

THE DEVELOPMENT OF ANDROID BASED MIDWIFERY LAW APPLICATIONS IN THE IMPLEMENTATION OF INDEPENDENT MIDWIFE PRACTICES

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ABSTRACT

Problems in health services are closely related to the midwifery Profession, in providing health services negligences or malpractice can occur. some problems arises when a midwife Is negligent in carrying out health services and does not comply with her authority. This research using normative development Research, this research is to create Android-based Midwifery Law application software as a reference that can be easily applied in carrying out independent midwifery practices that apply in accordance with the Law.Number 17 of 2023 concerning Health, onArticle 454 of Law 17/2023 regulates 11 laws that are revoked and declared invalid. The results of this research conclude that the Android-based Midwifery Law application can be installed, so that the Android-based Midwifery Law application becomes an electronic means for understanding and searching for applicable midwifery regulations. All statutory regulations which constitute the implementing regulations of the Midwifery Law are declared to still be valid as long as they do not conflict with the provisions of the Health Law, namely, Minister of Health Regulation No. 28 of 2017 concerning Licensing and Implementation of Midwife Practice,Minister of Health Decree 320 of 2020 concerning Midwifery Professional Standards,Minister of Health Decree 1261 of 2022 concerning Work Competency Standards in the Field of midwifery.

Keywords: *Development, Midwifery Law, Android Applications, Midwife Practices*

ABSTRAK

Permasalahan dalam pelayanan kesehatan erat kaitannya dengan Profesi Kebidanan, dalam memberikan pelayanan kesehatan dapat terjadi kelalaian atau malpraktik. Permasalahan timbul apabila seorang bidan lalai dalam melaksanakan pelayanan kesehatan dan tidak menaati kewenangannya. Penelitian ini menggunakan penelitian pengembangan normatif, penelitian ini bertujuan untuk membuat perangkat lunak aplikasi Hukum Kebidanan berbasis Android sebagai acuan yang dapat dengan mudah

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diterapkan dalam melaksanakan praktik mandiri kebidanan yang berlaku sesuai dengan Undang-Undang. Nomor 17 Tahun 2023 tentang Kesehatan, pada Pasal 454 UU 17/2023 mengatur 11 undang-undang yang dicabut dan dinyatakan tidak berlaku. Hasil penelitian ini menyimpulkan bahwa aplikasi Hukum Kebidanan berbasis Android dapat diinstal, sehingga aplikasi Hukum Kebidanan berbasis Android menjadi sarana elektronik untuk memahami dan mencari peraturan kebidanan yang berlaku. Segala peraturan perundang-undangan yang merupakan peraturan pelaksanaan UU Kebidanan dinyatakan masih berlaku sepanjang tidak bertentangan dengan ketentuan UU Kesehatan yaitu Peraturan Menteri Kesehatan Nomor 28 Tahun 2017 tentang Perizinan dan Penyelenggaraan Bidan. Praktek, Keputusan Menteri Kesehatan 320 Tahun 2020 tentang Standar Profesi Bidan, Keputusan Menteri Kesehatan 1261 Tahun 2022 tentang Standar Kompetensi Kerja Bidang Kebidanan.

Kata kunci: Perkembangan, Hukum tentang Kebidanan, Aplikasi Android, Praktek Bidan

I. Introduction

Accountability of midwives in midwifery practice is an important thing and is required of a profession, especially professions that are related to the safety of human souls, namely accountability and what midwives do must be competency-based and based on evidence. Accountability is strengthened by a legal basis that regulates the limits of the authority of the profession concerned. With the wider legitimacy of midwives' authority, midwives have the right to autonomy and independence to act professionally based on the ability to think logically and systematically and act in accordance with professional standards and professional ethics regarding the Authority for Independent Practicing Midwife Services Based on Legislation in Indonesia. (Kurniawan Ridha, 2018).

This study is aimed to provide guidance for midwives and prospective minwives in providing health services. in providing health services negligences or malpractice can occur. Some problems arises when a midwife is negligent in carrying out health services and does not complywith her authority. This research uses the socio legal method or legal research method (normative development research). The results of normative law research are prescriptive in nature: the norms provide a prescription as to how one should behave in accordance with the norms.(Christiani, 2016).

This research done by connecting with the principles of law, regulations current regulation with implementation in society. In this is meant by the principle of the principle professional discipline law is that related to the Standard Code of Ethics for Midwives Indonesia.

Number 17 of 2023 concerning Health, on Article 454 of Law 17/2023 regulates 11 laws that are revoked and declared invalid. All statutory regulations which constitute the implementing regulations of the Midwifery Law are declared to still be valid as long as they do not conflict with the provisions of the Health Law, namely, Minister of Health Regulation No. 28 of 2017 concerning Licensing and Implementation of Midwifery Practice, Minister of Health Decree 320 of 2020 concerning Midwife Professional Standards, Minister of Health Decree 1261 of 2022 concerning Work Competency Standards in the Field of midwifery. (UU Nomor 17 Tahun 2023 Tentang Kesehatan)

A midwife is a woman who has graduated from midwifery education and has been registered in accordance with statutory provisions (Peraturan Menteri Kesehatan Republik Indonesia Nomor 28 Tentang Izin Praktik Bidan, 2017). The authority of midwives to practice midwifery is contained in the Regulation of the Minister of Health of the Republic of Indonesia Number 28 of 2017 concerning Licensing and implementation of Midwifery Practices, there are maternal health services, child health services, and women's reproductive health services and family planning. In the previous study which discussed "Legal Protection for Midwives in Carrying out Midwifery Care for Toddlers in Independent Practice Midwives According to Article 20 Paragraph 2 of the Minister of Health Number 28 of 2017 Concerning Licensing and Implementation of Midwifery Practices", examined what midwives had the authority to perform midwifery services in midwifery practice. (Peraturan Menteri Kesehatan Republik Indonesia, 2017). If the midwife is negligent, the midwife will receive sanctions, whether administrative, civil or criminal. (Rissa Nuryuniarti, 2009).

Based on the new regulations regarding Law No. 17 of 2023 concerning Health, which is an omnibus law method applied to the Health Law, there are 11 laws that no longer apply, therefore it is necessary to review the midwifery regulations that are still in force. Applicable and invalid midwifery regulations can be presented in the application of midwifery law.

The topic in this application specifically discusses midwifery regulations that will be applied by midwives in providing midwifery services to avoid negligence or violating the midwife's authority and to know the legal sanctions. (UU Nomor 17 Tahun 2023 Tentang Kesehatan).

II. Metode

This research uses normative development research. The results of normative law research are prescriptive in nature: the norms provide a prescription as to how one should behave in accordance with the norms.(Christiani, 2016)

This research is done by connecting the principles of law, regulations current regulation with implementation in society. This is meant by the principle of the principle professional discipline law that is related to the Standard Code of Ethics for Midwives Indonesia.

III. Result And Discussion

1.1. Health Law

Laws must essentially be certain and fair. It must be a guide to behavior and is fair because the code of behavior must support an order that is considered reasonable. Only because it is fair and implemented with certainty can the law carry out its function. Legal certainty is a question that can only be answered normatively, not sociologically.(Rato, 2010)

According to Kelsen in Andriana (2021), law is a system of norms. Norms are statements that emphasize the "should" or *das sollen* aspect, by including several rules about what must be done. Norms are the product and action of deliberative humans. Laws containing general rules serve as guidelines for individuals to behave in society, both in their relationships with fellow individuals and in their relationships with society.

These rules become restrictions on society in burdening or taking action against individuals. The existence of these rules and the implementation of these rules give rise to legal certainty.

Normative legal certainty is when a regulation is created and promulgated with certainty because it regulates clearly and logically. Clear in the sense that it does not give rise to doubt (multiple interpretations) and is logical. It is clear in the sense that it forms a system of norms with other norms so that it does not clash or give rise to norm conflicts. Legal certainty refers to the application of law that is clear, permanent, consistent and consistent, the implementation of which cannot be influenced by subjective circumstances. Certainty and justice are not just moral demands, but factually characterize the law. A law that is uncertain and does not want to be fair is not just a bad law.(Marzuki, 2008)

According to Sri Siswati quoted by (Amin, 2017), Indonesian Health Law (PERHUKI) are all legal provisions that are directly related to health

services/services and their application. This concerns the rights and obligations of both individuals and all levels of society as recipients of health services and from health service providers in all aspects, organization, facilities, guidelines for medical service standards, knowledge in the field of health medicine and law and other sources of law. What is meant by medical law is part of health law related to medical services.

Midwifery practice is essential in achieving high-quality maternal and newborn care in all settings and countries. However, midwifery practice has become more complex over the past decades. Considerable demands are being placed on midwives to meet increasing epidemiological, socio-economic, and technological challenges. These require a well-trained midwifery workforce ready to shape the care in the near and long-term future. Midwives are women who have completed midwifery education programs both domestically and abroad that are legally recognized by the central government and have met the requirements to practice midwifery. (Goemaes et al., 2020)

Midwifery is everything related to midwives in providing midwifery services to women during pre-pregnancy, pregnancy, childbirth, postpartum, postpartum, newborns, infants, toddlers and preschoolers, including women's reproductive health and family planning in accordance with the duties and authorities. (Undang-Undang Tentang Kebidanan No 4 Tahun 2019, 2019)

According to Mustika in (Nuryuniarti & Nurmahmudah, 2019), Midwives are a profession that is recognized both nationally and internationally internationally by the International Confederation of Midwives (ICM). In to carry out their duties, a midwife must have the qualifications get a license to practice.

Midwives in carrying out their professionalism in practice independently regulated by laws and regulations. (Damayanti , 2019)

Protection in this case is reviewed according to statutory regulations seen from civil law, criminal law, administrative law and professional ethics. (Ayudiah et al., 2022)

From the research results (LUTFIANA & Ayu Wulandari, 2020), it can be seen that the legal basis for implementing the authority and competence of midwives in meeting midwifery service standards includes Health Law Number 36 of 2009, Regional Government Law Number 23 of 2014, Law Number 12 of 2012 concerning Higher Education, Kepmenkes 369 concerning Professional Standards of Midwives. 2007, Regulation of the Minister of Research,

Technology and Higher Education RI Number 44 of 2015 concerning National Standards for Higher Education and Permenkes No. 28 of 2017 concerning Licensing and Implementation of Midwife Practices.

The latest regulation is Law Number 4 of 2019 concerning Midwifery which was ratified by President Joko Widodo on March 13 2019. Law 4 of 2019 concerning Midwifery was promulgated in the State Gazette of the Republic of Indonesia of 2019 Number 56 and Explanation of this Law in the Supplement to the State Gazette of the Republic of Indonesia Number 6325 by Menkumham Yasonna H. Laoly on March 15, 2019 in Jakarta.

Midwives as Health Workers. Health workers are every person who dedicates themselves to the health sector and has knowledge and/or skills through education in the health sector which for certain types requires authority to carry out health efforts. According to article 11, it states that health personnel consist of: 1. Medical personnel; 2. Clinical psychology staff; 3. Nursing staff; 4. Midwifery staff; 5. Pharmacy personnel; 6. Community health workers; 7. Nutritional staff; 8. Physical therapy personnel; 9. Medical technicians; 10. Biomedical medical personnel; 11. Traditional health workers; 12. Other health workers. (Damayanti, et al., 2019)

1.2. Midwifery Regulations

Number 17 of 2023 concerning Health, on Article 454 of Law 17/2023 regulates 11 laws that are revoked and declared invalid. All statutory regulations which constitute the implementing regulations of the Midwifery Law are declared to still be valid as long as they do not conflict with the provisions of the Health Law, namely, Minister of Health

Regulation No. 28 of 2017 concerning Licensing and Implementation of Midwifery Practice, Minister of Health Decree 320 of 2020 concerning Midwife Professional Standards, Minister of Health Decree 1261 of 2022 concerning Work Competency Standards in the Field of midwifery. (UU Nomor 17 Tahun 2023 Tentang Kesehatan)

1. Minister of Health Regulation No. 28 of 2017 concerning Licensing and Implementation of Midwifery Practice

Article 1

In this Regulation what is meant by;

- (1) A midwife is a woman who has graduated from registered midwifery education in accordance with the provisions of statutory regulations
- (2) Midwifery practice is the activity of providing services carried out by Midwives in the form of midwifery care.
- (3) Midwife Registration Certificate, hereinafter abbreviated as STRB, is written evidence provided by the Government to Midwives who have

a competency certificate in accordance with the provisions of statutory regulations.

- (4) Midwife Practice License, hereinafter abbreviated as SIPB, is written evidence provided by the district/city government to midwives as giving authority to carry out midwifery practices.
- (5) Independent Midwife Practice is a place where a series of midwifery service activities are carried out by midwives individually.
- (6) Licensing Agency is an agency or work unit appointed by the district/city regional government to issue permits in accordance with the provisions of statutory regulations.
- (7) Health Service Facilities are tools and/or places used to provide health service efforts, whether promotive, preventive, curative or rehabilitative, carried out by the Government, Regional Government and/or the community.
- (8) Professional Organizations are a forum for gathering midwife health workers in Indonesia.
- (9) The Central Government is the President of the Republic of Indonesia who holds the power of the government of the Republic of Indonesia assisted by the Vice President and ministers as intended in the 1945 Constitution of the Republic of Indonesia.
- (10) Regional Government is the regional head as the organizing element of the Regional Government who leads the implementation of government affairs which are the authority of the autonomous region.
- (11) Minister is the minister who organizes it government affairs in the health sector.

Article 2

In carrying out Midwifery Practices, the lowest Midwife qualifies for three midwifery diploma education levels.

Article 3

- (1) Every midwife must have an STRB to be able to do their professional practice.
- (2) STRB, as referred to in section (1), is obtained after the Midwife has a competency certificate under statutory provisions.
- (3) STRB, as referred to in section (1), is valid for 5 (five) years.

Article 4

STRB that have expired can be extended as long as they meet the requirements under statutory provisions.

Article 5

- (1) Midwives who carry out their professional practice are required to have a SIPB.
- (2) SIPB, as referred to in section (1), is given to Midwives who already have STRB.

- (3) SIPB, as referred to in section (1), applies to 1 (one) Health Service Facility.
- (4) SIPB, as referred to in section (1), is valid as long as the Midwife STR is still valid, and can be extended as long as it meets the requirements.

Article 6

- (1) Midwives can only have a maximum of 2 (two) SIPB.
- (2) The second SIPB application must be made by showing the first SIPB.

Article 7

- (1) SIPB is issued by the Licensing Agency appointed at the Regency/City Regional Government.
- (2) The issuance of SIPB as intended in paragraph (1) must be copied to the district/city health office.
- (3) In the event that the Licensing Agency is a district/city health service, The issuance of SIPB as intended in paragraph (1) is not copied

Article 8

- (1) To obtain SIPB, Midwives must submit an application to the Licensing Agency by attaching: a. photocopy of original valid and legalized STRB; b. health certificate from a doctor who has a practice license; c. statement letter of having a place of practice; d. a statement from the head of the Health Service Facility where the Midwife will practice; e. 3 (three) recent and color photographs measuring 4X6 cm; f. recommendation from the head of the local district/city health service; And g. recommendations from Professional Organizations.
- (2) The requirement for a certificate from the head of the Health Service Facility where the Midwife will practice as referred to in paragraph (1) letter d is excluded for Midwives' Independent Practice.
- (3) In the event that the Licensing Agency is a district/city health service, the recommendation requirements as referred to in paragraph (1) letter f are not required.
- (4) For independent practice of midwives and village midwives, the recommendation as referred to in paragraph (1) letter f is issued by the district/city health service after a visitation has been carried out to assess the fulfillment of the requirements for a midwife's practice location.
- (5) Example of an application letter for obtaining SIPB as stated in form III which is an inseparable part of this Ministerial Regulation.
- (6) Example of SIPB as stated in form IV which is an inseparable part of this Ministerial Regulation

Article 15

- (1) Midwives can carry out Midwifery Practices independently and/or work in Health Service Facilities.

Article 16

- (1) Midwives who practice in Health Service Facilities in the form of community health centers as intended in Article 15 paragraph (3) letter b include a. The midwife did it the midwifery practice at the community health center; And b. Village midwife.

Article 19

- (1) Maternal health services as referred to in Article 18 letter a are provided during the pre-pregnancy period, pregnancy period, delivery period, postpartum period, breastfeeding period, and the period between two pregnancies.
- (2) Maternal health services as referred to in paragraph (1) include services: a. counseling during the pre-pregnancy period; b. antenatal in normal pregnancies; c. normal delivery; d. normal postpartum mother; e. breastfeeding mothers; and f. counseling in the period between two pregnancies.
- (3) In providing maternal health services as intended in paragraph (2), Midwives have the authority to: a. episiotomy; b. normal delivery assistance; c. suturing level I and II birth canal wounds; d. handling emergencies, followed by referral; e. giving blood supplement tablets to pregnant women; f. giving high doses of vitamin A to postpartum mothers; g. facilitation/guidance for early initiation of breastfeeding and promotion of exclusive breast milk h. administration of uterotonics in active management of the third stage and postpartum; i. counseling and counseling; j. guidance to groups of pregnant women; and K. providing pregnancy and birth certificates.

Article 20

- (1) Children's health services as referred to in Article 18 point b given to newborns, infants, toddlers, and preschoolers.
- (2) In providing child health services as referred to in section (1), Midwives are authorized to: a. essential neonatal services; b. emergency management, followed by reconciliation; c. growth and development monitoring of infants, toddlers, and preschoolers; and d. counseling and guidance
- (3) Monitoring the growth and development of infants, toddlers, and preschoolers, as referred to in section (2) point c, includes activities for weighing, measuring the head circumference, measuring height, stimulating early detection, and intervening in early childhood growth and development deviations using the Pre Developmental Screening Questionnaire (PDSQ)
- (4) Counseling and guidance as referred to in section (2) point include providing communication, information, education (CIE) to mothers and families about newborn care, exclusive breastfeeding, danger signs for newborns, health services, immunization, balanced nutrition, clean and healthy lifestyle, and growth and development.

Article 29

In carrying out midwifery practices, Midwives have the right:

- (1) obtain legal protection as long as carrying out its services under professional standards, service standards, and operational procedure standards;
- (2) obtain complete and correct information from patients and / or their families;
- (3) carry out tasks under competence and authority; and
- (4) receive compensation for professional services.

Article 30

- (1) Midwives who carry out the Independent Practice of Midwives must meet the requirements, in addition to the conditions for obtaining SIPB as referred to in Article 8 section (1).
- (2) Requirements as referred to in section (1) including location requirements, buildings, infrastructure, equipment, as well as medicine and consumables.
- (3) Drug and Consumables Requirements:
- (4) Oral Contraception, Injectable Contraception, Implant Contraception, IUD Contraception, Condoms, Emergency Drugs and Other Drugs (Oxytocin Inj, Methylergometrin Inj, MgSO₄ 40% inj, Calcium Gluconate 10% Inj, Nifedipine/amlodipine, Methyldopa, Vitamin A High Doses, Tablet added blood, Vitamin K1 Injection, Gentamicin eye ointment).

Article 46

- (1) The Minister, Head of the Provincial Health Service, and/or Head of the Regency/City Health Service carries out guidance and supervision of the implementation of midwife practices in accordance with their respective authorities.
- (2) In carrying out guidance as intended in paragraph (1), the Minister, Provincial Health Service, Regency/City Health Service includes professional organizations.
- (3) The guidance and supervision as intended in paragraph (1) is directed at improving the quality of service, patient safety, and protecting the public against all possibilities that could pose a danger to health.
- (4) In the context of carrying out supervision as intended in paragraph (1), the Minister, Provincial Health Service, Regency/City Health Service may take administrative action against midwives who violate the provisions for implementing practice.
- (5) Administrative actions as intended in paragraph (1) are carried out through: a. verbal warning; b. written warning; c. temporary revocation of SIP for a maximum of 1 (one) year; or d. repeal of SIPB forever. (Peraturan Menteri Kesehatan Republik Indonesia, 2017)

2. Minister of Health Decree 320 of 2020 concerning Midwifery Professional Standards

Midwife Competency consists of 7 (seven) competency areas including: (1) Legal ethics and client safety, (2) Effective communication, (3)

Self-development and professionalism, (4) Scientific basis of midwifery practice, (5) Clinical skills in midwifery practice, (6) Health promotion and counseling, and (7) Management and leadership. Midwife competency is the basis for providing comprehensive, effective, efficient and safe evidence-based midwifery services to clients, in the form of promotive, preventive, curative and rehabilitative efforts carried out independently, collaboratively and by referral. (Keputusan Menteri Kesehatan Republik Indonesia, 2020)

3. Minister of Health Decree 1261 of 2022 concerning Work Competency Standards in the Field of midwifery

Midwives are spread throughout Indonesia, in the midst of society who are at the forefront of midwifery services. It is hoped that the Indonesian National Work Competency Standards in the Midwifery Sector can provide a reference for midwives in carrying out their duties. The preparation of the Indonesian National Work Competency Standards in the Midwifery Sector was motivated by the existence of a policy regarding professional standards for midwives with several competencies that are very close to the competencies of other health workers. If these competencies are not clearly defined, they can cause problems in health services.

Mapping of Midwife Competency Standards in CHAPTER II Work Competency Standards in the Field of Midwifery; Providing midwifery services throughout the reproductive life cycle of women, babies, toddlers and pre-school age children in a professional and quality manner. (Keputusan Menteri Kesehatan Republik Indonesia, 2022)

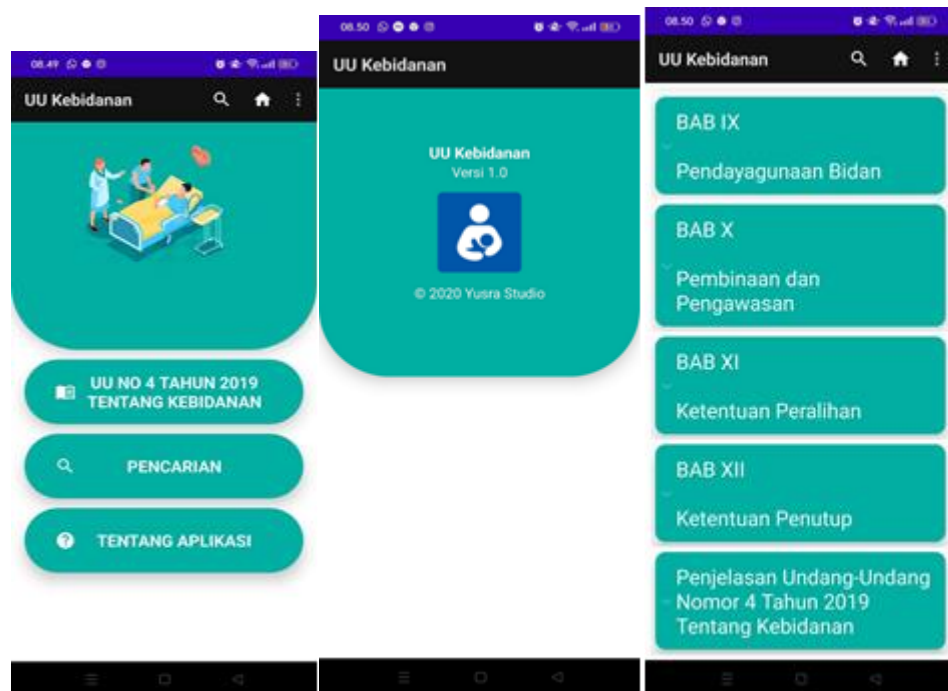
1.3. Android and Design

In 2005, Google bought Android Inc. At that time, Android was still driven by Andy Rubin, Rich Miner, Nick Sears and Chris White. In the same year, the project to build the Android platform was started. On November 12, 2007, Google and the Open Handset Alliance (OHA) as an open mobile device consortium released the Google Android SDK (Software Development Kit). All parties, both IT and programming news media, are very enthusiastic about reporting the release of this Android SDK. In the end, mobile phone manufacturers compete with each other to make handsets using the platform. (Yanti & Rihyanti, 2020).

This phase is a follow-up to the previous phase. In this phase a system/application design will be made in accordance with the needs

identified in the previous phase. The designs made include system/application design and interface design.

Display of the Midwifery Law Application



IV. Conclusion

This research produces an Android-based application which is built based on the system requirements that have been obtained. In implementing the application of the Midwifery Law, researchers have assessed material experts and media experts with good judgment. Where the regulations applied in the application of midwifery law are the results of normative development research that links legal principles, applicable laws and regulations with the implementation of midwifery care. Based on the study of legal principles, the midwifery regulations that are still in effect are based on the omnibus law method in Law no. 17 concerning health is Minister of Health Regulation no. 28 of 2017 concerning Licensing and Implementation of Midwifery Practices, Minister of Health Decree 320 of 2020 concerning Midwifery Professional Standards, Minister of Health Decree 1261 of 2022 concerning Work Competency Standards in the Field of Midwifery and there are 11 revocations of health laws.

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