

# Medicolegal aspects of Pregnancy, Delivery and Abortion

Medical Termination of Pregnancy Act  
Pre-Conception & Pre-Natal  
Diagnostic Techniques Act

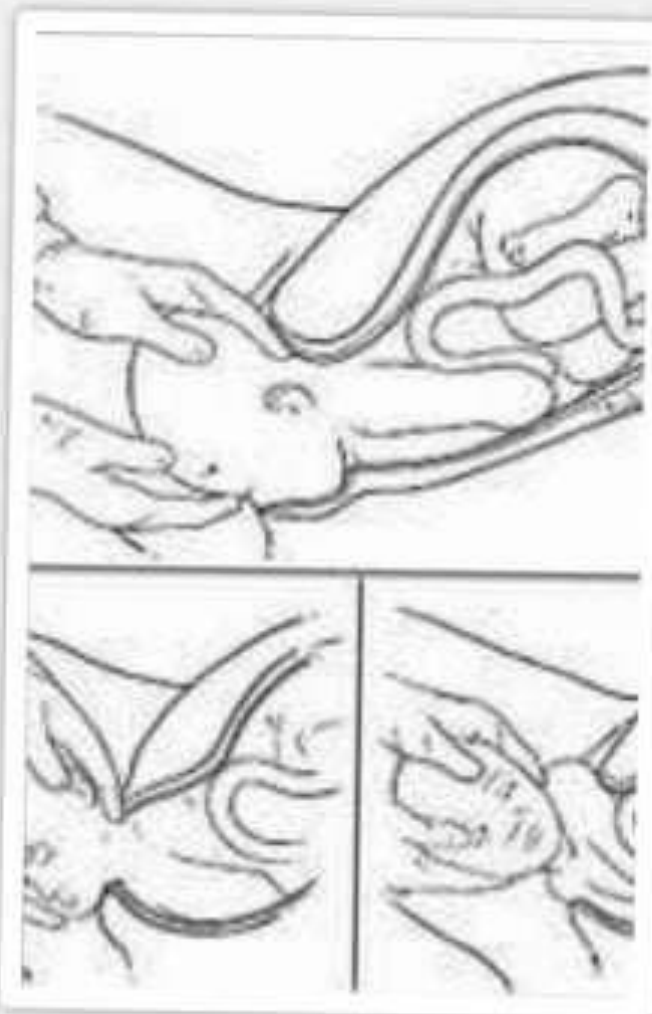
## Let's get terms cleared...

**Pregnancy** – Pregnancy is a physiological condition of having a developing embryo or fetus in the body, from the time of fertilization of an ovum by the sperm until the birth of the child



## Let's get terms cleared...

**Delivery**- Delivery is defined as complete evacuation of a fetus (that has attained viability) and other products of conception from within the uterus and genital passage into the external environment



Let's get terms  
cleared...

**Abortion-** Abortion is defined as the premature expulsion of products of conception from the uterus, at any time before the complete period of gestation



# Medicolegal Aspects

PREGNANCY

# Civil cases

- o Malicious persons may **allege either verbally or in writing**, that an unmarried woman or widow is pregnant, in which case she would definitely **vindicate herself**



# Civil cases

- o **Concealed pregnancy** before marriage by a person other than lawfully wedded spouse constitutes a **valid ground for divorce**



# Civil cases

- o Duration of pregnancy assumes importance when legitimacy of a **posthumous child** is questioned





# Criminal cases

- Pregnancy is positive proof of sexual intercourse in a trial for rape



# Criminal cases

- o Pregnancy may be a motive for the suicide of a married or unmarried woman, or for the murder of a married woman by her husband, when it is result of an explicit relationship



# Civil-Criminal cases

- o Woman may feign pregnancy, termed **pseudocyesis** in order to
  - o Avoid capital punishment (Sec.416 Cr.P.C)
  - o Compel a person to marriage
  - o Secure more maintenance in case of divorce



# Civil-Criminal cases

- o **Superfetation** –  
Where 2 or more pregnancies result from the fertilisation of 2 or more ova of different ovulatory periods
- o **Superfecundation** – 2 or more ova of the same ovulatory period are fertilised by separate acts of sexual intercourse with same person or 2 different persons

# Medicolegal Aspects

DELIVERY

# Civil cases

- o Feigned delivery-
  - o Claiming property of deceased husband
  - o Child is called suppositious child

Wish I could speak, I don't think she's mommy



# Civil cases

- o Affiliation cases
  - o Woman claims
    - o Child's father is not her lawfully wedded husband
    - or**
    - o Husband who subsequently divorced her
    - o Thus, he must adopt the child as his own



# Civil cases

- **Contested legitimacy of child-** When as a part of evidence that child was born of a particular woman and her husband





# Criminal cases

- o Question of delivery assumes importance in trials for
  - o Abortion and infanticide
  - o Concealment of a child begotten out of an explicit relationship
  - o Affiliation case proceeding to blackmail

# Medicolegal Aspects of Abortion

MTP Act and PCPNDT Act

# Medical Termination of Pregnancy Act

1971 (Amended 1975 and 2002)

# Introduction

Passed to liberalize abortions in India

Decided upon the idea of saving the lives of millions of women, who would otherwise resort to criminal abortion out of desperation

Legalizes abortion services

De-criminalizes the abortion seeker

Offers protection to medical practitioners who otherwise would be penalized under the Indian Penal Code (sections 315-316)

# *Legal framework*

## **MTP Act**

- lays down when & where pregnancies can be terminated
- Grants the central govt. power to make rules and the state govt. power to frame regulations

## **MTP Rules**

- lays down who can terminate the pregnancy, training requirements, approval process for place, etc.

## **MTP Regulations**

- lays down forms for opinion, maintenance of records
- custody of forms and reporting of cases

# ***When can pregnancies be terminated?***

Up to 20 weeks gestation

With the consent of the women. If the women is below 18 years or is mentally ill, then with consent of a guardian

With the opinion of a registered medical practitioner, formed in good faith, under certain circumstances

Opinion of two RMPs required for termination of pregnancy between 12 and 20 weeks

# ***MTP rules: Who can perform?***

A medical practitioner (RMP)

- o who has a recognized medical qualification as defined in clause (h) of section 2 of Indian Medical Council Act, 1956
- o Whose name has been entered in a State Medical Register and
- o Who has such experience or training in Gynecology and Obstetrics as prescribed by Rules made under the Act

# ***MTP rules: training requirement - 1***

For termination up to 12 weeks:

- o A practitioner who has assisted a registered medical practitioner in performing 25 cases of MTP of which at least 5 were performed independently in a hospital established or maintained or a training institute approved for this purpose by the Government



# ***MTP rules: training requirement - 2***

## **For termination up to 20 weeks**

- o A practitioner who holds a post-graduate degree or diploma in Obstetrics and Gynecology
- o A practitioner who has completed six months house job in Obstetrics and Gynecology
- o A practitioner who has at least one-year experience in practice of Obstetrics and Gynecology at a hospital which has all facilities
- o A practitioner registered in state medical register immediately before commencement of the Act, experience in practice of Obstetrics and Gynecology for a period not less than three years.

# ***MTP Act: Indications***

Continuation of pregnancy constitutes risk to the life or grave injury to the physical or mental health of woman

Substantial risk of physical or mental abnormalities in the fetus as to render it seriously handicapped

Pregnancy caused by rape (presumed grave injury to mental health)

Contraceptive failure in married couple (presumed grave injury to mental health)

# ***MTP Act: Place for conducting MTP***

A hospital established or maintained by  
Government

• **OR**

A place approved for the purpose of this Act  
by a District-level Committee constituted by  
the government with the CMHO as  
Chairperson


# ***MTP Act amendment 2002***

Decentralizes site registration to a 3-5 member district level committee chaired by the CMO/DHO

Approval of sites that can perform MTPs under the act can now be done at the district level

Stricter penalties for MTPs being done in a un-approved site or by a persons not permitted by the act

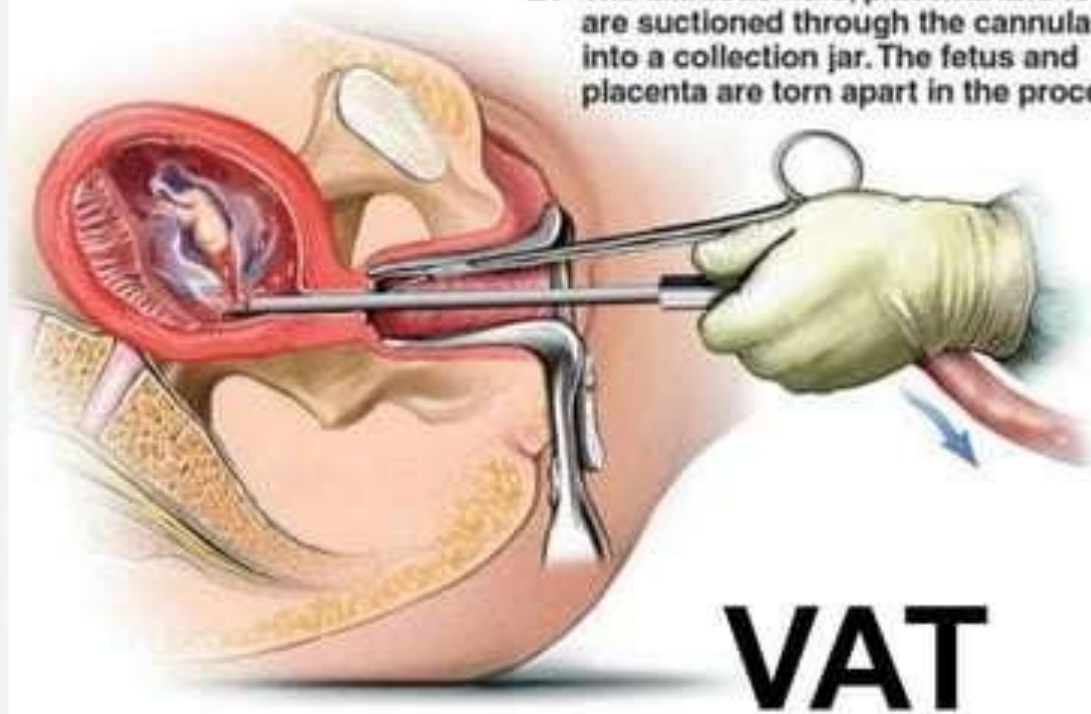
# Common Methods of terminating pregnancy under MTP Act



Dilatation and curettege
Dilatation followed by oxytocin infusion
Vacuum aspiration technique
Intraembryonic instillation of prostaglandins
Extraembryonic instillation on hypertonic saline
With drugs: Mifepristone (RU486), and Misoprostol (early pregnancy)
Hysterotomy (after 12-14 weeks)

# Common methods of Terminating pregnancy

B. The amniotic fluid, placenta and fetus are suctioned through the cannula into a collection jar. The fetus and placenta are torn apart in the process.



**VAT**

# Common methods of Terminating pregnancy



Widening of cervical canal with dilator



Uterine walls scraped with a curette



D-  
C

ADAM.

# MTP Regulations

- o MTP Regulations, 2003 consists of all the regulations:
  - o Forms to be required for making opinion, admission register and reporting of MTPs
  - o Custody of forms
  - o Prevention of disclosure of information



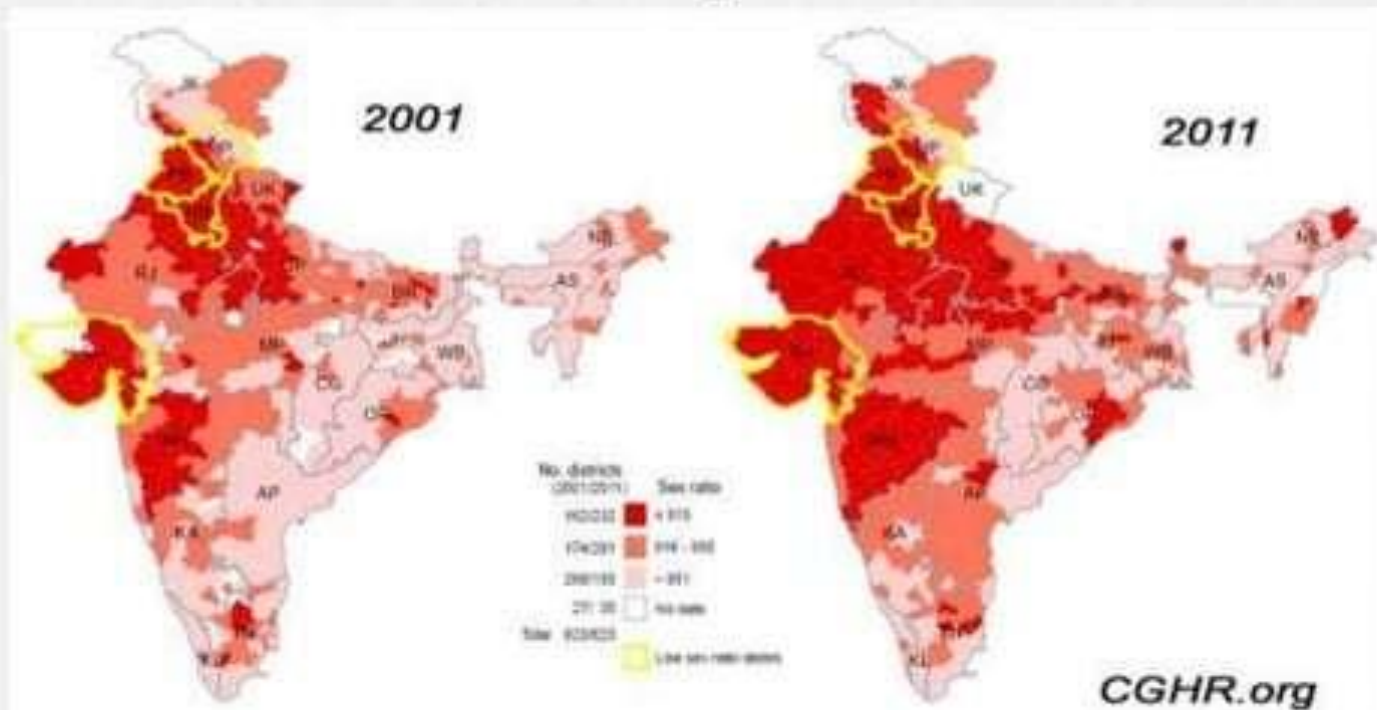
Pre-conception and  
Pre-natal Diagnostic  
Techniques (Prohibition of  
Sex Selection) Act

1994, 1996 rules, 2003 amendment

# *What was the need for such an Act?*

- o The Supreme Court, taking a serious view of the onslaught of **sex-selective discriminatory practices by the medical fraternity**, and the connection it may have with the use of pre-natal sex determination, directed the Centre to implement the PC & PNDT Act in all its aspects. The order came following a public interest petition filed by the centre for the Enquiry of Health and Allied Themes (**CEHAT**), the Mahila Sarvangeen Utkarsh Mandal (**MASUM**) and Dr. Sabu George, who had done extensive research in this area.

# Dismal picture



*Child sex ratio of girls to boys at ages 0-6 in 2001 and 2011 for the districts of India*

# PCPNDT Act, 2003

- o To provide for the prohibition of sex selection, **before or after conception**
- o For regulation of pre-natal diagnostic techniques for the purposes of **detecting abnormalities or metabolic disorders or chromosomal abnormalities or certain congenital malformations or sex-linked disorders**
- o The prevention of their misuse for sex determination leading to female foeticide and for matters connected therewith or incidental thereto

# Salient Features

- o **Use of PNDT only allowed on medical grounds & not for determination of sex**
- o **PNDT can be conducted only by clinics registered under the Act**
- o **No person conducting prenatal diagnostic procedure shall communicate to pregnant women or her relatives, the sex of the fetus by words or signs or any other method**

# Salient Features

- Clinics involved in advertisement (conducting sex determination) are liable for punishment
- Declaration on each report that he/she has neither detected nor disclosed the sex of foetus to pregnant woman or to any body
- Offence under PNDT are cognizable, non-bailable and non compoundable
- Clients and their relatives asking for sex determination are also punishable

# **Who is Appropriate Authority under the Act?**

- o State Level: Additional Director (Family Welfare)**
- o District Level: Civil Surgeon/Medical Officer of Health**
- o Taluka Level: Medical Superintendent**

# Who can make the complaint?

- o The Appropriate Authority concerned
- o Any officer authorized in this behalf by the Central Government or State Government or the Appropriate Authority
- o A person who has given notice of at least 15 days to the Appropriate Authority of the alleged offence and of his intention to make a complaint in the court i.e. if the Appropriate Authority fails to take action on the complaint made by a person, on the lapse of 15 days, that person can directly approach the court



## Common Arguments

*It is choice of individual clients, what is wrong if couple choose to have a son?*

**Response:** Strong desire to have a son, puts tremendous psychological pressure on women. Obsession for boys can lead to domestic violence, with women bearing the brunt for her inability to produce a male child. This can also lead to desertion and/or bigamy.

## Common Arguments

*By Sex selection and elimination of Girls, I would only be increasing their value and position in society?*

**Response:** With declining sex ratio, practices like polyandry, selling of brides, violence against women, denial of their basic rights, trafficking of girls, will increase.

Declining Sex Ratio in other states have not led to women's empowerment, on the other hand, instances of violence and crime against women are steadily increasing.

## Common Arguments

*Only couples with two or more daughters go for sex selection, therefore it does not affect overall sex ratio?*

**Response:** This is misleading.

Had this been true, sex ratio of girls would not have gone down drastically.

## Common Arguments

**It is more humane to eliminate a female foetus rather than subjugate her to life of discrimination?**

**Response:** By this logic, it would be justifiable to eliminate poor & handicapped people. The girl child is not a problem, the practice of sex selection is a problem.

## Common Arguments

*As a medical professional, I am not duty bound to talk on social issues?*

**Response:** Are we not part of society, and are affected by good or bad practices of society?

## **HOW CAN YOU IMPACT SEX SELECTION?**

- **Be vigilant towards misuse of technology and morally pressurize doctors indulging in Sex selection**
- **Take initiatives to break silence around this issue**
- **Stop sympathizing with perpetrators**
- **Counsel vulnerable couples & link with local NGO for community support**
- **Value and celebrate the girl child's life in your family and community**
- **Advocate to promote positive image of girl child**
- **Strictly Abide by the PCPNDT Act**

All the text is taken  
from Textbook of  
Forensic Medicine  
and Toxicology by  
**V.V Pillay;**

<http://pndt.gov.in>

;

<http://dit.mp.gov.in>

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