



सी.के.मिश्रा

सचिव

C.K.Mishra

Secretary



सत्यमेव जयते

भारत सरकार

स्वास्थ्य एवं परिवार कल्याण विभाग

स्वास्थ्य एवं परिवार कल्याण मंत्रालय

Government of India

Department of Health and Family Welfare

Ministry of Health & Family Welfare

D.O.No. M,12015/53/2017-MCH

Dated : 14th August, 2017

(36) The Hon'ble Supreme Court has recently been approached with many petitions for late termination of pregnancy beyond 20 weeks. The Hon'ble Court has been deciding upon these cases on case-to-case basis based on the opinion of Medical Boards specially constituted for the purpose at state level premier medical institutes. The Solicitor General of India on behalf of the Court has requested the Ministry of Health and Family welfare that 'Central Government should ensure that because such cases of abortion/termination of pregnancy may require urgent/immediate action because of the life of the child in the womb/the mother, that a permanent Medical board should be formed and be in place in each district or at least at Commissionerate so that people who need such help can easily be examined by the Medical Board and immediate/urgent action can be taken'. Hence, it has been decided to establish one or more permanent Medical Boards in each state which will examine such MTP cases when referred from the Court and ensure urgent/immediate action.

The following are the broad guidelines for establishment of the Permanent Medical Board:

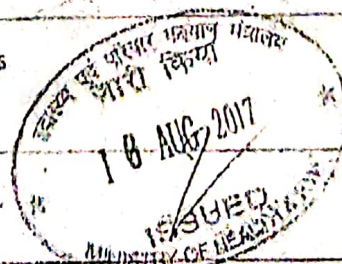
- ❖ The Medical Board may be established in one or more premier tertiary level Government Medical Institutes in each state.
- ❖ The Medical Board may consist of experts from Departments of Gynae & Obstetrics, Paediatrics, Radiology/Sonology, Cardiology, Pulmonology, Neurology, Genetics, Pathology, Administration etc.
- ❖ The actual composition and the locations of the Medical Boards may be decided by the States.
- ❖ Where opinion of Medical Board is sought by the Hon'ble Supreme Court/High Court/District Court in any case of MTP, the Medical Board will examine the case and submit the report to the concerned Court in time stipulated by the court.

Hence all the States and UTs are requested to establish such Medical Boards as stated above immediately and to send a compliance report to Ms. Vandana Gurnani, Joint Secretary (RCH).

Yours sincerely,

(C.K. Mishra)

Additional Chief Secretary/
Principal Secretary (Health) of all States/UTs



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Government of India
Ministry of Health & Family Welfare
Nirman Bhavan, New Delhi - 110011

Dear Mission Directors,

D.O No. M.12015/58/2017-MCH
Dated: 6th August, 2018

The Solicitor General of India on behalf of the Hon'ble Supreme Court directed MoHFW to establish permanent Medical Boards across the country to facilitate urgent/ immediate response to requests for termination of pregnancy beyond 20 weeks of gestation.

A letter to this effect was issued by Secretary, Health and Family Welfare to all States and Union Territories on August 14, 2017 vide D.O. No. M. 12015/58/2017-MCH for establishing permanent Medical Board/s in every state. The Medical Boards will examine the case as and when referred by the Hon'ble Supreme Court/ High Court/ District Court for late term termination and provide opinion regarding termination or continuation of pregnancy and its impact of on her health as well as on foetal condition/ foetal health.

In order to bring uniformity and standardization in the process of these Medical Boards, a guidance note is being issued to the States and UTs. The guidance note includes specifications on composition the Medical Board, procedure for examination by Medical Boards after receiving an order from Hon'ble Court, submission of opinion to the Court, etc.

The states and UTs are requested to provide this guidance note to all the Medical Boards and to also intimate us on the status of the constitution of these boards at the earliest.

with regards

Yours sincerely


(Vandana Gurnani)

Mission Directors, National Health Mission (NHM), all States/ UTs

Guidance Note for Medical Boards for Termination of Pregnancy Beyond 20 Weeks of Gestation (In cases referred by the Courts)

Background

India is one of the few countries to legalise abortions as early as 1971. The Medical Termination of Pregnancy (MTP) Act, 1971 allows for termination of pregnancy for a broad range of conditions till 20 weeks of gestation. There is however an exception under section (5) of the MTP Act wherein the restriction on length of pregnancy does not apply in case termination is required to save the life of the woman.

Cognizant of advances in technology and need for strengthening women's access to abortion including late term terminations, the Ministry of Health and Family Welfare (MoHFW) has been working to review the current provisions of the MTP Act and propose amendments.

Context

From March 2017 to January 2018, many cases have been widely reported in newspapers seeking permission to terminate late term pregnancies beyond 20 weeks of gestation. Some of these have been on grounds of rape among minor girls and women and others for reasons of foetal abnormalities. The Solicitor General of India on behalf of the Hon'ble Supreme Court has directed the MoHFW to establish permanent Medical Boards across the country to assist in responding to urgent/ immediate request for termination of pregnancy. The objective is to avoid delay in examination when a request for late term termination is received by the Hon'ble Supreme Court/ High Court/ District Court. A letter to this effect was issued by Secretary, Health and Family Welfare to all States and Union Territories on August 14, 2017 vide D.O. No. M. 12015/58/2017-MCH for establishing permanent Medical Board/s in every state. Refer annexure 1 for the letter. The role of these Boards would be to respond to the directions of the Hon'ble Supreme Court/ High Court/ District Court and provide medical opinion to Hon'ble Court as and when sought by the Hon'ble Court.

Functions and role of the Medical Boards:

The function of the Medical Boards is to examine the minor girl or woman when referred by the Hon'ble Supreme Court/ High Court/ District Court for late term termination and provide opinion regarding termination or continuation of pregnancy and its impact of on her health as well as on foetal condition/ foetal health.

About the Guidance Note:

This guidance note has been drafted by MoHFW in consultation with an expert group constituted in December 2017. The role of the expert group was to bring uniformity and standardization of the process. This guidance provides information on:

- I. Composition and place of constitution of the Medical Board
- II. Possible/ probable conditions for which Hon'ble Supreme Court/ High Court/ District Court may refer cases to the Medical Board for opinion on late term termination
- III. Procedure for examination by Medical Boards after receiving an order from Hon'ble Supreme Court/ High Court/ District Court Order
- IV. Submission of opinion to the Hon'ble Supreme Court/ High Court/ District Court
- V. Procedure for termination after decision by Hon'ble Supreme Court/ High Court/ District Court after being directed by the Hon'ble Court

I. Composition and place of constitution of the Medical Board:

The State will form permanent Medical Boards in one or more tertiary level institutions in response to the directions of the Hon'ble Supreme Court.

The identified Institute must have provisions for conducting the required tests and investigations detailed in subsequent sections for arriving at the medical opinion and subsequently conducting the procedure as per directions from the Hon'ble Supreme Court/ High Court/ District Court. Information about the permanent Medical Board with its composition must be communicated by the State to the Ministry of Health and Family Welfare when established.

A representative of the hospital administration shall be the liaison between the Hon'ble Supreme Court/ High Court/ District Court and Medical Board and shall be responsible for smooth functioning of the board as well as communication between the Hon'ble Supreme Court/ High Court/ District Court and Board.

The permanent Medical Board must have experts from the following departments:

1. Obstetrics and Gynaecology (ideally as team leader)
2. Paediatrics/ Neonatology
3. Radiology/ Sonology
4. Cardiology / Paediatric Cardiology
5. Neurology / Paediatric Neurology
6. Psychiatrist Counsellor/ Psychologist
7. Representative of the Hospital Administration
8. Foetal medicine/ Genetics (if available)

Specialists from any other departments may be included in the Board as per the requirement of the case.

Any Board Member, if not available at the point of time of discussion on a case, may be suitably substituted by another member by the Medical Superintendent or concerned administrative official.

In case of request for termination on grounds of rape, the committee may include a social protection officer wherever available.

At least one member of the Medical Board should be a woman.

The Medical Board will meet immediately after receiving the Hon'ble Supreme Court/ High Court/ District Court order. The MS on behalf of the Board will be required to submit their confidential and sealed comprehensive report on the prescribed format to the Hon'ble Court for necessary action within stipulated time or as directed by the Hon'ble Court. Refer Annexure 3 for the reporting format.

II. Possible/ probable conditions for which Court may refer cases to the Medical Board:

The Board may be asked by the Court to examine woman/ minor girl seeking late term termination on several grounds and provide their comprehensive opinion. This section provides Information on the conditions for which the Hon'ble Supreme Court/ High Court/ District Court may approach the Medical Board.

II.a. Late term terminations for diagnosed foetal abnormality

Medical technology has advanced significantly since 1971. With advancements in diagnostics and technology including ultrasound machines, accurate diagnosis of foetal abnormality and its impact on child when born, can now be assessed with accuracy during the course of the pregnancy.

The responsibility of the Medical Board is to determine if the foetal abnormality is substantial enough to qualify as either incompatible with life or associated with significant morbidity or mortality in the child, if born. The experts may refer to the Indicative list placed at annexure 2. The final opinion would be given by the Board while the final direction for termination will be given by the Hon'ble Court. The Board members must follow the examination protocol described later in this guidance note and submit their consolidated opinion to the Hon'ble Court to enable appropriate judgement to the woman's plea.

II.b Late term termination on grounds of rape

Recently, cases requesting late term termination have been filed in the Hon'ble Supreme Court/ High Court/ District Court on behalf of girls and women on grounds of rape. Even in the case of referrals to the Board for rape cases, the Board members need to follow the examination protocol described in section III later in this guidance and submit their consolidated opinion to the Court to enable appropriate judgement to the girl/woman's plea.

III. Procedure for examination by Medical Boards after receiving Court's order:

The Medical Board shall convene immediately on receipt of the Hon'ble Supreme Court/ High Court/ District Court order and examine the girl/ woman and submit their consolidated report in the stipulated time period. It may be noted that the girl/ woman would be going through a period of high mental stress and must be provided a respectful environment while being examined. The experts should review the available investigations and reports prior to examination. It must be ensured that the girl/ woman is not required to undergo repeated avoidable examinations.

Special care needs to be taken when the survivor of rape happens to be a minor with particular concern for their physical, emotional and psychological immaturity because of the tender age.

Listed below are the steps for the Board to fulfil their duties:

III.a Creating enabling atmosphere and establishing trust:

Girls/ women seeking late term termination whether on grounds of foetal abnormality or rape should be provided a conducive environment while being examined and offered counselling services. Girls or women who are survivors of rape may have recovered from physical injuries but may still be under significant mental stress. It is important to provide an enabling and non-judgemental environment and make them comfortable. Health professionals must steer clear from demonstrating emotions such as shock, disbelief, ridicule and ensure non-judgemental doctor-patient relationship. The woman must be prepared for physical examination and investigations and the reasons for examinations and investigations being conducted must be explained to her. In case of minor, the accompanying guardian should be taken into confidence. Various stages of examination must be explained to the woman/ the guardian of the minor in order to prepare her for the same. The members of the Board must assess the girl/woman gently and give full privacy.

Special care for minors:

While it is important to be sensitive and non-judgmental in taking care of any victim of violence, there are more precautions to be exercised in care where the victim is a child or adolescent. While taking care for child or adolescent survivor of violence, special considerations and cautions appropriate and customized to the survivor's age, nature of injury, emotional and mental maturity / status need to be exercised.

- Physical and emotional safety of the child or adolescent must be kept in mind. Minimize additional trauma and distress while taking medical history, conducting the examination and documenting the findings.
- Provide sensitive care, an empathetic and non-judgmental response that reassures them that they are not to blame for the condition.
- Privacy and confidentiality of the child must be protected and promoted. Informed consent from the child or adolescent and caregivers/guardian, as appropriate, must be obtained.

III.b History taking

Thorough history must be taken and documented including:

- a. Age of the girl/woman: the age as reported to be reported.
- b. Menstrual history: especially last menstrual period for determining period of gestation.
- c. Family/ obstetric history, number of living/ healthy children, if applicable.
- d. Medical and drug history for any problems relevant to the procedure of termination and safety of general anaesthesia.

III.c Physical examination

- A general physical examination must be done to assess physical fitness for termination
- Obstetric examination must be done for assessing period of gestation, uterine size and any other abnormality.
- Ultrasound needs to be done for confirming the period of gestation.

III.d Confirming foetal abnormality

- Congenital malformations etc. for which the termination is indicated must be confirmed by reviewing the documents and available investigation reports and necessary investigations.
- Additional investigations, if required may be conducted to confirm the type and extent of abnormality.
- The experts may refer to the list of foetal abnormalities as detailed in Annexure 2 in context of the examination and reports and the woman's health as well as the foetal condition and its impact on the life of the child if born.
- Collective decision may be taken by the experts taking all this into account.

IV. Submission of opinion to the Hon'ble Supreme Court/ High Court/ District Court:

The experts on the Medical Boards shall consolidate their inputs for submission of a confidential medical report to the Hon'ble Supreme Court/ High Court/ District Court by the MS or concerned

administrative official. This report shall form the basis for the decision by the Hon'ble Court. Please refer to annexure 3 for the reporting template.

V. Procedure for termination after decision by Court after being directed by the Court:

This section provides information on the procedure for late term termination of pregnancy for minor girls/women who are granted permission by for termination and necessary direction been issued by the Court. On receipt of instructions from the Hon'ble Supreme Court/ High Court/ District Court to proceed with termination of pregnancy the following steps may be undertaken in preparation of the termination by the Medical Board:

V.a Counselling pregnant woman/ girl/ family seeking termination:

The counsellor should address the following issues while counselling the woman, her spouse and guardian/family as applicable. These issues must be kept in mind by healthcare providers interacting with minor girls/women at various stages of examination and reinforced to make her comfortable as she goes through the examination. In case of minor girls, the explanation on the procedure and risks involved in the procedure need be given to the legal guardian.

- a. Explain the procedure of the termination of pregnancy.
- b. Explain to her that during termination of pregnancy using medical methods of abortion, there is a rare chance the termination may not get completed on its own. In such a situation, there may be a need for surgical procedure.
- c. Make her aware of any risk of the procedure of termination, especially if she has a medical problem such as hypertension, diabetes, asthma, heart/liver/kidney disease.
- d. The necessary precautions to be taken during future pregnancies.

In addition, the following issues may also be addressed while counselling women seeking termination on grounds of foetal abnormality:

1. The nature of the abnormality in the foetus. She must also be apprised of the risk of abnormality in existing siblings or future pregnancies.
2. The required tests on the foetus post termination depending on the foetal abnormality.

V.b Preparatory activities:

1. Take written consent from the woman or guardian in case of minor or person with mental disability.
 2. Confirm her physical fitness by taking detailed history and conducting a physical examination.
 3. The investigations listed below should be undertaken and mechanism should be in place for quick turn-around of reports to avoid delay in service delivery:
 - Haemoglobin, blood group, complete blood count, blood sugar, blood urea must be tested.
 - Any other test depending on maternal history must be conducted.
 - Pre-anaesthesia check-up for fitness for termination procedure/surgery must be done.
- The Board should report all the activities performed for conducting the MTP.

V.c Stopping foetal heart beat:

In cases of pregnancy over 24 weeks of gestation, an ultrasound guided procedure may be required so that foetus is not expelled/delivered alive. This is a skilled procedure and must be performed by an experienced Obstetrician or Foetal Medicine expert only. The Royal College of Obstetricians and Gynaecologists (RCOG) recommends 2-3 ml of strong (15%) potassium chloride (KCl) injection in the foetal heart prior to termination. A repeat injection may be required if asystole has not occurred after

30-60 seconds. Asystole should be observed for at least two minutes and foetal demise should be confirmed by ultrasound scan after 30-60 minutes.¹

This procedure whenever contemplated need be clearly mentioned in the recommendation or report of the Board to Hon'ble Court.

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V.d Termination methods:

After receiving the order from the Court to proceed for termination, the Medical Board will recommend on the method of termination whether it would be surgical or medical. In case medical method is suggested, the termination may be done using any of the following methods:

Source	Day 1	36 – 48 hours later	Repeat doses
Royal College of Obstetricians & Gynaecologists 2011 (13 – 24 weeks)	200 mg oral Mifepristone	Misoprostol 800 mcg vaginal	Misoprostol 400 mcg vaginal or oral every 3 hours up to 4 further dose*
World Health Organization 2014 (>12 weeks)	200 mg oral Mifepristone	Misoprostol 800 mcg vaginal, or 400 mcg oral	Misoprostol 400 mcg vaginal or sublingual every 3 hours up to 5 doses
National Abortion Federation 2015 (>14 weeks from LMP)	200 mg oral Mifepristone	Misoprostol 400 mcg vaginal, buccal, or sublingual	Every 3-4 hours

*If expulsion does not occur, mifepristone can be repeated three hours after the last dose of misoprostol and 12 hours later misoprostol can be recommenced.

At present medical methods of abortion are legally permissible till 7/9 weeks of gestation by the MTP Act / DGCI. In order to take recourse to medical methods of termination beyond the legally permissible limit, the Hon'ble Court's concurrence need be taken. Hence this must be mentioned in the report of the Board.

Carefully watch for general condition, pain in the abdomen, uterine contractions/ bleeding per vagina.

Experts may assess the need for post-abortion contraception for the woman and provide information on the same as may be required.

The completion report with update on woman's health must be sent to the court for records.

The products of Conception (PoC) would be sent as evidence to the forensic lab for further investigations, if directed by the Court. The Medical Board should follow the orders and steps as directed by the Court.



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The following are the broad guidelines for establishment of the Permanent Medical Board:

- ❖ The Medical Board may be established in one or more premier tertiary level Government Medical Institutes in each state.
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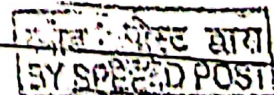
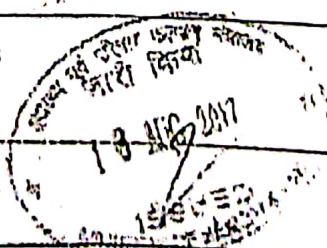
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Yours sincerely,

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(C.K. Mishra)

o/c

Additional Chief Secretary/
Principal Secretary (Health) of all States/UTs



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Annexure 2

List of Major Foetal Abnormalities

This list of major foetal abnormalities is an Indicative list that experts on the Medical Board may refer to while reviewing a case of late term termination of pregnancy request as referred to by the Hon'ble Court.

Classification of Major Abnormalities

A. Central Nervous System Abnormalities

1. Anencephaly
2. Arnold-Chiari Malformation
3. Cerebellar hypoplasia
4. Corpus callosum agenesis with additional major abnormalities
5. Craniosynostosis - syndromic
6. Dandy Walker syndrome (to be decided by an expert)
7. Encephalocele (In consultation with neurosurgeon)
8. Holoprosencephaly - lobar and semilobar
9. Hydrocephalus over 20 mm with dilatation of all ventricles
10. Hydranencephaly
11. Inencephaly
12. Intracranial tumors
13. Meganecephaly
14. Meningomyelocele with severe hydrocephalus
15. Microcephaly
16. Porencephaly with ventriculomegaly over 12mm
17. Schizencephaly
18. Others (in consultation with experts)

B. Cardiovascular Abnormalities

1. Absent pulmonary valve syndrome
2. Aortic arch coarctation or interruption
3. Aortic stenosis or atresia
4. Atrial or ventricular tumors
5. Coronary anomalies
6. Complex ventricular septal defects
7. Double outlet right or left ventricle
8. Ebstein's anomaly of the tricuspid valve or Uhl's anomaly
9. Ectopic aorta
10. Hypoplastic right or left heart syndromes
11. Mitral stenosis, mitral atresia, mitral regurgitation
12. Pulmonary stenosis or atresia
13. Resistant arrhythmias with foetal hydrops

8. Single ventricle
Tetralogy of Fallot
9. Transposition or corrected transposition of the great arteries
10. Tricuspid stenosis, tricuspid atresia, tricuspid regurgitation
11. Ventricular dysfunction - right or left
12. Congenital heart block
13. Others (in consultation with experts)

C. Musculoskeletal Abnormalities

1. Achondroplasia
2. Achondrogenesis
3. Arthrogryposis congenita multiplex with thin ribs with polyhydramnios
4. Asphyxiating thoracic dysplasia (Jeune's Syndrome)
5. Campomelic dysplasia
6. Chondrodysplasia punctata
7. Congenital hypophosphatasia
8. Jarcho-Levin Syndrome
9. Lethal skeletal dysplasia
10. Limb-body wall complex
11. Myotonic dystrophy
12. Osteogenesis imperfecta - type II and III
13. Phocomelia
14. Short rib polydactyly syndromes
15. Sirenomelia
16. Thanatophoric dysplasia
17. Others (in consultation with experts)

D. Gastrointestinal Abnormalities

1. Large ventral wall defects – gastroschisis or omphalocele
2. Megacystis-microcolon-intestinal hypoperistalsis syndrome
3. Others (in consultation with experts)

E. Urinary Tract Abnormalities

1. Bilateral renal agenesis
2. Bladder exstrophy
3. Cloacal exstrophy
4. Posterior urethral valve with bilateral hydronephrosis with severe oligohydramnios
5. Potter Type I - Autosomal recessive polycystic kidney disease
6. Potter type II - Bilateral Multicystic dysplastic kidney with severe oligohydramnios
7. Unilateral multicystic dysplastic kidney with contralateral renal agenesis
8. Others (in consultation with experts)

F. Thoracopulmonary Abnormalities

1. Bilateral cystic adenomatoid malformation of lungs
2. Congenital diaphragmatic hernia with mediastinal compression and associated polyhydramnios
3. Congenital high airway obstruction (CHAOS) with hydrops
4. Pulmonary hypoplasia
5. Others (in consultation with experts)

G. Facial Abnormalities

1. Bilateral anophthalmos or severe microphthalmia
2. Severe micrognathia associated with other non-correctable abnormalities
3. Others (in consultation with experts)

H. Chromosomal Abnormalities

1. Tetrasomy 12p (Pallister-Killian Syndrome)
2. Trisomy 13, 18 or 21
3. Triploidy
4. Unbalanced chromosomal rearrangements
5. Others (in consultation with experts)

I. Single Gene Disorder

1. Beta thalassemia (major)
2. Congenital muscular dystrophy; Duchenne Muscular Dystrophy
3. Cystic fibrosis
4. Fragile X syndrome
5. Myotonic dystrophy
6. Spinal muscular dystrophy
7. Others: Intermittent Explosive Disorder (IED) – In consultation with experts

J. Foetal Syndromes

1. Referenced from the OMIM Morbid list
2. www.ncbi.nlm.nih.gov

K. Dermatological Abnormalities

1. Epidermolysis bullosa lethalis
2. Harlequin ichthyosis or congenital ichthyosis
3. Restrictive dermopathy
4. Others (in consultation with experts)

L. Other Abnormalities

1. Anhydramnios associated with more than 2 major non-correctable structural foetal abnormalities
2. Conjoint twins
3. Foetal akinesia deformation sequence
4. Rapidly growing foetal tumours and hydrops
5. Others (in consultation with experts)

Annexure 3

Proforma for Confidential Report of the Medical Board for Late Term Termination Request Received from the Court

Members of the Medical Board who reviewed the case:

S.No	Name	Designation	Specialization	Signature

Court-related information

1. Name of the Court that has directed the Board:
2. Date of Case:
3. Case Number
4. Nature of request from the Court:

Details of the woman seeking termination/ referred by the Court for examination:

5. Reference name or number (as mentioned in the Court order)
6. Date of Birth (if known)
7. Age (as reported)
8. Reason for seeking late term termination (click the checkbox to respond):
 - Rape ☐
 - Foetal abnormality ☐
 - Any other ☐

Procedure of examination:

9. Date and time of commencement of examination:
10. Review of available reports and investigations by:

S.No	Report reviewed	Opinion on the findings

11. Examination of woman done by (name of doctor, specialization and designation):
 12. Counselling done by (name and designation):
 13. Investigations done:

S.No	Investigations done	Key findings

14. Additional findings and observations:

Record additional findings and observations here, if any (Also include any risk to the health of girl/ woman in case of continuation of pregnancy as well as termination)

15. Physical fitness for termination:

- a. Yes
 b. No

16. Recommendation by committee for termination (choose one and provide any additional recommendations of the panel in the box below if any):

- a. Recommended – (if yes, please mention the methods)
 b. Not: (If not, justification)

Key recommendations of the panel (if any) with justification:

Date and Time:

Signature of Board Members