

## **Medical Termination of Pregnancy Regulations, 2003**

In exercise of powers conferred by section 7 of the Medical Termination of Pregnancy Act, 1971 (34 of 1971), the Central Government hereby makes the following regulations, namely;

### **1. Short title, extent and commencement--**

- (1) These regulations may be called the Medical Termination of Pregnancy Regulations, 2003.
- (2) They extend to all the Union territories.
- (3) They shall come into force on the date of their publication in the Official Gazette.

### **2. Definitions –**

In these regulations, unless the context otherwise requires,

- (a) "Act" means the Medical Termination of Pregnancy Act, 1971 (34 of 1971).
- (b) "Admission Register" means the register maintained under regulation 5;
- (c) "Chief Medical Officer" means the Chief Medical Officer of a District by whatever name called.
- (d) "Form" means a form appended to these regulations;
- (e) "Hospital" means a hospital established or maintained by the Central Government or the Government of Union territory ;
- (f) "section" means a section of the Act.

### **3. Form of certifying opinion or opinions, -**

- (1) Where one registered medical practitioner forms or not less than two registered medical practitioners form such opinion as is referred to in sub section (2) of section 3 or 5, he or she shall certify such opinion in Form 1.
- (2) Every registered medical practitioner who terminates any pregnancy shall, within three hours from the termination of the pregnancy certify such termination in Form I.

### **4. Custody of forms, -**

- (1) The consent given by a pregnant woman for the termination of her pregnancy, together with the certified opinion recorded under section 3 or section 5, as the case may be and the intimation of termination of pregnancy shall be placed in an envelope which shall be sealed by the registered medical practitioner or practitioners by whom such termination of pregnancy was performed and until that envelope is sent to the head of the hospital or owner of the approved place or the Chief Medical Officer of the

State, it shall be kept in the safe custody of the concerned registered medical practitioner or practitioners, as the case may be.

(2) On every envelope referred to in sub-regulation (1), pertaining to the termination of pregnancy under section 3, there shall be noted the serial number assigned to the pregnant woman in the Admission Register and the name of the registered medical practitioner or practitioners by whom the pregnancy was terminated and such envelope shall be marked "SECRET".

(3) Every envelope referred to in sub-regulation (2) shall be sent immediately after the termination of the pregnancy to the head of the hospital or owner of the approved place where the pregnancy was terminated.

(4) On receipt of the envelope referred to in sub-regulation (3), the head of the hospital or owner of the approved place shall arrange to keep the same in safe custody.

(5) Every head of the hospital or owner of the approved place shall send to the Chief Medical Officer of the State, in Form II a monthly statement of cases where medical termination of pregnancy has been done.

(6) On every envelope referred to in sub-regulation (1), pertaining to the termination of pregnancy under section 5, there shall be noted the name and address of the registered medical practitioner by whom the pregnancy was terminated and the date on which the pregnancy was terminated and such envelope shall be marked "SECRET".

**Explanation, -**

The columns pertaining to the hospital or approved place and the serial number assigned to the pregnant woman in the Admission Register shall be left blank in Form I in the case of termination performed under section 5.

(7) Where the Pregnancy is not terminated in an approved place or hospital, every envelope referred to in sub-regulation (6) shall be sent by registered post to the Chief Medical Officer of the State on the same day on which the pregnancy was terminated or on the next working day following the day on which the pregnancy was terminated :

Provided that where the pregnancy is terminated in an approved place or hospital, the procedure provided in sub-regulations (1) to (6) shall be followed.

**5. Maintenance of Admission Register, -**

(1) Every head of the hospital or owner of the approved place shall maintain a register in form III for recording therein the details of the admissions of women for the termination of their pregnancies and keep such register for a period of five years from the end of the calendar year it relates to.

(2) The entries in the Admission Register shall be made serially and a fresh serial shall be started at the commencement of each calendar year and the serial number of the particular year shall be distinguished from the serial number of other years by

mentioning the year against the serial number, for example, serial number 5 of 1972 and serial number 5 of 1973 shall be mentioned as 5/1972 and 5/1973.

(3) Admission Register shall be a secret document and the information contained therein as to the name and other particulars of the pregnant woman shall not be disclosed to any person.

#### **6. Admission Register not to be open to inspection, -**

The Admission Register shall be kept in the safe custody of the head of the hospital or owner of the approved place, or by any person authorized by such head or owner and save as otherwise provided in sub-regulation (5) of regulation 4 shall not be open for inspection by any person except under the authority of law :-

Provided that the registered medical practitioner on the application of an employed woman whose pregnancy has been terminated, grant a certificate for the purpose of enabling her to obtain leave from her employer;

Provided further that any such employer shall not disclose this information to any other person.

#### **7. Entries in registers maintained in hospital or approved place, -**

No entry shall be made in any case-sheet, operation theater register, follow-up card or any other document or register other than the admission Register maintained at any hospital or approved place indicating therein the name of the pregnant woman and reference to the-pregnant woman shall be made therein by the serial number assigned to the woman in the Admission Register.

#### **FORM I**

**[See Regulation 3]**

\_\_\_\_\_

(Name and qualifications of the Registered Medical practitioner in block letters )

\_\_\_\_\_

(Full address of the Registered Medical practitioner)

\_\_\_\_\_

(Name and qualifications of the Registered Medical practitioner in block letters )

\_\_\_\_\_  
\_\_\_\_\_

(Full address of the Registered Medical practitioner) hereby certify that \*I/We am/are of opinion, formed in good faith, that it is necessary to terminate the pregnancy of

\_\_\_\_\_  
\_\_\_\_\_

(Full name of pregnant women in block letters) resident of

\_\_\_\_\_

(Full address of pregnant women in block letters)

for the reasons given below\*\*.

\* I/We hereby give intimation that \*I/We terminated the pregnancy of the woman referred to above who bears the serial no. \_\_\_\_\_ in the Admission Register of the hospital/approved place.

Signature of the registered Medical Practitioner

Signature of the registered Medical Practitioners

Place:

Date:

Strike out whichever is not applicable,

\*\* of the reasons specified items (i) to (v) write the one which is appropriate.

(i) in order to save the life of the pregnant women,

(ii) in order to prevent grave injury to the physical and mental health of the pregnant women,

(iii) in view of the substantial risk that if the child was born it would suffer from such physical or mental abnormalities as to be seriously handicapped,

(iv) as the pregnancy is alleged by pregnant women to have been caused by rape,

(v) as the pregnancy has occurred as result of failure of any contraceptive device or methods used by married woman or her husband for the purpose of limiting the number of children

**Note :** Account may be taken of the pregnant women's actual or reasonably foreseeable environment in determining whether the continuance of her pregnancy would involve a grave injury to her physical or mental health.

Place :

Date :

Signature of the Registered Medical Practitioner/Practitioners

## FORM II

**[See Regulation 4(5)]**

1. Name of the State
2. Name of the Hospital/approved place
3. Duration of pregnancy (give total No. only)
  - (a) Up to 12 weeks.
  - (b) Between 12-20 weeks
4. Religion of woman
  - (a) Hindu
  - (b) Muslim
  - (c) Christian
  - (d) Others
  - (e) Total
5. Termination with acceptance of contraception.
  - (a) Sterilisation.
  - (b) I.U.D.
6. Reasons for termination :  
(give total number under each sub-head)
  - (a) Danger to life of the pregnant woman.
  - (b) Grave injury to the physical health of the pregnant woman.
  - (c) Grave injury to the mental health of the pregnant woman.

(d) Pregnancy cause by rape.

(e) Substantial risk that if the child was born, it would suffer from such physical or mental abnormalities as to be seriously handicapped.

(f) Failure of any contraceptive device or method.

Signature of the Officer Incharge with Date

**FORM III**

**(See Regulation 5)**

**ADMISSION REGISTER**

(To be destroyed on the expiry of five years from the dated of the last entry in the Register)

1	2	3	4	5	6	7
S.No.	Date of Admission	Name of the Patient	Wife/Daughter of	Age	Religion	Address

8	9	10	11	12	13	14
Duration of Pregnancy	Reasons on which Pregnancy terminated	Date of termination of Pregnancy	Date of discharge of patient	Result and Remarks	Name of Registered Medical Practitioner (s) by who the opinion is formed	Name of Registered Medical Practitioner (s) by whom Pregnancy is terminated

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