**IN THE HIGH COURT OF PUNJAB & HARYANA, CHANDIGARH**

**CRM-M No. 16180 of 2020**
**Date of decision : June 29, 2020**

**Richa Rani and another**

**..... Petitioners**

**Versus**

**Post Graduate Institute of Medical Education and Research, Sector 12, Chandigarh through its Director**

**..... Respondents**

**CORAM: HON'BLE MRS. JUSTICE MANJARI NEHRU KAUL**

Present:- Mr. Loveinder Kaur Brar , Advocate
for the petitioners.

Mr. Amit Jhanji, Advocate
for the respondents.

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**Manjari Nehru Kaul, J (oral).**

In the instant petition, petitioners sought issuance of directions to respondent-Post Graduate Institute of Medical Education and Research (PGIMER), Sector 12, Chandigarh for termination of 21 week old pregnancy of petitioner No.1 as both the petitioners were stated to be suffering from Beta Thalassemia Minor and as such the continuation of the pregnancy would be fraught with serious medical complications for not only petitioner No.1 but also the unborn child.

While issuing notice of motion on 23.6.2020 this Court had directed the petitioner to appear before the medical board esepcially constituted by respondent-Institute for assessing requests for termination of pregnancy. The medical board had been directed to medically evaluate the

medical condition and the feasibility of terminating the pregnancy of petitioner No.1 and thereafter give its opinion/report in a sealed cover.

Mr. Amit Jhanji, learned counsel for the respondent has filed the report of the medical board in a sealed cover today before this Court which has been opened, perused and taken on record. The same reads as follows:-

> "With reference to the directions received from the Hon'ble Punjab and Haryana High Court dated 24/06/2020 received in the MS office on 24/06/2020 in which the Permanent Medical Board has been asked to examine the first petitioner Richa Goyal and submit its report/recommendations after giving a definite opinion with regard to the feasibility of terminating the pregnancy of petitioner No.1.
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> The first petitioner pt Richa Goyal was medically evaluated by the Medical Board at PGIMER, Chandigarh on dated 24/06/2020. Following are the observations:
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> 1. As per the ultrasound done on 26.6.2020 the period of gestation is 22 wks plus 4 days with a single live intrauterine fetus and complete Placenta Praevia.
> 2. The baby has been diagnosed with beta Thalassemia Major. This is a serious disorder in which the baby does not grow normally, suffers from haemolytic anaemia and requires repeated blood transfusion (approximately every month). Bone marrow transplant is a curative treatment for it. However this facility is available in only a few centres in India. Moreover the cost of treatment is expected to be very

high with chances of success also being variable depending on the centres experience. Therefore, the couple do not wish to continue with this pregnancy.

3. Due to complete Placenta Praveia and (placenta is located in the lower part of uterus and is covering its opening called cervix completely), abortion process by medical methods may not be possible. She also has a previous caesarean section. When complete Placenta Praevia is associated with previous caesarean section, there are 11% chances of placentra accreta (placenta is strongly adherent to the uterine wall, cannot be separated easily and there may be excessive bleeding during attempted separation; Silver RM Landon MB, Rouse DJ, et al.Maternal morbidity associated with multiple repeat ceasarean deliveries. Obstet Gynecol 2006; 107;1226-1232). This implies that the patient will undergo the abortion process by an operation (hysterotomy) similar to caesarean section. During hysterotomy, if placenta is found to be adherent and there is excessive bleeding, there is a small chance that the doctors have to perform a hysterotomy (removal of uterus) also. This has been clearly explained to the patient and her husband.
4. The patient has been examined and has been found to be medically and physically fit, and can undergo operation to remove the fetus with some risks as explained in point number 3.
5. As per the Royal College of Obstetricians and

Gynaecologists (RCOG, 2010) guidelines, when abortion is performed after 22 weeks of pregnancy, there is a possibility of a live birth. Hence, in such cases, ultrasound guided injection of potassium chloride into the fetal heart is advised prior to abortion to prevent a live birth.

6. The risk of acquiring COVID infection in a hospital in the present scenario exists and have been explained to the patient.

7. Keeping in view the above, the Permanent Medical Board recommends that this patient may undergo termination of pregnancy at this stage due to Betea Thalassemia Major. The risks of the abortion procedure due to complete Placenta Praevia and previous caesarean section have been explained. The doctors may perform ultrasound guided injection of potassium chloride into the fetal heart prior to abortion to prevent a live birth. The procedure should be performed in a tertiary care hospital with expertise to manage placenta accreta and availability of a blood bank to arrange blood transfusion if required.

Sd/-

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| (Prof.Nandita Kakkar) Member | Dr.Tulika Singh Member | Prof.Kanya Mukhopadhayay Member |
| (Dr. Aastha Takkar) Member | (Dr.Ruchita Shah) Member | Dr. Himanshu Gupta Member |
| Dr. Sahajlal Dhooria Member | Dr. Anupriya Kaur Member | Dr. Shefali K Sharma Member |
| Prof.Rashmi Bagga | Prof.S.P.Mandal | Dr. Ranjana Singh |

Chairperson Member Convener”

A perusal of the aforesaid report indeed affirms the assessment that the petitioners as also the unborn baby are suffering from Beta Thalassemia Minor which is a serious disorder and could hamper the normal growth of the baby.

The learned counsel for the petitioners has submitted that the petitioners have been duly apprised by the Permanent Medical Board and are fully aware of the risks involved and the complications which could arise during the procedure while terminating the pregnancy of petitioner No.1.

In the circumstances, after hearing learned counsel for the parties and in view of the medical report submitted by respondent- Post Graduate Institute of Medical Education and Research (PGIMER), Sector 12, Chandigarh, the petitioner No.1 is directed to undergo medical termination of her pregnancy as advised and recommended by the Permanent Medical Board of respondent-institute to whom the petitioner No.1 had been referred for medical evaluation. The petitioner No.1 shall present herself before the respondent-Post Graduate Institute of Medical Education and Research (PGIMER), Sector 12, Chandigarh within the next two days and upon her appearance the respondent-institute shall carry out the procedure for medically terminating her pregnancy at the earliest, without any further delay. The procedure for medically terminating the petitioner's pregnancy would be carried out under the supervision of the Head of Department- (Obstetrics & Gynecology)-Post Graduate Institute of Medical Education and Research (PGIMER), Sector 12, Chandigarh or in the alternative by a doctor who may be deputed by the Head of Department

(Obstetrics & Gynecology) to carry out the aforementioned procedure.

It goes without saying that respondent-institute shall extend all the facilities to the petitioner as may be required for the aforementioned procedure.

The petition stands allowed in the above terms.

**(MANJARI NEHRU KAUL)**
**JUDGE**

**June 29, 2020**
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**Whether speaking/reasoned** **Yes**
**Whether Reportable** **Yes/No**