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The Strategic Role of Midwives in Public Health Transformation: A Look at Maternal and Child Health Services and Health Promotion

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A R T I C L E I N F O

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A B S T R A C T

This article discusses the strategic role of midwives in public health through a review of qualitative literature. The discussion focuses on midwives' contributions to maternal and child health, disease prevention, health promotion, reproductive health, perinatal mental health, use of digital technology, and strengthening education and professional leadership. Recent literature shows that educated, regulated, and integrated midwives within primary care systems, working in supportive environments, can improve service quality, expand access for vulnerable groups, and contribute to reducing maternal, neonatal, and stillbirth deaths. The article also emphasizes that the role of midwives is not limited to normal childbirth but includes being health educators, advocates, behavior change facilitators, referral system connectors, and community-based social transformation agents. However, the effectiveness of this role is still influenced by uneven staff distribution, limited ongoing training, workload, facility quality, as well as regulatory and technological readiness. The article's conclusion emphasizes the need for policy investment in competency-based midwifery education, continuity of midwifery care models, inclusive digitalization, interprofessional collaboration, and strengthening midwives' leadership in public health decision-making. This review provides a conceptual basis for developing research and policies to enhance midwives' contributions to achieving universal health coverage and the Sustainable Development Goals

INTRODUCTION

Maternal health, newborns, children, adolescents, and reproductive health continue to be important issues in public health development, especially in low- and middle-income countries. Even though various health indicators have improved, preventable maternal and neonatal deaths are still linked to delays in access, uneven quality of services, limited skilled health workers, and weak continuity of care from preconception, pregnancy, childbirth, postpartum, to early parenting. In this context, midwives play a strategic role because they are at the intersection of family clinical needs, community social norms, and primary health care systems (Hoope-Bender et al., 2022; Nove et al., 2021; WHO et al., 2021).

Midwives don't just play a role in helping with childbirth, but also as public health workers who provide promotive, preventive, basic curative services, counseling, early detection, referrals, and advocacy. Global modeling evidence shows that increasing the coverage of interventions provided by midwives can prevent most maternal deaths, neonatal deaths, and stillbirths, and could even potentially save millions of lives each year if accompanied by proper education, regulation, and system integration (Nove et al., 2021; Renfrew et al., 2014). This highlights the urgency of understanding midwives as public health actors, not just clinical staff during childbirth episodes (Jolivet et al., 2018).

The urgency of this article also comes from changes in the public health landscape. The double burden of disease, rural-urban access disparities, the need for rights-oriented reproductive health services, increased attention to perinatal mental health, and the accelerated use of digital health technology all demand an expansion of midwives' competencies (Bradford et al., 2022; Galle et al., 2021; Levis et al., 2020). On the other hand, many health systems are still facing midwife shortages, uneven distribution, limited professional development opportunities, and low midwives' involvement in policy planning (Cometto et al., 2020; Hoope-Bender et al., 2022; WHO, 2021). Based on that background, this article is aimed at answering several research questions: (1) What is the role of midwives in improving maternal and child health at the community level? (2) How do midwives contribute to disease prevention, health promotion, reproductive health, and perinatal mental health? (3) What conceptual and theoretical aspects explain the position of midwives as agents of public health change? (4) What challenges limit the effectiveness of midwives' roles, and what strategies are needed to strengthen their contributions? These questions are important because midwifery practice exists within a complex social space, so the analysis needs to go beyond just clinical technical aspects.

The purpose of writing this article is to compile a conceptual understanding and literature synthesis regarding the role of midwives in public health, with an emphasis on maternal and child health, health promotion, disease prevention, midwifery education and careers, digital technology, as well as professional leadership. Practically, this article is expected to serve as academic material for policy development, midwifery education, and governance of primary services that are increasingly responsive to community needs.

Theoretically, this article positions midwives as key players in the health system, bridging biomedical, social, gender, and reproductive health rights approaches.

LITERATURE REVIEW

1. The Concept of Public Health and the Role of Midwives in Primary Care

Public health views health as the result of interactions between biological, behavioral, environmental, socio-economic, cultural factors, and the quality of the health service system. Within this framework, midwives serve as primary care providers who intervene at the individual, family, and community levels. Their close position to households allows them to recognize health risks, behavioral barriers, and social dynamics that are not always visible in hospital services. Therefore, strengthening midwifery aligns with the agenda of primary health care and universal health coverage, which require services that are accessible, affordable, high-quality, and centered on the needs of the community (WHO, 2021, 2025).

In public health practice, midwives carry out promotive and preventive roles through nutrition counseling, birth preparation, family planning, immunization, breastfeeding education, environmental hygiene, pregnancy risk detection, and early referrals. These functions align with the continuum of care model, which means continuous interventions from before pregnancy to postpartum and early childhood. This continuity is important because maternal and child death and illness risks don't just occur during childbirth—they can develop from the preconception period, pregnancy, postpartum, and the neonatal period (Bradford et al., 2022; Nove et al., 2021).

2. Midwives as Agents of Public Health Change

Conceptually, midwives can be seen as agents of change because they have the ability to influence knowledge, attitudes, norms, and public health practices. Their role includes health education, empowering women, mediating between local traditions and scientific evidence, and strengthening families' ability to make health decisions. In communities with limited access to information, midwives often become the first source of knowledge about safe pregnancy, warning signs, contraception, nutrition, and newborn care (Dey et al., 2024; Dixon et al., 2017).

Being a change agent is also tied to social trust. The long-term relationship between midwives and families allows for more personal health communication compared to occasional institutional communication. Through repeated interactions, midwives can identify cultural barriers, family fears, and reasons for noncompliance, then craft health messages that fit the context better. This trust-based approach becomes an important foundation for promoting reproductive health, immunizations, stunting prevention, and acceptance of referrals during complications (Bradford et al., 2022; McRae et al., 2016).

As advocates, midwives also play a role in fighting for women's rights to information, choice, safety, privacy, and care that respects their dignity. Literature on respectful maternity care emphasizes that the quality of service isn't just about clinical success, but also about women's experiences in receiving safe, non-discriminatory, and needs-centered treatment (Asefa, 2021; Shakibazadeh et

al., 2018). In this regard, midwives have an ethical mandate to ensure that care is not demeaning, coercive, or ignores women's autonomy.

3. Education, Competence, and Career Development of Midwives

The quality of midwifery practice is heavily influenced by the quality of pre-service education, clinical training, professional regulations, certification, and ongoing professional development. Global standards for midwifery education emphasize competency-based curricula, adequate clinical learning, mastery of communication, ethics, public health, research, and the ability to work in interprofessional teams (ICM, 2025; WHO, 2021). Strong education allows midwives not only to master normal delivery skills but also to understand epidemiology, health promotion, risk detection, referrals, and using data to improve services.

Developing a midwife's career should be seen as an investment in the healthcare system. Midwives who have access to training, mentoring, supportive supervision, and career paths are generally more prepared to handle the complexities of primary care. Studies on midwives' job satisfaction show that the work environment, organizational support, professional autonomy, workload, and recognition of their role affect staff retention and service quality (Søvold et al., 2021; Wangler et al., 2022). So, strengthening the role of midwives isn't just about increasing their numbers; it also needs strategies to maintain their well-being, motivation, and career sustainability.

Leadership aspects are becoming increasingly important. Midwives involved in program management, quality committees, primary care planning, and policy development can bring a perspective based on women's and families' experiences into decision-making. Midwifery leadership guidelines emphasize the importance of structures that allow midwives to influence policy, education, regulation, and service design (ICM, 2022; Lewis, 2025). Without midwives' leadership, maternal and neonatal policies risk not fully reflecting the realities of practice in the community.

4. Continuity of Midwifery Care and Woman-Centered Quality of Services

Continuity of midwifery care is a service model that allows women to receive continuous care from the same midwife or a small team of midwives throughout pregnancy, childbirth, and postpartum. This model is important because continuous relationships build trust, increase satisfaction, make risk detection easier, and reduce service fragmentation. Global reviews show that the midwifery continuity model can be applied in various contexts, although its success depends on workforce availability, referral systems, funding, and professional recognition (Bradford et al., 2022; Wassén et al., 2023).

The quality of midwifery services should also be viewed from the dimensions of safety, effectiveness, timeliness, efficiency, equity, and women-centeredness. Respectful maternity care is a key dimension because bad experiences, verbal abuse, neglect, or actions done without consent can lower trust in services and increase the likelihood of giving birth without skilled assistance (Asefa, 2021; Shakibazadeh et al., 2018). Midwives, because of their closeness to women and families, have a big opportunity to create a service experience that is dignified and inclusive.

5. Reproductive Health, Family Planning, and Gender Equality

Reproductive health is a major part of midwifery practice. Midwives provide information about contraception, pregnancy planning, birth spacing, detection of sexually transmitted infections, adolescent health, and women's rights regarding reproductive choices. The involvement of midwives in family planning is very important because good counseling can help couples choose a contraceptive method that fits their needs, medical conditions, preferences, and personal values. Evidence from various countries shows that task sharing with midwives and primary health workers can improve access to contraception, especially when supported by proper training and supply chains (Lai & Tey, 2022; Ouedraogo et al., 2021).

The role of midwives in reproductive health is also linked to gender equality. Women who get quality reproductive information and services are better able to plan their education, work, and family life. That's why gender-sensitive midwifery services shouldn't treat women just as recipients of maternal care, but rather see them as individuals with rights to information, consent, and health decisions (Dixon et al., 2017; Shakibazadeh et al., 2018).

6. Perinatal Mental Health and Psychosocial Support

Perinatal mental health is an important concern because depression and anxiety during pregnancy or after childbirth can affect the mother's well-being, the mother-baby relationship, breastfeeding practices, and child development. The Edinburgh Postnatal Depression Scale has strong evidence of validity for screening depression in pregnant and postpartum women, but screening needs to be followed by clear referral pathways and psychosocial support (Levis et al., 2020; Smith-Nielsen et al., 2018).

Midwives are a really promising profession for early detection of mental health issues because of how much they interact with mothers during antenatal and postnatal periods. Their role includes recognizing symptoms, providing initial counseling, educating families, normalizing seeking help, and referring to psychological or psychiatric services if needed. However, being effective in this role requires perinatal mental health training, clinical guidelines, and cross-professional collaboration so that midwives aren’t stuck handling things beyond their skills and professional authority (Bauer et al., 2022; Dubreucq et al., 2024).

7. Digital Technology, Telehealth, and the Transformation of Midwifery Services

Digital technology is changing the way midwifery services are delivered. Teleconsultations, pregnancy monitoring apps, vaccination reminders, electronic referral systems, and digital medical records can expand access, especially in remote areas. The experience during the COVID-19 pandemic accelerated the use of telemedicine in maternal and neonatal services but also highlighted risks like digital inequality, lack of guidelines, privacy issues, and limitations of remote physical examinations (Coxon et al., 2020; DeNicola et al., 2020; Galle et al., 2021; Medani et al., 2025; Peahl et al., 2021).

Digitization shouldn't be seen as a replacement for the relationship between midwives and mothers, but as a tool to support continuity and timely services. To be useful, technology needs to be integrated into midwives'

workflows, have data security standards, be easy to use, and not add excessive administrative burden. Midwives' leadership in designing digital health is important so that implemented innovations meet the needs of community practice, not just follow tech trends (Galle et al., 2021; Janes et al., 2025).

METHODOLOGY

This article uses a qualitative literature review method, which is a narrative and interpretative review of literature to build a conceptual understanding of the role of midwives in public health. This method is not intended as a systematic literature review that follows strict search protocols, risk of bias assessments, and quantitative synthesis. Instead, the qualitative approach was chosen because the goal of the article is to map concepts, themes, theoretical relationships, and policy implications from various recent relevant research findings (Torraco, 2005).

The literature used prioritizes reputable international and national journal articles since 2020, plus highly relevant global policy documents from authoritative organizations. Searches were conducted using English and Indonesian keywords, such as midwives, midwifery, public health, maternal and newborn health, community midwives, health promotion, family planning, perinatal mental health, respectful maternity care, telehealth, midwifery education, and midwifery leadership. Literature was selected based on topic relevance, currency, connection to public health, and its contribution to explaining the role of midwives at the clinical, community, and health system levels.

The analysis was done through thematic reading of selected literature. The main themes synthesized included the role of midwives in maternal and child health, health promotion and disease prevention, reproductive health, perinatal mental health, education and career development, the use of digital technology, and systemic challenges. The synthesis was done argumentatively by linking empirical evidence and theoretical concepts to answer the research questions in the introduction section.

RESULTS AND DISCUSSION

1. The Role of Midwives in Improving Maternal and Child Health in the Community

The role of midwives in improving maternal and child health starts from preconception, antenatal care, childbirth, postpartum, to neonatal and infant stages. During the antenatal phase, midwives carry out pregnancy check-ups, nutrition counseling, anemia screening, identification of danger signs, birth preparation education, and referral planning. These interventions are important because obstetric complications can often be reduced through early detection and timely referral. Global evidence shows that coverage of midwife services meeting international standards is linked to improved maternal and neonatal outcomes (Nove et al., 2021; WHO, 2021).

At the community level, midwives act as a bridge between families and healthcare facilities. In many cases, the decision to seek care isn't just based on medical symptoms, but also on family norms, costs, distance, trust in the facility,

and previous service experiences. Midwives can help reduce delays in decision-making by providing education early in pregnancy about danger signs, transportation, blood donors, and safe delivery options. This role addresses public health needs by lowering the risk of death related to the first, second, and third delays in getting obstetric care (Ginting et al., 2025; Purnama et al., 2020).

The role of midwives in childbirth isn't just about performing clinical tasks, but also about keeping the birth process safe, natural, and dignified. Skilled midwives can monitor how labor is progressing, spot any complications, provide emotional support, avoid unnecessary interventions, and refer if things go beyond their expertise. The caseload or continuity of midwifery care model shows potential benefits for women's experiences, satisfaction, and some clinical outcomes, but it requires a realistic service design so it doesn't disproportionately increase the midwives' workload (Bradford et al., 2022; Wassén et al., 2023).

After childbirth, midwives play a key role in monitoring postpartum mothers and newborns. Postnatal visits make it possible to keep track of bleeding, infections, blood pressure, physical recovery, breastfeeding, mother-baby bonding, and neonatal warning signs. During this period, midwives can also support exclusive breastfeeding, immunizations, umbilical cord care, and postpartum family planning. This approach shows that a midwife's contribution to child health doesn't stop at birth but continues to lay the foundation for early life health (Aprilina et al., 2021; Machdalena et al., 2025).

The Indonesian context, with its geographical and socio-cultural diversity, highlights the importance of community midwives. In remote areas, midwives are often the most accessible health workers. However, their effectiveness depends on support with tools, essential medicines, referral systems, communication with health centers and hospitals, as well as clinical supervision. So, just increasing the number of midwives isn't enough; policies need to ensure a practice environment that allows midwives to perform their skills safely and fully (Azzahra et al., 2026; Friesen et al., 2025; Hayati, 2025).

2. The Role of Midwives in Disease Prevention and Health Promotion in the Community

Disease prevention is at the heart of a midwife's public health role. Through antenatal check-ups, midwives screen for risks like anemia, high blood pressure, preeclampsia, gestational diabetes, infections, malnutrition, and mental health issues. Early detection increases the chances of intervention before conditions develop into serious complications. This preventive role positions midwives as gatekeepers of primary care services as well as community-based surveillance actors (Armini et al., 2025; Ismainar, 2020; Marinta et al., 2026; Sari et al., 2025).

In health promotion, midwives provide information about balanced nutrition, iron tablet intake, safe physical activities, clean living habits, signs of danger during pregnancy, breastfeeding preparation, family planning, and baby care. This education is effective when done through two-way communication, in local language that is easy to understand, and takes into account the role of partners and family. This perspective is important because maternal health

decisions are often influenced by husbands, parents, in-laws, and community norms, rather than by the mother alone.

Midwives also contribute to preventing infectious diseases through immunization, hygiene education, HIV and sexually transmitted infection prevention, and encouraging regular check-ups. At the same time, midwives have the potential to expand non-communicable disease prevention by checking blood pressure, providing lifestyle counseling, promoting physical activity, and educating reproductive-age women about the risks of diabetes or obesity. This way, the role of midwives is becoming increasingly relevant as the epidemiology shifts from infectious diseases to a double burden of illness.

Preventing stunting is also closely related to midwifery practices. Midwives play a role in educating pregnant women about nutrition, preventing anemia, monitoring growth, counseling on breastfeeding and complementary feeding, and identifying at-risk families. Interventions during the first 1,000 days of life require continuity between pregnancy, childbirth, neonatal care, and early parenting services. Since midwives are at the starting point of the life cycle, their contribution is very strategic in breaking the intergenerational malnutrition chain (Bhutta et al., 2020; Keats et al., 2021).

Health promotion carried out by midwives should not be seen as one-way counseling, but rather as an empowerment process. Midwives need to help families understand risks, make choices, and overcome practical obstacles. When midwives are involved in activities like posyandu, prenatal classes, home visits, and community forums, health messages become more contextual and sustainable. This is why midwives can be agents of health behavior change at the community level.

3. Midwives, Reproductive Health, and Family Planning

Midwives contribute a lot to reproductive health, covering everything from teen counseling, premarital education, family planning, pregnancy check-ups, postpartum care, to referrals for reproductive issues. In family planning, midwives help women and couples understand contraception options, effectiveness, side effects, contraindications, and suitability for their reproductive needs. Good counseling should be non-coercive, respect users' choices, and ensure informed decision-making (Juwita et al., 2023; Khoirunisa & Sovia, 2025; Kusuma et al., 2025).

Midwives can also help reduce unplanned pregnancies and birth intervals that are too close together. Both of these are linked to health risks for mothers and babies, family economic burdens, and women's education opportunities. Evidence on task sharing shows that giving authority to trained professionals like midwives and nurses can expand access to contraception if accompanied by competency standards and quality control systems (Ouedraogo et al., 2021).

In the context of Indonesia, midwives have long been important providers of modern family planning services. Demographic survey-based studies show that midwives act as key drivers of contraceptive access, especially for women who need services close to where they live (Lai & Tey, 2022). However, this role needs to be supported with a steady supply of contraceptives, skills updates,

proper record-keeping, and counseling abilities that are sensitive to age, marital status, parity, disability, and social vulnerabilities.

4. Midwives and Perinatal Mental Health

Perinatal mental health issues often go unnoticed because of stigma, lack of mental health literacy, and the belief that feeling sad or anxious after giving birth is normal. Midwives have a great opportunity to notice emotional changes in mothers during antenatal and postnatal visits. Screening with validated tools like the Edinburgh Postnatal Depression Scale can help with early identification, but screening results should be followed up with empathetic conversations and clear referrals (Levis et al., 2020).

Midwife support can include listening to the mother's complaints, providing education on psychological changes, involving the partner, easing feelings of guilt, and connecting the mother with follow-up services. In communities that still stigmatize mental disorders, midwives can be an important bridge to normalize seeking help. However, midwives need training and supervision to be able to distinguish basic psychosocial support from conditions that require specialized professional intervention (Bauer et al., 2022; Dubreucq et al., 2024).

Integrating perinatal mental health into midwifery services is a realistic strategy because it builds on existing regular contact. However, this integration shouldn't just end up adding more tasks for midwives. The healthcare system needs to provide guidelines, referral pathways, access to psychologists or psychiatrists, follow-up mechanisms, and support for midwives handling complex cases. That way, midwives become part of a service network, rather than the sole person responsible for a mother's mental health (Syaputra et al., 2020).

5. Education, Career, and Leadership of Midwives as the Foundation of Service Quality

Competency-based midwifery education is the main foundation for the quality of services. A curriculum that only focuses on clinical skills is no longer enough because midwives also need to be able to do health promotion, risk communication, early detection, data recording, teamwork, advocacy, and make use of technology. The ICM education standards put practice, ethics, research, and leadership competencies as an integral part of midwifery education (ICM, 2025).

Continuous professional development needs to be designed based on practice needs. Midwives in remote areas need training in maternal-neonatal emergency care, referral communication, using simple tools, teleconsultation, and community program management. Midwives in urban facilities might need more training in respectful maternity care, team coordination, and managing high-volume services. These context differences show that midwife training needs to be based on local needs and service quality data, not administratively uniform (Athira et al., 2025; Friesen et al., 2025; Lunda et al., 2024).

Midwife leadership is needed so that field experience can be incorporated into policy. When midwives are involved in planning maternal and child health programs, referral systems, digitalization, and quality evaluation, policies become closer to the needs of service users. Leadership also strengthens

professional autonomy and a sense of ownership over service changes. Midwifery leadership guidelines emphasize the need for formal structures that give midwives space in decision-making at all levels of the health system (ICM, 2022; Lewis, 2025).

6. Digital Technology and Opportunities for Transforming Community Services

Telehealth dan teknologi digital membuka peluang besar untuk memperluas jangkauan layanan bidan. Konsultasi jarak jauh, pengingat jadwal kunjungan, pemantauan tekanan darah, edukasi melalui pesan singkat, dan sistem rujukan elektronik dapat mengurangi hambatan jarak serta mempercepat respons. Studi global selama pandemi menunjukkan bahwa telemedicine digunakan luas dalam layanan maternal dan neonatal, tetapi implementasinya sering tidak disertai pedoman, pelatihan, atau infrastruktur yang setara (DeNicola et al., 2020; Galle et al., 2021; Medani et al., 2025).

Telehealth and digital technology open up huge opportunities to expand midwifery services. Remote consultations, appointment reminders, blood pressure monitoring, education via text messages, and electronic referral systems can reduce distance barriers and speed up responses. Global studies during the pandemic show that telemedicine has been widely used in maternal and newborn services, but its implementation often comes without proper guidelines, training, or comparable infrastructure (DeNicola et al., 2020; Galle et al., 2021; Medani et al., 2025).

The main risk of digitalization is unequal access. Mothers who don't have devices, internet data, digital literacy, or private space can be left behind. Besides that, reproductive health data security should be a concern since information about pregnancy, contraception, and mental health is sensitive. For this reason, digital transformation in midwifery must be accompanied by data protection policies, digital ethics training, and service designs that are inclusive for vulnerable groups (Janes et al., 2025; Peahl et al., 2020, 2021).

7. Systemic Challenges and Strategies to Strengthen the Role of Midwives

The first challenge is the shortage and uneven distribution of midwives. Global reports show that the shortage of midwifery services is still significant, with a shortage of midwives being the main component (Hoope-Bender et al., 2022; WHO et al., 2021). This shortage affects workload, limits consultation time, impacts the quality of education, and delays services. Strengthening strategies should include region-based workforce planning, incentives for hard-to-reach areas, and workplace safety protection (Gausman et al., 2023).

The second challenge is that the practice environment doesn't always support midwives' authority. Midwives may be competent, but it's not effective if there aren't tools, medicine, ambulances, referral communication, doctor support, or clear regulations. So, investing in midwives should include creating an enabling environment: regulations, facilities, referral systems, data, supervision, financing, and an organizational culture that values interprofessional practice (Nainggolan, 2025; Schulz & Wirtz, 2025).

The third challenge is the risk of burnout and low retention. Heavy workloads, emotional demands, lack of recognition, and administrative pressures can lower midwives' job satisfaction. Research on midwives' job

satisfaction highlights the importance of measuring and implementing organizational interventions to keep staff (Wangler et al., 2022). Retention strategies should include career paths, supportive supervision, training opportunities, psychological support, and involving midwives in workplace decisions (Friesen et al., 2025).

The fourth challenge is the need for interprofessional collaboration. Midwives can't handle obstetric complications, neonatal problems, severe mental health issues, gender-based violence, or chronic diseases on their own. Working together with doctors, nurses, nutritionists, psychologists, community health workers, social workers, and community leaders is necessary to provide comprehensive services. Good collaboration also strengthens referral systems and reduces service fragmentation (Nainggolan, 2025; Schulz & Wirtz, 2025).

Strengthening the role of midwives should combine a professional and system approach. At the professional level, quality education, competency standards, certification, mentoring, and leadership are needed. At the system level, financing, workforce distribution, facilities, digitization, data integration, and accountability mechanisms are required. At the community level, women's empowerment, family support, health literacy, and respect for local culture aligned with maternal-child safety are important. It's the combination of these three levels that enables midwives to become actors of public health transformation (Handayani, 2017; Lassi et al., 2014; Parwati et al., 2025).

CONCLUSIONS AND RECOMMENDATIONS

Midwives play a strategic role in public health because they are at the intersection of clinical services, families, communities, and the health system. Their role includes improving maternal and child health, preventing diseases, promoting health, reproductive health, early risk detection, assisting in childbirth, postpartum care, breastfeeding support, and referrals. With such a wide range of functions, midwives should be seen as key players in primary care services, not just as birth attendants.

Literature review shows that midwives' contribution to maternal and child health is at its best when they have quality education, clear authority, strong regulations, facility support, and integration with the referral system. The continuity of midwifery care model highlights the importance of ongoing relationships between midwives and women, as these relationships can boost trust, satisfaction, risk detection, and service coordination. However, this model needs to be designed with attention to staff availability and workload so it doesn't create extra pressure for midwives.

The role of midwives in health promotion and disease prevention is becoming increasingly relevant amid the double burden of diseases, unequal access, and the need to strengthen community-based services. Midwives can support immunizations, prevent anemia, stunting, family planning, perinatal mental health, and detect non-communicable diseases in women of reproductive age. In this context, personal and trust-based health communication becomes a key strength of midwives as agents of behavior change in the community.

Digital technology provides opportunities to strengthen the reach and continuity of midwifery services, especially in remote areas. However, digitalization should be seen as a supportive tool, not a replacement for the clinical and social relationship between midwives and mothers. Implementing technology needs to be accompanied by training, guidelines, data protection, and attention to access gaps so it doesn't widen health inequalities.

From a policy perspective, strengthening midwives requires a comprehensive investment in education, employment, leadership, and service provision. Policies that only increase the number of midwives without improving the practice environment, referral systems, job welfare, and career opportunities won't lead to meaningful change. Midwives need to have space in planning, implementing, and evaluating public health programs so that policies better meet the needs of women, babies, families, and communities.

Future research is recommended to evaluate the effectiveness of the continuity of midwifery care model in the Indonesian context, the impact of digital health on access and quality of midwifery services, strategies for retaining midwives in remote areas, integration of perinatal mental health into primary care, as well as midwifery leadership models in public health governance. Qualitative research, implementation studies, and policy evaluations will be very important to explain how the role of midwives can realistically be strengthened in a diverse health system.

FURTHER STUDY

This study has limitations; therefore, further research on the topic "The Strategic Role of Midwives in Public Health Transformation: A Look at Maternal and Child Health Services and Health Promotion" is needed to refine the study and broaden the insights of both the author and the reader.

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