



Identification of Informed Consent Implementation in Midwifery Services: A Description Study

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Abstract. Midwifery services must be provided by midwives by implementing legal ethics in midwifery. This ethics can be fulfilled by giving informed consent before performing midwifery services. Informed consent is obtained by giving information about the midwifery services that will be provided to the patient and asking the patient to sign the midwifery service agreement sheet indicating that the patient is willing to receive the provided midwifery information and services as well as all the possible consequences. Informed consent is required when midwives provide care for pregnancy, childbirth, postpartum, and newborns. The objective of this study was to identify the implementation of informed consent by midwives in providing midwifery services in health care facilities such as hospitals, health centers, and autonomous midwifery practices. This research was a descriptive study with a cross-sectional approach involving 71 midwives in Pekalongan Regency. It was carried out in March 2021 by distributing questionnaires to the participating midwives who were selected through a quota sampling method. The collected data were analyzed by using central tendency and frequency distribution. The results of data analysis showed that the average age of the participants was 36.5 years old, the average length of work was 12.8 years, and the education level of the majority of them was diploma three (69%). A total of 70.4% of the midwives obtained informed consent before providing midwifery services. This number indicates that there were midwifery services that had not implemented ethical and legal aspects. The ethical and legal noncompliance cases in midwifery services might increase if no effort to achieve 100% informed consent implementation was taken. Therefore, regulation that manage and bind midwives in carrying out informed consent to achieve 100% implementation of it in midwifery services is needed.

Keywords: Informed Consent · Midwifery Service · Midwives

1 Introduction

Midwifery services according to the Midwifery Act No. 4 of 2019 are professional services as the integral part of the health care system provided by midwives based

on independence, collaboration, and/or referral. In the process of performing services, midwives must uphold the rights of clients, comprising informed consent and informed choice.

Principally, informed consent is under the regulations, such as the Minister of Health Regulation No. 290/Menkes/Per/III/2008 concerning approval of the medical treatment, therefore the importance of implementing informed consent needs to be prompted to midwives in a health care setting as necessary [2].

Informed consent is an agreement/approval of the patient for the medical treatments that the doctor will take for the patient after obtaining information from the doctor regarding the actions necessary to aid the patient as well as information about risks that may occur [1]. Procedure must be explained personally to the patient and/or relatives, upon request or otherwise. The information provided should be straight and true unless the information may harm the interests of the client [9].

Informed consent for doctors or midwives allows security in performing medical treatments for patients and can be used as a means of self-defense against the plausibility of claims or lawsuits from patients or their families in the event of unintended consequences arise. For patients, informed consent is an embodiment of their rights, which are the right to obtain information about the disease they are suffering from, medical treatment to be taken, possible complications after the treatment, and alternative therapy and the prognosis [3].

The opinion of Donsu (2013) implies that the performance of village midwives is not optimal in applying informed choice and informed consent in midwifery services because they feel incapable of leading counseling due to the absence of Interpersonal Communication/Counseling training, heavy workload, and the unavailability of informed consent forms in midwifery service office. Furthermore, Donsu (2013) suggests that the perception of good supervision will improve the performance of midwives.

The purpose of this study is to identify the implementation of informed consent in midwifery services using a descriptive study.

2 Method

This research is descriptive – a research method with the main objective of describing or depicting an object (Notoatmodjo, 2010). Using a Cross-Sectional approach, variable data collection was conducted simultaneously according to the state of the situation at that period (data collection). The population in this study involved midwives in Pekalongan Regency.

The sampling technique used was quota sampling, which is a sampling method that determines the number of samples required or sets a quorum. Following that, the number or quorum is taken as the basis for required sampling units (Notoatmodjo, 2010). The sample in this study comprised midwives in Pekalongan Regency totaling 71 respondents. Data collection employed questionnaire distribution to respondents which was carried out in March 2021. Data analysis applied central tendency and frequency distribution.

Table 1. Characteristics of Respondents

| Variable | Frequency | % | mean |
|------------------|-----------|------|------|
| Age | | | |
| 20–35 years | 35 | 49,3 | 35,6 |
| >35 years | 36 | 50,7 | |
| Education | | | |
| Diploma III | 49 | 69 | |
| Diploma IV | 19 | 26,8 | |
| Bachelor | 3 | 4,2 | |
| Tenure | | | |
| <10 years | 31 | 43,7 | 12,8 |
| ≥10 years | 40 | 56,3 | |

Table 2. Frequency distribution of respondents based on the implementation of informed consent

| No | Category | Frequency | % |
|----|----------|-----------|------|
| 1 | Good | 50 | 70,4 |
| 2 | Poor | 21 | 29,6 |
| | Total | 71 | 100 |

* Source: primary data

3 Results

Based on the characteristics of the respondents in Table 1, some of the respondents (50.7%) aged >35 years with an average age of 35.6 years. Meanwhile, the education level of respondents (69%) obtained diploma III and some of them had a tenure of >10 years (56.3%) with an average tenure of 12.8 years.

Table 2 displays that the vast majority, 70.4% of respondents, had carried out informed consent properly. However, there was a small percentage of 29.6% who implemented informed consent inadequately.

4 Discussion

The results found that the average age of the respondents was 35.6 years with an average tenure of 12.8 years and 69% of them obtained Diploma III Midwifery Education. Given the characteristics of the respondents, it can be determined that the average age of the respondents was categorized as productive. This corresponds to the research by (Donsu, 2013) that a mature age can be productive in a work setting and the longer a person works, the better understanding and action a person will have. A long tenure will help a

person to adapt to the workplace, resulting in increased work performance. Diploma III Midwifery Education is a requirement for midwives to be able to provide health services, especially midwifery services [5].

The informed consent implementing ethical and legal aspects in midwifery services has not reached 100%. According to Sujiyatini [10], following the Regulation of the Minister of Health of the Republic of Indonesia Number 585/MENKES/PER/IX/1989, informed consent must be proffered to all patients. Information is given sincerely, containing medical treatments to be taken such as diagnosis, positives, negatives, and effects post-treatment. Information is provided according to the level of education, situation, and condition of the patient in form of a choice or alternative medical treatments.

In providing midwifery services, midwives are not only required to be competent in science and skills conforming to the latest technological developments, but in their implementation, midwives should also uphold the code of ethics for midwives. The code of ethics for midwives is a guideline in the procedures for alignment in the implementation of professional midwifery services. One of the objectives of the code of ethics for midwives is to maintain patient rights based on Government Regulation No. 61 of 2014 on Reproductive Health Article 20 Paragraph 1, "everyone has the right to communication, information, and education about family planning." This has become the foundation for midwives in providing informed choice services in form of comprehensive counseling and is continued with informed consent [12].

The results of research conducted by Mulyanti [9] found that the implementation of informed consent at BPM (Independent Midwives) was poor. Informed consent was provided on delivery patients, contraceptive services, and immunizations. Meanwhile, in other measures, there was much incomplete data filling. The researchers assert that the large number of patients who underwent examinations was a contributing factor. In addition, due to the unavailable informed consent, the respondents directly performed midwifery services without prior informed consent. This is supported by other studies that the implementation of informed consent in contraceptive injection services was not based on family planning service standards [11].

A study by Astuti (2017) affirms that midwives should better understand their roles and functions in the implementation of informed consent. The results of this study present the perception of midwives about the definition of informed consent, which is an agreement made in the event of an emergency. Other researchers imply that informed consent administration in midwifery services had been carried out by providing complete information, but some informed consent sheets were declared invalid due to the empty midwife's signature as the information provider as well as witness'. The researchers also suggest that it is necessary to improve the guidance and supervision of the implementation of the midwifery practice regarding the distribution of informed consent so that midwives can fill out the informed consent form correctly and completely [4].

Informed consent is not only a consent form obtained from the patient and does not only require a family signature but a communication process. The core of informed consent is an agreement between the health workers and the patients, while the form is only the documentation as a result of an agreement. Consent is important from the midwife's perception as it relates to the legal aspects that authorize the midwife to perform procedures [12].

The obligation of midwives to provide informed consent is stipulated in the Decree of the Minister of Health of the Republic of Indonesia Number 1464 of 2010 on Permit and Implementation of Midwifery Practices Article 18. Another study implies that providing information on the implementation of informed consent for intrauterine contraceptive services had been carried out, but 1 informed consent form was found invalid due to empty signature from the midwife, patient, or witness [7]. The results of another study show that the informed consent carried out by midwives prior to midwifery services based on the information provider attribute, the information receiver, and the content of the information was adjusted to the applicable laws and regulations. Patients have the right to obtain information prior to midwifery services. The researchers suggest that patients' rights were fulfilled procedurally and substantially, however, the information provided was not completely recorded [6].

Informed consent is deemed the right of self-determination, namely the innate human rights. In other words, a person has the right to determine what is done to himself. The right to self-determination in the health context encompasses the right to determine to approve or decline assistance in the health services. Furthermore, it was also found that midwives highly upheld the ethical values possessed by the implementation of informed consent [12].

The results of another study found that most of the midwives' status was dominated by non-civil services who had poor motivation and did not intend to distribute informed consent for family planning. This happened due to the number of rewards or incentives they earned. The results of the study imply that there was a significant relationship between midwives' motivation and midwives' compliance in distributing informed consent in family planning services [8].

5 Conclusion

Failure to achieve 100% implementation of informed consent by midwives is an indication that midwifery services have not been accomplished, in which it implements ethical and legal aspects. The risk of increasing ethical and legal cases in midwifery services is vulnerable if there is no effort to achieve 100% implementation of informed consent. Therefore, it is required to arrange regulations that govern and bind midwives in distributing informed consent to achieve 100% implementation of informed consent in midwifery services.

References

1. Astuti Kh EW, Tajmiati A, Suryani E. 2016. Konsep Kebidanan dan etikolegal dalam praktik kebidanan. Kementerian Kesehatan RI
2. IBI.2016. Pentingnya penerapan Informed Conset. www.ibi.or.id/
3. Kinanti AD, Permatasari DA, Shinta DC. 2015. Urgensi Penerapan mekanisme Informed Consent untuk mencegah tuntutan malpraktik dalam perjanjian terapeutik. *PTivat Law Vol III No.2 Juli-Desember 2015*
4. Astuti, L. P., Prasida, D. W., & Wardhani, P. K. (2017). Peran Dan Fungsi Bidan Dalam Pelaksanaan Informed Consent Pada Kegawat Daruratan Obstetri Di Puskesmas. *Jurnal Kebidanan*, 9(02), 101–212. <https://doi.org/10.35872/jurkeb.v9i02.313>

5. Donsu, A. (2013). Hubungan Faktor Pengetahuan, Motivasi dan Persepsi Supervisi dengan Kinerja Bidan Desa dalam Penerapan Informed Choice dan Informed Consent. *INFOKES: Jurnal Ilmu Kesehatan*, 7(2), 110–119.
6. Eniyati. (2016). Pemenuhan Hak Pasien Atas Informasi Sebelum Dilakukan Tindakan Invasif dalam Pelayanan Kebidanan di Puskesmas Kabupaten Magelang. Semarang: Universitas Katolik Soegijapranata.
7. Kristiana, D. (2021). Tinjauan Yuridis Pelaksanaan Informed Consent Pemasangan AKDR pada Akseptor KB. *Jurnal Kebidanan*, 10(1), 89–96. <https://doi.org/10.26714/jk.10.1.2021.89-96>
8. Kusumawati, I. (2012). Hubungan Antara Motivasi Bidan dengan Kepatuhan Pemberian Informed Consent pada Pelayanan Keluarga Berencana (KB) di Kecamatan Grogol. In Naskah Publikasi Skripsi. Surakarta: Universitas Muhammadiyah Surakarta.
9. Mulyanti, L., Chafidoh, & Damayanti, F. N. (2017). Gambaran Pelaksanaan Informed Consent Bidan Praktik Mandiri (BPM) Dalam Pelayanan Kebidanan Di Kota Semarang. *Indonesia Jurnal Kebidanan*, 1(2), 74–85. <https://doi.org/10.26751/ijb.v1i2.380>
10. Sujiyatini, Dewi, N. S., & Arum, D. N. S. (2011). Catatan kuliah etika profesi kebidanan: disertai analisis hukum kesehatan terkini. Yogyakarta: Rohima Press.
11. Wardhani, P. K. (2012). Pelaksanaan Informed Consent pada Pelayanan KB Suntik di Wilayah Kerja Puskesmas Mijen. Semarang: Universitas Katholik Soegijapranata.
12. Lestari, R.t & Innaka R.A. (2021) Informed choice and informed consent in family palnning service in Independent practice Midwives. *SOEPRA jurnal Hukum Kesehatan* Vol. 7(1) Juni 2021

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