ORIGINAL PAPER
International Journal of Caring Sciences, 1(3):124–131

Greek mothers' perceptions of their cooperation with the obstetrician and the midwife in the delivery room

Sapountzi-Krepia D
Professor, Head of the Department of Nursing, Alexander Technological Education Institute of Thessaloniki, Thessaloniki, Greece and Post-Doc Research Fellow, Department of Nursing Science, University of Kuopio, Kuopio, Finland

Lavdaniti M
Clinical Professor, Department of Nursing, Alexander Technological Education Institute of Thessaloniki, Thessaloniki, Greece

Raftopoulos V
Nurse, Hellenic Centre for Disease Control and Prevention, Athens, Greece

Psychogiou M
Researcher/PhD Student, Department of Nursing Science, University of Kuopio, Kuopio, Finland

Hong-Gu He
Assistant Professor, Alice Lee Center for Nursing Studies, National University of Singapore, Singapore

Tortumluoğlu G
Assistant Professor, Head of Nursing Department, Health College, Canakkale Onsekiz Mart University, Canakkale, Turkey

Vehviläinen-Julkunen K
Professor, Head of the Department of Nursing Science, University of Kuopio, Kuopio, Finland and Director of Research, Kuopio University Hospital, Kuopio, Finland

AIM: The objective of this study was to access the perceptions of mothers of newborns regarding their cooperation with the midwife and the obstetrician in the delivery room.
MATERIAL-METHOD: The sample consisted of 607 mothers living in Northern Greece. The Kuopio Instrument for Mothers (KIM) was used for the data collection.
RESULTS: All the participants gave birth in a hospital; 403 (66.4%) had vaginal delivery, while 204 (33.6%) gave birth by caesarean section. Women with a vaginal delivery had a better cooperation with the midwife and the obstetrician, in comparison to women who gave birth via caesarean section. The participant mothers had a more positive experience from their cooperation with the obstetrician than with the midwife.
CONCLUSIONS: The mothers' preference for obstetrician's care than for midwife's care is probably due to the commercialisation of gynaecology/obstetrics in Greece, the dramatic increase in the number of obstetricians over the past decade, and the fact that deliveries carried out solely by midwives have almost disappeared in the country. Health policy makers should reinforce the current provision of maternity services and support midwives to take a more central role during pregnancy, labour, and the postnatal period.
KEY-WORDS: Labour, delivery room, Greek mothers, KIM

D. Sapountzi-Krepia, *Nursing Department, Alexander Technological Educational Institute of Thessaloniki, Thessaloniki, Greece*
PO Box 1456, GR-541 01, Thessaloniki, Greece
Tel/Fax: 0030-2310791501
e-mail: desapoun@yahoo.com

BACKGROUND

During the 20th century the traditional practices of giving birth have dramatically changed in Western societies and home deliveries have almost disappeared. Today, women give birth mainly in hospitals, assisted by midwives and obstetricians. However, this practice seemed somewhat unfamiliar to the women giving birth even in the early '80s. In 1982, Macintyre found that some of the women who delivered in hospitals had the feeling that their body and baby were owned in some way by the hospital (Macintyre 1982).

Studies investigating the cooperation during delivery between health personnel and women, are primarily focused on the experiences from deliveries carried out by midwifes or doctors exclusively (Galotti et al 2000, Hundley et al 1997, Hundley et al, 2000, Newburn 2003, Spurgeon et al 2001). Several studies demonstrate that the midwife's support is essential for the women giving birth (Halldorsdottir & Karlsdottir 1996, Hodnett 2000, Lundgren 2005, McCrea et al 1998, Waldenström 1999), and others focus on the importance of the continuity of care provided by midwives for the women giving birth (Brown & Lumley 1998, Fraser 1999, Brown et al 2002, Homer et al 2002, Biro et al 2003. Van Teijlingen et al 2003). In the international literature, there is evidence that women's satisfaction from maternity care is higher with midwives' care than with doctors' care (Galotti et al 2000, Spurgeon et al 2001, Harvey et al 2002, Shields et al 1998).

Furthermore, the women's involvement in decision making is considered as one of the most important determinants of quality of care and of women's satisfaction from care (Morgan et al 1998, Harrison et al 2003, Blix-Lindström et al 2004). In addition, Gibbins & Thomson (2001) found that women wanted to take an active part in their labour, by having the opportunity to "control" the process and by having an active part in decision making during labour. However, O'Cathain et al (2002) discovered that some women do not prefer to share the decision making with health professionals in maternity care, while Blix-Lindstrom et al (2004) stressed that women prefer to have decisions made by or shared with physicians.

The women's involvement in decision making during labour depends on each woman's choice (Harrison et al 2003) and desire for involvement (Blix-Lindstrom et al 2004). It is worth mentioning that Farquhar et al (2000) support that women who had met their delivering midwives previously, reported that they felt more at ease, while those who had not met the midwives previously, reported that this did not affect them in any way. Nevertheless, Green et al. argue that there is no evidence that women who were cared for during labour by a midwife that they had already met were more satisfied than those who had not met the midwife before (Green et al 2000).

Maternity care in Greece

The Greek health care reform started in 1983 with the establishment of a National Health Care System (called ESY in Greek) by virtue of which the state would assume full responsibility for health care services and their delivery (Liaropoulos & Kaitelidou 1998). Since then, several laws have been introduced stepping towards the perfection of ESY. However, many of the ESYs goals have not been achieved, since the perfection of primary care services and a considerable number of serious problems continue to persist. One of these problems is the country's "oversupply" of physicians as characteristically stated by Mossialos et al (2005) "... in 1997 there were 20.3 gynaecologists per 100,000 inhabitants, twice as many as in Paris, Barcelona, Liege, Amsterdam, and Uppsala. Furthermore, between 1985 and 2000, the number of gynaecologists increased by 34%, while the population grew by <10%...". In addition, in Greece, there isn't any formal boundary between primary and secondary care and citizens have direct access to specialized care. Therefore, pregnant women go directly to an obstetrician working in a public hospital for antenatal care, while most women visit a private obstetrician. Almost all deliveries follow the biomedical birth model in which women deliver in a hospital under the control of an obstetrician (Mossialos et al 2005, Nusbaum 2006, Sapountzi-Krepia & Vehviläinen-Julkunen 2006). Deliveries carried out solely by midwives have almost entirely disappeared in the country (Sapountzi-Krepia & Vehviläinen-Julkunen 2006) and, although midwives are present in the delivery room in order to assist women with labour, the responsibility of the delivery lays on the obstetricians.

Even though the body of evidence is growing regarding maternity services, the existing literature in Greece is mainly focused on medical and epidemiological aspects of maternity care. To our knowledge, there is no prior Greek study concerning the cooperation between birthing women and the obstetrician or the midwife in the delivery room.

OBJECTIVE

The aim of the present study was to access the perceptions of mothers of young babies regarding their cooperation with the midwife and the obstetrician in the delivery room.

ETHICAL APPROVAL

Ethical approval for the study was received by the Nursing Specialties Sector of the Alexadrian Technological Educational Institution of Thessaloniki, which is acting as an ethics committee. Permission to access the hospitals was given by their authorities, while permission for access the clients of private paediatricians was given by the paediatricians themselves.

METHODS

Our study population were mothers of young babies living in six major cities of Northern Greece, in the region surrounding the city of Thessaloniki (the second larger city of Greece); an area with about two million inhabitants. In order for a mother to participate in this study she had to meet the following inclusion criteria: (1) having given birth in Thessaloniki one week to one year earlier, (2) be above 18 years old, (3) be willing to participate, and (4) have the ability to speak and read Greek.

Our sample was a convenience sample. We first recruited participants through hospital maternity clinics and through paediatricians. Then we used the snowball technique to recruit more participants by having participant mothers introducing us to other mothers.

All potential participants were approached by the researchers and were given a brief description of the study and its purpose. Informed consent was obtained from those who agreed to participate. The final sample consisted of 607 mothers.

The instrument

The Kuopio Instrument for Mothers (KIM) was used for the data collection. KIM is a self-reported questionnaire containing questions for eliciting information on demographic and social characteristics of the subjects, as well as questions for eliciting information related to maternity care and birth. In addition, the questionnaire includes:

1. A 10-item scale on the cooperation of the mother with the obstetrician in the delivery room, on a five point scale (1 quite adequately, 2 nearly adequately, 3 not at all adequately, 4 quite inadequately, 5 I cannot remember), and
2. A 14-item scale on the mother's cooperation with the midwife in the delivery room, on a five point scale (1 quite adequately, 2 nearly adequately, 3 not at all adequately, 4 quite inadequately, 5 I cannot remember).

KIM was developed and validated in the Finnish language by Vehvilainen-Julkunen and researchers (Vehviläinen-Julkunen 1995, Ryttyläinen 2005) and it was translated into English by its creators. The English version of the KIM was translated into Greek. The face and content validity and reliability of the Greek version were checked and found to produce reliable measurements in the Greek population (Sapountzi-Krepia et al 2008).

Data Analysis

Statistical analysis was carried out using SPSS for Windows (Release 10.1). Descriptive statistics were used to present the demographic and social characteristics of the sample. Differences between the means of the mothers' perceptions regarding the co-operation with the obstetrician and the midwife in the delivery room were checked with t-test. The internal consistency reliability of the scales was estimated by Cronbach's alpha (Cronbach 1951).

RESULTS

The sample consisted of 607 mothers. Table 1 presents the distribution of the sample according to educational and employment characteristics. The mean age of the participants was 33.95±5.76 years old (min 19, max 50), the vast majority was married (n=551, 90.8%), and a considerable percentage were college, university, or polytechnic graduates (n=242, 39.9%). Regarding the participants' profession, 217 (35.7%) were full-time salaried employees, 154 (25.4%) describe themselves as housewives, 49 (8.1%) were part-time salaried employees, 41 (6.8%) were on a maternity or parental leave, 36 (5.9%) were unemployed or laid off without salary, and the remaining declared something else (Table 1).

All participants gave birth in a hospital under the supervision of a doctor and they cooperated with midwives in the delivery room during the labour process. The mode of delivery was predominantly vaginal (n=403, 66.4%), while 33.6% of the participants (n=204) gave birth by Caesarean Section. Almost half of the participants (46.8%, n=284) completed the questionnaire after

Table 1. Demographic characteristics of the sample		
Education	**n**	**(%)**
Primary school (6 years)	20	3.3
First secondary education school (Gymnasium 3 years)	81	13.6
Second Secondary education school (Lyceum 3 years)	495	83.1
Marital status		
Unmarried	11	1.8
Cohabiting	13	2.1
Married	551	90.8
Divorced or separated	27	4.4
Widowed	4	0.7
Occupational education		
No occupational education	135	23.0
Vocational school or other vocational diplomas	116	19.8
Post-secondary vocational diploma	93	15.9
College-level diploma	43	7.1
University/polytechnic	199	32.8
Profession		
Full-time salaried employee	217	35.7
Part-time salaried employee	49	8.1
Agricultural entrepreneur, working on a family farm	13	2.1
Other entrepreneur	65	10.7
Unemployed or laid off without salary	36	5.9
Retired	1	0.2
Student	13	2.1
On a long sick leave	1	0.2
On a maternity or parental leave	41	6.8
Homemaker	154	25.4
Other	16	2.6

their first delivery and the rest (52.7%, n=320) after their second or further delivery.

The internal consistency of the scales assessing the cooperation with the obstetrician and with the midwife in the delivery room was checked by Cronbach's alpha and proved to be good [cooperation with obstetrician 0.87 (mean=17.94, SD=7.20), cooperation with midwife 0.92 (mean=27.36, SD=11.14)].

The participants' answers to the questions included in the scales are presented in Table 2 and Table 3.

The t-test showed that the mothers who had vaginal delivery obtained a better mean total score (P=0.033, mean=17.50, SD=6.50) in the scale that described the cooperation with the obstetrician in the delivery room, compared to those who had caesarean section (P=0.033, mean=18.94, SD=8.50), indicating that those who gave birth by caesarean section rated less their experience of cooperation with the obstetrician. The results for the cooperation with the midwife in the delivery room were similar (P=0.016, mean=26.63, SD=10.39 vs mean=29.23, SD=12.69).

The T-test did not reveal a statistical significant difference (P=0.064) in the mean total score in the scale that described the cooperation with the obstetrician in the delivery room between the women who were in their second or more delivery (18.50±7.67) as compared to those who had their first delivery (17.35±6.63). The results (P=0.372) for the cooperation with the midwife in the delivery room were similar (27.84±11.46 vs 26.96±10.77).

DIFFERENCES ON PERCEPTIONS REGARDING COOPERATION WITH OBSTETRICIAN AND MIDWIFE

In order to explore how women perceived their cooperation with the obstetrician and the midwife in the delivery room based on their experience of their most recent delivery, paired t-test analysis was performed for comparable items of the scales. As seen in Table 4, although the mothers were quite satisfied from their cooperation with the obstetrician and the midwife, the mean ratings differed. The participants had a more positive experience from their cooperation with the obstetrician than with the midwife.

DISCUSSION

This is the first Greek study examining the cooperation between women giving birth and their obstetrician and midwife. The main limitation to this study is the fact that we encountered problems in recruitment since, due to the recent law about the protection of personal data, it was impossible to get names and addresses of potential participants. Therefore, the study was reliant upon the help of midwives, obstetricians, and paediatricians, as well as the participant mothers themselves.

The mean age of the participants was 33.95±5.76 years old; that is a sign that Greek women give birth later in life, as in most western societies. Moreover the vast majority of the women was married (n=551, 90.9%) since

Table 2. Women's perceptions regarding cooperation with the obstetrician in the delivery room

Item	Quite adequately		Nearly adequately		Not at all adequately		Quite inadequately		I cannot remember	
	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)
I was allowed to act spontaneously during the delivery (n=572)	172	30.1	252	44.1	67	11.7	49	8.6	32	5.6
In situations involving choice, the different alternatives and their consequences were discussed (n=564)	287	50.9	168	29.8	41	7.3	36	6.4	32	5.7
I was informed about the progress of my delivery (n=583)	424	72.7	117	20.1	20	3.4	10	1.7	12	2.1
I was explained why some technical devices and tools were needed in my delivery (n=578)	251	43.4	114	19.7	90	15.6	86	14.9	37	6.4
I felt I could contribute to the decisions made about my delivery (n=577)	240	41.6	172	29.8	77	13.3	69	12.0	19	3.3
My self-confidence as a woman was supported (n=581)	325	55.9	146	25.1	51	8.8	32	5.5	27	4.6
The treatment I received complied with my expectations (n=579)	338	58.4	160	27.6	23	4.0	24	4.1	34	5.9
My body was respected in the examinations and procedures (n=583)	449	77.0	104	17.8	15	2.6	8	1.4	7	1.2
The reasons for the procedures were explained to me (n=584)	377	64.6	133	22.8	40	6.8	25	4.3	9	1.5
I was able to discuss and express my opinions concerning the treatment (n=581)	287	49.4	161	27.7	68	11.7	37	6.4	28	4.8

Greek society still remains conservative and birthing outside marriage, although protected by law, remains in many ways socially unacceptable.

Having in mind that birthing practices in Greece have changed rapidly from a homebirth culture to a biomedical birth model, in which women deliver in a hospital under the supervision of an obstetrician and autonomous midwifery practice is almost eradicated (Nusbaum 2006, Sapountzi-Krepia & Vehviläinen-Julkunen 2006), the finding that all the participants gave birth in a hospital is not surprising. Nevertheless, a quite high proportion of the participants (33.6%), a lot higher than the 10-15% suggested by the Wold Health Organization, gave birth by caesarean section. This finding concurs with earlier findings of other studies (Mossialos et al 2005).

The majority of the subjects rated as "quite adequately" to "nearly adequately" the cooperation in the delivery room with the obstetricians, as well as with midwives, in items of the scales (Table 2, Table 3), although the ratings for the obstetricians are better. Furthermore, in comparisons between the mothers' ratings in common items of the two scales (cooperation with the obstetrician and cooperation with the midwife, Table 4), mothers were more satisfied with the cooperation with the obstetrician in a statistically significant level. It is therefore quite interesting that, in contrast with results of studies from other countries (Galotti et al 2000, Spurgeon et al 2001, Harvey et al 2002), our results revealed that women overall had a more positive experience from their cooperation with the obstetrician than with the midwife.

This difference may be explained by the fact that in Greece all deliveries follow the biomedical birth model (Nusbaum 2006, Sapountzi-Krepia & Vehviläinen-Julkunen 2006). In most cases women have previously met the obstetrician who performs the delivery, since he/she is usually the one monitoring the whole course of the pregnancy; while on the other hand, they met midwives who assist them with labour for the first time in the delivery room. So, continuity of care reported as a preference in other studies (Hundley et al 1997, Homer et al 2002, Biro et al 2003, Farquhar et al 2000, Green et

Table 3. Women's perceptions regarding cooperation with the midwife in the delivery room

Item	Quite adequately		Nearly adequately		Not at all adequately		Quite in-adequately		I cannot remember	
	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)
I was able to plan my delivery with the midwife (n=561)	145	25.8	192	34.2	101	18.0	99	17.6	24	4.3
I was allowed to act spontaneously during the delivery (n=562)	178	31.7	195	34.7	77	13.7	87	15.5	25	4.4
In situations involving choice, the different alternatives and their consequences were discussed (n=560)	222	39.6	178	31.8	68	12.1	58	10.4	34	6.1
I was explained why some technical devices and tools were needed in my delivery (n=562)	203	36.1	140	24.9	88	15.7	92	16.4	39	6.9
I was able to act in my delivery based on my own sensations (n=557)	181	32.5	194	34.8	87	15.6	64	11.5	31	5.6
I was informed about the progress of my delivery (n=560)	332	59.3	149	26.6	29	5.2	37	6.6	13	2.3
I felt I could contribute to the decisions made about my delivery (n=553)	198	35.8	185	33.5	84	15.2	67	12.1	19	3.1
My self-confidence as a woman was supported (n=559)	301	53.8	136	24.3	48	8.6	42	7.5	32	5.7
I was told about the alternative positions for giving birth (n=554)	301	54.3	126	22.7	45	8.1	60	10.8	22	4.0
I was freely able to express my own sensations about delivery (n=557)	285	51.2	149	26.8	56	10.1	48	8.6	19	3.4
The treatment I received complied with my expectations (n=556)	286	51.4	169	30.4	40	7.2	29	5.2	32	5.8
My body was respected in examinations and procedures (n=562)	400	71.2	109	19.4	25	4.4	18	3.2	10	1.8
I was told about alternative methods of pain relief (e.g. moving, being in water) (n=558)	383	68.5	107	19.2	32	5.7	26	4.7	10	1.8
I was able to discuss and express my opinions concerning the treatment (n=561)	278	49.6	134	23.9	68	12.1	52	9.3	29	5.2

Table 4. Differences between the women's perceptions regarding their cooperation with the obstetrician and cooperation with the midwife in the delivery room

Item	Obstetrician Mean (sd)	Midwife Mean (sd)	r	t	P
I was allowed to act spontaneously during the delivery	2.14 (1.11)	2.25 (1.18)	0.514	–2.430	<0.001
In situations involving choice, the different alternatives and their consequences were discussed	1.85 (1.13)	2.11 (1.21)	0.454	–4.970	<0.001
I was explained why some technical devices and tools were needed in my delivery	2.20 (1.30)	2.32 (1.30)	0.625	–2.685	<0.001
I felt I could contribute to the decisions made about my delivery	2.03 (1.12)	2.13 (1.13)	0.465	–1.980	<0.001
I was informed about the progress of my delivery	1.37 (0.76)	1.65 (0.99)	0.474	–7.103	<0.001
My self-confidence as a woman was supported	1.76 (1.09)	1.87 (1.20)	0.576	–2575	<0.001
The treatment I received complied with my expectations	1.72 (1.10)	1.82 (1.13)	0.591	–2.408	<0.001
I was able to discuss and express my opinions concerning the treatment	1.89 (1.13)	1.96 (1.20)	0.581	–1.550	<0.122
My body was respected in examinations	1.33 (0.72)	1.44 (0.86)	0.533	–3578	<0.001

al 2000, Johanson et al 2002) is related to the obstetricians, instead of the midwives.

Furthermore, we found that women with a vaginal delivery had a better cooperation with the midwife and obstetrician in the delivery room in comparison to women who gave birth via caesarean section. However, this finding can be understood under the light that caesarean section is an operation and possibly this experience makes them consider the whole situation more difficult, including cooperation with the staff involved in labour and delivery.

Moreover, no differences were found between mothers in their second or more delivery and those who had their first delivery in cooperation with the obstetrician and midwife in the delivery room, although women in second or more delivery have at least some experience of labour and delivery. Our study cannot explain this finding and we believe that more research is needed to clarify this particular issue.

IMPLICATIONS AND CONCLUSIONS

In conclusion, the findings suggest that there was a preference among the participating mothers for obstetrician's care than for midwife's care. This was expected due to the commercialisation of gynaecology/obstetrics in Greece, the dramatic increase in the number of obstetricians over the past decade (Mossialos et al 2005), and the fact that deliveries carried out solely by midwives have almost disappeared in the country (Sapountzi-Krepia & Vehvilainen-Julkunen 2006).

There is a need for midwives to discuss with the Ministry of Health about the women's right to have different options for delivery and not only the biomedical model, so that normal and low-risk deliveries could be undertaken by midwives. Furthermore, midwives can be used in monitoring the low risk pregnancies, in supporting women's active participation in their labour, and in giving information about the prenatal and postnatal period, although that is very difficult due to the large number of obstetricians in the country and due to the biomedical model applied in deliveries in the public and private health sector.

Moreover, our findings may be of interest to health planners, policy makers, and health authorities. They should reinforce the current provision of maternity services and support midwives to take a more central role during pregnancy, labour, and the postnatal period.

ACKNOWLEDGEMENT

The present study has been funded by the Academy of Finland, grant no. 13522, decision 106333.

REFERENCES

Biro M, Waldenstrom U, Brown S, Pannifex JH (2003). Satisfaction with team midwifery care for low- and high-risk women: a randomized controlled trial. *Birth*, 30:1–10

Blix-Lindström S, Christensson K, Johansson E (2004). Women's satisfaction with decision-making related to augmentation of labour. *Midwifery*, 20:104–112

Brown S, Lumley J (1998). Changing childbirth: lessons from an Australian survey of 1336 women. *British Journal of Obstetrics and Gynaecology*, 105:143–155

Brown S, Darcy M, Bruinsma F (2002). Having a baby in Victoria 1989–2000: continuity and change in the decade following the Victorian Ministerial Review of Birthing Services. *Australian and New Zealand Journal of Public Health*, 26:242–250

Cronbach LJ (1951). Coefficient alpha and the internal structure of tests. *Psychometrika*, 16:297–335

Farquhar M, Camilleri-Ferrante C, Todd C (2000). Continuity of care in maternity service: women's views of one team midwifery scheme. *Midwifery*, 16:35–47

Fraser DM (1999). Women's perceptions of midwifery care: a longitudinal study to shape curriculum development. *Birth*, 26:99–107

Gibbins J, Thomson AM (2001). Women's expectations and experiences of childbirth. *Midwifery*, 17:302–313

Green JM, Renfrew MJ, Curtis PA (2000). Continuity of carer: what matters to women? A review of the evidence. *Midwifery*, 16:186–196

Galotti KM, Pierce B, Reimer RL, Luckner AE (2000). Midwife or doctor: a study of pregnant women making delivery decisions. *J Midwifery Womens Health*, 45:320–329

Halldorsdottir S, Karlsdottir SI (1996). Empowerment or discouragement: women's experience of caring and uncaring encounters during childbirth. *Health Care Women Int*, 17:361–379

Harrison MJ, Kushner KE, Benzies K, Rempel G, Kimak C (2003). Women's satisfaction with their involvement in health care decisions during a high-risk pregnancy. *Birth* 30:109–115

Harvey S, Rach D, Stainton MC, Jarrell J, Brant R (2002). Evaluation of satisfaction with midwifery care. *Midwifery*, 18:260–267

Hodnett ED (2000). Caregiver support for women during childbirth. *Cochrane Database Syst Rev* (2):CD000199

Homer C, Davis G, Cooke M, Barclay LM (2002). Women's experiences of continuity of midwifery care in a randomized controlled trial in Australia. *Midwifery*, 18:102–112

Hundley VA, Milne JM, Glanezer Cm, Mellison J (1997). Satisfaction and the three C's: continuity, choice and control. Women's view from a randomised controlled trial of midwife-led care. *Br J Obstet Gynaecol* 104:1273–1280

Hundley V, Rennie Am, Fitzmaurice A, Graham W, van Teijlingen E, Penney G (2000). A national survey of women's views of their maternity care in Scotland. *Midwifery,* 16:303–313

Johanson R, Newburn M, Macfarlane A (2002). Has the medicalisation of childbirth gone too far? *BMJ*, 324:892–895

Liaropoulos L, Kaitelidou D (1998). Changing the public-private mix: an assessment of the health reforms in Greece. *Health Care Annals*, 6:277–285

Lundgren I (2005). Swedish women's experience of childbirth 2 years after birth. *Midwifery*, 21:346–354

Macintyre S (1982). Communications between pregnant women and their medical and midwifery attendants. *Midwives Chronicle*, 95:387–394

McCrea BH, Wright ME, Murphy-Black T (1998). Differences in midwives' approaches to pain relief in labour. *Midwifery*, 14:174–180

Morgan M, Fenwick N, McKenzie C, Wolfe CD (1998). Quality of midwifery led care: assessing the effects of different models of continuity for women's satisfaction. *Qual Health Care*, 7:77–82

Mossialos E, Allin S, Karras K, Davaki K (2005). An investigation of Caesarean sections in three Greek hospitals: the impact of financial incentives and convenience. *European Journal of Public Health*, 15:288–295

Nusbaum J (2006). Childbirth in modern Athens: the transition from homebirth to hospital birth. *Penn Bioethics Journal*, 2:33–37

Newburn M (2003). Culture, control and the birth environment. *Practice Midwife*, 6:20–25

O'Cathain A, Thomas K, Walters SJ, Nicholl J, Kirkham M (2002). Women's perceptions of informed choice in maternity care. *Midwifery*, 18:136–144

Ryttyläinen K (2005). Womens's assessment of control during pregnancy surveillance and labour care–A woman specific perspective. Kuopio University Publications E. *Social Sciences*, 128 (English abstract)

Sapountzi-Krepia D, Vehviläinen-Julkunen K (2006). Maternity care in Greece. *Nossileftiki*, 45:160–168 (English abstract)

Sapountzi-Krepia D, Raftopoulos V, Tzavelas G, Psychogiou M, Callister LC, Vehvilainen-Julkunen K (2008). Mothers' experiences of maternity services: internal consistency and test-retest reliability of the Greek translation of the Kuopio Instrument for Mothers. *Midwifery* (February 2008, E-publication ahead of print)

Shields N, Turnbull D, Reid M, Holmes A, McGinley M, Smith LN (1998). Satisfaction with midwife-managed care in different time periods: a randomised controlled trial of 1299 women. *Midwifery*, 14:85–93

Spurgeon P, Hicks C, Barwell F (2001). Antenatal, delivery and postnatal comparisons of maternal satisfaction with two pilot Changing Childbirth schemes compared with a traditional model of care. *Midwifery*, 17:123–132

Van Teijlingen ER, Hundley V, Rennie AM, Graham W, Fitzmaurice A (2003). Maternity satisfaction studies and their limitations: "What is, must still be best". *Birth*, 30:75–82

Vehviläinen-Julkunen K (1995). Family training: supporting mothers and fathers in the transition to parenthood. *Journal of Advanced Nursing*, 22:731–737

Waldenström U (1999). Experience of labor and birth in 1111 women. *J Psychosom Res,* 47:471–482