



THE MOTHER AND THE FUNCTIONAL LIFE OF THE CHURCHⁱ

Eugenia Bazaniⁱⁱ

Director,
13th Primary School of Chalandri,
Greece

Abstract:

The Greek midwife, the person of the Virgin Mary and God, this good and charismatic personality, truly dedicated to her Midwifery art, stood on the highest pedestal of esteem, something that required bravery in those bad times, where means and technological assistance were lacking. Until the Renaissance, medieval prejudices prevailed regarding obstetric and gynecological issues, which were left in the hands of practical midwives with little or no education. Thus, Medicine was forced to deal with Obstetrics and Gynecology and take radical positions on the problems of women's health. The midwife, with her continuous education, excellent technical training and dedication to her duty, has an extremely important role in the health education not only of the patients, but also within the family and the community. Today, due to the rapid socio-economic changes, the conditions in the field of health have changed radically. We must not forget that midwives have rights and these are sacred, because their life is hard and responsible.

Keywords: midwifery, childbirth, Panagia, Leto

Περίληψη:

Η Ελληνίδα μαία, ο άνθρωπος της Παναγίας και του Θεού, η καλή και χαρισματική αυτή προσωπικότητα, η αφοσιωμένη αληθινά στη Μαιευτική της τέχνη, στεκόταν στο υψηλότερο βάθρο της εκτίμησης, κάτι που απαιτούσε γενναιότητα σε εκείνες τις άσχημες εποχές, όπου έλειπαν τα μέσα και η τεχνολογική βοήθεια. Μέχρι την εποχή της Αναγέννησης επικρατούσαν μεσαιωνικές προκαταλήψεις όσον αφορά τα μαιευτικά και γυναικολογικά θέματα, τα οποία είχαν αφεθεί στα χέρια πρακτικών μαιών με ασήμαντη ή καθόλου μόρφωση. Έτσι, η Ιατρική αναγκάστηκε να ασχοληθεί με τη Μαιευτική και τη Γυναικολογία και να πάρει ριζοσπαστικές θέσεις για τα προβλήματα της γυναικείας υγείας. Η μαία με τη συνεχή επιμόρφωση, την άρτια τεχνική κατάρτιση και την αφοσίωση στο καθήκον της, έχει έναν εξαιρετικά σπουδαίο ρόλο στην υγειονομική διαφώτιση όχι μόνο των ασθενών, αλλά και μέσα

ⁱ Η ΜΑΙΑ ΚΑΙ Η ΛΕΙΤΟΥΡΓΙΚΗ ΖΩΗ ΤΗΣ ΕΚΚΛΗΣΙΑΣ

ⁱⁱ Correspondence: email mpazaneueugenia@gmail.com

στην οικογένεια και στην κοινότητα. Σήμερα λόγω των ραγδαίων κοινωνικοοικονομικών μεταβολών οι συνθήκες στο χώρο της υγείας έχουν αλλάξει ριζικά. Δεν πρέπει να λησμονούμε, ότι οι μαίες έχουν δικαιώματα κι αυτά είναι ιερά, γιατί η ζωή τους είναι σκληρή και υπεύθυνη.

Λέξεις-κλειδιά: μαιευτική τέχνη, τοκετός, Παναγία, Λητώ

1. Introduction

The midwife is a function and a ministry of the highest social and spiritual value. The Greek midwife, this wonderful priestess, the person of the Virgin Mary and of God, this good and charismatic personality, truly dedicated to her Midwifery art, stood on the highest pedestal of esteem, something that required bravery in those bad times, when means and technological assistance were lacking.

It is no coincidence that the wise choice and evaluation of the ancient Greeks had deified the midwife. Nor is it a coincidence that the strict Jewish law excluded her work from the *"Sabbath Holiday"*. We can trace her presence and her development to mythical times and past centuries. Homer, in the *"Odyssey"*, mentions the midwife, daughter of Atlas and Pleione, as the eldest of the seven Pleiades. The *"pain-bearer"* Eileithyia, goddess of childbirth, daughter of Zeus and Hera, was born in a cave in Amnisos, Crete, where it was also the main place of her worship. Homer mentions this cave: *"Stand not in Amnisos, Othes, the place of Eileithyia."*

2. Historical review

The moment that unites the human race with eternity, was absolutely connected with the feminine presence. The woman gives birth, has the greatest privilege, but also the greatest responsibility, she is the nest of life. From the depths of Mythology, to our days another feminine presence, the midwife, frames the daily but also uniquely unrepeatable miracle of birth. Our tragic poet, Euripides, writes: *"Woe to me if three times a shield of luck or once a child is born."*

The greatest philosopher of all time, Socrates, impressed by the art of his midwife mother Phaenaretos, was inspired by this famous midwifery method with which he tries to investigate the truth of beings. This method cannot be conceived by human thought but is a divine revelation that tells us that human life is a creation of God.

It is not difficult to understand why women from ancient times have taken on the mission of helping women in childbirth. In Greek mythology, Leto, persecuted, alone and helpless, tries to give birth to Apollo and Artemis on Delos, until the goddess Eleuthero appears, after tricking the goddess Hera, who out of jealousy kept her locked up on Mount Olympus, so that she would not help Leto. *"I am afraid of Odin. The arrow of Eleuthero is sharp,"* writes Theocritus. The labor pains immediately intensify. Leto embraces the trunk of the phoenix, lets out a loud cry and Apollo is born, followed by the birth of Artemis.

Midwife, then, modest priestess, a bright star shining in the sky, as the first and most beautiful daughter of the seven daughters of Atlas. Goddess Midwife, Eleftho, Elithho and other names stem from the warm prayer of the woman in labor: “Come! Come!” And from the mythology of the Egyptians, Indians and Chinese it is concluded that childbirth was in the hands of women. In Saida, Egypt, there were schools from 4000 BC to 2430 BC, where midwives were trained (Papazachariaki, 2000:9).

In the Old Testament it is mentioned that a midwife was present at the birth of Rachel and Tamar. With the birth of Christ, women found a new support in the person of the Virgin Mary. They beg her to liberate them and call her “*Virgin Mary the Liberator*”. The pregnant woman finds mental and moral help in religion. The Virgin Mary is considered the archetype of the ideal woman and mother and her respect is focused on her to help and protect her (Zachou & Tzachrista, 1996:123).

In the 2nd century AD, the most famous gynecologist, Soranus of Ephesus, defined for the first time “*who a Midwife should be*”. He wrote: “*The one who is capable of becoming a Midwife is the one who is literate, the one who is intelligent, the one who has a strong memory. The one who is hardworking and decent and in general the one who has strong senses, is able-bodied and lively*”. He urged women to call the excellent midwife, who, in addition to her real abilities, maintains her composure in difficult cases, is prudent, sober, restrained, unselfish and does not overlook the interests of the woman.

However, in Greek historical antiquity, which created the name midwife, there is no doubt that women assisted in childbirth, and this was also done in ancient Rome and Byzantium (Lourou, 1963:258). In 321 AD, Constantine the Great, in one of his greatest legislative works, presented provisions concerning the “*Free Professions*”. The free professions included teachers, lawyers, doctors, and midwives. During the siege of Pergamum by the Arabs in 717 AD, the historians Theophanes and Patriarch Nikephoros refer in detail to the horrific removal of a child by caesarean section, for reasons of witchcraft, and in fact, the capture of the city by the Arabs was considered a punishment. Until the Renaissance, medieval prejudices prevailed regarding obstetric and gynecological issues, which were left in the hands of practical midwives with little or no education. Thus, Medicine was forced to deal with Obstetrics and Gynecology and to take radical positions on the problems of women's health. Midwifery in the 17th century is defined by a female figure, Justine Siegemundin, who wrote corresponding books on Obstetrics in simple language, from which we learn about the practices of that time. At the end of the 17th century and during the 18th, Surgery acquired a strong position.

In the 19th century, the need to establish closed hospitals increased, where human material for treatment was gathered, thus facilitating and completing the practical training of midwives. However, the trainees, knowing nothing about the application of simple means of cleanliness and disinfection, became the cause of the development of infections and mainly of puerperal fever. In an edition of “*Practical Medicine*” by the medical teacher Pyrrhus of Thetталos in 1870, very interesting things were mentioned about the role of the midwife and the perceptions at that time.

After shaking off the Turkish yoke, the newly established Greek state very quickly began to study the issue of midwife training. In 1834, midwifery was officially recognized

by Royal Decree and in 1838 the first School of Midwives began operating at the “*Public Maternity Hospital of Athens*” and which very quickly evolved into the Higher School of Midwives of the “*Alexandra*” Maternity Hospital (Papazachariaki, 2000:11).

3. Definition of midwife

Since the dawn of human history on earth, the midwife was the person who helped man in his birth, which is why she was identified with childbirth and deserved to become the most respected person in society after the priest. The pregnant woman, the laboring woman and the postpartum woman had always been identified in one and the same person, who was none other than the midwife, who with compassion, pain, suffering, joy, perseverance and hope helped in every way in the survival of our Nation by participating in the joys and sorrows of the long history of our race. The destiny of the midwife is the new life, the new man, the tender creature, who like an admirable priestess of nature will bring with her hands into the world, to step on mother earth with her feet. A midwife is a person who has been duly admitted and has attended a midwifery training program recognized in the country to which she belongs, has successfully completed the midwifery curriculum and has the qualifications required to practice midwifery. This is the international definition of a midwife, which has been accepted by the International Confederation of Midwives (1972) and the International Federation of Obstetricians and Gynecologists (1973) (Dimopoulou, 2004:53).

The midwife must be able to provide supervision, care and advice to women during pregnancy, labor and the puerperium, to perform deliveries under her own responsibility and to care for the newborn and the infant. This care includes preventive measures, diagnosis of abnormalities in the mother and child, calling for medical assistance and carrying out emergency measures in the absence of medical assistance.

4. The purpose and mission of the midwife

The International Confederation of Midwives defines that the purpose of the midwife is to do an important job: Health Education and Counseling not only for the woman, but also for the family and by extension the community. Because where Midwifery is strong, there the health of women tends to be better and this has a positive effect on families and society (Dimopoulou, 2004:53).

The duty of the midwife is to properly deal with the obligations that stem from her mission, which is to support and help the expectant mother. The laws and rules of law, which have as their mission to regulate the way the midwife behaves, are powerless to substitute the rules of morality. That is why midwives must be upright, that is, think correctly, fairly, honestly, and be distinguished by their upright character, because the conscientious midwife justifies life. Any impermissible compromise or moral retreat would remove the peace of mind and tranquility from the personality of a conscientious midwife.

Every midwife feels that she is close to the high works of God, because she brings the new human being into the light of life and must believe that each birth that she is called to help is a recurring miracle of nature. A conquest for the future midwife is the happy outcome of her effort, that is, to succeed in the work that she has joined and seeks and which is the help of the pregnant woman and the postpartum woman. A justification for the work of the midwife is the good outcome of her effort, that is, to touch and promote the gift of Midwifery with which God endowed her. The moment of the happy end of the birth is her most beautiful moment, because she herself becomes the Creator's helper for the coming into the world of new life.

The proper preparation of the midwife who will fulfill the sacred duty of Midwifery requires not only education, but also a well-formed, complete personality. Not only the necessary scientific knowledge, skills and abilities are sufficient, but the ability to love the woman in labor and the child and the suffering woman in general must possess her heart and soul. The interpersonal communication between a midwife and a woman in labor presupposes love in its most perfect form, with the midwife's cross-participation in the labor pains. The midwife's influence on the pregnant woman is multidimensional. The midwife's subtle sensitivity towards the woman in labor, the deep sense of responsibility, compassion, true care and concern, all of these elevate the midwife's function to the pinnacle and the charisma of altruism and solidarity, making her a collaborator with God.

Human rights, and even more so the right of the fetus to live, are sacred by nature. The midwife must not interrupt the life of the fetus, which grows with care and affection in its mother's womb, but must wish to meet the new life with love, because her conscientiousness justifies her. The firstborn owes his existence to God, to nature, to his mother and to the midwife, because he is saved thanks to her devotion, which constitutes the blossoming and flowering of her soul and heart (Oikonomopoulos, 2000:22).

The moral and ethical qualifications of the midwife are essential, so that by adorning her scientific knowledge with them, she can become truly beneficial to society. These moral qualifications give anyone who decides to join the friendly army of midwives a sense of the great mission of her profession. The midwife is responsible for carrying out the following activities, such as monitoring for the conduct of a normal birth, preparing for parenthood, care during the postpartum period, recognizing signs of complications of a high-risk pregnancy, providing assistance and preventive measures, counseling on breastfeeding as well as providing appropriate advice on the care of the newborn.

A basic prerequisite for the work of a midwife is a deep inner awareness of her great destiny. When this moral root exists, then with her knowledge she produces strong and nutritious fruits. The midwife must be conscientious, unselfish, secretive, modest and not resort to lies. Conscientious, because by correctly and meticulously applying what science asks of her, she will manage to offer the effective and humanitarian assistance of her mission and avoid any complications of pregnancy and childbirth, which would otherwise jeopardize women's health and life.

The midwife must be unselfish, because her work is purely charitable and she is not allowed to be influenced by money. The midwife must be secretive, because her work brings her into contact with family life and the secrets of people who must be respected and modest, because by making herself important either with her words or with her appearance she loses her seriousness, her prestige and the respect of others towards her person. She is also not allowed to resort to lies, because by falsely completing a thermometer chart or by giving some false information, the midwife becomes the cause of enormous damage (Louros, 1963:263). The real midwife must have a “face”, the honored face of the midwife, her moral identity. With her innate moral qualities, which she wants to help in joy and pain, she will rise to the height where science and society have placed her mission and from where only she herself can fall.

5. The role of the midwife in Greek reality

The midwife, with her continuous education, excellent technical training and dedication to her duty, has an extremely important role in health education not only of patients, but also within the family and the community. Her work should include education during pregnancy and preparation of parents, and should extend to certain areas of Gynecology, Family Planning and Child Protection. Midwives practice their function in the Obstetrics and Gynecology clinics of Public Hospitals as well as the Private sector, in PIKPA and branches of IKA, at home and in other Services.

First of all, midwives are needed who will work in collaboration with the woman, so that their actions are appropriate and in harmony with the culture of the family and society. That is why they must come close to them, get to know them, learn their weaknesses, their fears, get to know their desires and choices and thus help them to realize them as much as possible. In addition, they must inform the expectant mother about everything related to the course of childbirth and her own health and that of her child, and strengthen her strength, her self-confidence. Encouragement is the heart of Midwifery. If the midwife creates an atmosphere of love and support, then everything is easy to deal with.

Midwives can have an advisory role for pregnant women. According to Law 2071/1992, every woman has the right to information and to make decisions regarding her own motherhood. It has been proven that the more education a woman has, the greater her awareness and participation in the processes of her birth. And the more she participates, the more positive her feelings are from her childbirth experience later.

If the midwife interrupts human intimacy, trust is lost and the woman questions the results of the acquired knowledge about her body and herself. Dehumanization disrupts physiology, while humanism preserves and strengthens it. This vast Medicine and Technology must definitely rediscover human values, the ability to understand and dialogue, and bridge the sense of life between parents and health professionals.

Midwives must support and perform natural childbirth, because they know that natural childbirth is for the benefit of everyone: the child, the mother, the father, the family, and society in general. Therefore, it is necessary to create the right conditions and

make the hospital spaces more familiar to the woman in labor, safer and more functional, where childbirth will have a greater chance of developing naturally. It requires education, strength of mind and love for natural childbirth, as well as good cooperation with other health professionals, because this will ensure the proper service of women.

Finally, the profile of midwives must be developed through their work, so that it functions as an important and powerful profession in every country and by extension as an international force. Midwives must become capable and responsible towards the pregnant woman, the child, the father, the family. Thus, they help the woman to take the power of birth into her own hands, to experience the birth of her child together with her partner, they urge her to freely let her emotions flood her child, with knowledge but mainly with love and they encourage her to be essentially close to her child (Dimopoulou, 2004:56).

6. The role of the midwife in the past and today

The midwife, whether as a goddess or as a mortal, was born with the birth of the world. She was born of the need for urgent, serious help and support in childbirth. All this mystery of the pains and birth of man created the need for an assistant, a symbol, who could not be a random person, but a wise woman, who was capable, active and intelligent. For many centuries, female anatomy, pregnancy, the process of childbirth and methods of assistance were problems that concerned her exclusively. In the 17th century, the male obstetrician is presented as controlling the practice of obstetrics. He quickly began to slander her work and associate it with magic, superstition and ignorance. Many times, midwives-witches were persecuted or burned alive.

The progress of medical science, born from the intellect and philosophy of man, played a significant role in its development. The heroic figure of Florence Nightingale, who after the Crimean War founded the famous "School of Nursing" in London and decisively influenced not only the form and organization of hospitals, but also the ethos and organization of hospitals, and the ethos and training of midwives, who from then on began to gain prestige, played a significant role in its development.

In Greece, and especially in the countryside, deliveries were performed by empirical or practical midwives, who for many years, with primitive means, under difficult conditions, without any help or state provision, delivered women, truly providing a social service. Her respectful presence next to the woman, as a second mother and support, from pregnancy to the steps of the church to receive the established blessing, was a great mission (Chaniotaki, 1996:108).

The old midwives were so human that they touched the witnesses with their faith, because they had experienced sincerity, honesty and truth. They were always guided by hope, because hope in their lives was born of difficulty, especially in cases of dystocia. That is why midwives must always hope, even in the most painful and difficult childbirth, as well as in the strangest complications of childbirth or the postpartum period. In the old days, people were sentimental and grateful to the midwife. The old midwife was altruistic, humble and frugal towards every patient. She was never selfish,

proud, arrogant or demanding, which is why she enjoyed great respect from the community and society in general.

During the Ottoman period, poor common women would give the midwife, for example, a bar of soap, a towel and a plate of lentils as a reward. For their big hearts, midwives were always in debt. That is why, in common society, the midwife was the most respected person after the priest. The noblewomen would give as a reward a “*white*” (silver thaler) or a gold coin or a barrel of cheese or a “*betouli*” (sheep) or a sack of wheat or a sack of oil. If the child was a boy, she would also receive a “*good gift*” from the father. The old midwife did not know written rules of morality and ethics. She had the unwritten folk law of her conscience, humanity, devotion and love. That is, she was simple and correct and that is why she was successful in childbirth, because she had Divine Grace within her and the Divine Economy as her helper. She felt that she was obedient only to the Supreme Power that creates life and to her moral conscience.

The experienced midwife maintained her respectable position in society for a thousand millennia, with her knowledge transmitted from generation to generation until the last hundred years, when the rapid development of medical science and technology gave the baton to her fellow obstetricians, without however this old faith in the midwife having noticeably receded. But no matter how much medical science progressed, it did not consider it appropriate to penetrate deeply into the human being, into the psycho-synthesis and personality of the woman, as much as the old midwife had achieved by innate disposition and as the modern midwife achieves today, that is, to penetrate deeper into the psychology and personality of the woman and to touch her soul with love, compassion, leniency and human warmth.

Worldwide, there is now a trend and an idea – and today it has become a consciousness among obstetricians and gynecologists – that without the important cooperation of the scientific midwife, doctors literally limp. In our time, modernized obstetricians and gynecologists have a supporter and collaborator, the scientific midwife, who has the ability to more easily approach the pregnant woman, the woman in labor and the postpartum woman, who today need her more than ever.

In the cruelty of every era, there was and still is the counter-force of humanity: the worthy midwife. Midwives may constitute a small minority, but their power is great and is capable of giving courage, faith and certainty that humanity does not die. Modern midwives effectively help pregnant women with their emotional warmth, so that during their pregnancy they can live a life with a calm and kind-hearted disposition and with their worthy hands they bring childbirth to a happy conclusion (Oikonomopoulou, 2000:12).

It would be wonderful if, in a fairer and better organized society, all births were one day to be shared equally, so that well-educated and conscientious midwives would as a rule perform all normal births, and only difficult births would be left in the hands of doctors. In this case, the institution of the midwife should be united with the institution of the nurse and the visiting sister, so that these three specialties together would constitute a multi-powerful sister. Thus, this midwife, nurse and visitor would become a real social worker without a professional mentality.

7. The role of the midwife in Primary Health Care and Family Planning

Primary Health Care is the mainly hospital-based care, covering the health needs of an area of up to 50,000 inhabitants and aims to offer basic health services, as well as other social and preventive services. In particular, the term "*Primary Health Care*" means dealing with the main health problems of the community and providing health promotion, prevention, treatment and rehabilitation. The role of the midwife in Primary Health Care is basic, it constitutes the core of the services and is twofold: her role in relation to the woman who addresses the Primary Health Care services and her role in relation to the Health System. In both cases, her role is advisory, collaborative, directive.

The role of the midwife in relation to the woman should be:

- **Advisory.** She is the person who will advise her on pregnancy, childbirth, motherhood, family planning, prevention and any gynecological or obstetric problems that she may encounter.
- **Collaborative.** She should collaborate with her and understand her needs and the special health problems she may be facing. She should also collaborate with her in painless childbirth classes, so that the results are better.
- **Directive.** She should give the right directions to the woman, that is, for her choice of where to give birth, for the criteria by which she will choose the place, for the way she will give birth, etc. Also, another directive role is, when the woman faces special problems, such as heart disease, then she should recommend the specialized doctor of the Center, so that all these possible pathological conditions can be addressed.

Finally, the role of the midwife in relation to the Health System is fundamental, because she should function as a team for the care of women's health and should be:

- **Consultative.** She should advise and be consulted by other health specialties, but maintain the main responsibility for women's care.
- **Collaborative.** It is the role in which the midwife collaborates with another doctor and together they deal with the care of the woman or the newborn, when complications arise, according to mutual agreement.
- **Directing.** When the situation cannot be dealt with at the Health Center and is characterized as "*high risk*", then she directs her care to a Secondary or Tertiary Health Unit to deal with complications or pathological conditions (Tsilia, 2001:95).

The role of the midwife in Primary Health Care is therefore very important, because she expresses in the best way the services she can offer, according to the philosophy, ethics and legislation of her profession. In addition to nursing care, midwives are responsible for and take care of the psychology of women. Many women in labor get tired, feel discouraged and disappointed. The duty of every midwife is to dedicate some time to these women, to encourage them, to comfort them, to explain to them in detail why certain tests are performed or why they are given medications during their pregnancy (Hatzimichaloglou, 2004:159).

It is worth noting that her role in Family Planning is also primary and multidimensional, which gives midwives the unique opportunity to help women take

initiatives regarding their reproductive and sexual lives, so that they are healthy and well prepared for a desired pregnancy. Midwives as professionals can engage in Family Planning in the following workplaces: Maternity Wards or Obstetrics and Gynecology Departments of hospitals, Private Maternity Wards, Health Centers and IKA and PIKPA Health Services, Family Planning Centers and as freelancers in various organizations, nurseries, etc., that deal with psycho-prophylactic preparation for normal childbirth (Papachristos, 2000:19).

Midwives who work in these services encounter many obstacles that make their work difficult, such as the lack of staff in hospitals, and lead to the degradation of Family Planning Centers and subsequently its policy. For this reason, it is necessary to continuously train executives on a wide variety of social issues and to raise awareness among those responsible in the workplace, so that this institution can be promoted and implemented from one end to the other in Greece. Also, the midwife should become aware of the degree of dedication and volunteerism that the implementation of Family Planning in practice requires.

Today, everyone must realize the responsibility that weighs on the shoulders of midwives, regarding the promotion of this institution, which is the social face and the stronghold of Midwifery, as well as of all Health Professions, whose emblem of existence is the defense of the reproductive health of the population (Papachristos, 2000:166).

8. Specific problems in the practice of midwifery

The rapid biotechnological development in the last twenty years and the great discoveries of Medicine, especially in the field of Obstetrics and Gynecology, have created the impression that they will solve all problems. However, it has discovered a multitude of problems, which have led to tension and disagreements, because they rightly concern doctors, psychologists, sociologists, theologians, politicians and competent social workers.

In Greece, when rural clinics began to operate, no one imagined the enormous importance, the beneficial effect and the literally life-saving mission of midwives for the improvement and raising of the level of the rural population. Our villages suffered from the lack of doctors, midwives and from the exploitation of various practical doctors. Midwives were initially scarce, both because they were few in number and because they preferred large urban centers for reasons of comfortable living. Thus, service in the countryside became mandatory, institutionalized by law, and in order to obtain a license to practice the profession, three years of experience in the countryside was required (Haniotaki, 1996:109).

The rural clinics, initially, were housed in a house as suitable as possible and the births were performed with scientific data. The midwife, at first, due to her advanced age, faced distrust, while the practical midwife was considered experienced, strong, and a strong woman. However, she quickly gained popularity. Her primary role was enlightenment, which is the backbone of the effort to protect motherhood and combat maternal and infant mortality.

The pregnant woman in the village is most often not only ignorant of the elementary rules of hygiene, but – what is worse – she is cultured with various superstitions and habits from which she is difficult to detach herself. In order to eliminate these habits and learn to apply what is right and healthy for the provincial woman, the midwife devoted a lot of time, repetition, perseverance and patience. She had to struggle with the traditional cradle, the anachronistic and dangerous swaddling cloth, the salt and coffee that were put on the child as soon as it was born, and many other things, which required vivid imagination and skill to deal with. Thus, she faced courageously and without serious consequences all the dangerous and unhealthy conditions that prevailed around the provincial maternity ward. The midwife is the first to come face to face with gynecological cancer and enlighten the rural population about the painless and life-saving cytological examination "*according to Papanicolaou*".

In the obstetric clinics of the provincial hospitals, her presence is decisive. The midwives who work there are the trained and experienced assistants of the doctors. However, there are problems here too. Numerically, the obstetricians are so few that they cannot meet the demands of a clinic. Most of the time, the one and only obstetrician had to be in his private clinic and the midwife was faced with serious cases that she had to have strong judgment, a lot of knowledge and experience to cope with.

By law, the inviolable limits of her professional content were the monitoring of normal pregnancy, the performance of normal childbirth, hospitalization and monitoring of normal postpartum period. Beyond these limits, any action and action is an unforgivable act. However, she is the doctor's sole assistant in simple to very serious gynecological procedures, dealing with more difficult cases and intervening where she is not allowed.

Based on the statistical data of the survey on maternal mortality, the highest index is observed in Thrace and Epirus. One of the most basic measures for the reduction of maternal mortality is the increase in the number of midwives in the above regions. The statistical data show that it is necessary to create positions and appoint midwives in these regions. Similar problems are faced by other European countries (Oikonomako & Papazacharaki, 2000:145).

The bioethical responsibility of the midwife is strictly controlled nowadays, because the practice of her specialty is intertwined with various risks, due to the specificity of her profession. Therefore, every medical act of the midwife must not have gaps or omissions, because in this way her responsibility is serious for the patient, but at the same time enormous for her moral conscience. Also, responsibilities may arise if the midwife violates professional secrecy, or if she issues a false certificate. The granting of a certificate, this seemingly simple act, may lead the midwife before the judicial authority. Another example is abortion, which has always been the most frequent reason for midwives to be brought to justice. For example, a midwife is punished if, with the consent of the pregnant woman, she causes the death of a fetus or provides the means for this act. Also, if she acts habitually, she is punished as a felony and is sentenced to a sentence of castration, which can reach ten years.

Abortion may remain unpunished if the pregnant woman who conceived as a result of rape or was incapable of resistance consents, or if it is a case of seduction of a minor or in the case of incest with the father. Also, if the pregnant woman is healthy, but cross-checked prenatal diagnostic laboratory tests establish that there are serious problems with the development of the fetus, abortion is permitted up to the 20th week. Finally, if physical harm occurs to the fetus or newborn, the midwife is responsible.

Another example is childbirth. Even today, childbirth is not an easy obstetric event, because, not infrequently, it can create a serious mental and physical ordeal for the woman in labor, the newborn and the midwife. Within the time of childbirth, every fatal moment for the mother and the child is hidden, which the midwife cannot know. Even normal childbirth can be accompanied by accidents, either due to negligence or omissions and not necessarily due to the midwife's subordination.

Not infrequently, the midwife risks getting involved with the law. This happens when the midwife, despite the use of modern scientific and technological means, promises a happy outcome of the childbirth. In this way, false impressions and expectations are created in the couple who are eagerly awaiting the happy event. While everything is progressing smoothly, they suddenly find themselves faced with an unforeseen complication with immediate danger for the mother and the newborn. The denial of the expectations of the familiar environment, the bitterness, the heartbreak, the despair then finds an outlet in the midwife. From that moment on, they distrust her and accuse her of negligence or poor execution of the birth.

Finally, liability may arise for the midwife who provides the instruments or who is in the operating room and assists in a gynecological or obstetric surgical procedure, not only during the surgical stage, but also during the postoperative stage. This stage concerns the nursing care and attention of the midwife to prevent complications and the lack of cooperation with the obstetric surgeon (Oikonomopoulos, 2000:28). If the moral and ethical rules are observed, which have the sacredness of protecting the inviolability of human life and dignity, the moral, spiritual, scientific and professional character of the midwife will never be tarnished, ensuring complete safety for the mother and the child.

9. Overview of the evolution of midwifery professional education

The theoretical and practical systematic education of midwives in our country became the subject of special state interest and care, which was manifested in 1833 with relevant special legislative regulations, within the framework of the legislation for the organization and practice of the midwifery profession. The education of midwives was gradually upgraded from the lower to the middle and from the middle to the upper level of the entire system of professional education for men and women (Paradaki-Manoura, 2000:151).

The responsibility for establishing obstetric and surgical schools was assigned to the Minister of the Interior by a decree of April 3, 1833. Two years later, on March 18, 1835, another decree was issued *"regarding the establishment of a theoretical and practical*

school", where women who had practiced it empirically until then and those who wished to practice it in the future could be taught Midwifery free of charge.

In 1838, with the decree "*on the establishment of a school for midwives*", an independent School of Midwives was established in Athens for free theoretical and practical training in Midwifery. The students had to be no older than 35 years of age and, if possible, able to read and write "*freely*". The management of the school and the teaching of the courses was assigned to N. Kostis, who had become a professor of Midwifery at the Medical School of the University in 1837. The first university obstetric clinic had only 4 hospital beds.

In 1856, with the law "*on the School of Midwifery*", the following were defined: The students were to be between 18 and 40 years old and able to read and write. The duration of the apprenticeship for learning the theoretical framework of Midwifery and practical training was set at a total of one year. Also, provision was made for a doctor and a midwife to be assistants to the professor.

In addition to the provision of "*group*" midwife training at the Midwifery School, the "*individual*" midwife training system was also recognized by law, as well as the three-year midwifery apprenticeship contract between a "*recognized*" midwife and an interested party to be taught Midwifery empirically. The system of professional training in midwifery with a "*contract*" of midwifery apprenticeship between one and an interested party was maintained for many years.

Since 1892, private obstetric and gynecological clinics have been appearing in Greece. The first mentioned is the "*Alexandros Triantis Clinic*", which taught student midwives with particular zeal, among other things, antiseptic treatment, which at that time had begun to be considered important for medical procedures. By 1910, many clinics had been established, such as those of Andrianakos, Papaioannou, Moretis, Lamas, etc., whose records mention the presence of a midwife during childbirth (Oikonomakos & Papazachariaki, 2000:14).

The attempt to improve the system of training and practice of the midwifery profession was first made at the beginning of our century. With this new system on 29.10.1909, midwives were distinguished into scientists and practitioners, with completely different qualifications and rights. The bases for the method of study, the type of theoretical education, the practical training, the method of examinations and their duties were also determined (Vogiatzaki & Georgakopoulos, 2004:21).

With these new legislative regulations, the duration of the apprenticeship at the Midwifery School was one year and the duration of the practical training at the Maternity Hospital was six months. With the law of 1916, the duration of the training was extended to two years and the relevant practical training to one year. In 1926, at the initiative and expense of the late Elena Eleftheriou Venizelou, née Skylitsi, the "*Marika Iliadi*" Maternity Hospital was founded in Athens and in 1932 the "*Virginia Skylitsi*" Midwifery School attached to it. Their operation was a major milestone in the development of the system of professional education of midwives, because for the first time, the six-year high school diploma was defined as a qualification for admission to the "*Virginia Skylitsi*" School, the

duration of the training became three years and the curriculum was improved. Thus, the truly "*scientific*" education of midwives in Greece was achieved.

The education in the two, now, Midwifery Schools of Athens was "*coordinated*", with the law 2448/1940 which established a unified system of midwifery education (unified curriculum, unified composition of examination committees, etc.). This system did not work, because the two Midwifery Schools suspended their operation during the German occupation.

In 1942, a Third Midwifery School was founded, attached to the Public Maternity Hospital of Thessaloniki, which operated normally from 1947. Also, in 1946 or 1947, a fourth School operated in Rhodes for a short period of two or three years. The N.D. 2593/1953 "*on the practice of the midwifery profession and on the training of midwives*" marked significant progress in the modernization of the legislation and the system of midwifery education. Midwifery Schools were formally classified as an intermediate level of education between secondary (six-year, then, high school) and tertiary (university). Later (1970), they were recognized and formally named "*Higher Schools*".

A new important legislative intervention was made in the system of midwifery education with the N.D. 652/1970 "*on higher technical education centers*". Five KATEs were established (Athens, Thessaloniki, Patras, Larissa and Heraklion) which came under the supervision of the Ministry of Education. Only in the KATEs of Athens and Thessaloniki were Departments of Midwifery established and the duration of study was set at three years. With the entry into force of the new Constitution (1975), the organization and administration of the KA-TEs were modified by law 576/1977 and they were renamed "*Centers of Higher Technical and Vocational Education*" (KATEE), which belong to "*tertiary*" education. Only in the KATEEs of Athens and Thessaloniki were Departments of Midwifery established.

By provisions of law 1404/1983 (TEI), the three Higher Schools of Midwifery and the two Departments of Midwifery of the KATEE were abolished and the three Higher Schools of Midwifery ceased to operate in May 1985. However, they contributed a lot to the professional education of the country's female workforce and to serving the health needs of the female population, by training hundreds of midwives with high-level professional training and ethics.

Thus, the education of midwives is now provided by the Departments of Midwifery of the SEYP-TEI, which (TEI) are state institutions of higher education and are governed by the provisions of the "*unified legislation*" (Paradaki-Manoura, 2000:156). The constantly evolving science, along with the continuous evolution of the role and contribution of the midwife to science and society, presuppose and require a corresponding readjustment in education, professional rehabilitation and working conditions.

10. The midwife and the liturgical life of the Church

It is a fact that today women are not content with their traditional roles of wife, mother, and hostess, and are not limited to being men's "helpers" in their agricultural, livestock-

raising, or other occupations. Important roles, completely tied to the natural idiosyncrasy of their gender, have offered enormous hidden and visible services to the perpetuation, maintenance, and cultural advancement of the world (Fountouli, 1994:300). For this reason, we must emphasize the exceptional presence and social contribution of the midwife in the liturgical work of the Church.

The midwife, whose purpose is to help the mother bring new life into the world as naturally and painlessly as possible, can, without God, stray from her original purpose and be diverted into areas that are dangerous to humans and demonic. This is evident from the first relevant testimony in the Holy Bible, where the midwife and her work are placed under the protection and guidance of God himself.

This is the story of the Old Testament, when the Pharaoh of Egypt, in order to eliminate the Hebrew race, ordered the midwives to kill all newborn boys. *"And the midwives feared God, and did not do as the king of Egypt had commanded, and they delivered the males alive"* (Exodus 1:17). In other words, these midwives defied the command of the secular ruler and with a heroic spirit that only faith in God could inspire them, they gave life instead of killing the children. That is why the Holy Bible, out of all the women of our time, preserves the names of only two heroic midwives, Puah and Zipporah, in order to present them as examples in dealing with similar problems that appear in every era.

This very sacred mission of the midwife, to manipulate and protect the new life in its first beginning, made her always enjoy special honor from society and her work to be considered as sacred and venerable as that of the priest, the doctor and the teacher (Tzerpos, 1996:103). Midwives had a special place, especially in the small village society, precisely because they were necessary and because childbirth, then, was not an easy medical case, as it has evolved today.

For this reason, when once in a mountain village a midwife died, the low room with the closed doors and windows was flooded with the light of a multitude of lit candles. Each woman who came to pay tribute lit as many candles as the number of children the midwife had given birth to. He also repented and kissed her hands (Haniotaki, 1996:108). With this small testimony, it is clear that for many years, with primitive means, under difficult conditions, without any help or state benefits, midwives delivered women, truly offering a social service and honoring them with devotion and respect.

The role of the midwife is humanitarian and her work is considered sacred. Midwives practiced the profession *"for their souls"* and not for the money they would receive. When the pregnancy was nearing its end, they notified the midwife so that she would always be at the crucial moment. Among her duties were to arrange the room where the birth would take place, to light a large fire so that the space would be warm – so that the woman could give birth more easily – and to boil the water that would be used to wash the mother.

During the pains, she helped the pregnant woman, placing her in a suitable position and encouraged her not to lose her courage and strength. The midwife placed the *"left-sided mouthpieces"* in the mouth of the woman in labor, which were large dark wooden objects. The woman in labor held them tightly between her lips and teeth, and

was thus forced to exhale the air inhaled through her nose through the small hole in the birth canal, especially during labor.

As soon as the newborn “emerged” from the mother’s body, she would take it, tie the umbilical cord with a thread and cut it at a distance of two fingers from its base. The umbilical cord, because it is associated with a new life, is considered sacred. In many places it is kept as an amulet, to protect the child’s personality and to perpetuate its lively relationship with the family. The mother’s breasts, “*the source of the newborn’s nourishment*”, must be covered when she breastfeeds the child. For this reason, she wears an amulet on her chest, the “*gazo-petra*” or “*stone of Panagia Galaktiani*” (galactite stone). Immediately after the birth, the mother’s family offers a special meal – the “*table of the Virgin Mary*” in honor of the Mother of God and protector of birth, in which the midwife and those who attended the birth take part (Zachou & Tzachrista, 1996:125).

Throughout history, there have certainly been unfortunate moments when misrepresentation, combined with ignorance, prejudice and superstition, have often threatened to distort the spiritual physiognomy of the midwife and diminish the importance of her mission. This is evident in an ancient pagan and Jewish concept that survives to this day and which, unfortunately, in years of ignorance and decadence has also infiltrated these liturgical books of our Church. According to this concept, both the woman in labor and the midwife are considered to be morally defiled throughout the entire process of childbirth. This is why they are in need of purification and forgiveness before their reintegration into the community of the worshipping Church. However, in Christ “*the old things have passed away, and behold, all things have become common*” (2 Cor. 5:17) and “*to the pure all things are pure,*” the Holy Gospel tells us.

That is why what is mentioned in our genuine liturgical tradition about the midwife can be nothing more than wishes and prayers that God may enlighten her and protect her from all evil in the difficult work she performs. The Church gives special honor to the midwife when it allows her to hold the infant, instead of the mother, and to assist the priest during his baptism (Tzerpos, 1996:103). This further emphasizes her value and her work, as it elevates her to the level of a collaborator with God himself, in the mystery of the new life that Christ brought into the world.

Midwives believed in the sanctity of the Divine Economy, because they believed that during the difficult labor, every fatal moment for the mother and child was hidden, which of course, they could not always predict or know. Therefore, before starting the labor procedures, they reverently brought the icon of the Virgin Mary or Saint Eleftherios next to the woman in labor and put the “*hand of the Virgin Mary*”, the plant “*teuftrio to polio*” (the midwife’s folk biological timer) in a glass of water, while at the same time they opened all the cupboards or untied all the knots, to avoid dystocia or they washed their hands with holy water and raki.

Despite the fact that they had courage, boldness and bravery in every difficulty, in order to overcome the obstacle, they prayed the “*Our Father*” three times or repeated from the Gospel “*I believe, Lord, help me in my unbelief*”, that is, what the man in the parable asked for: the strengthening of his faith by Christ so that his child could be saved. This phrase is known in the popular language as the “*maid’s plea*”. In this way they sought to

achieve the complete annihilation of themselves, because in this way they believed that they were becoming collaborators with God and that it would allow them to bring the birth to a successful conclusion (Oikonomopoulou, 2000:7).

According to the liturgical life of the Church, on the eighth day after birth, the child is brought to the temple by the midwife and given a name. One can conclude that this is an old prayer that is found in all manuscripts. With this prayer, the priest aims to seal the newborn infant with the sign of the cross on the main parts of his body (forehead, mouth, chest) (Trembela, 1950:263).

The infant is brought in by the midwife and not by his mother, who, as a woman in labor, is not allowed to enter the entrance of the temple, because she is considered unclean (Trembela, 1950:265). The newborn is then placed on the ground by the midwife. The priest before the gates of the temple says: *"Blessed, the Trisagion, the Panagia Trias, Our Father, What is yours, Apolytikion of the day or of the Iachontis saint, The embassy, O Lord"*. So, when he makes the usual prayer before the gates of the temple, he seals the forehead, mouth, and chest of the infant and thus apollo-ts (Trembela, 1950:324).

The prayers mentioned in the midwife are as follows: *"Lord, Lord our God, who through your indwelling word ... Goar pag. 263"*.

"Lord, Lord our God, the only sinless one, the rich in mercy and compassion, the one who does not will the death of the sinner, as you have turned him and given him life, accept the repentance of your servant, who is suffering, and heal her wounds, and grant that she may approach your holy church with fear and love and approach your immaculate mysteries, and make her worthy to glorify you with pleasure always. That the most honorable is blessed and glorified ... The most honorable, and there is absolution" (Dmitrievskij, & Olms, 1965:455).

"Lord, Lord our God, who does not will the death of the sinner, but returns him and gives him life...". "Lord, Lord our God, who gives life to your incarnate word ... Goar pag. 263. This Lord, bless your servant in suffering and accept her repentance and make her worthy to enter through the honorable presbytery and the entrance of the Divine temple. That you are a merciful and loving God and to you we send up glory ...". "O Lord our God, who gives grace and blesses, who protects infants by those who receive them, as you blessed Salome, the midwife of Moses. May he also bless your servant, the one who is suffering, because you, Lord, have shown this midwife by the infants born by you, and make this your servant worthy to enter through the honorable presbytery, with which glory, dominion, honor and worship befit you to the Father and the Son" (Dmitrievskij, & Olms, 1965:585).

"Peace to all. We pray to the Lord. Lord our God, who was born for the salvation of the human race. ... Goar pag. 287. And incense the house where the lecho lies and sprinkle it with the water of the Holy Epiphanies and perform absolution" (Dmitrievskij, & Olms, 1965:755).

"Lord Lord our God, who does not want the death of the sinner." "Lord our God, who created all things by your essence ... Goar pag. 263. And the absolution is thus performed. Christ, born in a cave and laid in a manger, our true God, is the ambassador of his all-holy Mother, of the holy hieromartyr Eleftherios and of all the saints" (Dmitrievskij, & Olms, 1965:859).

With these prayers, the priest begs the Lord, who is the only sinless one and does not want the death of a sinner, to lead his servant (the midwife) to repentance, to forgive her sins and with love to participate in the mysteries of the Church, as well as to make her worthy to glorify Him always. The loving Lord, who gives grace and blessing and protects infants, as he blessed the midwife Salome through Moses, so bless the midwife and make her worthy to enter the temple. He also invokes the help of Christ who was born in a cave, of the Virgin Mary, of the holy hieromartyr Eleftherios and of all the saints. Thus, the dismissal takes place.

In another prayer, she implores the Lord who desires the salvation of the human race, incenses the house where the woman is and sprinkles it with the blessing of the holy Epiphany. The midwife's prayers on the eighth day after the birth of the child are the following: *"Lord, Lord God of our fathers, the true bread of our life Goar pag. 264. And the release is made."* (Dmitrievskij, & Olms, 1965:487). *"Lord our God, who was born for the salvation of the human race, have mercy on this your servant."* (Dmitrievskij, & Olms, 1965:788). The priest begs the Lord, who is the true bread of our life and came to us for the salvation of the human race, to visit his handmaid (midwife).

The prayers addressed to women who are near the birthing place at the time of birth are:

"Lord our God, who was created for the salvation of the human race ... Goar pag. 267 of the temple of your glory, wash away from it the filth of the body and the stain of the soul, making it worthy of the communion of your precious body and blood. That you may sanctify and glorify the most holy" (Dmitrievskij, & Olms, 1965:207).

"Lord our God, who, as you said on the screen to the apostle Peter, has legislated all that is impure and unclean, Goar pag. 263 and has made them worthy to enter your holy church without blemish. That you are kind to those who transgress." (Olms, 1965:455).

"Lord our God, the things shown in the veil to the apostle Peter" (Dmitrievskij, & Olms, 1965:630).

"Master Lord God, the only sinless one, the rich in mercy and good in compassion" (Olms, 1965:712).

"Peace to all. We pray to the Lord. Lord our God, the true bread of life, who hast given us your unworthy servants ... Goar pag. 264" (Dmitrievskij, & Olms, 1965:755).

"We pray to the Lord. O Lord our God, who said to Peter the apostle on the screen..."
(Dmitrievskij, & Olms, 1965:852).

"O Lord our God, we beseech you, we beseech you, that you cleanse this, your rescued servant, from every stain..." (Dmitrievskij, & Olms, 1965:929).

With these prayers, the priest begs the Lord, just as He legislated all that is unclean to be clean in the sheet that the apostle Peter saw in a vision, so He may merit women who are about to give birth to enter His holy Church pure. He implores Christ, who is sinless, all-merciful, who gave unworthy servants the true bread of life and who sees their transgressions with sympathy, to save His handmaid and cleanse her from all sin.

11. Conclusions

The midwife is the first person that every person meets at the beginning of their life. The hope, expectation and philosophy of the midwife is to offer personal, scientific, obstetric and gynecological care as well as psychological and emotional support to all women. She is the only health worker who deals exclusively with women.

Today, due to rapid socio-economic changes, the conditions in the health sector have changed radically. We must not forget that midwives have rights and these are sacred, because their life is hard and responsible. The competent state authorities must pay due attention to the problems and future of the midwife and create the appropriate legislative conditions and regulations, so that there is hope that the life of the woman will be better with the decisive help and contribution of the midwife, who is imbued with faith, dignity, honesty, compassion and love for the pregnant woman and the child.

Unfortunately, our era ignores the existing worthy midwives, who work day and night, silently and without significant financial reward for the enormous, titanic but at the same time altruistic work of solidarity with the pregnant woman, the postpartum woman, the infant or the suffering woman.

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About the Author

Evgenia Bazani, Director, 13th Primary School of Chalandri, Greece.

Degrees:

1. Main Degree: Department of Primary Education
2. Additional degrees
 - a) Second university degree Title: Philosophy – Pedagogy and Psychology
 - b) Additional Degree Title: Human Resource Management and Administration
3. Title of Teaching Institution: Marasleio Teaching Institution
4. Postgraduate title. Title: Gender and Religion, National and Kapodistrian University of Athens – Department of Theology
5. First Foreign Language: Title: French DELF (1st Degree & 2nd Degree) Educational Institution: French Embassy
6. Additional Foreign Language Title: English and German
7. Computer Knowledge: Level 1 and 2

Literary and research work:

"The position of women in the society of Mani"

Experience from performing duties:

Pedagogical Institute of Primary Education (01-09-2023 to 26-06-2024)

Director of a school unit (16/11/2007 - 08/08/2011 at the 10th Primary School of Agia Paraskevi, 09/08/2011 - 31/07/2017 at the 5th Primary School of Chalandri, 01/08/2017 - 21/06/2023 at the 3rd Primary School of Vrilissia, 27-06-2024 to 31-07-2027 at the 13th Primary School of Chalandri).

Eugenia Bazani 09-09-2026.

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