Shifting Meanings and Common Perspectives: Maternity Care Practices and Birth Spaces in Greece and in Europe

Myrto Chronaki *Aristotle University of Thessaloniki*
National and Kapodistrian University of Athens **myrto.ch@gmail.com**

Abstract

This paper explores maternity care and its social significations, from hospital birth to the midwifery model emerging in Europe. The theory of the social production of space, the concept of ritual, the philosophy of the midwifery model, and feminist concepts of agency form the theoretical framework of this research, revisited through the lens of semiotics. Established maternity care in Europe is characterised by a doctor-centred approach; however, lately an alternative narrative seems to be emerging, resignifying childbirth as a normal, non-medical event, and supporting the formation of empowered maternal subjectivities. This study suggests that this conceptualisation is created through academic research and professional developments in birth care and birth settings, vocational associations and scientific collaborations, and the actions of volunteer groups operating as evidence-based health activists across Europe, all of which are gaining ground in Greece and Europe, even during the time of the international corona crisis.

Keywords

maternity care, emerging alternatives, collaborations, common perspectives

https://doi.org/10.26262/4ysv-wm18

Introduction

This paper discusses some new developments in maternity care and their social significations. It will examine the changing mentality emerging in research projects, as well as in voluntary or activist organisations in Europe, and the similarities among them. It will thus attempt to draw some conclusions about the principles, the meanings, and social significations they share and promote.

The paper will make a brief comparison between the two main models of birth care, their symbolic significations and social role. Namely, it will discuss the dominant medicalised type and the developing midwifery holistic one. Then, it will present the findings of the author's post-doctoral research on birth centres in Europe and the equivalent home-like birth rooms in Greek maternity clinics. What is of interest is the common aims they have in supporting 'natural childbirth', or non-medical, spontaneous birth (Balaskas, 1991; Odent, 1984; O' Mara, 2003).

The birth space is considered crucial, both literally and symbolically, as it gives material form to the different philosophies of birth. Therefore, it is investigated in three European research programmes, namely COST Action IS1405, COST Action CA18211, and ERASMUS+ 'FirstTouch' (albeit only marginally). Moreover, midwifery care and recent developments in Europe and Greece are discussed with respect to the records of these organisations: the European Network of Childbirth Associations (ENCA), the European Doula Network (EDN), and also La Leche League (LLL), the international breastfeeding support organisation, as it has a very strong presence in Europe.

There are also several other issues and actions common among European countries, such as the definition of, research on, and activism against "obstetric violence" (Mundlos, 2016), the promotion of non-medical birth by state agencies (Royal College of Midwives, 2017), the criticism of over-medicalised birth by official bodies (WHO, 2016), as well the recent COVID-19 crisis and responses by EDN, ENCA and LLLI.

The paper utilises this variety of academic research and professional activities, with the aim to determine whether there is a common approach related to maternity, childbirth management, techno-medicine, and female subjectivities across European organisations and groups. It also investigates their symbolic meanings and social significations in relation to birth care practices and spaces.

Theoretical framework

This investigation on similarities and common meanings in European perinatal care projects is based on the following theoretical concepts: the social production of space (Lefebvre, 1991) at birth or the acknowledgment that space is produced through its interaction with the medical and social processes of childbirth and birth care, forms the theoretical basis of the research. Secondly, the concept of ritual in maternity care (Da-

vis-Floyd, 1992) has been used extensively in the research, as it highlights the symbolic value invested in technoscience/ technomedicine, or the importance of the concept of nature and the power of women in the natural birth model. Furthermore, the philosophy of the midwifery model as expressed by Kitzinger (2000), Kirkham (2003) and the International Confederation of Midwives (2014), stresses that "[m]idwifery care is emancipatory as it protects and enhances the health and social status of women and builds women's self confidence in their ability to cope with childbirth". It is materialised in birth centres and home births. Feminist theory on embodied subjectivity, positionality, motherhood, as well as research on evidence-based health activism (Akrich*et al.*, 2014) are also utilised in the analysis of the volunteer and vocational maternity care-related associations (ENCA, EDN, LLL) and their presence in Europe. Finally, the concepts of fluidity and change (Bauman, 2007) are associated with the formation of European identities; to a large extent, this is what they share, not some stable fixed characteristics.

Semiotic theory underlines all parts of the research, as it offers a tool to identify the way meanings (significations) are created through objects, spatial arrangements, practices and social relationships (signifiers), and how they conveyed to the agencies of action, in this case women and caregivers in maternity care.

Method

This is a tentative report on the current developments in the perinatal landscape of Europe. The first part, the presentation of birth centres, is drawn from the author's post-doctoral research on home-like birth rooms in Greece, and their comparison with birth centres in Western Europe. The research looked at the principles and the meanings regarding their implementation and the way they actually functioned. Birth rooms and clinics spaces were surveyed using images from websites and taking photos on site. Some technical data on the position and size of the clinics, and on financial costs were also collected. The narratives of mothers regarding their expectations and experiences were the most significant part of the findings. The operation of the clinics was evaluated in relation to their adherence to the 'natural' birth model.

The survey of perinatal care professional and voluntary organisations, as well as official EU research programmes is based on data from bibliographical and web sources, enriched by the author's involvement with them, and evaluated by the author's findings as a researcher, and position as an evidence-based birth activist.

Overall, this project is an endeavour related to women's reproductive experiences, so a feminist methodology was adopted, which puts forward the subjectivity of the direct experience of women vs the (purported) objectivity of science.

Background in Europe and in Greece

Medicalisation

Since the middle of the twentieth century, a medicalised, technology-based approach has dominated birth care across Europe. In maternity clinics, the course of birth is controlled by synthetic substances, surgical tools, invasive techniques, and standardised procedures. Women are signified as inert bodies, treated as passive objects, and potentially malfunctioning machines. The female physiological process of birthing is transformed, in a ritual manner, to a controlled techno-medical event (Davis-Floyd, 1992).

The social significations and symbolic meanings of this interventionism and medical control are two-fold: firstly, they downplay the importance of the woman's role and agency, and undermine her self-confidence (Kitzinger, 2000). Secondly, they place value on technology and medicine during birth. Through a series of debatable associations, a positive meaning is ascribed to technomedicine: a. progress is good, b. technology is progress, c. medical equipment and interventions belong to technology, hence medical interventions are good. Hospital buildings, furnishings, lighting, equipment, instruments, surgical methods and tools act as signs for technoscience and its positive social meanings.

'Natural birth' care

However, the signification of techno-obstetrics as positive is being re-written in the last thirty years, and interventionism during birth is under critique. Several practitioners and women are requesting more autonomy and control during birth, and are adopting the 'natural birth' model. A philosophy which defines childbearing as a personal and social occasion, mainly in home births, is gaining ground. The sequence of meanings at home births operates as follows: spontaneous birth in a familiar environment is best for the mother and the baby. Since the atmosphere and the space of the home facilitate natural birth, then the home is an ideal birth setting (provided that medical help is available in case of complications).

This approach carries several meanings: the 'natural birth' ideal restores, practically and symbolically, power and agency to the birthing woman and to the infant; and, to some extent, also to the midwife instead of the medical doctor. It places social value on nature and physiology instead of technology. 'Natural birth' politics is considered to pose a challenge to patriarchal values (Davis-Floyd, 1992).

Hybrid places and methods

Dissatisfaction with the medicalisation of birth, its practices and its meanings, together with mistrust of the safety of home birth, have led to the creation of hybrid settings that have formed a middle ground between home and the hospital: namely, the birth centres.

Nowadays, there are many such places in European countries. Birth care is similarly hybrid, employing non-medical techniques together with a few pharmacological and surgical means employed by midwives (Wertz & Wertz, 1989).

These hybrid places and practices promote hybrid meanings: women are conceptualised as autonomous subjects, but at the same time great value is placed on technomedicine, and the importance of timely intervention.

Meanings of familiarity and security are promoted by the arrangements of birth spaces which resemble homely environments; the relationship with the midwife is seen as very important, so that the woman can feel safe and calm. The connotations of familiarity and security are known to facilitate normal-natural birth. However, in these hybrid places, obstetric intervention is acceptable if necessary. Emotional security together with health safety promote relaxation and trust, and signify a balance of freedom and expertise.

Meanings in context

In maternity care, the same things, places and methods of care, have very different meanings in different models: in hospital obstetrics, technoscience is signified as positive, life-saving, indispensable, and natural spontaneous processes as untrustworthy; in homebirths, this evaluation is reversed, but still some space is given to interventions if they are regarded as necessary. Birth centres adopt essentially the natural birth significations, but with a more positive view on obstetric practices. These differences make it very clear that the meanings/significations of each type of birth care depend not only on their own characteristics, but on their social context too: the social group and the individuals who adopt it.

Spatial issues and perinatal care: a common European perspective?

Birth centres in Europe

Birth centres are a relatively new development in perinatal care (National Health Service, 2016; National Childbirth Trust, 2018). They are institutions that share common characteristics, from the UK to Poland: closeness to the woman's home, small scale size, flexibility, similarity to domestic spaces, a comfortable environment with a family atmosphere, equipment designed to assist the birthing woman, medical technology that is simple and easy to use. These new spaces, and the practices they support promote the midwifery model of holistic birth care (Kirkham, 2003).

Home-like birth rooms in Greece

In Greece, the mentality of medicalised birth is prevalent after almost 60 years since its active promotion by the medical sector, and its endorsement by the state and society in general (Georges, 2008). Childbirth is characterised by intensive interventionism, as seen in the 58% caesarean rate (WHO, 2016).

However, nowadays, there is a trend in favour of the de-medicalisation of birth: maternity clinics and medical professionals have started implementing some changes, including the creation of home-like birth rooms in several (but only private) clinics.

In this section, the perinatal landscape in Greece will be presented, based on the findings of the author's post-doctoral site research. The focus will be on the emerging support for natural birth, especially in seven private clinics in Athens and Thessaloniki. The first one if the *Leto* clinic in Athens, which has a reputation for supporting natural birth; therefore, many women travel long distances to have their baby there. It is located in a residential area, and it is a familiar and friendly environment. It is the first maternity unit in Greece where water birth was offered in 1989. The water birth room (fig. 1) is small but warm and intimate.

Figure 1. Room with birth pool¸ *Leto,* Athens

Eleven years later, a 'home-like' birth room (fig. 2) was created. It is more spacious, with a bathtub, a semi-double bed, a large armchair, with lights that can be dimmed, and home-like features such as a TV set, a cupboard, shelves, towels, pillows and wooden flooring.

Figure 2. Home-like birth room, *Leto,* Athens.

The women who have given birth in this clinic have reported they were satisfied by the environment; however, some of them chose to give birth to their next child at home. Most of them considered maternity practices to be too interventive.

The *Mitera* clinic is another popular facility in Athens; it is one of the oldest private hospitals, and a large institution incorporating a paediatric and a general clinic. The maternity clinic has 12 labour and delivery wards. One of the rooms, a twin room, is used as a single large space. There, the labouring woman may dim the lights, walk around, and lean or kneel on the bed. This clinic has a tradition of supporting Vaginal Birth after Caesarean (VBaC), and even mothers from other towns have travelled there especially for VbaC deliveries. Some doctors and midwives are reported to support women giving birth without any intervention.

The third very popular maternity clinic in Athens, *Iaso*, is the largest (17 birth rooms) and the most expensive one. In 2017 'natural' birth rooms were constructed in its maternity unit. The facilities include birth chairs and stools, birth balls, ropes suspended from the ceiling, yoga mats, a birth pool in one of the rooms, pleasant colours, atmospheric lights and aromatherapy, and ample space for walking around.

In Thessaloniki, there are also four clinics which state that they support 'natural' birth. In *Aghios Loukas*, the rooms are of a moderate size; all of them have an en-suite toilet and shower, natural light and a pleasant view, and at night lights can be dimmed. A birth pool can also be brought into the room (fig. 3).

Figure 3. Room with a birth pool, *Aghios Loukas*, Thessaloniki.

The head midwife has a positive attitude towards natural birth, and VBaC is also an option. The mother is allowed to walk about and choose positions. The father or birth doulas may be present. However, mothers have mentioned that there were many interventions, from labour augmentation to suction of the baby's head.

Geniki Kliniki also has a 'homelike' birth room (fig. 4).

The labour bed is made-up with soft sheets and blankets, the wallpaper is colourful, there is laminate wooden flooring, natural light, soft night lighting, candles, a TV and stereo set, photographs and paintings, the possibility to bring floor mattresses or a birthing ball. However, all the technomedical equipment is on-site: cardiotocography machine, oxygen, vacuum delivery equipment, overhead lights, but they are hidden in cabinets or behind printed curtains.

Figure 4. Home-like birth room, *Geniki Kliniki,* Thessaloniki.

Genesis is the largest and most expensive clinic in Thessaloniki. Birth rooms are of a large size, with beds and birth stools. There is also a built-in birth pool in one of them (fig. 5). All rooms have an en-suite toilet and shower, are naturally lit, but with no view to the exterior. Birthing women have the freedom to be upright, walk around and choose positions.

Monitoring is intermittent, the newborn is handed to the mother straight after birth, and rooming-in and breastfeeding are encouraged. The mothers interviewed reported being satisfied with the birth rooms, especially the pool, and with the birth care they received, considering interventions to be justified or requesting them themselves.

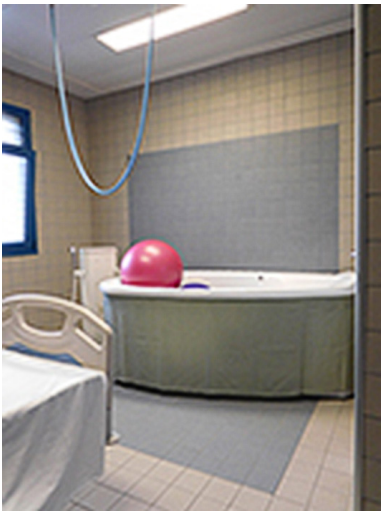

Figure 5. Room with a birth pool, *Genesis,* Thessaloniki.

Biokliniki clinic is situated in a hospital in the centre of Thessaloniki. Two rooms in the postpartum ward were connected to form a twin suite (fig. 6), where escorts can be accommodated. There is natural light, wooden flooring, a bathroom with a shower, a fridge, lights that can be dimmed, candles, a TV and a stereo set.

The women who have given birth there have reported that they had the freedom to move around and give birth in any position they wanted to. Independent midwives coop-

Figure 6. Home-like birth room, *Biokliniki,* Thessaloniki.

erated with the clinic's personnel, and birth doulas were also allowed. Mothers were satisfied with the family atmosphere of the room but considered it rather expensive. In this clinic some interventions (augmentation of labour, epidurals, episiotomy) were also reported, and not all of them were medically justified.

Observations on home like rooms in Greece

Several changes have occurred in maternity facilities in Greece in the last ten years, both in birth care practices and in the spaces where birth takes place. Birth rooms have been modified and practices are becoming more woman-and-baby-friendly. The model is reported to be birth centres in Europe, with which home-like rooms in Greece share several practices and aspirations: they employ the imagery of the bedroom to connote familiarity and promote a sense of security, and permit midwives to have a more important role than what they have in typical clinics.

However, there are several ambiguities and contradictions noted in the operation of 'natural' birth spaces and maternity care methods, contradictions that invalidate, to some degree, the stated aim of supporting 'natural' childbirth. At the same time, they give rise to the question regarding whether the creation of such rooms is truly an at-

tempt at a less clinical approach, or just a means to appropriate the 'natural' birth imagery and vocabulary, while maintaining medical hegemony at birth.

Contradictions between the stated aim of natural birth and the final result of medical interventions have occurred because of contrasts between signifiers, such as birth pools, and signified, that is, non-interventive birth, mainly because of lack of the other signifier, appropriate midwifery care. Thus, natural birth was cancelled in many cases.

Even so, though, the homely spatial arrangements and the application of less medicalised birth practices, if only in a few settings, give several mothers the opportunity to experience an empowering birth, and maternity professionals to acquire knowledge of methods not yet tested in Greece. Despite their limitations, these developments may actually be opening up possibilities for the practical and symbolic de-medicalisation of the entire birth landscape. Birthing women reclaim agency and control, while maintaining emotional security through the technical safety of medical expertise.

Similarities and choices

Regarding the European perinatal landscape as documented in this research project, there seem to be several differences among countries, in relation to both maternity care, birth spaces, societal attitudes, and symbolic meanings. However, there are many similarities too, in women's desire for a non-interventive birth across national borders and healthcare systems. Especially in the current Covid-19 crisis, midwives and researchers across European countries have adopted a common attitude of solidarity and support for birthing women.

The complexity, fluidity, and contradictions that are related to birthing spaces, maternity care practices, and women's responses indicate that the maternity landscape is affected by many factors: women themselves, medical and midwifery professionals, financial factors, such as neoliberal health-care policies, but mainly societal attitudes to the transition to maternity, and notions of personal responsibility, choice and control.

Spatial arrangements and midwifery care create opportunities of increased freedom and women's empowerment. Simultaneously, the contradictions noted invalidate, to some extent, these meanings forming a hybrid signifier, a hybrid meaning. They are themselves signifiers of a fluid situation, a not-yet clearly formed change of paradigm.

Research programmes

Several European research programmes have been investigating perinatal issues, including breastfeeding. The three projects that the author of this article has been involved in, and which are related to the spaces of birth will be briefly presented in this section.

European Cooperation in Science and Technology (COST)

The COST research programme (COST Action IS1405 - Building Intrapartum Research Through Health) that "explores the under-researched area of what makes childbirth go well (as opposed to what makes it go wrong)", was an initiative of academics and researchers from several countries in Europe. "Over 100 scientists, artists, professionals, activists, political stakeholders, and service users from around 30 countries in Europe and beyond" cooperated for about five years. Several collaborations and networking took place, and scientific papers were published as part of the programme. The final conference was held in September 2018 in Lisbon.

In 2019 another COST programme on Perinatal Mental Health and Birth-Related Trauma (COST Action 18211) started, this time focusing on difficult perinatal experiences and psychological trauma. Many European countries are taking part in this project again, including participants from the previous one. The main aim is quite similar: to promote networking and cooperation amon researchers and practitioners in Europe, in order to promote positive birth experiences of women, their babies, and families.

These programmes have not had much of an effect on maternity practices yet. But the fact that academics are investigating these issues signifies that there is movement for change in research, and in practice. There seems to be a paradigm being formed that could affect the perinatal landscape in the immediate future. Thoughts precede actions; in fact, they *are* actions for change.

ERASMUS+ First Touch

This project relies upon the co-operation among midwives, obstetricians, doulas, and other birth professionals, such as perinatal psychologists. The research examines professional knowledge, attitudes, and behaviour of midwives, birth preferences and care evaluation of pregnant women, traditional midwifery, childbirth, postpartum and newborn care, management of birth care and support. It is carried out through workshops, conferences, skype meetings, an e-magazine, the final conference, and the completion of the final report. The Greek Doula Association is actively involved in this action. Two meetings were held in Turkey and Germany in 2019, one in Greece in 2020, and three more are planned to take place in all three countries until 2022. In January 2020, a workshop was held in Athens, where members of the programme from Turkey and Germany joined Greek midwives, doulas, and perinatal psychologists to discuss the situation in Greece. An American midwife of Indian origin, who is experienced in traditional birth care practices, also participated.

This project adopts an openly European perspective, based on the idea that women's reproductive rights are more or less common; the sum of women and professionals in Europe doing research on them and promoting solutions together, both in academia and in practice, verifies this view.

Perinatal support organisations

This chapter examines grassroots volunteer and professional organisations that support women's autonomy and self-determination at birth, specifically the European Network of Childbirth Associations (ENCA), the European Doula Network (EDN) and La Leche League International (LLLI).

European Network of Childbirth Associations

The European Network of Childbirth Associations is a grassroots volunteer organisation with a history of 25 years, and 20 member-states. ENCA holds annual conferences across Europe, makes web publications, its members compile yearly reports on the perinatal conditions in each country, which are presented in the conferences. ENCA is also active in promoting birthing women's rights. In some cases, as in Greece in 2017, ENCA was invited to a Parliament Committee Conference on women's reproductive rights, and caesarean sections (Special Permanent Committee, 2017), and in Portugal in 2018 its representatives participated in official health care bodies on women's perinatal health care.

European Doula Network

Doulas are professionals who operate within the health sector in some countries but are mainly lay-women who have had basic training on the physiology of birth, and on how to support birthing women with information, encouragement, and non-pharmacological measures. Doulas are becoming more and more popular around the world, from the UK to Greece, to the USA and Australia (Wikipedia contributors, 2020). They operate collectively at a national and a European level, too: the European Doula Network (EDN) represents and supports doulas across Europe, and Greece is one of its members.

Due to the nature and aim of their vocation (to support and empower birthing women to make their own decisions), doulas promote women's rights. They are partly professionals, partly volunteers, partly activists. Doulas' organisations share many characteristics with some grassroots movements, in that its members are usually lay women who have had a less-than-optimal birth experience and have educated themselves beyond their basic training through informal networks or through scientific information that is available through the web or through their academic connections. Just as ENCA people, most of them are independent, self-motivated mothers, who practice a kind of evidence-based activism.

The European Doula Network promotes interconnections among its members through its publications and conferences. It indirectly rejects the signification of women as passive beings, and supports the formation of a common mentality for 'natural' birth, and for empowerment of women.

La Leche League International: a precedent?

La Leche League, the breastfeeding organisation, has been active for almost 70 years, supporting mothers nurse their babies. LLL succeeded in changing the whole culture of mothering, though mother-to-mother information and encouragement. Additionally, it has not stopped at peer-to-peer support, but has become one of the first infant health movements that developed into an official organisation. Therefore, it could function as a model for all the other voluntary movements. Of course, LLLI is an initiative that started in the USA, but has also been very active in Europe in the last 50 years. It has many similarities to other grassroots organisations of scientific interest, promoting women's reproductive rights and empowering new mothers, by changing the dominant signification of mothers as dependent passive consumers of official childcare doctrines into active women supporting each other.

'Evidence-based activism'

All these organisations aim to support non-medical, 'natural' birth and mothering. They can be considered examples of "evidence-based activism" (Akrich *et al.*, 2014). Indeed, it is sometimes surprising that grassroots organisations run by amateur volunteers, especially mothers, are more scientifically informed than formal, established professional practice. Women uniting as mothers across borders and national differences signify both a new mentality in relation to maternity, and a spirit of solidarity, of helping each other to achieve common aims. At one level, this can, be considered to be a middle-class aspiration of the privileged few, such as in academic research; at another level, however, women share common concerns and operate through more accessible means, such as the Internet and social media.

Grassroots movements show that women are taking action, redefining motherhood and reproduction as positive empowering activities that might signify a change of paradigm.

Conclusions

In research and experience it was noted that established maternity care in Greece is characterized by a common medicalised approach, just as the case is in Europe. Blind trust in techno-medicine and birth intervention has had unforeseen negative effects, such as health complications for mothers and babies, and women's loss of control over and satisfaction with the birth experience.

However, there is a trend for a change of attitude in perinatal care of women and babies to a less medicalised and interventive approach. An alternative childbirth narrative seems to be emerging. Attempts to reclaim woman-centred birth care in new settings are resignifying childbirth as a normal, non-medical event, and one supporting the formation of new empowered maternal subjectivities.

Research suggests that this alternative conceptualisation is the result of focused and dedicated action of many agents, scientific collaborations, voluntary, vocational and professional associations, and individuals across Europe. Interest in and action regarding the reproductive health of women and infant health could be seen as part of a global women's movement, as a feminist endeavour. These bodies and associations may be of great political significance; perhaps they signify that a new imaginary alternative is being formed. Maybe, at a deeper sociocultural level, is it that patriarchal values are being challenged?

These are only tentative thoughts, through a preliminary investigation, based on personal observations and experiences. Further research is necessary to pose more in-depth questions, to identify the most important themes, and to draw conclusions about their social and cultural impact on birthing and parenting.

Note: All photographs were taken by the author.

References

Akrich, Madeleine, Máire Leane, Celia Roberts, and João Arriscado Nunes. 2014. 'Practising childbirth activism: A politics of evidence'. *BioSocieties,* 9: 129–152.

Balaskas, Janet. 1991. *New active birth*. London: Thorsons.

Bauman, Zygmunt. 2006. *Liquid Times: Living in an Age of Uncertainty*. Cambridge: Polity Press.

Chandler Daniel. 1994. *Semiotics for Beginners*. Available at: https://bit.ly/3uhwfPk (Accessed, 9th August 2021).

Chronaki, Myrto. 2015. 'Giving birth in Volos, Greece: medicalisation, ritual and emerging alternatives'. *Social & Cultural Geography*: 909–930.

Chronaki, Myrto. 2019. *Multiplicity, contradictions, and hybrid spaces: spaces for 'naturel' birth in Greece*. Unpublished post-doctoral dissertation, School of Architecture, National Technical University of Athens.

COST Action IS1405 - Building Intrapartum Research Through Health - an interdisciplinary whole system approach to understanding and contextualising physiological labour and birth (BIRTH). Available at: https://bit.ly/3JsTigp (accessed 22nd February 2017).

COST Action 18211 - Perinatal Mental Health and Birth-Related Trauma: Maximising best practice and optimal outcomes. Available at: https://bit.ly/3L2wAw0 (accessed 3rd February 2020).

Davis-Floyd, Robbie. 1992. *Birth as an American rite of passage.* Berkeley Los Angeles London: University of California Press.

Eco, Umberto. 2013. *Semiotics in everyday life* [Η Σημειολογία στην καθημερινή ζωή]. Athens: Malliaris.

Erasmus+ 2018-1-TR01-KA202-059488 - 'FirstTouch'. European Programme on perinatal care. Partners: Kayseri Health Directorate Research & Development Department, Turkey; Istanbul Birth Academy, Turkey; International Society for Pre- and Perinatal Psychology and Medicine (ISPPM), Germany; Greek Doula Association, Greece.

European Doula Network. n.d. 'Connecting doulas across Europe'. Available at: https://bit.ly/3Lqwe3F (accessed 14th December 2019).

European Network of Childbirth Associations. n.d. 'About ENCA'. Available at: https://enca.info/about/ (accessed 20 January 2020).

Georges, Eugenia. 2008. *Bodies of knowledge: The medicalization of reproduction in Greece*. Nashville, TN: Vanderbilt University Press.

International Confederation of Midwives. 2014. Philosophy and Model of Midwifery Care. Available at: https://bit.ly/3NiGpYS (accessed 6th August 2021).

Kirkham, Mavis. 2003. *Birth centres: A social model for maternity care*. Oxford: Butterworth Heinemann.

Kitzinger, Sheila. 2000. Rediscovering *birth*. London: Little, Brown.

La Leche League International. n.d. 'All About La Leche League'. Available at: https://www.llli.org/about/ (accessed 23 March 2020).

Lefebvre, Henri. 1991. *The production of space*. Oxford: Blackwell.

Mundlos, Christina. 2015. *Gewalt unter der Geburt: Das alltaegliche skandal*. Marburg: Tectum.

National Childbirth Trust. n.d. 'Giving birth at a birth centre or midwife-led unit'. Available at: https://bit.ly/3qjldl3 (accessed 10th April 2018).

National Health Service. n.d. 'Where to give birth: the options - Your pregnancy and baby guide'. Available at: https://bit.ly/3woigd7 (accessed 4 October 2016).

Odent, Michel. 1984. *Birth reborn.* New York: Pantheon.

O' Mara, Peggy. 2003. *Mothering magazine's having a baby, naturally*. New York: Atria Books.

Royal College of Midwives n.d. 'The RCM standards for midwifery services in the UK: Theme 6: Care and the birth environment'. Available at: https://bit.ly/3wiZNii (accessed 13th September 2017).

Wertz, W. Richard & Dorothy C. Wertz. 1989. *Lying-in: A history of childbirth in America.* New Haven: Yale University Press.

Wikipedia contributors. 'Doula', *Wikipedia, The Free Encyclopedia,* 26 March 2020, 19:47 UTC. Available at: https://bit.ly/3qqe3lt (accessed 30th March 2020).

World Health Organisation. n.d. 'Regional Office for Europe Greece commits to addressing excessive reliance on caesarean sections'. Available at: https://bit.ly/36z9fTE (accessed 13th October 2018).