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HEALTH & FAMILY WELFARE DEPARTMENT

NOTIFICATION

The 16th January 2023

No. 1130—HFW-FW-FWMISC-0067/2022-H&F.W.—Pursuant to the provisions of the Medical Termination of Pregnancy (Amendment) Act, 2021 read with the letter, dated the 19th April 2022 of the Ministry of Health and Family Welfare, Government of India, the State Government have been pleased to notify the updated formats, i.e. Form-I, Form-II and Form-III (Copies enclosed) for the documentation of MTP as per the mandate of Law.

This notification will come into force from the date of its publication in the *Odisha Gazette*.

ORDER—Ordered that the notification be published in an extraordinary issue of *Odisha Gazette* and copies thereof be forwarded to all Departments of Government/all Heads of Department, Odisha, Bhubaneswar.

By order of the Governor

SHALINI PANDIT

Commissioner-*cum*-Secretary to Government

FORM I

RMP Opinion Form

(For gestation age up to twenty weeks)

[See Regulation 3]

I _____
(Name and qualifications of the Registered Medical Practitioner in block letters)

(Full address of the Registered Medical Practitioner)

hereby certify that I am of opinion, formed in good faith, that it is necessary to terminate the pregnancy of

(Full name of pregnant woman in block letters)

resident of _____
(Full address of pregnant woman in block letters)

for the reasons given below* .

I hereby give intimation that I terminated the pregnancy of the woman referred to above who bears the Serial No. _____ in the Admission Register of the hospital/approved place.

Place:

Date: _____ Signature of the Registered Medical Practitioner

*of the reasons specified items (a) to (e) write the one which is appropriate:

- a. in order to save the life of the pregnant women,
- b. in order to prevent grave injury to the physical and mental health of the pregnant woman,
- c. 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,
- d. as the pregnancy is alleged by pregnant woman to have been caused by rape,
- e. as the pregnancy has occurred as a result of failure of any contraceptive device or methods used by a woman or her partner for the purpose of limiting the number of children or preventing pregnancy.

NOTE—Account may be taken of the pregnant woman'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

FORM II
[Refer Regulation 4(5)]

Month & Year :

- 1. Name of the State:**
- 2. Name of Hospital/approved place:**
- 3. Duration of pregnancy: (Give total number only under each sub-head)**
 - (a) Up to 9 weeks (Medical Methods of Abortion only):
 - (b) Up to 12 weeks (Surgical Methods of Abortion only):
 - (c) Between 12-20 weeks:
 - (d) Between 20-24 weeks:
 - (e) Beyond 24 weeks:
- 4. Religion of woman: (Give total number under each sub-head)**
 - (a) Hindu:
 - (b) Muslim:
 - (c) Christian:
 - (d) Others:
- 5. Termination with acceptance of contraception: (Give total number under each sub-head)**
 - (a) Sterilization:
 - (b) IUCD:
 - (c) OCP/Injectable Contraceptive:
 - (d) Others:
- 6. Reasons for termination: (Give total number under each sub-head)**
 - A. Up to 20 weeks of gestation—**
 - (a) Danger to the life of the pregnant woman:
 - (b) Grave injury to the physical and mental health of the pregnant woman:
 - (c) Pregnancy caused by rape:
Substantial risk that if the child was born, it would suffer from such physical or mental abnormalities as to be seriously handicapped:
 - (d) Failure of any contraceptive device or method:
 - B. Between 20-24 weeks of gestation—**
 - (a) Survivors of Sexual Assault/Rape/Incest:
 - (b) Minors:
 - (c) Change of marital status during the ongoing pregnancy (widowhood and divorce):
 - (d) Women with physical disabilities [major disability as per criteria laid down under the Rights of Persons with Disabilities Act, 2016 (49 of 2016)]:
 - (e) Mentally ill women including mental retardation:
 - (f) The foetal malformation that has substantial risk of being incompatible with life or if the child is born it may suffer from such physical or mental abnormalities to be seriously handicapped:
 - (g) Women with pregnancy in humanitarian settings or disasters or emergency situations as declared by Government:
 - C. Beyond 24 weeks of gestation—**
 - (a) The foetal malformation that has substantial risk of being incompatible with life or if the child is born it may suffer from such physical or mental abnormalities to be seriously handicapped:

Signature of the Officer In-charge with Date

FORM III
[Refer Regulation 5]
Admission Register

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

Name of Facility: _____

Month _____ Year _____

Sl. No	Date of Admission	Name of the Patient	Wife / Daughter of	Age	Religion	Address	Duration of pregnancy	Reasons on which pregnancy is terminated	Date of termination of Pregnancy	Date of discharge of patient.	Result & Remarks	Name of Registered Medical Practitioner(s) by whom the opinion is formed <i>(For pregnancy beyond 24 weeks mention the names of Medical Board members)</i>	Name of Registered Medical Practitioner(s) by whom Pregnancy is terminated	Method of MTP (MVA/ EVA/ MMA/ D&C/ Others)	Post Abortion Contraception [Tubal Ligation (TL)/IUCD/ OCP/ Injectables/ Others/ None]
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16