Abortion

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EVERY YEAR
47,000 WOMEN DIE
FROM COMPLICATIONS OF UNSAFE ABORTION
• 3\textsuperscript{rd} leading cause of maternal death in Sri Lanka in the last decade.

• A major health problem.
• Almost invariably requires microscopic evaluation.
Abortion- Definition

- Expulsion of the content of a gravid uterus before the onset of natural delivery
Types of abortion

- Spontaneous abortion
- Legal abortion
- Illegal or criminal abortion
Criminal abortion-

• Definition- when an abortion is done without using the criteria for therapeutic abortion.

• Legal term is miscarriage

• Only indication for therapeutic abortion in SL is to save the life of the mother.
  – Eg. Heart failure complicating pregnancy,
  – PIH,
  – suicidal tendency due to pregnancy, etc.
• Pregnancy following rape, incest, foetal anomalies, contraceptive failure etc are not indications for abortion in Sri Lanka.
Abortion Law – In Sri Lanka

- sec. 303 of penal code – causing miscarriage,
  - Who ever voluntarily causes a woman with child to miscarry, if such miscarriage be not caused in good faith for the purpose of saving the life of the woman.
  - (punishment - 3 years imprisonment or fine or both)
  - If the woman be quick with the child,
    - more punishment. - 7 years and fine

- Self induced abortions- a woman who causes herself to miscarry is also punished under this section.
• miscarriage can be done with good faith only to save the life of the mother. eg: PIH, heart disease complicating pregnancy, acute fatty liver in pregnancy, H-mole etc.

• LSCS are usually done to save the life of the child – since it is done in good faith, it is not an offence.
2. Sec. 304

– Causing miscarriage **without her consent**, whether mother is quick with child or not (punishment is 20y + fine)
3. Sec. 305

- **Causing death of the mother** by an act done with the intention of causing miscarriage (Punishment is 20 years + fine).

- LSCS are done in good faith to save the life of the child and if mother dies, surgeon is not liable for abortion. Because it is done in good faith.
4. Sec. 306

Act done with intent to prevent a child being bone alive or to cause it to die after birth and if such act was not done in good faith to save the life of the mother. (Punishment – 10y or fine or both)

‘prevent a child being bone alive’- Here the viability of the child has to be considered. – viability means potential to live independent of mother. A phenomenon of anatomical, physiological and health care together.

If more than 28/52 of POA, it is usually considered a viable foetus. Therefore, these are called ‘live abortions’.
Eg.

- assault on lower abdomen and killing a child >28/52 of POA
- locked twins- kill one child & save the other in good faith, therefore the surgeon is not liable.
- code presentation delivery- One can press the code before any part of the body is brought forth- It is abortion. (If any part of the body is brought forth- it is infanticide)
5. Sec. 307

- Causing death of a quick unborn child by an act amounting to culpable homicide. (Punishment – 10y)

- Act done with the Intention of killing the mother. But mother survives & quickened unborn child dies. eg: stab on lower abdomen.

- How to diagnose whether child was quickened or not?
  - If > 20/52 weeks, definitely quickened.
Criminal abortions are done by one of 3 methods:

1. Abortifacient drugs,
2. Local abortifacient and
3. Instrumentation.
1. Abortifacient Drugs

- They cause toxic effects.
- In small doses, these drugs are generally ineffective.
- In large doses, the toxic effects could cause the woman to abort but not their alleged abortifacient effect.

Eg. a. Essential oils-
- no direct stimulating action on the uterine muscle.
- they act indirectly by causing marked pelvic congestion of the colon, which allegedly cause contraction of the adjacent uterus, followed by expulsion of the foetus. Eg.
  - Oil of pennyroyal, Oil of rue,
  - Cantharides, and
  - Purgatives.
b. Ecbolics-

- direct stimulating action on the uterine muscle.
- But they do not dilate the cervical os, which is a necessary preliminary step to expel the foetus. Thus, usually, these drugs does not cause abortion. Eg.
  - Ergot- more frequently causes ergot poisoning,
  - Quinine - in healthy women rarely cause abortion.
  - Oxytocin- was generally used by physicians.
2. Local Abortifacients

- This involves the introduction of a certain chemical intravaginally or in the cervix. Eg.
  - Potassium permanganate-
    - commonly used.
    - The tablet was inserted in the cervix, causing ulceration of the cervix or vaginal fornix with bleeding.
    - This method of abortion was not very effective.
3. Instrumentation

• The most effective method of illegal abortion.

• Type of the instrument-
  – Depended on whether the abortionists were
    • physicians or
    • non-physicians (midwives, nurses, or lay persons) and their training, experience, and skill.
Paraphernalia
Types of instrumentation in Criminal abortion -3 types:

• Douching,
• Syringing, and
• Direct instrumentation.
Douching

- A stream of water, hot or cold, with or without an irritant soap or antiseptic solution (Lysol®), was injected forcefully into the vagina at the external cervical os.

- More-experienced abortionists placed the tubing directly into the cervical canal.

- The successful abortion depended on the injected fluid’s separating the foetal membrane and placenta from the uterine wall attachments.

- In primi- The injected fluid would enter the cervical canal.
- In multi - Abortion by douching was often self-induced, and was more common among multiparous women.
2. Syringing

- Air or fluid insufflation
- Air suction

- A large-capacity syringe or douche syringe was used, with the nozzle inserted into the cervix. This was a favourite self-induced method of abortion.
large-capacity syringe / douche syringe
Mechanisms of death in abortion by douching or syringing

• 1. vagal inhibition with Cardiac arrest
• 2. Sepsis - was secondary to the non-sterile procedure.
• 3. Perforation of the uterus or vagina (rare)
• 4. corrosive endometritis - caused by the fluid.
• 5. The soapy solution or solution - haemolytic anaemia, hemoglobinemia, and hemoglobinuric nephrosis, with uraemia and death.
• 6. Air embolism
Air embolism

• Could occur in two ways.
  – i. Air trapped in the rubber tubing can forcefully injected into the uterine cavity and into torn uterine veins.
  – ii. in the process of separating the foetal membranes from the uterine wall, veins were torn, through which air from the atmosphere could be sucked in.
3. Induction by instruments

• usually not self-induced,
• in some instances, women, especially multiparous women, were able to do so using knitting needles and coat hangers.
• Essentially, this method is a variation of D &C.
• Eg.
  – Metal/ non metal,
  – soft/ hard,
  – sterile/ non-sterile instruments
Eg. Of instrumentation

• Catheter insertion
  – The experienced non-physicians would typically insert a catheter into the cervix and uterus.
  – A cervical packing or tampon was then placed immediately adjacent to the cervix to hold the catheter in place and absorb any blood that flow from the uterus.
Catheter insertion
The woman was then instructed to go home and expect painful forceful uterine contractions and vaginal bleeding within 24 h, but not later than 48 h. This would indicate expulsion of the fetus and placenta.

If the inserted catheter had perforated or ruptured the foetal membrane, causing loss of amniotic fluid and immediate contraction, the foetus and placenta would be expelled within hours.

The woman was often instructed that, if she bled profusely, she was to dispose of the catheter and vaginal packing, go to the nearest doctor or hospital and tell them that she had severe vaginal bleeding. She would then attempt to pass this off as a spontaneous abortion.
Products of conception
Mechanisms of Death from instrumentation

1. Vagal inhibition with Primary cardiac arrest - produced by forceful dilation of the cervix and/or insertion of a catheter or sound into the uterus

2. Complications of anaesthesia

3. Haemorrhage

4. Sepsis - most common cause of death by instrumental abortion. caused by perforation of the uterus, cervix, or vagina

5. Air embolus

6. Thrombotic embolus
Medico-legal investigation of death due to criminal abortion

• Aims
  – 1. Evidence of pregnancy
  – 2. Evidence abortion.
  – 3. Spontaneous abortion or induced abortion.
  – 4. If induced, is it self induced or by a 3rd person
  – 5. COD
  – 6. Aging of the foetus.
PM investigations of death due to abortion

1. Authority- ISD or magistrate

2. History –
   - History of the incident.
   - Past History –
     • about the pregnancy → usually History is not available; as the victim is dead or usually occur in first trimester, even relatives may not notice. Eg. PIH…etc.
3. Scene visit-

- Problems –
  - some times we do not know the place of abortion.
  - Even if the place is known it is usually cleared up.

- When visit to the scene look for
  - instruments,
  - chemicals,
  - blood stains,
  - foetal parts,
  - samples are collected are send for analysis to the GA.
4. Identification of the diseased.
5. preliminary Investigations –

- Photographs → before removal of cloths, after removal of cloths, before washing, after washing, distance views and close ups.

- Trace evidence collection → discharges from vagina can be sent for toxicological analysis.

- X rays → air embolism- chest, abdomen & pelvis. Done After removal of clothing & after cleaning.
6. Examination of clothes-

Dry them under shade & send to GA for analysis.
7. External Ex –

a. Signs of pregnancy.

– At 6/52- Breast - dilated veins, engorge, primary areola, Montgomery tubercles.
– At 12/52- fundus of the uterus is at symphysis.
– At 16/52 - colostrums from breast
– At 20/52 - 2ry areola,
– At 22/52 –fundus of the uterus at the umbilicus.
– At 24/52 –
  • face – colasma,
  • abdomen – linea nigra.
8. Autopsy

• Internal examination – with special dissections –
  – Prinsloo-Gordon- neck dissection – neck injuries?
  – Facial dissection – facial injuries
Dissection in air embolism
Air embolism dissection

• a. postmortem X-rays- of chest and abdomen- can see extra-alveolar air in the heart chambers, or large blood vessels.

• b. PM dissection - Don’t open the head first. Open the chest by putting a T incision on the skin and a window opening of the chest plate. Therefore, no blood vessels of the heart are damaged. Now look for air bubbles in coronary arteries. But few bubbles are not significant. Because still there is a chance of PM entry of air while dissection.
• Then demonstrate air in the RV by puncturing under water. Can measure the volume by placing a water filled graduated glass cylinder over the RV. When open the RV- frothy blood will be found.

• c. Then open the abdomen and look for air bubbles in IVC and under peritoneum. Puncture the IVC under water and demonstrate the bubbles.

• d. Then look for air bubbles in the uterus-surface and interior. Crepitations present.
Dissection for Pulmonary thrombo embolism

- uterine vein thrombi can lodge in lungs
Pelvic dissection – injuries

• Incise the pubic symphysis. Circular skin incision around vulva and anus. remove bladder, Vagina, Uterus with tubes, anus & rectum together (en-block dissection)
En-bloc removal of the pelvic organs
• Open the Vagina- along its lateral border. Examine for injuries- lacerations, contusions, foreign bodies, swabs for chemical substances, swabs for bacterial culture. Marks of Speculum, Forceps or vulselam. Cervix is dilated or not.

• Open the Uterus- along it's lateral border- 1. Look for placental site for clots (retro-placental clots) – in Abruptio placenta, 2. Look for membranes, foetal parts, crepitations for air embolism, and swabs for chemical & bacterial cultures.

• Open the tubes – Swabs.

• Ovaries – Examine for corpus leutium.
Dissection of the foetus, cord and placenta if available
8. Special investigations

- Sample collection – from uterus and other organs for chemical and bacterial studies.

- Histopathology – from all organs, uterus, placenta, cord, etc
Opinions and COD

1. Evidence of pregnancy

- **Past History** – about the pregnancy - usually History is not available; as the victim is dead or usually occur in first trimester, even relatives may not notice.
At Autopsy -
External signs of pregnancy

- At 6/52- Breast - dilated veins, engorge, primary areola, Montgomery tubercles.
- At 12/52- fundus of the uterus is at symphysis.
- At 16/52 - colostrums from breast
- At 20/52 - 2ry areola,
- At 22/52 –fundus of the uterus at the umbilicus.
Internal signs of pregnancy

• 1. Size of the uterus - Uterine involution -
  – If die after 1 week - 50% involution,
  – If die after 2/52 - at symphysis level,
  – If die after 6/52 – normal size

• 2. Membranes, placenta and placental site.

• 3. Foetus or foetal parts -
Evidence of pregnancy ....

• 4. Histopathology of products of conception – present up to 2/52 after abortion. Therefore take several samples from uterus and look for membranes, foetal parts, placental villi, decidua.

• 5. Ovaries- Corpus leutium- persists about 10 days after abortion.

• At 24/52 – face – colasma, abdomen – linea nigra.
2. Evidence of abortion-

Initial suspicion of abortion by

- Circumstances of death
- Autopsy - uterine bleeding and laceration
But not sufficient, there are other explanations (DDs)

- Abortion,
- rape
- violent voluntary sex
Therefore, abortion may be substantiated (proved) by the presence of

• Enlarged uterus,
• Decidual changes
• Intra or extra uterine trophoblastic material or foetal tissues
Excluding spontaneous abortion.

• Then diagnosis of induced abortion should be done after excluding spontaneous abortion. It is made by examining the products of conception according to the Rushton classification.
  – Blighted ova
  – Macerated embryo or foetus +/- placenta
  – Fresh embryo or foetus
Blighted ova

- Intact delicate sac containing mucoid material with no/deformed /vestigial embryonal and placental remains. POA is 9-14/52.
- Microscopy – of Chorionic villi- show
  - Hydatiform changes (swelling)
  - Trophoblastic layer - attenuated
  - Stroma - Myxomatous avascular stroma.
Structure of the Normal Chorionic villi-

- Trophoblast layer has outer syncitiotrophoblast (multinucleated) and inner cytotrophoblast (cuboidal) cells. Stroma consists of foetal blood vessels and the mesoderm. Foetal blood vessels have nucleated RBC.
Macerated embryo or foetus +/- macerated placenta

• Even in the absence of foetus, can identify this stage by the examination of the placenta.

• Increase fibrin deposition in the basal side of the placenta and it is called ‘maternal floor infarction of the placenta’.

• Histology-of Chorionic villi
Fresh embryo or foetus in spontaneous abortion

• Examination of the uterus and placenta-
• The presence of even microscopic foetal or placental tissue is indicative of pregnancy followed by abortion.
• (But should not diagnose abortion solely on endometrial decidual changes (DDs-hormonal treatment or ectopic pregnancy).
Examination of the foetus- in spontaneous abortion

- Presence of abnormalities, increase the likelihood of spontaneous abortion.
- **Microscopy** –
- Overwhelming intrauterine infections,
- Features of fatal intrauterine hypoxia such as *amniotic fluid aspiration*- Alveoli flooded with amniotic fluid with proteinaceous material and multiple keratine squamae.

...
Cytogenic studies of foetal +/- placental tissues for – chromosomal abnormalities

• eg. Down’s syndrome (mongolism), trisomy18 (Edwards syndrome) or Turner’s syndrome.

•
Signs of born alive

- Respiration
- Heart beat,
- Pulsations of umbilical cord,
- Movements of the voluntary muscles
Still birth or foetal death means –

- (USA- death prior to complete expulsion or extraction of a more than 20/52 foetus. In SL, death before any part is brought forth)
Features of IUD (macerated foetus)

• Did not show signs of life after delivery. Foetal certificate is filled. It does not have manner of death. Maceration (sterile decomposition) is a conclusive evidence of IUD.
Early maceration features -

- Following IUD, decomposition starts almost immediately. If delivered soon after death, such changes are difficult to see. Eg. Early maceration features - softening of body tissues, loss of muscle and skin tone.
IUD ......

• In 4-6 hours-
• Brown red discolouration of the skin, muscles and viscera due to PM haemolysis.

• In 6 hours- desquamation occurs- with skin slippage, bullae.

• After 24-36 hours-
• Desquamation of the whole body. Body cavities contain serosanguinous fluid. Can mimic pleural or abdominal haemorrhages.
IUD – after 6 hours
IUD – after 24-36 hours
Prolonged PM retention

• Soft tissues begin to be absorbed. Brain – liquefied (within few days), overlapping of cranial sutures.
• Head has abnormal shape. Remove brain while floating the head in water. It Minimizes PM artifacts.
IUD – with prolonged retention
Examination of the foetus in cases of death due to abortion

- Common findings to all most all cases are,
  - Petechial haemorrhages of the skin (in few cases, extensive purpuric haemorrhages)
  - Microscopic findings
    - Visceral congestion and haemorrhages –
    - Most severe haemorrhages are in lungs
    - SDH and SAH
    - Marked distension of pulmonary alveoli
    - With or without oedematous fluid or amniotic fluid aspiration (epithelial squamae are present)
    - Kidneys – detachment of tubular epithelium from BM of proximal and distal tubules
3. Spontaneous or induced abortion (evidence of interference),

- **External signs of interference** - usually minimal external findings. Sometimes lower abdominal contusions due to kicking.
Internal signs of interference

• **a.** Generalised – abortifacient drugs in blood. Therefore blood for toxicology.
• **b.** Localized – in genital organs
  • **i.** abortifacient agent in Vagina & Uterus - swabs for chemicals eg KmnO4, Lysol
  • **ii.** Direct violence of lower abdomen – kicking – contusions or lacerations on Uterus.
iii. Instrumentation.

- Douching – high power water is inserted into the vagina. May leave no marks
- Air /fluid insufflation by a tube through cervix using a syringe. Tube may be left in-situ
- Air suction – a tube is inserted into the uterus via cervix. Tube may be left.
Direct instrumentation-

1. Metal - Sterile – sound, bogies, Non-sterile – bicycle spokes, relevant injuries can be seen
2. Non metal- catheters, caster stems (enlarges with the absorption of water from the cervix)

→ Look for
   - Instruments left in-situ
   - Injuries in Vagina, Uterus,
   - Blood in uterus and peritoneum if perforate the genital organs,
   - Peritonitis
c. External Sign of interference

- usually minimal external findings. Some times lower abdominal contusions due to kicking.
- May be shaved.
Uterine perforation due to instrumentation
4. How abortion was performed – By a skilled abortionist, Non-skilled abortionist or Self induced?

• **If 3rd person involved**—if a skilled person perform it under sterile conditions, no injuries are left.

• **If self induced or Non-skilled abortionist is involved**—usually complications are obvious. Sometimes absent. a. if delayed presentation to the hospital. b. if therapeutic ERPC had been done at the hospital with out collecting appropriate samples.
Skilled abortionists use the methods of therapeutic abortion

- D and C
- Catheter insertion with or without vacuum suction,
- Intrauterine instillation of hypertonic saline or urea, PGs, or other abortifacients
Criminal abortion by non-medical person or self induced are done by

- Toxic abortifacients such as quinine or
- Intrauterine trauma by non-sterilized objects (metal rods, clothes hangers, wooden sticks etc)

•
6. Ascertainment of the COD

- **a. if spontaneous abortion** – CODs.
  - Features of
  - Eclampsia,
  - Heart Failure,
  - DM,
  - Abruptio placenta – retro-placental clots or H’ges. Therefore Examine & do Histopathology in all organs.
b. If induced abortion- CODs

• i. immediate or early deaths –

• 1. Vagal inhibition – Due to cervical dilation, but no injuries are left. Diagnosed by exclusion

• 2. Haemorrhagic shock – pale organs, blood in peritoneum & Uterus, kidneys- cortex pale, medulla congested
3. Air embolism

- special method of dissection. a. when puncture the RV under water, air bubbles appear. When open the RV, frothy blood is found. b. peritoneum – air bubbles, c. outer surface of the uterus- air bubbles, d. inner surface of the uterus- air bubbles, e. IVC- air bubbles,
4. Fluid embolism

• 1. Cause embolism into lungs and result in DIC.
•
5. Amniotic fluid embolism

- can die of embolism in lungs causing
  - a. allergic reaction or
  - b. DIC.

- **Amniotic fluid embolism** – occurs in obstetric situations such as
  - Abortions
  - Difficult labour,
  - Traumatic delivery,
  - Following use of uterine stimulants eg. Pitocin
Microscopy of lungs- Amniotic fluid embolism ..... 

- Lung capillaries has components of amniotic fluid—
- epithelial squamae (plugs of semilunar keratin squamae),
- lanugo hair,
- mucin (wavy streaks),
- meconium
6. Quinine induced abortion

• are suspected when
  – History – nausea, vertigo, tinnitus, deafness, amblyopia.
  – Acute intravascualr haemolysis and haemoglobinuria lead to anaemia and renal failure.
  – Kidneys- haemoglobinuric nephrosis- with numerous casts, degenerative and necrotic tubular changes, interstitial oedema.
7. Hypertonic saline induced abortions

• Usually not associated with maternal mortality (rarely due to amniotic fluid embolism)

• Method - withdraws 200ml of amniotic fluid and replace with 23.5% hypertonic saline. Usually in 2nd TM (foetuses weigh 100-300gms).
Feature of Foetus in saline abortions

- Pulmonary changes and aspiration of amniotic fluid appear to be secondary to anoxia.
- Microscopy –
- kidneys- detachment of tubular epithelium from BM, degeneration and necrosis of tubular epithelium, interstitial haemorrhages.
8. Anaesthesia deaths
If late deaths

1. DIC

- micro thrombi in micro circulation, ARF
- A common complication of septic abortion. Can occur as a complication of amniotic fluid embolism also.

- Microscopy –
- Brain, lungs, kidney, heart, liver etc – Capillary thrombi composed of platelet and fibrin
- affected areas have micro-infarcts. Eg. Bilateral renal cortical necrosis
2. Thromb-oembolism

- Source: pelvic vessels. Lodge in lungs. If large embolus—obvious, if moderate—strings like appearance when squeeze the lungs. If small emboli—histopathology.
3. Septicaemia

- Kidneys - pale cortex, Adrenal- haemorrhages, Spleen - soft, Skin - petechial haemorrhages, Micro abscesses - all over the body.

- Lungs - ARDS or pneumonias
ARDS in lungs
6. How to age the foetus

• 1. Length of the foetus- Hess’s rule-
  – up to 5 months- square root of the length is = POA in months.
  – After five months- length divided by 5 is = to POA in months
• 1 month- $1^2 = 1$ cm long,
• 2 months - $2^2 = 4$ cm long,
• 3 months- $3^2 = 9$ cm long
• 4 months - $4^2 = 16$ cm long,
• 5 months- $5^2 = 25$ cm long
• 6 months- 6 X 5 = 30 cm long
• 7 months- 7 x 5 = 35 cm long
• 8 months- 8 x 5 = 40 cm long
• 9 months- 9 x 5 = 45 cm long
• 10 months- 10 x 5 = 50 cm long
• 2. Ossific centre appearance – by dissection or X-ray
• AJ – OC appearance
  – Cuboid- 5/12,
  – Talus- 7/12,
  – Calcanium- 9/12)
• Sternum OC appearance- 6,7,8 months.

• 3. weight-
Abortion fatalities require a thorough PM investigation

- Clinical history,
- Autopsy of both the pregnant woman and foetus,
- Adequate microscopy
- Toxicology
- Bacteriology
Evolution of the UK law on abortion.

• 1. 1861- offences against persons act (OAPA)
  a. in self induced abortions, women must be pregnant and she should procure her own miscarriage by using poisonous / noxious substance or instruments.
  b. if an abortion is done by a 3rd person, even though the mother is pregnant or not, it is an offence.

• (But in Sri Lanka Even in an abortion done by a 3rd person, we have to prove that the woman is pregnant).
2. 1929 – Infant life preservation act (ILPA).

- Child destruction criteria – now usually apply to deaths of foetus following assaults on lower abdomen. Killing a child capable of being born alive, before separate existents (after completely brought forth code can be attach to mother) Dr. has to prove
  - i. POA > 28/52,
  - ii. Abortion act was not done in good faith to save the life of the mother.
3. 1967 – abortion act (AA)

• Criteria for therapeutic abortions were introduced.
Procedure of a therapeutic abortion in UK.

- By a registered Medical Practitioner &
- Approved by 2 Medical Practitioners
- with good faith
- POA < 24/52
- Indications
  - i. mother –
    - mother’s health is in danger- Affect physical & mental health of mother
    - Mother’s life is in danger
  - ii. Other family members - health is in danger.
  - iii. Unborn child- can be a physically or psychologically handy capped –
• other criteria also has to be fulfilled by the doctor. They are,
  – 1. the abortion has to be performed at a NHS (national health service) hospital or another authorized registered hospital
  – 2. Notify within 1 week.
  – 3. If an emergency, can be done on one Dr’s opinion.
UK Abortion act also introduced viability. (earlier it was “capable of been bone alive”).

• **Viability** – potential to live independent of mother. Which is a phenomenon of anatomical, physiological and health care together. Therefore consider available resuscitation methods also.

• It is a USA term. But it was omitted by HEFA in 1990. Therefore now live birth hallmark is not POA (viability). But breathing.
1990 – HEFA (human embryology and foetal act)-

- can do therapeutic abortions even after 24/52 weeks. These are ‘Living abortions’. Indications are -
  - Mother’s life or health in danger.
  - Foetus is physically or mentally handicap.
- Defined “Pregnant”. It means – “after implantation”.
1971- India – MTP – medical termination of pregnancy act

• If less than 28/52 of POA,

• Indications
  – Danger to life or health of mother,
  – child is handicapped,
  – pregnant following rape or incest.
  – Contraceptive failure

• (A difference from UK law is not included
danger to health of other family members)
Two extremes!
• Thank you