

MTP during the Covid pandemic.

We, the undersigned, are medical doctors, public health workers, researchers and feminists concerned with issues of reproductive health, rights and justice.

In the case of Sama vs Union of India and Ors, the Hon'ble High Court of Delhi ruled that the Union of India and Government of NCT Delhi

“...shall work in tandem to make sure that no barriers are faced by pregnant ladies and their family members residing in hot spots during the lockdown.” (High Court of Delhi, W.P.(C)2983/2020 & CM APP Nos 10345-46/2020, dated 22/04/2020)

While this is a welcome move, we urge that access to safe abortion is specifically recognized and appropriate services extended to women seeking abortion.

It is completely understandable, and correct, that all non-emergency procedures be suspended at hospitals in these times of Covid-19. Thus, not only elective plastic surgery procedures, but surgeries such as that for inguinal hernia, or thyroid adenomas, have to be postponed. This is for two reasons: first, to prevent exposure of people to Coronavirus in hospitals and second, to reduce the demand on health systems, overwhelmed in the Coronavirus pandemic.

The situation with Medical Termination of Pregnancy (MTP) is however unique, and cannot be classified as a “non-emergency” procedure worthy of postponement.

A woman needing a MTP is in an emergency situation. She cannot afford to wait for the pandemic situation in the country to abate. By then, she might well have passed the time-frame for her to access a safe and legal abortion. Further, one of the key barriers to access abortion services is the transport ban. Unlike childbirth, women needing abortion services need confidentiality, and may not often share their predicament to their family. Therefore, in lieu of face to face consultations, availability of medical abortion drugs in primary level clinics, eg. mohalla clinics, PHCs, dispensaries or e-prescription of by obstetricians / doctors, along with access to helpline that provides abortion service guidance should be permitted in containment zones where residents cannot go out of the zone. The government's recent directive to test full term pregnant women from these zones coming for delivery adds to the problem. This directive will add an additional layer of gatekeeping that will compromise access further and needs to be revisited.

As it stands, India bears a huge load of illegal abortions. They are estimated to contribute up to 12 per cent of the unconscionably high load of maternal deaths we have in the country.

We know that in Covid times, deaths due to hunger-related causes, starvations, tuberculosis, malaria, etc will increase meteorically, as hunger and unemployment increase. Let us not add to this by denying women abortions or making access even more difficult than it already is.

Jaime Todd -Gher and Payal K.Shah note:

Yet abortion services are more essential now than ever. Preliminary reports indicate that states' COVID-19 responses may lead to increased unintended and unwanted pregnancies due to quickly diminishing contraceptive supplies, increased incidence of domestic violence, and rising income insecurity. Compelling continuation of unwanted pregnancies is recognised as a human rights violation in several circumstances, including where there are foreseeable physical or mental health impacts for pregnant persons. Further, pregnancy carries heightened risks during crises and COVID-19 may create new barriers to pregnancy-

related care (Todd -Gher and Shah, “ Abortion in the context of Covid-19: A human rights imperative”, *Sexual and Reproductive Health Matters*, forthcoming)

It is possible to provide safe abortions in Covid times, as is being done in several countries such as the UK, Ireland and France.

Covid cannot be used as an excuse to deny women’s right to safe abortion, as the state of Texas has done in the USA.

We urge the government to act forthwith to restore women’s access to services directed at the full gamut of reproductive health and rights, including access to abortion.

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