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Research Article

ABORTION LEGISLATIONS, CLINICAL RIGHTS AND PROFESSIONAL NURSING RESPONSIBILITIES

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A R T I C L E I N F O

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A B S T R A C T

Abortion is the ending of pregnancy due to removing an embryo or fetus before it can survive outside the uterus. An abortion that occurs spontaneously is also known as a miscarriage. When deliberate steps are taken to end a pregnancy, it is called an induced abortion, or less frequently as on "induced miscarriage". The word abortion is often used to mean only induced abortion. A similar procedure after the fetus could potentially survive outside the womb is known as a "late termination of pregnancy" or less accurately as a "late term abortion".

INTRODUCTION

Definition

"Abortion is the process of partial or complete separation of the products of conception from the uterine wall with or without partial or complete expulsion from the uterine cavity before the age of viability".

Incidence

The number of abortions performed worldwide seems to have remained stable in recent years, with 41.6 million having been performed in 2003 and 43.8 million having been performed in 2008. The abortion rate worldwide was 28 per 1000 women, though it was 24 per 1000 women for developed countries and 29 per 1000 women for developing countries. The same 2012 study indicated that in 2008, the estimated abortion percentage of known pregnancies was at 21% worldwide, with 26% in developed countries and 20% in developing countries.

Etiology

The etiology of miscarriage is often complex and obscure. The following factors are important:

- Genetic
- Endocrine and metabolic
- Thrombophilias
- Anatomic
- Infection
- Immunological
- Antifetal antibodies
- Others

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Legislation of Abortion

Before 1971 (Indian Penal Code, 1860)

Before 1971, abortion was criminalized under Section 312 of the Indian Penal Code, 1860 describing it as intentionally "causing miscarriage. Except in cases where abortion was carried out to save the life of the woman, it was a punishable offense and criminalized women/ providers, with whoever voluntarily caused a woman with child to miscarry facing three years in prison and/or a fine, and the woman availing of the service facing seven years in prison and/or a fine.

It was in the 1960s, when abortion was legal in 15 countries, that a deliberation on a legal framework for induced abortion in India was initiated. The alarming number of increase in abortions taking place put the Ministry of Health and Family Welfare on alert. To address this, the Government of India instated a Committee in 1964 led by Shantilal Shah to come up with suggestions to draft the abortion law for India. The recommendations of this Committee were accepted in 1970 and introduced in the Parliament as the Medical Termination of Pregnancy Bill. This bill was passed in August 1971 as the Medical Termination of Pregnancy Act.

Shah Committee Key Highlight

- The Shah Committee was appointed by the Government of India in 1964.
- The Committee carried out a comprehensive review of the socio-cultural, legal and medical aspects of abortion.
- The Committee, in 1966 recommended in its report, legalizing abortion to prevent wastage of women's health and lives on both compassionate and medical grounds.
- According to the report, in a population of 500 million, the number of abortions per year will be 6.5 million – 2.6 million natural and 3.9 million induced.

Abortion Incidence in India

It is estimated that 15.6 million abortions take place in India every year. A significant proportion of these are expected to be unsafe. Unsafe abortion is the third largest cause of maternal mortality leading to death of 10 women each day and thousands more facing morbidities. There is a need to strengthen women's access to CAC services and preventing deaths and disabilities faced by them. The last large-scale study on induced abortion in India was conducted in 2002 as part of the Abortion Assessment Project. The studies as part of this project estimated 6.4 million portions annually in India.

The Medical Termination of Pregnancy Act, 1971

The Medical Termination of Pregnancy (MTP) Act, 1971 provides the legal framework for making CAC services available in India. Termination of pregnancy is permitted for a broad range of conditions up to 20 weeks of gestation as detailed below:

- When continuation of pregnancy is a risk to the life of a pregnant woman or could cause grave injury to her physical or mental health;
- When there is substantial risk that the child, if born, would be seriously handicapped due to physical or mental abnormalities;
- When pregnancy is caused due to rape (presumed to cause grave injury to the mental health of the woman);
- When pregnancy is caused due to failure of contraceptives used by a married woman or her husband (presumed to constitute grave injury to mental health of the woman).

Principles of MTP

The MTP Act specifies

- Who can terminate a pregnancy;
- Till when a pregnancy can be terminated;
- Where can a pregnancy are being terminated.
- Whose consent is required for termination of pregnancy.
- Whose opinion is required for termination of pregnancy.

MTP Act, Amendments, 2002

The Medical Termination of Pregnancy Act 1971 was amended in 2002 to facilitate better implementation and increase access for women especially in the private health sector.The amendments to the MTP Act in 2002 decentralized the process of approval of a private place to offer abortion services to the district level. The District level committee is empowered to approve a private place to offer MTP services in order to increase the number of providers offering CAC services in the legal ambit.The word ‘lunatic’ was substituted with the words ‘mentally ill person’. This change in language was instituted to lay emphasis that "mentally ill person" means a person who is in need for treatment by reason of any mental disorder other than mental retardation. For ensuring compliance and safety of women, stricter penalties were introduced for MTPs being conducted in unapproved sites or by untrained medical providers by the Act.

MTP Rules, 2003

The MTP Rules facilitate better implementation and increase access for women especially in the private health sector.

- Composition and tenure of District Level
- Approved place for providing medical termination of pregnancies
- Inspection of private place
- Cancellation or suspension of a certificate of approval for a private place

Proposed Amendments to the MTP Act, 2014

The Government took cognizance of the challenges faced by women in accessing safe abortion services and in 2006 constituted an expert group to review the existing provisions of the MTP Act to propose draft amendments. A series of expert group meetings were held from 2006- 2010 to identify strategies for strengthening access to safe abortion services. In 2013 a national consultation was held which was attended by a range of stakeholders further emphasized the need for amendments to the MTP Act. In 2014, MoHFW shared the Medical Termination of Pregnancy Amendment Bill 2014.pdf MTP (Amendment) Bill in the public domain. The proposed amendments to the MTP Act were primarily based on increasing the availability of safe and legal abortion services for women in the country.

- Expanding the provider base
- Increasing the upper gestation limit for legal MTPs
- Increasing access to legal abortion services for women
- Extending the indication of contraception to include unmarried women
- Increasing clarity of the MTP law

Policy and Programmatic Interventions Of The Government

The MTP Act 1971 provides the legal framework for provision of induced abortion services in India. However, to ensure effective roll-out of services there is a need for standards, guidelines and standard operating procedures

The Government of India has taken several measures to ensure the implementation of the MTP Act and make CAC services available to women. Some of them include:

- Comprehensive Abortion Care–Service Delivery and Training Guidelines 2010 were issued by MoHFW in 2010. These guidelines provide comprehensive information on all aspects of abortion care including counseling, legal issues, abortion provision, and post abortion contraception for programme managers and doctors. These guidelines are being used by all states

and union territories to standardize CAC trainings and service delivery.

- In 2014, MoHFW took cognizance of technological updates and global best practice and constituted an expert group to update the Comprehensive Abortion Care–Service Delivery and Training Guidelines. The revised CAC guidelines were issued in 2014.

CAC training package*:* To ensure consistency in CAC trainings across the country, MoHFW developed a standardized training package including trainer's manual, provider's manual, and operational guidelines on CAC and a CD of training games. This package was developed after consultation with experts and issued by the MoHFW in 2014. It is being used for training MBBS doctors as certified providers in all states and union territories. These

CAC package contains following specifics

1. Trainer's manual
2. Provider's manual
3. Operational guidelines on CAC services
4. State Program Implementation Plans (PIPs
5. Ensuring Access to Safe Abortion and Addressing Gender Biased Sex Selection
6. Health Management Information System (HMIS
7. National mass media campaign

Cilnical Rigths and Profesional Nursing Responsibilitis

The Code of Ethics

The nurse in all professional relationships, practices with compassion and respect for the inherent dignity, worth, and uniqueness of every individual, unrestricted by considerations of social or economic status, personal attributes, or the nature of health problems. There are biomedical ethical principles, which are widely accepted in health care:

- Respect for autonomy of patient decision-making
- Beneficence states that positive steps must be taken to help others
- Non-malfeasance principle refers to do no harm
- Justice, also referred to as fairness, describes equity in the distribution of

In addition, the Code of Ethics for Nurses serves the following purposes

- Respect for human dignity
- Relationships to patients
- The nature of health problems
- The right to self-determination
- Conflict of interest for nurses
- Acceptance of accountability and responsibility
- Accountability for nursing judgment and action

Nursing Abortion Care

Guidance for nurses, Midwives and specialist community public health nurses –

Profrssional Role

- Access and referral
- Patient assessment
- Options counseling
- Preparation for the procedure
- Post---abortion care
- Maintenance of patient confidentiality

Ethical Responsibility

A nurse who has a conscientious objection to participation in abortion care has the following responsibilities:

- Inform his/her employer
- Request removal from any non-emergent provision of care
- "Nurses cannot refuse to provide care for these women"

Pre and Post Procedure Role

Pre Procedure Role

- Obtaining consent:
- Explanation of the procedure
- Identification of potential complication

Post Procedure Role

- Review what to expect in a normal course in terms of both physical and emotional symptoms
- Review possible deviations from normal that require immediate intervention
- Provide adequate information about how and where to seek continued care, including emotional support
- Ensure that counseling has occurred prior to the procedure, with consent for LARC as appropriate
- Provide information about possible side effects
- Provide information about possible deviations from normal that require immediate follow up
- Ensure that information is provided for long---term follow up and care

CONCLUSION

Abortion is the ending of pregnancy due to removing an embryo or fetus before it can survive outside the uterus. An abortion that occurs spontaneously is also known as a miscarriage. When deliberate steps are taken to end a pregnancy, it is called an induced abortion, or less frequently as on "induced miscarriage". The word abortion is often used to mean only induced abortion. A similar procedure after the fetus could potentially survive outside the womb is known as a "late termination of pregnancy" or less accurately as a "late term abortion".

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