



Principles of Normal Childbirth Care in Obstetrics and Gynecology Literature

Dwi Andina Farzani*

Faculty of Medicine and Health Sciences, Muhammadiyah University Makassar

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*Correspondence: Dwi Andina

Farzani

Email:

dwi_andina@med.unismuh.ac.id

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Abstract: This study aims to explore and synthesize the Principles of Normal Delivery Care (Asuhan Persalinan Normal—APN) within the context of obstetric and gynecological literature to identify key concepts, clinical standards, and their practical implications for maternal and neonatal health. Using a qualitative descriptive approach through a library-based study, data were collected from peer-reviewed articles, clinical guidelines, and national midwifery standards published between 2015 and 2025. Data were analyzed inductively through thematic identification, reduction, categorization, and interpretation to generate a comprehensive understanding of APN principles. The findings reveal that normal delivery care emphasizes the physiological nature of childbirth, prioritizing safety, minimal intervention, and positive maternal experience. Recommended practices include the use of partographs, freedom of movement, non-pharmacological pain management, continuous support, delayed cord clamping, and immediate skin-to-skin contact. Conversely, routine interventions such as enemas, pubic shaving, and fundal pressure are discouraged. Psychosocial aspects—such as emotional support, hypnobirthing, and calm birthing environments—are shown to significantly improve labor outcomes. However, discrepancies persist in the consistency of APN implementation, influenced by systemic, behavioral, and institutional factors. This study concludes that effective APN practice requires not only clinical competence but also cultural sensitivity, organizational reform, and woman-centered care frameworks. The results contribute to strengthening obstetric practice standards and guiding future research toward more holistic, evidence-based maternity care.

Keywords: Normal Delivery Care, Midwifery, Obstetrics, Humanized Childbirth, Maternal Health

Introduction

Childbirth remains a cornerstone of maternal health, representing a complex physiological and emotional event that requires skilled, evidence-based care to ensure optimal outcomes for both mother and infant. Within the field of obstetrics and gynecology, the *Prinsip Asuhan Persalinan Normal* (APN), or the Principles of Normal Delivery Care, has emerged as a critical framework emphasizing safety, minimal intervention, and holistic well-being throughout all stages of labor (Sulastri & Linda, 2020). In recent years, the global maternal health agenda has underscored the importance of standardized delivery practices to reduce preventable maternal and neonatal mortality, particularly in developing regions where disparities in care quality persist (Rahakbauw & Ernawati, 2025).

The urgency of implementing consistent APN practices stems from persistent variations in clinical adherence and outcomes. Despite standardized protocols, studies reveal that inconsistencies in monitoring labor progress, infection prevention, and active management of the third stage remain prevalent (Pinem, 2023; Yasmi, 2023). These variations are not merely procedural lapses; they often reflect systemic issues related to midwife training, resource availability, and institutional oversight (Sulastri & Linda, 2020). Consequently, understanding the principles, implementation challenges, and empirical outcomes of APN is crucial for advancing maternal health quality standards.

Trends in contemporary midwifery indicate a growing emphasis on patient-centered, compassionate care models that integrate emotional, psychological, and physiological support throughout labor. This approach, known as *asuhan sayang ibu dan bayi* (mother- and baby-friendly care), aligns closely with the core principles of APN (Manik, 2017). It not only enhances maternal satisfaction but also reduces unnecessary medical interventions, shortens labor duration, and promotes better neonatal outcomes (Liana, 2022). Such integration underscores the theoretical evolution of obstetric care toward a balance between clinical safety and humane practice.

Recent data suggest that approximately 70–80% of midwives in various clinical settings have implemented APN standards, yet disparities persist in the quality of early labor monitoring (Kala I) and postpartum observation (Kala IV) (Rahakbauw & Ernawati, 2025; Yasmi, 2023). These gaps highlight the need for systematic supervision and competency-based training programs that ensure fidelity to standardized protocols. The Indonesian Ministry of Health's adoption of 60-step APN procedures represents a significant advancement in this regard, yet effective implementation remains uneven (Yuliana, 2023).

The relevance of APN in obstetric literature also extends to its preventive potential. Evidence consistently supports that adherence to APN principles—such as active management of the third stage of labor (AMTSL)—significantly reduces the risk of postpartum hemorrhage, a leading cause of maternal mortality (Lestari, 2021; Laput et al., 2021). Furthermore, comprehensive postpartum observation and infection prevention protocols are integral to mitigating secondary complications in both mothers and newborns (Selvia, 2022). Hence, the APN model serves as both a preventive and promotive framework within reproductive health systems.

From a clinical standpoint, APN encourages minimal yet timely interventions. This philosophy acknowledges childbirth as a natural physiological process while recognizing the potential for unforeseen complications requiring prompt response (Liana, 2022). The challenge, therefore, lies in harmonizing this duality—providing vigilant, evidence-based care without resorting to unnecessary medicalization. This balance is especially critical in low-resource settings where over-intervention and under-intervention can both jeopardize outcomes.

The theoretical basis of APN also emphasizes midwife empowerment as a key determinant of implementation success. Midwives serve as the primary custodians of normal delivery care, and their skills, motivation, and adherence to professional ethics

directly influence maternal and neonatal safety (Sulastri & Linda, 2020). Yet, research shows that without continuous education and monitoring, midwives may deviate from standardized practices due to habituation or resource constraints (Monarisa, 2017). Therefore, professional capacity building remains an essential component of APN's practical realization.

In addition to clinical implications, APN contributes significantly to the humanization of childbirth. Practices such as emotional support, freedom of movement, and immediate skin-to-skin contact between mother and baby (IMD) embody the humane dimension of obstetric care (Manik, 2017; Yasmi, 2023). These elements have been empirically associated with improved maternal confidence, reduced anxiety, and stronger mother-infant bonding (Anisa et al., 2024). Thus, APN integrates medical safety with psychosocial well-being—a hallmark of progressive obstetric philosophy.

Despite its strengths, literature indicates that gaps persist in consistency and supervision. Factors such as differing institutional policies, variable supervision structures, and limited audit mechanisms often contribute to these inconsistencies (Rahakbauw & Ernawati, 2025; Wulandari & Sari, 2024). Moreover, the COVID-19 pandemic further complicated standard delivery care implementation due to changes in clinical protocols and reduced interpersonal interaction (Sandhi & Dewi, 2021). These contextual dynamics underscore the need for adaptable yet robust APN frameworks.

The relevance of this topic extends beyond academic discourse to real-world maternal health outcomes. Globally, the World Health Organization continues to advocate for evidence-based, woman-centered intrapartum care, aligning closely with the APN model's principles. As such, this article not only contributes to the body of knowledge but also aligns with international efforts to improve maternal safety and experience during childbirth (Rahakbauw & Ernawati, 2025).

Given the ongoing evolution of obstetric care standards, it becomes imperative to reassess how APN principles are taught, implemented, and evaluated in clinical settings. By synthesizing contemporary obstetric and midwifery literature, this article aims to identify prevailing patterns, highlight implementation barriers, and propose actionable strategies to bridge existing gaps (Liana, 2022; Anisa et al., 2024). Such reflection is vital for ensuring that APN remains a living framework adaptable to clinical and societal transformations.

This study also addresses the theoretical gap between policy and practice in APN application. While national guidelines exist, practical adherence remains inconsistent due to differences in regional resources, facility infrastructure, and professional development access (Wulandari & Sari, 2024). Consequently, this article seeks to clarify how institutional and individual factors converge to shape APN's real-world execution.

Theoretically, this article contributes to the discourse on obstetric standardization and the professionalization of midwifery. Practically, it offers insights into training, supervision, and evaluation systems that could enhance adherence to APN principles (Sulastri & Linda, 2020; Monarisa, 2017). These findings are expected to inform both academic curricula and health policy reforms.

Ultimately, the goal of this article is to strengthen the understanding and application of *Prinsip Asuhan Persalinan Normal* within the broader framework of maternal health improvement. Through a synthesis of current literature, the discussion underscores the significance of structured, evidence-based, and compassionate delivery care. The expected outcome is a more consistent, safe, and humanized childbirth experience that reflects both clinical excellence and maternal dignity (Rahakbauw & Ernawati, 2025).

Methodology

This article adopts a qualitative descriptive approach through a library-based study (literature review) design. The qualitative method was chosen because it enables an in-depth understanding of complex social and professional phenomena, such as the implementation and interpretation of the *Prinsip Asuhan Persalinan Normal* (APN) within obstetric and gynecological literature. Qualitative research, by its nature, focuses on exploring meanings, contexts, and patterns rather than quantifying relationships (Bingham, 2023; Pratt, 2025). The descriptive approach is particularly suitable for presenting systematic and factual accounts of how APN principles have evolved and been applied in clinical and academic settings (Doyle et al., 2019; Abraham & P, 2024).

The data sources in this study include scholarly books, peer-reviewed journal articles, institutional reports, and professional guidelines related to obstetrics, gynecology, and midwifery. The primary literature analyzed comprises the most recent and relevant works between 2015–2025, focusing on both conceptual and empirical studies addressing APN principles (Rahakbauw & Ernawati, 2025; Sulastri & Linda, 2020; Yasmi, 2023). These sources were retrieved through systematic literature exploration using academic databases and institutional repositories. Inclusion criteria emphasized literature with clear methodological descriptions, DOI registration, and relevance to the topic, whereas exclusion criteria eliminated non-scholarly commentaries, duplicated content, or publications lacking empirical or conceptual rigor (Togia & Malliari, 2017; Granikov et al., 2020).

The data collection technique involved structured literature tracing and document analysis. Following the library research model, the process entailed identifying, reviewing, and synthesizing scholarly materials that articulate theoretical foundations, implementation barriers, and outcomes related to normal delivery care. This method allows researchers to extract conceptual relationships among variables and phenomena derived from academic discourse (Bandaranayake, 2024; Jimenez et al., 2024). In this context, each document was evaluated for its methodological transparency, relevance, and contribution to the synthesis of APN literature within obstetric and gynecological frameworks.

The data analysis procedure followed an inductive and thematic framework consistent with qualitative descriptive research. It involved four stages: (1) theme identification, in which recurring ideas and key concepts were recognized across the reviewed literature; (2) data reduction, where redundant or non-relevant information was eliminated to maintain analytical coherence; (3) categorization, grouping similar concepts and principles based on theoretical and practical dimensions; and (4) conclusion drawing, conducted inductively to

formulate a comprehensive understanding of the principles and applications of APN (Bingham, 2023; Belotto, 2018; Kalpokaite & Radivojevic, 2018). This iterative process ensured a coherent representation of the literature and enhanced interpretative depth.

Ensuring data validity and trustworthiness was a central methodological concern. To maintain analytical rigor, source triangulation was conducted by comparing information across multiple types of publications—empirical studies, theoretical analyses, and policy documents. Moreover, conceptual peer validation was performed by reviewing interpretations against established frameworks in midwifery and nursing research (Fife & Gossner, 2024; Vila-Henninger et al., 2022). The process adhered to transparency principles through clear documentation of data sources and analytical decisions, ensuring that findings remain verifiable and traceable within academic standards (Bingham, 2023; Pratt, 2025).

In summary, this qualitative descriptive library study provides a systematic, credible, and contextually grounded synthesis of literature on Prinsip Asuhan Persalinan Normal within obstetric and gynecological scholarship. The integration of rigorous selection criteria, transparent analytical procedures, and triangulation ensures that the findings are both theoretically valid and practically relevant. This methodological framework aligns directly with the article's objective—to deepen scholarly and professional understanding of APN principles and their implications for maternal and neonatal health practices (Rahakbauw & Ernawati, 2025; Lestari, 2021).

Result and Discussion

The literature-based qualitative analysis on Prinsip Asuhan Persalinan Normal (APN) within contemporary obstetric and gynecological research reveals a clear consensus that normal childbirth is a physiological process that should be supported with minimal yet evidence-based medical intervention. Across multiple systematic reviews, national standards, and international guidelines, the findings highlight three major domains of discussion: core clinical principles, psychological and behavioral dimensions, and systemic factors affecting professional compliance (Petitprez et al., 2021; Berghella et al., 2019; De Abreu Alcântara & Silva, 2021).

Conceptual Foundation of Normal Delivery

The synthesis shows that APN prioritizes safety, prevention of complications, and a positive birthing experience through physiological support rather than routine interventions (Petitprez et al., 2021; De Carvalho, 2021). The concept aligns with global maternal health objectives emphasizing the humanization of childbirth and reduction of maternal and neonatal mortality (De Sousa Costa et al., 2021). Consistent with WHO and national frameworks, normal labor management involves comprehensive observation from stage I to IV, integrating infection control, progress monitoring, and emotional care for both mother and baby (Iravani et al., 2015).

Clinical Principles and Labor Progress Monitoring

Findings consistently underscore the use of partographs as a standard tool to assess labor progression in low-risk women (Petitprez et al., 2021; De Abreu Alcântara & Silva, 2021). Cervical dilation is deemed abnormal if progress is less than 1 cm in 4 hours between 5–7 cm dilation or less than 1 cm in 2 hours beyond 7 cm, suggesting the need for amniotomy or oxytocin administration depending on uterine contractions (Petitprez et al., 2021). WHO and NICE recommend 4-hourly vaginal examinations during active labor to prevent delayed recognition of complications (Papoutsis & Antonakou, 2023; Iravani et al., 2015).

Table 1. Key Clinical Principles of APN

Labor Stage	Recommended Practice	Evidence Source
Stage I	Partograph monitoring every 4 hours	Petitprez et al. (2021); Iravani et al. (2015)
Stage II	Freedom of movement, upright position	Berghella et al. (2019); Papoutsis & Antonakou (2023)
Stage III	Active management (oxytocin, controlled cord traction)	De Abreu Alcântara & Silva (2021)
Stage IV	Postpartum observation for 2 hours	Rahakbauw & Ernawati (2025)

These findings affirm that structured, evidence-based clinical observation significantly reduces complications such as postpartum hemorrhage and fetal distress (Lestari, 2021; Wulandari & Sari, 2024).

Recommended and Discouraged Practice

The analysis identifies key “good practices” endorsed by international guidelines – continuous labor support, freedom of movement, and non-pharmacological pain relief methods (Putri et al., 2023). The application of birth balls, breathing techniques, and emotional reassurance has proven effective in reducing anxiety and pain, while also shortening labor duration (De Sousa Costa et al., 2021).

Conversely, routine interventions such as enemas, pubic shaving, continuous CTG in low-risk pregnancies, episiotomy, and fundal pressure (Kristeller maneuver) lack empirical justification and should be avoided (Zhao et al., 2019; Berghella et al., 2019). Areas of uncertainty remain regarding perineal massage and “hands-on” versus “hands-poised” delivery techniques, reflecting the need for more robust comparative research (Iravani et al., 2015).

Psychosocial and Complementary Aspects

Modern obstetric frameworks emphasize that psychological well-being directly influences physiological labor. High stress and fear inhibit endogenous oxytocin release, delaying uterine contraction and labor progress (Papoutsis & Antonakou, 2023; Meyer et al., 2023). Emotional support, a calm birthing environment, and a sense of safety are therefore crucial for optimal outcomes. The adoption of hypnobirthing techniques has been shown to

lower anxiety and enhance maternal readiness, contributing to more positive birth experiences (Sitompul & Simbolon, 2024). Complementary methods such as birth ball exercises have also been integrated into midwifery training programs, reinforcing non-invasive approaches to support normal delivery (Putri et al., 2023).

Professional Compliance and Behavioral Determinant

National evidence indicates that while most midwives adhere to APN protocols, inconsistencies remain during the early and final stages of labor (Rahakbauw & Ernawati, 2025). The data show that knowledge and attitudes alone do not ensure compliance—organizational culture, habit formation, and fear of litigation can hinder adherence (Khairat, 2025). The dichotomy between a “with woman” philosophy (collaborative, patient-centered) and a “with institution” approach (procedural, defensive) is especially evident in healthcare systems where institutional norms encourage over-medicalization (Meyer et al., 2023). Strengthening supervision and continuous professional education are therefore essential for ensuring consistency and fidelity to APN principles (Koagouw, 2007).

Global Trends and Comparative Analysis

A global synthesis of obstetric guidelines (WHO, NICE, HAS, and Cochrane reviews) confirms a paradigm shift toward woman-centered, physiology-based childbirth models (Berghella et al., 2019; Petitprez et al., 2021; Zhao et al., 2019). These models emphasize individualized care, cultural sensitivity, and judicious use of medical interventions. In Indonesia, the 60-step APN standard serves as a localized adaptation of these global best practices, promoting consistency across all levels of maternity care (Pinem, 2023; Wulandari & Sari, 2024). Comparative findings show alignment in theoretical orientation but variability in field implementation due to disparities in training and supervision systems (Rahakbauw & Ernawati, 2025).

Discussion

The findings of this literature review collectively demonstrate that the Principles of Normal Delivery Care (Asuhan Persalinan Normal—APN) embody an integrative framework that combines physiological safety, minimal intervention, and holistic maternal–infant well-being. When interpreted through the theoretical lens of humanized obstetric care and evidence-based practice, these principles reflect the ongoing evolution of obstetric philosophy—from a predominantly interventionist model to one that prioritizes physiological processes and maternal autonomy (Petitprez et al., 2021; Berghella et al., 2019; De Carvalho, 2021). This transition signifies a paradigm shift within the field of midwifery and obstetrics, emphasizing that childbirth, while requiring vigilance, should primarily be supported rather than controlled.

Theoretical Interpretation and Conceptual Relevance

The integration of APN principles aligns with the humanistic framework of care proposed in maternal health theories, particularly the biopsychosocial model that views

childbirth as both a biological and emotional experience (De Abreu Alcântara & Silva, 2021; Irvani et al., 2015). This reinforces the notion that effective obstetric practice must address not only clinical parameters—such as dilation rate and uterine contraction—but also maternal psychology, comfort, and cultural expectations. The data affirm that non-pharmacological interventions (e.g., movement freedom, companionship, breathing techniques) are not merely adjuncts but essential determinants of successful physiological labor (Putri et al., 2023; De Sousa Costa et al., 2021). These insights confirm theoretical propositions in maternal empowerment models that stress the centrality of emotional safety and informed choice in normal delivery outcomes.

Interpretation of Clinical Findings and Comparison with Prior Research

Comparatively, the reviewed data reveal that standardized labor monitoring via partograph and staged assessment every four hours remain foundational to ensuring safe, evidence-based delivery care (Petitprez et al., 2021; Papoutsis & Antonakou, 2023). These findings corroborate WHO recommendations while improving upon earlier obstetric models that often relied on subjective judgment. In contrast, the study also shows a persistent gap in adherence, especially in early (Kala I) and late (Kala IV) stages, which aligns with Rahakbauw and Ernawati (2025) who observed variability in bidan compliance despite uniform procedural training. This deviation suggests that structural factors—workload, supervision, and cultural routines—exert greater influence than individual competence alone (Khairat, 2025; Koagouw, 2007). Thus, theoretical frameworks emphasizing organizational behavior and institutional culture are essential for interpreting discrepancies in real-world practice.

Psychosocial and Behavioral Analysis

The incorporation of psychological and emotional care within APN reflects a response to decades of critique against the mechanization of childbirth. The concept of with woman care—in which midwives serve as advocates for women's experiences rather than as institutional enforcers—emerges as a determinant of physiological birth success (Meyer et al., 2023). In contrast, with institution practices, driven by procedural compliance and litigation fears, have been shown to hinder physiological processes by reinforcing stress-inducing environments (De Carvalho, 2021). From a behavioral science perspective, such dichotomy parallels self-determination theory, suggesting that autonomy-supportive environments foster more positive outcomes. Emotional reassurance, hypnobirthing, and calm birthing spaces exemplify interventions that align with intrinsic motivation principles, promoting oxytocin release and smoother labor (Sitompul & Simbolon, 2024).

Implications for Practice and Policy

The implications of these findings are multifaceted. Clinically, APN principles affirm the necessity of contextual and adaptive obstetric protocols that balance physiological processes with safety. Policy-wise, these insights underscore the importance of continuous midwife retraining, standardized supervision, and integration of complementary

techniques such as birth ball use into institutional protocols (Putri et al., 2023). Furthermore, given the variability in compliance observed among midwives, structured mentorship and regular performance evaluation systems could enhance procedural fidelity (Rahakbauw & Ernawati, 2025). On a broader scale, these findings advocate for a shift in healthcare governance toward cultural and organizational reform that supports woman-centered rather than system-centered maternity care (Meyer et al., 2023).

Limitations and Future Directions

Despite its comprehensiveness, this literature-based synthesis faces several limitations. Firstly, the heterogeneity of study designs across reviewed sources—ranging from clinical guidelines to observational case studies—limits the comparability of data. Secondly, the dominance of Western and Southeast Asian contexts may restrict the generalizability of findings to underrepresented healthcare systems. Moreover, cultural and policy differences influence how APN principles are operationalized, necessitating cross-regional comparative research. Future studies should incorporate mixed-method analyses to integrate quantitative metrics (e.g., maternal outcomes, intervention frequency) with qualitative perspectives on patient experience. This would provide a more balanced and empirically grounded understanding of normal delivery care.

Contribution to the Field

This synthesis contributes to obstetric and midwifery scholarship by reaffirming that physiological, evidence-based, and humanized childbirth models are not merely idealistic but practical when supported by structured systems and informed professional behavior. The study strengthens the conceptual linkage between theory and practice, illustrating that the success of normal delivery care depends as much on institutional culture and emotional support as on technical competence (Berghella et al., 2019; Petitprez et al., 2021). Ultimately, the principles distilled from this review provide a robust theoretical and practical foundation for reorienting obstetric education, policy, and practice toward a model of care that restores childbirth to its physiological and humanistic essence.

Conclusion

This qualitative literature study concludes that the Principles of Normal Delivery Care (Asuhan Persalinan Normal—APN) represent a holistic and evidence-based model emphasizing childbirth as a natural physiological, emotional, and social process requiring minimal intervention yet optimal professional support. The study found that effective implementation of APN depends not only on clinical competence but also on psychological, behavioral, and organizational factors that influence midwives' adherence to standards. Moreover, the findings highlight that emotional support, empowerment, and freedom of movement are equally crucial as medical safety in achieving positive maternal and neonatal outcomes. This study underscores the importance of fostering a woman-centered care culture that prioritizes respect, empathy, and informed choice, while also being sensitive to local cultural contexts. Overall, the research provides a theoretical and practical foundation

for enhancing APN implementation through continuous professional training, compassionate supervision, and the integration of psychosocial and cultural values into midwifery education, as well as encouraging further empirical studies to explore APN practices across various clinical and cultural settings.

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