

# Law Enforcement Against Midwife Malpractice in Midwifery Services in Indonesia

Nurul Safitri, Elly Christanti Gautama, Fayola Issalillah, Rahayu Mardikaningsih, Yeni Vitrianingsih

Universitas Sunan Giri Surabaya, Indonesia

## ARTICLE INFO

### Article history:

Received 3 March 2023

Revised 19 March 2023

Accepted 25 April 2023

### Key words:

Midwife Malpractice,  
Legal Liability,  
Supervision,  
Health Regulation,  
Patient Safety,  
Health Law,  
Medical Negligence,  
Patient Protection.

## ABSTRACT

Malpractice in midwifery services is a legal issue that has received increasing attention, especially when midwives exceed the limits of authority or neglect to carry out professional standard procedures. This study aims to analyze the forms of law enforcement against midwives involved in malpractice cases, including civil, criminal, and administrative liability. The approach used is normative juridical, by examining relevant regulations such as the Regulation of the Minister of Health of the Republic of Indonesia Number 28 of 2017. The results of the study indicate that civil liability provides a legal basis for patients to file a lawsuit for compensation for losses arising from midwives' negligence. Meanwhile, criminal liability applies if negligence results in serious injury or death. In the administrative realm, violations of the limits of authority can be subject to sanctions ranging from reprimands to revocation of practice licenses. The main obstacles in law enforcement include weak medical documentation and uneven supervision, especially in remote areas. Therefore, there is a need to strengthen the supervision system, legal education for health workers, and the use of technology to support transparency and accountability in midwifery practice. This study recommends regulatory reform and improved inter-agency coordination to create more effective legal protection for patients and legal certainty for midwives.

## INTRODUCTION

Malpractice in health care is an issue that continues to receive attention, especially in the context of midwifery services. Midwives play an important role in assisting the process of childbirth, reproductive health, and maternal and child care. However, in practice, there are often cases where midwives exceed their authority or lack of care in providing services, resulting in harm to patients. Malpractice cases involving midwives not only have a serious impact on patient safety but also create potential legal conflicts for these health workers (Soetomo, 2019).

There are legal norms that regulate the practice of health workers, including midwives, in providing services to patients. This supports legal protection for patients and enforcement of professionalism standards in health practices as well as protecting patients' rights from medical errors (Hadjon & Hakim, 2019). Regulation of the Minister of Health of the Republic of Indonesia Number 28 of 2017 concerning Licenses and Implementation of Midwife Practices provides clear limits on the authority of

midwives in providing services. These two regulations underline that midwives are only allowed to perform certain medical actions and cannot take over tasks that are the authority of specialist doctors. In situations where midwives are involved in malpractice, legal actions that can be taken include civil, criminal, and administrative liability.

Midwife malpractice often occurs in the form of negligence, where midwives do not follow procedures in accordance with professional standards. This negligence can be in the form of misdiagnosis, inappropriate handling of labor, or actions without competent medical supervision. According to Marzuki (2017), negligence that causes harm to patients can be viewed as a tort, which allows patients or their families to claim compensation. Patients who experience physical or psychological losses due to malpractice have the right to obtain justice through civil or criminal legal channels. Research by Fadilah (2020) revealed that one of the main factors leading to malpractice is midwives' lack of understanding of the limits of their authority. A study by Suryono (2018)

\* Corresponding author, email address: [dr.yenivitrianingsih@gmail.com](mailto:dr.yenivitrianingsih@gmail.com)

highlighted the importance of stricter supervision of midwifery practices, especially in areas with limited access to specialists. This shows that malpractice is not only an individual problem, but also related to the existing system.

Criminal law also has a role in law enforcement of midwife malpractice cases. If the midwife's negligence causes serious impacts, such as injury or death to the patient, then the midwife's actions can be criminalized. Based on Article 359 of the Criminal Code, negligence that causes death or serious injury can be subject to criminal punishment. In this case, the element of negligence is a key factor in determining the criminal responsibility of the midwife concerned (Rahardjo, 2000). Based on the theory of legal responsibility, it emphasizes that every individual or party who commits an act that harms others must be responsible for their actions. Legal responsibility is applied to assess the negligence of midwives in carrying out their duties. This theory also strengthens administrative responsibility, where midwives who violate professional standards and exceed the limits of their license to practice can be subject to administrative sanctions, including revocation of their license to practice (Rahardjo, 2000).

This study aims to examine law enforcement against malpractice cases involving midwives in midwifery services. The analysis is directed at understanding how existing legal mechanisms are applied in handling these cases, as well as identifying challenges faced in the law enforcement process. In addition, this study also aims to evaluate the effectiveness of current regulations in providing legal protection for patients who are victims of malpractice, focusing on the extent to which these regulations are able to protect the rights of patients and provide adequate access to justice.

The urgency of this review lies in the increasing cases of midwifery malpractice that highlight weaknesses in legal accountability and regulatory oversight. As health workers who have a strategic role in maternal and child health services, midwives have professional responsibilities that directly affect patient safety and well-being. However, loopholes in regulations and the application of the law often leave patients in a vulnerable position, while midwives face uncertainty regarding their legal obligations.

This study is needed to identify weaknesses in the current regulatory framework, as well as provide relevant recommendations to strengthen legal protection for patients. This study is also expected to contribute to improving midwifery service standards and creating clarity and legal certainty for midwives

in carrying out their professional duties. Thus, this study is an important step in improving the health care system as well as building public trust in midwifery services in Indonesia.

## RESEARCH METHOD

This study uses a normative juridical method with a literature study approach to analyze law enforcement against malpractice cases involving midwives in midwifery services. The normative juridical approach was chosen because the focus of this research is on the study of applicable regulations, legal doctrines, and the application of legal norms in the context of patient protection and the legal responsibility of midwives. This method allows in-depth analysis of laws and regulations, legal theories, and academic views relevant to the research topic.

The data source used in this research is secondary data which includes primary, secondary, and tertiary legal materials. Primary legal materials include Regulation of the Minister of Health of the Republic of Indonesia Number 28 of 2017 concerning Licenses and Implementation of Midwife Practices, as well as related criminal law provisions such as Article 359 of the Criminal Code. Secondary legal materials include books, academic journals, and the results of previous studies that discuss the issue of midwifery malpractice and patient legal protection. Meanwhile, tertiary legal materials, such as legal dictionaries and encyclopedias, are used to strengthen the understanding of relevant legal concepts.

The data obtained was analyzed using a qualitative approach with a normative descriptive analysis method. The analysis is carried out by examining the substance of laws and regulations, evaluating the effectiveness of their implementation, and connecting them with the theory of legal liability and administrative theory. This research also identifies regulatory gaps and challenges in law enforcement against midwives involved in malpractice cases, to provide relevant recommendations for strengthening the legal framework and regulatory oversight.

The normative juridical approach in this research is designed to provide a comprehensive understanding of the relationship between regulations, the implementation of midwives' professional duties, and legal protection for patients. By relying on a systematic literature review, this research is expected to make theoretical and practical contributions in improving legal justice in midwifery services in Indonesia.

## **RESULT AND DISCUSSION**

Increased public awareness of rights in health care has led to a sharper spotlight on the practices of medical personnel, including midwives. In recent years, reports of erroneous professional actions or exceeding the limits of authority by midwives have been in the public and media spotlight. This phenomenon not only illustrates issues of individual competence, but also reflects the importance of a consistent supervisory and regulatory system in ensuring the quality of midwifery services (Mayra et al., 2021).

The midwife profession has an important role in maternal and child health services, but its position that is directly in contact with the critical condition of patients makes it vulnerable to ethical and legal demands. Every midwife must have a Midwife Registration Certificate to be able to practice their profession after carrying out a competency evaluation process in accordance with the provisions of laws and regulations as stated in Article 2 and Article 13 in the Regulation of the Minister of Health of the Republic of Indonesia Number 28 of 2017. In addition, it must also have a Midwife Practice License as stated in article 5. Midwives can carry out Midwifery Practice independently and / or work in Health Service Facilities as in Article 15. Health Service Facilities can be in the form of clinics; health centers; hospitals; and / or other Health Service facilities. Article 18 states that in the implementation of Midwifery Practice, Midwives have the authority to provide maternal health services; child health services; and women's reproductive health services and family planning.

Every midwife in carrying out her profession must comply with medical procedures. When medical procedures are performed without adherence to juridical restrictions and codes of ethics, the potential for legal disputes to arise is inevitable (Hidayah & Samuri, 2022). Therefore, understanding the dimensions of legal responsibility inherent in midwifery practice is an urgent need, both for the health workers themselves and the institutions to which they belong.

Regulations in the health sector have established a firm legal basis regarding the limits of midwives' professional authority (Jefferson et al., 2021). Non-compliance with these provisions can have serious consequences, not only for the harmed patients, but also for the midwives involved. Examining the forms of legal responsibility-including civil, criminal, and administrative aspects-is a strategic step to assess the extent to which legal protection is effective in handling midwife malpractice cases in Indonesia (Suiswo & Wulan, 2023).

Dispute resolution due to medical malpractice generally considers the seriousness of the error. If the error is minor and only causes unilateral dissatisfaction from the patient with the results of the medical treatment received, then settlement through non-litigation channels such as mediation and consensus is more advisable. On the other hand, for severe malpractice cases, an amicable approach is still preferred as the first step. However, if mediation efforts do not result in an agreement, then settlement through court channels is a step that can be taken (Hristodorof, 2019).

Legal protection for patients is basically closely related to the regulation of mutually binding rights and obligations between patients and health workers. This legal relationship arises when a patient contacts a medical professional to obtain health services, assuming that the medical professional has the expertise to handle the patient's illness. In this condition, trust becomes the main foundation, especially because patients generally do not have sufficient knowledge about their health conditions and fully rely on the professionalism of doctors, midwives, or other health workers (Sinamo & Sibarani, 2020).

In providing medical services, health professionals are obliged to uphold the principle of justice, which includes providing services without discrimination against the patient's social or economic background. In addition, medical professionals also have the obligation to convey information related to the patient's medical condition in an honest and transparent manner, while maintaining the confidentiality of the medical data. According to Sakuyama (2022), procedural errors committed by health workers, including midwives, are categorized as a form of professional misconduct, and can involve various forms of negligence such as lack of skill, negligence, or actions that violate professional ethics (intentional professional misconduct).

The profession of health workers is seen as a noble and respected profession in the community because people's hopes for healing depend on their competence and integrity (Khayru & Issalillah, 2022). If in the past the relationship between patients and medical personnel was considered unequal due to inequality in knowledge and social position, then in recent developments, the relationship has shifted to become more equal. Patients have the full right to obtain optimal medical services, while medical personnel are obliged to provide services in a professional and thorough manner (Şahbaz et al., 2022).

Most malpractice issues can be resolved amicably out of court. Litigation through the judiciary should be positioned as the last alternative, after all non-litigation mechanisms, especially mediation, have been pursued but have not resulted in a settlement. Therefore, a restorative approach based on deliberation remains the main footing in responding to allegations of negligence in medical practice before resorting to formal legal channels (Kusworo & Fauzi, 2023).

In organizing midwifery practice, midwives have the authority contained in the Regulation of the Minister of Health of the Republic of Indonesia Number 28 of 2017 concerning licenses and implementation of midwife practices, namely on maternal health services, services to child health and reproductive health services to women and family planning. Midwives in providing midwifery services must comply with the midwife code of ethics, which is a statement determined by a professional organization, the contents of which are a guide for midwives in carrying out midwifery practice.

The phenomenon of midwife malpractice occurs when midwives take actions that exceed their authority or fail to comply with established medical standards, which can cause harm to patients. In Indonesia, the authority of midwives is strictly regulated by the Regulation of the Minister of Health of the Republic of Indonesia Number 28 of 2017 concerning Licenses and Implementation of Midwife Practices. This regulation serves to direct midwifery practices that are safe for patients and professional according to authority. There are various law enforcement in midwife malpractice cases involving civil, criminal, and administrative liability. Each of these aspects of enforcement is governed by different regulations, where civil liability provides the basis for patients or families to file a lawsuit for damages. Criminal liability governs negligence that causes serious injury or death, while administrative liability governs violations of applicable regulations and standards. This analysis will help detail how each type of liability is applied in midwife malpractice cases.

Civil law enforcement against midwife malpractice is related to the right of patients or their families to obtain compensation for losses suffered due to midwives' errors or omissions (Beigi et al., 2015). Based on Article 1365 of the Civil Code, any unlawful act that causes loss requires the perpetrator to compensate for the loss (Hadi, 2018). In the context of midwife malpractice, negligence or errors committed by midwives can be seen as unlawful if they are not in accordance with professional

standards or if the action is beyond the midwife's authority. Through a civil lawsuit mechanism, patients or families can file a claim for financial compensation, which is a form of civil law enforcement for malpractice cases (Suryono, 2018).

Civil law enforcement in midwife malpractice cases is in line with the Theory of Legal Liability, which stipulates that every action that causes harm must be legally accounted for. In the civil realm, the responsibility of midwives in malpractice cases is to compensate patients for losses arising from negligence or wrongful acts. Based on this theory, losses caused by malpractice actions can be sued through tort (PMH), where patients who suffer injuries or financial losses have the right to claim compensation as compensation. This civil law enforcement guarantees that patients have the right to obtain justice for malpractice, and on the other hand provides a deterrent effect for midwives to be more careful in carrying out their duties (Rawls, 1971).

Criminal law enforcement in midwife malpractice cases aims to sanction midwives who act beyond their competence and cause serious harm to patients (Yılmaz et al., 2022). Under Article 359 of the Criminal Code, negligence that causes serious injury or death is subject to criminal penalties. In this case, midwives' actions that result in death or serious injury to patients can be categorized as criminal negligence, especially if they violate standard procedures or exceed authority (Astuti et al., 2022). Enforcement of this criminal law requires the element of negligence to be clearly proven, and can carry punitive consequences for midwives involved in malpractice cases.

Criminal law enforcement of midwife malpractice cases emphasizes aspects of midwives' negligence or carelessness that result in serious impacts on patients (Astuti et al., 2022). The Theory of Medical Negligence supports the application of criminal liability in this case, where midwives who are proven negligent and cause serious injury or death to patients can be subject to criminal sanctions (Zakariya et al., 2022). For example, in several empirical cases that occurred in Indonesia, midwives' negligence in handling labor complications without the help of a doctor led to the death of babies. This criminal law enforcement aims to emphasize that any negligence that results in fatalities must be followed by sanctions, and that patient safety must be a priority in medical practice (Suiswo & Wulan, 2023).

Administrative responsibility is applied to midwife malpractice cases through administrative sanctions aimed at maintaining compliance with

practice licenses and professional standards. Regulation of the Minister of Health of the Republic of Indonesia Number 28 of 2017 concerning Licenses and Implementation of Midwife Practices regulates that violations of practice licenses may be subject to administrative sanctions, ranging from reprimands to revocation of practice licenses. In this case, administrative law enforcement against midwives who commit malpractice includes the application of sanctions aimed at protecting health practice standards (Putri, 2023). This is as stated in Article 46 of the Regulation of the Minister of Health of the Republic of Indonesia Number 28 of 2017.

The Minister, Head of the Provincial Health Office, and/or Head of the Regency / City Health Office provide guidance and supervision of the implementation of midwife practice in accordance with their respective authorities. In addition, in providing guidance, the Minister, Provincial Health Office, Regency / City Health Office may include professional organizations. Guidance and supervision are to improve service quality, patient safety, and protect the public from all possibilities that can pose a danger to health.

In the context of implementing supervision, the Minister, Provincial Health Office, Regency / City Health Office can provide administrative action to midwives who violate the provisions on the implementation of practice. Administrative action is carried out through verbal reprimand; written reprimand; revocation of Midwife Practice License for a maximum of 1 (one) year; or revocation of Midwife Practice License forever.

Peran pemerintah dalam mengatur praktik Midwifery is critical to protecting public health and ensuring that maternal and neonatal care meets established safety standards. By implementing comprehensive regulations, the government can ensure that midwives are properly trained, certified, and continuously educated according to best practices. This regulatory framework not only protects the public by ensuring that midwives provide competent and evidence-based care, but also builds public trust in midwifery services. In addition, regulation can help standardize practice across different regions, reducing disparities in quality and access to care, which is critical to improving health outcomes for mothers and babies.

In addition to setting training and certification requirements, the government should also monitor and evaluate midwifery practices to ensure compliance with regulations. This oversight can involve regular audits, feedback mechanisms, and the establishment of clear channels for reporting and

handling complaints. By actively engaging with midwives and the communities they serve, the government can identify shortcomings in service delivery and areas for improvement. This collaborative approach not only improves the quality of care but also empowers midwives to champion their profession and the communities they serve. Ultimately, effective regulation of midwifery practice is a vital component of a robust health system that prioritizes the health and well-being of all individuals.

Administrative law enforcement against midwife malpractice is closely related to Patient Safety Theory which emphasizes the prevention of risk of injury in health services. In the administrative realm, the government through the Regulation of the Minister of Health of the Republic of Indonesia Number 28 of 2017 concerning Licenses and Implementation of Midwife Practices has regulated midwife practice standards and established sanctions for violators. Patient safety theory requires midwives to comply with established safety standards and procedures so that midwifery practice can run safely. The application of administrative sanctions against non-compliant midwives is a step to encourage the implementation of midwifery practices that are safer and in accordance with standards (Nurdiyana & Ramadhanti, 2017). Strict supervision and the application of administrative sanctions also ensure that only competent midwives can carry out tasks in the health sector (Turingsih, 2012).

The effectiveness of regulations in handling midwife malpractice cases still faces a number of obstacles, although the legal framework has been designed quite clearly. For example, the Regulation of the Minister of Health of the Republic of Indonesia Number 28 of 2017 concerning Licenses and Implementation of Midwife Practices has provided limits on the authority of midwives, which should be a guideline for midwifery practice. However, Hadjon and Hakim (2019) point out that the weak implementation of regulations at the field level, especially in areas with minimal access to doctors, is a major factor affecting the effectiveness of law enforcement. Many violations go unidentified due to inadequate or no regular supervision. As with the legal basis for disciplinary enforcement, it is often not followed by strict sanctions against violations that occur. For example, in cases where midwives perform medical actions without proper authorization, there are often no significant legal consequences, creating a culture of impunity and harming patient safety (Astuti et al., 2019). A stricter supervision system and consistent law enforcement are urgently needed to

ensure that all medical personnel, including midwives, comply with existing regulations to protect public health (Pyone et al., 2019).

The enforcement of sanctions stipulated in the regulation has also not run optimally. For example, although the Regulation of the Minister of Health of the Republic of Indonesia Number 28 of 2017 concerning Licenses and Implementation of Midwife Practices provides a basis for imposing administrative sanctions on midwives who violate authority or practice standards, Fadilah (2020) notes that inconsistencies in the application of sanctions often reduce the deterrent effect. Suryono (2018) adds that stricter supervision is needed, especially in remote areas, to ensure that any violations can be followed up immediately. Regulations need to be designed to accommodate more systematic monitoring mechanisms, including the involvement of local communities and institutions to increase accountability (Rojak, 2022; Casaria & Ravena, 2023).

In criminal law enforcement related to medical malpractice cases, the main difficulty often faced lies in the process of proving the element of negligence as stipulated in Article 359 of the Criminal Code (KUHP). The article requires strong evidence showing that the perpetrator has committed a negligent act that resulted in the death of the victim. However, the reality in the field shows that proving this element of negligence in concrete terms often encounters obstacles due to the lack of availability and completeness of medical documentation that is able to provide a detailed description of the medical actions that have been carried out.

According to an analysis conducted by Soetomo (2019), the main problem that arises in the process of proving medical negligence is the lack of systematic medical record documentation, especially in healthcare facilities in areas with limited resources. In many cases, medical records are still done manually, fragmentary, and not standardized. This causes the documentation to be less able to provide adequate and objective evidence when presented in court. As a result, the legal process experiences significant obstacles, and the enforcement of Article 359 of the Criminal Code against perpetrators of malpractice becomes difficult to realize optimally.

As a strategic approach that can address these issues, the implementation of a digitally integrated medical documentation system is worth considering as a long-term structural solution (Mazouz et al., 2015). This system is expected to create an accurate, transparent, and standardized database of all medical actions performed by health workers, including midwives (Brown et al., 2020). With a comprehensive

and consistent digital recording system, medical information can be stored securely, easily accessible, and has a high level of validity, thus becoming strong and credible evidence in the eyes of the law (Grogan et al., 2021).

In addition to the main benefits in the legal evidence process, the implementation of the integrated digital recording system also has direct implications for increasing the professional accountability of medical personnel (Kerkin et al., 2017). With standardized recording obligations, midwives and other health workers are encouraged to be more careful, thorough, and disciplined in carrying out every medical action (Kimmich et al., 2019). Thus, this system is not limited to creating an effective means of legal proof but also encourages the realization of a more professional, transparent, and responsible medical work culture in carrying out health service tasks in Indonesia.

In terms of health law theory, the drafting of regulations must be carefully directed to achieve a proportional balance between the protection of patients and adequate legal certainty for health workers. This balance is a fundamental prerequisite in creating a quality health service ecosystem, as well as legal justice (Darmawan et al., 2022). An ideal regulation must be able to guarantee the rights of patients to protection against the risk of malpractice and medical errors, but at the same time must also be able to protect health workers, especially midwives, from the threat of legal proceedings that are excessive or not in accordance with the level of error.

According to the view expressed by Hadjon and Hakim (2019), a health law regulation should not be partial or one-sided by only prioritizing patient protection, but must be built in a balanced and complementary manner between protection for patients and legal certainty for health workers. Legal protection provided to patients as medically vulnerable parties should not result in excessive psychological pressure for health workers in carrying out their professional practices (Quaresma et al., 2015). This is important to prevent the emergence of excessive fear or defensiveness in midwives in carrying out daily medical tasks, which in turn will harm the quality of medical services provided (Bachmann et al., 2019).

To realize the principle of balance, regulations in the field of health law need to explicitly regulate clear boundaries related to midwives' professional authority, including job descriptions, functions, and responsibilities inherent in midwifery practice (Downe & Stone, 2019). With this clarity, midwives will have firm guidelines in making medical

decisions, thereby reducing ambiguity that could potentially lead to misinterpretation in the implementation of the law (López Arellano et al., 2019). In addition, regulations must also specify in detail the legal obligations that midwives must fulfill in various specific medical situations, supported by clear, measurable, and evidence-based midwifery service standards (Wier, 2015).

Furthermore, regulations need to be equipped with a transparent, fair, and objectivity-based medical dispute resolution mechanism. This mechanism must be designed in such a way that it is able to provide equal protection of rights for both parties - both patients and health workers - by facilitating an objective, rational, and legally just settlement process. The existence of this clear mechanism is an important foundation for building public trust in the health law system, as well as providing a sense of security for midwives to carry out their professional obligations without the burden of fear of disproportionate legal risks.

Thus, comprehensive and proportional legal regulation in the health sector is not solely aimed at protecting the interests of one particular party, but as an effort to create a fair, transparent and accountable balance of legal rights and obligations for all parties involved in midwifery practice in Indonesia.

The effectiveness of regulation in midwifery practice is highly dependent on strong and coordinated institutional support. Good coordination between the government, health institutions, and law enforcement officials is essential to ensure that the implementation of regulations is consistent across regions, including those that may have unique challenges in terms of access and resources (Firmanto, 2019). Without effective synergy between these various parties, existing regulations may be ineffective, and the potential to improve the quality of midwifery services may be hindered. Therefore, it is important for the government to establish solid communication networks and collaborative mechanisms that enable better exchange of information and resources between all stakeholders.

Suryono (2018) emphasizes that this collaborative approach is becoming increasingly important, especially in the context of supervising midwifery practices in remote areas, where access to health services is often limited. By strengthening institutions and utilizing technology, existing regulations can be more effective in enforcing the law and providing adequate legal protection for patients, as well as legal certainty for midwives. For example, the use of information technology can facilitate real-time reporting and monitoring of midwifery

practices, enabling swift action against possible violations. In addition, training and capacity building for midwives and other health workers should also be an integral part of this strategy, to ensure that they understand and can comply with applicable regulations. Thus, institutional strengthening and technology utilization not only improve the effectiveness of regulations, but also contribute to improving the overall quality of health services.

## CONCLUSION

This study examines law enforcement against midwife malpractice in midwifery services with a focus on three types of legal responsibility: civil, criminal, and administrative. The results show that civil law enforcement gives patients or their families the right to file a claim for compensation based on Article 1365 of the Civil Code. This guarantees that patients have access to justice and compensation if they suffer losses due to midwife malpractice that violates professional standards or authority.

Criminal law enforcement focuses on sanctioning midwives whose negligence causes serious injury or death to patients, in accordance with the provisions in Article 359 of the Criminal Code. In this case, midwives who act beyond their authority or do not comply with standard procedures may be subject to criminal penalties if their negligence is proven to harm the patient. This criminal law enforcement aims to provide a deterrent effect and emphasize that patient safety must be the top priority in health services.

Administrative law enforcement, which is regulated in the Regulation of the Minister of Health of the Republic of Indonesia Number 28 of 2017 concerning Licenses and Implementation of Midwife Practices, allows the application of administrative sanctions against midwives who violate practice licenses and professional standards. This administrative action is a form of prevention aimed at maintaining midwives' compliance with patient safety standards. Strict supervision and the imposition of administrative sanctions play an important role in minimizing the risk of malpractice committed by midwives, while ensuring that only competent medical personnel can practice.

To improve the effectiveness of law enforcement in midwife malpractice cases, it is necessary to conduct stricter supervision of midwifery practices, especially in areas with limited access to specialists. Existing regulations also need to be revised and refined to provide specific limits on the authority of midwives, including guidelines for safe patient handling and according to professional standards.

The use of technology in supervising midwifery practice is also an important step. Digital systems such as electronic medical records or online practice reporting can help identify violations early, so that corrective action can be taken immediately.

Strengthening the enforcement of administrative sanctions is also needed to provide a deterrent effect for midwives who violate practice licenses or professional standards. Consistency in the application of sanctions, including revocation of practice licenses, is key to preventing repeated violations. Legal education for midwives needs to be carried out to increase their understanding of the obligations and legal risks inherent in midwifery practice. Patients also need to be given an understanding of their rights in midwifery services, so that they can demand justice in the event of a violation.

Coordination between institutions, such as health institutions, law enforcement officials, and professional organizations, should be improved to accelerate and strengthen the handling of malpractice cases. With these steps, the law enforcement system is expected to run more effectively, provide optimal legal protection for patients, and create legal certainty for midwives in carrying out their professional duties.

## REFERENCES

- Astuti, A. E., Asphianto, A., & Al Arif, M. N. F. (2022). Criminal law enforcement analysis against independent practice midwives in committing unlawful acts. *Jurnal Hukum Replik*. <https://doi.org/10.31000/jhr.v10i2.6226>
- Bachmann, L., Michaelsen, R., & Vatne, S. (2019). Professional vulnerability in mental healthcare contexts: A focus group study of milieu-therapists' experiences. *Nursingopen*, 6(3), 1076-1087. <https://doi.org/10.1002/NOP2.292>
- Beigi, M., Asadi, L., Valiani, M., & Mardani, F. (2015). Evaluating different types of malpractices in midwifery that were referred to the forensic medicine commission and the medical council between 2006 and 2011 in Isfahan province, 2013. *Iranian Journal of Nursing and Midwifery Research*. <https://doi.org/10.4103/1735-9066.161012>
- Brown, J., Cooper, A. L., & Albrecht, M. A. (2020). Development and content validation of the Burden of Documentation for Nurses and Midwives (BurDoNsaM) survey. *Journal of Advanced Nursing*. <https://doi.org/10.1111/JAN.14320>
- Casesaria, R. M., & Ravena, D. (2023). Kasus Malpraktik oleh Bidan yang Melakukan Kesalahan Persalinan di Rumah Sakit Riau Melalui Penerapan Restorative Justice Dihubungkan dengan Undang-Undang No. 36 Tahun 2009 Tentang Kesehatan. *In Bandung Conference Series: Law Studies*, 3(1), 510-515.
- Darmawan, D., F. Issalillah, R.K. Khayru, A.R.A. Herdiyana, A.R. Putra, R. Mardikaningsih & E.A. Sinambela. (2022). BPJS Patients Satisfaction Analysis Towards Service Quality of Public Health Center in Surabaya. *Media Kesehatan Masyarakat Indonesia*, 18(4), 124-131.
- Downe, S., & Stone, N. (2019). Midwives and midwifery: The need for courage to reclaim vocation for respectful care. *Childbirth, Vulnerability and Law*. <https://doi.org/10.4324/9780429443718-6>
- Fadilah, R. (2020). Peran pengawasan dalam pencegahan malpraktik bidan. *Jurnal Etika Kedokteran Indonesia*, 8(2), 65-78.
- Firmanto, A. A. (2019). Perlindungan Hukum Pasien Pada Bidan Praktik Mandiri Di Indonesia Pasca Dikeluarkannya Undang-Undang Nomor 4 Tahun 2019 Tentang Kebidanan. *Pranata Hukum*, 14(2), 140-156.
- Grogan, L., Reed, A., & Fennelly, O. (2021). Nursing Documentation in Digital Solutions. *Health Informatics Introduction to Nursing Informatics*, 175-201. [https://doi.org/10.1007/978-3-030-58740-6\\_7](https://doi.org/10.1007/978-3-030-58740-6_7)
- Hadi, I. G. A. A. (2018). Perbuatan melawan hukum dalam pertanggungjawaban dokter terhadap tindakan malpraktik medis. *Jurnal Yuridis*, 5(1), 98-133. <https://doi.org/10.35586/.V5I1.318>
- Hadjon, P. M., & Hakim, R. (2019). *Hukum administrasi dan pertanggungjawaban profesi kesehatan*. Malang: Setara Press. KUHP Pasal 359. Tentang kelalaian yang menyebabkan kematian atau luka berat. Jakarta: Lembaran Negara Republik Indonesia.
- Hidayah, N., & Samuri, S. (2022). Juridical Review of Midwife Practices and Authorities in Providing Midwifery Services Based on Presidential Regulation No. 82 of 2018 concerning Health Insurance. *Jurnal Hukum Kesehatan*, 8(2). <https://doi.org/10.24167/shk.v8i2.5156>
- Hristodorof, C.-M. (2019). Malpractice - The Phenomenon and the Relevant Advantages of Mediation in Criminal Cases. *Social Science Research Network*. <https://doi.org/10.2139/SSRN.3459685>
- Issalillah, F. & R.K. Khayru. (2021). Social Perceptions of Domestic Violence and its Implications for the Mental Health and Recovery Process of Victims, *Journal of Social Science Studies*, 1(2), 125 - 130.
- Jefferson, K., Bouchard, M. E., & Summers, L. (2021). The Regulation of Professional Midwifery in the

- United States. *Journal of Nursing Regulation*.  
[https://doi.org/10.1016/S2155-8256\(20\)30174-5](https://doi.org/10.1016/S2155-8256(20)30174-5)
- Kerkin, B., Lennox, S., & Patterson, J. (2017). Making midwifery work visible: The multiple purposes of documentation. *Women and Birth*.  
<https://doi.org/10.1016/J.WOMBI.2017.09.012>
- Khayru, R.K. & F. Issalillah. (2022). Service Quality and Patient Satisfaction of Public Health Care, *International Journal of Service Science, Management, Engineering, and Technology*, 1(1), 20 - 23.
- Khayru, R.K. & F. Issalillah. (2022). The Equal Distribution of Access to Health Services Through Telemedicine: Applications and Challenges, *International Journal of Service Science, Management, Engineering, and Technology*, 2(3), 24 - 27.
- Kholis, K.N., N. Chamim, J. A. Susanto, D. Darmawan, & M. Mubarak. (2023). Analyzing Electronic Medical Records: A Comprehensive Exploration of Legal Dimensions within the Framework of Health Law, *International Journal of Service Science, Management, Engineering, and Technology*, 4(1), 36-42.
- Kimmich, N., Burkhardt, T., Kreft, M., & Zimmermann, R. (2019). Reducing birth trauma by the implementation of novel monitoring and documentation tools. *Acta Obstetrica et Gynecologica Scandinavica*.  
<https://doi.org/10.1111/AOGS.13660>
- Kusworo, D. L., & Fauzi, M. N. K. (2023). Implementation of Litigation Mediation in Resolving Medical Negligence Disputes Between Patients and Health Workers. *Administrative and Environmental Law Review*.  
<https://doi.org/10.25041/aer.v4i1.2858>
- López Arellano, L., Sánchez Ramírez, G., & Mendoza Cárdenas, H. A. (2019). Professional Midwives and their Regulatory Framework in Mexico. *Mexican Law Review*.  
<https://doi.org/10.22201/IIJ.24485306E.2020.2.14174>
- Marzuki, P. M. (2017). *Penelitian hukum*. Jakarta: Kencana Prenada Media Group.
- Mayra, K., Padmadas, S. S., & Matthews, Z. (2021). Challenges and needed reforms in midwifery and nursing regulatory systems in India: Implications for education and practice. *PLOS ONE*.  
<https://doi.org/10.1371/JOURNAL.PONE.0251331>
- Mazouz, S., Cherkaoui Malki, O. M., & Nfaoui, E. H. (2015). Design and implementation of a health document. *International Journal of Computers & Technology*, 14(11), 6219-6228.  
<https://doi.org/10.24297/IJCT.V14I11.1809>
- Nalin, C., S. A. B. Saidi, M. Hariani, V. Mendrika, & F. Issalillah. (2022). The Impact of Social Disparities on Public Health: An Analysis of Service Access, Quality of Life, and Policy Solutions, *Journal of Social Science Studies*, 2(1), 39 - 46.
- Nurdiyan, A., & Ramadhanti, I. P. (2017). Education, Regulation, and Associations As a Solid Foundation for Midwifery Professionals. *Jurnal Kesehatan*.  
<https://doi.org/10.35730/JK.V9I1.344>
- Putri, Z. M., Sugiharti, D. K., & Muttaqin, Z. (2023). Administrative sanctions against abuse of authority in the environmental licensing sector based on positive law in indonesia. *Journal of Law and Policy Transformation*.  
<https://doi.org/10.37253/jlpt.v7i2.6869>
- Pyone, T., Karvande, S., Gopalakrishnan, S., Purohit, V., Nelson, S., Balakrishnan, S. S., Mistry, N., & Mathai, M. (2019). Factors governing the performance of Auxiliary Nurse Midwives in India: A study in Pune district. *PLOS ONE*.  
<https://doi.org/10.1371/JOURNAL.PONE.0226831>
- Quaresma, P. C., Fernades, E. S., Silva, E. G., Monteiro, E. M. O., Paiva, J. G. A., & Almeida, C. P. R. (2015). The occupational stress on health's professionals to legal medical Institute Leonidio Ribeiro, Federal District - Brazil. *Scientific Electronic Archives*.  
<https://doi.org/10.36560/912016192>
- Rahardjo, S. (2000). *Ilmu hukum*. Bandung: PT Citra Aditya Bakti.
- Rawls, J. (1971). *A theory of justice*. Cambridge, MA: Harvard University Press.
- Rojak, J. A. (2022). Mobilizing Public Legal Awareness in the Implementation of the Covid-19 Health Protocol: An Academic Study on Participation and Compliance, *International Journal of Service Science, Management, Engineering, and Technology*, 1(2), 31 - 36.
- Şahbaz, G., Yücesoy, H., Akin, Ö., & Erbil, N. (2022). *Malpractice and Responsibilities of Health Professionals*. Sağlık Bilimleri Üniversitesi Hemsirelik Dergisi.  
<https://doi.org/10.48071/sbuhemsirelik.1012864>
- Sakuyama, N. (2022). *Legal imperatives of medical negligence and medical malpractice*.  
[https://doi.org/10.4103/njm.njm\\_57\\_22](https://doi.org/10.4103/njm.njm_57_22)
- Sinamo, N., & Sibarani, S. (2020, May 20). Medical Malpractice in the Legal View. *Advances in Social Science, Education and Humanities Research*.  
<https://doi.org/10.2991/ASSEHR.K.200515.006>

- Soekanto, S., & Mamudji, S. (2009). *Penelitian hukum normatif: Suatu tinjauan singkat*. Jakarta: PT Raja Grafindo Persada.
- Soetomo, T. (2019). Standar etika dan tanggung jawab bidan dalam praktik kebidanan. *Jurnal Hukum Kesehatan*, 15(3), 120-135.
- Suryono, H. (2018). Pentingnya pengawasan praktik kebidanan di daerah terpencil. *Jurnal Pelayanan Kesehatan Masyarakat*, 9(1), 101-115.
- Susiswo, S., & Wulan, S. (2023). Legal protection for midwives performing medical procedures (case study of bandung kebonjati hospital). *Jurnal Darma Agung*. <https://doi.org/10.46930/ojsuda.v31i1.3133>
- Taufik, E. R., S. Hasan, T. Titin, F. S. Singagerda, & E. A. Sinambela. (2022). Hospitals Visit Intention and Visit Decision: How the Role of Viral and Word of Mouth Marketing? *Frontiers in Public Health*, 10
- Turingsih, R. A. A. I. (2012). Tanggung jawab keperdataan bidan dalam pelayanan kesehatan. *Mimbar Hukum*. <https://doi.org/10.22146/JMH.16129>
- Wier, J. (2015). *Protecting the public: the current regulation of midwifery*.
- Yılmaz, B. T., Alan, S., & Öztürk, M. (2022). Malpractice in midwifery: A cross-sectional retrospective study from Turkey. *Health Sciences Quarterly*. <https://doi.org/10.26900/hsq.2.1.01>
- Zakariya, H., Rudatyo, R., Ismiyanto, I., & Zanuvar, K. M. Z. (2022). Aspects Of Legal Protection Against Midwife Profession In Indonesia. *JMNS*. <https://doi.org/10.57170/jmns.v4i1.88>