

# Services and Handling of Maternal Emergencies in Hospitals Based on Law

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## Abstract

This research aims to research Services and Handling of Maternal Emergencies in Hospitals Based on Law. This research is qualitative research with a descriptive analytical approach. The data required in the research was collected through in-depth interviews with informants/subjects whose criteria had been selected using purposive sampling by the researcher. The conclusion of this material highlights the importance of understanding the legal basis that regulates maternal emergency services and management in hospitals, both from the perspective of the responsibilities of health institutions and the rights and protection of patients. With the Minister of Health Regulation Number 21 of 2021 concerning the implementation of health services during pre-pregnancy, pregnancy, childbirth and the post-natal period, contraceptive services and sexual health services. Article 16 paragraph (1) which reads "delivery is carried out in a health service facility", it is hoped that the birth that is carried out must be handled directly by a medical team and in a health facility to reduce maternal and infant mortality. However, from the data obtained there are still several villages where births take place in non-health facilities, so that with births still taking place in non-health facilities, the implementation of Minister of Health Regulation Number 21 of 2021 is still not optimal. By complying with applicable regulations and following best practices in Maternal health services are expected to improve the safety and welfare of pregnant women and unborn babies.

**Keywords:** services, handling, maternal emergencies

## Introduction

A maternal emergency is a condition that can threaten a person's life, this can occur during pregnancy, during birth and even during pregnancy. There are many diseases and disorders during pregnancy that can threaten the safety of the mother and the baby to be born. This emergency must be handled immediately, because if it is slow in handling it will cause death to the mother and newborn baby (waryani pur, 2019). An obstetric or maternal emergency is a life-threatening health condition that occurs in pregnancy or during and after labor and birth. There are many diseases and disorders in pregnancy that threaten the safety of the mother and baby. Obstetric or maternal emergency cases are obstetric cases which, if not treated immediately, will result in the death of the mother and fetus. This case is the main cause of maternal death, fetuses and newborns. Emergencies during pregnancy may be caused by specific pregnancy complications or concomitant medical or surgical illnesses. (Luiz Egon Richter, Augusto Carlos, and De Menezes Beber, 2018).



Based on data from Maternal Perinatal Death Notification (MPDN), the Ministry of Health's maternal death recording system, the number of maternal deaths in 2022 will reach 4,005 and in 2023 it will increase to 4,129. Meanwhile, infant deaths in 2022 will be 20,882 and in 2023 it will be recorded at 29,945. Then, many infant deaths are caused by low birth weight (LBW) babies or prematurity and asphyxia. LBW, according to Daisy, occurs when a baby is born with a weight below 2,500 grams and is usually experienced by premature babies who are born less than 37 weeks gestation. Regional obstetric and neonatal services are an effort to provide services for mothers and newborns in an integrated manner in the form of Comprehensive Emergency Neonatal Obstetric Services (PONEK) at the Hospital and Basic Emergency Neonatal Obstetric Services (PONEK) at the Community Health Center level. The 24-hour PONEK Hospital is part of the referral system for maternal and neonatal emergency services, which plays a significant role in reducing maternal and newborn mortality rates. Monitor and evaluate the performance of PONEK including, physical facilities, work group performance in the emergency unit, delivery room, operating room (must be able to carry out operative procedures in less than 30 minutes after the decision), maternal mortality ratio of 200 per 100,000 live births, Case The fatality rate must decrease by less than 20 percent per year (Tangerang District Hospital, 2023).

Indonesian public health has been regulated in Law of the Republic of Indonesia Number 17 of 2023 concerning Health in article 1 paragraph (3), namely, Health Services are all forms of activities, or a series of service activities provided directly to individuals or the community to maintain and improve the level and paragraph (4) Public health in the form of promotive, preventive, curative, rehabilitative and palliative. Health Resources are everything needed to carry out health efforts carried out by the central government, regional government and/or the community. The legal accountability of hospitals in the practice of health services and medical practice in hospitals should be applied without deviating from Law Number 44 of 2009 concerning Hospitals, Law Number 36 of 2009 concerning Health, Law Number 36 of 2014 concerning Health Workers, Law Number 29 of 2004 concerning Medical Practice and Law Number 38 of 2014 concerning Nursing. This is because the legal responsibility of hospitals in resolving medical service disputes in Indonesia requires benefit according to principles. The implementation of the obligation to provide good service is related to various things, including personnel, because a hospital as an organization can only act through the personnel it employs. The provision of health services in hospitals is carried out by both health workers and non-health workers. Services provided by hospital personnel, especially health workers, must comply with professional standards. Hospitals should be held responsible if their personnel provide substandard health services, resulting in undesirable consequences for patients.

Regulations related to this obligation include Regulation of the Minister of Health of the Republic of Indonesia Number 11 of 2017 concerning Patient Safety, which defines patient safety as a system that makes patient care safer, including risk assessment, identification and management of patient risks, reporting and analysis. incidents, the ability to learn from incidents and follow up, as well as implementing solutions to minimize risks and prevent injuries caused by errors resulting from carrying out an action or not taking action that should be taken. Then,



services and handling of maternal cases in Indonesia have been regulated in the Minister of Health Regulation Law Number 21 of 2021 concerning the Implementation of Health Services for the Pre-Pregnancy, Pregnancy, Childbirth and Post-Birth Period, Contraception Services and Sexual Health Services. In accordance with the sound and content of the Law, of course the government pays special attention to pregnant women and their unborn babies, where it is known that mothers are people who greatly contribute to the increase and decrease in the number of offspring or future generations in this country.

The direct causes of maternal death are factors related to complications of pregnancy, childbirth and postpartum such as bleeding, pre-eclampsia/eclampsia, infection, obstructed labor and abortion. Indirect causes of maternal death are factors that aggravate the condition of pregnant women, such as being too young (too young, too old, giving birth too often and giving birth too closely), according to the SKDI in 2019, there were 4,221 cases, as for those that complicate the process of handling pregnancy and childbirth emergencies. and nipas like three late (late in recognizing danger signs and making decisions, late in reaching a health facility and late in handling emergencies). Public awareness of the danger signs in pregnancy is an effort to minimize obstetric emergencies, however many traditional beliefs and delays in decision making to seek treatment at health facilities are still implemented in the community. lack of funds and delays in rapid transportation to reach health facilities are causes of death. Further delays in obstetric emergencies can also be caused by the lack of capacity to provide obstetric care among medical personnel. Traditional beliefs held by certain communities will influence decision making by the husband as head of the family or someone who plays an important role in the family. As a result, if an emergency occurs in a pregnant woman, giving birth or after giving birth, several parties must be involved in consultation. This will result in delays in decision making which can result in maternal death.

The Role of the Legal System in Improving Services itself can play a role in encouraging improvements in maternal emergency services by setting higher standards, imposing sanctions for violations, and encouraging hospitals to adopt best practices. By understanding the importance of maternal emergency services and management in hospitals in a legal context, we can identify areas where improvements are needed and develop strategies to improve patient protection and the overall quality of maternal health services. This author's research will focus on services and handling of maternal emergencies in hospitals based on law, in accordance with the background of the problems stated.

## Method

This research is qualitative research with a descriptive analytical approach. The data required in the research was collected through in-depth interviews with informants/subjects whose criteria had been selected using purposive sampling by the researcher. The subjects used in the research consisted of main informants and triangulation informants who had been determined and selected based on inclusion/exclusion criteria.



Data processing starts from the reduction process, then presents the data, then draws conclusions and finally a validation test is carried out by carrying out a cross check and looking at the facts in the field through observation results.

## Services and Handling of Maternal Emergencies in Hospitals Based on Law

Maternal emergencies are life-threatening health conditions that occur in pregnancy or during and after labor and birth. Many diseases and disorders in pregnancy threaten the safety of mother and baby. Maternal emergencies include obstetric cases which, if not treated immediately, will result in death for the mother and fetus. This case is the main cause of death for mothers, fetuses and newborns.

The objectives of the midwife's actions in maternal emergency situations are:

- 1) Prevent death and disability (to save life and limb) in mothers during emergencies.
- 2) Referring mothers with emergencies through a referral system to get more adequate treatment (Dwiki Dhilon, 2020).

Emergency problems during pregnancy may be caused by certain pregnancy complications or concomitant medical or surgical conditions. Neonatal crisis is a situation that requires appropriate assessment and care for critically ill newborns ( $\leq 28$  days) and requires knowledge to recognize life-threatening psychological changes and pathological conditions that can appear at any time. The International Classification of Diseases (ICD 10) defines maternal death as "the death of a woman that occurs during pregnancy or within 42 days after the end of her pregnancy, regardless of age and location of the pregnancy, resulting from any cause related to or aggravated by the pregnancy or its management but not due to injury, accident or certain incident". The cause of death can be direct and indirect. (Issabella et al, 2020).

### What cases are included in Maternal Emergency

The case of a mother giving birth alone at the Complementary Medical Center Hospital (RS PMC) Jombang until her baby died, was considered unsatisfactory. The local Health Service was asked to evaluate the operational permit of the private hospital. This was conveyed by Member of Commission D DPRD Jombang Regency Mustofa. Meanwhile, this audit team consists of elements from the Jombang Health Service, as well as the professional organizations of the Indonesian Doctors Association (IDI) and the Indonesian Midwives Association (IBI).

A week later, the AMP Team released recommendations based on the audit results. The recommendations are not aimed specifically at PMC Hospital and health workers who are in charge of DR deliveries. The Jombang District Health Service is also reluctant to release the cause of death of the baby girl born to DR. "That means the audit team is not working. It should explain the cause of the baby's death. It just depends on whether you dare or not (tell it to the public)," explained Mustofa. After AMP, the Jombang District Health Service also did not impose any sanctions on the management of PMC Hospital. The Health Department only asked the hospital on Jalan Ir H Juanda, Jombang to prepare a special isolation room for mothers giving birth who were positive or suspected of being infected with the Corona virus. They hope that a



similar incident will not happen again. "The Health Service has remained silent. Historically, the Auxiliary Hospital has made procedural errors several times. The operational permit for its services should be stopped for a month, so that there is a deterrent effect," said Mustofa.

This woman, who works as a nurse at a private hospital in Jombang, said that medical staff only provided help about 30 minutes after her baby was born. That is around 05.00 WIB. At that time, PMC Hospital medical officers confirmed that DR's baby girl had died. In fact, AL had been trying to ask the nurse for help since his grandson had just seen hair. Plus, at that time DR was already releasing a lot of amniotic fluid. However, the PMC Hospital nurse asked them to wait until 09.00 WIB on the grounds that they were still in the observation stage. In connection with the case of child death in DR, the negligence committed by the hospital was not treating the patient or in other words abandoning him or neglecting him for hours. Referring to Article 190 paragraph (1), Law Number 36 of 2009 concerning Health (hereinafter referred to as the Health Law) states that "health service leaders or health workers who "intentionally" do not provide first aid to patients who are in critical condition. emergency as referred to in Article 32 paragraph (2) or Article 85 paragraph (2) shall be sentenced to 2 (two) years with a fine of up to Rp. 200,000,000 (two hundred million rupiah)."

The provisions of Article 190 of the health Law refer to 2 (two) articles, namely Article 32 paragraph (2) and Article 85 paragraph (2). So, according to the law, it must be seen whether these two articles are more biased towards the Head of Health Facilities or towards Health Workers. Article 32 paragraph (2) and Article 85 paragraph (2) of the health Law state that in an emergency, health service facilities, both government and private, are prohibited from turning away patients and/or asking for advance payments. Based on article 32 paragraph (2), the party that should be responsible is the hospital. Because what is meant by a health facility is an institution. Jevry Chrisian Harsa (24), a resident of Kendal Regency, Central Java, reported a hospital (RS) in Semarang to the Central Java Police regarding alleged malpractice. Jevry is trying to seek justice for the paralysis of his wife, Ningrum Santi (23), after giving birth to their first child. Ningrum, on Friday 29 May 2020 was in a coma and unconscious in the ICU. This condition lasted for three months until finally Ningrum regained consciousness, but his condition was paralyzed. Meanwhile the baby died. Jevry tried to seek justice by complaining to the Central Java Police regarding alleged malpractice and filing a lawsuit. This was done because mediation did not produce common ground.

Hospital legal accountability in health service practices and medical practice in hospitals should be applied without deviating from Law Number 47 of 2021 concerning Hospitals, Law Number 17 of 2023 concerning Health, Law Number 2 of 2022 concerning Health Workers. This is because the legal responsibility of hospitals in resolving medical service disputes in Indonesia requires benefit according to principles. In practice, several times the hospital's legal responsibilities in providing health services cannot be carried out optimally. This can be seen from the quality of service in the Hospital Emergency Unit which cannot function optimally. The Hospital Emergency Unit is the leading part or spearhead of the hospital in providing health services, so that whether the quality of service in the Hospital Emergency Unit is good or bad can be a reflection of the quality of hospital services.



### Maternal Emergency Services Based on Law

In terms of legal protection, one of the things the government has done is issue Minister of Health Regulation Number 21 of 2021 concerning the implementation of health services during pre-pregnancy, pregnancy, childbirth and the post-natal period, contraceptive services and sexual health services. In this regulation there is an article on government action in protecting its citizens for the safety of mothers and children, namely in article 16 paragraph (1) which reads "delivery is carried out in health service facilities". in protecting the high number of maternal and child deaths in this country. Childbirth is the process of expelling the fetus and placenta that have reached the gestational age and can live outside the womb through the birth canal or other means with the help or strength of the pregnant woman herself. Inappropriate choice of birthing place outside of health facilities and birth attendants will have a direct impact on maternal health, namely increasing the maternal mortality rate (MMR) and Infant Mortality Rate (IMR) (Ighnia Marwah, 2019).

Regulation of the Minister of Health of the Republic of Indonesia Number 21 of 2021 concerning the Implementation of Health Services for the Pre-Pregnancy Period, Pregnancy Period, Childbirth and Post-Birth Period, Contraception Services and Sexual Health Services as contained in Article 1

In this Ministerial Regulation what is meant by:

1. Pre-Pregnancy Health Services are any activity and/or series of activities aimed at women from the time they are teenagers until before pregnancy in order to prepare women for a healthy pregnancy.
2. Pregnancy Health Services are every activity and/or series of activities carried out from the conception period until delivery.
3. Maternity Health Services are any activity and/or series of activities aimed at mothers from the start of labor until 6 (six) hours after giving birth.
4. Postnatal Health Services are any activity and/or series of activities aimed at mothers during the postpartum period and services that support the baby they give birth to until they are 2 (two) years old.
5. Contraceptive services are a series of activities related to administering medication, installing or removing contraceptives and other actions in an effort to prevent pregnancy.
6. Sexual Health Services are any activity and/or series of activities aimed at sexual health.
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. 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.
9. Regional Government is the regional head as the organizing element of Regional Government who leads the implementation of government affairs which fall under the authority of the autonomous region.
10. The Minister is the Minister who carries out government affairs in the health sector.



The indicator used to describe pregnant women's access to services during pregnancy is K1 coverage (first visit), while the indicator to describe service quality is K4-K6 coverage (4th to 6th visit) and subsequent visits if necessary.

1. First visit (K1)

K1 is the first contact between pregnant women and competent health workers to obtain integrated and comprehensive services according to standards. First contact should be made as early as possible in the first trimester, preferably before the 8th week.

2. 4th Visit (K4)

K4 is contact between pregnant women and competent health workers to obtain integrated and comprehensive antenatal care according to standards during their pregnancy at least 4 times with time distribution: 1 time in the 1st trimester (0-12 weeks), 1 time in the 2nd trimester (>12 weeks-24 weeks) and 2 times in the 3rd trimester (>24 weeks until birth).

3. 6th Visit (K6)

K6 is contact between pregnant women and health workers who have competence, to obtain integrated and comprehensive antenatal services according to standards, during pregnancy at least 6 times with time distribution: 1 time in the 1st trimester (0-12 weeks], 2 times in the 2nd trimester -2 (>12 weeks-24 weeks), and 3 times in the 3rd trimester (>24 weeks until birth). Antenatal visits can be more than 6 (six) times as needed and if there are complaints, illnesses or pregnancy disorders Pregnant women must contact a doctor at least 2 times in the 1st trimester and 1 time in the 3rd trimester.

### Handling Regarding Anticipation of Maternal Emergencies

In handling emergency cases, determining the main problem (diagnosis) and relief actions must be carried out quickly, precisely, calmly and without panic, even though the patient's family or their companions may be in panic. Everything was done quickly, carefully and purposefully. Even though the examination and aid procedures are carried out quickly, the principles of communication and the relationship between midwife and patient in receiving and treating patients must still be observed. The basic principles of emergency management are respect for patients, gentleness, communicativeness, patient rights, and family support:

1. Respect for Patients (Respect) Every patient needs appropriate and immediate health services.

Regardless of the client's social and economic status, every client must be treated with respect. Midwives must be sensitive and understand that emergency situations and conditions, feelings of anxiety, fear and concern are normal for every person and family who experiences them.

2. Gentleness (Tenderness) a. Every step must be carried out with gentleness, including making a diagnosis. b. A gentle attitude is absolutely necessary in explaining to clients that pain or discomfort cannot be avoided when carrying out examinations or providing treatment. Explain that the examination and treatment procedures will be carried out as gently as possible so that unpleasant feelings can be minimized.

3. Communicative Health workers must communicate with patients in language and sentences that are appropriate, easy to understand, and pay attention to local cultural norms. (Weni Mailita and Ririn Ririn, 2022).



One of the efforts made to realize the program to reduce maternal and infant mortality is to strengthen the health referral system at various levels of health services. Especially for the case of pregnant women, referral system regulations must be implemented immediately, because the regulations implemented by BPJS require that normal births be carried out in primary health facilities, even though mothers at high risk have to give birth in hospitals, even though in the end they give birth normally, but bleeding and Other complications can occur at any time and these can only be treated at a PONEK hospital. This is what we want to solve with reference manual regulations. The main principle is to reduce unnecessary panic and commotion by preparing for delivery (planned referral) for those who need it (pre-emptive strategy). Even though there are principles and rules related to the referral system, in its implementation there are still many other things that influence the success and smoothness of a referral, such as 3 late. In order for an effective and efficient referral system to be achieved, several interventions need to be carried out, including creating a referral performance monitoring tool in the form of a guide/checklist which is used as a standard referral flow guide while making it easier for the government/relevant agencies to evaluate the suitability of the referral system being implemented. Apart from that, there is also a need for a referral network cooperation agreement. With the referral system that has been implemented, the Government should strive to provide supporting facilities and needs that are truly met at every regional level, at the district, city and provincial levels. (Luluk Susiloningtyas, 2020).

Good knowledge of pregnant women about pregnancy emergencies provides understanding and increases awareness and encourages pregnant women to carry out routine antenatal care checks as an effort to determine the health condition of the mother and fetus, early prevention of health problems that may arise during pregnancy. Early detection in antenatal care is screening to predict risk factors for emergencies. If pregnant women comply with routine pregnancy checks, they can detect early problems that may occur or will occur during pregnancy, childbirth and postpartum, so that they can be addressed immediately and receive appropriate treatment. By carrying out regular antenatal care checks and routine supervision from a midwife or doctor during pregnancy, it is hoped that complications and emergencies that may occur during pregnancy, including general medical history, obstetrics and surgery, can be recognized earlier (Putri Hidayati, 2019). Good knowledge can influence positive understanding, attitudes and behavior so that the better knowledge pregnant women have about the signs of a pregnancy emergency, the greater the awareness and willingness of respondents to carry out antenatal care checks. Every pregnant woman is at risk of experiencing complications and emergencies that can threaten the lives of the mother and fetus, so it is expected that every pregnant mother will have antenatal care visits at least six times during pregnancy (Yusri Dwi Lestari and Sulis Winarsih, 2022).

## Conclusion

Based on the results of the research and discussion in the previous chapter, it can be concluded as follows:





1. Services in emergency cases in hospitals must start from coordinating all related elements so that each party can understand their respective roles in handling the case, starting from preventing or anticipating its occurrence to providing services and handling related cases. The referral system that has been regulated by the government at various levels has not been able to be implemented properly because it is hampered by geographical areas, existing facilities and infrastructure in the area.
2. In the context of maternal emergency services and management in hospitals, it is important to understand the legal basis that regulates this. Hospitals have a legal responsibility to provide adequate health services to patients, including handling maternal emergencies.
3. The conclusion of this material highlights the importance of understanding the legal basis that regulates maternal emergency services and management in hospitals, both from the perspective of the responsibilities of health institutions and the rights and protection of patients. With the Minister of Health Regulation Number 21 of 2021 concerning the implementation of health services during pre-pregnancy, pregnancy, childbirth and the post-natal period, contraceptive services and sexual health services.
4. Article 16 paragraph (1) which reads "delivery is carried out in a health service facility", it is hoped that the birth that is carried out must be handled directly by a medical team and in a health facility to reduce maternal and infant mortality. However, from the data obtained there are still several villages where births take place in non-health facilities, so that with births still taking place in non-health facilities, the implementation of Minister of Health Regulation Number 21 of 2021 is still not optimal. By complying with applicable regulations and following best practices in Maternal health services are expected to improve the safety and welfare of pregnant women and unborn babies.

## Suggestions

From the conclusions explained above, there are several suggestions that can be given from the results of this research. To realize the program to reduce maternal mortality (MMR) and infant mortality (IMR), one of the efforts to achieve the program's objectives is to strengthen the health referral system at various levels of health services. It is also very important to provide education regarding maternal cases to pregnant and postpartum women.

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