Jurnal Iman dan Spiritualitas
eISSN: 2775-4596, Vol 5, No 4, 2025, pp. 905-918
https://doi.org/10.15575/jis.v5i4.58609

Legal Protection for Midwives Performing Medical Procedures at Tanjung Enim Community Health Center

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Suggested Citation:

Puspasari, Yopi; Prayuti, Yuyut. (2025). Legal Protection for Midwives Performing Medical Procedures at Tanjung Enim Community Health Center. *Jurnal Iman dan Spiritualitas.* Volume 5, Number 4: 905–918. https://doi.org/10.15575/jis.v5i4.58609

Article's History:

Received July 2025; *Revised* November 2025; *Accepted* November 2025.

Abstract:

Midwives, as health workers, play a crucial role in the provision of maternal and child health services, particularly at Community Health Centers (Puskesmas) as primary healthcare facilities. In their practice, midwives often face potential legal risks, particularly when medical procedures are deemed to exceed their authority or cause harm to patients. This situation places legal protection as a crucial aspect in ensuring professional safety while maintaining the quality of healthcare services. This study aims to analyze the forms of legal protection for midwives in the implementation of medical procedures at the Tanjung Enim Community Health Center and to examine the legal responsibilities that may arise in the event of errors or negligence in the service. The research method used is a mixed approach: normative legal research by examining laws and regulations related to midwifery practice and healthcare services, and empirical research through in-depth interviews with two midwives and the Head of the Tanjung Enim Community Health Center. The data obtained were analyzed to assess the conformity between normative provisions and field practice. The results indicate that preventive legal protection is available through the implementation of Standard Operating Procedures (SOPs), competency improvement training, regulation of authority by the Indonesian Health Workforce Council, and the implementation of informed consent before medical procedures. In addition, repressive protection is also available in the form of administrative clarification mechanisms and assistance from Community Health Centers (Puskesmas) and the Health Office in the event of a complaint. However, midwives' understanding of the legal aspects remains limited, and medical documentation is suboptimal, creating a gap between regulation and implementation. Therefore, strengthening legal literacy, improving the quality of medical records, and developing more comprehensive legal assistance guidelines are needed to ensure legal certainty and the safety of the midwifery profession.

Keywords: legal protection; midwives; medical procedures; community health centers; legal responsibility.

INTRODUCTION

Improving maternal and infant health is a top priority for health development, particularly in developing countries like Indonesia. The success of these efforts depends heavily on the availability and quality of easily accessible primary health care services. In this context, community health centers (Puskesmas) play

a strategic role as first-level health care facilities, serving as the frontline in providing maternal and child health services. Therefore, midwives, as health workers who directly provide obstetric care, play a central role in reducing maternal mortality (MMR) and infant mortality (IMR), which remain serious problems (Farida, 2020; WHO, 2023). Midwives play a role not only in normal delivery services but also in antenatal care, postnatal care, family planning, and initial management of obstetric and neonatal emergencies at the primary care level. In daily practice, midwives are frequently faced with clinical situations that require rapid decision-making and immediate medical intervention to prevent more serious complications. This situation places midwives in a vulnerable position, because on the one hand they are required to act professionally for patient safety, but on the other hand, these actions have the potential to create legal risks if they are deemed to exceed their authority or cause harm to patients (Ulfa & Hidayat, 2021).

In the context of primary healthcare, limited facilities, human resources, and distance to referral facilities often magnify midwives' responsibilities as first responders. This situation forces midwives to undertake crucial clinical and decision-making roles, even in situations that are normatively within the professional's authority gray area. This reality demonstrates that midwifery practice presents not only clinical challenges but also complex legal challenges, particularly when outcomes do not meet the expectations of patients or their families. Concerns about potential lawsuits and the criminalization of healthcare workers remain a common concern for midwives in various regions. Several cases of healthcare disputes demonstrate that healthcare workers can face legal consequences even when their actions are intended to save patients. This situation results in fear, excessive caution, and even defensive practices that have the potential to hinder the quality of midwifery care (Williams, 2023). If left unchecked, these defensive practices have the potential to undermine healthcare workers' courage in making quick and appropriate medical decisions, ultimately impacting patient safety.

Legally, the practice of healthcare workers in Indonesia has been strengthened through Law Number 17 of 2023 concerning Health. This law affirms the right of every healthcare worker to receive legal protection when carrying out their practice, provided they comply with applicable professional standards, service standards, and operational procedures. This protection encompasses legal, professional, and ethical aspects, allowing healthcare workers to carry out their duties with greater legal certainty. Furthermore, the authority and scope of practice of certain professions, such as midwives, are regulated in more detail by the Indonesian Healthcare Workforce Council (KTKI). KTKI is mandated to establish competency standards, qualifications, and practice authority for all registered healthcare workers. As such, this body acts as a professional supervisor and quality assurance body, ensuring that healthcare workers' practices comply with applicable regulations and meet patient safety standards.

This regulatory strengthening reflects the government's efforts to balance the rights and obligations of healthcare workers while maintaining the quality of healthcare services provided to the public. With a clear legal framework, legal risks for healthcare workers can be minimized, and the public receives better protection in the healthcare services provided. Furthermore, the standards established by the KTKI (Indonesian Health Professionals Association) help establish consistency in professional practice across Indonesia, encourage increased competency, and reduce substandard practices. Law Number 17 of 2023 and the role of the KTKI demonstrate the government's commitment to strengthening healthcare practice regulations, providing legal certainty for professionals, and ensuring safe, high-quality, and high-standard healthcare services for all Indonesians (Konsil Tenaga Kesehatan Indonesia, 2022). The implementation of midwifery Standard Operating Procedures (SOPs) in primary healthcare facilities is also positioned as a preventive legal protection instrument, both for patient safety and the safety of the midwifery profession (Njoto, 2023).

While legal instruments and policies are in place, the reality on the ground shows that the implementation of legal protection for midwives has not been fully optimal. Several studies and regional reports indicate a gap in midwives' understanding of the limits of their authority for medical procedures and the legal protection mechanisms in the event of disputes over healthcare services. A preliminary study at the Tanjung Enim Community Health Center (Puskesmas) showed that some midwives remain confused about determining the limits of medical procedures they may perform independently and the legal steps they must take when facing service challenges (Enim, 2023). This situation has the potential to create legal uncertainty, impacting the safety of the midwifery profession and the quality of healthcare services provided to the public. In line with this situation, existing studies on legal protection for healthcare workers generally focus on normative analysis of laws and regulations or the concept of legal responsibility for healthcare workers in general. These studies have not yet thoroughly examined how this

legal protection is understood and applied by midwives in their daily midwifery practice at primary healthcare facilities. In addition, empirical studies linking the authority of midwives' medical actions, the implementation of Standard Operating Procedures, and their implications for the legal responsibilities of midwives in the context of midwifery services at Community Health Centers are still relatively limited, especially at the regional level.

The limitations of this empirical study indicate the need to position midwives not merely as objects of legal regulation, but as legal subjects with experience, perceptions, and strategies for addressing legal risks. This approach is crucial for understanding the extent to which normatively regulated legal protection actually functions in daily midwifery practice. The novelty of this study lies in the use of an empirical approach to assessing legal protection for midwives, which is viewed not only from a normative legal perspective but also from the reality of midwifery practice at the Tanjung Enim Community Health Center. This study specifically examines the relationship between applicable regulations, midwives' understanding of the limits of their medical authority, the application of Standard Operating Procedures, and their implications for midwives' legal liability in the event of disputes or allegations of negligence in healthcare. Thus, this study offers a more contextual and applicable perspective than previous research, while also filling a gap in research regarding the implementation of legal protection for midwives at the primary healthcare level.

Legal protection for midwives is not merely defined by the existence of written regulations; it must be seen from how these regulations are understood, implemented, and provided a sense of security in daily midwifery practice. Therefore, a study of legal protection for midwives is essential to thoroughly examine the forms of legal protection provided to midwives and the legal responsibilities inherent in midwives in the event of negligence or disputes in healthcare services at the Tanjung Enim Community Health Center. The results of this study are expected to provide academic contributions to the development of health law studies, as well as practical contributions to policymakers in strengthening the legal protection system for midwives in primary healthcare facilities. In line with this background, this study aims to analyze the forms of legal protection for midwives in performing medical procedures at the Tanjung Enim Community Health Center and to examine the legal responsibilities of midwives in the event of negligence in healthcare services in accordance with applicable legal provisions.

Legal protection is a form of legal guarantee granted to legal subjects to exercise their rights and obligations based on applicable regulations without experiencing undue legal consequences. In the context of healthcare workers, including midwives, this legal protection encompasses preventive aspects (avoiding legal risks before they occur) and repressive aspects (responding to legal claims in the event of a dispute) in accordance with modern legal principles. Normative research confirms that legal protection for healthcare workers is a fundamental right as long as practices are conducted in accordance with professional standards, service standards, and standard operating procedures (SOPs) (Yunica, 2021). Regulations regarding legal protection for healthcare workers in Indonesia have undergone significant development.-Law Number 17 of 2023 concerning Health strengthens the legal position of midwives by granting them the right to legal protection when practicing in accordance with professional standards, service standards, and standard operating procedures. This aligns with more specific provisions in previous regulations, such as the Minister of Health Regulation concerning licensing and implementation of midwifery practice. Comparative research shows that with the enactment of Law Number 17 of 2023, midwives are entitled to legal protection when practicing in accordance with professional standards, service standards, and standard operating procedures (SOPs). This aligns with more specific provisions in previous regulations, such as the Minister of Health Regulation concerning licensing and implementation of midwifery practice.-The 2023 Health Law, legal protection for midwives in professional practice is not only passive, but also provides stronger legal certainty compared to the pre-regime-2023 (Astuti & Savitri, 2025). One empirical study in a hospital stated that midwives have the authority to perform certain medical procedures within their competence. Professional organizations such as the Indonesian Midwives Association (IBI) play a crucial role in providing legal assistance if midwives face legal action, particularly if the procedures are performed in accordance with professional standards and standard operating procedures (Rahmad et al., 2023).

Other research examines specific medical procedures, such as the insertion of intrauterine devices (IUDs) by midwives at community health centers. This research confirms that midwives are legally authorized to perform IUD insertion, but device failure can result in criminal or civil charges. Legal protection

for midwives in this case is determined by adherence to established competency standards (Yunica, 2021). Furthermore, research on the provision of drug services in remote areas indicates that Article 273 of Law No.-The Health Law and regulations on midwifery practice guarantee midwives the right to legal protection if their practice is carried out according to regulations, although in practice, midwives often face a dilemma between authority and patient needs (Yunica, 2021). Research on independent practices demonstrates the importance of complete medical documentation as evidence in facing lawsuits. Documentation that does not meet standards can reduce legal protection for midwives in the event of harm or complications during childbirth. Midwives' legal liability extends beyond criminal law to civil and administrative law. Research shows that actions exceeding professional standards can be considered medical malpractice. In the civil context, the elements of fault, negligence, and a direct relationship to harm form the basis for legal liability, which can impact midwives' rights. Midwives can perform medical procedures delegated by a doctor in certain situations, such as maternity care. However, this opens up potential legal liability if authority standards are not met. Research indicates that the practice of delegation of authority requires clear boundaries and legal accountability mechanisms for doctors and midwives. The role of professional organizations, such as the Indonesian Medical Association (IBI), in the legal protection of midwives is crucial. In the hospital case study, this organization reviewed midwives' actions through professional mechanisms (MPA and MPEB) and provided legal assistance if the midwives practiced in accordance with professional regulations. This helps reduce the risk of lawsuits and provides legal certainty (Rahmad et al., 2023). Other empirical research indicates that despite a strong legal framework, the implementation of legal protection in healthcare facilities still faces obstacles such as a lack of understanding of regulations among healthcare workers, high patient expectations regarding medical outcomes, and a lack of adequate documentation in medical records. This impacts the effectiveness of legal protection for midwives in clinics and community health centers.

Legal protection for midwives is also closely related to the synergy of other health regulations, such as the Law-The Medical Practice Act, the Minister of Health's Regulation on practice permits, and professional standards. The study compared conditions before and after the Act.-The 2023 Health Law demonstrates that a more comprehensive legal approach provides a stronger protection structure for midwives (Astuti & Savitri, 2025). In addition to the above research, studies in various contexts, including laws related to other medical procedures, as well as international research describing the legal challenges facing midwives in other countries, provide additional context that legal protection for midwives is a global issue that requires a responsive and adaptive legal system.

Legal protection for midwives is crucial because it provides legal certainty in the implementation of medical procedures, allowing midwives to work without fear of legal action, as long as their practices adhere to professional standards, service standards, and standard operating procedures. Health Law Number 17 of 2023 and its derivative regulations serve as the primary legal framework affirming midwives' rights to this protection. Normative and empirical research indicates that legal protection will be effective if midwives practice within established competencies, adhere to standard operating procedures (SOPs), and maintain quality of service. Other equally important supporting factors include comprehensive medical documentation, the active role of professional organizations such as the Indonesian Midwives Association in providing legal assistance, and midwives' understanding of applicable regulations. However, real challenges remain, including the low legal understanding of some healthcare workers and the uneven implementation of legal standards in community health centers (Puskesmas) and other healthcare facilities (Asyah, 2024).

METHOD

This study uses a mixed methods approach, combining normative legal research and empirical legal research. This approach was chosen because the issues studied relate not only to the existence of written legal norms concerning legal protection for midwives, but also to how these norms are understood, implemented, and perceived as effective in daily midwifery practice in primary healthcare facilities. In legal research, normative and empirical approaches are seen as complementary to each other in achieving a comprehensive understanding of law, both as a norm and as a social practice (Soekanto & Mamudji, 2018). Normative legal research is used to examine and analyze laws and regulations, policies, and legal doctrines governing the authority and legal protection for midwives in performing medical procedures. This approach aims to establish an ideal legal framework regarding the rights, obligations, and legal responsibilities of

midwives. Meanwhile, empirical legal research is used to obtain a factual picture of the implementation of this legal protection in the field through the experiences and perceptions of midwives and community health center managers. This empirical approach positions law as a social behavior influenced by the institutional context, the understanding of legal subjects, and the conditions of health care practice (Ali & Bagir, 2021). By combining these two approaches, the mixed-method design in this study allows for a dialogue between ideal legal norms and the empirical reality of midwifery practice, so that the research results are expected to be not only normative-descriptive but also contextual and applicable.

The population in this study were all midwives practicing midwifery services at the Tanjung Enim Community Health Center. The selection of the research location was based on the characteristics of the Community Health Center as a first-level health care facility that plays a strategic role in maternal and child health services, as well as a place where midwives exercise their clinical authority directly in the community. The research subjects were determined using purposive sampling, a technique for selecting informants based on specific considerations relevant to the research objectives. This technique is commonly used in qualitative research to obtain in-depth and information-rich data (Moleong, 2002). The research subjects consisted of two midwives who provide midwifery services at the Tanjung Enim Community Health Center and the Head of the Tanjung Enim Community Health Center, who has managerial authority and institutional responsibility for services and legal protection for health workers. The number of informants was deemed adequate because this study emphasized depth of understanding and data quality, rather than statistical representation. With this composition, this study was able to capture the perspectives of practitioners and institutions in a balanced manner.

The data sources in this study consist of normative and empirical data. Normative data include primary legal materials and secondary legal materials. Primary legal materials consist of Law Number 17 of 2023 concerning Health, the provisions of the Indonesian Health Workers Council regarding the authority of midwives, and Standard Operating Procedures (SOPs) for midwifery services at Community Health Centers. Secondary legal materials include legal and health textbooks, scientific articles, health law journals, and other documents relevant to the topic of legal protection for midwives. Empirical data were obtained through interviews with research informants, namely implementing midwives and the Head of the Tanjung Enim Community Health Center, to explore their experiences, understanding, and practices of legal protection in midwifery services.

Data collection techniques were conducted through document studies and structured in-depth interviews. Document studies were used to examine primary and secondary legal materials to develop a normative framework for legal protection for midwives. Structured in-depth interviews were conducted to obtain empirical data on how these legal provisions are understood and implemented by midwives and community health center management. The interview technique was chosen because it allowed researchers to explore information in greater depth and context based on the experiences of the research subjects (Sugiyono, 2019). The research procedure was carried out in stages. The first stage was the collection and analysis of normative legal materials related to the authority and legal protection of midwives. The second stage was the collection of empirical data through interviews with research informants. The third stage was the systematic processing and grouping of normative and empirical data. The final stage was analysis and drawing conclusions by linking empirical findings with applicable legal provisions, thus obtaining a picture of the conformity between legal norms and legal protection practices in the field.

Data analysis was conducted qualitatively using a deductive mindset, drawing conclusions from general legal provisions to specific empirical findings. Empirical data were analyzed by comparing legal protection practices at the Tanjung Enim Community Health Center with applicable normative provisions to assess the level of conformity, gaps, and factors influencing the implementation of legal protection for midwives. This study adhered to the principles of research ethics. Each informant provided informed consent to participate in the study. Patient identities and medical information were not included in the study to maintain confidentiality and privacy, in accordance with research ethics principles and applicable legal provisions.

RESULTS AND DISCUSSION

Characteristics of Research Informants

This study involved three primary informants selected purposively: two midwives and one Head of the Tanjung Enim Community Health Center. The informants were selected based on their work experience,

direct involvement in midwifery services, and strategic roles in decision-making and health service management. With these characteristics, the informants were deemed capable of providing comprehensive information regarding midwifery practices and the implementation of legal protection at the primary health care level. Theoretically, the use of informants with practitioner and managerial backgrounds aligns with the empirical legal research approach, which views law not only as written norms but also as social practices carried out by legal subjects within an institutional context. Therefore, the informant characteristics in this study serve to empirically describe how legal protection for midwives is implemented in actual practice.

The first midwife is an implementing midwife with eight years of experience at the Tanjung Enim Community Health Center. During her tenure, Midwife 1 has handled various cases of physiological childbirth and obstetric emergencies. This relatively extensive work experience provides a broad perspective on the dynamics of midwifery services, including policy changes, the implementation of standard operating procedures, and the legal challenges faced in daily practice. Midwife 1's experience in handling obstetric emergencies also serves as an important source of data to illustrate how midwives make medical decisions in critical situations that have the potential to pose legal risks.

The second midwife has six years of experience and is actively involved in maternal and child health services, including curative, promotive, and preventive care. Midwife 2's involvement in promotive and preventive activities, such as maternal health education, family planning services, and maternal and infant health monitoring in the Community Health Center (Puskesmas) area, provides insight into the role of midwives beyond clinical delivery. Midwife 2's perspective is crucial for understanding how legal protection is needed not only for invasive medical procedures but also for ongoing community health services. Furthermore, Midwife 2's experience reflects the legal challenges midwives face in carrying out comprehensive midwifery services at the community level.

The Head of the Tanjung Enim Community Health Center has a medical background and has served in the position for over five years. As the leader of a primary healthcare facility, the Head of the Community Health Center plays a strategic role in managing the service system, developing and implementing standard operating procedures (SOPs), and overseeing the performance of healthcare workers, including midwives. The Head of the Community Health Center also serves as the administrative and institutional representative in the event of public complaints or legal issues related to healthcare services. Therefore, the information provided by the Head of the Community Health Center is crucial for understanding internal policies, institutional legal protection mechanisms, and the forms of support provided to midwives facing legal risks.

The characteristics of the informants in this study demonstrate a combination of the perspectives of midwifery service practitioners and the managerial perspectives of health institutions. The implementing midwives provided an empirical overview of midwifery practice and the legal risks they face directly, while the Head of the Community Health Center provided a policy perspective and institutional responsibility in providing legal protection. This combination enabled this study to obtain more in-depth, balanced, and factual data regarding the implementation of legal protection for midwives at the Tanjung Enim Community Health Center. The characteristics and backgrounds of the selected informants met the principles of representativeness and relevance to the research focus, so that the data obtained can be used to comprehensively analyze the implementation of midwifery practice and the accompanying legal protection mechanisms in primary health care facilities.

Overview of the Implementation of Midwifery Medical Actions at the Tanjung Enim Community Health Center

Community health centers (Puskesmas), as first-level healthcare facilities, play a strategic role in the provision of maternal and neonatal healthcare. Within the theoretical framework of primary healthcare, healthcare workers at this level are positioned as first responders, playing a key role in determining patient safety, particularly in emergency cases (Jordan & Hughes, 2020). Therefore, midwives working at Community Health Centers are required to possess clinical skills, decision-making skills, and mental and professional readiness to handle various service situations, including obstetric emergencies.

Based on the interview results, midwives at the Tanjung Enim Community Health Center provide comprehensive midwifery services, ranging from ANC, PNC, family planning, to initial emergency management before referral. Descriptively, these findings indicate that midwives bear extensive clinical responsibilities while facing high medical and legal risks. From the perspective of the theory of professional

authority and legal responsibility, this condition explains why midwives often find themselves in a dilemma: delays in action can harm patients, while actions deemed to exceed authority have the potential to create legal risks. Thus, the theory serves to explain the causal relationship between the midwife's position as the initial decision-maker and the legal vulnerabilities inherent in midwifery practice in primary care. This experience is reflected in the following statement by Midwife 1:

> *"In emergency situations, such as bleeding or suspected severe preeclampsia, we must act quickly. While stabilizing the mother's condition, we prepare a referral and contact a doctor or referral hospital. So we can't just wait."*

This statement illustrates that, in practice, midwives are often in a position to make crucial initial decisions. In such situations, midwives are not only required to act according to their clinical competence but also to ensure that their actions remain within the scope of their professional authority. This situation indicates high professional pressure, as delays in action can endanger patients, while actions deemed to exceed their authority have the potential to create legal risks for midwives. In addition to clinical decision-making, documentation is an integral part of midwifery's medical procedures. Documentation of midwifery services, whether in the form of medical records or registers, serves as both a clinical record and legal evidence of the actions taken. In an interview, Midwife 2 explained:

> *"We always try to document everything in the medical record and register. However, during busy times, we sometimes only complete the detailed recording once the patient's condition is stable."*

This statement demonstrates that midwives are aware of the importance of medical documentation, but time constraints and field conditions often hinder complete and prompt recording. However, from a health law perspective, complete, accurate, and timely medical documentation is a key instrument of legal protection for healthcare workers. Medical records serve not only as a means of communication between healthcare workers but also as a means of proof in the event of a healthcare dispute (Rayga & Siregar, 2025). Inadequate documentation under certain circumstances has the potential to create legal vulnerabilities for midwives. In legal proceedings, medical actions not supported by adequate documentation can be interpreted as negligence, even if the midwife has acted clinically according to standards. Therefore, consistent and systematic documentation practices are essential to supporting the safety of the midwifery profession, particularly in primary healthcare facilities with high service loads. Based on this description, the overview of midwives' medical procedures at the Tanjung Enim Community Health Center demonstrates that midwives play a complex and strategic role in maternal and infant healthcare. On the one hand, midwives are required to act quickly and professionally in emergencies, but on the other hand, they must ensure that every action is properly documented to demonstrate medical and legal accountability. This situation emphasizes the inextricable necessity of a robust and implementable legal protection system for midwives to perform their duties optimally without the shadow of legal uncertainty

Preventive Legal Protection: SOPs, Training, and Documentation

According to the theory of preventive legal protection (Hadjon, 2020), legal protection is provided through preventive mechanisms in the form of compliance with norms, professional standards, and operational procedures. In this context, the existence of SOPs, training, and informed consent at the Tanjung Enim Community Health Center descriptively indicates that preventive legal protection is available normatively and institutionally. Normatively, Law Number 17 of 2023 concerning Health affirms that midwives, as health workers, have the right to receive legal protection as long as they carry out their duties in accordance with their competencies, professional standards, and standard operating procedures. The authority to practice midwives is determined by the Indonesian Health Workforce Council, the institution authorized to regulate competency standards and limits of authority for health workers (Konsil Tenaga Kesehatan Indonesia, 2022). Therefore, compliance with SOPs and provisions on professional authority is a primary prerequisite for the implementation of preventive legal protection for midwives.

Empirical findings indicate that the effectiveness of preventive legal protection depends heavily on midwives' understanding and consistent implementation. Legal certainty theory explains that legal norms will be ineffective if they are merely formal and not substantively understood by legal subjects. This explains why the existence of SOPs has not completely alleviated midwives' anxiety about legal risks. Interviews revealed that the Tanjung Enim Community Health Center (Puskesmas) has a written SOP governing

midwifery services, including an algorithm for handling obstetric emergencies. The SOP is based on national guidelines and is updated periodically in accordance with Health Office policies. The Head of the Puskesmas explained:

> *"We have developed standard operating procedures (SOPs) and updated them according to health department guidelines. Every midwife is required to attend SOP socialization and sign the internal training attendance list."*

This statement demonstrates the institution's commitment to providing a clear framework for midwives in practicing midwifery. SOPs serve as technical guidelines for services and as a legal instrument that can protect midwives if their actions are legally challenged. However, the existence of SOPs alone is insufficient if they are not accompanied by consistent understanding and application in daily practice. In addition to SOPs, training and competency improvement are essential components of preventative legal protection. Midwives at the Tanjung Enim Community Health Center reported that they regularly participate in training and workshops related to obstetric and neonatal emergencies, including Basic Emergency Obstetric Neonatal Care (PONED). This training not only aims to improve clinical skills but also strengthens midwives' legal standing by demonstrating that health workers have strived to maintain and improve their competency. From a health law perspective, continuous competency improvement efforts can demonstrate that midwives have fulfilled their professional obligations to provide safe and standardized services.

Another equally important aspect of preventive legal protection is documentation and informed consent. Informed consent is the patient's or their family's consent to a medical procedure after receiving adequate explanation of the purpose, benefits, risks, and alternatives. In the interview, Midwife 2 stated:

> *"For high-risk procedures, we usually explain the procedure to the family and ask them to sign a consent form. But in the field, sometimes families don't always read the details and just trust us."*

This statement demonstrates that in practice, the informed consent process is often based more on the patient's trust in the midwife than on a complete understanding of the medical information provided. This situation has the potential to lead to misperceptions if complications arise later or the results of the service do not meet expectations. Legally, valid informed consent is not only indicated by a signature on a consent form but also requires a clear, honest, and understandable explanation for the patient or their family. Complete documentation of informed consent and medical procedures is an integral part of the midwife's legal protection. Medical records and consent forms serve as written evidence that the midwife has carried out her professional obligations according to procedure. If the documentation is incomplete or does not reflect the actual communication process, the expected legal protection will be less effective.

Preventive legal protection for midwives at the Tanjung Enim Community Health Center is available in the form of standard operating procedures (SOPs), training, and informed consent. However, the quality of implementation still requires strengthening, particularly in terms of midwives' understanding of the legal aspects of SOPs, consistency in procedure implementation, and the quality of communication and documentation of informed consent. Strengthening these aspects is crucial to ensure that preventive legal protection is not merely normative but also provides a sense of security and legal certainty for midwives in carrying out their daily midwifery practice.

Repressive Legal Protection: Mechanisms for Assistance and Dispute Resolution

Theoretically, repressive legal protection functions as a dispute resolution mechanism after a conflict occurs. Research findings indicate that dispute resolution at the Tanjung Enim Community Health Center prioritizes an administrative, non-litigation approach. This aligns with the theory of healthcare dispute resolution (Williams, 2023), which emphasizes the importance of professional clarification and communication before resorting to criminal law. Within the national healthcare system, healthcare workers have the right to receive legal assistance from healthcare facilities and local governments if they encounter legal issues in carrying out their professional duties (Kementerian Kesehatan Republik Indonesia, 2021). This principle emphasizes that legal responsibility does not rest solely with individual healthcare workers, but also with the institutions where they work.

Interviews indicate that at the Tanjung Enim Community Health Center, complaints or grievances from patients and their families have occurred, particularly in complex and high-risk service situations, such as when a patient must be referred in a serious condition or when the outcome of the service does not meet the family's expectations. However, as of the time of this research, no cases had progressed to criminal proceedings. This

indicates that internal dispute resolution mechanisms are still effective in mitigating the potential for larger conflicts. The Head of the Tanjung Enim Community Health Center explained the mechanism used when complaints arise as follows:

> *"If a complaint is received, we first conduct an internal clarification, request an explanation from the healthcare worker involved, review medical records, and then communicate with the family. If necessary, we coordinate with the health department and the healthcare worker disciplinary honorary council."*

The statement illustrates that dispute resolution at the Tanjung Enim Community Health Center prioritizes an administrative and communicative approach. Internal clarification and review of medical records are the initial steps to assess whether medical procedures have been performed in accordance with professional standards and standard operating procedures. This approach aligns with the principle of non-litigative dispute resolution in health law, which prioritizes dialogue and professional evaluation as the primary means of resolving conflicts before resorting to formal legal channels. From the perspective of repressive legal protection, the existence of internal mechanisms and institutional support plays a crucial role. Institutional support helps ensure that midwives do not face legal challenges individually and provides space for objective evaluation of medical procedures. Furthermore, the involvement of the Health Office and the Health Worker Disciplinary Honorary Council demonstrates the existence of a collective, rather than solely judicial, mechanism for professional oversight and assessment.

Researchers also further explored the availability of formal legal assistance, such as legal counsel, if a dispute escalates into criminal law. The Head of the Community Health Center stated that at the Community Health Center level, legal assistance is usually facilitated through the Health Office. If the case progresses to criminal proceedings, the Health Office will coordinate with the local government legal bureau to provide the necessary assistance. This indicates that although there is no formal written legal assistance mechanism at the Community Health Center level, there is an institutional coordination channel accessible to health workers. However, the lack of written guidelines regarding repressive legal assistance has the potential to create uncertainty in its implementation. Reliance on ad hoc policies and informal coordination can lead to differences in treatment between cases and raise doubts among midwives about the extent of legal protection provided in the event of a more serious dispute. From a health law perspective, this situation demonstrates the need to strengthen internal regulations so that repressive legal protection is not merely reactive, but also structured and predictable.

Based on the above description, repressive legal protection at the Tanjung Enim Community Health Center has been implemented through internal administrative mechanisms and coordination with relevant agencies. This mechanism is quite effective in preventing disputes from escalating to the criminal realm. However, to provide stronger legal certainty for midwives, strengthening it with written guidelines on legal assistance and dispute resolution procedures is needed. Thus, repressive legal protection can function optimally as a safety net for midwives in carrying out high-risk midwifery practices.

Midwives' Understanding and Attitudes Towards Legal Risks

Midwives' understanding and attitudes toward legal risks are crucial in assessing the effectiveness of legal protection for healthcare workers. Adequate legal understanding not only serves as normative knowledge but also influences how midwives behave, make clinical decisions, and respond to risky situations in midwifery practice. Therefore, this study specifically explores the extent to which midwives understand the legal consequences of their medical procedures and the psychological responses they generate regarding these risks. Interviews revealed that midwives' understanding of health legal regulations remains general and in-depth. When asked about their knowledge of the laws and regulations governing midwifery practice, Midwife 1 stated:

> *"We generally know there are health laws and council regulations, but we don't know all the articles by heart. We usually follow our superiors' directions and existing SOPs."*

Midwife 2 added an emotional and psychological dimension to dealing with legal risks by stating:

> *"What we fear most is the death of a mother or baby, because the family might not accept it. We just try to do our job to the best of our ability."*

This statement reflects significant anxiety regarding the possibility of undesirable outcomes, particularly maternal or infant death. This concern is not solely based on personal experience but also on midwives' knowledge of cases in other areas that have resulted in legal proceedings against health workers. This condition has a psychological effect in the form of fear and excessive caution in making medical decisions. Based on this description, it can be concluded that midwives' understanding of legal risks and consequences is still limited and oriented more toward procedural compliance than comprehensive legal awareness. Midwives' attitudes toward legal risks are characterized by anxiety, fear of criminalization, and excessive caution in midwifery practice. This situation emphasizes the importance of strengthening health legal literacy for midwives so that they not only comply with SOPs but also understand the legal basis that protects their profession. Thus, legal protection is not only present in the form of written regulations but also manifested in midwives' sense of security and confidence in carrying out their professional duties.

Normative–Empirical Synthesis and the Predictive Function of Theory

Based on normative and empirical analysis, legal protection theory predicts that without strengthening legal literacy and formalizing legal protection mechanisms, midwives in primary healthcare will continue to be psychologically vulnerable. This situation has the potential to encourage defensive practices that could impact the quality of midwifery services. Conversely, the theory also predicts that legal protection that is institutional, educational, and operational will increase midwives' confidence in making clinical decisions, reduce legal anxiety, and improve patient safety. From this synthesis, this research leads to the concept of institutional-psychological-based legal protection for midwives, namely legal protection that relies not only on regulations and standard operating procedures, but also on institutional support and strengthening midwives' sense of psychological security as legal subjects. This concept can serve as the basis for developing more contextual and applicable legal protection policies in primary healthcare facilities.

The characteristics of the informants in this study demonstrate a balance between practitioner and managerial perspectives, allowing for a comprehensive analysis of the implementation of legal protection for midwives at the Tanjung Enim Community Health Center. Practitioner informants, namely implementing midwives, provide empirical insights into the dynamics of midwifery practice, including the complexity of medical procedures, clinical decisions in emergency situations, and documentation challenges. This perspective provides an empirical basis for assessing the legal risks inherent in midwifery practice in primary care facilities. Meanwhile, managerial informants, namely the Head of the Community Health Center, provide an analytical dimension of policies, SOPs, and institutional legal protection mechanisms. This perspective is crucial for understanding how regulations, internal procedures, and cross-institutional coordination shape the context of legal protection for midwives. The combination of these two perspectives demonstrates that legal protection is not merely a consequence of written norms but is also closely linked to institutional practices and organizational dynamics.

Theoretically, selecting informants encompassing both perspectives aligns with the empirical legal research approach that emphasizes law as a social practice. The informant characteristics suggest that data collection should focus not only on individual actions but also on organizational structures and institutional mechanisms that influence the implementation of legal protection. This is important because the legal risks experienced by midwives are not simply the result of individual errors but also the interaction between professional competence, institutional procedures, and the capacity of the health system to support safe practices. Analysis of midwifery practice in community health centers (Puskesmas) reveals broad and complex clinical responsibilities. Midwives at the primary care level function as initial decision-makers, first responders, and referral facilitators. This complexity creates a legal dilemma because swift action is often required to save patients, yet every step taken is under the oversight of professional authority (Firmanto, 2019).

From a legal risk analysis perspective, midwifery practice in community health centers (Puskesmas) faces a duality: the need to act quickly in emergency situations and the need to maintain adherence to standard procedures. This situation reflects a situation where professional responsibility and legal risk intersect, giving rise to psychological stress and the potential for defensive practices. This analysis indicates that midwives in primary care facilities must balance patient safety and legal compliance, making adequate legal protection an urgent need to reduce the risk of litigation and psychological impact. Furthermore, an analysis of documents and procedural mechanisms indicates that medical documentation is a key element in mitigating legal risk. Time constraints and field conditions can compromise the quality of record-keeping, thus emphasizing the need for institutional strategies to support accurate, efficient, and timely record-keeping. Documentation is not

only administrative evidence but also a tool to enforce professional accountability and reduce legal vulnerability for midwives. Thus, legal protection should be viewed as an interaction between clinical competence, organizational procedures, and documentation that supports legal security.

Preventive legal protection can be analyzed through three aspects: formal regulations, institutional procedures, and capacity building for midwives. Regulatoryly, the health law and the provisions of the Indonesian National Standards of Health (KTKI) provide a formal legal framework that establishes midwives' practice authority and legal protection rights. This analysis shows that formal norms serve as a foundation, but their effectiveness depends on implementation in practice. Procedurally, SOPs at community health centers provide technical and legal guidelines for midwives. The analysis shows that SOPs serve a dual function: as operational guidelines for safe services and as instruments for mitigating legal risks. However, SOPs are only effective if they are understood and consistently implemented. This analysis emphasizes that SOPs should not simply be formal documents; mechanisms for socialization, regular training, and internal monitoring are necessary to ensure actual compliance in midwifery practice (Jauhani et al., 2022).

Strengthening midwives' capacity through training and continuing education is also a significant preventive dimension. The analysis shows that improving competence not only improves clinical quality but also serves as professional evidence that strengthens midwives' legal standing. This confirms that preventive legal protection is multidimensional, involving formal legal norms, institutional structures, and the development of individual capacity as legal subjects. Informed consent is an additional aspect of preventive protection. The analysis highlights that the existence of a patient consent document must be accompanied by adequate understanding by the patient and effective communication by the midwife. Preventive legal protection is less effective if informed consent is only formal, without a substantial patient education process. Thus, the analysis suggests that preventive mechanisms must integrate procedural compliance, competency strengthening, and effective communication to build comprehensive legal security for midwives.

Repressive legal protection relates to dispute resolution mechanisms following a conflict. Empirical analysis shows that the Tanjung Enim Community Health Center prioritizes administrative and non-litigation resolution, emphasizing internal clarification, medical record evaluation, and communication with patients or families. This approach aligns with the principle of professional dispute resolution prior to criminal proceedings, which emphasizes the institution's role as a guarantor of legal security for health workers. Functional analysis indicates that this mechanism is quite effective in mitigating the potential for dispute escalation. Institutional support provides a safety net for midwives, reduces the burden of individual legal responsibility, and allows for objective evaluation of medical actions. Coordination with the Health Office and the Health Worker Disciplinary Honorary Council adds a collective dimension of professional oversight. However, critical analysis also identifies weaknesses. The absence of written guidelines regarding repressive legal support procedures has the potential to create uncertainty in their implementation. This analysis emphasizes that reliance on ad hoc policies and informal coordination can result in differential treatment between cases, create psychological uncertainty for midwives, and reduce the effectiveness of legal protection. Therefore, repressive legal protection needs to be formalized with clear institutional guidelines, so as to provide legal certainty for health workers in facing disputes or litigation.

Midwives' legal understanding and psychological attitudes toward legal risks are important variables influencing midwifery practice. Analysis shows that midwives' legal understanding remains general and oriented toward procedural compliance, rather than substantive legal awareness. This limited understanding fosters fear of criminalization and excessive caution, which can trigger defensive practices. Psychological analysis emphasizes that legal anxiety has implications for clinical decision-making, potential delays in action, and quality of care. Therefore, effective legal protection relies not only on formal regulations but must also encompass strengthening legal literacy, psychological education, and institutional support. Thus, legal protection becomes a combination of normative, institutional, and psychological aspects, simultaneously strengthening midwives' legal security, self-confidence, and quality of care (Vitrianingsih et al., 2023).

Normative and empirical analyses allow for a synthesis that predicts the relationship between legal protection, midwifery practice, and professional behavior. Without strengthened legal literacy and formalized legal protection mechanisms, midwives will remain psychologically vulnerable, encouraging defensive practices and potentially reducing the quality of care. Conversely, legal protection that is institutional, educational, and operational will increase midwives' confidence, reduce legal anxiety, and enhance patient safety. This synthesis also emphasizes the importance of an institutional-psychological approach, emphasizing formal regulation, procedural implementation, institutional support, and strengthening midwives' sense of

psychological safety. This concept forms the basis for developing contextual, applicable, and sustainable legal protection policies in primary health care facilities. Theoretical analysis supports the prediction that multidimensional interventions combining standard operating procedures (SOPs), training, documentation, legal assistance, and legal literacy will improve the effectiveness of legal protection and the quality of midwifery care.

Based on a comprehensive analysis, midwifery practice at the Tanjung Enim Community Health Center (Puskesmas) is highly complex and carries inherent legal risks. Preventive and repressive legal protections are available normatively and institutionally, but their effectiveness depends on institutional understanding, consistency, and support. Limited legal literacy and uncertainty about repressive procedures foster fear and excessive caution, which can influence clinical decision-making. A normative-empirical synthesis confirms that effective legal protection must be multidimensional, integrating formal regulations, standard operating procedures, training, documentation, legal assistance, and psychological support. This approach enables midwives to practice midwifery safely, professionally, and according to standards, while reducing legal risks and improving the quality of primary health care.

CONCLUSION

This study demonstrates that legal protection for midwives in performing medical procedures at the Tanjung Enim Community Health Center is normatively available through the regulatory framework, professional standards, and applicable standard operating procedures. However, empirical findings reveal that these regulations do not fully provide a sense of security and legal certainty for midwives in their daily midwifery practice. Preventive legal protection has been implemented through SOPs, training, medical documentation, and informed consent, but its effectiveness still depends heavily on the midwives' level of legal understanding and consistency of its implementation in the field. This study also found that repressive legal protection mechanisms at the Tanjung Enim Community Health Center tend to be implemented through administrative resolution and institutional coordination with the Health Office, thus preventing the escalation of disputes into the criminal realm. However, the absence of written guidelines that clearly regulate the legal assistance mechanism makes this legal protection situational and unpredictable for midwives. This condition contributes to the emergence of anxiety and excessive caution in medical decision-making, especially in high-risk service situations. Thus, this study concludes that legal protection for midwives is not simply defined as the existence of written legal norms, but must be understood as an integrated system encompassing regulations, institutional capacity, legal understanding of health workers, and a sense of psychological safety in midwifery practice. These findings emphasize the importance of a legal protection approach that is not only normative, but also contextual and operational at the primary health care level. Based on these conclusions, this study recommends the need to strengthen legal protection for midwives through more structured and sustainable efforts. Community health centers (Puskesmas), as primary health care institutions, are expected to strengthen the implementation of legal protection by increasing the internalization of legal aspects in standard operating procedures (SOPs), improving the quality of medical documentation and informed consent, and developing written guidelines regarding legal assistance mechanisms in the event of health care disputes. This strengthening is expected to provide clearer legal certainty for midwives in carrying out their professional duties. Furthermore, improving health legal literacy for midwives is crucial so that midwives not only comply procedurally but also understand the legal basis that protects their professional authority and responsibilities. Support from the Health Office and professional organizations is also needed to provide clear and easily accessible legal assistance mechanisms, so that midwives do not face legal risks individually.

REFERENCES

Ali, M., & Bagir, Z. A. (2021). *Pendidikan Islam Multikultural: Konsep, Praksis, dan Tantangan Kontemporer [Multicultural Islamic Education: Concepts, Practices, and Contemporary Challenges]*. UIN Sunan Kalijaga Press.

Astuti, R., & Savitri, A. M. (2025). Perbandingan Perlindungan Hukum Bagi Bidan dalam Menjalankan Praktik Keprofesiannya Sebelum dan Sesudah Berlakunya UU Nomor 17 Tahun 2023 Tentang Kesehatan

[Comparison of Legal Protection for Midwives in Carrying Out Their Professional Practice Before and. *HUMANIORUM*, *3*(2), 71–81. https://doi.org/10.37010/hmr.v3i2.76 [In Indonesian]

Asyah, N. (2024). Pelindungan Hukum bagi Bidan Memberikan Pelayanan Obat kepada pasien dalam Praktik Kebidanan di Daerah Terpencil [Legal Protection for Midwives Providing Drug Services to Patients in Midwifery Practice in Remote Areas]. *Jurnal Hukum Dan Etika Kesehatan*, 82–92. https://doi.org/10.30649/jhek.v3i2.122 [In Indonesian]

Enim, D. K. K. M. (2023). *Laporan Evaluasi Pelayanan Kesehatan Ibu dan Anak di Puskesmas Tanjung Enim (Muara Enim: Dinas Kesehatan Kabupaten Muara Enim) [Evaluation Report of Maternal and Child Health Services at Tanjung Enim Community Health Center (Muara Enim: Muara Enim Distric*.

Farida. (2020). *Peran Bidan dalam Upaya Penurunan Angka Kematian Ibu dan Bayi di Indonesia [The Role of Midwives in Efforts to Reduce Maternal and Infant Mortality Rates in Indonesia]*. Kementerian Kesehatan Republik Indonesia.

Firmanto, A. A. (2019). Perlindungan Hukum Pasien Pada Bidan Praktik Mandiri Di Indonesia Pasca Dikeluarkannya Undang-Undang Nomor 4 Tahun 2019 Tentang Kebidanan [Legal Protection for Patients of Independent Midwives in Indonesia Following the Issuance of Law Number 4 of 2019 Co. *PRANATA HUKUM*, *14*(2), 140–156. https://doi.org/10.36448/pranatahukum.v14i2.80 [In Indonesian]

Hadjon, P. M. (2020). Perlindungan Hukum bagi Rakyat di Indonesia [Legal Protection for the People in Indonesia]. In *Cet. Revisi*. PT Bina Ilmu, Surabaya.

Jauhani, M. A., Pratiwi, Y. W., & Supianto, S. (2022). Perlindungan Hukum Tenaga Medis dan Pasien Pada Tindakan Gawat Darurat [Legal Protection for Medical Personnel and Patients in Emergency Procedures]. *JURNAL RECHTENS*, *11*(2), 257–278. https://doi.org/10.56013/rechtens.v11i2.1790 [In Indonesian]

Jordan, K., & Hughes, R. (2020). *Primary Health Care and Emergency Decision Making*. Oxford University Press.

Kementerian Kesehatan Republik Indonesia. (2021). *Profil Kesehatan Indonesia Tahun 2021 [Indonesia's Health Profile 2021]*. Kementerian Kesehatan RI.

Konsil Tenaga Kesehatan Indonesia. (2022). *Standar Kompetensi dan Kewenangan Tenaga Kesehatan [Competency Standards and Authority of Health Workers]*. KTKI.

Moleong, L. J. (2002). *Metodologi Penelitian Kualitatif*. Lexy J. Moleong.

Njoto, H. (2023). Legal Protection Mechanisms and Consequences for Medical Negligence in Healthcare Services. *Rechtsidee*, *11*(1), 85–98. https://doi.org/10.21070/jihr.v12i1.994

Rahmad, N., Setiyawan, D., & Indrawati, S. (2023). Perlindungan Hukum Bagi Bidan yang Melakukan Tindakan Medis (Studi Kasus Rumah Sakit PKU Muhammadiyah Gombong) [Legal Protection for Midwives Performing Medical Procedures (Case Study of PKU Muhammadiyah Gombong Hospital)]. *Amnesti: Jurnal Hukum*, *5*(1), 126–137. https://doi.org/10.37729/amnesti.v5i1.2710 [In Indonesian]

Rayga, & Siregar, A. R. M. (2025). Kepastian Hukum dalam Penerapan Teknologi Kesehatan: Perlindungan Data Pasien dan Malpraktik [Legal Certainty in the Implementation of Health Technology: Patient Data Protection and Malpractice]. *Politika Progresif : Jurnal Hukum, Politik Dan Humaniora*, *2*(1), 01–11. https://doi.org/10.62383/progres.v2i1.1230 [In Indonesian]

Soekanto, S., & Mamudji, S. (2018). *Penelitian Hukum Normatif: Suatu Tinjauan Singkat [Normative Legal Research: A Brief Overview]*. Rajawali Pers.

Sugiyono. (2019). *Metode Penelitian Kualitatif, Kuantitatif dan R&D [Qualitative, Quantitative and R&D Research Methods]*. Alfabeta.

Ulfa, M., & Hidayat, A. (2021). *Tanggung Jawab Hukum Tenaga Kesehatan dalam Pelayanan Medis [Legal Responsibilities of Health Workers in Medical Services]*. Pustaka Ilmu.

Vitrianingsih, Y., Suhartono, S., Mangesti, Y. A., & Budiarsih. (2023). Doctors' Legal Protection of Midwives And Nurses Professionals In Medical Actions In Hospitals. *YURISDIKSI : Jurnal Wacana Hukum Dan Sains*, *19*(3), 423–432. https://doi.org/10.55173/yurisdiksi.v19i3.212

WHO. (2023). *Trends in Maternal Mortality 2000–2020*. World Health Organization Press.

Williams, C. (2023). *Medical Negligence and Dispute Resolution in Healthcare Services*. Routledge.

Yunica, S. L. (2021). Perlindungan Hukum Bidan dalam Tindakan Pemasangan Alat Kontrasepsi dalam Rahim (AKDR) di Puskesmas [Legal Protection for Midwives in the Procedure of Inserting Intrauterine Contraceptive Devices (IUDs) in Community Health Centers]. *Jurnal Hukum Dan Etika Kesehatan*, 11–23. https://doi.org/10.30649/jhek.v1i1.12 [In Indonesian]