



Medical Termination of Pregnancy Rules

Why in News

Recently, the Government has **notified new rules** under the **Medical Termination of Pregnancy (Amendment) Act, 2021**.

- The **2021 Act** was passed to amend the [Medical Termination of Pregnancy \(MTP\) Act, 1971](#).

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	MTP Act 1971	The MTP Amendment Act 2021
Indications (Contraceptive failure)	Only applies to married women	Unmarried women are also covered
Gestational Age Limit	20 weeks for all indications	24 weeks for rape survivors Beyond 24 weeks for substantial fetal abnormalities
Medical practitioner opinions required before termination	One RMP till 12 weeks Two RMPs till 20 weeks	One RMP till 20 weeks Two RMPs 20-24 weeks Medical Board approval after 24 weeks
Breach of the woman's confidentiality	Fine up to Rs 1000	Fine and/or Imprisonment of 1 year

Key Points

- **About the Rules**

- **Increased Gestational Limit:** The gestational limit for termination of a pregnancy has been **increased from 20 to 24 weeks for certain categories** of women. The **seven specific categories** are:
 - Survivors of sexual assault or rape or incest.
 - Minors.
 - Change of marital status during the ongoing pregnancy (widowhood and divorce).
 - Women with physical disabilities.
 - Mentally ill women.
 - Foetal malformation that has a substantial risk of being incompatible with life or if the child is born, he/ she may suffer from serious physical or mental abnormalities.

- Women with pregnancy in humanitarian settings or disaster or emergency situations.
- **State-level Medical Board:** A state-level medical board **will be set up to decide if a pregnancy may be terminated after 24 weeks** in cases of foetal malformation.
 - The medical boards are to **either accept or reject** the proposal for medical termination of pregnancy **within three days** of receiving the request.
 - The **abortion procedure has to be done with five days** of the board receiving the request for the same.

▪ Significance

- The new rules will contribute towards **ending preventable maternal mortality** to help meet the **Sustainable Development Goals (SDGs) 3.1, 3.7 and 5.6**.
 - **SDG 3.1** pertains to reducing **maternal mortality ratio** whereas **SDGs 3.7 and 5.6** pertain to universal access to sexual and reproductive health and rights.
- The new rules will increase the ambit and access of women to safe abortion services and will ensure dignity, autonomy, confidentiality and justice for women who need to terminate pregnancy.

▪ Related Issues

- Although the new rules have increased access to abortions to some extent, they **fail to correct a fundamental flaw in the MTP Act** that a woman does not have the basic right to terminate a pregnancy if and when she decides.
- The **formation of a state medical board** raises additional concerns around their access, particularly to women from rural areas.
- The Act requires abortion to be **performed only by doctors** with specialisation in gynaecology or obstetrics.
 - As there is a **75% shortage of such doctors in community health centres in rural areas**, pregnant women may continue to find it difficult to access facilities for safe abortions.
- The society is still **unable to ensure reproductive autonomy to the women**, many of whom not only lack the freedom to plan pregnancies but also face multiple barriers when they seek abortions.

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