



PROTECTION POLICY FOR BREASTFEEDING MOTHERS: AN INSIGHT FROM MIDWIFE ETHICAL CODE AND BREASTFEEDING RIGHTS

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ABSTRACT

Midwives are legally required to support postpartum women in exercising their right to breastfeed. In practice, many midwives provide formula milk, ignoring the mother's right to breastfeed and potentially harming both mother and baby. The purpose of this paper is to investigate the legal and ethical considerations surrounding midwives and mothers in relation to breastfeeding rights, emphasizing the need for transparency between midwives and mothers. This research uses empirical methods and a qualitative approach. The findings in this paper indicate that mothers are willing to provide informed consent, including information about any conditions that prevent breastfeeding immediately after delivery. Health Law Number 17 of 2023 mandates exclusive breastfeeding and imposes strict sanctions for those who prohibit breastfeeding without medical reasons. Despite this regulation, some midwives still provide formula milk with the verbal consent of postpartum mothers for medical reasons without adequate medical examination.

1. Introduction

Midwives have the job of aiding pregnant women in giving birth. In doing so, midwives must be careful when examining pregnant mother's conditions. They need to be accurate and thorough in detecting diseases or disorders in a woman's pregnancy. Midwives cannot be doubtful in their actions. Unfortunately, even the most experienced midwives can misdiagnose the disorders a pregnant woman may suffer from. This may be because they were

in a rush to carry out an assessment.¹ Such conditions may bring harm to the mother and child, as they may lead to unwanted incidences, including maternal and infant mortality.

Breast milk is considered to be the best source of essential nutrition for infants. It is uniquely suited to meet the nutritional needs of newborns and babies, offering a balanced combination of proteins, fats, carbohydrates, vitamins, and minerals. For instance, breast milk contains antibodies and immunologic components, such as secretory IgA, lactoferrin, and leukocytes, which help protect infants from infections and diseases. The composition of breast milk adjusts to the growing needs of the baby, ensuring optimal development and health. Exclusive breastfeeding for the first six months of life is recommended as it significantly reduces the risk of infant mortality and promotes healthy growth and development.²

Although midwives believe that they have followed procedures correctly, mothers may still feel harmed by unwanted incidents. Even so, there is a small chance for mothers to file a lawsuit against midwives in Indonesia. In resolving issues related to unwanted incidents in the medical field, the families of pregnant women in Indonesia seldom take the litigation method, as they believe that unfortunate events are a part of the fate that was predetermined by God. There is a crucial need for legal ethics between midwives and patients in terms of transparency. Mothers have the right to obtain clear information. On the other hand, in carrying out medical actions, midwives have the right to obtain the trust of mothers.

This research focused on mothers' rights to breastfeed their children through exclusive breastfeeding after giving birth in midwives' health service centers until the baby reaches six months of age. This right must certainly be supported by midwives, husbands, families, workplaces, and public places. Workplaces and public places may provide support by providing lactation rooms. Mothers who give birth to live babies must certainly obtain legal protection over their rights to immediately give exclusive breastfeeding. The purpose of the research is to formulate a legal protection policy for breastfeeding mothers based midwives' ethical code and breastfeeding rights.

According to the author, exclusive breastfeeding is the administration of breastmilk to babies from birth up to six months without any additional foods. After six months, babies may be given complementary foods alongside breast milk. Then, babies may be fed with breastmilk until they reach two years of age.³

1 Restu Widyayu et al., Individual, Work, and Financial Factors on Job Satisfaction and Remaining as a Midwife, *Indonesian Journal of Occupational Safety and Health*, Vol.12 No.2, 2023, page. 275–82

2 Fatemeh Vasegh Rahimparvar et al., Mother's Milk-Mother's Gift: Mobile-Based Training to Increase Self-Efficacy of Nursing Women during Postpartum and Puerperium: A Quasi-Experimental Study, *Journal of Pediatric Nursing*, Vol.75, 2024, page.e10–15

3 Julie Denton, David Evans, and Qunyan Xu., Older Nurses and Midwives in the Workplace: A Scoping Review, *Collegian*, Vol.28 No.2, 2021, page.222–29.

This research's state of the art was research conducted by Pramono et al.,⁴ which discussed the ten stages of service by midwives and nurses in an effort to let postpartum women give breastmilk to babies. These ten stages are a series that was formulated by the Republic of Indonesia's Ministry of Health, which serve as an effort to fulfill babies' rights to breastmilk in health facilities after birth. This research found that many midwives and nurses actually understand exclusive breastfeeding rights and early breastfeeding initiation. Unfortunately, there are instances where they fail to provide the chance for mothers to breastfeed for various reasons.⁵ The difference between the previous research and this research is that the latter discusses the ethics between midwives and postpartum mothers, the efforts of midwives, as well as the regulatory and policy aspects related to this issue.

Research from Astuti and Endarti⁶ has shown how from a public service perspective, the rights of nursing mothers at work have been fulfilled and how this will affect their job performance. This previous research had a similarity with the current research, as they analyze the same theme, that every baby, especially neonates, must exclusively be fed with breast milk. They have the right to exclusively obtain breast milk from birth up to six months of age, except in cases where there are some medical indications that prevent this. When mothers breastfeed babies, midwives, families, the government, the regional government, and society must provide them with full support by providing them with time and special facilities. Special facilities must be provided in midwives' service locations, i.e., health facilities that are managed by midwives.

While mothers and babies are at health facilities managed by midwives, midwives are responsible for supporting the effort to guarantee babies' rights to obtain exclusive breast milk, especially through early breastfeeding initiation. Compared to the previous research, the differentiation of this research is that the authors use insight from the ethical code of midwives. This current research also uses health facilities as part of public service. Meanwhile, the research of Astuti and Endarti used insight from the effect of nursing mothers (if they work) and how nursing rights are fulfilled in public places.

Another previous research was written by Nurlaela, Noor, and Nugraheni concerning the right to lactation, which is part of human rights that naturally belongs to a woman, and it must be carried by health workers who are protected by the state. This research also shows that in carrying out their duty to fulfill the rights of patients, health workers do not support the Early Breastfeeding Initiation (IMD) program for new mothers. This happens even though the government has determined a policy in this provision in the form of

4 Andini Pramono et al., How Midwives and Nurses Experience Implementing Ten Steps to Successful Breastfeeding: A Qualitative Case Study in an Indonesian Maternity Care Facility, *International Breastfeeding Journal*, Vol.17 No.1, 2022

5 *Ibid*, Pramono.

6 S. Astuti and E. Endarti., The Rights of Nursing Mothers at the Workplace in the Perspective of Public Service and Its Effect on Job Performance, *Spirit Publik: Jurnal Administrasi Publik*, Vol.16 No.1, 2021, page.25–41

protecting breastfeeding rights by creating laws on norms, standards, procedures and criteria that provide legal protection for fulfilling lactation rights. The difference between this previous research and the current research is that Nurlela et al.'s research examines health workers' general lack of efforts in fulfilling the breastfeeding rights that have been set by the government, while the current research focuses on midwives and discusses this case from the perspective of midwifery ethics.⁷

If a person (including midwives) purposely hinders the breast milk administration program by substituting it with formula milk without a medical indication, he or she may be imprisoned for up to 1 (one) year and fined up to IDR 100,000,000 (one hundred million rupiahs). If the hindrance of breastfeeding is perpetrated by corporations, there would be penalties in the form of imprisonment and fines to the administrators. The sanctions that may be imposed on corporations may be in the form of fines with aggravation of three times the penalty of fines. Additionally, corporations may be imposed with additional sanctions in the form of the revocation of business permits and legal entity status.

Breastfeeding rights are actually strictly regulated by the state, but it seems that existing regulations face several obstacles, making their implementation insufficient, especially in this research's area, namely the province of East Java. The authors tried to discuss the obstacles that hinder the regulation's implementation, including potential violations against this law. To analyze this, these aspects will be elaborated according to the Fuller-Dworkin theoretical framework.

It is highly unfortunate that some midwives have not yet applied the Indonesian Law on Health, especially Law No. 17 of 2023. They still lack a serious application of the state's laws on exclusive breastfeeding, which have been carefully regulated as many benefits can be obtained from exclusive breastfeeding.

This research found due to various factors and causes, the existing regulations have not been balanced with the level of care that mothers who care for exclusive breastfeeding give.⁸ Likewise, there is a lack of support from private companies and public institutions for the governmental program that promotes exclusive breastfeeding.

Based on the background above, the urgency of this research which is funded by Universitas Muhammadiyah Surakarta Through RKI (*Riset Kerjasama Internasional* or International Cooperation Research) with contract number 001.3/A.3-III/LRI/I/2025 is how is the application of mothers' breastfeeding rights based on Law No. 17 of 2023 on Health and the legal code of ethics

7 W. Nurlaela, M. T. Noor, and N. Nugraheni., Government's Legal Responsibility for Fulfilling Lactation Rights for Health Workers in Health Service Facilities, *Jurnal Hukum Dan Etika Kesehatan*, Vol.3 No.2, 2023, page. 35–51

8 R. Baghany et al., Comparing the Effects of 'Hands-on' and 'Hands-off' Educational Techniques on Exclusive Breastfeeding among Primiparous Mothers, *Life Science Journal*, Vol.12 No.35, 2013, page. 202–7.

between midwives and mothers regarding mothers' rights to breastfeed their babies.

2. Research Methods

This research employed the empirical method with a qualitative approach.⁹ The collected secondary data will undergo analysis through a qualitative and descriptive lens, encompassing primary law, secondary law, and tertiary law materials.¹⁰ It was a field study conducted in 2024 in Ponorogo Regency, East Java Province, Indonesia. The data were obtained through interviews with breastfeeding mothers and families. The data were obtained from 13 respondents as well as with representatives from the Health Service and several midwives. The authors chose Ponorogo as the research location due to its unique data accessibility. The authors had mapped out the complete research respondents from many backgrounds as needed and it was approved by the foreign research funder. The data were verified through several steps. First, the authors conducted verification through the approval of every respondent for this research's data collection stage. The authors guaranteed the confidentiality of each respondent involved in this research publication. After approving the terms of this data collection process, respondents filled identity forms (encompassing information of the respondents' names, professions, and marital statuses). Then, the researchers interviewed the respondents using an in-depth interview approach to ensure that the data obtained were deep enough. Then, the data were grouped into several categories, such as profession, working hours, and answers from interviews, especially breastfeeding experiences during the birth process and care at health facilities. The obtained data were analyzed using the ethical code theory, the law on health, and policies on health. The data were analyzed using the ethical code theory and the midwife ethical code to find the results. The authors also used laws and policies regarding breastfeeding to analyze the data. This study followed the ethical guidelines established by the committee of research/publication ethics and was approved by Faculty of Law, Universitas Muhammadiyah Surakarta, Indonesia. The participation of respondents was based on willingness to participate in the interviews and all the participants have given written/verbal informed consent.

3. Results and Discussion

3.1 The Application of Mothers' Breastfeeding Rights Based on Law No. 17 of 2023 on Health

Based on data from cities and regencies in Indonesia, it was known that in 2023, the percentage of babies receiving exclusive breastfeeding in East Java Province, Indonesia, was 75.7%. This percentage represents an increase compared to 2024, when it was 74.5%. Meanwhile, data from the Ponorogo

9 Wardiono, Kelik; Dimyati, Khudzaifah; Nugroho, Sigit Sapto; Nugroho, Heru; Acob, Joel Rey; Budiono, Arief., Philosophy, law, and ethics of handling covid-19 pandemic in indonesia, *Open Access Macedonian Journal of Medical Sciences*, Vol.9, page.1104-1108

10 Widayati, Winanto, Andri Winjaya Laksana, Moh. Nurul Huda, and Nur Fareha., The Challenges of Using the Omnibus Law Method in Indonesia's Legal System. *Volkgeist: Jurnal Ilmu Hukum Dan Konstitusi*, Vol.8 No.2 2025, page.459-77

Health Service, Ponorogo Regency, East Java Province, Indonesia in 2023 as cited by Saputra et al.¹¹ shows that the achievement rate of babies receiving exclusive breastfeeding reached 83.1%. This rate was still below the target, which was 90%. Legal protection is needed in the process of promoting exclusive breastfeeding, especially immediately after birth, through the early breastfeeding initiation. This is so that efforts to support babies in receiving exclusive breastmilk may be achieved well.¹²

According to Philipus M. Hadjon, as quoted by Bediona et al.,¹³ legal protection can be divided into two types. First, preventive legal protection measures: In this preventive legal protection, legal subjects are given the chance to file an objection or express their opinions before a governmental decision is finalized. The author regards this preventive protection as being applicable to governmental decisions that validate regulations. In this case, it is the regulation on exclusive breastfeeding and the obligation for midwives to facilitate it, so that babies may obtain exclusive breastfeeding.

Second: Repressive legal protection measures: Repressive legal protection aims to resolve disputes. In Indonesia, this legal protection is handled by the General Court and the Administrative Justice.¹⁴ In this type of legal protection, in cases where there are events which violate the law and cause material losses or death, society can file a lawsuit in court. Repressive legal protection is carried out in the case of violation against mothers' rights to provide breastmilk, especially immediately after the baby is born, without any medical indications. Thus, in such cases, doctors and medical workers, including midwives, are threatened with penalization and fines.

In health sociology, one of the terms that shows the contribution or role of sociology in health is sociology in medicine. Midwives and nurses should carry out maximum efforts to give the chance for mothers to carry out early breastfeeding initiation. This is because the first one or two days after birth is a vulnerable time for breastfeeding.¹⁵ In some cases, only a small amount of breastmilk may be produced by mothers—or even none at all. Even so, even if babies do not obtain breastmilk in their first one or two days of life, it does not become an issue as they still have the brown fat reserve. This brown fat

11 Dian Meilani Saputra et al., Implementation Early of Initiation Breastfeeding (EIB) by Health Workers in the Maternity Room of 'Aisyiyah Ponorogo General Hospital During Covid-19 Pandemic, *Journal Of Nursing Practice*, Vol.6 No.2, 2022, page.195–206

12 Dian Meilani Saputra et al., *Ibid*

13 K. Bediona et al., Analisis Teori Perlindungan Hukum Menurut Philipus M Hadjon Dalam Kaitannya Dengan Pemberian Hukuman Kebiri Terhadap Pelaku Kejahatan Seksual (Analysis of the Legal Protection Theory According to Philipus M. Hadjon on the Castration Punishment Imposition, *Das Sollen: Jurnal Kajian Kontemporer Hukum Dan Masyarakat (Journal of a Contemporary Analysis of Law and Society)*, Vol.2 No.1, 2024

14 Arief Budiono et al., The Anglo-Saxon System of Common Law and the Development of the Legal System in Indonesia, *WSEAS Transactions on Systems*, Vol.22, 2023, page. 207–13

15 W. Yuspin et al., Personal Data Protection Law in Digital Banking Governance in Indonesia, *Studia Iuridica Lublinensia*, Vol.31 No.1, 2023, page. 99–130

reserve makes up 2% to 5% of the neonates' body weight.¹⁶

In the health service between midwives and mothers, there is a demand for information transparency and ethics as medical workers. There should certainly be an agreement that binds both parties, especially before carrying out a medical action. Thus, in providing health services, midwives do not only carry out examinations, but they must also deliver information on present medical indications as a form of information transparency.¹⁷ Midwives also strive to aid the process of giving birth and the early breastfeeding initiation. They must provide the facilities and infrastructure for postpartum mothers to breastfeed their babies in health facilities. All of these services are based on patients' agreement. In health law, these treatment efforts are known as the therapeutic agreement.¹⁸

The therapeutic agreement is an agreement between midwives and mothers in the form of a legal relationship that leads to the emergence of the rights and obligations of both parties. Different from the transactions society usually carries out, therapeutic transactions have characteristics and features that are different from common agreements, especially related to the object in the agreement in question.¹⁹ The object of this agreement is in the form of action efforts for pregnant and breastfeeding mothers. Thus, a therapeutic transaction or agreement is a transaction to determine or carry out the most accurate health efforts for mothers that are carried out by midwives. According to the law, the agreement object in the therapeutic transaction is not the health of the mothers, but rather seeking the correct efforts for treating mothers' health.²⁰

The relationship between midwives and mothers is bound in a therapeutic transaction. Therefore, legal obligations or prestation that must be achieved by midwives are maximum efforts based on their expertise to aid pregnant mothers and mothers in labor. So long as the efforts carried out by midwives are based on their expertise and knowledge, the midwives' actions are deemed valid.²¹ A default or a breach of the agreement only happens when midwives fail

16 Irmawati et al., Finding The Needs of Breastfeeding Mother Accompaniment for Successful Exclusive Breastfeeding Until 6 Months in Semarang City: A Mixed Method, in *BIO Web of Conferences*, Vol. 5415 (International Conference on Public Health for Tropical and Coastal Development, ICOPH-TCD) 2022.

17 Mahalia Mahalia, Marcella Elwina, and Hadi Sulistiyanto., Legal Responsibilities of Independent Practice Midwives in Implementing Reference as an Effort to Save Mothers and Babies in Sukamara Regency, Kalimantan Province, *Soepra: Jurnal Hukum Kesehatan*, Vol.8 No.1, 2022, page. 120–28

18 M. Marrone et al., Consent and Complications in Health Care: The Italian Context, *Healthcare (Switzerland)*, Vol.11 No.3, 2023

19 Marta Fardyn and Ewa Alicja Ogłodek., Obtaining Informed Consent to Medical Procedures, *Polski Mercuriusz Lekarski*, Vol.51 No.2, 2023, page.151–155

20 Nanda Dwi Haryanto and Arief Suryono., Tanggung Jawab Rumah Sakit Terhadap Kerugian Yang Diderita Oleh Pasien Akibat Tindakan Tenaga Medis Dalam Perjanjian Terapeutik, *Jurnal Privat Law*, Vol.7 No.2, 2019, page. 246–53

21 Sri Norlina., Hubungan Komunikasi Terapeutik Bidan Dengan Kecemasan Ibu Bersalin Di Puskesmas Berangas Kabupaten Barito Kuala Tahun 2021 (The Relationship Between Midwives' Therapeutic Communication and the Anxiety of Mothers in Labor in Berangas Community Health Cente, *Jurnal Keperawatan Suaka Insan (JKSI)*, Vol.6 No.2, 2021

to achieve the prestation according to what was agreed upon.²² Meanwhile, law-violating actions happen when the therapeutic actions carried out by midwives deviate from the determined scientific guidelines or standards.²³ An example of this is if based on the present medical indications, the patients must procedurally be referred to a hospital, but the midwives refrain from doing so and still serve the women in labor without taking them to a more advanced health facility.²⁴ Legal regulations such as those that are regulated in the Civil Code are deemed too general. Thus, there is a stipulation whose contents regulate the relationship between midwives and mothers, such as Law No. 17 of 2023 and several Regulations of the Ministry of Health.²⁵

In this case, Van der Mijn as cited by Herndon stated that there are nine reasons for the urgency of legal regulations that regulate the relationship between midwives and mothers.²⁶ There is a need for medical science expertise to conduct the relationship (service relationship), and this supported by good and effective health service quality. According to this, it is also urgent to manage costs to fulfill societal order and public needs to obtain legal protection for pregnant and postpartum women. The health profession and third parties (such as health facilities) also need legal protection to conduct public services. This was the essence of this research, i.e., to describe how the midwife ethical code fulfills breastfeeding mothers' breastfeeding rights, so that they may obtain legal protection.

In cases where midwives make errors, either purposely or due to their negligence in giving health services or treatment to mothers, mothers or their families may ask for the midwives' responsibility. The form of responsibility in this case encompasses criminal liability, civil liability, and administrative law liability.²⁷ If this responsibility is limited to the law between mothers and midwives that are based on therapeutic transactions, both parties are regarded to have the same degree in the face of the law. Therefore, this responsibility is a legal liability.

In its relationship with human rights, in Indonesia, this issue is regulated in Law No. 17 of 2023 on Health, Chapter III Article 1 clause (1) and Article 4. Article 1 clause (1) of this law states, "Health is the physical, mental, and social condition of welfare that allows every person to live productively, both socially and economically." Then, Article 4 states, "Every person has the same right to

22 Absori Absori et al., The Prospect of Environmental Law to Achieve Healthy Environmental Development in Indonesia, *Medico-Legal Update*, Vol.20 No.1, 2020, page.204–8

23 Y. T. Yang, L. B. Attanasio, and K. B. Kozhimannil., State Scope of Practice Laws, Nurse-Midwifery Workforce, and Childbirth Procedures and Outcomes, *Womens Health Issues*, Vol.26 No.3, 2016, page. 262–67

24 Absori et al., *Ibid*

25 Lusy Pratiwi., Hubungan Komunikasi Terapeutik Bidan Terhadap Kepuasan Ibu Bersalin Di BP MM Kota Serang (The Relationship between Midwives' Therapeutic Communication and the Satisfaction of Birthing Mothers in BP MM of Serang City), *Bunda Edu-Midwifery Journal (BEMJ)*, Vol.4 No.2, 2021

26 A. Herndon and J. Vanderlaan., Associations Between State Practice Regulations and Access to Midwifery Care, *Midwifery Womens Health*, Vol.69 No.1, 2024, page. 17–24

27 A. B. Saefudin., *Ilmu Kebidanan (Midwifery Studies)*. Jakarta: Yayasan Bina Pustaka Sarwono Prawirohardjo, 2002.

obtain an optimum degree of health." In discussing mothers' rights in health services, mothers' rights can be described as mothers' rights to obtain health information about themselves, including visit rights from medical officials (doctors, midwives, etc.), obtaining security, and the right to seek any second or even third opinion from other parties (other obstetricians-gynecologists or other midwives). Mothers also have the rights to breastfeed their babies, as well as to terminate or reject health services with a signed letter or even file a lawsuit if necessary. This means that breastfeeding mothers have many rights according to the law, and such rights need to be implemented in health services.

Legal responsibility and ethics in health services see how far midwives' actions have juridical implications in cases of errors or negligence in giving health services or treatments. In health services, the issue of professional ethics has long been strived for, so that it may truly develop.²⁸ Such ethics are attached to all midwives' attitudes and behavior. This is because in the legal life, ethical codes have a crucial role in various things that are related to the health law.²⁹

The civil liability in health services includes the lawsuit to demand midwives' responsibility. It is sourced from two legal bases, namely: (1) based on default (contractual liability) as regulated in Article 1239 of the Civil Code and (2) based on law-violating actions (*Onrechmatigedaad*) according to stipulations of Article 1365 of the Civil Code.³⁰ In health services, a default occurs when the actions of a midwife in the form of treatment service provision are not according to what was previously agreed upon. This inappropriate treatment may be in the form of midwives' lack of care or negligence that violates therapeutic goals.³¹

A breach of contract in health services occurs only when the following elements are met: (1) There is a relationship between midwives and mothers based on the therapeutic contract; (2) midwives have provided inappropriate health services that violate the goals of the therapeutic contract; and (3) mothers suffer harm as a result of midwives' actions.³² The authors analyze that there are no written therapeutic agreements and mothers seek help from midwives. Then, midwives strive to assist mothers through medical actions. In this case, it involves the birthing process and the implementation of breastfeeding rights.³³

28 A. Reed and J. E. Roberts., State Regulation of Midwives: Issues and Options, *J Midwifery Womens Health*, Vol.45 No.2, 2000, page.130–49

29 N. F. Zahra, E. Wahyutri, and R. A. Putri., Hubungan Komunikasi Terapeutik Bidan Dengan Motivasi Pemberian ASI Eksklusif (The Relationship Between Midwives' Therapeutic Communication and the Administration of Exclusive Breastfeeding), *Nautical: Jurnal Ilmiah Multidisiplin Indonesia*, Vol.2 No.7, 2023, page.491–496

30 F.N. Damayanti et al., The Comparison of Midwives' Professionalism in Indonesia and England, *Journal of South India Medicolegal Association*, Vol.12 No.1, 2020, page. 4–9.

31 Caroline S E Homer Lyn Passant et al., The Role of the Midwife in Australia: Views of Women and Midwives, *National Library of Medicine*, Vol.25 No.6, 2009, page.673–81

32 Arief Budiono et al., "Pseudo National Security System of Health in Indonesia., *Indian Journal of Public Health Research & Development*, Vol.9 No.10, 2018, page.556–60

33 Hermien Hadiati Koeswadji., *Kode Etik Ke Dokter Kandungan (The Code of Ethics to Obgyns)* Jakarta: Pustaka, 2012.

Breastmilk has various benefits. Colostrum, which is the first few drops of breastmilk produced during pregnancy, is often misunderstood as stale milk in Indonesia. In reality, it is rich in nutrients and it functions to strengthen the immunity of the baby.³⁴ Colostrum is high in protein, fat-soluble vitamins, and minerals. Additionally, it contains immunoglobulin, an antibody from the mother that provides passive immunity to the baby, protecting the infant from harmful bacteria and viruses, particularly during the first year after birth.³⁵

Colostrum is also useful for the baby's intestines, helping to cleanse them by removing meconium. With colostrum, the mucus of neonates' intestines may immediately be clean; thus, ready to receive breastmilk.³⁶ This is marked by the excretion of the baby's feces which has a black color.³⁷ Colostrum is characterized by its golden yellow or cream color, its thicker consistency compared to later stages of breastmilk, its duration of two to four days after birth. It also contains growth factors that act as anti-inflammatory agents, preventing gut leakage and chronic diarrhea in babies.³⁸

The existence of colostrum increases the urgency for mother's breastfeeding rights to babies. This is why midwives must strive for the administration of breastmilk to babies through early breastfeeding initiation, so that babies may obtain the benefits of colostrum. This is an absolute obligation according to the law, unless there are medical indications that may otherwise endanger mothers or children. The determination of medical indications must be based on examination rather than persuasion, where mothers are persuaded to exchange breastmilk with formula milk.³⁹

Transitional milk follows colostrum and lasts about two weeks. Although it contains fewer nutrients than colostrum, it provides more calories through fat, lactose, and water-soluble vitamins. Mature milk, the final stage, is 90% water, essential for the baby's hydration, with the remaining 10% consisting of carbohydrates, proteins, and fats which are crucial for the baby's development.⁴⁰

34 Cathie Hilditch et al., Effect of Neonatal Unit Interventions Designed to Increase Breastfeeding in Preterm Infants: An Overview of Systematic Reviews, *Neonatology*, Vol.121 No. 4, 2024, page. 411–20

35 S. L. Aritonang, L. I. Sirait, and R. L. Siantar, Timing of Colostrum Expulsion Based on Type of Labor in Fourth Period Laboring Mothers, *Journal of World Future Medicine, Health and Nursing*, Vol.1 No.3, 2023, page. 258–269

36 M. W. Beal, M. E. Batzli, and A. Hoyt., Regulation of Certified Nurse-Midwife Scope of Practice: Change in the Professional Practice Index, 2000 to 2015, *J Midwifery Womens Health*, Vol.60 No.5, 2015, page. 510–18

37 A.A. Alotiby., The Role of Breastfeeding as a Protective Factor against the Development of the Immune-Mediated Diseases: A Systematic Review, *Frontiers in Pediatrics*, Vol.11 No.1086999, 2023

38 Herndon and Vanderlaan., Associations Between State Practice Regulations and Access to Midwifery Care.

39 Jie Wang et al., Maintains the Intestinal Epithelial Barrier and Protects against Necrotizing Enterocolitis, *Journal of Nutritional Biochemistry*, Vol.121 No.109431, 2023

40 Ade Benih Nirwana., *ASI Dan Susu Formula, Kandungan Dan Manfaat ASI Dan Susu Formula (Breastmilk and Formula Milk: The Contents and Benefits of Breastmilk and Formula Milk)* Yogyakarta: Nuha Medika, 2014.

During this period, midwives' obligations still apply, as mothers and children still have their health controlled by midwives. During this control period, midwives may check the exclusive breastmilk administration and ask about the occurring obstacles.⁴¹ In cases where there are obstacles, midwives may provide solutions, such as giving medicine or supplements for breastfeeding or other medical solutions if there are medical hindrances.⁴²

Considering the importance of breastmilk for the future generation's quality, the Law on Health regulates babies' rights to obtain exclusive breastmilk, especially immediately after birth. The administration of exclusive breastfeeding occurs for six months, unless there is a medical indication. Exclusive breastfeeding is the exclusive administration of breast milk for the first six months of a baby's life. Then, it can be continued for up to two years by giving complementary foods to breastmilk as additional food according to the needs of the baby.⁴³ The administration of breastmilk must first be fully supported by midwives and/or medical workers after the babies are born through the early breastfeeding initiation. It must also be supported by husbands, families, the government, the regional governments, and society. Such support may be manifested by giving mothers the time and special facilities in workplaces and public realms to breastfeed.⁴⁴ To guarantee babies' rights to obtain exclusive breastfeeding, the government is responsible for determining policies by formulating norms, standards, procedures, and criteria.

These legal regulations or stipulations determine exceptions in the administration of exclusive breastfeeding, namely under medical indications. The explanation of "medical indications" in these stipulations is, "Mother's health condition that makes it impossible to provide breastmilk based on medical indications is determined by medical workers."

The research of Islam et al.⁴⁵ found that midwives often arbitrarily determine medical indications for several reasons, meaning that there are no health conditions of mothers that hinder the administration of exclusive breastfeeding. The condition of arbitrary determination often disregards medical examination and is deemed made-up. It becomes a "rubber article" (a condition where the law is misinterpreted and abused); moreover, that medical indication is determined by medical workers. The determination of medical indications should first of all pass a medical examination. Apart from that, there must be a

41 Trias Hernanda et al., The Impact of Environmental Regulation Implementation: A Meta-Analysis, *International Journal of Sustainable Development and Planning*, Vol.18 No.10, 2023, page. 3235–3242

42 Carina Madelen Saunders et al., Feeding Practices and Dietary Diversity in the First Year of Life: PreventADALL, a Scandinavian Randomized Controlled Trial and Birth Cohort Study, *Journal of Nutrition*, Vol.153 No.8, 2023, page.2463–2471

43 Betty Yosephin Simanjuntak et al., Food Intake of Breastfeeding Mothers versus Protein Content of Breastmilk in the Coastal Area of Bengkulu, Indonesia, *African Journal of Reproductive Health*, Vol.28 No.5, 2024, page.22–29

44 Arief Budiono et al., Lessons from Indonesian National Healthcare Security (BPJS Kesehatan): HIV/AIDS Patient Medical Data Protection Policies, *Malaysian Journal of Medicine and Health Sciences*, Vol.20 No.9, 2024, page.201–8

45 Islam et al. 2024

clear medical record.⁴⁶

These stipulations of exceptions may actually be used as a gap for midwives to violate the administration of an exclusive breastfeeding program. Unfortunately, these laws are powerless to protect the rights of babies in obtaining exclusive breast milk. This is because postpartum mothers and their families put great trust in midwives and medical workers. Thus, when midwives state that the baby cries and requires formula milk, while the mother's breastmilk is too little (as she is still producing colostrum), everyone panics. For the sake of the baby, they quickly agree to give the baby formula milk without prior medical examination.⁴⁷

There are midwives who try to shift the administration of breastmilk under the reason of medical indication, so that mothers are willing to give neonates formula milk, making the babies lose their chance to obtain colostrum. The Law on Health determines sanctions for medical workers that shift the administration of breastmilk to formula milk and fail to apply the exclusive breastfeeding program. The exception in the law related to "medical indication" on the mothers' incapability to provide breastmilk should be proven through medical examinations. There must be medical records that are also informed to the patients. In this criminal stipulation, there are also elements of aggravation and additional sanctions for corporations.⁴⁸

The success of the exclusive breastfeeding program as well as the state's policies on this issue are highly determined by the commitment of medical workers. They are the spearhead that has a great role in maintaining breastfeeding rights as well as the first facilitators of early breastfeeding initiation. Unfortunately, medical workers have not effectively carried out their roles in helping postpartum mothers breastfeed their neonates.⁴⁹ Even worse, there are cases where midwives violate ethics by using the reason of medical indication, so that they can give formula milk to neonates (as they obtain financial gain from the sales of formula milk). Therefore, there need to be efforts to change the behavior of medical workers, so that they take a greater role in increasing the success of the exclusive breastfeeding program.⁵⁰

3.2 Legal code of Ethics Between Midwives and Mothers Regarding Mothers' Rights to Breastfeed Their Babies

Even so, in the enactment of the new Law on Health, namely Law No. 17 of 2023 on Health, there are still some implementing laws of the previous Law on Health (Law No. 39 of 2009). This law has in essence provided guidelines on

46 Andini Pramono et al., How Midwives and Nurses Experience Implementing Ten Steps to Successful Breastfeeding: A Qualitative Case Study in an Indonesian Maternity Care Facility, *International Breastfeeding Journal*, Vol.17 No.1, 2022

47 Hartotok Hartotok et al., Stunting Prevention Policy as a Form of Child Health Rights Legal Protection, *Open Access Macedonian Journal Medical Sciences*, Vol.9, 2021, page. 1218–23

48 Maria Gayatri and Gouranga Lal Dasvarma., Predictors of Early Initiation of Breastfeeding in Indonesia: A Population-Based Crosssectional Survey, *PLoS ONE*, Vol.15 No.9., 2021

49 Hartotok et al., Stunting Prevention Policy as a Form of Child Health Rights Legal Protection.

50 Maria Gayatri and Gouranga Lal Dasvarma., Predictors of Early Initiation of Breastfeeding in Indonesia: A Population-Based Crosssectional Survey, *PLoS ONE*, Vol.15 No.9., 2021

the importance of breastfeeding rights for mothers and breastmilk for babies.⁵¹ The implementing law in question is Regulation of the Republic of Indonesia's Government No. 33 of 2012 on Exclusive Breastfeeding.⁵²

A term in the health law is the sociology of medicine. This relates to the organization, values, and trust towards the midwifery practice as a form of midwives' behavior that resides in the scope of health service.⁵³ An example of health services in this case is health treatment for pregnant and breastfeeding women. There is a need for human resources to develop the health sector, including the provision of training for health workers.⁵⁴ The administration of exclusive breastmilk is not only carried out by providing training for health workers. However, there is a need to develop their mentality, so that they prioritize the health and rights of patients, rather than prioritizing financial gain from the sales of formula milk. Midwives as health workers certainly understand the benefits of exclusive breastmilk for babies. Thus, they must certainly strive to make babies obtain their rights to breastmilk, especially when they are born in health facilities.

Husbands and families of postpartum mothers should become a support system, so that babies obtain exclusive breast milk. There is a need for support from the government by formulating regulations and policies that support "mandatory breastmilk".⁵⁵ It must impose sanctions on parties that prevent the administration of exclusive breastmilk without medical indications. There is also a need for support from private institutions by providing lactation rooms for breastfeeding mothers in workplaces.⁵⁶

From the results of documents that the authors analyzed, the data on the administration of exclusive breastmilk from 2021 to March 2023. The number of babies that were examined in the District/City Community Health Centers in Ponorogo Regency in 2021 was 1,886, with a target achievement (N) of 1,371, and an achievement result percentage of 73.7%. In 2022, the number of babies that were examined in the District/City Community Health Centers in Ponorogo Regency experienced an increase to 2,031, with a target achievement (N) of 1,635, and an achievement result percentage of 74.5%. The number of babies that were examined in the District/City Community Health Centers in Ponorogo Regency up to March 2023 was 897, with a target achievement (N) of 638, and

51 Kelik Wardiono., Prophetic: An Epistemological Offer for Legal Studies, *Journal of Transcendental Law*, Vol.1 No.1, 2019, page.17–41

52 K. Jefferson, M. E. Bouchard, and L. Summers., The Regulation of Professional Midwifery in the United States, *J Nurs Regul*, Vol.11 No.4, 2021, page.26–38

53 B. Suhita et al., Strategi Peningkatan Cakupan Inisiasi Menyusu Dini Di Rumah Sakit Umum Muslimat Ponorogo (Strategies to Increase the Scope of Early Breastfeeding Initiation in Muslimat Public Hospital Ponorogo), *Jurnal Peduli Masyarakat*, Vol.5 No.1, 2023, page.137-46

54 K. B. Kozhimannil, C. Henning-Smith, and P. Hung., The Practice of Midwifery in Rural US Hospitals, *J Midwifery Womens Health*, Vol.61 No.4, 2016, page.411–18

55 K. Osborne., Regulation of Prescriptive Authority for Certified Nurse-Midwives and Certified Midwives: A National Overview, *J Midwifery Womens Health*, Vol.56 No.6, 2011, page 543-56

56 Hilman Syahrial Haq et al., Community Mediation-Based Legal Culture in Resolving Social Conflicts of Communities Affected by the COVID-19 Pandemic in West Nusa Tenggara, Indonesia, *Studia Iuridica Lublinensia*, Vol.31 No.2, 2022, page.11–32

an achievement result percentage of 75.7%.⁵⁷

Based on the data that the authors obtained from the Ponorogo Regency Health Service on nutrition reports (exclusive breastfeeding) from 2019 to 2022, it was found that the achievement of breastfeeding increased by 2%. This showed that the awareness of Ponorogo society on the administration of exclusive breastfeeding has increased.⁵⁸ Unfortunately, based on the results of the authors' observation and interviews, it was found that not all mothers had the chance to give exclusive breastmilk (with early breastfeeding initiation), especially whilst they were still in the health facilities after giving birth. Twelve breastfeeding mothers that the authors interviewed consisted of one stay-at-home mother, two stay-at-home mothers who operate businesses from home, and nine mothers working in offices (of these twelve respondents, one of them is one of the authors of this paper).⁵⁹

Of the twelve respondents, eight of them (including one who is an author of this paper) admitted that midwives as well as medical workers persuaded them to give their babies formula milk. Four respondents stated that the midwives stated that the reason that their babies cried was that the breastmilk produced was not enough to fulfill babies' needs. The three respondents finally approved giving the babies formula milk as a substitute for breastmilk until the respondents went home. Meanwhile, one of the respondents (who is simultaneously an author of this paper) only accepted the administration of formula milk on the first day of being in the hospital. This was because, on the second day, her breastmilk production was abundant. Two respondents admitted that the midwives stated that the mother's condition was not very healthy. They said that due to the threats of the COVID-19 pandemic, it was suggested to exchange breast milk with formula milk. Even so, they did not provide clear information (for instance, proof of medical record). Then, the other two respondents admitted that the midwives directly gave formula milk to the babies not long after birth under the reason that the mothers were still unconscious and the babies cried. Then, the other four respondents admitted that the midwives offered them a chance to carry out early breastfeeding initiation.⁶⁰

Exclusive breastmilk is a staple food that cannot be exchanged with any other food. It is a great blessing from God Almighty. The administration of exclusive breastfeeding is also regulated in Law No. 49 of 1999 on Human Rights, which is a special protection over reproductive rights that refers to health services that

57 Vijayanti, Vijayanti, N., L. Isro'in, and S. Munawaroh., Asuhan Keperawatan Pada Pasien Post Partum Dengan Masalah Keperawatan Menyusui Tidak Efektif Studi Kasus Di Ruang Melati RSUD Dr. Harjono Ponorogo (Nursing Treatment on Postpartum Patients with the Nursing Issue of Ineffective Breastfeeding in Dr. Harjono. *Health Sciences Journal*, Vol.6 No.2, 2022.

58 Arief Budiono et al., The Anglo-Saxon System of Common Law and the Development of the Legal System in Indonesia, *WSEAS Transactions on Systems*, Vol.22, 2023, page. 207–13.

59 B. L. Ranchoff and E. R. Declercq., The Scope of Midwifery Practice Regulations and the Availability of the Certified Nurse-Midwifery and Certified Midwifery Workforce 2012-2016, *Midwifery Womens Health*, Vol.65 No.1, 2019, page. 119–30

60 Arief Budiono et al., The Ideal Management of Health Insurance for Indonesia According Constitution, *Quality-Access to Success*, Vol.21 No.176, 2020, page. 48–50.

are related to women's reproductive functions, such as menstruation, pregnancy, and childbirth, giving them the chance to breastfeed their children.

Based on their occupation, from these twelve respondents, one works as a lecturer, six work as civil servants, three work as private company employees, and two are stay-at-home mothers. Two respondents who are breastfeeding mothers who are occupied as stay-at-home mothers still have free time to give breastmilk to their babies from time to time. However, breastfeeding mothers who work in offices as civil servants admit to not having the time to pump breastmilk in their offices. They only breastfeed their babies at home. Even so, they take the time to go home and breastfeed their babies during break time. Meanwhile, one respondent who works as a lecturer stated that she breastfeeds at home and pumps breastmilk in the office to stock breastmilk to fulfill the baby's needs while she works. As for the three respondents who work in private companies, they admit to directly breastfeeding their babies whilst at home. During the time in which they work, the babies are fed with formula milk.⁶¹

They admit that they lack the patience to make time to pump breastmilk in their offices. They deem that it is too complicated and they lack the knowledge on the mechanisms of correctly storing breastmilk. Some respondents state that they make time during breaks to go home in cases where their houses are close to their workplaces. This is according to the Convention of the International Labor Organization No. 183 of 2000 on Breastfeeding Mothers. Women must be given daily break rights or a decrease in daily work hours to breastfeed their children.⁶²

In cases where mothers' houses are far from their workplaces, they choose to feed their babies formula milk. Working mothers only had the chance to breastfeed their babies for up to two months or during the time in which they had maternity leave. During this time, they can provide exclusive breast milk. Article 83 of Law No. 13 of 2003 on Labor states that mothers should breastfeed their children if such a thing must be carried out during work hours. Governmental Regulation No. 24 of 1976 on Leave of Civil Servants regulates that working women have the right to obtain a break for 1.5 (one and a half) months before giving birth and 1.5 (one and a half) months after giving birth according to the calculations of obstetricians/gynecologists and midwives.⁶³

On average, the following is what is carried out by breastfeeding women who work. After the maternity leave is over, mothers will use formula milk to feed their babies.⁶⁴ There are mothers who fail to feed their babies exclusive

61 A. Budiono et al., The Anachronism of the Indonesian Social Security Policy in Health, *Medico-Legal Update*, Vol.19 No.1, 2019

62 Retnayu Pradanie, Aria Aulia Nastiti, and Thaliah Jihan., Analysis of Factors Related to the Mother's Behavior to Increase Breastmilk Production, *Indian Journal of Public Health Research and Development*, Vol.10 No.8, 2019, page.2642–2647

63 Angga Sisca Rahadian., Fulfilling The Right for Exclusive Breastfeeding Among Working Women: Opportunities and Challenges, *Jurnal Kependudukan Indonesia*, Vol.9 No.4, 2017

64 Ratih Dheviana Puru Hitaningtyas, M. Hadi Subhan, and Nurwahjuni., Deactivation of Health Security Participation as a Form of Unlawful Act (Legal Reasoning of the Judicial Decision in the Khalimah vs BPJS Case, *Jurnal Jurisprudence*, Vol.14 No.2, 2024, page.277–95

breastmilk as they face difficulties in expressing breastmilk.⁶⁵ Only two breastfeeding mothers still provide exclusive breastfeeding without formula milk and complementary foods to breast milk. These two mothers usually make time to pump their breastmilk to store in the freezer. Whilst working, this pumped breastmilk is fed to their babies by their caretakers.⁶⁶

Mothers have the right to be protected when giving breast milk. This is based on Article 200, Article 201, and Article 202 of Law No. 17 of 2023, which states that, "If someone purposefully prevents the breastfeeding program, he/she will firmly be imprisoned for at most 1 (one) year and imposed with fines with the maximum amount of 100,000,000 (one hundred million rupiahs). However, if the prohibition of breastfeeding is perpetrated by corporations, apart from being punished with imprisonment and fines for its administrators, the punishments that may be imposed on corporate crimes may be in the form of fines with an aggravation of 3 (three) times the individual punishment of fines. Corporate punishment in the form of fines may be worsened with additional punishments in the forms of business permit revocation and the revocation of the legal entity status."⁶⁷

Apart from that, the Law on Health and the Regulation of the Ministry of Health also regulate breastfeeding. Therefore, Regional Governments must provide facilities and infrastructure for women to breastfeed/carry out lactation in public places (hospitals, terminals, markets, stations, etc.). Based on the interview results with breastfeeding mothers, it was found that only one person knew of the regulations on breastfeeding, even though she did not know the details of such regulations. Meanwhile, the rest of the respondents (eleven people) did not know such regulations. All twelve respondents hope that the Ponorogo Health Service may facilitate the procurement of lactation rooms and synergize with the Ponorogo Government's Services on breastfeeding and lactation rooms.⁶⁸

Law No. 17 of 2023 on Health states, "Every baby has the right to obtain exclusive breastmilk since birth for 6 (six) months unless there is a medical indication. During the breastfeeding process, families, the government, the regional government, and society must fully support the mothers and babies by providing time and special facilities. The procurement of special facilities is carried out in workplaces and in public places." Based on this law, it can be regarded that workplaces and public places must support the exclusive breastfeeding program that is according to the stipulations on workplaces that regulate the working relationship between employers and employees. Or, it may

65 Andini Pramono., Breastfeeding Policy Analysis in Indonesia, *Breastfeeding Review*, Vol.26 No.3, 2018, page. 15–18.

66 Absori Absori et al., Public Health-Based Policy on Stunting Prevention in Pati Regency, Central Java, Indonesia. Open Access Macedonian Journal of Medical Science, *Open Access Macedonian Journal of Medical Science*, Vol.10 No.E, 2022, page. 259–63.

67 Suharyono., Breastfeeding Practices in Indonesia, *Acta Paediatrica Sinica*, Vol.38 No.5, 1997, page. 338–344.

68 M. R. Altman et al., The Cost of Nurse-Midwifery Care: Use of Interventions, Resources, and Associated Costs in the Hospital Setting, *Womens Health Issues*, Vol.27 No.4, 2017, page. 434-40

be carried out through a cooperative agreement between employers and worker unions/labor unions.⁶⁹

Workplace administrators and establishers of public place facilities must provide special facilities to breastfeed and/or pump breastmilk according to the condition and capability of each company.⁷⁰ If not, they may be imposed with criminal sanctions according to the Law on Health and the Cooperative Regulation of Three Ministers (the Minister of Women's Empowerment and Child Protection, the Minister of Labor and Transmigration, as well as the Minister of Health) No. 48/MEN.PP/XII/2008, PER.27/MEN/XII/2008, and 1177/MENKES/PB/XII/2008 on the Breastfeeding During Work Hours in Workplaces. The goals of this cooperative regulation are: (1) to give working women/women labor the chance to pump breastmilk during working hours and store the pumped breastmilk which will then be consumed by babies; (2) to fulfill the rights of working women/women labor to increase the health of mothers and babies; (3) to fulfill children's rights to obtain breastmilk, so that they may obtain adequate nutrition as well as to develop a strong system of body immunity; and (4) to increase the quality of the nation's human resources during the first stage of life.

From this perspective, mothers' right to breastfeed is strictly regulated by the state. However, there are still obstacles and potential regulation violators. Research results show that medical staff (i.e., midwives), health facilities, or working offices did not follow this regulation and had its own policy. Based on the Fuller theoretical framework, regulations or laws need internal morality of law, meaning that there is a need for prospectivity and constancy as procedural requirement in implementing these regulations. Internal morality of law was a mechanism to implement the regulation, not only through strict regulations but also with morality, integrity, and legitimacy between rules and official action. Fuller's idea was rooted on understanding how the law actually functions to successfully manage conflicts of interest and achieve its goal.⁷¹

Meanwhile, according to Dworkin, the law is an interpretative practice rooted in morality and the concept of right answers to legal questions, challenging legal positivism by integrating moral principles into legal reasoning. It means that the authority action is not solely based on rules or regulations, but the authority could explain the "right answers" why the mothers' breastfeeding needs to be fulfilled while implementing punishments for legal violations. Dworkin argued that legal interpretation is not merely a mechanical but a constructive process of moral reasoning, where judges interpret legal materials—rules, principles,

69 Fadhilatul Hasnah and Febi Damisti Ramadhani., Analisis Kebijakan Inisiasi Menyusui Dini (IMD) Dan ASI Eksklusif Di Indonesia (Analysis of Policies on Early Breastfeeding Initiation and Exclusive Breastfeeding in Indonesia), *Jurnal Ilmu Kesehatan*, Vol.8 No.1, 2024, page.1-9

70 V. Souter et al., Comparison of Midwifery and Obstetric Care in Low-Risk Hospital Births, *Obstet Gynecol*, Vol.134 No.5, 2019, page. 1056–65

71 Kristen Rundle., Fuller's Internal Morality of Law, *Philosophy Compass*, Vol.11 No.9, 2016, page.499-506

and policies—to construct the best moral justification for the law.⁷²

According to Fuller and Dworkin's theoretical frameworks, these regulations strictly provide mothers with the right to breastfeed, which comprises the chance and facilities for working mothers to breastfeed and/or pump breastmilk during working hours and store that breastmilk. These regulations need the legal action of officials (the Ministry of Health, the Police Force, and judges) to be implemented. In this term, officials also need the morality of law and action, which means that officials do not promote formula milk for newborn babies. In this matter, if the Ministry of Health strictly bans the formula milk for newborn babies except for those with medical indications and show an example of this, then this is the "right answer" according to Dworkin and Fuller. The effectiveness of rule and regulation depends on the rules itself and the official action. Companies that fail to provide lactation rooms or breastfeeding corners are not imposed with sanctions. Thus, there needs to be an effective regulation that imposes sanctions for any violation, which in this case regards large companies that fail to fulfill the breastfeeding rights of mothers.

4. Conclusion

Unfortunately, this research found that some medical workers still attempt to feed neonates formula milk during the critical first one or two days after birth, citing medical indications that postpartum mothers are not producing enough breastmilk. According to the law, this is a violation, because mothers have the right to breastfeed their babies, except in cases where there are medical indications. However, formula feeding during these critical points cannot be justified, as babies have brown fat reserves that are sufficient to sustain them for up to two days, even if the mothers' breastmilk production is not yet abundant. Health workers who engage in such practices may face legal sanctions if reported or pursued by mothers and their families, as it violates the regulation on exclusive breastfeeding. The implication of this research is that it may serve as a legal guideline for health workers (including midwives, nurses, doctors, etc.), husbands, families, governments, regional governments, and stakeholders to support the exclusive breastmilk program. These parties must understand the legal framework surrounding breastfeeding and, therefore, facilitate mothers in breastfeeding and/or pumping breastmilk. This is especially crucial for midwives, who must avoid giving formula milk to babies without a proper medical examination, as doing so is punishable by law.

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72 Muh. Afif Mahfud., The Relevance Of Ronald Dworkin's Theory For Creating Agrarian Justice In Indonesia, *Yustisia Jurnal Hukum*, Vol.8 No.3, 2019, page.385–400

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