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| 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. | | | | |
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| **MEDICAL TERMINATION OF PREGNANCY ACT**  Name of the Hospital: Click here to enter text.  Address: Click here to enter text.  **MTP Centre No.: 2111/12/00 License No.: 20123321212 Date of Expiry: 20-01-2012**   |  |  |  |  | | --- | --- | --- | --- | | **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** |  |  | |

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| **Signature and Name** | |
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| **Seal** |
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