IN THE HIGH COURT OF JUDICATURE AT BOMBAY
BENCH AT AURANGABAD

1020 WRIT PETITION NO. 14101 OF 2025

SANJANA AJAY DISAGAJ

VERSUS

UNION OF INDIA THROUGH THE SECRETARY AND OTHERS

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Mr. V.V. Deshmukh, Advocate for petitioner

Mr. N.T. Tribhuwan, Advocate for respondent No.1

Mr. R.S. Wani, AGP for respondent Nos.2 to 4

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CORAM : SMT. VIBHA KANKANWADI &
HITEN S. VENEGAVKAR, JJ.

DATE : 28th NOVEMBER, 2025

ORDER :

. Present petition filed under Article 226 of the Constitution of India seeks permission of this Court to terminate the pregnancy of the petitioner. The petitioner states that a sonography was conducted on 07.07.2025 and the gestational age as on 25.11.2025 is found to be 25 weeks and 2 days recording the absence of cardiac activity indicating abnormal fetal development. The petitioner had also undergone an OB 2/3 Trimester Scan on 17.10.2025 and the findings revealed, Ventricular Septal Defect (VSD) in

the muscular portion of the interventricular septum. It further revealed VSD is measuring 1.5 mm along with Bidirectional shunting on colour Doppler Structural abnormalities visible in LVOT. The Radiologist therefore recommended a follow-up detailed anomaly scan and fetal echocardiography at 23-24 weeks gestation. The aforesaid findings suspected that the fetus was suffering from complex congenital heart disease and, therefore, further evaluation was found necessary. The petitioner therefore underwent second sonography on 22.11.2025 and the findings given earlier were confirmed stating that progressive and serious cardiac malformations viz. Muscular VSD measuring 3 mm with bidirectional shunting. It also suspected narrow in the middle portion of the transverse aortic arch causing likely possibility of evolving coarctation of aorta which is a life threatening congenital defect. In the layman terms the unborn baby is suffering from serious and life-threatening heart defect. The Doctors had found that a baby has a Ventricular Septal Defect, which means there is a hole between the two lower chambers of the heart and this hole has increased in size in the recent scan. Due to this defect, the blood inside the baby's heart is flowing abnormally. The medical report also shows that there is a suspicious narrowing in the main blood vessel called the 'aorta', which may lead to a condition known as 'Coarctation of the Aorta', which leads to abnormal supply of blood from the heard to the rest of body and is considered extremely dangerous. The

consideration of these abnormalities amounts to a complex congenital heart disease. The medical opinion provided is that the babies born with such serious defects often do not survive even after delivery and may require multiple surgeries with no assurance of survival.

2 The petitioner, therefore, approached this Court with a prayer that continuing with such a pregnancy may put the petitioner under severe emotional and mental stress and is not in the interest of either the mother or the fetus. In the medical term and in the opinion of Radiologist it is clearly indicated that the abnormalities may result in non-viability of the fetus or extremely poor post-natal survival, even with advanced medical intervention. Since the petitioner has now crossed 24 weeks pregnancy, statutory termination under Section 3 of the Medical Termination of Pregnancy Act, 1971 is not permissible unless permitted by this Court. In view of medical reports and in view of petitioner, there exists a substantial risk that if the child is born, it would suffer from severe abnormalities incompatible with survival. Therefore, continuation of such a pregnancy would cause grave injury to the mental health of petitioner. The petitioner has therefore approached this Court seeking permission to terminate the said pregnancy.

3 By order dated 25.11.2025 we have directed respondent Nos.3

and 4 to constitute a Medical Board and further the petitioner was directed to appear before the said Medical Board for examination.

4 Accordingly, the Medical Board's opinion along with report has been submitted to this Court on 26.11.2025 mentioning that the pregnancy termination is beyond 24 weeks. The report also indicates that the examination of petitioner, earlier medical reports and investigation have been taken into consideration by Medical Board. On the basis of examination of petitioner and earlier investigation reports the opinion of Medical Board for termination of pregnancy is positive. According to the Medical Board, the anomalies suggest a poor prognosis, with significant risk to the fetus's survival and quality of life. The continuation of pregnancy is likely to result in severe morbidity, requiring extensive medical and surgical intervention post birth and possibly compromising long term survival. Considering severity of these conditions MTP is recommended. The baby may remain alive. Need of a surgical intervention and possibility of blood transfusion, and possibility of other unforeseen risks explained to patient and relatives. They have consented to take all the possible risks.

5 Thus, taking into consideration the opinion of Medical Board, we are satisfied that the pregnancy of petitioner is required to be terminated as it

poses the threat to the life of petitioner as well as to the fetus. Accordingly, the Writ Petition stands allowed.

6 The petitioner is permitted to undergo the procedure for termination of pregnancy at Government Medical College and Hospital (GHATI), Chhatrapati Sambhajinagar, within a period of three days from today.

7 We make it clear that this permission is restricted to the period before it goes beyond 26 weeks of pregnancy. If the petitioner gets herself admitted, then the authorities at GHATI, Chhatrapati Sambhajinagar to carry out the termination of pregnancy immediately.

8 Parties to act upon authenticated copy of this order.

(HITEN S. VENEGAVKAR, J.) **(SMT. VIBHA KANKANWADI, J.)**

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