

Improving access to midwifery care in Greece's rural and remote areas

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Dear Editor,

A critical issue that affects the health and well-being of mothers, infants, and families across Greece is the limited access to medical and midwifery care in rural and remote areas^{1,2}. Despite advancements in healthcare and the proven benefits of midwife-led care, many women in rural Greece still face substantial barriers to accessing adequate maternal health services. This gap contributes to poorer maternal and infant health outcomes, including premature birth, low birth weight, maternal mortality, severe maternal morbidity, and increased risk of postpartum depression, further widening the disparity between urban and rural populations³.

Although Greece has made strides in healthcare access, rural communities continue to struggle with inadequate healthcare infrastructure^{4,5}. For maternal and neonatal health, consistent and culturally appropriate care is essential. In some remote areas, women must travel significant distances to receive prenatal care, often resulting in delayed visits, missed screenings, and a lack of necessary prenatal education and support, all of which adversely affect the health of both mother and child³.

The role of midwives in providing quality, patient-centered maternal care cannot be overstated. Numerous studies highlight the effectiveness of midwives in reducing medical interventions, supporting natural childbirth, and improving breastfeeding rates and maternal satisfaction^{6,7}. However, midwives' potential in rural Greek communities remains underutilized due to a shortage of midwives willing to work in these areas, along with limited resources for training, facilities, and transportation^{4,5}. Collaboration among midwifery associations, the Ministry of Health, and Regional Health Authorities is essential to create a coordinated support network, offering advocacy, resources, and professional connections that help midwives address the unique challenges of rural practice.

Efforts to attract and retain healthcare providers (HPs) in remote areas can be grouped into four categories: education, regulation, financial incentives, and personal and professional support⁸. Educational strategies, such as recruiting students from rural backgrounds, establishing health professional programs in rural areas, and exposing students to hands-on rural experiences, increase the likelihood of HPs choosing careers in remote areas. Regulatory strategies, such as expanding scope of practice and implementing compulsory service requirements, also help stabilize rural healthcare workforces. Financial incentives, including competitive salaries, bonuses, and loan repayment programs, make rural positions more appealing, particularly when paired with improved living conditions. Finally, supportive measures like creating safe and encouraging work environments, offering career development programs, and providing networking opportunities can boost morale and reduce isolation, helping HPs feel valued and connected within their communities⁸.

Telehealth expansion in rural Greece⁴ can also improve midwifery care access, enabling midwives to collaborate with urban specialists and monitor high-risk pregnancies in real time. Teleconsultations allow midwives to conduct routine prenatal check-ups, monitor vital signs, and provide nutritional guidance, reducing the need for non-urgent travel to urban centers⁹. Remote monitoring tools, such as blood pressure cuffs and fetal heart monitors, allow expectant mothers to share health data from home, enabling midwives to intervene early if issues arise¹⁰. Additionally, telehealth offers virtual prenatal and postpartum classes that foster community support, reduce anxiety, and promote mental well-being. For telehealth to succeed, however, investment in digital infrastructure, such as reliable internet in remote areas^{4,5}, and targeted training for midwives is essential. Funding for telehealth programs and subsidies for devices will further ensure equitable access across rural Greece. Although telehealth is a valuable supplement to maternity services, it cannot fully replace the personalized care of in-person visits, as midwives report concerns about remote assessment errors and the challenges of addressing health issues without physical exams^{9,11}.

Additionally, a mobile midwifery unit model could reach the most remote parts of Greece. These mobile units, staffed by trained midwives and equipped with diagnostic tools, could visit rural villages on a rotating schedule, providing regular prenatal and postnatal care, breastfeeding support, and family planning guidance¹². Empowering midwives with e-prescribing capabilities is also crucial, allowing them to prescribe necessary medications and treatments on-site. This will strengthen their role within Primary Health Care, ensuring timely access to essential medications for women in remote areas, improving maternal health outcomes, and reducing the need for travel to obtain basic prescriptions¹³.

Policy advocacy is crucial to realize these improvements^{4,5}. A strategic rural health plan should increase awareness of the challenges faced by rural women and emphasize coordinated action to improve maternal healthcare access and outcomes³. Greek health authorities, midwifery associations, local governments, and community leaders must work together to close these healthcare gaps. Collaborating between hospitals and rural clinics would also enhance referral systems, ensuring rural midwives have support when complications arise.

In conclusion, improving access to midwifery care in rural and remote areas requires a multifaceted approach that integrates incentives for midwives, expands digital health tools, and invests in mobile care units. These measures will not only improve health outcomes for mothers and infants but also promote equitable healthcare access across Greece. By advancing a coordinated and resource-supported network, Greece can ensure that all women, regardless of location, receive the comprehensive, compassionate maternal care they deserve, ultimately strengthening families and communities across the nation.

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CONFLICTS OF INTEREST

The author has completed and submitted the ICMJE Form for Disclosure of Potential Conflicts of Interest and none was reported.

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