



## राज्य कुटुंब कल्याण कार्यालय, पुणे

अतिरिक्त संचालक दुरध्वनी क्रमांक (वैयक्तिक) 020-26058996	अतिरिक्त संचालक, आरोग्य सेवा, कुटुंब कल्याण, माताबाल संगोपन व शालेय आरोग्य, कुटुंब कल्याण भवन, राजा बहादूर मिल रोड, पुणे रेल्वे स्टेशन मागे, पुणे - ४११००१, दुरध्वनी- ०२० - 26058739, 26058139, 26058476 Email - pndt07@gmail.com
आरोग्य सेवा	जा.क्र. राकुक्का/ पीसीपीएनडीटी / कक्ष-८ ड/ मार्गदर्शन / /१७ दिनांक : ११/०७/२०१७. ४३८४-एवड.

प्रति,

- १) जिल्हा शल्य चिकित्सक,  
जिल्हा सामान्य रुग्णालय,.....(सर्व)
- २) वैद्यकीय आरोग्य अधिकारी,  
महानगरपालिका, .....(सर्व)

विषय :- वैद्यकीय गर्भपात केंद्रांची नियमित त्रैमासिक तपासणी करण्याबाबत.

### प्रस्तावना

राज्यातील सांगली जिल्ह्यामधील म्हैसाळ येथे बेकायदेशीरित्या गर्भपात करताना एका महीलेचा मृत्यु झाला. सदर मृत्यु प्रकरणानंतर नाशिक येथे बेकायदेशीर गर्भपात होत असल्याचे निदर्शनास आले. राज्यात ठिकठीकाणी घडणाऱ्या बेकायदेशीर गर्भपाताच्या घटनांच्या पार्श्वभूमीवर वैद्यकीय गर्भपात कायद्याची प्रभावी अंमलबजावणी करण्याकरीता राज्यातील सर्व वैद्यकीय गर्भपात केंद्र नोंदणीकृत असणे आवश्यक आहे त्याच प्रमाणे सर्व केंद्रांची नियमित तपासणी करणे आवश्यक आहे. त्याकरीता खालीलप्रमाणे मार्गदर्शक सूचना देण्यात येत आहे.

### वैद्यकीय गर्भपात केंद्रांची तपासणी करण्यासाठीचा आराखडा

- जिल्ह्यातील नोंदणीकृत वैद्यकीय गर्भपात केंद्राची यादी अदयावत करावी.
- प्रत्येक तिमाहीमध्ये जिल्हा शल्य चिकित्सक व वैद्यकीय आरोग्य अधिकारी यांनी सर्व वैद्यकीय गर्भपात केंद्रांची तपासणी करणे बंधनकारक आहे.

### तपासणीदरम्यान तपासावयाच्या बाबी.

- केंद्र नोंदणीकृत आहे का ? (शासकिय गर्भपात केंद्र असल्यास वैद्यकीय गर्भपात कायद्याप्रमाणे नोंदणीप्रमाणपत्र असण्याची आवश्यकता नाही)
- सुरक्षित गर्भपाताची सुविधा उपलब्ध होणेसाठी हायजेनिक प्लेस (दवाखना, वार्ड आणि शस्त्रक्रिया गृह ) आहे का?

- गर्भपात करणाऱ्या डॉक्टरांची शैक्षणिक अर्हता .
- मागील तीन महीन्यामध्ये करण्यात आलेल्या गर्भपातांची संख्या .
- फॉर्म २ मध्ये अहवाल सादरीकरण केले आहे का ?
- अॅडमिशन रजिस्टरमध्ये प्रपत्रातील रकान्यानुसार माहिती भरली आहे का ? अॅडमिशन रजिस्टर मध्ये सिरियल नंबर दिले आहे का आणि हे सिरियल नंबर हे पाठविलेल्या रिपोर्ट बरोबर टॅली होत आहे का ?
- Consent Form, RMP Opinion Forms, Admission Registers कायद्यात सांगितल्याप्रमाणे सुरक्षित व गोपनीय ठिकाणी ठेवले आहेत का ?
- तपासणीदरम्यानद पहावायाची सविस्तर चेकलिस्ट सोबत जोडण्यात येत आहे .

#### कायद्याच्या तरतुदीचा भंग झाल्याचे निदर्शनास आल्यास करावयाची कारवाई

- **MTP Act Rule - 6 – Inspection of a place**

1) If Civil Surgeon and Medical officer of Health has reason to believe that there has been death of. or injury to, pregnant women at the palce or that termination of pregnancies is not being done at the palce under safe and hygienic conditions, he may call for any information or may seize any article, medicine, ampoule, admission register or other document, maintained, kept or found at the place.

2)The provisions of the Code of Criminal Procedure, 1973 (2 of 1974), relating to seizure, so far as it may, apply to seizure made under sub-rule (2).

- **MTP act Rule 7.Cancellation or suspension of certificate of approval-**

1) If, after inspection of any place approved under rule 5 , the Medical Officer of the District is satisfied that the facilities specified in rule 5 are not being properly maintained therein and the termination of pregnancy at such place cannot be made under safe and hygienic conditions, he shall make a report of the fact to the committee giving the detail of the deficiencies or defects found at the place and the committee may, if it is satisfied, suspend or cancel the approval provided that the committee shall give an approutnity of making representation to the owner of the place before the certificate issued under rule 5 is cancelled.

2) Where a certificate issued under rule 5 is cancelled, the owner of the place may make such additions or improvements in the place and thereafter, he may make an application to the committee for grant of approval under rule 5.

3) In the event of suspension of a certificate of approval, the place shall not be deemed to be an approved place during the suspension for the purpose of

termination of pregnancy from the date of communication of the order of such suspension.

**अहवाल सादरीकरण**

- दर आठवडी तपासणी केलेल्या गर्भपात केंद्रांचा अहवाल [pndt07@gmail.com](mailto:pndt07@gmail.com) या इमेलवर सोनोग्राफी केंद्रांच्या आठवडी तपासणी अहवालासाठी या कार्यालयास पाठविणे आवश्यक आहे.

सोबत:- १)चेकलिस्ट २) आठवडी अहवालाचा नमुना.

परिभा  
अतिरिक्त संचालक, आरोग्य सेवा,  
कुटुंब कल्याण, माताबाल संगोपन व शालेय आरोग्य पुणे

प्रत सविनय सादर :-

- १) मा. अप्पर मुख्य सचिव, सार्वजनिक आरोग्य व कुटुंब कल्याण विभाग, मंत्रालय, मुंबई-३२
- २) मा. आयुक्त (आरोग्य सेवा) तथा अभियान संचालक, एन.एच.एम- महाराष्ट्र राज्य, मुंबई -४०० ००१
- ३) मा. संचालक, आरोग्य सेवा, महाराष्ट्र राज्य, मुंबई -४०० ००१

मुलगी वाचवा, देश वाचवा

## Annexure I

### INSPECTION OF MTP CENTER UNDER MTP ACT, 1971

#### A. General Information:

<b>Date and time of Inspection:</b>	Date: .....	Time: .....
<b>Names/designation of members of team:</b>		
1) Health Department :	Name: .....	
	Designation: .....	
2) Revenue Department :	Name: .....	
	Designation: .....	
3) Police Department :	Name: .....	
	Designation: .....	
Name of MTP center:		
Name of MTP center owner:		
Address (Complete):		
Telephone:		
E-mail id:		

#### B. Information about MTP center:

S.No	Things to be seen/ checked	Observations
1	<b>Is MTP center registered</b>	Yes/No
2	Category under which center is registered (up to 12 weeks/up to 20 weeks of pregnancy)	
3	<b>Facilities for safe and hygienic place for performing MTP in center approved up to 12 weeks of pregnancy</b>	
	3.1. Is gynecology examination/labor table available	Yes/No
	3.2. Are resuscitation equipments available (Ambu bag, Oral airway, Oxygen cylinder with oxygen). Mention not available equipments.	Yes/No
	3.3. Are equipments required for MVA/EVA available as per list? Mention not available.	Yes/No
	3.4. Are sterilization equipments available (Autoclave, Boiler, Cidex tray). Mention not available equipments.	Yes/No
	3.5. Are essential drugs available as per list enclosed? Mention not available drugs.	Yes/No
	3.6. Are drugs required for treatment of emergencies available as per list enclosed? Mention not available drugs.	Yes/No
	3.7. Are IV fluids required are available	Yes/No
4	<b>Facilities for safe and hygienic place for performing MTP in center approved up to 20 wks of pregnancy (List prescribed is attached at Annexure)</b>	
5	<b>Doctors performing MTPs/Abortions (Name and</b>	Name:

	Qualification)	Qualification: Name: Qualification:
6	Does this center also provide USG services	Yes/No
7	<b>MTP center recognized up to 20 weeks of pregnancy: does the center performing MTP of:</b>	
8	<b>Is abortions performed in MTP center &amp; no of MTPs performed in last three month</b>	Yes/No
	below 12 weeks	
	=12-20 weeks	

**C. Review of records and reports:**

1. Has the center submitted monthly report in Form-II to District Civil Surgeon on or before 5<sup>th</sup> of every month for last 3 months and acknowledgement is available: Yes/ No.

2. Does Admission register maintained in prescribed format of Form- III (14 columns): Yes/No.

2.1.If no, give details:

.....

.....

3. The yearly serial number given to the entries in Admission register (Form- III): Yes/No.

3.1. If no, give details:

.....

.....

4. Do the numbers found in Admission register tally with reported figure: Yes/No

4.1. If no, what are the missing gaps?

.....

.....

.....

5.If no, what are missing gaps?

.....

.....

.....

6. Does the RMP/s who terminated pregnancy certified the termination of pregnancy in Form- I, within 3 hours, as specified in MTP Regulations 2003: Yes/No.

7. Does the consent given by a pregnant women for termination of her pregnancy (Form C), together with certified opinion recorded in Form- I and the intimation of termination of pregnancy is placed in envelop, sealed by RMP/s who performed termination of pregnancy and is kept in safe custody of such RMP/s till it is handed over to owner of MTP center. Yes/No

8. And on such envelops serial number assigned to the pregnant woman in Admission register (Form- III), and name of RMP/s by whom the pregnancy was terminated is mentioned and such envelop is marked as "SECRET": Yes/No

9. Does such envelops mentioned at 7 and 8 are kept in safe custody (Verify): Yes/No.

10. Does the admission register is kept as secret document, and name of pregnant women under gone termination of pregnancy is not entered in any other register or document like OT register, treatment register etc: Yes/ No.

11. Does the autoclave register and Operation theater fumigation register maintained properly: Yes/No.

12. Does the center compliant with Bio-Medical Waste Disposal Act: Yes/No.

**D. Medical Methods of Abortion (Medical Abortions):**

1. Does RMP/General Medical Practioners prescribing MMA drugs: Yes/No.

2) Are complication cases are referred to you: Yes/No

3) Are names o f such practioners displayed at you center: Yes/No

**E. Performance of MTP/Abortions:-**

Sr. No	Particular	During Quarter			Progressive		
		Up to 12 wks	Between 12-20 weeks	Above 20 weeks	Up to 12 wks	Between 12-20 weeks	Above 20 weeks
1	MTP						
2	Other types of abortions						

Name/signature/designation of team member-1.

Name/signature/designation of team member-2.

Name/signature/designation of team member-3.

Date: .....

Place: .....

