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

+ **W.P.(C) 4967/2026**

Date of Decision: **21.04.2026**

IN THE MATTER OF:

S (MOTHER OF N)

.....Petitioner

Through: Dr. Amit Mishra, Advocate.

versus

THE UNION OF INDIA AND ORS

.....Respondents

Through: Dr. Monika Arora, CGSC with Mr. Subhrdeep Saha, Ms. Anamika Thakur & Mr. Abhinav Verma, Advocates.

Mr. Rahul Choudhary, GP for UOI.

CORAM:

HON'BLE MR. JUSTICE PURUSHAINDR KUMAR KAURAV

J U D G E M E N T

PURUSHAINDR KUMAR KAURAV, J. (ORAL)

1. The petition is for directions to respondent no.3 – All India Institute of Medical Science [AIIMS] to permit medical termination of pregnancy of minor 'N', the daughter of the petitioner. The pregnancy arose out of a consensual relationship between minor-N and a minor boy aged around 17 years. Her pregnancy is now more than 27 weeks.

2. The matter was earlier called out for hearing on 15.04.2026 and considering that the prayer is for termination of a pregnancy which is more than 24 weeks old, the Court directed for examination by a Medical Board to



be constituted by AIIMS, of physical and psychological effects of continuation of the pregnancy, on minor-N.

3. Pursuant to the directions passed by the Court, the Medical Board constituted by AIIMS has submitted a report dated 18.04.2026. The relevant portion of the report is extracted as under:

“XXXX XXXX XXXX
5. Opinion by Medical Board for termination of pregnancy:
(a) Allowed ()
(b) Denied () Not Advisable (✓)

Justification for the decision:

The Medical Board deliberated on the issue thoroughly about the effect of pregnancy and it wishes to humbly submit that carrying out pregnancy termination at the given gestation of 27 weeks 1 days carries significant dangers to the mother and baby, and it will be detrimental to the health of both the mother and the baby.

1. The Medical Board, conducted a through clinical assessment, including obstetric ultrasound, psychiatric and psychological evaluation.

2. The continuation of pregnancy on the minor is less likely to have any adverse effects on the baby or the mother. Psychiatric and Psychological assessment of minor ‘N’ reveals no major psychiatric disorder in the past or at this point of time. However, she shows signs of emotional distress and adjustment difficulties related to the pregnancy.

Comments:

1. At this gestational age, medical termination of pregnancy entails significant risks to the mother, including an increased risk of cesarean section and/or instrumental delivery which could adversely affect her future reproductive health.

2. The baby at this gestation would be born alive and would require active resuscitation at birth. The baby would require long-term neonatal ICU care, including invasive ventilation, before being fit to be transitioned to care by the child welfare services. The baby may suffer from significant morbidities which may have long term impact on the baby’s growth and development. The child may require early developmental support and rehabilitation post-discharge and may bear the sequelae of these morbidities for a lifetime.

3. The prolongation of pregnancy for another 6 to 8 weeks until the gestation of 34 weeks or so would be in the best interest of both mother and baby and there will be no physical effects on the minor.



4. In case the Hon'ble court considers permitting termination of pregnancy at this stage, clear guidance would be necessary on the management of the live fetus/neonate, given the viability of the fetus at this gestational age.

5. Physical fitness of the woman for the termination of pregnancy:

Yes (✓)

No ()”

(Emphasis supplied)

4. Learned counsel appearing for the parties have placed reliance on various decisions to support their contentions. The matter is highly sensitive, and the Court has thoroughly examined all the decisions and has also considered the applicable provisions. However, for the sake of brevity and to avoid any delay, all of them are not being specifically dealt with.

5. Of utmost importance is the opinion of the Medical Board on the effect that the continuation of the pregnancy would have on the minor. It is of the opinion that continuation of the pregnancy is less likely to have adverse effects on the minor than termination of the same, which, according to it, carries significant risks, including to her future reproductive health. The psychiatric and psychological assessment of minor-N has not revealed any major psychiatric disorder in the past or at this point of time, and only some signs of emotional distress and adjustment difficulties related to pregnancy were seen. More importantly, as per the Medical Board, in case of delivery at present, the baby would be born alive, although it would require active resuscitation at birth.

6. For all those reasons and keeping in mind the fact that the medical termination of the pregnancy may entail significant risk to the mother, including an increased risk of cesarean section and/or instrumental delivery which could adversely affect her future reproductive health, the Court is not



inclined to accede to the prayer made herein. The fetus is of about 28 weeks by now.

7. The decision relied upon by the petitioner in the case of *A (Mother of X) v. State of Maharashtra*,¹ shows that in that case, the Medical Board was of the opinion that termination of the pregnancy therein would not entail any major danger to the health of the mother.

8. The Supreme Court in the case of *A (Mother of X) v. State of Maharashtra*,² has held that the Court must consider the opinion of the Medical Board on effect of the continuation/termination of the pregnancy on the physical and mental health of the pregnant woman.

9. Considering the opinion of the Medical Board, the Court is not inclined to permit the termination of pregnancy in the present case. For all those reasons, the writ petition is dismissed.

10. Order *dasti*.

(PURUSHAINDR KUMAR KAURAV)
JUDGE

APRIL 21, 2026

tr

¹ Judgment dated 06.02.2026 in SLP (C) 4774 of 2026

² 2024 INSC 371