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* **IN THE HIGH COURT OF DELHI AT NEW DELHI**

CNR No. DLHC010475132026

+ **W.P.(CRL) 3100/2026**

MINOR P THR HER GUARDIAN KPetitioner

Through: Ms. Prachi Nirwan, Mr. Pranjal Shekhar, Ms. Diptasree Bag, Advs. on behalf of Mr. Anwesh Madhukar (DHCLSC)

versus

STATE (NCT OF DELHI) & ANR.Respondents

Through: Ms. Rupali Bandhopadhyaya, ASC with Mr. Abhijeet Kumar, Adv.
Ms. Harshita Nathrani, Adv. for Mr. Sameer Vashisht, Adv. Standing Counsel (C), GNCTD
Insp. Vijender Singh and SI Udit PS Ranhola

CORAM:
HON'BLE MS. JUSTICE MANMEET PRITAM SINGH ARORA

ORDER
05.10.2026

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1. The present petition has been filed under Articles 21 and 226 of the Constitution of India, read with Section 528 of the Bharatiya Nagarik Suraksha Sanhita, 2023 ['BNSS'], seeking directions to the respondent authorities to facilitate medical termination of the pregnancy of a minor, who is a survivor of sexual assault and whose pregnancy has advanced beyond the gestational limit of 20 weeks ordinarily prescribed under the



Medical Termination of Pregnancy Act, 1971 [‘MTP Act’].

2. The minor survivor is stated to be 16 years of age. The petition has been filed on her behalf by her maternal uncle, who is present in Court and is identified by the learned counsel and the Investigating Officer (‘I.O.’).

3. As set out in the petition, during the period between 01.05.2026 and 30.06.2026, the minor survivor was allegedly sexually assaulted by the accused, namely Sanjay, who used to visit the house of her maternal uncle. It is alleged that the accused had, on earlier occasions, behaved improperly with the minor survivor and subsequently committed a sexual act upon her during the night.

4. Upon missing her menstrual periods and experiencing abdominal pain, the minor survivor informed her maternal uncle, who took her to Rao Tula Ram Memorial Hospital, Jaffarpur, New Delhi. Upon medical examination on 23.09.2026, the minor survivor was found to be pregnant. The matter was reported to the police on 24.09.2026, whereafter FIR No. 628/2026 came to be registered at Police Station Ranhola, Delhi, under Section 64(1) of the Bharatiya Nyaya Sanhita, 2023 [‘BNS’] and Section 6 of the Protection of Children from Sexual Offence Act, 2012 [‘POCSO’].

5. On 28.09.2026, Deen Dayal Upadhyay Hospital [‘DDU Hospital’]¹ assessed the gestational age of the minor survivor to be approximately 25 weeks and 1 day and, through its report addressed to the Child Welfare Committee [‘CWC’], indicated that appropriate orders would be required from High Court for termination of the pregnancy. The minor survivor was



thereafter produced before the CWC on 28.09.2026 and it facilitated her access to legal assistance for approaching this Court.

6. It is stated that the minor survivor has been residing with her maternal uncle and maternal grandmother since 2022. It is submitted that minor survivor's mother left her husband and abandoned the care of her three children in 2022. While the son was taken away by the father, the minor survivor and her younger sister was abandoned by the father, and were left in the care of her maternal uncle and maternal grandmother. They have since been looking after minor survivor and are stated to be acting as her guardians. The maternal uncle has also been involved in obtaining medical assistance for the minor survivor and in facilitating the reporting of the alleged offence.

7. Learned counsel for the petitioner states that the minor survivor herself is mentally challenged and is unable to understand the crime which has been committed against her, as also the fact that she is pregnant. She states that as per the opinion of the Medical Board the continuation of the pregnancy poses *higher risk* to the life of the minor survivor.

7.1. She states that the maternal uncle and maternal grandmother, who have been accompanying and supporting the minor survivor, have also expressed their consent to the termination after being apprised of the medical implications. She states that minor survivor is at the LNJP Hospital along with the maternal grandmother.

7.2. She states that the continuation of the pregnancy, which is resulted

¹ Respondent no. 2



from sexual assault, would cause grave mental injury and physical trauma to the minor survivor.

8. The petition was first taken up on 30.09.2026, when the Investigating Officer [‘I.O.’] was directed to coordinate with both² hospitals for the expeditious constitution of a Medical Board. On 01.10.2026, the Court was informed that the minor survivor had been admitted to LNJP Hospital and that a Medical Board had been constituted. The Chairperson of the Board apprised the Court that the minor survivor was approximately 26 weeks pregnant and was a high-risk patient, necessitating a detailed multidisciplinary assessment of the risks associated with termination of pregnancy and requested time until 05.10.2026 to submit the report. Accordingly, the Court granted the Medical Board time to complete the examination, counsel the minor survivor’s guardians regarding the risks of termination or continuation of pregnancy, and submit its opinion by 05.10.2026.

9. Pursuant to the aforesaid directions, the opinion of the Medical Board has been filed under the cover of index dated 05.10.2026. A copy of the opinion has been handed over to the learned counsel for the petitioner and learned ASC appearing on behalf of the State.

10. The opinion reads as under: -

² DDU Hospital and LNJP Hospital



FORM - D

(See sub-clause (ii) of clause (b) of rule 3 A)

Details of the woman seeking termination of pregnancy :

1. Name of the woman : Minor 'P'
2. Age : 16 yrs.
3. Registration / Case number : 20260579566
4. Available reports and Investigation : Yes

S. No.	Reports	Opinion of the findings
1.	25.09.2026 USG (Out side), DDU Hospital	Single Live Intrauterine Fetus / Cardiac Activity present, Amniotic fluid adequate. Gestational age 24 weeks + 5 days, EFW= 700 ± 102 gm, placenta posterior.
2.	01.10.2026, USG (LNH)	Single Live Intrauterine Fetus / Cardiac Activity present, Amniotic fluid adequate. Biometry: BPD=26 wks + 2 days, HC 26 wks + 6 days, AC 26 wks. + 2 days, FL 25 wks + 6 days, EFW= 903.78 ± 135.5 gm, placenta - fundo posterior. No gross anomalies seen.

5. Additional Investigations (if done): 2 D - Echo - Normal study, Ef-60%, no RWMA & PFT - Match test positive S/o good cardiopulmonary reserve.
6. Opinion by Medical Board for termination of pregnancy : Yes
 - a). Allowed (✓)
 - b). Denied

Justification for the decision:

- The guardians have requested Medical Termination of Pregnancy (POCSO Case).
- Based on Ultrasound, period of gestation on 03.10.2026 is about 25 weeks + 6 days.
- Medical Termination of Pregnancy may be allowed under high risk in view of teenage pregnancy with lordotic spine anomaly and unable to perform Pulmonary Function Test (PFT) probable restrictive lung disease.
- If MTP with Medical Method is not successful, surgery i.e. hysterotomy will need to be done under high risk for anaesthesia.
- The implications of termination of pregnancy in view of advanced gestation, include the following risks to the survivor :-
 - * Excessive bleeding.
 - * Rupture uterus, leading to significant morbidity and rarely mortality. Surgical procedures are associated with inherent risks and complications related to surgery and anaesthesia.
- Survivor and her guardians (Maternal Grand Mother - Nani, Maternal Uncle - Mama) have been explained about the likelihood of the baby being born alive. They have clearly stated that they do not want the minor to deliver a live baby. They were then explained about the option of instillation of Injection KCL in the fetal heart to stop the cardiac activity before initiating the MTP procedure. They have opted for this intervention.

Dr. Deepthi Gowami
Dr. Deepthi Gowami
Director Professor & HOD (Chairperson)
Deptt. of Obst. & Gynae
Gynae)

Legal guardian

Dr. Rachna Sharma
Dr. Rachna Sharma
Consultant (SAG)
Member Secretary (Obst. & Gynae)




Dr. Seema Kapoor
Director Professor
(Deptt. of Genetic)


Dr. Swati Gupta
Professor & Member
(Deptt. of Radiology)

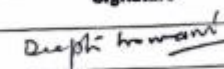
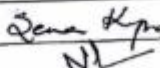
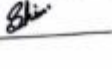

Dr. Reena Rani
Associate Professor & Member
Deptt. of Obst. & Gynae

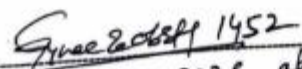

Dr. Naresh Kumar
Director Professor & Co-opted Member
Deptt. Of Pulmonary Medicine


Dr. Shivi
Specialist & Co-opted Member
Deptt. Of Anaesthesia

Physical fitness of the women for the termination of pregnancy: Yes (under high risk)
(a) Yes ✓
(b) No

Members of the Medical Board who reviewed the case:

S. No.	Name	Signature
1.	Dr. Deepthi Goswami	
2.	Dr. Rachna Sharma	
3.	Dr. Seema Kapoor	
4.	Dr. Naresh Kumar	
5.	Dr. Swati Gupta	
6.	Dr. Reena Rani	
7.	Dr. Shivi	

Date and Time: 
03.X.2026 at 2:00PM

11. The Medical Board has opined in the affirmative that medical termination of the pregnancy of the minor survivor be allowed, though it has been clarified that it will be under high risk.

12. Ms. Nathrani, learned counsel appearing on behalf of Medical Board of LNJP Hospital has explained that continuation of pregnancy for the



survivor is considered a *higher risk* due to her teenage pregnancy, lordotic spinal anomaly and inability to perform a pulmonary function test (PFT) with probable restrictive lung disease. She states that the minor survivor's guardians, namely her maternal grandmother and maternal uncle, have been counselled by the Medical Board regarding the possible complications and risks associated with the proposed procedure. They have been apprised of the possibility that the baby may be born alive despite the procedure. After being informed of the said possibility and the associated medical implications, they have expressed their preference for administration of an injection of potassium chloride ['KCL'] into the foetal heart to arrest cardiac activity before initiation of the medical termination procedure.

12.1. Ms. Nathrani states that the termination procedure can be carried out immediately at the LNJP Hospital subject to permission from the Court.

13. Ms. Rupali, learned ASC states that in view of the medical opinion termination of pregnancy should be directed, at the earliest. She submits that though in the presence of the father, the maternal grandmother is not the legal guardian, however, the whereabouts of the father are unknown to the I.O. as on date.

14. This Court has heard the learned counsel for the parties and has pursued report by the Medical Board.

15. The MTP Act permits termination of pregnancy by a registered medical practitioner up to twenty weeks under Section 3(2)(a) and, for specified categories of women, up to twenty-four weeks under Section 3(2)(b), subject to existence of the requisite conditions therein. Explanation



2 to Section 3(2) presumes grave injury to mental health to the women, where pregnancy is alleged to have resulted from rape. Sub-section 2B also provides for an exception in the circumstances specified therein.

16. Since the minor survivor's pregnancy has advanced beyond twenty-four weeks, the present case is not premised on the statutory exception under Section 3(2) of the MTP Act. The facts contemplated in Section 3(2B) of the MTP Act are also not attracted in the facts of the case. Thus, the minor survivor's maternal uncle has invoked this Court's constitutional jurisdiction for termination of the pregnancy.

17. In the facts of this case, since the mother and father of the minor survivor have abandoned her since 2022 and she is under the care of her maternal uncle and maternal grandmother, this Court is entertaining this petition filed through the maternal uncle. The fact that she is under the care of the said maternal family members is confirmed by the I.O. Moreover, a perusal of the opinion of the Medical Board shows that there is an urgency in this matter and therefore this Court does not deem it appropriate to await a search for the father of the minor survivor to adjudicate this matter.

18. Article 21 of the Constitution protects life and personal liberty, including the right to live with dignity, bodily integrity, decisional autonomy and reproductive choice. These rights assume particular significance where the person seeking relief is a minor and the pregnancy is stated to have resulted from sexual assault. In this case, it is even more significant since the minor is stated to be mentally challenged who is unable to comprehend the fact of her pregnancy. Moreover, the Medical Board has opined that the



continuation of pregnancy poses *higher risk* to the life of the minor due to the reason set out at bullet point 3 in the report under the head ‘Justification for the decision’.

19. In **A (Mother of X) v. State of Maharashtra**³, the Supreme Court emphasised that reproductive autonomy is an integral facet of the rights to dignity, privacy and personal liberty under Article 21. The Court recognised that the impact of pregnancy on the physical and mental health of the pregnant person must be assessed in a meaningful manner, and that the circumstances of a survivor of rape cannot be equated with those of a person who has become pregnant in other circumstances. The assessment cannot be confined to a mechanical application of the gestational limit without due consideration of the person’s circumstances, wishes and welfare. In the said case, the pregnancy was nearing end of 31 weeks.

20. More recently, in **S. v. Union of India**⁴, the Supreme Court considered the request of a minor seeking termination of a pregnancy beyond the statutory gestational limit. The Court held that, while exercising jurisdiction under Articles 226 and 32 of the Constitution, constitutional courts must prioritise the best interests of the minor mother-to-be and accord due importance to her reproductive autonomy. It observed that no woman, and particularly no minor child, ought to be compelled to carry a pregnancy to full term against her express will merely because the statutory limit has been crossed. The Supreme Court further clarified that the absence of a statutory remedy does not, by itself, preclude a constitutional remedy.

³ (2024) 6 SCC 327

⁴ SLP(C) No. 14454/2026, decided on 24.04.2026, at para 11.



Where a case falls outside the ordinary statutory framework, the constitutional court must consider the facts and circumstances from the perspective of the person seeking termination, including the risks she is willing to undertake and the physical, emotional and psychological consequences of compelling her to continue the pregnancy. The pregnancy of the minor therein was 29 weeks on the date of allowing the petition.

21. In the present case, the minor survivor is aged 16 years, who is stated to be mentally challenged and unable to comprehend that she has been sexually assaulted and is pregnant. She has been abandoned by her parents in the year 2022 and is under the care of her maternal uncle and maternal grandmother. The Medical Board has opined that in her specific case continuation of pregnancy poses a *higher risk* to her life as against termination. The Medical Board has opined that the termination also poses a high risk, however, they have recommended that termination should be allowed in the facts of this case considering the comparative risks. The maternal uncle and the maternal grandmother have also submitted before the Medical Board and this Court through the counsel that they are in favour of the termination of the pregnancy.

22. In these facts, this Court is satisfied that the present case warrants exercise of its extraordinary jurisdiction under Article 226 to permit and facilitate medical termination of the pregnancy, in the interest of the minor survivor, subject to the safeguards and directions set out below.

23. The State, as per the instructions of the Medical Board, has informed the Court that the process of medical termination of pregnancy can be



initiated on receipt of the Court's order.

24. Accordingly, the writ petition is allowed in the following terms:

- i. The minor survivor is permitted to undergo medical termination of pregnancy at LNJP Hospital, New Delhi, at the earliest, subject to the necessary precautions and procedures prescribed by law and applicable medical protocols.
- ii. The Medical Superintendent of LNJP Hospital shall make all necessary arrangements for the procedure. The procedure shall be undertaken by competent and appropriately qualified doctors, with such specialist support as may be required in view of the minor survivor's high-risk status and the medical conditions recorded by the Medical Board.
- iii. The Medical Board and the treating doctors shall ensure compliance with the MTP Act, the Medical Termination of Pregnancy Rules, 2003, as amended in 2021, and all other applicable rules, regulations, clinical protocols and guidelines.
- iv. The Medical Superintendent of LNJP Hospital shall ensure that a complete and contemporaneous record of the minor survivor's medical assessment, the Medical Board's opinion, counselling, consent, procedure undertaken, medications administered, complications, if any, and post-procedure care is maintained. The record shall be preserved in accordance with law and made available to the competent authorities wherever lawfully required.



v. The doctors concerned shall preserve the foetal tissue and other relevant biological material, to the extent medically feasible and in accordance with applicable protocols, for DNA identification and other purposes connected with FIR No. 628/2026.

vi. The State shall bear all reasonable expenses associated with the procedure and the minor survivor's medical care, including investigations, specialist consultations, procedure-related charges, medicines, hospitalisation, food and other incidental medical requirements. No financial constraint shall be permitted to delay the medically indicated treatment.

vii. LNJP Hospital shall ensure appropriate post-procedure care, monitoring and counselling for the minor survivor, including such physical and psychological support as may be considered necessary by the treating team. Her continuing care and follow-up shall be arranged in a manner sensitive to her age and the circumstances of the case.

viii. The identity of the minor survivor shall be strictly protected. The respondent authorities, the hospital, the Medical Board and all persons involved in the proceedings shall ensure that her name, address, photographs, medical records or any other particulars capable of identifying her are not disclosed, except where disclosure is authorised or required by law.

25. In view of the urgency arising from the advanced gestational age and the minor survivor's medical condition, LNJP Hospital shall act on this order forthwith.



26. Ms. Nathrani is directed to have the medical opinion of the Medical Board and the report of the DDU Hospital placed on record.
27. The writ petition stands disposed of in the above terms. All pending applications, if any, also stand disposed of.
28. A *dasti* copy of this order be provided to learned counsel for the parties under the signature of Court Master on request in writing.
29. The digitally signed copy of this order, duly uploaded on the official website of the Delhi High Court, www.delhihighcourt.nic.in, shall be treated as a certified copy of the order for the purpose of ensuring compliance. No physical copy of order shall be insisted by any authority/entity or litigant.

MANMEET PRITAM SINGH ARORA, J

OCTOBER 5, 2026/AM/hp