

Review Article

MTP BEYOND 20 WEEKS: TIME FOR POLICY CHANGE

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ABSTRACT

Unsafe abortion is one of the most common cause of maternal mortality and morbidity. Illegal abortions are performed frequently in India with their disastrous results even today in spite of liberalization of the Medical Termination of Pregnancy Act, The Act does not permit termination of pregnancy beyond 20 weeks. This has been challenged by so many times. The Supreme court of India allowed medical termination of pregnancy after 20 weeks in many times. With the advancement of technology, foetal abnormalities are diagnosed more precisely where termination may be indicated due to lethal anomaly even after 20 weeks. After years of legal advocacy, the Government of India has proposed amendments in MTP Act that would extend the legal time limit for abortion. Termination of pregnancy can be performed surgically before 15 weeks of pregnancy. After this gestational age, medical termination is performed by medical methods with mifepristone followed misoprostol or gemeprost. Although risks of medical termination increase with gestational age, result of the MTP is likely to be beneficial where it is truly indicated

Key words: Medical Termination of Pregnancy, Unsafe abortion, Fetal anomaly

“No woman can call herself free until she can choose consciously whether she will or will not be a mother”.

—Margaret Sanger

INTRODUCTION

Unsafe abortion is one of the most common cause of maternal mortality and morbidity. It is estimated that 80 million abortions take place worldwide and half of them are performed illegally mostly in developing countries with grave consequences. Highest mortality is related to unsafe abortion in countries where abortion is not legalised. Today only 8% of the world's population lives in countries where the law prevents abortion. Although the majority of countries have very restricted abortion laws, 41% of women live in countries where abortion is available on request of women.

THE MEDICAL TERMINATION OF PREGNANCY ACT, 1971

In the year 1969 Medical termination of pregnancy bill was introduced in Rajya Sabha and Lok Sabha as per recommendation of Shantilal Shah Committee (1964).¹ 10th August 1971 was a historic day, a path breaking legislation was enacted by Parliament called the Medical Termination of Pregnancy Act. Medical Termination of Pregnancy Act, 1971 (MTP Act) was implemented from April 1972. The MTP Act, 1971 preamble states “an Act to provide for the termination of certain pregnancies by registered medical practitioners and for matters connected therewith or incidental thereto”. The preamble is very clear in stating that termination of pregnancy would be permitted in certain cases. The cases in which the termination is permitted are elaborated in

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the Act itself. Grounds for termination of pregnancy are therapeutics, eugenics, humanitarian and socio-economic considerations. The Act does not permit termination of pregnancy beyond 20 weeks.

UNSAFE ABORTION-INDIAN SCENARIO

Illegal abortions are performed frequently in India with their disastrous results even today in spite of liberalization of the Medical Termination of Pregnancy Act.² The term “unsafe abortion” proposed by the World Health Organization (WHO) lately has been accepted by most other international health institutions. Unsafe abortion means “abortion not provided through approved facilities and/or persons”. Unsafe abortions are performed 15-20 times more often than safe legal abortions in India till now.²

It is estimated by the WHO (1994) that in the Indian subcontinent 15-24 unsafe abortions take place per 1000 women aged 15-49 years and 70-89 women per 100,000 live births die from unsafe abortion, the risk of death is 1 in 250 procedures.

TECHNOLOGICAL AND OTHER DEVELOPMENTS IN THE DIAGNOSIS OF FETAL ABNORMALITIES

Technical improvements in ultrasound equipment continue to be made – recently, 3D & 4D ultrasound technology has been introduced for diagnosis. Foetal Echocardiography detects cardiac anomaly around 22-24 weeks of gestation. MRI is an adjunct to ultrasound in diagnosing and evaluating structural abnormalities, particularly those involving the central nervous system. Although most of the anomalies can be detected before 20 weeks but patients seek medical advice beyond 20 weeks where termination may be indicated due to lethal anomaly. Amniocentesis, chorionic villous sampling and foetal blood sampling, noninvasive techniques (NIPT) remain standard methods for the diagnosis of aneuploidy.³ *In utero* treatment of some structural abnormalities has been practised for a number of years but such interventions are not available everywhere.

TERMINATION OF PREGNANCY FOR FETAL ABNORMALITY

UK scenario: When a fetal abnormality has been detected, the pregnancy can be terminated before 24 weeks of gestation under Ground 1(1)(a) of the Abortion Act but after 24 weeks of gestation it can only be Carried out if there is a substantial risk that the child if born would be seriously handicapped.^{4,5} Though there is no legal definition of of substantial risk and serious handicap.

Indian Scenario: As per Medical Termination of Pregnancy Act, 1971, pregnancy can be terminated i.e. up to twenty weeks of gestation. The Act does not permit termination of pregnancy beyond 20 weeks. This has been challenged by so many times. For years, the National Commission for Women, FOGSI, activists and prominent doctors have advocated for amendments to the MTP Act that would ensure protections of women’s mental and physical health throughout their pregnancies. After years of legal advocacy, the Government of India has proposed amendments in Medical Termination of Pregnancy Act (MTP Act) on 29 October 2014 that would extend the legal time limit for abortion.⁶ The amendments expand access to abortion and to extend the upper time limit on abortion to 24 weeks and excluding time limits all together where doctors have detected substantial foetal abnormalities.

Recently on 23rd June 2017 a petition file on Supreme court, this petition challenges the constitutional validity of section 3(2)(b) of the MTP Act 1972 restricted to the ceiling of 20 weeks therein. This petition argued that the 20 weeks stipulation to avail of abortion services under section 3(2)(b) may have been reasonable when the section was enacted in 1971 but has ceased to be reasonable today where technology has advanced and it is perfectly safe for a woman to even upto 24 weeks and thereafter. The ceiling of 20 weeks is therefore arbitrary, harsh, discriminatory and violative of article 14 (right to equality) & 21 (fundamental rights of life) of the constitution of India. On this basis, the Supreme Court allowed medical termination of pregnancy of a woman of 26 weeks gestation which was performed successfully without complication. Earlier this year, Apex Court allowed medical termination to a 24 weeks pregnant woman in Maharastra.

METHODS OF TERMINATION OF PREGNANCY IN LATE 2ND TRIMESTER

Termination of pregnancy can be performed surgically before 15 weeks of pregnancy, when uterine evacuation can usually be achieved by vacuum aspiration with an appropriate-sized curette after cervical preparation with misoprostol or gemeprost.⁷ After this gestational age fetal size precludes complete aspiration, dilatation and evacuation (D&E) becomes necessary. Medical termination can also be performed by mifepristone (200 mg) followed 36–48 hours later by either misoprostol or gemeprost (RCOG 2010).⁷ Risks of medical termination increase with gestational age. Complication rates (haemorrhage, uterine perforation, sepsis) increase from 5/1000 medical procedures at 10–12 weeks to 16/1000 at 20 weeks of gestation and beyond.⁷

Medical and surgical methods have similar outcomes. Wherever possible, women should be offered the choice of method. Medical termination offers the opportunity for pathological examination of an intact foetus. Live birth following medical termination of pregnancy before 21+6 weeks of gestation is very uncommon. Nevertheless, women and their partners should be counselled about this unlikely possibility and staff should be trained to deal with this eventuality. Instances of recorded live birth and survival increase as gestation at birth extends from 22 weeks.^{7,8} As per RCOG guidance, feticide should be routinely offered from 21+6 weeks of gestation.⁷

CONCLUSION

Today, MTP is legally available in most countries of the World. Most studies report psychologically favourable outcomes following MTP in the majority of women. With the advancement of technology, lethal foetal anomaly are diagnosed more precisely. Moreover with the availability of wonder drugs like mifepristone & misoprostol, MTP can be safely conducted beyond 20 weeks. Result of the MTP is likely to be beneficial particularly when the pregnancy is a result of rape, in an unmarried woman or with lethal anomaly irrespective of gestational age.

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