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THEME : Second Trimester Abortions

EVERYTHING YOU NEED TO KNOW ABOUT ABORTION IN INDIA

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The provision of safe and legal abortion is a crucial aspect of women's reproductive rights. Providers play a critical role in ensuring that women have accurate information about the choices available to them, in providing a safe environment for procedures like abortion and in improving access to safe services. This e-newsletter will provide you with information on the law that regulates abortion in India as well as the processes and formalities associated with it.

The Medical Termination of Pregnancy Act, 1971

In India, the Medical Termination of Pregnancy (MTP) Act 1971, legalises abortion until 20 weeks. Prior to the MTP Act, abortion was governed by the Indian Penal Code (IPC), 1860, that criminalised all induced abortions, except to save a woman's life. The MTP Act protects providers from the IPC, empowering them with a tool to ensure women do not approach unqualified providers for abortion services and put their health and wellbeing at risk.

Quick Links

1. The Medical Termination of Pregnancy (MTP) Act, 1971
2. The MTP regulations
3. Comprehensive abortion care: Training and service delivery guidelines (2018) | MoHFW
4. Guidance: Ensuring access to safe abortion and addressing gender-biased sex-selection
5. Handbook on medical methods of abortion

Current Scenario

Under the MTP Act, abortion can be provided within the first 20 weeks of pregnancy under certain conditions. However, limitations in the current law and gaps in its implementation continue to hinder access to safe abortion services for women. The 20-week gestation limit and low awareness on the Act among women and providers limit women's access to second-trimester abortions, along with misconceptions regarding the Pre-Conception and Pre-Natal Diagnostic Techniques (Prohibition of Sex Selection) (PCPNDT) Act, 1994. The PCPNDT Act only criminalises the sex determination of the foetus and sex-selective abortions.

Due to these limitations to access, many women often approach courts if their pregnancies exceed 20 weeks. This step causes unnecessary delay in accessing time-sensitive healthcare services. However, it is important to remember that Section 5 in the MTP Act protects doctors "where he is of opinion, formed in good faith, that the termination of such pregnancy is immediately necessary to save the life of the pregnant woman".

An RMP is:

- A medical practitioner who possesses any recognised medical qualification as defined in clause (h) of Section 2 of the Indian Medical Council Act, 1956
- Whose name has been entered in a State Medical Register and
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- Who has one or more of the following experience or training in gynaecology and obstetrics:
  - In the case of a medical practitioner, who was registered in a State Medical Register immediately before the commencement of the Act, experience in the practice of gynaecology and obstetrics for a period not less than three years
  - In the case of a medical practitioner, who was registered in a State Medical Register after the commencement of the Act and

    ✓Has completed six months of house surgency in gynaecology and obstetrics or;

    ✓Has experience at any hospital for a period of not less than one year in the practice of obstetrics and gynaecology or;

    ✓Has experience at any hospital for a period of not less than one year in the practice of obstetrics and gynaecology or;

    ✓Holds a post graduate degree or diploma in gynaecology and obstetrics or;

    ✓Has assisted an RMP in the performance of 25 cases of MTP of which at least five have been performed independently, in a hospital established or maintained by the government, or a training institute approved for this purpose by the government. This training will enable the RMP to do only **first trimester terminations**.

Prescribed Procedure for Second Trimester Abortions:

- According to the Comprehensive Abortion Care Training and Services Delivery Guidelines (2018), second trimester terminations must include a careful assessment of medical and psychological conditions of the woman or the girl. **The provider should ascertain that MTP is not being sought following prenatal sex determination.** However, it is to be noted that not all second trimester abortions are sex-selective in nature.
- Appropriate pre- and post-procedure counselling, including contraceptive counselling, play an important role in second trimester abortions.
- According to the Comprehensive Abortion Care Training and Services Delivery Guidelines (2018), the World Health Organization recommends that medical methods can be used effectively and safely to carry out second-trimester abortions. However, medical abortion is allowed only up until nine weeks (63 days) of gestation in India.
- The guidelines recommend dilation and evacuation (D&E) method for second trimester abortions. It is a safe and effective surgical technique for abortions beyond 12–14 weeks where skilled and experienced providers are available. D&E requires preparing and dilating the cervix; and evacuating the uterus using vacuum aspiration and ovum/sponge-holding forceps.
- Cervical preparation/dilation is recommended through:
  - Misoprostol (400mcg): It is a highly effective drug for inducing cervical dilatation and uterine contractions and reduces blood loss in the procedure.
  - Osmotic dilators: These are made of hygroscopic materials, which swell up by absorbing cervical and vaginal secretions. They gradually dilate and soften the cervix, reducing incidents of cervical tears and haemorrhage. They also stimulate uterine contractions but take at least four hours to be effective.
  - Ethacridine lactate: Ethacridine lactate, when instilled extra amniotically, has a direct oxytocic effect on the myometrium. It also causes the separation of membranes, which releases prostaglandins, leading to uterine contractions. **However, ethacridine is currently not easily available in the country**

- After achieving the desired level of cervical dilatation, proceed with the evacuation of uterine contents with 12-16mm cannula and forceps.
- After a second trimester abortion, a woman should remain in the healthcare facility for at least four hours so that the healthcare team can ensure that she is well enough to return home. A follow-up visit should be scheduled within two weeks.
- The recovery period is also an important opportunity to provide the woman with information, including follow-up instructions, signs of complications, and contraception.

Post-Procedure Contraception

- Counselling on post-abortion contraceptive should be a part of the abortion care, and the providers should help the woman choose a suitable method suitable based on her needs. However, in case the woman refuses to opt for a method, abortion **should not be denied**.
- Roughly 75% women ovulate and 6% conceive within two to six weeks after abortion, if they are not using contraception. All modern contraceptive methods can be safely provided immediately after the first trimester abortions.
- In case of the second trimester abortions, most methods can be adopted almost immediately (especially condoms, oral contraceptives, and injectables).
- However, post-abortion complications should be ruled out, particularly in the case of an intra-uterine contraceptive device. It is also recommended that in case of sterilizations, laparoscopic sterilization method not be used.

Key Points to Remember:

1. The MTP Act allows abortion up to 20 weeks, provided that in the second trimester two RMPs believe that the woman fulfils at least one of the conditions under the Act.
2. The Section 5 of the MTP Act allows the provider to terminate a pregnancy at any point to save a woman's life.
3. Under the MTP Act, only a woman's consent is required to terminate her pregnancy. In the case of a minor (below 18 years of age) the consent of a parent or a legal guardian is required. [MTP Act: Section 4 (a)
4. Appropriate pre- and post-procedure counselling, including contraceptive counselling, play an important role in second trimester abortions.

Key Takeaways:

1. The MTP Act legalises abortion up to 20 weeks of pregnancy under certain conditions. This includes second trimester abortions.
2. As per the MTP Act, consent for the termination of pregnancy is required only from the woman.
3. RMPs should ensure that appropriate counselling, including contraceptive use is given as well.
4. Most modern contraceptive methods can safely be used immediately after the procedure.
5. Access to safe abortion is a critical aspect of sexual and reproductive health and rights of women, and providers play a critical role in ensuring women can access these services without facing any challenges.