



## TRADITIONAL MIDWIFERY IN TURKEY, GERMANY & GREECE (Review Article)

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### ABSTRACT

**Purpose:** The development process of midwifery in Turkey, Germany and Greece has followed different paths exactly the same way these three countries differ in history and culture. However, the needs of pregnant women are universal, and traditional midwives in all above-mentioned countries have acted accordingly. The aim of this study is to go down the history path and trace the evolutionary process which took midwifery from the traditional phase of being community members supporting the birthing women to modern midwifery education. The study refers to the three countries Turkey, Germany and Greece.

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**Materials and Methods:** A literature review was conducted on the traditional midwifery, midwifery history and development of midwifery education system of all three countries by the team of authors as part of an Erasmus + Project [2018-1-TR01-KA202-059488]. The information contained in books, scientific articles, internet library, historical archives and grey literature was included in the research. References in German, English, Greek and Turkish were included in the scope review. The collected data were converted into a standard shape format and converted into text. The findings obtained from this study are also presented in the published project result report (<https://projectfirsttouch.blogspot.com>).

**Findings:** Traditional midwifery has been a transfer of knowledge and skills from mother to daughter. Along with rituals influenced by religion, mostly herbal incense, tea and oils have been used in all three countries as auxiliary methods of supporting pregnancy and childbirth. The maternity chair is an auxiliary tool with traditional use in all three countries. There are very few studies in the literature on the scientific effects of traditional methods.

**Conclusion:** As with traditional methods of treatment, there should be evidence-based methods to help childbirth, and there should be methods that will not endanger the health of the mother and baby. More work is needed on this issue.

**Keywords:** Traditional midwifery, History of midwifery in Turkey, Germany, Greece

## 1. INTRODUCTION

Traditional folk medicine consists of (i) unified practices that have been used for centuries and (ii) beliefs that have been developed around and passed on from one generation to the next. In addition to the new developments in modern medicine, a variety of traditional folk medicine practices is still being used in different regions of Turkey, <sup>[1]</sup> with positive or adverse health effects such as delayed diagnosis and treatment. Herbalists, healers, cupping therapists, bonesetters, people who treat bruises and haemorrhoids with leeches, people who give injections, extract teeth or treat calluses, circumcisers, talismanists and certainly traditional midwives are among those to whom people go to seek relief from their pains or at times of sickness <sup>[2]</sup>. Traditional midwifery has taken an important role in every society and has acquired social tasks besides helping women in the process of pregnancy and childbirth. Midwifery education has taken place as a holistic profession centered on women. It has developed beyond traditional midwifery teachings, working hard in this direction, and taking into account medical developments and existing evidence to create its professional roles. In this review, the educational development of traditional midwifery and midwifery in Turkey, Germany and Greece and the basic traditional midwifery practices have been examined.

## 2. METHODOLOGY

Permission was obtained from the Ethics committee of Kayseri City Hospital by decision No. 292 dated 04.02.2021. Comprehensive search on traditional midwifery in Greece, Germany and Turkey was made in bibliographic databases in the languages spoken by the co-authors: Turkish, German, Greek and English. Electronic searches were carried out through a screening of the reference lists in spotted bibliography to locate and select related studies as well as hand searches of subject-specific books and publications. The search also included grey literature to capture studies conducted by professional organizations on traditional midwifery. A standard research template was created for research design. Each researcher conducted a

literature review on the traditional midwifery practices in their own country and a single study text was created from the obtained data.

### 3. TRADITIONAL TURKISH MIDWIVES

In traditional culture, there have always been special people who have played an active role at the times specified as the turning point of life. According to Karayaman "Birth, which is one of the most beautiful stages of life, and midwives accompanying the birth have become an indispensable part of Anatolian folk culture" [3].

Anatolia has various cultural resources. Historically, it has been the centre of many ancient civilizations. The traces of different cultures are still evident today. These traditions emerge as a product of the colourful and rich cultural synthesis of civilizations that existed in the region. The Umai – Goddess of fertility (Umai Mother) who helps birthing women in Central Asian Turkey [4] is an example. Living traditions related to health and methods of helping women before, during and after pregnancy play an important role in this rich cultural structure. [1]

For long periods, childbirth has been considered a natural event, and it has been believed that women can give birth without any assistance or professional help. During the classical period, those who provided birth aid were folk midwives who had obtained their knowledge and acquired their skills through experience [5]

In Turkish communities, "midwives" are women who deal with childbirth, are not health professionals, have not received any formal health education and have acquired their knowledge and skills through experience. Furthermore, lay people believe that "traditional midwives" with experience and dexterity are sweet, warm-blooded, well-behaved, sweet-tongued ladies who know mothers, aunts and grandmothers. [6]

During the 19th century Ottoman Period, Istanbul was subjected to a different classification of midwifery. Istanbul midwives were divided into three classes as the midwife of the palace (*Saray-ı Hümayun Midwives*), the midwife of the noble (*Kibar Midwives*), and the midwife of the common people (*Ahad-ı Nas/folk Midwives*). [7] Traditional midwives are also referred to as *Ara (intermediary) Midwives* in Anatolia. When they were called for birth, they would take their daughter, or daughter-in-law, or one of their close relatives with them, teach them what they knew by following the master-apprentice tradition, and did not want the profession to pass on to a stranger after their death and lose this honor. Generally, these families served as rural health centers. [8-9]

Male midwives called *Lavuta* were present in the midwifery profession in the Ottoman period. However, midwifery profession was considered to be a women's profession. Midwives served houses and villages and shared their practical knowledge with other women and trained each other. [10-11]

Traditional midwives took the necessary precautions at birth, tried to relieve the woman who gave birth psychologically and made it easy for her to give birth. Furthermore, they also took part in the termination of pregnancy, treated infertility or prepared drugs against a *relentless* disease. [11-12]

The midwives' activities were not limited only to the (in)fertility area. They were also seen to play very active roles in the social sphere.<sup>[10]</sup> The following tasks were among the ones performed by them:

- supporting pregnant mother during pregnancy
- calculating pregnancy time,
- calculating the estimated date of birth,
- helping in the preparation of the baby's belongings,
- delivering the baby,
- showing the mother how to breastfeed her baby
- treating infertility and diseases experienced during the postpartum period,
- advising on birth control,
- performing abortion acts.

In addition to their medical and social roles in childbirth, midwives also played a kind of expertise role between the state and society in cases of sexual offenses such as rape, adultery, or in cases such as determining the age of girls, and miscarriage. The midwives were an important link in inter-women relationship networks thanks to their influence on confidential information of women and confidential space.<sup>[13]</sup>

### **3.1. Traditional midwifery practices; beliefs and rituals**

While midwives generally did not use instruments during childbirth, they used various practices to make labour and delivery easier. It is noted that because traditional midwives are present at the childbirth of the pregnant women they support throughout pregnancy, there is a strong communication bond. Childbirth is *privacy* and midwives have become the closest and most reliable people for pregnant women. The arrival of amniotic fluid, called Head Water, marked the beginning of labour. If the baby's posture is horizontal when labour begins, the pregnant woman is asked to crawl on her knees and shake her stomach at this time. If the baby's position is breech, the pregnant woman's abdomen is rubbed, her feet are raised up, and the body is shaken. It is known that they massage (with olive oil) to reduce the pain that occurs in the woman's waist and buttocks or relieve the pressure on the coccyx. In traditional midwifery, the pregnant woman was not asked to lie down until the moment of birth, and the gravity effect was used. At the time of birth, privacy was an issue of prime importance, no one was allowed in the room where the birth of the baby was in process, unless the birthing woman and/or midwife asked otherwise. Usually female family elders were taken to the delivery room. The husband of the woman who gave birth has never been in the delivery room in the Turkish birth history. Folk midwives had a preference for the squatting labour position.<sup>[14]</sup>

The birthing chair called *öreke* was used by traditional midwives during childbirth. It presented a semi-circular cut inwards at its front part. They placed a basin under this chair. The form goes back to the ancient civilizations of Anatolia<sup>[15]</sup>.

Prayers were effectively used by the midwife to reduce the pain of the pregnant woman at birth. It has also been reported that they used to massage the perineum with olive oil to provide flexibility at birth and protect it from tearing. Even when olive oil was into the vagina, the baby's head was easier to come out. It has been reported that the umbilical cord was cut with the help of a razor at a distance of four fingers from the baby and was tied with a clean

rope. No intervention was made by the traditional midwives for the birth of the placenta, and the placenta was later buried in the ground.

In general, the majority of traditional midwives used materials such as hot water, olive oil, razors, quilt rope, scissors and cologne<sup>[14]</sup>.

Traditional midwives recommended high-calorie foods to the mother in the postpartum period, both to cover the energy needs and support milk production. "Sorbet" a food that consisted of coconut, cinnamon, cloves and sugar, has been used to reduce women's postpartum pain and give them energy. After birth, blood was checked, and it was believed that the bleeding woman would lie in heated clay soil and stay warm, a practice which would accelerate healing. It was believed that babies would remain healthy by keeping warm in the same way. For many years, soil was used as a diaper for babies due to its absorbent qualities. One of the practices still seen in Anatolia is that when the baby grows up, there should be no smell of sweat and the baby should be washed with salt water to be healthier.<sup>[16-17]</sup>

### **3.2. Beginning Of The Formal Education System**

At the beginning of the 1900s, there are three periods cited for the transformation of the midwifery profession. First, the tension between midwives and modern medicine during the Ottoman period and the early years of the Republic of Turkey ended with the abolition of traditional midwifery. Second, with the establishment of modern midwifery, the working places of midwives were shaped as maternity homes and hospitals. Third, the process of socializing health services in Turkey, which began in 1961, midwives were assigned new duties in health care centres and sanatoriums, and midwifery was redefined in a sense. During this period, which lasted for forty-three years (1961-2004), the state extended services into villages, neighbourhoods, and households and midwives were involved. By the Law on The Socialization of Health Care<sup>[18]</sup>, midwives are *to serve fertile women and children aged 0-6*. Thus, they started to offer their services in the people's own homes instead of health facilities.<sup>[19]</sup> While the opposition to midwives and modern doctors in the west developed in parallel with the opposition to "innovative men" and "ignorant women", there was a similar polarization in the Ottoman and early Republican periods. Erkaya Balsoy expresses this polarization in opposition to "grumpy old woman" and "hero doctor".<sup>[20]</sup>

While it was a tool in the direction of the implementation of population policies to increase population numbers during the Ottoman period, the fact that there was a population decrease due to the maternal and neonatal morbidity statistics led to the conclusion that the midwives were to blame as they did not have a diploma from an educational institution.<sup>[21]</sup>

To control maternal, neonate and infant morbidity numbers, the edict issued in 1842<sup>[10]</sup> stated that midwives had to acquire scientific training, take courses taught by European experts and have a midwifery certificate as a professional qualification to work. Midwives who did not have such qualifications would be banned from acting midwifery. Thus, although the main aim of this edict was to allow state authorities to exercise some kind of control over the midwifery profession and secure safety for the population, this edict became the platform which led to an educational and accreditation system that provided midwives with a diploma.<sup>[10]</sup> While home births were seen as dangerous and outdated, hospital births were glorified as safe, contemporary and desirable birth forms. The practical response of this exaltation and opposition was experienced as "midwife birth" and "doctor birth".<sup>[22]</sup> The belief that the

profession of midwifery was full of malpractices and superstitions, in the last period of the Ottoman Empire, made it mandatory for new research in midwifery in alignment with the modernization efforts and the Ottoman innovation movements. <sup>[11]</sup>

The first midwifery training was carried out in *Galatasaray* in 1843 with the opening of *Tibbiye-i Adliye-i Şahane*. The entry requirements for this training program included Turkish language fluency and overran age limit of 30 years of age maximum. The graduates were not employed outside Istanbul. <sup>[4]</sup> The newspapers of that period wrote that midwives within the medical staff would also be subject to examination and that midwives had to have some standard knowledge and skills to continue their profession. <sup>[13]</sup> In the half-century leading up to the establishment of the first maternity clinic (*viladethane*) in the Ottoman Empire in 1892, both the supervision of midwives and the construction of maternity hospitals, which served as an incubator and a laboratory for training, are important developments in the modern midwifery and midwifery education process.

Looking at the effectiveness of nationality in midwife appointments, it seems that education and a certificate/diploma are the only requirements for appointments regardless of any colour, race and culture. <sup>[13]</sup> In 1920, to meet the needs of midwives in places outside Istanbul, girls who graduated from the primary school received midwifery training for two years in *Kızılay* barracks. <sup>[4]</sup>

Shortly after the establishment of the Republic of Turkey, the Law No. 1219 <sup>[23]</sup> on the Style of Performing Branches of the Art of Medicine issued in 1928, officially prohibited midwives without diplomas from performing their job. <sup>[10]</sup> During this period, the need for midwives in the field became severe. Thereupon, in 1937, there opened village midwifery schools. Interested in midwifery women received training in maternity hospitals. Graduates of this school would be able to come to the city centre after serving in the villages for six years. In 1963, for the first time, the duty of the midwife was defined in the directive regarding the execution of the service in regions where health services were socialized. <sup>[4]</sup>

In 1979, a project for midwifery services to be carried out by midwives emerged. According to the project, healthcare professionals would graduate from health colleges and would be responsible for the delivery of health services in both villages and towns. Health colleges are technical schools that provide education and training for four years after secondary school graduation. In this way, it would be possible to have more qualified health personnel and to provide unified services.

According to this program, which would increase the effectiveness of healthcare activities in rural areas, the new village midwife working in the village health centre would provide additional services to the community. Village midwives worked not only in mother and child care but also in environmental health care, family planning, nutrition, health education and epidemic disease control and community development. <sup>[8]</sup> During this process, they closed down village midwifery schools. Firstly, a two-year midwifery education started at the university in 1985, and undergraduate midwifery schools started to provide education for the first time in 1997.

Graduate education programs in midwifery started to train academic staff with master's degree programs in 2000 and Ph.D. programs in 2013. <sup>[4]</sup>

#### 4. TRADITIONAL GERMAN MIDWIVES

The German word for midwife is *Hebamme*. It comes from the German words HEV-I-ANNA (ancestor/ grandmother/ holds the new-born). Thus, a midwife (hebamme) is the female ancestor, usually a grandmother, who first gets hold of the new-born baby. <sup>[24]</sup>

For centuries, midwives have been the most important companion of women during pregnancy, childbirth, and postpartum, and childbirth has been seen as a female-dominated profession. At the time of birth, female family members, girlfriends or neighbours came together to help and support pregnant women. Midwives played a central role in this women's community. <sup>[25]</sup> From the circle of female relatives and girlfriends who gave birth, often those with the most skills and experience were the first midwives. The skills of these women were based solely on practical experience. Because of the detailed knowledge and practices that midwives pass on to their daughters and grandchildren, midwifery is also often passed on from mother to daughter in Germany. <sup>[26]</sup>

Midwives were usually elderly, but mostly knowledgeable and educated women, having acquired their knowledge mainly from traditions and the many years of experience. Midwives were supposed to have reliable, medical knowledge and a lot of birth experience. <sup>[26]</sup>

Midwifery education was mainly based on observation and imitation. Professional knowledge was transmitted orally and was closed to significant changes. Due to the lack of printing press, low literacy rates among the population and midwives, the difficulty to gain any technical knowledge from books other than practical knowledge for a long time, the information available was full of prejudices. <sup>[25]</sup>

In German traditional midwifery, labour self-experience (having given birth herself) and life experience (experience of assisting births) have been prerequisites for working as a midwife. In the Middle Ages, midwives were considered to be healing women and were often referred to as herbal healers or wise women. They prescribed analgesic, antispasmodic and pain-relieving herbs. <sup>[26]</sup>

The Midwife has also performed traditional symbolic actions that are considered to be necessary to protect the mother and child. For example, amulets and grass mixture amulets were used for this purpose. <sup>[26]</sup>

During this period, they considered midwifery activities charity work and midwives did not receive any salary or money. They were offered gifts of food, shelter or the like. In the following periods, this perception of public service has turned into a municipal office. Municipalities started offering midwifery services as well. <sup>[25]</sup>

From the 16<sup>th</sup> century on, the idea that midwives should be supervised to ensure their reliability has emerged, and midwives got a better social status during these periods. Midwives were not subject to any limits other than the rules that Church set on them, and were given a number of religious duties by the Church. Because religious devotees are usually men and present when women gave birth, midwives were assigned the right to perform emergency baptism. In some areas, midwives have been given the power to confession and offering forgiveness to dying mothers. <sup>[25]</sup> The church also gave instructions to midwives to help both the poor and the rich, to follow Christian lifestyles, to give up superstitious, magical and abortive means, not to prevent conception, to report secret pregnancies to the church, and to report fathers of extramarital children. If a midwife did not comply with the rules of the

Church which said that stillborn babies or premature babies are not to be baptized, she was punished. In such cases, this midwife was accused of not performing or neglecting obligatory for midwives religious duties and in extreme cases, she was also accused of witchcraft. <sup>[25]</sup>

At the end of the Middle Ages, urban midwives were placed under administrative supervision and regulation. The earliest recorded midwife service is in 1452 in the city of Regensburg, where around 12-15 midwives served. <sup>[25]</sup>

The responsibilities of midwives were as follows:

1. The responsibility to treat pregnant women at different levels in the same way.
2. The responsibility for continuity of service
3. The responsibility to respond to the initial call and arrange for the participation or departure of other midwives under appropriate circumstances
4. The responsibility of the midwife to provide midwifery care during childbirth and the postpartum period.

In 1552, Ravensburg midwives began to receive a fixed salary and pension from the city. As municipal midwives, they took an oath to the council to *faithfully and conscientiously perform their duties, to serve around the clock and to be loyal to the authorities*. Their professional values and earnings remained at the same level as executioners and they were ranked very low in the social hierarchy. Their actual earnings are known to depend on the number of births. It has also been reported that midwives are exempt from rent and taxation in some areas. <sup>[25]</sup>

From 1555 on, midwives had to resort to the "doctor of artzney" in cases of complications, caesarean sections, or abnormal situations, rather than a colleague. They were also prohibited from prescribing medicines from 1548 onwards. <sup>[25]</sup> Despite improvements in midwifery services in the city, many midwives are reported to be living at the minimum subsistence level, as midwifery in the countryside is still considered to be an act of charity, rewarded not with money, but offered free. In some cases only food and accommodation was offered to her in return. A lack of social recognition of their identity and services, as well as a disregard for their vital needs, has led to efforts for trained midwifery. Since the 19th century, trained midwives have been sent to villages. At first, village women rejected an outsider, or a foreign midwife, as they preferred to continue giving birth to their children with the help of the traditional midwives they knew. However, the penalties imposed due to unqualified midwife birth assistance, the traditional midwife fee, and the need to pay the cost of treatment for complications have changed the public's preference for midwives. Therefore, the qualified midwives have started to replace the traditional midwives. <sup>[25]</sup>

#### **4.1. Traditional midwifery practices; beliefs and rituals**

No woman in German history has considered escaping pregnancy. On the contrary, a newly married woman had the fear of being infertile and perceived the detection of pregnancy as a relief. <sup>[27]</sup> Traditional midwives used a number of methods for determining gender. The mother, in the last stages of pregnancy, dropped a drop of her milk into a glass of water. It was believed that if the milk drop remained on top, a girl would be born, and if it sank to the bottom, the mother would give birth to a boy.



During the traditional birth process of the 18th and 19th centuries, midwives managed the birth process, while the closest relatives (mothers, mothers-in-law, godmothers or sisters of the women who gave birth) undertook direct support and assistance, preparing maternity and emergency baptismal equipment. In a traditional birth, relatives, neighbours and midwives who would help with the birth came to the birth house days before the actual date, depending on the distance, and stayed in the house until after birth. It was rumoured that incense or cigarettes (estimated to have a pain-reducing sedative effect) consisting of various essential oils and flowers were brought to the delivery room. It has been reported that a mixture of coconut flowers, wild saffron, cumin, calendula or calendula, cloves and cut partridge feathers was placed in the incense. <sup>[25]</sup>

Traditionally, each midwife had a birthing chair and carried it with her at birth. According to sources, the arms of the chair, which had a back support, were made of solid oak wood, quite strong for the woman who gave birth to hold and get strength. While the second stage of childbirth was traditionally on a standing position, the moment of birth took place mostly in the birth chair or sitting position, called the *Hokkender*. <sup>[28-29]</sup> *Hokkender* is similar to the name *Horeke*, the birth chair used by Turkish traditional midwives. Not only in Central Europe, but also in other parts of the world, the traditional position of birth was never a supine position, always the vertical position was preferred. Birth stones, ropes hanging from the ceiling, a man's lap, other women's arms, and support chairs were also used as auxiliary techniques for allowing the mother to give birth to her baby. <sup>[25]</sup>

The birthing woman preferably moved in the room with her family members holding her in their arms. According to a birth depiction, on a stool next to the birth chair, women were ready to act as midwife assistants, while fresh lard, sponge, warm water, wine, needles, thread and scissors were ready for use at birth. After birth, the new-born was bathed. The midwife who helped the mother give birth to her child used to sit on a low stool in front of the delivery chair. An assistant used to stand behind the birthing mother so that she could hold her head. <sup>[30]</sup> If, despite all the strong pushes, labour did not progress, the woman would be given a glass of water in which they boiled 3 eggs. According to a different source, broth, creamy hot drinks and hot marjoram wine were also available to energize the woman<sup>23</sup>. Breathing during childbirth was very important and therefore unnecessary conversations and shouting from the part of the birthing woman were prohibited by the midwife to save energy. Although all kinds of medical and folk remedies were known to accelerate childbirth and strengthen contractions, in rural midwifery, childbirth was the active labour effort of the woman giving birth and could be done with the support offered to the woman by the women surrounding her. <sup>[25]</sup>

It is a frightening situation for every midwife to have a baby die in the womb. For the birth of the child, methods were needed to increase the contraction of the uterus. Products such as chamomile flowers, lovage (etymology: love+ache) seeds and wine have been used for this purpose. Midwives have used hand movements to correct the position, in abnormal situations in the position of the baby. <sup>[26]</sup>

After birth, the midwife examined all baby's limbs for abnormalities, fractures due to childbirth, bleeding or similar abnormal signs, and the woman who gave birth would lie down and kept warm. In one depiction, the umbilical cord on the baby's side was cut by tying it, and dragon tree powder, myrrh and armenischer bohuser were poured over the cut part and wrapped. <sup>[25]</sup>

To strengthen the sensitive nature of the new-born, the midwife washed the baby in hot wine, to which various herbs were added, massaged the body with warm lard to soften the child's skin. <sup>[25]</sup> Pain relief bandages were used to relieve the pain of the mother after childbirth, and the bandage contained fresh eggs and almond oil. Traditionally during pregnancy and lactation, they recommended the following three spices: <sup>[25]</sup> coconut, cinnamon and cloves.

It is noted that coconut has an anti-depressant effect and is good for malaise. Cinnamon is conducive to lower dissatisfaction and restlessness, warming the body and soul. Cloves reduce the sensation of pain, can be very useful during childbirth. Oats are a powerful energizer. <sup>[31]</sup> There are hints that placenta consumption was once a common practice in Germany. Perhaps this placenta consumption practice is behind the term "mother cake" used for the placenta. The term is lexically associated with an edible product. The placenta, which provides nutrition to the child before birth, is considered to have healing powers in folk medicine, but it also gives happiness and joy: it is noted that it is used as an aphrodisiac, as a remedy against infertility and against the deficiency of breast milk. <sup>[25-32]</sup>

## **4.2. Beginning of the Formal Education System**

Attached to maternity hospitals, the first midwifery schools were opened in the 18th century. In these schools, midwifery students and obstetricians were also trained, and the course syllabus, which included theoretical and practical training, lasted four months. Midwives were trained for uncomplicated delivery, while obstetricians who were medical students learned to use surgical interventions. This division of labour, as can be seen, still applies today. <sup>[26]</sup>

The transition from midwifery to professional occupation occurred in the 18th century. According to one thinker, the reasons for this development included the beginning of its secularization in life and the decoupling from religious doctrines, the introduction of special education and diplomas for midwives, and, as a result, competition with male obstetricians. <sup>[26]</sup>

### **4.2.1. Midwives in National Socialism**

After the rise of National Socialists, the position of midwives also changed. In National Socialism, the population policy changed, and the working conditions of midwives during this period changed as well. Although the goal of the national socialist health and family policy was to increase the birth rate, the definition of being healthy was defined as compliance with the criteria "in terms of heredity and race". Awards were introduced to encourage birth for families. For each new-born child, a quarter of the couple's loan debt was issued, with the entire loan repaid with the birth of four children. The most important condition for obtaining the loan was that the woman had to stop or quit her working life. In addition, money was created for families per child, and in 1938, a tax penalty was imposed for couples who were childless after 5 years of marriage. Mothers whose children were considered "Aryan and Hereditary" were awarded the "Honorary Cross of the German Mother". <sup>[26]</sup>

### **4.2.2. Midwifery in the Third Reich**

Midwives were tasked with controlling pregnant women, reporting malformations and illnesses, and assisting with the euthanasia program for disabled new-borns. In 1938, the first Reich Law on Midwifery was adopted. The *Reichshebammengesetz* also introduced the Third

Reich that every woman should have the right for a midwife at each birth. As midwives had to adhere to the national socialist worldview, that is, to encourage births, midwives had to keep a diary about births and miscarriages. Midwives had to report "hereditary children" by age 3. Midwives also monitored the provision of adequate food and 10 days of care to young mothers. National Socialism had given special care on nutrition and protection of postpartum women in order to promote, maintain, and reduce infant mortality. But not all women benefited from this care, for example forced workers did not have maternity leave and had to return to work immediately. <sup>[26]</sup>

In 1936, midwifery education was set at 18 months, and people aged 18-35 were enrolled in midwifery school. In the 9-month theoretical training program, topics such as worldview, birth techniques, baby care and postpartum care were added to the educational curriculum. In the second 9-month period, practical birth practice was performed. In addition, midwives were given a general assessment every three years. The assessment was carried out not only for reasons of updating knowledge, but also to ensure that midwives performed their national duties. <sup>[26]</sup>

## 5. TRADITIONAL GREEK MIDWIVES

Traditional lay midwives or midwife-healers (μαμμογιάτρισσα -*mammoyiátrissa*, pl *mammoyiátrisses*) were women who had helped relatives or friends at their labour and had become known as skilful to help birthing women. <sup>[33]</sup> Some had learnt from their own mothers and were known for the encouragement and the support they provided. Through the rituals they attended (salting of baby, third or seventh-day visit by the Three Fates, visiting the church at 40 days, etc) in many parts of Greece they were also considered mediators with divine forces on behalf of the new-born. In addition to midwifery skills, these women also had knowledge of traditional medicine, some of which was also adopted by the classical doctors of their time. <sup>[33]</sup>

An interesting example is the reference of Iakovos Pylarinos, M.D., from Istanbul, 1714: he quotes that he learnt the prevention of smallpox from midwife-healers (μαμμογιάτρισσες *mammoyiátrisses*) from Central Greece during a smallpox epidemic. They used to scar the skin and insert infected liquid from the pustules of smallpox patients, like a kind of immunization. <sup>[33]</sup>

### 5.1. Traditional midwifery practices; beliefs and rituals

Below, you can find a list of traditional midwifery practices, beliefs and rituals:

The magical use of speech (e.g. prayers, chants, spells, incantations, hexes). What characterized all these was: the imperative form, repetition, rhythm and often rhyme. In some cases symbolic imagery was also used. <sup>[33]</sup>

Invocations to saints, to Virgin Mary, to Saint Eleftherios (meaning Freedom), Saint Aykoulas, Saint Symeon, Saint Lechousa (a word combining two meanings, lechóna -woman postpartum- and eleousa -merciful), Saint Efstathios (against miscarriages).

Special blessings by the priests <sup>[33]</sup> were performed. Curse tablets, amulets or talismans were used. These contained herbs or plants, stones, pieces of wood etc. For example the use of *urginea maritima* (commonly called sea squill, a bulb that flowers in autumn) was used as a

curse tablet that repelled an evil spirit named Ghelló. <sup>[34]</sup> According to some folklore specialists it was thalassemia B that this spirit was supposed to cause. They used the bulb throughout pregnancy and afterwards and it was kept close to the child until s/he reached 12 months of age. They would stick reeds into the bulb while chanting magical words. <sup>[34-35]</sup>

Herbs were used as teas, as incenses, as talismans, as enemas, to be smoked in pipes, to apply on the skin or to be sprayed.

Mammí or mammoyiatrissa was usually paid in goods. <sup>[35]</sup>

Pregnancy was highly appreciated as a state of being because it was associated with youth and beauty. Thus, pregnancy provoked the devils and other spirits' and demons' envy. For the same reason pregnant women were considered particularly vulnerable to the 'evil eye'. This is a harmful force emanating from the eyes and transmitted by the gaze. It might be even caused by benign admiration. It was understood that the pregnant body is open, her diffuse boundaries are so vulnerable to the thoughts and actions of other beings, both human and supernatural. So the villagers had to protect her and there was a collective responsibility for the outcome of her pregnancy.

It was considered necessary for the woman to work in order to have a healthy child and an easy birth but she should be more careful: she should not carry weight or jump. <sup>[33]</sup>

She should eat whatever she wished but she should avoid fried and salty foods, alcohol, too many spices. She should not eat snails so that the child would not have a lot of saliva; nor hare so that the child would not take short naps like a hare. <sup>[35]</sup>

There were special rocks, the gliding stones (kylístres) on which the pregnant women allowed their bodies to glide down, believing that, by doing this, their children would also glide out of them as easily as they themselves glided on the stone. Also the feeling of the stone on their body gave the women the power of the stone. <sup>[34-35]</sup>

Going through underground passages (trypopérasma) was also a practice followed. <sup>[34]</sup>

Washing their bodies in special natural springs (e.g. in Kalopoula Kesarianis, Athens) was considered helpful. <sup>[35]</sup>

The pregnant woman should not look at monsters or ugliness because this would affect the child's body formation.

In case of bleeding, the pregnant woman should stay in bed.

Birth always took place at the house of the pregnant woman. However, there is one reference quoting that women from the island of Samothraki would go to a relative's or friend's house to give birth. Women who had given birth easily in the past were invited to attend <sup>34</sup>.

In some areas a warm part of the house was preferred, usually the fireplace and hearth, and not the marital bed. The marital bed was considered sacred by many and contamination through contact with blood and lochia was avoided.

They would always prepare large cauldrons with hot water (usually for compress).

Words and symbolic actions (invoking openness) that aimed to render labour easier included the following: Taking off rings and earrings; untying the apron and belt; letting the hair down; not crossing the arms, legs and fingers; opening doors and windows – or, in case of a birth that

was not progressing, closing doors and windows; untying knots; opening scissors; referring to eels, oil; describing a river that dries up to stop haemorrhage; use of louloudi tis Panayiás (meaning Virgin Mary's flower) (Teucrium Polium), which in a glass of water would unfold. [34-35-36-37]

### 5.1.1. Birth positions

The following were preferred birth positions:

- On midwifery birth stool, with the lay midwife in front of the birthing woman (in which case she was called *εμπροσμμαμή*: embrosmammi -meaning front midwife) and an assistant behind the birthing woman (*παραμμαμή*: paramammi -meaning assistant midwife-, *καρδιοβαστούσα*: kardiovastousa -meaning holding the heart-, *σφίχτρα*: sfichtra -meaning squeezer-, *νεφρού*: nefrou -meaning close to kidney-, etc). In rare cases, the husband was behind the birthing woman. [38]
- The birthing woman sitting on top of two large stones (*πυρομάχια*: pyromachia) [36].
- On all fours
- Standing, with the help of companions or hanging from a rope fixed on the ceiling (there is a special ceiling hook for this purpose in older houses in the area of Mani, Peloponese. [35]

### 5.1.2. Assisting the birth

- Use of *αφουγκραστήρι*: afougrastiri made of ox horn (listening fetal heartbeat tool)
- Vaginal exams after washing hands with soap and putting oil. They mostly did it to see that the baby came down with the head, in which case they said that the birth would be easier. [39-39]

In the case of difficult births, the following acts were performed:

- Prayers: The other women of the village started praying in front of the door
- *Σισάσιμα*: Sisasisma (a kind of shaking) with a strong sheet or blanket. With the birthing woman on her back, they would shake her right and left or even throw her slightly up in the air. [35].

### 5.1.3. After birth

#### 5.1.3.1. For placenta

Placenta was also called different names like: *ύστερο*: ystero -after-, *ταίρι*: tairi -mate-, *αδέλφι*: aderfi -sibling-, *συντρόφιν*: syntrofin -partner-, *ντύμα*: ntyma -cloth-, *λευτέρι*: lefteri -freeing -, *δευτέρι*: defteri -the second-, etc.

For the placenta to be born they would shake the woman's body vertically (Sisasisma). [35-37-39] A pipe was smoked, which burned a special herbal mixture. [37] which caused vomiting, sneezing or coughing. Special staining vessels called *αχνιστήρες* (achnistires) were used, in which they burned certain plants and stained the female's genitals. [36] They blew in a bottle (special bottles called *λευτερομπούκαλα*: lefteroboukala -freedom bottles). [33-37] They used hairstyling needles to perform Acupuncture on the cord. [37] Three church keys were hung on

the cord to “unlock” the placenta. They would tie the cord around the woman's leg. So, as it moved, it gradually removed the placenta (gradual pulling).<sup>[33]</sup>

Below, there is a list of common beliefs about the placenta:

It was considered an ‘enemy’ because it could cause fatal haemorrhage; for this reason they would destroy it by slicing it to pieces, burning it or poking it.<sup>[37]</sup> They could tell the health of the child by examining the appearance of the placenta.<sup>[37]</sup>

If the baby was a girl, they would give the destroyed placenta to a dog to eat. This way, they wished for the next child to be a boy. Or they would bury it in the cellar so that the girl would not be walking around the streets.<sup>[37]</sup>

### 5.1.3.2. First postpartum care

Post partum care took the following forms:

They used coffee, ashes, onion, ground acorn, hypericum oil to treat wounds and lacerations or tied them with sheep wool.<sup>[33]</sup> They tied the belly with a wide belt, 2-3 cm long, either directly, or after placing wooden prósphoron seals underneath. *Απόσφορον*: prósphoron, meaning offering, is a small loaf of leavened bread used in Orthodox Christian liturgies; before baking, it is stamped with a special seal (*σφραγίδα*: sfragída) bearing specific holy symbols/images and letters).<sup>[33-37]</sup>

- They did *αχνίσματα*: (achnísmata) to facilitate uterus recovery. This took the form of smudging.
- They urged the postpartum woman to step on heavy iron cast objects, e.g. a plowshare, to feel stronger.<sup>[37]</sup>
- They bathed the genitals with *τσίπουρο*: tsípouro (strong distilled spirit drink) or wine, watered down vinegar, boiled water, salt water, sea water or oil

If the woman had lost blood, they would wash her all over with wine.<sup>[33]</sup>

For Resuscitation:

- They removed mucus manually (with the finger)
- They would blow in the ears<sup>[39]</sup>
- They would blow air into the mouth<sup>[33]</sup>
- They would massage the body vigorously, even with a brush
- They would place the baby alternatively in hot and cold water

### 5.1.3.3. Umbilical cord

According to most citations, the cord was cut immediately. In Kozani they cut the cord after the baby had cried. There are citations though that the placenta had to be fully expelled before they cut the umbilical cord.<sup>[40-41]</sup> The cutting of the cord would be done with a knife or scissors, sterilized with locally distilled spirit (e.g. *ρακί*: rakí, *τσικουδιά*: tsikoudia, *τσίπουρο*: tsípouro), leaving approximately 2 fingers and tying with a string. Over the cut area they placed a cloth dipped in warm coffee or oil, or they placed ashes or charcoal shavings. The cord was used as a talisman for the child for his/her whole life.<sup>[39-41]</sup> The membrane that covered the child’s face when born in the caule was called *προσωπίδα*: prosopída or *παραπροσωπίδι*:

paraprosopídi (roughly meaning face mask), *τσίπα*: tsípa (Greek word of Slavic origin, roughly meaning skin), *πάννα*: páнна (roughly meaning cloth) or *σκεπή*: skepí (roughly meaning roof or cover) and it was also used as a talisman throughout his/her whole life. <sup>[33-36]</sup>

#### 5.1.3.4. New-borns

The most beautiful person present in the environment should kiss the child first and the wisest one should breastfeed or feed the child first. <sup>[42]</sup>

The child should not be left alone, because the devils and fairies are scared of the mother. <sup>[42]</sup>

The procedures during the first days included the following:

- Washing and salting of the infant <sup>[35]</sup>
- Swaddling (*σπαργάνωμα*: spargánoma) and use of cloth hat <sup>[41]</sup>
- Skin incisions (*χαράκωμα*: charákoma)
- Moulding of the skull (in Epirus the top of the skull had to be flattened) <sup>[42]</sup>
- Cutting the frenulum
- Treating the new-born's eyes with mother's milk drops, lemon or wine.

Mammi usually visited the new mother and her baby every day for a week or so. She examined the mother, bathed the baby, inspected the baby's navel and would even at times wash clothes, dishes or clean the house.

The new mother is in a vulnerable state and hence susceptible to cold (there exist various recipes for warming teas) but also to various demonic forces. These forces were combated with holy water (*αγιασμός*: agiasmos), salt, Frankincense (*λιβάνισμα*: livánisma) in strategic points of the house, etc. <sup>[36]</sup>

After the birth of the child, everything in the house remained closed during the 40 days that followed. The fire was kept burning day and night and the mother was never left alone. On the other hand, she is also considered unclean and her isolation was also necessary to protect others from the dangerous power freed during birth.

There are references to the postpartum woman's moods as *αρμένισμα/ ίσκιωμα*: armenisma/iskioma (probably something like depression or psychosis), which could be prevented through magical words, talismans, etc. There are also references to the husband's postpartum mood changes (*κουβαδέ*). <sup>[41-42]</sup>

To increase breast milk, they offered goat's milk drinks to the mother, or special herbal teas, holy water or special milk-giving talismans. <sup>[33-35-38]</sup>

Breastfeeding would continue for about 2 years but in the area of Mani even 5 years are quoted – an expression for someone robust was “he ate plenty of tit”. <sup>[42]</sup> It was believed that the first milk (colostrum) made children healthy and strong but the women usually breastfed their babies after the milk came down. Until then another woman breastfed the child or they gave anise tea with sugar or chamomile tea by spoon or diluted animal milk. <sup>[41]</sup> Sore nipples were frequent and were treated with home-made beewax-based cremes or mother's milk applied on the whole breast. <sup>[39]</sup>

## 5.2 Beginning of the Formal Education System

Traditional lay midwifery of course has been mentioned in all historical periods. Even in the BC era there are citations of education of midwives. During the Middle Ages, especially in Europe, people relied on the medical knowledge of Roman and Greek philosophers (Galen, Hippocrates and Aristotle). These people were primarily focused on men's health and women's health problems were ignored. <sup>[43]</sup>

In ancient Greece, midwives were women who initially received short practical education from experienced colleagues, often with personal experience who were able to give birth to their own children in their own village or community. <sup>[44-45]</sup> Soranus is the first physician who contributed to the education of midwives. He said that midwives should be divided into three groups: 1. those who have only empirical education; 2. those who have theoretical education in obstetrics and gynaecology outside their experience, and 3. those who have higher education, skills ranked equally among male physicians, and are no auxiliary medical personnel. <sup>[46-47]</sup>

When Greece became a state of its own, the first Governor Ioannis Kapodistrias started organizing hospitals and the university but it was the first king, Otto of Bavaria, who brought ideas of midwifery education from his own country to Greece. By a decree of April 3, 1833, the task of establishing obstetric and surgical schools was assigned to the Minister of Internal Affairs. <sup>[48]</sup> On March 18, 1835, another decree was issued "On the establishment of a theoretical and practical school on surgery, pharmacology and midwifery". In 1838, by the decree <sup>[49]</sup> on the establishment of a school for midwives", an Independent School of Midwives was established in Athens for the free theoretical and practical teaching of midwifery. This faculty is affiliated with the obstetric clinic of the University Medical Faculty, but is subject to the supervision of the Ministry of Internal Affairs. <sup>[48]</sup>

Students up to 35 years of age and who know how to read and write are accepted to this school. Students -who can register twice a year- have completed an apprenticeship that lasts for four months. In the first university obstetric clinic, only 4 patient beds could be practically applied. According to the law passed in 1856, female students were required to be between the ages of 18 and 40 and they were asked to be literate. <sup>[49]</sup> The duration of training was raised to one year. Until the 1940s, traditional midwives were able to obtain a license by working under the direction of a midwife who had been trained for 3 years. In 1912, a one-year theoretical, six-month internship requirement and a 20-35-year age limit were introduced. In 1916, it was compulsory to study for two years, do an internship for one year, and become a high school graduate for admission. In the same period, the establishment of the 'Virginia Skylitsi' School of Nursing and Midwifery was the turning point of Greek midwifery education. <sup>[48-49-50]</sup>

## 6. DISCUSSION AND CONCLUSION

Traditional midwifery, similar in many aspects in Germany, Greece and Turkey, was performed by mostly mature women whose skills were developed through experience passed down from mother to daughter. The experiences of traditional midwives from all over the social spectrum also differed. <sup>[51]</sup> Over time, midwives began to do much more and they became prominent members of the society. In Europe, as in Germany, in the Netherlands, England and Austria, midwifery had to perform the tasks set by the church. Traditional midwives used talismans



and prayers in times of illness and childbirth, when religious beliefs, as well as magic gained importance. [51-52]

Many countries tended to attribute the main cause of negative consequences to the “unhealthy and superstitious” practices of traditional midwives, according to statistics on maternal and infant mortality. [53] About 1900 midwives all over the world received medical education, the necessity of giving birth in hospital conditions was emphasized, and the transition from basic courses to modern midwifery education started. In addition, midwifery criteria were established. The first criterion that stood out was the age factor. Unlike traditional midwives, younger midwives were asked to do the profession. [54] In many countries, existing midwives were women, and reasons such as women's privacy had an impact on the fact that new midwives were also women. There was no demand for male midwives in public anyway. [51] With the modernization of education, childbirth and interventions have moved more to the field of medicine and under the control of a physician. However, there are still regions all over the world where traditional midwifery practices continue. In order not to adversely affect the health of the mother and baby, the number of evidence-based studies on the use of traditional techniques and studies aimed to cooperation with traditional midwives is not enough. [55-56]

## 7. THE LIMITATIONS OF THIS STUDY

This study was based only on the research results published in the literature. Better comparisons can be made with increasing evidence-based studies on traditional midwifery practices.

## 8. FUNDING

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