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REVIEW ARTICLE

A Midwife: Professional Ethics in Midwifery Practices, Managing Pregnancy and Childbirth Complications, and Legal Rights for Nursing Mothers

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Abstract

This study aims to discuss a midwife as a health professional, professional ethics in midwifery practices, the management of pregnancy and childbirth complication, and legal rights for nursing mothers. This qualitative research utilizes interview as a main instrument. The data are collected from interviews conducted with: 1.) pregnant women who gave premature birth, 2.) nursing women and families supporting breastfeeding program, and 3.) Public Health Office staffs. The study reveals that legal ethics between midwives and patients is significantly crucial. There is a need for effective communication between midwives and patients. Patients have the right to obtain information as clearly as possible and midwives also have the right to get the trust of patients to perform medical procedures without any interventions. In addition to the aforementioned result, this study reports that there is pregnancy and premature childbirth complication. It is a maternal health issue occurred during pregnancy causing premature birth. This study also highlights a breach of guarantee to nursing mothers who breastfeed up to 2 years of age. The results of study conclude three points. First, it reports informed consent. It is a process for getting permission before conducting a healthcare intervention on a person, or on disclosing personal information. Second, legal practice regulating rights for nursing mothers and its legal sanctions for someone who prohibits breastfeeding for working women or health workers who provide formula milk to newborns without medical indication. Third, the authorized party will conduct an investigative audit of cases of complications of pregnancy and childbirth that cause infant mortality.

Keywords: *Legal ethics, Midwives and patients, Breastfeeding rights.*

Background of the Study

Midwives are on the front liners working to provide maternal, neonatal intensive care, and child health services. They reverse maternal death rate of the mother as well as the baby. Midwives should be able to identify earlier danger signs during pregnancy that occur to mothers and babies. Therefore, they can manage the complications.

It can be challenging for midwives to identify abnormal situations and to propose possible solutions for those complications. The challenge can lead to unintended childbirth experience (*KTD*). As an accountable profession, midwives may not feel irresponsible since they have

informed consent before the provider performs any procedure. The patients will surrender facing this emotional situation. The family will not make any complaint nor take legal action since they have given up on the situation. Legal ethics between midwives and patients requires effective communication between midwives and patients. Patients have the right to know in advance the type of procedure that is going to be performed as well as midwives have the rights to get the trust of patients to perform medical procedures without any interventions.

This study reports that there are pregnancy and premature childbirth complications. Those are maternal health issues occurred during pregnancy causing premature birth. These complications can include maternal, perinatal and neonatal complications. In addition, the study also highlights a breach of guarantees to nursing mothers who breastfeed up to 2 years of age.

Immediate support to initiate and establish breastfeeding should be given to mothers including family, workplace, and public places supports that have policies and guidelines underpinning the quality standards for promoting, protecting and supporting breastfeeding in facilities providing maternity and newborn services. Exclusive breastfeeding is defined as no other food or drink, not even water, except breast milk (including milk expressed or from a wet nurse) for 6 months of life, but allows the infant to receive ORS, drops and syrups (vitamins, minerals and medicines).

Around the age of 6 months, an infant needs complementary food to meet good nutrients. An infant of this age is also developmentally ready for other foods. This transition is referred to as complementary feeding (*MPAS*). It is recommended to nurse up to one year and as long as mutually desired by the mother and the child. Extended nursing has great health benefits for the child. Exclusive breastfeeding is closely related to the midwife as an accountable profession.

It is inseparable from the duties of a midwife. Breastfeeding should be given to every baby entitled to exclusive breast milk from birth for 6 months, except for medical indications. The family, government, local government, and the community must fully support nursing mothers by providing breastfeeding facilities. There should be breastfeeding facilities in workplace and public places[1]. The government is responsible for establishing policies in order to guarantee the rights of mothers and baby to have exclusive breastfeeding [2]. Among many provisions, the law amends the employer to provide reasonable break time for an employee to express breast milk for her nursing child. If these requirements impose undue hardship, the employer will be sentenced to a maximum of 1 (one) year and a maximum fine of Rp 100,000,000 (one hundred million rupiah).

However, if the corporation is prohibiting breastfeeding, there will be imprisonment and fines for the management. The punishment that can be imposed against a corporation is in the form of a three-time heavier fine. Corporations are subject to additional penalties in the form of revocation of business licenses, revocation of legal entity status. Although the laws and regulations regarding exclusive breastfeeding have been regulated in such a way and there are many benefits that can be obtained from exclusive breastfeeding, due to many factors, some mothers decide not to breastfeed.

In addition, private companies and government agencies have not fully supported programs regarding exclusive breastfeeding for working mothers. According to the background of the study, this recent research investigates 2 questions. First, the legal ethics should be practiced

[1] Arti dari "setiap bayi berhak mendapatkan air susu ibu eksklusif" adalah memberikan seorang anak hanya ASI untuk jangka waktu minimum 6 (enam) bulan, dengan kemungkinan untuk melanjutkan hingga usia 2 (dua) tahun bersama-sama dengan makanan pendamping. Apa yang dimaksud dengan "indikasi medis" adalah ketika seorang profesional dalam bidang kesehatan mengindikasikan bahwa seorang ibu sedang berada dalam keadaan yang tidak cukup sehat untuk memberikan air susu ibu. Lihat lebih lanjut penjelasan dari Pasal 128 berserta penjelasanya pada Undang-undang Kesehatan No.36 tahun 2009

[2] Istilah "kebijakan" dalam ketentuan ini berarti menentukan norma-norma, standar, prosedur dan criteria untuk lebih lanjut mengenai kebijakan akan diatur melalui Peraturan Pemerintah. Lihat lebih lanjut penjelasan dari Pasal 129 Undang-undang Kesehatan No.36 tahun 2009

between midwives and patients when pregnancy and childbirth complications occur. Second, the implementation of breastfeeding rights according to Health Law no. 36 of 2009.

Research Methodology

This qualitative research utilizes interview as a main instrument that the data are collected from interviews conducted with: 1.) pregnant women who gave premature birth, 2.) nursing women and families supporting breastfeeding program, and 3.) Public Health Office staffs. The data obtained are analyzed descriptively using legal ethics for midwives and patients, and health law.

The Code of Professional Conduct between Midwives and Patients Regarding Pregnancy and Childbirth Complication

The birth of a baby is eagerly awaited by pregnant women. Pregnant women can have either a vaginal birth or a surgical delivery by Caesarean section, but the ultimate goal of both delivery methods is to safely give birth to a healthy baby.

Some mothers do antenatal visits at obstetrics and gynecology specialists while others prefer to visit midwives for pregnancy examinations to delivery. In accordance with the Minister of Health Regulation number 1464 / MENKES / PER / X / 2010, midwives must be able to identify early danger signs, managing pregnancy complications followed by referrals. Midwifery service standards for emergencies consist of 9 standards. Those 9 standards are:

- Management Standard of Bleeding during Third Trimester of Pregnancy

Midwives identify the signs and symptoms of bleeding in pregnancy. Thus, they perform first aid and provide referrals. It aims to recognize and act appropriately and quickly in the third trimester of pregnancy bleeding. This standard is intended to practice therefore mothers who experience third trimester pregnancy bleeding can get immediate help. Thus, maternal and fetal mortality due to bleeding in the third trimester can be reduced. It strengthens the role of midwives as health professionals trained to support and care for women during pregnancy.

- Emergency Management of Eclampsia

Midwives identify threaten eclampsia symptoms and provide first aid. It aims to know the signs of severe preeclampsia and provide appropriate and adequate treatment. In addition, they are also expected to take

appropriate and immediate action in managing emergencies when eclampsia occurs. Therefore, eclampsia cases can be reduced. Mothers and pregnant women who experience severe preeclampsia and eclampsia get prompt and appropriate treatment. Thus, morbidity and mortality cases from eclampsia can be avoided.

- Management of Prolonged and Obstructed Labour

Midwives diagnose symptoms of prolonged and obstructed labour. They closely monitor the mother and the baby during this time and take necessary actions to reduce complications for a healthy and safe birth. It aims to identify the symptoms of prolonged labour and manage the complications. It also purposes to utilize partograph during childbirth correctly. Therefore, it can save maternal and fetal lives.

- Assisted Vaginal Delivery Using the Vacuum Extractor

Midwives might recommend vacuum extraction during the course of vaginal childbirth if it seems to be the best option after trying other ways to encourage labor to progress. Any potential risks should be considered, including a risk of injury for both mother and baby. This method is utilized to assist delivery of a baby using a vacuum device. It is used in the second stage of labor if it has not progressed adequately. The use of vacuum extractor is expected to reduce maternal and fetal mortality.

- Management of Retained Placenta

The retained placenta is a significant cause of maternal mortality and morbidity throughout the developing world. Midwives are intended to recognize and appropriately manage a retained placenta and to prevent a potential or actual postpartum hemorrhage. Therefore, it could contribute to a reduction of maternal morbidity.

- Management of Primary Postpartum Hemorrhage

Midwives are able to control excessive bleeding in the first 24 hours after delivery and immediately provide emergency first aid to manage the bleeding. It aims to take appropriate emergency relief measures for mothers who take primary postpartum hemorrhage or uterine atony.

It is expected that management of primary postpartum hemorrhage can reduce maternal mortality and morbidity. In addition, it can promote health care provided by midwives.

- Management of Secondary Postpartum Hemorrhage

Midwives are able to understand symptoms of secondary postpartum hemorrhage. Therefore, they can perform first aid to save maternal and fetal lives and provide referrals. The management purposes to identify symptoms of secondary postpartum hemorrhage and tailor the treatment appropriately. It intends to manage the treatments and decrease mortality and morbidity rate due to secondary postpartum hemorrhage.

- Management of Puerperal Sepsis

Puerperal sepsis is a potential complication of postpartum infections. It is one of the leading causes of postpartum mortality in the world. The management aims to provide early and aggressive treatment to boost chances of surviving sepsis. Therefore, mortality rate can be reduced.

- Management of *Asphyxia Neonatorum*

Asphyxia neonatorum is a condition that occurs when a baby doesn't get enough oxygen during the birth process. The management is expected to train the midwives diagnosing symptoms of asphyxia neonatorum after birth quickly. The severity of the baby's symptoms influences the treatment. The timing of when the baby receives the diagnosis also affects their treatment. Thus, midwives can immediately resuscitate the newborn infant. The expected goals are to identify newborns with asphyxia correctly, take appropriate action and provide emergency assistance [3]. The following is the data of maternal and child health obtained from the Ponorogo Health Office from 2014, 2015, March 2016 [4]:

Indicator	**2014**	**2015**	**2016 (to March)**
The number of mothers giving birth	11.818	10.923	2.677
Caesarean birth	3.198	3.228	787
Maternal mortality	15	20	5
Infant mortality	161	160	39
Visits for first trimester Pregnant Women	12.879 (93, 32%)	12.879 (93, 32%)	3.140 (25%)
Postnatal mother visits	11.872 (86, 02%)	11.872 (86, 02%)	2.640 (21, 46%)
Baby visits	11.121 (90, 64%)	11.121 (90, 64%)	1.099 (19, 69%)

[3] Rini Astuti / *Standar -Pelayanan –Kebidanan- dan –Keputusan Menteri Kesehatan Republik Indonesia (Kepmenkes RI)* /www. blogger.com/ diakses 26 April 2016, jam 11.30

[4] Dokumen Dinas Kesehatan Kabupaten Ponorogo

Based on the table above, the indicator of the number of mothers giving birth states that the number of mothers giving birth in 2014 was 11,818 people. This number has decreased to 10,923 people in 2015. Meanwhile, there were 2,677 mothers giving birth during early year to March 2016. In the indicator of cesarean delivery, in 2014 there were 3,198 people. This number has increased in 2015, with a total of 3,228. Meanwhile, there were 787 cesarean deliveries in March 2016. In 2014, there were 15 maternal deaths. This figure increased to 20 mothers in 2015. As of March 2016, there were 5 mothers who had died during childbirth. Infant mortality was 161 babies in 2014. This number decreased to 161 babies in 2015. Meanwhile, the data until March 2016 showed that there were 5 babies who died during childbirth.

While visits for K1 Pregnant Women (first trimester) in 2014 reaching 12,879 (93.32%), the number of visits in 2015 remained the same. Visits of pregnant women in the first trimester until March 2016 amounted to 3,140 (25%) while maternal visits after delivery (postpartum) in 2014 amounted to 11,872 (86.02%). The number of maternal visits after delivery remained the same.

Visits to mothers after giving birth (postpartum) during erly year to March 2016 amounted to 2,640 (21.46%). Visits to babies after birth in 2014 were 11,121 (90.64%). Meanwhile, the number of baby visits after birth in 2015 remained the same. The number of baby visits until March 2016 after birth was 1,099 (19.69%).

Maternal mortality is the mortality of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes[5]. Meanwhile, perinatal mortality is defined as the number of fetal deaths past 22 (or 28) completed weeks of pregnancy plus the number of deaths among live-born children up to 7 completed days of life [6]. The neonatal period (birth to 2 weeks) is a time of extensive and ongoing system transition from uterine environment to external world, this includes the initial period after birth which is referred to as the perinatal period [7]. Maternal, perinatal, and neonatal mortality should be audited and reviewed by maternal perinatal audit (AMP). Maternal and perinatal mortality audit and review are utilized through in-depth qualitative investigations into the causes and circumstances of maternal and perinatal deaths. Data collection technique of maternal and perinatal audits is conducted by a team at the district or city level. It is used to improve and maintain the quality of maternal and child health services. The number of pregnant women in Indonesia is 5.191.116. While the number of pregnant women in East Java is listed 679.460, Ponorogo District Health Office reported that the number of pregnant women in 2014 was approximately 13.801. The Ponorogo District Health Office revealed that the maternal mortality rate in Ponorogo in 2014 reached 149.4 per 100,000 live births. The number of cases were 15 maternal mortality rates and 161 infant mortality rates with a total MMR (maternal and child mortality rates) reaching 176 people. Meanwhile, in 2015, the number of mothers giving birth reached to 11,357 people. The maternal mortality rate is 87 people, and the infant mortality rate is 62 people. The total number of mothers giving birth and stillbirths reached 11, 4444. Data for January-March 2016 showed that the maternal mortality rate reached 3 people and the infant mortality rate was 37 people. In the first trimester of 2016, the total MMR was 40 people[8]. From the results of the research, interviews with all three mothers are conducted. Those mothers' experienced observational maternal emergencies and neonatal emergencies. The results of the 2014 study reported that Mrs. YKN was diagnosed emergency maternal, and Mrs. AR, at the same year, experienced a perinatal emergency. It is failed to find sources in 2015 which experienced maternal, perinatal, and neonatal emergencies. In the 2016, it was found that Mrs. STA had a neonatal emergency. The results of the study are described in the following reported cases. In the case of Mrs. YKN in 2014, it was found that the fetus died due to poor embryo quality. The fetus has not had a

[5]Rizki Sakura /*Masalah-Kematian-Ibu-dan-Bayi-dalam-Kebidanan-Komunita.htmls*/ Http;www.*wordpress*.com. / diakses 1 Maret 2016, jam 09.00

[6] Urs Babel/*Masa-Perinatal.html*/http;www.*blogsport*.co.id/ diakses 1 Maret 09.00, jam 09.15

[7] Tugah tugah/*Penjelasan-Seputar-Bayi-Neonatal-dan-Neonatus*/ Http;.www.*blogspot*.co.id / diakses 1 Maret 09.30 wib

[8] Arsip Dokumen Dinas Kesehatan Kabupaten Ponorogo, *Gambaran AKI dan AKB Kabupaten Ponorogo* . Seksi KESGA (Kesehatan dan Gizi Anak) Dinas Kesehatan Ponorogo

heartbeat for early 2 weeks of pregnancy, but it is only caught at the beginning of the month at the 4th month of pregnancy before the 5th month of pregnancy. This case was detected during the pregnancy examination. It had been suspected that the mother's stomach did not grow bigger and the baby did not move in the stomach. Thus, the midwife made a referral to the hospital that it was forced to give birth to the baby. The mother received health care for one day at the Ponorogo hospital. These emergencies are called maternal emergencies. In the case of Mrs. AR, it is identified that there was no emergency or pregnancy complications during pregnancy period. Pregnancy checks are also carried out every month. At full term, membrane rupture occurs therefore the delivery is taken to the hospital. The results of the midwife's examination included premature rupture of the membranes, the location of the breech and umbilical cord entanglement. The midwife did not dare to help with the delivery because the mother had experienced an emergency therefore the help of an obstetrician was urgently needed. The doctor then came after waiting 1 hour. The delivery was performed by a gynecologist. The mother had uterine rupture as an obstetric emergency. The baby was also not in a good condition due to asphyxia. The mother received treatment for 16 days at the Ponorogo hospital. Although the baby got the same health case as the mother, he did not fully recover. Since the mother's condition did not show any significant progress, Mrs. AR on its own initiative referred to Madiun Hospital. Madiun Hospital could not manage it due to the unavailability of complete equipment. The mother was admitted to Madiun hospital for 6 days. After that, the patient was referred to the Surabaya Hospital and treated for 3 days. However, treatment is performed by a local doctor, not a pediatrician. During the treatment at Surabaya Hospital, the baby's condition got worse. The hospital took action in the form of electric shocks, heartbeats, and others because the baby did not respond to the syringe. In the end the baby passed away and only survived for 25 days. This case is included as a perinatal emergency. The next reported case is an emergency neonatal case. Mrs. STA always routinely performs antenatal care, from the beginning of pregnancy to 9 months of pregnancy. There are no abnormalities during pregnancy. The doctor stated that his womb was healthy. While having pregnancy contractions, the family takes her to the hospital to give birth. Arriving at the hospital, the contractions began to be felt. However, the doctor came after 2 hours of contractions. It was diagnosed that the rupture of membranes occurred before arriving at hospital. The childbirth process lasted 2 hours and meconium aspiration occurred. After the birth process, the baby did not cry immediately. Thus, treatments were taken to help the baby cry. A few hours after childbirth, the baby could not survive. Mrs. STA could not go home after giving birth. She must receive recovery treatment for 3 days before they could go home. These complications are diagnosed as neonatal emergencies. There are three emergencies experienced by the respondents. Those are maternal, parental, and neonatal emergency. Emergency is unpredictable and sudden situation that most of the time it refers to the dangerous one. Newborn emergencies can be divided into two. The first one is the emergency during pregnancy or maternal emergency and the second one is the emergency when the baby was born to death (perinatal and neonatal emergency). Mrs. YKN suffered from obstetric or maternal emergency in which the fetus' heart is not beating and is not growing properly. As the results, the fetus should be removed. On the other hands, Mrs. AR experienced rupture Uteri or breech baby. The baby was only 25 days old when they died. Thus, it is categorized as perinatal emergency. The last subject, Mrs. STA did not experience any obstetrics emergency, instead she had post-pregnancy emergency as the amniotic fluid come out first that made the baby died. This situation is considered as neonatal emergency as the baby is less than a week old since born. Mrs. AR gave birth normally when she had obstetrics emergency and put the baby in danger. To move a patient from a hospital in Ponorogo to a bigger hospital in Madiun and Surabaya during this emergency situation, letter of approval was required from each hospital. Also, when the baby was in danger and need a surgery, Mrs. AR and family should sign a letter of approval for the surgery to be conducted. One's death or life is the destiny of God the Almighty. However, when someone is passed away due to the late response by the hospital, the family of the deceased deserves to get legal protection. Investigative audit is considered a good option to choose as the authorized, competent agency investigates the baby's death during parturition. The result of the investigation is used as the basis for next legal actions. If the midwife is not responsible for the adverse event and has conducted the procedures according to the applicable regulations, it means that the midwife also deserves to get a legal protection. According to Philipus M. Hadjon in his book "Perlindungan Hukum Bagi Rakyat Indonesia" (Legal

Protection for Indonesian People), legal protection is divided into preventive legal protection and repressive legal prtection. While preventive legal protection allows the legal subjects to file their objections before definitive decision is made, repressive legal protectionaims to settle a dispute. One of the terms that represent the roles of sociology in health field is Sociology in Medicine. This term defines that doctors, midwives and nurses give all their best to provide health care for all patients. There is a binding agreement letter between a patient and a doctor or a midwife is required, particularly before performing a surgery. Bounded by this letter of agreement, doctors and midwives should not only provide health check, but also a thorough health care and medication. In the law of health, this health care effort is called as therapeutic contract. Therapeutic contract is a legal agreement between health workers (in this case are midwives) with the patient that provides rights and obligations for both parties. Therapeutic contract has its own special characteristics that make it different with common transaction or agreement conducted by people in regular life. One of its specifications is regarding the legal object. The object of this contract is medical efforts. In other words, it can be said that therapeutic contract refers to a transaction or agreement by which the best and more proper health measures are decided for the patients to save their life. Thus, in legal point of view, the legal object of the therapeutic contract is not merely patient's recovery, but the effort to help the patients get immediate recovery[9]. The connection between health workers (midwives or doctors) and patients that is represented by theurapetic contaract is bouding. It carries legal duties that should be fulfilled in form of midwives' best efforts in assisting the patients by considering their expertise. As long as the actions done are in accordance with their knowledge and expertise, they are legally accepted. Promise-breaking action refers to situation when midwives do not fulfill what they have promised. On the other hands, law-breaking action is a condition when midwives do not perform the standardized health care procedures. Law enforcement written in Civil Code is still considered too general. Therefore, a regulation that controls the relationship between midwives and patients are definitely required. Regarding this concern, Van der Mijn asserts that there are nine reasons that underpin the law enforcement regarding midwives-patients relationship[10]. In case there is any misconduct action of midwives due to their negligence in providing healthcare, the patients or their family may ask for responsibility to the questioned midwives. This responsibility includes civil liability, criminal liability, and administrative liability. When such responsibility is restricted only in therapeutic contact-based punishment, it means that patients and midwives are legally equal and the liability is applicable.

This health concern is correlated with human right and it is regulated in Law Number 23 of 1991 on Health. In this case, patients generally have several rights when receiving a healthcare treatment as the following list:

- Rights to receive a treatment
- Rights to decline certain treatment
- Rights to choose the health workers and the hospital for the treatment
- Rights to receive information
- Rights to decline treatment offer
- Rights to get protection
- Rights to restrict the treatment
- Rights to end the treatment
- Rights of twenty-for-a-day-visitor-rights
- Rights to file lawsuit

[9] Dr. Bahder Johan Nasution, S.H., SM., M.Hum " Hukum Kesehatan Pertanggungajawaban Bidan" Jakarta ; Rineka Cipta. 2013. Hal 11

[10] Van der Mijn *Pengaturan Hukum Antara Pasien Dengan Bidan*. Jakarta: Pustaka 2009 : 57

- Rights to receive legal aid
- Rights to receive explanation on the treatment provided by health workers

Legal responsibility and ethics of health workers tend to observe to what extend a midwife's actions may have juridical implications, particularly when midwives neglect their responsibility. In addition, the aspects used as the standard to measure such irresponsibility cannot be determined by merely assuming several questions on what and how the case occurs. Instead, it should be defined by considering ethics point of view and legal point of view.

Civil liability in health services refers to a lawsuit on the responsibility of midwives that is underpinned by two legal bases. The first basis is Contractual Liability. It is regulated in Civil Code Article 1239. The second basis is law-breaking actions (*Onrechmatigedaad*) as regulated in Civil Code Article 1365. Default in healthcare occurs as the results of midwifes' actions in providing unprofessional treatment as promised. Such improper treatment might happen because the questioned midwives are careless and neglect their responsibility. As the results, it violates the objectives of therapeutic contract. Default in health services is considered take place only if it meets below situations: (1) patients and health workers (doctors and midwives) are related through therapeutic contract; (2) midwives provide improper treatment or services that break the objectives of therapeutic contract.

Such acts are considered as law violation. Lawsuit on act-against-the-law actions is usually defined based on the type of applicable liability, namely fault liability as regulated in Article 1366 and 1367 of the Civil Code.

Right on healthcare is one of basic rights of Indonesian citizens. Therefore, it becomes the government's obligation to guarantee and to fulfil it. Such guarantees are clearly regulated in Chapter IV on Task and Responsibility Article 6 until Article 9 of Law Number 23 of 1992 on Health. Several patients' rights on healthcare that should be fulfilled by the government are:

- Obligation to provide information
- Obligation to follow the instructions of midwives or other health workers.
- Obligation to be honest in communicating with the pointed midwives or the other healthcare.
- Obligation to offer recompenses
- Obligation to give compensation when it affects midwives or other health workers immediately

As a matter of fact, several factors may result on the development of patients-midwives relationship. One of them is patient's intention to deliberately ask for help. In this case, both parties have agreed on having a legal relation. This legal relation is built on the patient's trust to the midwife. Thus, the patient agrees to get informed consent. Informed consent is an agreement from the patient covering information about the illness as well as the medical treatment the patient may receive.

A midwife must keep in her mind the obligation to protect others and use all knowledge and skills for the benefit of patients. In case there are some problems that are beyond their authority, a midwife should make a referral. As long as midwives have put their efforts, knowledge and professional expertise to the best, they cannot be considered guilty or take responsible for not being able to cure the patients even if the patients have permanent disability or even dead.

Considering the aforementioned concern, the actions performed by health workers can be categorized as proper, professional efforts and irresponsible, negligent, and careless treatments. Simply, it can be said that midwives who use all their knowledge, expertise and experience they have, such midwives are considered performing a proper treatment and in accordance with the ethics. However, if midwives could not examine or diagnose the patient

immediately, in the same situation, such midwives may have violated the midwifery professional standards.

Such operational standards will also regulate the relation between medical workers and other midwives in a team as well as medical workers with paramedics. In addition, it is also used as a benchmark for a midwife to determine whether or not a legal liability can be obtained in case an adverse issue occurs to the patients.

The Implementation of Breastfeeding Rights According to Law Number 36 of 2009 on Health

Breast milk is pivotal for the growth of the next generation. The present Law on Health regulates the rights of getting breastmilk for infants in their first six months without any medical indication. Exclusive breastfeeding means that the babies only receive breastmilk for six months. Breastfeeding can be continued until the babies are about two years old. In this case, mothers may start give complementary feeding that meets baby's nutrition needs. Breastfeeding policy is supposed to be supported by the family, government, and all society by providing special designated facility in workplaces or public places. In order to reassure the rights of doing breastfeeding, government is responsible to make a policy of breastfeeding in form of norm, standard, procedures, and criteria[11]

Unfortunately, such provisions are violated by the excuses of medical indications. Medical indication in this provision refers to "mother's health condition that does not allow her to give breastfeeding due to the medical indications diagnosed by the authorized medical workers". Previous studies show that mother's health condition does not affect the breastfeeding as long as she strongly commits to give exclusive breastmilk. Such provision seems like a joke that is considered as sluggish as the accused violation.

This provision also regulates criminal aspect of violating breastfeeding for whoever tries to hinder breastfeeding by using medical indications as the excuse. This regulation clearly explains that certain sanction and even additional penalty is applicable for entrepreneurs[12]

The successful of exclusive breastfeeding is determined by the commitment of health workers. In this case, midwives play an important role in preserving the success of breastfeeding even though some of them are less active to assist mothers in breastfeeding. Big efforts are required to change the attitude of health workers to make them more active in improving the success of breastfeeding. Nevertheless, some provisions of former Law on Health (Law Number 22 of 1992) are applicable even before the recent Law on Health is made. One of them is Decree of Ministry of Health Number 450/MENKES/SK/IV/2004 concerning Exclusive Breastfeeding for infants in Indonesia. Such regulation basically provides guidance and information regarding breastfeeding rights for mother and how important breastfeeding is for the babies[13].

In health law, there is a term called Sociology of Medicine that discusses the organizations, values, and faiths of midwifery practices as a representation of human attitude in healthcare services. For instance, deciding what kind of healthcare services provided, improving the quality of human resources in developing healthcare services, and accommodating some training for health workers. In this case, the implementation of exclusive breastfeeding is not only the responsibility of health workers, but also the society. They need to be aware of the importance and the benefit of exclusive breastfeeding for babies. To facilitate it, the government decides to make regulations on lactation as well as provide lactation room for breastfeeding in public places. Of course, the implementation requires cooperative collaboration between business owner, government, and department of public health.

From the documentation of exclusive breastfeeding data gathered in 2014 until March 2016, the results show as follow: In 2014, babies registered in Community Health Center in Ponorogo are 1.886. The target achieved is 1.371 with percentage of achievement 72.7%. In 2015, there

[11] Lihat Pasal 128 dan Pasal 129 Undang-Undang Nomor 36 Tahun 2009 tentang Kesehatan
[12] Lihat Pasal 200 dan Pasal 201 Undang-Undang Nomor 36 Tahun 2009 tentang Kesehatan
[13] Lihat KEPMENKES Nomor 450/MENKES/SK/IV/2004 tentang Pemberian Air Susu Ibu (ASI) Secara Eksklusif bagi Bayi di Indonesia

is a significant improvement as the babies registered in Community Health Center in Ponorogo are 2.031. The target achieved is 1.635 with percentage of achievement 80.5%. Meanwhile, until March 2016, babies registered in Community Health Center in Ponorogo are 897. The target achieved is 638 with percentage of achievement 71.1%.

In addition, according to the report on exclusive breastfeeding in the last three years (from 2014 until 2016) given by Department of public health Ponorogo, it shows that there is an improvement of 8%. It means that mothers in Ponorogo are actually aware of giving exclusive breastfeeding for their babies. In contrast, the results of observation and interview reveals that some respondents, in this case are mothers, could not give exclusive breastfeeding. There are 12 respondents in this interview. They consist of one housewife, two housewives who also work at home, and nine mothers who are full-time workers in office. From these 12 respondents, only two people who are able to give exclusive breastfeeding whether at home or at the office.

Exclusive breastfeeding is the primary food for infants and it cannot be replaced. It is one of the greatest gifts from God for all mothers. In Indonesia, exclusive breastfeeding is regulated in the 1945 Constitution of the Republic of Indonesia and Law Number 49 of 1999 on Human Rights. The explanations are elaborated as follow:

- The 1945 Constitution of the Republic of Indonesia asserts that babies' survival depends on breastfeeding. Therefore, the Constitution explains that every person shall have the right to work and live a worthy life. Besides, it is also stated that every child shall have the right to live, to grow, and to develop, and shall have the right to protection from violence and discrimination.

- Law Number 49 of 1999 on Human Rights regulates specific protection of the health of reproduction. It refers to health services that are associated with female reproduction such as menstruation, pregnancy, labor, and breastfeeding.

In fact, mothers who are full-time workers and work quite far from home choose to give infant formula. Generally, working mothers could give exclusive breastfeeding in the first two months of newborn or during their paid leave. Article 83 of Law Number 13 of 2003 on Manpower states that entrepreneurs are under an obligation to provide opportunities to female workers whose babies still need breastfeeding to breast-feed their babies if that must be performed during working hours. In addition, Government Regulation Number 24 of 1976 on Civil Servant Leave elaborates that female workers shall have the right to have maternity leave 1.5 (one-and-a-half) months before and 1.5 (one-and-a-half) months after birth.

The aforementioned period of leave is benefited by working mothers to breast-feed their babies. Once their leave ends, they will use infant formula. Another reason why mothers do not beast-feed their baby is due to low milk supply. Out of the respondents in this study, only two mothers who still exclusively breastfeeding the babies without infant formula or complementary feeding. The two mothers spare their time to pump the breast milk and store it in the fridge. When the mothers are working, the babies consume the stored breast milk.

Mothers should get legal protection regarding breastfeeding. Law Number 36 of 2009 on Health Articles 200, 201, and 202 describes: "Every individual who intentionally hinder the exclusive breastfeeding program practice shall be penalized with imprisonment at the most of 1 (one) year and a fine at the maximum Rp 100.000.000 (one hundred million rupiah). In case that criminal act is committed by a corporation, in addition to imprisonment and fine to the executives, penal sanction that may be served to the corporation may be a fine of 3 (three) folds of fine. Other than a fine, a corporation may also be further penalized in the form of business permit being revoked and/or legal entity status being revoked."

As the state government has made Law and regulations on Health concerning breastfeeding, local government should provide facilities for breastfeeding or lactation room in public places (hospitals, stations, markets, etc). The result of interview reveals that only one respondent who slightly knows about the regulation on breastfeeding but not in details. The other 11 respondents have no idea about such regulation at all. Regarding this concern, all respondents expect Department of Health in Ponorogo may provide facility of lactation room by cooperating

with Regional Government of Ponorogo to issue a Regional Government Regulation on breastfeeding and lactation. An interview with three participants is also conducted. The participants are RK, an acting official of the Head of Department of Health Ponorogo, midwife S, and a staff member of Maternal and Child Health of Department of Health Ponorogo. All participants assert that Regional government should create a Regional Government Regulation on breastfeeding and lactation facility in public places.

Conclusion

Informed consent is a required form in that should be fulfilled by midwives as the health workers and pregnant mothers as patients. Obtaining informed consent is a required procedure that becomes a part of legal ethics for midwives in carrying their duty and responsibility. It can be considered as a form of trust from the patients to midwives. Cases on pregnancy complication and death cases on mothers and children are something adverse everyone wishes not to happen. In case such undesirable adverse cases happen and bring mothers or babies to death, the cases will be investigated by the authorized, professional agency. When midwives have performed the standardized procedures when the case happens during their work, they deserve to get legal protection. Regulation on health provides convenience for mothers to breast-feed their babies as government facilitates them with breastfeeding and lactation facilities. However, there are some medical workers who still neglect their duty to assist mothers in giving exclusive breastfeeding. Instead, they tend to give infant formula for the babies by using medical indication as an excuse. Therefore, regulation regarding breastfeeding is enforced. In case the medical workers or the entrepreneurs try to hinder the mothers' rights for breastfeeding, they will get certain sanction or get penalized. In this case, medical workers or midwives should make sure every child and baby get exclusive breastmilk since it is the baby's primary nutritious food. Exclusive breastfeeding allows the babies to grow well and build strong immunity.

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