

LEGAL PROTECTION FOR MIDWIVES PROVIDING FIRST AID IN EMERGENCY SITUATIONS BASED ON LAW NUMBER 17 OF 2023 CONCERNING HEALTH

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Abstract

The legal protection of midwives in providing emergency care, as regulated in Indonesia's Health Law Number 17 of 2023, is essential for ensuring legal certainty and safety in medical practice. This study aims to analyze the scope of legal liability related to first aid provided by midwives to patients in emergency situations. Using a normative juridical approach and descriptive-analytical method, this research is based on literature reviews and secondary data from relevant laws and professional guidelines. The findings indicate that midwives are legally protected as long as their actions follow professional standards, codes of ethics, and standard operating procedures. Legal protection includes the right not to be criminally or civilly prosecuted when giving life-saving aid in emergencies within their competence, even if done beyond their normal authority—as long as it is based on scientific judgment and good faith. However, legal sanctions may apply if midwives act negligently, without proper competency or authority, or if harm is caused due to failure to follow procedures, such as not making timely referrals or conducting improper medical treatment. Illustrative cases show that midwives can face criminal charges (e.g., under Article 359 of the Criminal Code) or civil lawsuits when there is proven malpractice or patient death due to unprofessional conduct. This study emphasizes the need for clear legal frameworks supported by preventive mechanisms (such as continuous professional education), repressive actions (like disciplinary or criminal measures), and non-litigation efforts (such as mediation or institutional protection through professional associations) to ensure justice, safety, and legal clarity for midwives practicing in emergency contexts..

Keywords: midwife; emergency care; legal protection; professional standards; regulation.

I. INTRODUCTION

Humans as social creatures need interaction and communication to fulfill their needs. ¹ Communication is an important process in the exchange of information, both

verbally and nonverbally, which is seen from various perspectives such as mechanistic, sociological, psychological, and anthropological. ² In midwifery practice, effective communication is the basis for

¹ Siti Rini Handajani, Communication in Midwifery Practice, *Midwifery Print Teaching Material Module*, Ministry of Health of the Republic of Indonesia, Center for Health Human Resources Education, Agency for Health Human Resources Development and Empowerment, Jakarta, 2016, p. 3-4. 3-4

² Lety Arlenti and Erli Zainal. M, *Midwifery Service Management*, Module of Sapta Bakti School of Health Sciences, source: <chromeextension://efaidnbmninnibpcapjpcglclefindmkaj/http://repository.stikessaptabakti.ac.id/204/1/MODUL%20MANAJEMEN%20PELAYANAN%20KEBIDANAN.pdf>, accessed on April 30, 2025.

midwives to provide responsible and quality care.³

Midwifery management is a logical and systematic framework used by midwives to provide care, detect complications, handle emergencies, and make appropriate referrals.⁴ The demands of professionalism and high managerial responsibility require midwives to understand management theories and principles that are recognized nationally and internationally.⁵ The role of midwives is now increasingly broad, not only for mothers and children, but also for reproductive health as a whole.⁶

Legal safeguards midwifery practitioners must provide services are always direct, accountable and responsive. Legal protection is enshrined within the midwives scope of practice; “legal protection” within the Constitution of

1945 Republic of Indonesia Law No 17 of 2023 on Health gives specific attention to health service providers stating that they shall provide services according to the standards of practice of the profession and shall receive protection under the law in the performance of their duties.⁷

However, in practice, there are still unclear boundaries regarding the legal authority of the midwife profession, especially in emergency situations. This legal ambiguity can lead to professional vulnerability. For instance, the case of Midwife Zainab Binti Wahyudin, who provided health services beyond midwifery authority to general patients, and the case of Midwife Dessy, who was allegedly responsible for the death of a baby during delivery, reflect the legal uncertainty and potential liability faced by midwives when performing emergency first aid beyond their professional scope. These examples highlight the pressing need for clear legal guidelines and protections.

Based on these legal challenges, this study aims to explore the legal protection afforded to midwives when providing emergency care, particularly in situations where their actions may fall outside the strict bounds of midwifery authority. The research seeks to clarify the extent of legal liability midwives may face and to assess how current regulations, especially Law Number 17 of 2023 concerning Health, provide a framework for legal certainty, professional safety, and equitable practice.

³ Maskawati, *Health Law Ethical and Juridical Dimensions of Health Care Liability*, Litera, Yogyakarta, 2018, pp. 1

⁴ Sutrisno, *Delegation of Medical Actions of Doctors to Nurses (Study of Patient Protection in Health Services)*, Genta Publishing, Yogyakarta, 2017, pp. 45-46

⁵ Wahyu Simon Tampubolon, *Legal Protection for Consumers in View of the Consumer Protection Law*, Scientific Journal "Advokasi" Vol. 04. No. 01. March 2016, ISSN Number 2337-7216.

⁶ Nurrobikha and Asmawati Burhan, *Textbook of Midwifery Concepts*, Budi Utama, Yogyakarta, 2015, pp. 41

⁷ Siti Rini Handajani, *Communication in Midwifery Practice*, Midwifery Print Teaching Material Module, Ministry of Health of the Republic of Indonesia, Center for Health Human Resources Education, Health Human Resources Development and Empowerment Agency, Jakarta, 2016.

The implementation of Law Number 17 of 2023 is anticipated to improve legal clarity and serve as a safeguard for midwives in exercising their professional duties, especially in administering first aid during emergency situations. However, despite its potential, this legal framework still requires critical examination in terms of its real-world application to ensure that it truly delivers the intended sense of security, fairness, and protection for midwives in the field.

Based on this description, the author is interested in examining more deeply and pouring it in a thesis entitled: *Legal Protection For Midwives Providing First Aid In Emergency Situations Based On Law Number 17 Of 2023 Concerning Health*.

II. RESEARCH METHODS

This research employs a normative juridical approach that focuses on the analysis of laws and legal principles applicable within Indonesia's legal system. The research is grounded in secondary data sources, which consist of three types of legal materials. First, primary legal materials include statutory regulations such as Law Number 17 of 2023 concerning Health, Law Number 4 of 2019 concerning Midwifery, and the Indonesian Criminal Procedure Code. Second, secondary legal materials comprise academic writings, legal commentaries, and scholarly interpretations related to the regulation and practice of midwifery. Third, tertiary legal

materials include legal encyclopedias, bilingual legal dictionaries (English–Indonesian), and supporting literature such as legal journals and professional publications.

This research is further classified as descriptive-analytical, employing a qualitative approach to systematically examine the legal framework concerning midwives who provide emergency care, particularly in circumstances that may exceed their standard scope of authority. Through this method, the study seeks to describe and interpret the legal responsibilities, protections, and potential liabilities of midwives as stipulated in applicable health and professional laws.

III. RESEARCH RESULTS AND DISCUSSION

3.1 Midwives In Health Services In Indonesia

1. Midwives as one of the actors of health services

a. History of Midwifery in Indonesia

Midwifery is an internationally recognized profession, with a definition and scope of practice agreed upon by ICM, FIGO, and WHO. A midwife is someone who has attended a recognized midwifery education, graduated, and has qualifications and a license to practice In Indonesia, midwifery education began during the Dutch colonial period and continued to develop, including the opening of indigenous midwife education in 1851 and formal training since 1952. Midwifery

services have become more equitable since 1990 through the policy of placing midwives in villages.⁸

Midwives in the village play a role in maternal and child health services, coaching Posyandu, and developing maternity huts. In hospitals, midwives play a role in antenatal, labor, postpartum, and perinatal care.

b. Midwifery Services and Authority

According to Law Number 17 of 2023 referring Health, midwives are obliged to practice within boundaries of clinical authority after undergoing competency examinations. Maternal reproductive health, contraceptive services, and child health are included in the midwife's scope of practice.⁹

The practice of midwifery can be conducted in clinics or carried out autonomously, complying with the standards of the profession, the standards of the service, and the IBI code of ethics. There are two legal documents required which are the Registration Certificate as well as the Midwife Practice License.

Intervention of midwives is commonly encountered in peripheries which tend to be remote because of the lack of other medical practitioners, and therefore midwives frequently work beyond the range of their specified duties.¹⁰

c. Rights and Obligations of Midwives

The rights of midwives are regulated in Article 273 of Law No. 17 of 2023, including legal protection, the right to information, salary, work safety, self-development, and the right to refuse patient requests that are contrary to professional standards.¹¹ Midwives' obligations include providing services according to standards, obtaining consent for actions, maintaining patient confidentiality, making and keeping records, and referring patients when necessary. In an emergency situation, midwives are obliged to provide first aid and are exempt from compensation claims if they aim to save lives or prevent disability.

d. Midwifery Practice Legislation

Legislation aims to maintain the quality of service, provide authority, and ensure legal protection and professionalism of

⁸ Sastrariah, *Teaching Materials for Midwifery Concepts Course*, Bina Bangsa Majene Sticker, 2016, pp. 5

⁹ Hadi sulistiyanto Mahalia, Marcella Elwina, "Legal Responsibility of Independent Practitioner Midwives in Carrying Out Referrals as an Effort to Save Mothers and Babies in Sukamara Regency, Central Kalimantan Province," *SOEPRA Journal of Health Law*, source:

https://www.researchgate.net/publication/388620532_Pertanggungjawaban_Bidan_Praktik_Mandiri_in_Health_Services_Post_Enactment_of_th

e_Health_UU_No17_Year_2023, accessed on May 6, 2025.

¹⁰ Rita Dian Anggraini, *Midwives' Responsibilities in Handling Non-Midwifery Patients Associated with Integrated Management of Sick Toddlers and Integrated Management of Young Infants*, Al'Adl, Volume X Number 2, July 2018, source <https://www.neliti.com/publications/363569/tanggungjawab-Bidan-dalam-menangani-pasien-non-keBidanan-di-kaitkan-dengan-mana>, accessed on May 6, 2025.

¹¹ Sari Murti Widiyastuti, *Principles of Civil Liability*, Yogyakarta: Cahaya Atma Pustaka, 2020, p. 98

midwives. The Midwife Practice License is proof of legality and quality assurance of services, while the IBI code of ethics guides professional behavior.¹²

2. Health Services for the Community

As defined in Law No. 17 of 2023, Health services are defined as actions tangible to person and society for health maintenance and improvement. Such facilities include puskesmas, other community health clinics, private practice clinics, and hospitals; these serve as the basic health care units which the government must organize and supervise regarding the quality of services offered.

3. Legal Protection for Midwives Who Provide Emergency Health Services Outside of Their Authority

Legal protection for midwives providing emergency services beyond their formal scope of authority is regulated under the 1945 Constitution (Article 28D), Law Number 4 of 2019 on Midwifery, and Law Number 17 of 2023 on Health. These laws recognize the right of every individual, including midwives, to receive legal safeguards in carrying out professional duties—particularly in life-threatening emergency situations. Article 59 of Law Number 4 of 2019 allows midwives to perform life-saving actions beyond their usual

authority, provided they act within the limits of their competence and make decisions based on scientific judgment.¹³ However, a critical analysis of the effectiveness of these legal instruments reveals several challenges. In practice, the boundaries between authorized and unauthorized actions remain blurred, especially in rural or remote areas where midwives are often the only available health personnel. The law allows emergency actions, but it does not define clearly what constitutes "emergency" or "competence", leaving room for multiple interpretations that could lead to legal vulnerability.¹⁴

Moreover, the mechanism of legal accountability for midwives is complex. When emergency actions result in patient harm, midwives may face criminal charges (e.g., Article 359 of the Criminal Code), civil lawsuits for malpractice, or administrative sanctions such as revocation of license. The application of protection under criminal law depends on whether the act qualifies as a justification (*overmacht/darurat*) or excuse. In theory, the law protects midwives acting in good faith; in practice, the absence of supporting documentation, standard operating procedures (SOP), and legal assistance can leave them exposed.¹⁵

¹² Without Author, *Legislation in Midwifery Practice*, source <https://midwifescience.wordpress.com/2013/07/09/legislasi-dalam-praktik-keBidan-an/>, downloaded on May 6, 2025

¹³ Online Legal Team, *Definition of Legal Protection According to Experts*, source: <http://tesishukum.com>, accessed on May 7, 2025

¹⁴ Law Number 4 of 2019 referring Midwifery.

¹⁵ Siti Risma, Murzal Zaidan, and Ahmaturrehman Ahmaturrehman, *Legal Protection*, Sriwijaya University, 2021, p. 65

Administratively, there is no uniform protocol across health institutions to record, evaluate, or defend emergency decisions made by midwives. Some midwives lack institutional legal support when facing accusations, and others are not trained in legal documentation or risk management. As a result, legal protection becomes ineffective at the operational level, despite being guaranteed on paper.¹⁶

To provide concrete illustration, the case of Midwife Zainab Binti Wahyudin (Decision No. 120/Pid.Sus/2024/PN Pbm) is instructive. She was found guilty and sentenced to four years in prison for offering general healthcare services—outside the scope of midwifery—to adult male patients, including administering medications. Although the act was intended as an emergency intervention, the expired license (SIP and STR) and her lack of legal authorization led to conviction. The case shows that legal protection is not applicable when administrative and professional standards are not met.

Another example is the civil lawsuit filed against Midwife Dessy (Decision No. 574/Pdt.G/2021/PN.Bks), where the patient suffered complications during labor and the baby died due to a delay in referral. The lawsuit was dismissed for formal reasons, but the case highlights how poor communication, lack of documentation, and procedural

ambiguity can expose midwives to legal scrutiny, regardless of intent.

To address these unresolved normative challenges, several measures are needed. First, clearer operational definitions of emergency authority and competence must be embedded in technical regulations. Second, midwives should receive continuous legal literacy training and risk-management capacity building. Third, institutions should adopt standardized legal documentation tools and provide legal defense mechanisms (e.g., through professional associations like IBI) to ensure that protections guaranteed in the law are realized in actual practice.

3.2 Practice of Legal Protection for Midwives who perform first aid to patients in emergency conditions based on Law Number 17 of 2023 referring Health

Legal protection for midwives providing first aid to patients in emergency situations is grounded in Law Number 17 of 2023 on Health. This protection encompasses government support, guarantees of legal certainty, the safeguarding of citizens' rights, and sanctions for parties who violate the law. Given the crucial role of midwives in reducing maternal and infant mortality, such protection is essential to ensure that midwives can perform their duties safely, confidently, and in accordance with professional standards.

¹⁶ Wahyu Simon Tampubolon, *Legal Protection Efforts for Consumers in Review of the Consumer*

Protection Law, Advocacy Scientific Journal 4, No. 1, 2016, pp. 53

However, this legal protection applies only when midwives act in compliance with professional ethics, procedures, and established standards of care.¹⁷

1. Practical Legal Remedies for Midwives Acting Beyond Their Authority in Emergencies

Midwives, as health professionals, are legally required to adhere to ethical codes, statutory regulations, and professional standards. Their principal obligation is to preserve human life and to remain accountable for each action undertaken in clinical practice. Every intervention must be rooted in clinical competence, supported by scientific evidence, and performed within a framework of legal certainty that enables midwives to act professionally and independently, albeit within their defined scope of practice.^{18,19}

According to Law Number 17 of 2023 and its implementing regulations—particularly Ministry of Health Regulation No. 28 of 2017—midwives are bound both legally and ethically to operate within their authorized domain. Actions taken beyond this scope, unless properly justified, may expose midwives to criminal, civil, or administrative liability.

2. Legal Case Analysis and Lessons Learned

Two notable legal cases illustrate the challenges in implementing legal protection for midwives in emergency contexts:

Case 1: Midwife Zainab Binti Wahyudin (Decision No. 120/Pid.Sus/2024/PN Pbm)

Midwife Zainab was sentenced to four years in prison for operating an unauthorized private practice in Prabumulih and for delivering non-midwifery health services, such as prescribing medication and treating male patients with general medical conditions. The legal basis for her conviction was not solely her actions beyond professional authority, but also her failure to hold valid professional credentials at the time (i.e., expired STR and SIP). The court found that her activities could not be justified as emergency interventions, as they were continuous and systematic in nature, lacking both urgency and formal competence. This case underlines the critical importance of administrative compliance in order for midwives to claim legal protection under emergency exceptions.

Case 2: Midwife Dessy's Clinic (Decision No. 574/Pdt.G/2021/PN.Bks)

In a separate civil case, the family of a patient (Adella) filed a lawsuit against a midwifery clinic after the patient, experiencing ruptured membranes and labor contractions, was not promptly referred to a hospital—

¹⁷ Law Number 17 of 2023 referring Health.

¹⁸ Amnesty Journal of Law, *Legal Protection for Midwives Who Perform Medical Actions (Case Study of PKU Muhammadiyah Gombong Hospital)*, source <https://jurnal.umpwr.ac.id/amnesti/article/view/2710/1504>.

¹⁹ Government Regulation Number 28 of 2024 referring the Implementation of Law Number 17 of 2023 referring Health.

resulting in a stillbirth. The claim cited negligence in clinical decision-making, communication failure, and administrative ambiguity. The court ultimately dismissed the case on procedural grounds (declaring it “inadmissible” due to vague claims), but the substantive legal and managerial implications remain critical. This case demonstrates that even in the absence of formal liability, inadequate communication, poor referral documentation, and the absence of standardized protocols can still expose midwives to legal scrutiny and reputational harm.

3. Bridging Legal Theory and Midwifery Practice

These cases reveal that the legal framework for protecting midwives, although comprehensive on paper, often falls short in practical implementation. Effective legal protection requires more than statutory provisions; it demands clear administrative procedures, legal literacy among midwives, institutional safeguards, and consistent professional oversight. From a theoretical perspective, legal protection entails certainty, justice, and utility. Translating these legal values into midwifery practice means ensuring that midwives are adequately trained in legal risk management, that their emergency actions are well documented, and that they have access to legal counsel or professional advocacy when disputes arise. Without such measures, the

normative ideals of legal protection remain aspirational rather than operative in real-world clinical settings.

DISCUSSION

Legal Protection for Midwives Who Provide First Aid in Emergencies under Law No. 17/2023 on Health

Law No. 17/2023 expressly recognises the right of all health-care professionals—midwives included—to legal protection when they deliver first aid in life-threatening situations. Article 273(1) affirms that no criminal or civil liability will attach to a midwife who follows (i) evidence-based service standards, (ii) the midwifery code of ethics, and (iii) the relevant Standard Operating Procedures (SOPs).²⁰

Legal protection operates on two complementary levels:

- a. Preventive safeguards focus on accident avoidance and risk management. They require that midwives:
 - 1) hold a valid Registration Certificate (STR) and Practice Licence (SIP);
 - 2) document all clinical decisions promptly and accurately;
 - 3) undergo regular in-service training and skills updates;
 - 4) work within institutional governance structures that mandate audit and peer review; and

²⁰ Law Number 17 of 2023 referring Health.

- 5) benefit from the professional support of the Indonesian Midwives Association (Ikatan Bidan Indonesia, IBI).

b. Repressive safeguards apply once a complaint is lodged. The law provides a stepped process:

- 1) Ethical review by the facility's ethics committee or IBI's disciplinary board;
- 2) Alternative Dispute Resolution (ADR), mediation, conciliation, or arbitration—required by Article 310 as a first resort;
- 3) Administrative sanctions (Article 291) such as written warnings, licence suspension, or competency re-examination; and, if the matter cannot be resolved administratively,
- 4) Judicial proceedings under Articles 439–441, which permit both civil and criminal actions.

Zainab case (Decision No. 120/Pid.Sus/2024/PN Pbm) illustrates how these safeguards work in practice. Zainab was charged with practising without a valid SIP after an emergency delivery ended in the patient's death. She faced a maximum penalty of five years' imprisonment and a fine of IDR 500 million. Yet she retained full procedural rights: legal counsel, presumption of innocence, access to evidence, and a public trial. The court was also obliged to weigh her good faith attempt to save a life—a requirement grounded in the Indonesian

rechtsstaat principle that justice must be both formal and substantive.

A second precedent, the Dessy Midwife Clinic lawsuit (Decision No. 574/Pdt.G/2021/PN Bks), shows the converse. Because the plaintiff filed suit without sufficient administrative proof, the court dismissed the case. The decision nonetheless reaffirmed that midwives may incur criminal liability under Articles 359–361 of the Criminal Code, as well as civil and administrative sanctions, if they deviate from accepted standards.

In sum, Law No. 17/2023 balances patient safety with professional security: it encourages decisive action in emergencies while ensuring that only gross negligence—demonstrably outside accepted norms—triggers personal liability.

Efforts that can be taken by midwives if there is an error in actions that perform first aid on patients in emergency conditions outside their authority

In actual midwifery practice, emergencies may arise that require immediate intervention, even when such actions lie beyond a midwife's formal scope of authority. Recognizing this, Article 275 paragraph (1) of Law No. 17 of 2023 mandates that every health professional, including midwives, must provide first aid in emergency situations, regardless of the boundaries of their designated responsibilities. Furthermore, Article 286 provides that, in certain urgent cases, health

workers may be authorized to act outside their normal jurisdiction if they have received sufficient training relevant to the procedure performed.²¹

While such flexibility is intended to save lives, it also increases legal vulnerability—especially when unexpected outcomes occur.

Therefore, when a midwife commits an error while performing first aid outside her legal scope, a structured and transparent response is crucial. According to professional guidelines issued by the Indonesian Midwives Association (IBI), midwives should undertake the following actions:^{22,23}

- c. Immediately report the incident to their supervisor or the head of the health facility.
- d. Document the incident accurately and completely, ensuring that all facts are recorded objectively.
- e. Follow the institutional procedures for error handling, including internal review and possible peer discussions.
- f. Consult with the wider medical team to identify the cause of the error and to determine the best corrective course of action.

- g. Implement corrective measures to avoid recurrence, including protocol adjustments or enhanced clinical checklists.
- h. Engage in continuing education and training, specifically aimed at addressing the clinical or procedural weaknesses that contributed to the error.

Beyond institutional responses, IBI emphasizes the importance of adhering to ethical standards, maintaining transparency, and prioritizing patient safety in every clinical decision. These principles are not merely professional norms but serve as critical defenses in the event of legal or ethical scrutiny. In the case that a dispute arises from the incident, midwives have access to multiple dispute resolution pathways:

- a. Alternative Dispute Resolution (ADR) as required by Article 310 of the Health Law—is the first route. This includes:
 - 1) *Negotiation*, where the midwife and patient (or family) seek a mutual resolution.
 - 2) *Mediation*, where a neutral third party facilitates communication.

²¹ Hadi sulistiyanto Mahalia, Marcella Elwina, "Legal Responsibility of Independent Practicing Midwives in Carrying out Referrals as an Effort to Save Mothers and Babies in Sukamara Regency, Central Kalimantan Province," SOEPRA Journal of Health Law, source:

https://www.researchgate.net/publication/388620532_Pertanggungjawaban_Bidan_Praktik_Mandiri_dalam_Pelayanan_Kesehatan_Pasca_Berlakunya_UU_Kesehatan_No17_Tahun_2023, accessed on May 6, 2025.

²² Rita Dian Anggraini, *Midwives' Responsibilities in Handling Non-Midwifery Patients*

Associated with Integrated Management of Sick Toddlers and Integrated Management of Young Infants, Al'Adl, Volume X Number 2, July 2018, source <https://www.neliti.com/publications/363569/tanggungjawab-Bidan-dalam-menangani-pasien-non-keBidanan-di-kaitkan-dengan-mana>.

²³ Decree of the Minister of Health Number HK.01.07/MENKES/320/2020 referring Professional Standards for Midwives.

- 3) *Arbitration*, in which a binding decision is made by an agreed-upon adjudicator.

If ADR fails or is inappropriate, legal mechanisms may follow:

- a. Civil law claims (e.g., under Article 1365 of the Civil Code for unlawful acts), often based on allegations of negligence or breach of duty.
- b. Criminal charges, such as under Articles 359 or 360 of the Penal Code, if gross negligence causes death or injury.
- c. Administrative and professional sanctions, imposed by regulatory bodies or the Midwifery Honorary Council, which can include suspension, censure, or required remedial training.

Importantly, the law recognizes key defense rights for midwives, including the right to:

- a. Legal counsel and representation by IBI;
- b. Due process in every review or adjudication;
- c. Submit expert testimony regarding accepted standards of midwifery practice;
- d. Proportionality in sanctions, especially when actions were taken in good faith and under time-sensitive pressure.

The legal and professional framework established by Law No. 17 of 2023 offers a balanced approach that supports midwives in their critical, high-stakes role. By explicitly recognizing the necessity for flexibility during emergencies, the law empowers midwives to act decisively when lives are at risk—while

still setting boundaries to ensure accountability and uphold patient safety.

Through a combination of preventive governance, structured post-incident procedures, and layered legal protections, the law fosters a healthcare system where emergency response is not penalized unjustly, and where midwives can exercise their professional judgment with confidence. This model reinforces not only the rule of law (*rechtsstaat*) but also the ethical imperative at the heart of midwifery: to act in the best interest of patients, even under uncertain or constrained conditions, while remaining responsible to the law and society.

IV. CONCLUSIONS

Legal protection for midwives in emergency conditions is not merely reactive, in the form of sanctions or litigation, but must also be fundamentally preventive—emphasizing the importance of education, compliance with Standard Operating Procedures (SOPs), institutional oversight, and adherence to professional ethics.

This dual framework, as outlined in Law Number 17 of 2023 on Health, is designed to safeguard both the rights of patients and the professional integrity of health workers. As frontline providers of maternal and child health, midwives often serve in high-risk, resource-limited environments where critical decisions must be made rapidly. Thus, it is essential that legal protection reflect the realities of clinical practice—providing clarity, procedural

fairness, and support in instances where care is delivered under emergency or uncertain conditions.

Midwives are legally and ethically obligated to act in the best interest of patients. However, when interventions extend beyond formal authority due to life-threatening emergencies, legal protection must account for professional judgment exercised in good faith. Law Number 17 of 2023 not only enables such protection through Article 275 (mandatory emergency aid) and Article 286 (exceptions based on training), but also mandates Alternative Dispute Resolution (ADR) as a primary route before legal proceedings, preserving trust and accountability in the health system. In conclusion, legal protection for midwives must be viewed as a comprehensive continuum:

- a. Preventive protection includes structured clinical guidelines, legal licensing, continuing education, and ethical practice standards.
- b. Reactive protection includes fair legal procedures, access to counsel, proportional accountability, and institutional support.

This layered protection ensures that midwives, as key actors in safeguarding maternal and newborn lives, can deliver their services confidently, responsibly, and without fear of undue criminalization so long as they uphold professional standards and the fundamental values of care.

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