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The Relationship Between Midwifery Service Standards and Service Quality in Independent Midwifery Practices

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ABSTRACT

The quality of midwifery services is a crucial indicator for improving maternal and infant health care. The implementation of Midwifery Service Standards at Independent Midwife Practices is expected to support safe, effective, and high-quality services. This study aims to determine the relationship between Midwifery Service Standards and Midwifery Service Quality at Independent Midwife Practices in Bandar Lampung City. This study used a quantitative, cross-sectional design. The study population was all 40 midwives with active Independent Midwife Practices in Bandar Lampung City. The sampling technique used was total sampling; thus, the entire population served as the study sample. Data were collected through observation and interviews using a predesigned research instrument from January to June 2025. Data were analyzed using univariate and bivariate methods to determine the relationship between Midwifery Service Standards and Midwifery Service Quality. The results showed that 57.5% of midwifery service providers had good-quality midwifery services, while 60.0% of independent practices met midwifery service standards. Bivariate analysis showed a significant relationship between midwifery service standards and midwifery service quality at independent midwife practices in Bandar Lampung City ($p < 0.000$). The findings indicate that implementing midwifery service standards is associated with midwifery service quality at independent midwife practices. Therefore, increasing compliance with service standards through adherence to Standard Operating Procedures (SOPs), complete facilities and infrastructure, and improved midwife competency is necessary to improve midwifery service quality.

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INTRODUCTION

Universal Health Coverage (UHC) guarantees everyone access to quality healthcare without financial hardship. Its success depends on strong, well-funded, integrated health systems and trained professionals who deliver essential services. When service coverage, sustainable financing, and system capacity work together, health systems reduce preventable illness and death, shield people from financial burdens, and improve overall public health. This integrated framework is particularly vital for addressing persistent global disparities in maternal and child survival (World Health Organization, 2026).

Between 1990 and 2015, the global Maternal Mortality Ratio (MMR) fell by 44%, from 385 to 216 deaths per 100,000 live births. Nevertheless, millions of maternal and infant deaths caused by preventable factors still occur annually. Efficient, cost-effective medical interventions can save these lives; however, distribution bottlenecks prevent these solutions from reaching those most in need. Due to these limitations, approximately 4 million infants die within their first month of life, and over 3 million are stillborn, with roughly 99% of these maternal and child fatalities concentrated in developing countries (WHO et al., 2015; Zelka et al., 2023).

The efficacy of maternal health interventions is primarily evaluated using the Maternal Mortality Rate (MMR), which quantifies pregnancy-related deaths occurring during gestation, childbirth, and the postpartum period. Because MMR directly reflects healthcare accessibility and

the clinical competence of health personnel in adhering to care standards, it serves as a crucial benchmark for health system performance (BAPPENAS, 2023). To reduce MMR, government initiatives focus on expanding and optimizing maternal healthcare services through enhanced antenatal monitoring, facility-based deliveries by skilled attendants, comprehensive postnatal and neonatal care, family planning programs, and robust maternal-neonatal emergency referral systems (Dinas Kesehatan Provinsi Lampung, 2024).

Because pregnancy, childbirth, and the postpartum phase represent high-risk windows for maternal and infant morbidity and mortality, quality maternal health services remain paramount. According to 2024 data from the Central Statistics Agency (BPS), 16.93% of women in Indonesia gave birth to live infants over the preceding two years. Of these, more than half (53.05%) had midwife-assisted deliveries, while 41.37% delivered in hospital settings (Badan Pusat Statistik, 2024). These statistics demonstrate that midwives continue to serve as a primary pillar of maternal and child health provision across Indonesia (Badan Pusat Statistik, 2024).

Midwives are professional health workers authorized to provide maternal health services; women's reproductive health services; newborn, child, family, and public health services; in accordance with their competencies and statutory regulations. In carrying out their professional practice, midwives must provide services in accordance with Midwifery Service Standards and Standard Operating Procedures (SOPs). Compliance with these standards is very important to ensure patient safety, improve the quality of services, prevent infections related to health services, and reduce maternal and infant morbidity and mortality (Sari et al., 2024).

One pivotal form of primary healthcare service is the Independent Midwife Practice Center (*Praktik Mandiri Bidan*). These centers provide comprehensive care spanning prenatal care, delivery assistance, postpartum and newborn care, family planning, and women's reproductive health services. As primary healthcare facilities, they are required to deliver safe, high-quality, and effective care that adheres strictly to established midwifery standards, ensuring that life-saving interventions directly reach the mothers and infants who need them most (Sumarni, 2026).

The quality of services provided by Independent Midwife Practices plays a crucial role in reducing maternal and infant mortality. However, service quality depends not only on clinical competence but also on practice management, infrastructure, and internal and external conditions that influence midwives' performance. As professional healthcare workers, midwives play a significant role not only in providing medical services but also in creating jobs through independent practice. In the field of midwifery, Independent Midwife Practices play a crucial role in improving maternal and child health (Annisa et al., 2026).

Despite various policy mandates, implementing Midwifery Service Standards in field settings faces significant operational hurdles. Several empirical studies indicate that compliance with Standard Operating Procedures (SOPs) among midwives remains inconsistent. These challenges are compounded by gaps in professional competency and inadequate facility infrastructure, including incomplete medical equipment, scarce emergency maternal-neonatal medications, and suboptimal referral facilities. Collectively, these systemic limitations pose a threat to the quality of midwifery care provided to the community (Faniasih & Triyono, 2023).

This national challenge is equally pronounced at the local level. Preliminary observations conducted at Independent Midwife Practice Centers in Bandar Lampung City revealed noticeable variations in adherence to Midwifery Service Standards. Disparities were particularly evident in the availability of formal SOPs, essential medical equipment, critical emergency medications, and standardized service-delivery protocols. These local deficiencies are strongly suspected of compromising the overall quality of midwifery services in the area.

Furthermore, empirical literature investigating the direct relationship between Midwifery Service Standards and the overall Quality of Midwifery Services in Bandar Lampung City remains scarce. Addressing this knowledge gap is essential; hence, this study aims to analyze the relationship between Midwifery Service Standards and Midwifery Service Quality in Bandar Lampung City in 2025. The findings are expected to provide valuable empirical insights for professional organizations and independent practitioners to improve compliance with clinical standards, thereby elevating maternal healthcare quality and advancing the national mandate to accelerate maternal and infant mortality reduction in Indonesia.

METHOD

This study used a quantitative, cross-sectional design, collecting data on all variables simultaneously. The study population comprised midwives operating active Independent Midwife Practice Centers in Bandar Lampung City. Inclusion criteria required participants to hold an active Midwife Practice permit, practice in Bandar Lampung City, and have experience managing and referring maternal or neonatal emergency cases. Based on these criteria, the study identified 40 midwives. Using a total sampling technique, the study enrolled all 40 eligible active midwives as the sample.

Data collection took place from September to November 2025 through direct observations and structured interviews. Midwifery service standards (encompassing the availability of formal SOPs, essential medical equipment, and emergency medications) and midwifery service quality were evaluated using a pre-designed, structured questionnaire and an observational checklist. This instrument was adapted from standard national guidelines issued by the Ministry of Health of the Republic of Indonesia and underwent prior validity and reliability testing, yielding a Cronbach's alpha coefficient exceeding 0.70. Data were analyzed using univariate statistics to describe the frequency distribution of each variable. Bivariate analysis was conducted using the **Chi-Square test** to evaluate the relationship between Midwifery Service Standards and Midwifery Service Quality, with a statistical significance threshold set at $\alpha = 0.05$ ($p < 0.05$). The Health Research Ethics Committee of the Poltekkes Kemenkes Tanjung Karang granted ethical approval for this study under Certificate No. 487/KEPK-TJK/XI/2025.

RESULTS

Table 1. Distribution of respondent characteristics

Respondent characteristics	f	%
TPMB category		
TPMB plus Primary Clinic	6	15.0
Pure TPMB	34	85.0
Accreditation status		
Midwife Delima	37	92.5
Not Midwife Delima	3	7.5
Equipment at TPMB		
Complete	36	90.0
Incomplete	4	10.0
Essential medicines		
Complete	38	95.0
Incomplete	2	5.0
Maternal neonatal emergency SOP		
There is	24	60.0
There isn't	16	40.0

Table 1 shows that almost all Independent Midwife Practices (TPMBs) are pure TPMBs (85%), and only 15% are TPMBs plus primary clinics. Almost all TPMBs (92.5%) have Delima Midwife status, 90% have complete equipment, and 95% have complete essential medicines. More than half of TPMBs (60%) have SOPs for maternal and neonatal emergencies, and 40% do not have SOPs for maternal and neonatal emergencies

Table 2. Frequency distribution of service quality at independent midwifery practices

Variable	f	%
High-quality	23	57.5
Low-quality	17	42.5
Total	132	100.0

Table 2 shows that the quality of midwifery services at independent midwife practices is 57.5% in the High-quality category and 42.5% in the low-quality category.

Table 3. The relationship between midwifery service standards and the quality of midwifery services in independent midwifery practices

Midwifery Service Standards	TPMB Service Quality				n	p-value	OR (95%)
	High-quality		Low-quality				
	n	%	n	%			
Standard-compliant	23	57.5	1	2.5	24	0,000	0.042
Non-compliant	0	0	16	40.0	16		(0.006-0.284)

Table 3 shows that more than half of the TPMB service quality in the high-quality category has midwifery service standards that are standard-compliant (57.5%. Conversely, TPMB service quality in the low-quality category has services that are non-compliant with the standards at 40%. The statistical test shows a p-value of 0.000, which is less than α = 0.05, indicating a significant relationship between Midwifery Service Standards and the Quality of Midwife Independent Practice Services in Bandar Lampung City in 2025.

DISCUSSION

The empirical findings of this study demonstrate a statistically significant association between compliance with Midwifery Service Standards and the overall quality of Midwifery Services across Independent Midwifery Practices in Bandar Lampung City ($p = 0.000, \alpha = 0.05$). Specifically, among TPMBs classified as having high service quality, more than half (57.5%) were fully compliant with midwifery service standards. Conversely, among TPMBs falling into the low-quality category, 40.0% were non-compliant with these operational standards. These results confirm that service quality at the primary practice level is not solely determined by individual clinical competence; rather, it is intrinsically tied to facility readiness, compliance with standardized protocols, infrastructural support, and integrated institutional systems for emergency maternal and neonatal care.

This empirical link between standard compliance and service quality underscores the vital position midwives occupy within the global healthcare continuum. According to the World Health Organization (WHO), the scope of midwifery practice broadly encompasses sexual, reproductive, maternal, newborn, and adolescent health (SRMNAH) (World Health Organization, 2024). When integrated effectively and provided with adequate systemic support, midwives are capable of delivering up to 90% of essential healthcare service needs across the entire spectrum of women's health, with universal access offering the potential to save up to 4.3 million lives annually (Nove et al., 2021).

To operate fully as independent and autonomous practitioners, midwives must have the capability and legal authority to diagnose conditions, prescribe medications and diagnostics, order and interpret lab tests, manage admissions and discharges, initiate specialist referrals, and lead care models. However, the real-world execution of midwife autonomy varies drastically across global and regional contexts. When regulatory or legal frameworks fail to back full professional scope—such as limiting direct prescribing authority or restricting order rights for diagnostic tests—the continuity and responsiveness of the Continuity of Midwife Care (CoMC) model are severely compromised (Zarbiv & Ellen, 2025).

Even where autonomy is recognized, it cannot translate into high-quality care without facility-level readiness. The observed rate of non-compliance and lower service quality in a significant portion of TPMBs in Bandar Lampung City aligns directly with broader facility bottlenecks—specifically regarding the availability of essential preeclampsia/eclampsia medications (e.g., Magnesium Sulfate), emergency-grade fluid resuscitation equipment, and dedicated referral transportation (Setiasih et al., 2022). Independent midwifery practices routinely encounter regulatory distribution hurdles and restricted access to direct pharmaceutical supply chains for specialized prescription items. Creating equity between independent settings and hospital-based facilities requires dismantling these supply chain barriers to ensure essential emergency hardware is consistently available to meet operational standards (Annisa et al., 2026).

Furthermore, the operational realities of independent practices highlight the need for clear task-shifting and clinical delegation frameworks to decentralize emergency stabilization. Midwives frequently serve as sole primary responders during maternal crises in community settings; however, restrictive regulatory boundaries or ambiguous scope-of-practice guidelines can create hesitancy to administer first-line emergency treatments, such as loading doses of Magnesium Sulfate (MgSO4) or emergency antihypertensives, before transfer (Assegaf et al., 2023). Streamlining national task-shifting policies and enforcing supportive clinical protocols empower midwives to act decisively at the point of care, eliminating critical pre-hospital treatment delays and improving survival rates during acute obstetric crises.

Compounding supply chain and scope-of-practice limitations is a widespread administrative disconnect regarding Standard Operating Procedures (SOPs). In many facilities, SOPs are stored in cupboards rather than displayed in active service zones, suggesting that operational compliance has not been fully embedded in daily work culture. Treating SOPs as administrative prerequisites for accreditation rather than active, real-time visual guidelines severely undermines their primary function: mitigating cognitive load and preventing clinical errors. Because primary practices serve as the initial gateway in the maternal and neonatal referral chain, non-functional SOPs and unclear pathways impede early patient stabilization, escalating the risk of pre-referral delays in life-threatening conditions like postpartum hemorrhage and severe eclampsia (Sari et al., 2024).

Bridging the gap between primary stabilization and timely definitive care requires modernizing inter-facility communication infrastructure alongside active clinical oversight. Reliance on informal or manual referral mechanisms frequently causes poor coordination, lack of advance hospital notification, and prolonged waiting times upon arrival at secondary facilities (Tanumihardja et al., 2026). Integrating digital referral systems (such as Indonesia's SISRUTE) directly into TPMB workflows enables real-time patient tracking, resource confirmation at destination hospitals, and seamless inter-facility communication.

Ultimately, achieving sustained service quality demands a dual investment in physical infrastructure and provider competency. While equipment availability and legal authority are critical prerequisites, independent midwives' ability to perform rapid, life-saving interventions depends on ongoing skill maintenance. Evidence confirms that knowledge decay and skill degradation occur rapidly without periodic emergency refresher training, particularly for high-risk, low-frequency events like severe preeclampsia and neonatal resuscitation (World Health Organization, 2016; Wojcieszek et al., 2023). Overcoming primary care facility gaps requires pairing hardware investments with structured, hands-on clinical simulation training, backed by regular monitoring and supervision from local Health Offices (*Dinas Kesehatan*) and professional bodies such as the Indonesian Midwives Association (*IBI*) to ensure that all Midwifery Practices consistently meet operational standards (Lutfianti & Wardana, 2024).

When analyzed through Parasuraman's Service Quality (SERVQUAL) framework (Šakinytė, 2024), the empirical findings align closely with two primary dimensions: Tangibles and Reliability.

- Tangibles: This dimension encompasses physical readiness, essential medical equipment, and the immediate availability of emergency drugs. The presence of standardized facilities forms a foundational structural environment that may support midwives in delivering prompt and accurate clinical care (Wardhani et al., 2021). Conversely, deficits in these physical components are associated with lower public perception of service quality and may constrain clinical decision-making during emergencies.
- Reliability: The reliability dimension concerns the ability to deliver consistent, dependable, and accurate care across all stages of maternal and newborn health (Miguel et al., 2019). Reliability depends heavily on consistently applying SOPs. When operational standards are actively integrated into daily clinical workflows, care processes become more predictable and safer, which may enhance patient trust and encourage sustained utilization of maternal and child health services (Sari et al., 2024).

Given the cross-sectional design of this study, these findings should not be interpreted as direct causal relationships. Rather, facility readiness and standard compliance are best understood as structural enablers that are positively associated with delivering high-quality, patient-safety-oriented midwifery care. Achieving comprehensive quality improvement in

Midwifery Practices will require balancing individual competency development with continuous institutional and logistical support.

CONCLUSION

The quality of primary midwifery services across Independent Midwifery Practices depends on strict compliance with established service standards beyond individual clinical competence. Achieving clinical excellence requires a supportive practice environment with complete facility readiness, direct supply chain access for emergency pharmaceuticals, and expanded operational autonomy for midwives. Ultimately, elevating service quality and safeguarding maternal-neonatal outcomes hinges on a dual-investment strategy that pairs physical infrastructure upgrades and active digital referral systems with continuous, simulation-based emergency training under structured institutional oversight.

AUTHOR'S DECLARATION

Authors' contributions and responsibilities

AO, RR: Writing original draft, funding acquisition, conceptualization, editing; **MM, NN:** Writing original draft (supporting), visualization**; NI:** Review and analysis.

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Availability of data and materials

All data are available from the authors.

Competing interests

This study has no conflicts of interest.

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REFERENCES

Annisa, S. F., Wijayanti, L. A., Antono, S. D., & Indriani, R. (2026). *Analisis Swot Dan Gambaran Mutu Pelayanan Praktik Mandiri Bidan Dalam Pelayanan Kesehatan Ibu Dan Anak : Cross Sectional Swot Analysis and Quality Overview of Midwives Independent Practice Services in Maternal and Child Health Services : Cross-Sectional*. *7*(64), 1–10. https://doi.org/10.36082/jmswh.v7i1.

Assegaf, S. Z. G., Mathius, D., & Mansyur, M. (2023). Pertanggungjawaban Hukum Atas Pelimpahan Wewenang Dokter Spesialis Kandungan Kepada Bidan. *ARMADA : Jurnal Penelitian Multidisiplin*, *1*(10), 1233–1240. https://doi.org/10.55681/armada.v1i10.900

BAPPENAS. (2023). *Laporan Pelaksanaan Pencapaian Tujuan Pembangunan Berkelanjutan 2023*. Jakarta: Badan Perencanaan Pembangunan Nasional.

Badan Pusat Statistik. (2024). *Profil Kesehatan Ibu dan Anak 2024*. Jakarta.

Dinas Kesehatan Provinsi Lampung. (2024). *Profil Kesehatan Provinsi Lampung tahun 2023.* Bandar Lampung.

Faniasih, R., & Triyono, A. (2023). Hubungan Kompetensi Bidan, Penerapan SOP Persalinan Dan Kelengkapan Peralatan Medis Dengan Keselamatan Ibu Melahirkan Di Wilayah Kerja

Puskesmas Bandar Petalangan Kelurahan Rawang 4. *Jurnal Kesehatan Dan Kedokteran*, *2*(1), 1–7. https://doi.org/10.56127/jukeke.v2i1.502

Miguel, J., Hern, A., & Delgado-rodr, M. (2019). Quality of Life of Women after Giving Birth : Associated Factors Related with the Birth Process. *Journal of Clinical Medicine*, *8*(324), 1–10. https://doi.org/10.3390/jcm8030324

Nove, A., Friberg, I. K., de Bernis, L., McConville, F., Moran, A. C., Najjemba, M., ten Hoope-Bender, P., Tracy, S., & Homer, C. S. E. (2021). Potential impact of midwives in preventing and reducing maternal and neonatal mortality and stillbirths: a Lives Saved Tool modelling study. *The Lancet Global Health*, *9*(1), e24–e32. https://doi.org/10.1016/S2214-109X(20)30397-1

Šakinytė, K. (2024). *"Measuring service quality using the SERVQUAL instrument: a theoretical review."* 1–2. https://doi.org/10.32782/tourism-conf-11-12-2024.19

Sari, I. L., Kusumastuti, I., & Hanifa, F. (2024). Hubungan Sikap Bidan, Kompetensi dan Beban Kerja dengan Kepatuhan Bidan dalam Penerapan SOP Rujukan PONED Puskesmas. *Jurnal Ilmu Kebidanan Dan Kesehatan STIK Bakti Utama Pati*, *15*(2), 68–78. https://doi.org/10.52299/jks.v15i2.218

Setiasih, Gunarmi, & Siswanto, P. (2022). Motivation and Facilities to the Compliance of Independent Midwife Practices in Recording Reporting on Maternal Child Health Services in Wonosobo. *Jurnal Kebidanan Kestra (Jkk)*, *5*(1), 13–20. https://doi.org/10.35451/jkk.v5i1.1185

Sumarni, S. (2026). Management of Application-Based Midwifery Care Documentation in Independent Midwifery Practices in Cirebon Regency, Indonesia. *Journal of Public Health Science*, *3*(2), 403–409. https://doi.org/10.70248/jophs.v3i2.4296

Tanumihardja, J. P., Romario, C., Fanti, S., & Lute, A. C. (2026). Evaluation of The Implementation of The Integrated Referral System (SISRUTE) In Material Services at DR. TC Hilers Maumere Hospital. *Journal of Innovative and Creativity*, *6*(1), 2510–2519. https://doi.org/10.31004/joecy.v6i1.6711

Wardhani, R. K., Wulandari, R. F., & Dinastiti, V. B. (2021). Service Quality of Antenatal Care Services with Midwife Behavior. *International Journal of Midwifery Research (IJMR)*, *1*(2), 1–7. https://doi.org/10.47710/ijmr.v1i2

WHO, UNICEF, UNFPA, GROUP, W. B., & UN. (2015). Trends in maternal mortality 2010 - 2015. *World Health Organization*, 92. http://www.who.int/reproductivehealth/publications/monitoring/maternal-mortality2015

World Health Organization. (2016). *Standards for improving quality of maternal and newborn care in health facilities.* Geneva: WHO.

World Health Organization. (2024). *Transitioning to midwifery models of care*. Geneva: WHO.

World Health Organization. (2026). *World Health Statistics 2026*. http://www.who.int/reproductivehealth/publications/monitoring/maternal-mortality2015

Wojcieszek, A. M., Bonet, M., Portela, A., Althabe, F., Bahl, R., Chowdhary, N., Dua, T., Edmond, K., Gupta, S., Rogers, L. M., Souza, J. P., & Oladapo, O. T. (2023). WHO recommendations on maternal and newborn care for a positive postnatal experience: strengthening the maternal and newborn care continuum. *BMJ Global Health*, *8*(Suppl 2), 8–11. https://doi.org/10.1136/bmjgh-2022-010992

Zarbiv, G., & Ellen, M. E. (2025). Autonomy and independence: a critical imperative for midwifery. *BMJ Global Health*, *10*(6), 1–3. https://doi.org/10.1136/bmjgh-2025-019184

Zelka, M. A., Yalew, A. W., & Debelew, G. T. (2023). Effectiveness of a continuum of care in maternal health services on the reduction of maternal and neonatal mortality: Systematic review and meta-analysis. *Heliyon*, *9*(6), e17559. https://doi.org/10.1016/j.heliyon.2023.e17559