

SYSTEMATIC REVIEW

The Health and Wellness Benefits of Traditional Postnatal Practice (TPC) on Postnatal Mothers: A Systematic Review

Patricia Sator^{1,2}, Rohani Mamat¹, Syed Sharizman Syed Abdul Rahim¹, Kim Geok-Chan², Rosalia Saimon², Sukhbeer Kaur A/P Darsin Singh¹, Waidah Sawatan¹

¹ Faculty of Medicine and Health Sciences, Universiti Malaysia Sabah (UMS), 88400 Kota Kinabalu, Sabah, Malaysia

² Faculty of Medicine and Health Sciences, Universiti Malaysia Sarawak (UNIMAS), 94300 Kota Samarahan, Sarawak, Malaysia

ABSTRACT

Introduction: Postnatal is a transition process for the mother back to her non-pregnancy state and involves the changes in hormones level. During the postnatal period, many health issues need to be addressed for both mother and newborn. One of the upsetting health issues for the mother due to the increasing trend is postnatal depression and if it is not identified and treated early, it may cause further complicated problems not only to the mother but also to the baby, family, and local community. With this issue, the Ministry of Health Malaysia has taken a few initiatives to encourage the postnatal mother to also practice the non-medical approaches or traditional postnatal care (TPC) as a self-care for the prevention of postnatal depression. **Aim:** To systematically identify and review studies examining the influence of TPC on postnatal mothers. **Design & Data Sources:** A systematic search strategy on the research trend for the period between the years 2013 to 2020 through the Scopus database, Science Direct, and PubMed database. **Methods:** This review has identified 7 journal articles based on the preferred reporting items for the systematic reviews (PRISMA) framework. **Results:** There are many methods of TPC, such as traditional postnatal body massage, herbal consumption, herbal bath, body steaming, and body wrapping based on own culture and beliefs. Besides the TPC preparation and techniques, some studies also describe the effects of TPC on a mother's health and wellness. **Conclusion:** TPC shows encouraging health trends, and it helps to enhance the well-being and good health of postpartum mothers.

Malaysian Journal of Medicine and Health Sciences (2022) 18(6):286-294. doi:10.47836/mjmh18.6.37

Keywords: Traditional postnatal care, Postnatal mothers, Health benefits, Systematic review

Corresponding Author:

Rohani Mamat, MSc (Nursing)
Email: rohanim@ums.edu.my
Tel: +6 0166973259

INTRODUCTION

One of the aims of women's health is to ensure health and well-being status in all aspects and conditions including the postnatal period. There are many challenges faced by the mothers during the postnatal period and if these challenges are not handled properly, they may affect the mother's health and wellness, to be specific with this study, such mental status disorder, is known as postnatal depression. According to Bogucka, 2019 (1), postpartum depression is defined as a serious mental disorder that develops within one month after childbirth and it occurs in 6.5% to 20% of women in the postpartum period, and in the second months of the postnatal period, the risk of developing depression is 5.7%. Previous studies disclosed that many factors contribute to postnatal depression and the complications may affect the baby,

family, and community. Due to this problem, the Malaysia Ministry of Health had taken a few initiatives, including the non-medical approach which is the application of traditional postnatal care (TPC) through the publicizing of the traditional and complementary medicine (TCM) unit for appropriate referral which was set up in certain health centers (2).

According to Bozlar MA et. al., 2011 (3), traditional postnatal care has been practiced among postnatal mothers for decades commonly by generation and performed by the older folks to ensure the mothers' and new born well-being throughout the confinement period. These traditional practices are aimed at restoring the normal function of sexual and reproductive organs, increasing well-being and energy, promoting wound healing, and aesthetic reasons (4). Recently, TPC has also been practiced widely by practitioners to accommodate the needs of postnatal mothers. Based on the experience shared by the mothers who been practiced TPC, there are many health benefits for them and even for their new born baby (5). However, there are still some

disadvantages with this TPC that had been reported, for example, the prohibition on taking nutritious food and hygiene which are very important for the healing process of postnatal mothers (6). The cost-effectiveness and clear description of TPC practice especially in Sabah not found in the published study. This systematic review will provide an opportunity to explore the influences of TPC especially in preventing the prevalence of postnatal depression. This also can be an advantage in improving the TCM service to ensure the postnatal mother’s ability to access this service in a health care setting and receive the safe TPC.

This paper aims to identify the types of TPC from various cultures all over the world and their influences on health benefits and wellness, especially for postnatal mothers. The research trends and identifies similar themes, frameworks, and samples of research are included in this systematic review. Table I (as attached) showed the research questions of this study precisely.

Table I: Research questions

RQ	Research Question
1	What are the most common types of TPC among postnatal mothers?
2	What did the research findings on the health benefits of TPC on postnatal mothers?
3	What is the significant wellness of TPC on postnatal mothers?

METHODS

To extant an ample description of the published literature on TPC for postnatal mothers, a systematic literature review was carried out on the published studies based on this title according to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines (Figure 1). Nevertheless, only articles that meet the following inclusion criteria were selected:

1. Published in refereed academic journals (Scopus database, Science Direct, PubMed)
2. Discussed TPC practices among postnatal mothers
3. Published during the last 10 years, 2013-2020 to study the publication trends and latest information

The aim is to analyze the content of 7 selected articles to answer the research questions. To specifically identify the targeted articles, the following documents are considered under the exclusion criteria, including the conference proceedings, books, book reviews, magazines, short surveys, short communications, newsletters, editorials, and publisher notes. Based on the inclusion criteria, Table II represents the identified articles for these systematic reviews.

RESULTS

The collection of the article was performed by searching on a few databases including Google scholars, Science direct, and Pub Med, and based on the title-keyword

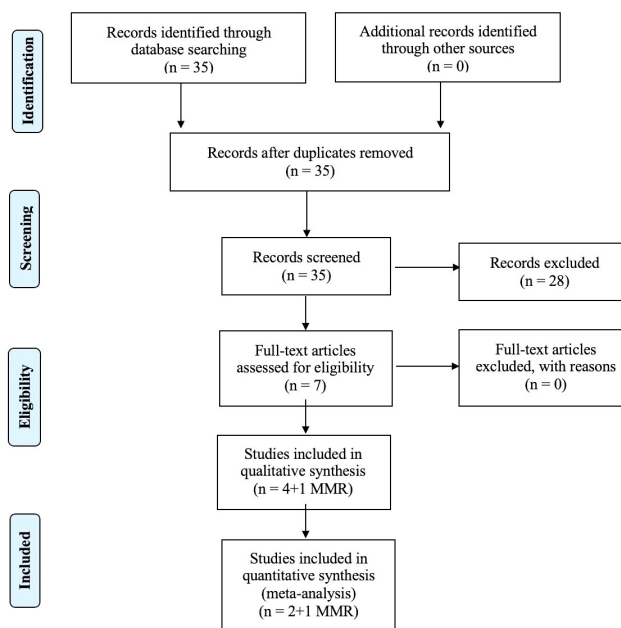


Figure 1: PRISMA 2009 flow diagram

search: “Traditional postnatal care” and “The benefits of traditional postnatal care” based on the inclusion criteria for this paper, which are: 1. published in refereed academic journals, 2. discussed TPC practices among postnatal mothers and 3. published during the last 10 years, 2013-2020 to study the publication trends and latest information. There were 35 articles identified. To extract the relevant data which provides the support answer to the research questions, a thorough reading of the articles was done. Only 7 articles met the criteria for this systematic review.

Data extraction

The data that was extracted following the relevant information from the identified and finalized articles are, the most common types of TPC among postnatal mothers, the health benefits of TPC on postnatal mothers, and the significant effects of TPC on postnatal mother’s wellness.

The most common types of TPC among postnatal mothers

TPC can be categorized into 4 types based on the preparation and techniques used as stated in Table III. Type 1 is the massage method including body massage, breast massage, belly massage, and reflexology, type 2 is the body warming method by steam bathing, hot stones application, herbal application, and body wrapping. Type 3 is by consuming the herbs either from plants or processed fluid and type 4 is by using other methods which are still very rare practiced by the postnatal mothers in Sabah (by observation based on the literature review findings) including acupuncture, acupressure, and hypnosis.

Based on the 7 articles in this systematic review, the most common types of TPC practices by postnatal

Table II: Practice and effects of Traditional Postnatal Care (TPC) on postnatal mothers

Authors, Year, Country, Publisher	Aim	Sample	Research Design	Analysis	Findings
(1)Adilla Nur Halim & Aidatul Azura Abdul Rani, 2017, Malaysia, TCM, MOH	To explore, identify and determine the characteristics and procedures of the Malay traditional medical practice during postnatal among the Malay traditional practitioners in Kelantan.	42 (Malay traditional practitioners for postnatal care)	In-depth interview (Qualitative)	Narrative analysis	<p>Practices based on 8 main themes:</p> <ol style="list-style-type: none"> i. Malay traditional massage ii. Herbal compress iii. Herbal bath iv. Corset application (bengkung/ barut) v. Herbal application to the body (param) vi. Herbs application on forehead (pilis) vii. Heat therapy (smoked) viii. Traditional steam/ sauna <ol style="list-style-type: none"> 1. Malay traditional massage: Begin on the day 3 after delivery (normal without episiotomy) and day 7 (normal with episiotomy wound). Various duration based on the mother or practitioner advice. Normally for 3 days or until the day 40 after delivery. Advisable to do morning or late afternoon because the muscles are soften at this time. Procedure: normally from the belly, down to lower limbs; buttock; back; breast; shoulder and arms and lastly the head. However, some practitioners begin this massage from legs and towards the upper limbs and end at the belly. The coconut or cooking oil will be used and sometimes mixed with herbs and spices. This will take about 30 minutes to 1 hour. 2. Herbal compress: This is a point massage using hot stone. For normal delivery without episiotomy, this can be start at day 3 and with episiotomy at day 7 or 10, and can be continue until day 40. Advisable to be done twice a day, morning and late afternoon and normally after the massage therapy. This will take about 1 hour to 1 hour and 30 minutes depends on the mother's size. Herbal compress wraps is consist of 2 to 3 layers of batik line from the outer part, then layers of newspapers and herbs leaves in the most inner part. The hot stone will be put on this layer and wrap to handle it easily. During this compress, layers of the batik linen will remove one by one to maintain the heat of the compress. Procedure: begin from the belly, then to the thighs, buttock, back and lower limbs. Hot compress on the foot are well encourage as it can smoothing the veins. 3. Herbal baths: Herbal bath is well encouraged for postnatal mother as early as day 1 after delivery. Once or twice a day and normally after massage and hot compress therapy. At least 3 days and can be continue throughout the confinement. Procedure: The boiled herbal water will be keep until warm then filter it for the mother's bath. Herbal water can be use once only. Begin with watered the legs first, then the body and lastly at the head. 4. Corset Corset application is highly recommended to return the body shape as before pregnancy. Normally can be apply just after delivery or day 2 up to 40 days. For the optimum effects until 100 days. Corset is applied for few hours, normally after bath and before eating time. Prior to body wrapping, herbs will be apply to the body especially at the belly. Procedure: A linen about 3 to 5 meters to wrap the body tidily and not loose, begin at the hips until the lower line of breast. There a few start from top to bottom, and start from middle to the lower part then to upper part of the mother's body. 5. Body heat Body heat practice by burning the woods. Body heat is preferred before the massage therapy. Generally body heat can be start just after delivery until day 40- to 45 early morning for 2 to 3 hours depends on mother tenacity. Procedure: A hot oil, turmeric and black pepper will apply on the mother's back. The mother will lie down and position has to change every 2 to 3 days. The burning woods will be keep near the hips. 6. Herbal application (body and forehead) The purpose of this herbs is to make the mother's body warm after delivery. Normally this herbs will be apply to whole body especially at the belly. Herbs for the forehead is to reduce headache, dizziness, prevent from wind and smoothing the vines. 7. Uterine lifting The suitable time for this practice is day 20 after delivery and will be done during the belly massage by gently massage from the pubic area to towards the navel. 8. 'mati peranakan' or hold the uterine to function as a breeding system There is only a few practitioners know about this practice. This will be done as a traditional family planning method and normally at day 20 after delivery and if requested by the mother. 9. 'pelepas' ceremony This is a ritual practice to aim the end of confinement day. Some believes this ritual is to prevent the mother from postnatal depression, black magic and unwanted things to happen. This ritual is suitable to be done at the last week of confinement period at the odd number of days. Usually when the mother is free from postpartum bleeding and can take a compulsory shower for Muslim woman. Procedure: Normally this ritual will begin for the mother to take flower's bath. After that, the mother will hold the baby standing facing the door. The practitioner will roll the raw thread or coconut leaves which have been shape into loop onto the mother and baby and at the same time recites spells or prayer for safety. Then the raw thread or coconut leaves loop will be thrown outside as a remark, the mother and baby have been released.

Table II: Practice and effects of Traditional Postnatal Care (TPC) on postnatal mothers

Authors, Year, Country, Publisher	Aim	Sample	Research Design	Analysis	Findings
(2)Alessandra N. Bazzano, Jeni A. Stolow, Ryan Duggal, Richard A. Oberhelman, Chivorn Var, 2020, Cambodia, PLoS ONE	To explore use of biomedical and traditional forms of postnatal care.	15 mothers who had child under 6 months old.	An ethnographic approach (in-depth interview) was utilized to document and describe routine postnatal care behaviours in the natural setting of communities and homes where families go about day to day activities (Qualitative)	Qualitative data was synthesized via thematic content analysis.	<p>Analysis resulted in exploration of the following themes: valuing of care through different lenses, transitioning forms of postnatal care, and diverse sources of advice on postnatal care.</p> <p>Participants described the value of postpartum care through the lenses of traditional knowledge of the pregnancy and postpartum period, and as also a mechanism to prevent future ill-health. Sub-themes included post-partum vulnerability, common post-natal illnesses or health conditions, and preventive practices.</p> <p>Post-partum vulnerability. Postpartum vulnerability was a key sub theme of interviews. The period of pregnancy and post-partum are times when a woman's body is considered susceptible and at high risk of injury or illness. Women reported that traditional practices were used to both strengthen the mother and to prevent negative health outcomes that could result.</p> <p>Local descriptions of common postnatal health conditions. Participants universally described common ailments that occur after a woman delivers her baby, and the symptoms and conditions associated with these. These included <i>sor sai kchey</i>, describing that the whole body is weak, breast milk production issues, and various bodily aches or pains.</p> <p>Preventive practices. Nutrition and food. Diet was noted as an essential component of recovery from giving birth. A common theme from several of the interviews was that what one ate was a determinant of if, and how well, they recovered from childbirth. Appropriate foods for recovery were seen to convey a general feeling of improved health, increased breast milk production, better bodily functions (sweating, urination, and defecation), and a healthy appetite.</p> <p>Herbal and alcohol tonics. Herbs were often consumed through a boiling process or in tonic form with wine. Beeswax was also noted as an ingredients in tonics. Participants reported believing that consumption of tonic or rice wine was effective in improving health, healing, and increasing breast milk. This particular behaviour was noted as belonging to an older generation, and was thought of as a traditional approach to postnatal care. Tonics, including those with alcohol, were consumed by some mothers, but others avoided them.</p> <p>Application of heat or cold to the abdomen. Ice blocks or hot stones (used singly, not in combination) applied to the abdomen were described by some participants as helpful to postpartum health. The interviewees who spoke of this practice noted it could slim one's stomach and ease stomach pains.</p> <p>Steaming. Steaming is a traditional technique described by some participants utilized specifically for releasing impurities, "bad blood", or other issues. This postpartum practice was identified as a practice of the older generation, and one suggested by older people in the village.</p> <p>Application of herbal substances to the skin. Topical treatments were often used by new mothers to aid in their healing process. Women interviewed described the process of making the mixture, how to utilize it, and what costs were associated. "Yellow powder" or ground turmeric, and rice wine mixture was utilized as a topical salve. Yellow powder was utilized to make the woman feel "warmer" and to improve the skin of the mother after delivery.</p> <p>Importance of traditional practices following delivery. Traditional medicine was highly regarded by those interviewed. These practices were thought of as ones passed down through generations. Although utilization of these techniques was common, they were not necessarily reported as being done in place of modern medicine. Women reported that they would do these practices (steaming, tonic, skin application) as a compliment to their postnatal care, as finances allowed.</p>
(3)Archana Chaturvedi, Ashok Kumar Tiwari & Ruchi Jakhmola Mani, 2017, India, Indian Journal of Traditional Knowledge	To highlights the potential of traditional methods of postnatal care and the need for their documentation.	Four clusters for each village, all six villages (women, 28-70 years old). From each cluster, 5 women respondents were selected based on stratified random sampling	Questionnaires	(Qualitative)	<p>Preparation of various types of medicinal plants (herbs, trees, climber and shrub). This preparation could help in relieving postpartum stomach pain, backache, general weakness and speed up postpartum recovery process. The diet regime is followed for minimum forty days and is practiced strictly in each and every house irrespective of the cast and community.</p> <p>While eating brinjal, pumpkin, black lentil and plain water are avoided for postnatal mother to take to prevent eczema to the newborn baby and gastric to the mother.</p> <p>Ayurveda body massage with oil known as Abhang (heating mustard oil with <i>Trachyspermum ammi</i> (ajowan seeds) and <i>Zingiber officinale</i> (dried ginger) leads to toning up of muscles of pelvic floor, abdomen, back and vagina. It also reported Abhang can prevent thrombosis because rubbing and friction during massage dilate blood vessels and improves blood circulation.</p>
(4)Law Kim Sooi & Soon Lean keng, 2013, Malaysia, Hindawi	To determine the prevalence, to describe the pattern of herbal medicine usage during pregnancy among the Malay women in Kelantan, and to explore their knowledge and attitude of safety towards these herbal medicines.	460 mothers (18-46 years old). From 460, only 158 women used at least one type of herbal medicine.	Cross-sectional using questionnaires (Quantitative)	A Chi-square test was used to analyse the association between demographic variables and herb usage.	<p>The majority of women (116/ 73.4%) used herbs during labour. The rest used herbs during their pregnancy.</p> <p>The most commonly reported reasons for the use of herbal medicines during pregnancy were to facilitate labor (89.2%). This is followed by a promotion of health status (31%), of traditional practice (22.8%) and to relieve common discomfort during pregnancy (10.8%), to keep warm (10.8%), to keep sexual pleasure (7%), to restore youth (7%), to prevent whitish discharge (6.3%), and to promote fetal physical health and intelligence (5.7%).</p> <p>The results also showed that the majority (51) (32.2%) of women bought herbal medicines directly from traditional midwives followed by store purchases and self-preparations 46 (29.1%), or from herbal shops 43 (27.2%).</p> <p>77.2% of women perceived herbal medicines as being safe and effective because herbs are "natural" substances and do not contain any dangerous chemicals and also because the practice of using medicinal herbs has been going on for many generations. It is therefore considered safer than conventional medications during pregnancy. More than a half (51.9%) of the women found the herbal medicines to be effective. Only 10.1% of women felt that herbal medications were not effective 31% of women were unsure or did not notice any beneficial effects while taking herbal medications during pregnancy. Ten percent of the childbearing women strongly agreed and 73.3% agreed with the integration of traditional medicines/herbs with modern medications.</p> <p>The most common herb used during pregnancy was Sanggul Fatimah (<i>Anastatica hierochuntica</i> L.) (63.9%), coconut oil (minyak selusuh) (33.5%), unidentified herbs prepared by traditional midwives (6.3%), homeopathy (11.4%), <i>Zingiber officinale</i> (3.2%). Unidentified herbs prepared by traditional midwives were not listed in the questionnaire but were used by some women during pregnancy.</p>

Table II: Practice and effects of Traditional Postnatal Care (TPC) on postnatal mothers

Authors, Year, Country, Publisher	Aim	Sample	Research Design	Analysis	Findings
(5) Xujuan Zheng, Kim Watts & Jane Morrell, 2019, China, Japan Journal of Nursing Science.	To explore Chinese primiparous women's experience of "Doing the month" and why Chinese women felt satisfied or dissatisfied with the experience.	420 Chinese primiparous women were recruited in obstetric wards at three hospitals in Xiamen City, China. (416 with usable data were collected)	A descriptive survey using closed- and open-ended questions was adopted to explore primiparous women's experience of "Doing the month." In terms of the open question of "Why women felt satisfied or dissatisfied with the experience of "Doing the month?," a thematic text analysis using manual coding (Green & Thorogood, 2004) was conducted by the researchers. (Mixed-methods)	SPSS Version 21	Regarding the prevalence of the dissatisfaction and satisfaction of "Doing the month," the cut-off points of 50 and 70 were determined, respectively, because the women who scored <50 were prone to give reasons as to why they felt dissatisfied or strongly dissatisfied with their experience of "Doing the month" in the open questionnaire and the women who scored >70 were more likely to give explanations as to why they felt satisfied or strongly satisfied with their experience of "Doing the month." Why the women felt satisfied with "Doing the month". First, 26.3% (49/186) of the women thought that their family was giving them a lot of support and they could have a good rest, which enabled them to recover after childbirth, and 13 (7.0%) of the women noted that they felt happy because their mother accompanied them. Second, 11.3% (21/186) of the women stated that they had gained a great sense of achievement when taking the initiative in the care of their baby. Third, some women (n = 18) described their feeling that they thought thinking positively was of importance for a better experience of "Doing the month." Fourth, some women (n = 13) referred to how having an appreciative attitude helped them to get along with the older generations and made them feel more satisfied with the practice. Why the women felt dissatisfied with "Doing the month". First of all, a general feeling of being tired of taboos was evident in this group of women. In total, 38.2% (71/186) of the women complained about being forbidden to wash their hair or bathe and they detested eating too much protein-rich food. Second, 22.0% (41/186) of the women stated that they were in conflict with their mother-in-law in terms of beliefs about taking care of the baby. In Chinese culture, maintaining family harmony by respecting the elders' wishes is expected of all young adults (Tang, 1992). This expectation became problematic for many participants during the postnatal period, as their elders' advice and guidance were usually inconsistent with their own desires (Tarrant et al., 2004). Third, 11.3% (21/186) of the women thought that the family did not give them enough, or any support, during this period. In addition, 10.8% (20/186) of the women stated that they had high expectations for "Doing the month" and excessively relied on other family members for parenting their baby. This undue expectation on "Doing the month" led to their negative feeling with the experience.
(6) Yingchun Zeng, Ying Zhou, Peiyi Chen, Taizhen Luo, Meiling Huang, 2014, China, Complementary Therapies in Medicine (Science direct)	To investigate the use of CAM in mainland China.	306 (women during puerperium, 18 years above and voluntary to participate)	Cross-sectional survey (Quantitative)	SPSS version 20.0 Descriptive statistics such as frequencies and percentages were calculated for categorical variables. An independent t-test was used to compare the mean age of women who used CAM and those who did not.	Use CAM: YES (131), NO (175) Types of CAM use: Reflexology (55) Massage (51) Acupuncture (45) Acupressure (40) Herbal medicine (37) EO in the bath or applied to perineum (14) Aromatherapy (10) Others (eg, Hypnosis) (7) Causes of CAM use: Pain relief (68) Relaxation (58) Do not know or others (38) Not answered (142)
(7) Yueh-Chen Yeh, Winsome St John, Lorraine Venturato, 2016, Taiwan, Korean Society of Nursing Science (Asian Nursing Research)	To explore how traditional ritual practices are incorporated into the context of contemporary healthcare	27 (new mother, able to speak Mandarin or Taiwanese, willing to participate in the study)	In-depth interview (Qualitative-ethnographic approach)	Data were analysed using a method developed by Creswell which uses a cyclical process of data collection and verification at every step of the inquiry to construct a solid product. The researchers read and re-read the transcripts to identify emerging categories until sufficient coding consistency was achieved.	Preparation of Chinese herbs in stews which focus on fortifying the blood and stimulating the flow of breast milk. The new mothers in this study were generally brought up to believe that adherence to this ritual was physically and psychologically appropriate and would prevent them from experiencing future illnesses. Many of the new mothers felt reassurance because they were receiving modern medical service from health professionals. The PNC appeared to be a modern approach to post-partum care.

Table III: Articles by types of TPC

Types of TPC	Ref.	Total	%
Massage methods	(1) (3) (6)	3	42.9
Body warming	(1) (2)	2	28.6
Herbal consumption	(2) (3) (4) (6) (7)	5	71.4
Other methods	(1) (6)	2	28.6

mothers is herbal consumption (71.4%), followed by the massage method (42.9%) and body warming is the same as other methods of TPC (28.6%). The study by Alessandra et. al., 2020 (7) reported that the tonic drink is prepared by the process of herbs boiling and mixed with the beeswax. In another study by Archana et. al., 2017 (8), the preparation of various types of medicinal plants (herbs, trees, climbers, and shrubs). 77.2% of women perceived herbal medicines as being safe and effective because herbs are “natural” substances and do not contain any dangerous chemicals and also because the practice of using medicinal herbs has been going on for many generation (9).

Yingchun et. al., 2014 (10), stated that of 131 postnatal mothers using complementary and alternative medicine (CAM), 37 used herbal medicine. And Yueh et. al., 2016 (11), reported that, the preparation of Chinese herbs in stews.

The health benefits of TPC on postnatal mothers

For this data, 4 from 7 articles mentioned the health benefits of TPC on postnatal mothers. Halim AN et. al., 2017 (12) reported that the purpose of herbs application is to make the mother’s body warm after delivery. Normally these herbs will be applied to the whole body, especially on the belly. Herbs for the forehead are to reduce headache, and dizziness, prevent wind and smooth the vines (13). According to the study by Alessandra et. al., 2020 (7), during postnatal period, the appropriate herbs for recovery help in general feeling of improving health, increased breast milk production, showed a better bodily functions for example, sweating, urination, and defecation and give a healthy appetite. Furthermore, the benefits of these herbs and tonic or rice wine were effective in improving health, healing, and increasing breast milk (14). Other than that, another method is by using ice blocks or hot stones as an application of cold or heat to the abdomen. It was used singly and not in combination. This study showed that this method was described as helpful to postpartum health and it could firm the stomach and ease stomach pains (15). Archana et. al., 2017 (8) found that the preparation of herbal consumption can relieve postpartum stomach pain, backache, and general weakness and encourage the postpartum recovery process. In another context by Withers M. et. al., 2018 (16), eating some types of vegetables such as brinjal, pumpkin, and black lentil may cause eczema to the newborn baby, and consuming a

lot of plains can cause gastric pain to the mother. It also reported that Abhanga, the Ayurveda oil for massage can prevent thrombosis because rubbing and friction during massage dilate bold vessels and improves blood circulation (8). Yingchun et. al., 2014 (10) mentioned it can cause pain relief and Yueh et. al., 2016 (11) stated that its focus is on fortifying the blood and stimulating the flow of breast milk among postnatal mothers.

The significant effects of TPC on postnatal mothers

Other than health benefits, the wellness of the postnatal mothers was also counted while reviewing the works of literature on the TPC practices (17). This is because, of the need to fulfil the holistic condition of the postnatal mother including physical, physiological, and psychological health (18). From the 7 articles, there are 6 articles reported about the wellness of TPC practice. In the first study by Halim MN et. al., 2017 (12), “pelepas” as one of the rituals of TPC practice believed can prevent the mother from postnatal depression, black magic, and unwanted things to happen”. In the other study by Alessandra et. al., 2020 (7), steaming can release impurities, also known as bad blood or other issues, and suggested by older people. Furthermore, TPC is highly deemed by postnatal mothers and it is a reasonable payment for them. Archana et. al., 2017 (8), mentioned that the Ayurveda body massage with “Abhanga oil, contained with mustard oil with Trachyspermum Ammi (ajowan seeds) and mixed with Zingiber officinale (dried ginger). This will lead to toning up of muscles of the pelvic floor, abdomen, back, and vagina” (8).

The other study by Xujuan et. al., 2019 (19) revealed that there is a practice by the postnatal mother, called doing a month, which is the term during the postnatal period for the mother to follow the TPC practices by the older generation and they responded satisfied feeling and enabled them to recover after childbirth because their “family was giving them a lot of support and they could have a good rest (49/186), this postnatal mother also felt happy because their mother accompanied them (13/186), at the same time, the postnatal mother gained a great sense of achievement when taking the initiative in the care of their baby (21/186). During the Doing the month, the postnatal mother needs to have positive thinking about the importance of a better experience (18/186) and (13/186) to make them feel more satisfied with the practice, and having an appreciative attitude helped them to get along with older generations” (19). Based on a study done by Yingchun et. al., 2014 (10) from 131 postnatal mothers, 58 of them said practicing traditional postnatal care can lead to relaxation. And according to Yueh et. al., 2016 (11) the new mothers were generally brought up to believe that adherence to the ritual in traditional postnatal care was physically and psychologically appropriate and would prevent them from experiencing future illnesses.

DISCUSSION

By doing this review, it showed depth understanding and systematic and comprehensive analysis over the 8 years of research in TPC for postnatal mothers. TPC is one of the non-medical approaches that can be encouraged for the community focusing on the postnatal in this study review (20). There are many methods discovered for traditional postnatal care and most of them are cheap, available, and easy to use or prepare (21). This is one of the approaches that is seen to be useful especially in today's situation with the global endemic issues where the community living with the new norms, restricted the people's contact and avoids confined places such as health centers or hospitals to seek treatment (22). As mentioned by Sharma B et. al., 2021 (23), TPC is a feasible practice that can be applied to the postnatal mother as, during this confinement period, the risk of getting infected due to the low immune system, of both mother and new born. Based on the research objectives, there are three categories were discovered: The most common types of TPC among postnatal mothers, the health benefits of TPC on postnatal mothers, and significant wellness of TPC in postnatal mothers. From the reviewed kinds of literature, there was much evidence and supporting data that considerably helps in improving the postnatal mother's health and wellness.

At the same time, the reviewed pieces of literature provide the findings and analysis that reveal the health benefits and wellness for deeper studies to be conducted in the future and focusing on the integration of TCM service in a health care setting and focusing on the postnatal health and wellness. For the integration with the TCM service, this review may help to enhance the trust and confidence among the user by also adhering to the guidelines of the TCM division, Ministry of Health Malaysia. Nevertheless, there is a necessity to conduct more research on TPC as there is still very limited published study on TPC to answer several questions on the cost-effectiveness and long-term effects on health and wellness of TPC.

As a recommendation for future rigorously review, besides the positive influences of TPC, the researcher may also search for the negative effects of TPC on postnatal care (24). This can enrich the stronger evidence on both positive and negative effects of TPC for postnatal mothers and the comparison can be seen and the decision can be made by the mother or client based on their preference of TPC methods and may assist the health and wellness of the client, especially the postnatal mother, and reduce or prevent the negative effects during the postnatal period such as prolonged healing process and any situation that may lead to postnatal depression (25). Based on the study by Bazzano et. al., 2020 (26), tonics, including those with alcohol, were consumed by some mothers, but others avoided them. One woman stated: I didn't drink the special wine. I

have never drank wine or alcohol before, so I think that I can't support it. I don't feel well after drinking alcohol (mother, 25 years old). In another study by Wilder, 2022 (27), herbal medicines, such as feverfew, garlic, ginger, ginseng, motherwort, St John's wort, and willow bark, were found to reduce platelet aggregation.

Rosmala et.al., 2020 (28) reported that the roasting process of the postpartum mother and her baby can be detrimental to the health of the mother and baby by using wood fuel also known as biomass. Smoke from burning firewood or biomass contains very fine dust particles which is less than 10 microns and air pollutants such as carbon dioxide, formaldehyde, nitrogen oxides, and sulphur oxides. Other than that, this practice also caused fear and leads to health problems for postpartum mothers, which can endanger the health of the mother, such as sitting on hot coals or heating can cause vasodilation, lower blood pressure, can even stimulate bleeding, and can cause dehydration in postpartum mothers.

There are a few limitations to this systematic review. Firstly, there were limited search terms used, where they were only the articles published in Google Scholar, Science Direct, and PubMed due to a lack of information regarding this matter. It is possible to find other research articles on TPC in other databases, such as Web of Science or CINAHL. Other than that, these review results were very much determined and limited by the researcher review method; thus, the results may differ from other reviews if any factors are altered: research questions, inclusion and exclusion criteria, and the review process including the identification, screening, and eligibility. To enhance the findings and discussion, a more rigorous and systematic review method may involve citation counting, reference analysis, and article evaluation by experts.

CONCLUSION

To conclude, the main contribution of this systematic literature review is TPC for postnatal mothers has an encouraging health trend. This review also listed a findings summary based on the research questions. Hence, the three categories of research focus are the most common types of TPC among postnatal mothers, the health benefits of TPC on postnatal mothers, and the significant wellness of TPC in postnatal mothers. Furthermore, this study can be the starting point for the trends of TPC for postnatal mothers. This systematic review is also seen to fill the gap in understanding TPC research and development patterns and trends in postnatal health and wellness. Additionally, this synthesized review on postnatal overall health status through the application of TPC practice could benefit researchers and other stakeholders such as the TCM division of the Ministry of Health and other registered TPC practitioners, thereby suggesting more opportunities

for future research related to this health approaches.

ACKNOWLEDGEMENTS

The authors would like to express my special thanks of gratitude to our Dean of Faculty of Medicine and Health Sciences, Universiti Malaysia Sabah, Professor Dr. Mohammad Saffree Jeffree for the endless support and guidance. This study was conducted with grant from the Skim Penyelidikan Bidang Keutamaan (SPBK): SBK0480-2021.

REFERENCES

1. Bogucka DK, Bialy A.I. Physical activity and the occurrence of postnatal depression- A systematic review. *Medicina* 2019; 55, p.560. doi: 10.3390/medicina55090560
2. Cristina O. World Health Organization (WHO) Global Report On Traditional And Complementary Medicine. 2019. Available from: <https://apps.who.int/iris/handle/10665/312342>
3. Bozlar MA, Aljunid SM. Role of Traditional and Complementary Medicine in Universal Coverage. *Malaysian Journal of Public Health Medicine*. 2011; Vol. 11(2): p.1-5. Available from: https://www.researchgate.net/publication/283440377_Role_of_traditional_and_complementary_medicine_in_universal_coverage
4. Akmal S, Darus N, Rugayah B. Traditional Postnatal Care In Restoring Women's Physical And Mental Health. Health Technology Assessment Section (Mahtas). 2015. Available from: https://www.moh.gov.my/index.php/database_stores/attach_download/348/267
5. Abdul G, Radiah, Salehudin, Saezah. Traditional Belief and Practice on Postpartum Recovery Among Mothers in East Coast of Peninsular Malaysia *Procedia – Social and Behavioural Sciences*. 2018; 224 (2016) p.124 – 131. Available from: <http://irep.iium.edu.my/id/eprint/56205>
6. Wong CM, Faiz D, Lavanyah S & Safraa SD. The 'Irrational' Taboos And 'Irrelevant' Traditions Related To Postpartum Women's Health And Well-Being (Pantang Larang Dan Tradisi 'Tidak Rasional' Dan 'Tidak Relevan' Berkaitan Dengan Kesehatan Dan Kesejahteraan Wanita Postpartum) *Sains Malaysiana*. 2019; 48(5), p.1055–1064. Available from: <http://journalarticle.ukm.my/13627/>
7. Alessandra NB, Jeni AS, Ryan Duggal, Richard AO, Chivorn V. Warming the postpartum body as a form of postnatal care: An ethnographic study of medical injections and traditional health practices in Cambodia. *PLoS ONE*. 2020. doi: 10.1371/journal.pone.0228529
8. Archana C, Ashok KT, Ruchi JM. Traditional practices of using various medicinal plants during postnatal care in the Chitrakoot district. *Indian Journal of Traditional Knowledge*. 2017; Vol. 16(4), p. 605-613. Available from: [http://nopr.niscpr.res.in/bitstream/123456789/42663/1/IJTK%2016\(4\)%20605-613.pdf](http://nopr.niscpr.res.in/bitstream/123456789/42663/1/IJTK%2016(4)%20605-613.pdf)
9. Law KS, Soon LK. Herbal medicine: Malaysian women's knowledge and practices. Evidence based complementary and alternative medicine. 2013; Malaysia, Volume 2013. doi:10.1155/2013/438139
10. Yingchun Zeng, Ying Zhou, Peiyi Chen, Taizhen Luo, Meiling Huang. Use of Complementary and alternative medicine across the childbirth spectrum in China. *Complementary Therapies in Medicine*. 2014; 22.p.1047-1052. doi: 10.1016/j.ctim.2014.10.009
11. Yueh-Chen Yeh, Winsome St John, Lorraine Venturato. Inside the postpartum nursing center: Tradition and change. *Asian Nursing Research*. 2016;10.p.94-99. doi: 10.1016/j.anr.2016.03.001
12. Halim AN, Abdul Rani AA. Amalan perubatan tradisional Melayu bagi penjagaan ibu-ibu selepas bersalin di Negeri Kelantan. Bahagian Perubatan Tradisional dan Komplementari Kementerian Kesihatan Malaysia. 2017. Available from: https://tcm.moh.gov.my/ms/upload/amalan/laporan_kajian/postnatal.pdf
13. Nurisyuhadah I, Furzani P. Formulation Of Capsuled Herbal Mixture Using Zingiber Officinale and Labisia Pumila for Postnatal Care Homepage. 2021. Available from: <https://publisher.uthm.edu.my/periodicals/index.php/ekst/article/view/592>
14. Ros B, Le G, Mcpake B, Fustukian S. The Commercialization Of Traditional Medicine In Modern Cambodia. *Health Policy And Planning*. 2018; 33. p. 9–16. doi: 10.1093/heapol/czx144
15. Johansson M, Li TL, Wells MB. Mothers-experiences in relation to a new Swedish postnatal home-based model of midwifery care—A cross-sectional study . *Midwifery*. 2019; 78. p. 140–149. doi: 10.1016/j.midw.2019.07.010
16. Withers M, Kharazmi, Lim E. Traditional beliefs and practices in pregnancy, childbirth and postpartum: A review of the evidence from Asian countries. *Midwifery*. 2018; 56.p.158–170. doi: 10.1016/j.midw.2017.10.019
17. Abdollahi F, Sivosh E, Lye MS. Postpartum Mental Health concerning Sociocultural Practices. *Taiwanese Journal of Obstetrics & Gynaecology*. 2016; p.55. doi: 10.1016/j.tjog.2015.12.008
18. Fogel N. The inadequacies in postnatal health care: Review Article. *Current Medicine Research and Practice*. 2016; 7. p.1617. available from: <https://cyberleninka.org/article/n/739135.pdf>
19. Xujuan Zheng, Kim Watts, Jane Morrell. Chinese primiparous women's experience of the traditional postnatal practice of "Doing a month": A descriptive method study. *Japan Journal of Nursing Science*. 2019; 16. p.253-262. doi: 10.1111/jjns.12232
20. Aisyah M, Aziz. BA. Penjagaan Kesihatan Wanita Semasa Dalam Pantang: Amalan Dan Kepercayaan

- (2016). *Malaysia Journal of Society and Space* 8.201; Issue 7. p.20 – 31. Available from: <http://www.ukm.my/geografia/v1/index.php?>
21. Chandra A, Singh AP. Young women's choice between traditional and modern health practices for maternal healthcare within Tharu community in Uttar Pradesh. *Children and Youth Services Review*. 2020; p.119. doi: 10.1016/j.chilyouth.2020.105574
 22. Goodwin L, Taylor B, Kokab F, Kenyon S. Postnatal care in the context of decreasing length of stay in hospital after birth: The perspectives of community midwives. *Midwifery*. 2018; 60. p.36–40. doi: 10.1016/j.midw.2018.02.006
 23. Sharma B, Christensson K, Back L, Karlstrum A, Lindgren H, Mudokwenyu RC, Maimbolwa M, Laisser RM, Omoni O, Chimwaza A, Mwebaza E, Kiruja J, Hildingsson I. African midwifery students' self-assessed confidence in postnatal and new-born care: A multi-country survey. *Midwifery*. 2021; 101.p.103051. doi: 10.1080/16549716.2019.1689721
 24. Radiah AG, Salehudin SZ. Traditional Belief And Practice On Postpartum Recovery Among Mothers In East Coast Of Peninsular Malaysia. *MATEC Web Of Conferences* 150, 05067. 2018. doi: 10.1051/MATECCONF%2F201815005067
 25. Abdollahi F, Lye MS, Md Zain A, Ghazali SS, Zarghani M. Postnatal Depression and Its Associated Factors in Women From Different Cultures. *Iran J Psychiatry Behav Sci* . 2011; 5(2): p.5-11. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3939973/>
 26. Bazzano A., Stolow J., Duggal r., Oberhelman R. & Var C. (2020). Warming the postpartum body as a form of postnatal care: An ethnographic study of medical injections and traditional health practices in Cambodia. *PlosOne*. doi: 10.1371/journal.pone.0228529
 27. Wilder M. (2022). HTML. Herbal medicines used to manage heart disease M Wilde - napiers.net. doi: 10.1161/CIRCOUTCOMES.121.008150
 28. Rosmala D, Yustina I, Sudaryati E, Nurmaini & Zuska F. (2020). Postpartum Maternal Care Tradition in Manunggang Jae Village Padangsidempuan City, Indonesia. *Bio-Ex Journal*. doi: 10.33258/bioex.v2i1.131