

**GOVERNMENT OF INDIA
MINISTRY OF HEALTH AND FAMILY WELFARE
DEPARTMENT OF HEALTH AND FAMILY WELFARE**

**LOK SABHA
UNSTARRED QUESTION NO. 153
TO BE ANSWERED ON 2ND FEBRUARY, 2018**

STUDY ON ABORTIONS

**153. SHRIMATI ANJU BALA:
SHRI TEJ PRATAP SINGH YADAV:
SHRI B. SRIRAMULU:**

Will the Minister of **HEALTH AND FAMILY WELFARE** be pleased to state:

- (a) whether as per a report published in Lancer Global Health Medical Journal about 48.1 million pregnancies in India ended in abortions and if so, the details thereof;
- (b) whether 0.8 million women used unsafe methods for abortion putting their health and lives at risk and if so, the details of deaths caused by unsafe abortions in the country during the last three years and current year, State-wise;
- (c) whether absence of safe, legal abortion services force women to seek help from untrained pharmacists, chemists leading to several complications during abortions and if so, the details thereof;
- (d) whether the Government is considering to amend the Medical Termination of Pregnancy Act permitting trained healthcare personnel, to offer medical methods of abortion for pregnancies and if so, the details thereof; and
- (e) the steps taken/being taken by the Government to provide safe maternal healthcare services in the country?

**ANSWER
THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND
FAMILY WELFARE
(SHRI ASHWINI KUMAR CHOUBEY)**

(a): A report published in Lancet Global Health Medical Journal mentions about 15.6 million abortions that took place across India in 2015.

The Study is based on a sample of six states and is not representative of the country.

(b) & (c): There are various reasons for unsafe abortions like confidentiality, stigma associated with abortion, need for anonymity, provider bias, self-medication etc. Disaggregated year-wise and state-wise data on causes of unsafe abortion and deaths caused by unsafe abortion is unavailable.

The Government aims to deliver safe and comprehensive abortion services to women in public health facilities and accredited private health facilities. The Government also provides supply of drugs and equipments for abortion and capacity building for training health personnel for carrying MTPs.

(d): The proposed amendments to the Medical Termination of Pregnancy (MTP) Act, 1971 do not include any change in the category of service providers of Registered Medical Practitioners (RMPs) presently permitted under the MTP Act, 1971.

(e): The key steps taken under the National Health Mission (NHM) to provide safe maternal healthcare services in the country are as follows:

- Promotion of institutional deliveries through Janani Suraksha Yojana (JSY) and Janani Shishu Suraksha Karyakaram (JSSK).
- Every pregnant woman is given iron and folic acid, after the first trimester, to be taken 1 tablet daily till delivery and same is continued during the post-natal period. Pregnant women, who are found to be clinically anaemic, are given additional 1 tablet for taking two tablets daily. This has been now expanded to 6 months during ANC and 6 months during PNC. This happens as a part of routine ANC checkup.
- The Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) has been launched by the Ministry of Health & Family Welfare (MoHFW), Government of India to provide fixed-day assured, comprehensive and quality antenatal care universally to all pregnant women on the 9th of every month.
- Laqshya is being launched to improve the quality of labour rooms and provide safe delivery.
- Capacity building of MBBS doctors in Anesthesia (LSAS) and Obstetric Care including C-section (EmOC) skills to overcome the shortage of specialists in these disciplines, particularly in rural areas.
- Capacity buildings of SNs & ANMs in Skilled Birth Attendant (SBA) and DAKSHATA programme to equip them for managing normal deliveries, identify complications, do basic management and then refer at the earliest to higher facilities.
- To strengthen the quality of training, a new initiative has been taken for setting up of Skill Labs with earmarked skill stations for different training programs in the states for which necessary allocation of funds is made under NHM.
- Operationalization of adequate number of Primary Health Centres for providing 24 x7 basic emergency obstetric care services.

- Operationalization of adequate number of FRUs to provide 24 X 7 comprehensive emergency obstetric care services.
- Establishing Maternal and Child Health (MCH) Wings at high caseload facilities to improve the quality of care provided to mothers and children.
- Name Based Web enabled Tracking of Pregnant Women and New born babies so that provision of regular and complete services to them can be ensured.
- Mother and Child Protection Card in collaboration with the Ministry of Women and Child Development to monitor service delivery for mothers and children.
- Engagement of more than 9.15 lakhs Accredited Social Health Activists (ASHAs) to generate demand and facilitate accessing of health care services by the community.
- Operationalization of Comprehensive Abortion Care Services and Reproductive Tract Infections and Sexually Transmitted Infections (RTI/STI) at health facilities with a focus on “Delivery Points.
- Newer operational guidelines have been prepared and disseminated to the States for Screening for Diagnosis & management of Gestational Diabetes Mellitus, Hypothyroidism during pregnancy, Calcium supplementation during pregnancy and lactation, De-worming during pregnancy, Maternal Near Miss Review, Screening for Syphilis during pregnancy, Guidance note on use of Uterotonic during labor and Guidance note on prevention and management of PPH.
- Guidelines on standardization of Labor Rooms and creation of Obstetric HDU and Obstetric ICU at District Hospitals and Medical Colleges has also been prepared and disseminated to the States for improving quality of care during delivery and child birth.
- Reproductive Maternal Newborn Child Health and Adolescent (RMNCH+A) interventions for achieving improved maternal and child health outcomes through continuum of care across life cycle.