15 years** |  | |  | |  | |  |  |  |  |
| **b. 15 to 19 years** |  | |  | |  | |  |  |  |  |
| **c. 20 to 24 years** |  | |  | |  | |  |  |  |  |
| **d. 25 to 29 years** |  | |  | |  | |  |  |  |  |
| **e. 30 to 34 years** |  | |  | |  | |  |  |  |  |
| **f. 35 to 39 years** |  | |  | |  | |  |  |  |  |
| **g. 40 to 44 years** |  | |  | |  | |  |  |  |  |
| **h. 45 years** |  | |  | |  | |  |  |  |  |
| **I. Not available** |  | |  | |  | |  |  |  |  |
| **Total :-** |  | |  | |  | |  |  |  |  |
| **3.3** | **Religion** |  | |  | |  | |  |  |  |  |
| **a. Hindu** |  | |  | |  | |  |  |  |  |
| **b. Muslims** |  | |  | |  | |  |  |  |  |
| **c. Christen** |  | |  | |  | |  |  |  |  |
| **d. Sikh** |  | |  | |  | |  |  |  |  |
| **e. Others** |  | |  | |  | |  |  |  |  |
| **f. Not available** |  | |  | |  | |  |  |  |  |
| **Total :-** |  | |  | |  | |  |  |  |  |
| **3.4** | **Reason for M.T.P.** |  | |  | |  | |  |  |  |  |
| **a. Danger to life of pregnant women** |  | |  | |  | |  |  |  |  |
| **b. Grave injury to physical health of pregnant women** |  | |  | |  | |  |  |  |  |
| **c. Grave injury to mental health of pregnant women** |  | |  | |  | |  |  |  |  |
| **d. Pregnancy caused by rape** |  | |  | |  | |  |  |  |  |
| **e. Substantial risk that if child was born would suffer from** |  | |  | |  | |  |  |  |  |
| **such physical or mental abnormalities as to be seriously handicapped** |  | |  | |  | |  |  |  |  |
| **f. Failure of any contraceptive device or method** |  | |  | |  | |  |  |  |  |
| **g. Break not available** |  | |  | |  | |  |  |  |  |
| **3.5** | **Termination with** |  | |  | |  | |  |  |  |  |
| **a. Sterilization** |  | |  | |  | |  |  |  |  |
| **b. IUD insertion** |  | |  | |  | |  |  |  |  |
| **c. Break not available** |  | |  | |  | |  |  |  |  |
|  |  | |  | |  | |  |  |  |  |
|  |  |  | |  | |  | |  |  |  |  |
| **Sr.No.** | **Details** | **During Month** | | **Progressive** | |  | |  |  |  |  |
| **3.6** | **No. of deaths reported** |  | |  | |  | |  |  |  |  |
| **4** | **Family Welfare Programme** |  | |  | |  | |  |  |  |  |
|  | **a. Sterilization done without MTP (tubectomy, laparoscopic sterilization,** |  | |  | |  | |  |  |  |  |
| **vasectomy)** |  | |  | |  | |  |  |  |  |
| **b. IUD insertion done without MTP** |  | |  | |  | |  |  |  |  |
| **c. Oral pills prescribed / distributed** |  | |  | |  | |  |  |  |  |
| **5** | **PC PNDT ACT, 2003** |  | |  | |  | |  |  |  |  |
|  | **a. No. MTP done in following cases** |  | |  | |  | |  |  |  |  |
| **b. Women having 1 female child** |  | |  | |  | |  |  |  |  |
| **c. Women having 2 female child** |  | |  | |  | |  |  |  |  |
| **d. Sex of the fetus if MTP is done between 12 to 20 weeks** |  | |  | |  | |  |  |  |  |
| **Male** |  | |  | |  | |  |  |  |  |
| **Female** |  | |  | |  | |  |  |  |  |
| **e. Other vital information to be furnished** |  | |  | |  | |  |  |  |  |
|  | **MTP by Medical Methods** |  | |  | |  | |  |  |  |  |
| **1. M.V.A** |  | |  | |  | |  |  |  |  |
| **2. M.A. (R.U.486)** |  | |  | |  | |  |  |  |  |
| **3. Others** |  | |  | |  | |  |  |  |  |
|  |  |  | |  | |  | |  |  |  |  |
|  |  |  | |  | |  | |  |  |  |  |
|  |  |  | |  | |  | |  |  |  |  |
|  |  |  | |  | |  | |  |  |  |  |
|  |  | **Signature and Name** | | | |  | |  |  |  |  |
|  |  |  | | |  |  | |  |  |  |  |
|  |  | **Seal** | | |  |  | |  |  |  |  |