Rebirth of the 40-Day Postpartum Period: Review of Existing Research and Steps Forward

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1. INTRODUCTION

The care for the mother after childbirth represents one of the most tangible black holes within our healthcare systems. Historically, across cultures, communities would gather around the mother to ensure she could restore her energy and transition into this new stage of her life. Some cultures named the postpartum time to signify its dignity and right of care: the first 42 days after birth are called the “Sacred Window'' in Ayurveda and this special time is also referred to as the “Month of Gold'' in traditional Chinese medicine and among Chinese-speaking communities across the globe today. Not by accident, on every continent, traditions, rituals and guidelines focused on honouring, protecting and caring for the newborn mother exist. Yet, in the vast majority of the “modern” world, those traditions seem to have been forgotten and the importance of the immediate postpartum ignored. This has actual repercussions for the health and well-being of the mother and baby, and, we dare say, our society. Up to 20% of mothers worldwide fall into postpartum depression, 35% experience Post Traumatic Stress Syndrome symptoms after labour, and, by far, the majority of new moms experience a postpartum reaction. Postpartum reaction is also referred to as an ‘existential transformation’, where new moms feel like everything is turned upside down. Scientific research is only recently beginning to show that those instances can be significantly alleviated if the mother is allowed to rest with her newborn and be taken care of for the first weeks after birth. The purpose of this paper is to emphasize why postpartum rest and care should be high on the birth care agenda, politically, professionally and within each family.

We are guided by the following research question:

> *How is care and rest during the postpartum period crucial for the immediate and long-term well-being of mother, child, family unit and the society at large?*

This article starts with reviewing terms and concepts, and proceeds by exploring different cultural approaches to rest and care. We highlight several health issues related to the postpartum period, as reflected by scientific studies, always looking for possible links between rest and support during the postnatal period and wellbeing. We then discuss the postnatal phase as a rite of passage and finish by discussing the political charge of the issue.

2. ON CONCEPTS

Already in 1977, professors Marie Brown and Joan Hurlock published an article in the American Journal of Nursing titled “Mothering the Mother'' in which they presented their research findings about the “value of a *doula*” to new mothers in the first weeks postpartum and the acute need for support (Brown & Hurlock 1977, p. 439, original emphasis). The concept of “mothering the mother” after birth has recently been picked up again by postnatal doula training institutions, particularly the Postnatal Support Network, and yet it remains foreign to mainstream approaches to motherhood. A new mother is expected to bounce right back to her pre-pregnancy jeans and social life, to manage her house, family, baby and career, and to do all of this alone. Weakness and vulnerability are not acknowledged even as possibilities, and therefore unable to be admitted. Ingrid Bayot (2018, 2020) compares the postnatal period to the demolition of a house. If the nine months of pregnancy are the gradual and symbolic construction of the house, birth initiates a process of rapid deconstruction with all the mess one can associate with demolition.

> “After birth, the female body must go towards a non-pregnant state, which is not a return to the body of before, so much the gestation has totally transformed it. However, these processes are so little known in our culture that there are not even words to describe them. So I had to create this neologism - *degestation* - because without words, we cannot speak, nor think. The facts are lived, felt, sometimes undergone, but not put into language, therefore unthinkable and not shareable with others, which, in a social and linguistic species like ours, amounts to a denial, a kind of a blind spot.” (Bayot 2020, our translation).

Julie Jones urges reclaiming the word “postpartum …. to reflect its true meaning - an opportunity for profound personal transformation” (Jones 2018, p. 10). For Ingrid Bayot however, the expressions “postnatal” and “postpartum” are “non-words'' as they describe principally an event that has already passed (birth) and therefore negate the intensity of the present (Bayot 2020, p. 11). Furthermore, “postpartum” is undergoing a semantic shift and becoming almost synonymous to “depression” (Bayot 2018, 2020). She urges to coin concepts that capture the powerful biological, sensorial and affective connections between the cohabitating mother and baby (even out of the uterus), the mutations of the female psyche and the transformations of the live-creating female body. We are in urgent need of “words to open the hearts, to overcome easy sentimentality, to hope for a greater commitment of the society to families in general, and to new mothers in particular.” (Bayot 2018, p. 12, our translation). One of the concepts she proposes is *degestation*. She also proposes to talk about the *fourth trimester of pregnancy*.

The first mention of the term the “fourth trimester” was in 1973 in Margot Edwards’ article, “The Crises of the Fourth Trimester”. However, despite using the term in the title, the author provided no definition or explanation of the concept (Edwards 1973). Sheila Kitzinger, midwife, social anthropologist and natural birth activist, wrote about the “fourth trimester” in 1975. The concept lay dormant for the decades that followed but it has regained popularity over the last few years. It refers to the first three months after birth when new mothers and babies undergo profound changes, likened to an additional time of gestation. The concept is being used with a snowballing frequency (Cornish et al. 2018, Hamilton et al. 2018, Isaacs 2018, Matambanadzo 2014, Paladine et al. 2019, Sharon 2019, Spelke & Werner 2018, Tully et al. 2017). Recently it has also been picked up by the medical world; medical studies show a shift from a maternal healthcare system mainly shaped around prenatal care and childbirth, towards a system recognizing the importance of the “fourth trimester” (Spelke et al. 2018).

Some authors focus more on the reality lived by the newborn, e.g.: “The concept of the fourth trimester is that human babies are born less mature than other animals and may need nurturing as if they were in utero” (Isaacs 2018). Recent studies reveal that the fourth trimester is also a crucial time for the brain development of the baby. The infant can still be considered in gestation and requires extreme care and support, which also requires deep care for his primary care provider(s) and an urgency to extend maternity *and* paternity leave (see e.g. Brink 2013, Marshall 2011).

In a committee opinion from 2018, the American College of Obstetricians and Gynecologists pointed out that “[i]n addition to being a time of joy and excitement, this “fourth trimester” can present considerable challenges for women (ACOG 2018).

Deep readings include the mother-baby dyad and underline the crucial importance of rest and support during the weeks and months following birth. “The fourth trimester is a conceptual framework drawn from maternal nursing and midwifery that reconstructs pregnancy to include a three to six month period of rest, recovery, and transition after the birth of a child. This concept [...] provides an alternative paradigm for understanding the nature of pregnancy beyond the presumption that pregnancy is a “natural” event that “biology” defines. It focuses on the crucial social, emotional, and psychological transition process that occurs after the birth of an infant.” (Matambanadzo 2014, p. 120).

Recognizing the power of the concept of the “fourth trimester”, for the purposes of this paper, which is a review of existing literature, we use postnatal, postpartum and fourth trimester interchangeably.

3. AROUND THE WORLD AFTER BIRTH

3.1. Western approaches to the Fourth Trimester

This paper opens up with a discussion of the underexposure or "forgetting" of the postpartum period in order to highlight that traditions surrounding it existed in our Western societies and not even that long ago. The concept of postnatal care and rest is not an imported idea from exotic countries or a matter of cultural appropriation. In eighteenth century America, childbirth was considered a social event which included the practice of the new mother "'lying in', to keep to her bed for three or four weeks, sometimes longer, while others took over the responsibility of the household. The mother was able to rest, to regain her strength, and to initiate her nursing and care for the new child without interruption." (Wertz & Wertz 1979, p. 4). Later, "lying in'' for about ten days after birth was practiced in maternal hospitals in the US up to the 1920s. The tradition of "lying in'' or "confinement" was also strictly observed in England from Victorian times till as recently as two generations back (Jones 2018, pp. 74, 98). Some British hospitals still use the abbreviation EDC which denotes "estimated date of confinement" to discuss when a mother would be released from the maternity ward.

In most western countries, prenatal care is rather extensive with multiple midwives and/or hospital check-ups. From a medical point of view, maternal health care for a long time was shaped around the concepts of morbidity and mortality during pregnancy and child-delivery (Paladine et al. 2019). The generally single or double postpartum clinical or midwife visit was, and often still is, mainly focussing on clinical signs of infection, bleeding, high blood pressure and diabetes, among others (Spelke et al. 2018). Several medical studies highlight the existing gap between the care provided and the actual needs and concerns of women postpartum and the need to restructure postpartum care (Fahey and Shenessa 2013, Tully et al. 2017, Spelke et al. 2018, Almalik et al. 2017).

In 2013, Fahey and Shenessa built a conceptual framework that identified the key element of a prosperous postpartum as not only physical recovery but also the ability to meet women's individual needs and a successful transition into motherhood. Tully et al. (2017) show that medical practice guidelines are often not aligned with women's needs. Spelke et al. (2018) mention a disconnect between the areas of concern for clinicians and those of mothers (such as sleep deprivation, emotional changes etc.) which are considered "normal" by medical care providers. According to Spelke et al., a single visit postpartum is inadequate in addressing maternal health needs (*ibid*.). Increased numbers of mortality and morbidity in the postpartum

period in the US (Verbiest et al. 2018, Spelke et al. 2018, Hamilton et al. 2018) are key drivers for the medical world to respond and start putting postpartum care on the medical agenda. In 2018, the American College of Obstetricians and Gynecologists (ACOG) published an official statement saying that postpartum care should become an ongoing process, rather than a single visit, with services and support tailored to the needs of each individual woman.

Recognizing the gap between postpartum care practices and women's actual needs and concerns leads to discussing what aspects need to be addressed in maternal healthcare and how. Verbiest et al. (2018) further researched six postpartum health themes that were identified by Tully and Verbiest before (Tully and Verbiest 2017). These themes were 1) sleep and nighttime parenting, 2) infant feeding, 3) weight and body image, 4) contraception and family planning, 5) mood and emotional well-being and 6) partners and relationships. The researchers draw the strong conclusion that "an urgent need exists to change the narrative to promote new family health through compassionate, culturally sensitive, convenient, and timely support" (Tully and Verbiest 2017). Paladine et al. (2019) found that outpatient postpartum care should be initiated within three weeks after delivery and should initially focus on risks for morbidity and mortality and then transition to care for chronic conditions and health maintenance.

According to the ACOG (2018) all women should have a comprehensive postpartum visit including a full biopsychosocial assessment within 12 weeks after birth following initial contact with their birthcare provider within the first three weeks (p. 145). In a meta-synthesis study about what matters to women in the postpartum period commissioned by the World Health Organization (WHO), Finlayson and colleagues (2020) established that maternity care often fails to include key factors and needs of maternal well-being. The authors conclude that "[e]ffective, culturally appropriate family, community and professional support and activities can help women to overcome the exhaustion, and physical, emotional and psychological stress of the early postnatal period" (p. 18). The results of the study will be used by the WHO in the drafting of new guidelines on postpartum care.

The recent developments illustrated above show that indeed in the medical maternal health studies a paradigm shift is taking place, putting postpartum care higher on the maternal healthcare agenda. The focus is shifting from taking into account primarily the physical recovery of mothers to integrating aspects like mental health, fatigue, partner relationships, social support, urinary incontinence, sleep changes/deprivation, emotional/hormonal responses, sexuality, body image, exercise and healthy eating. Addressing not only the infant's health but also acknowledging the significance of maternal health, including mental health after giving

birth, to the entire family is an important step forward. By doing so, postpartum health care can include long term beneficial aspects to successfully transition women and families into motherhood/parenthood.

3.2. Non-Western approaches to the Fourth Trimester

The acknowledgment of the importance of transitioning into motherhood and consequently the importance of the 40-day rest and care after delivery are long-known and acted upon in nonwestern traditional societies (Baratieri and Natal 2017). In order to get a better grasp of how we can approach a renewed way of structuring postpartum care in our Western countries, we hereby explore some examples on how postpartum care is being practiced in various settings.

Traditionally, the postpartum period has been recognised as a precarious time for the new mother; a time of great vulnerability in which the specific traditional postpartum practices are considered important in order to ensure recovery and, importantly, avoid ill health in the future. Studies have shown that organized support, usually in the form of female family members caring for the new mother and her baby in the first weeks after birth, are almost universally practiced. In some cultures, traditional birth workers, respected elder females or young women in the community are involved in providing care for the mother. This type of care, which usually includes practical assistance in the house as well as informing the mother on how she can care for herself and her infant, is, for example, observed in Nigeria, Jordan, Korea, Guatemala, China, among the Eastern Indian Hindus, as well as the Amish of Tennessee (USA) (Denis et al. 2007, p. 488)

After giving birth, Chinese women in mainland China and abroad engage in the formalized practice of "doing the month" or *zuo yuezi* which includes resting for a month, while being assisted by extended family or by a specially designed person called an *ah yi.* The new mother is being fed specific foods to promote recovery and long-term good health, and to support for "loose" bones after pregnancy and birth by belly binding and specific gentle exercise routines (Allison 2018, Chu 2005, Denis et al. 2007, Whitley 2006). An *ah yi* from Chinese Malaysia explains, "[f]or Chinese people, all women will have to have a confinement period. If she doesn't take care of herself after the birth, then the mother will get sick really easily. It's considered absolutely necessary. It's embedded culturally and socially. It's not a 'trendy' thing to do… you just have to do it!" (Jones 2018, p. 86). Chen-Jei and colleagues study of 202 postpartum women in Taiwan found out that adherence to doing-the-month practices was associated with "lower severity of physical symptoms and lower odds of postnatal depression, […and] with better health status" (Chen-Jei et al. 2006).

Similarly, in the Chiang Mai province in Thailand, women believe strongly in adhering to postpartum practices. The new mother is considered to be in a vulnerable state immediately after birth; she is considered to be in a "polluted" state and potentially dangerous to others. Therefore, Thai women are traditionally taken care of by their husbands and female family members, in a separate room, where they do not have contact with others, for a period of 30 days. Mothers of female infants usually take a longer resting period than those with male infants, as females are thought to work harder in life than males and thus deserve a longer resting period with their mother as infants (Liamputtong 2004, p. 86-7, Denis et al. 2007). This practice is referred to as *yu duan*, and also entails several rituals that the new mother must attend to, for example, hot herbal steam baths and the inhalation of herbal steams. According to Liamputtong, these rituals have a rich symbolic and cultural importance, as they mark the transcendence from womanhood to motherhood (Liamputtong 2004, pp. 81-2). An important reason for adhering to these practices is that many believe that not doing the practices will have severe consequences for the health of both mother and baby, now and in the future. In Thailand they call it *lom pit duan,* which literally means illness after doing something wrong in the postpartum period (Liamputtong 2004, p. 85).

In Korea, a resting period of three to five weeks is called *sam chil ill* (Denis et al. 2007). In rural parts of Korea, a thick rope referred to as *sam chul* or the fetal line, is hung over the doorway in order to signify that the new mother is in social seclusion (Posmontier & Horowitz 2004, p. 37-8).

In Japan, a traditional support system exists called *Satogaeri bunben* (meaning "returning to one's family town or house for delivery"). Yoshida et al. (2001) did a study with a group of Japanese women living in England and a comparative group of Japanese women living in Japan to investigate possible correlations between incidence of postnatal depression and following "Satogaeri bunben". No conclusive evidence could be drawn, however, the lack of quality support after birth was found to worsen the occurrence of postnatal depression.

In Mexico, a 40-day period of rest, known as "la cuarenta", literally "the 40", is observed. During "la cuarenta'' the new mother is secluded from doing household chores, shopping, having sexual intercourse, and she receives assistance and education from female relatives. The new mother traditionally wears an abdominal band called *faja,* warm and loose clothes, socks and a head covering to avoid breastfeeding or uterine problems. Bathing is prohibited, in order to protect her from cold or evil air. Female relatives usually visit during *la cuarenta* in order to assist the new mother to resume her new role in the community and the husband also helps by caring for the new infant. After *la cuarenta* the new mother resumes to her household and

childcare chores and the husband goes back to work. Studies indicate that *la cuarenta* decreases the rates of postpartum depression and facilitates maternal adaptation to parenthood (Posmontier & Horowitz 2004, pp. 37-8).

In Brazil, the puerperium is referred to as "resguardo, dieta, quarentena" (protection, diet, quarantine) (Stefanello et al. 2008, p. 276, Allison 2018, p. 14). According to this standpoint, the body opens up during childbirth and stays open and vulnerable to diseases for the first 40 days after birth. Postpartum care, restrictions to stay at home, avoiding sexual intercourse and dietary taboos are meant to protect the mother from disease, and it is considered very risky, indeed dangerous, to break the quarantine period, as both mother and child will be exposed to both physical and mental dangers. The local saying is "it's abstinence, then, double care", referring to the need to protect the mother in order to protect the intimate relationship between mother and child (Stefanello et al. 2008, pp. 277-279).

Additionally, a Jordanian study showed that better understanding of women's needs and concerns during the postpartum period enhances the ability to establish patient-centred and appropriate care for the long term health of mother, infants and families (Almalik et al. 2017).

In Nigeria, the infant is seen as the future for the family bloodline and birth is celebrated as a victory, especially if the child is a boy. The new mother receives exquisite attention and the best food that the family can provide for about a month (Posmontier & Horowitz 2004, p. 37).

The urgency to protect the new mother is echoed in many other cultures. Malian women believe that that "the tomb is open" after birth (Allison 2018, pp. 34-35). For them "the 40 days" is "*an institution"* and *applies to mothers of all walks* (Allison 2018, p. 15, our emphasis). The women Allison met saw "good postpartum care of the mother as a right, not a privilege" (pp. 16, 99-103). For them, birth is not the end of pregnancy. The mother's body is particularly vulnerable and needs to be specially cared for a minimum of 40 days but up to 6 months if necessary.

In Pakistan, the postpartum practice consists of a 40-day confinement period, referred to as "chilla" (چلہ). During the "chilla", the new mother traditionally returns back to her own mother's home, stays indoors and receives help with household chores and gets additional familial support (LeMasters et al. 2020, p. 2). Her family cooks for her strengthening and nutritious food, for example *panjeri*, a mixture of nuts is typically offered, and a specially designated woman called a *dai* gives the new mother daily massage. "There is a sweetness hidden under every act," shared in an interview with us Samina Zafar, a traditional Pakistani healer.

Postnatal care is considered essential in Morocco. For the first 40 days after birth, a new mother is encouraged to do little much than rest and bond with her baby. She is fed, massaged, washed in hamam, released from cooking and cleaning responsibilities, helped with care for older children. The woman who has recently given birth is celebrated like a bride and considered as auspicious, contact with her is believed to bring blessings (Rachid 2020). In Kenya, the newborn mother is similarly treated like a queen (Jones 2018, pp. 91-95).

In Malaysia after giving birth, women get to recover and rest for two months. They are taken care of by an older female family member who also cooks for them and keeps them warm. The first month is all about resting and recovering and the woman is excluded from household chores, which she slowly picks up in the second month. The use of traditional postpartum massage, traditional herbs and the adherence of food taboos are some shared similarities in postpartum regiments and practices of Malaysian mothers although being from different ethnicities. Bengkung or bellybinding with a specific scarf long between 14 and 16 meters is another Malaysian postpartum tradition in which the woman's belly is bound during the first 40 days after giving birth, which is gaining popularity in Western countries (Fadzil et al. 2016).

Importantly, in Malaysia, postnatal care is institutionalized and every mother who gives birth in a public hospital is entitled to receive six massages and abdominal wrappings within the first six weeks following birth, starting on day 5. Similar care is available in private hospitals as well, but the important fact is that postnatal care is public policy. Not surprisingly, Malaysia has the lowest rates of postpartum depression rates in the world, around 3% (Lynn 2019).

3. 3. Potential Drawbacks

Many studies have shown that the majority of the traditional postpartum practices provide needed support and are beneficial to the new mother as well as her infant (Allison 2018, Chien et al. 2006, Dehury et al., 2018, Dennis et al. 2007, Negron et al. 2013, Ming Whitley 2016, Yueh-Chen 2014). However, in some cases, postpartum practices which restrict and control women's autonomy might cause damage and even pose serious risks. This mostly occurs in developing countries with a low socio-economic status, limited access to education and health services, and constrained reproductive freedom (Dekel et al. 2016, Jones 2018, pp. 118-119). Dekel et al. (2016) claim that instances of postpartum depression in some developing countries reach horrifying 20% to 40 %, or more than double the already high rates in developed countries. This is especially true in communities where instead of social support for the new mother, the new mother is under considerable social pressure to reproduce and care for her children (mostly) alone. The case studies that illustrate their argument come from a mother

belonging to an ultra-Orthodox Jewish community and from a Palestianian Arab family who chose not to follow the Arabic tradition for the mother to return to her native home for 40 days after birth, but instead the mother stayed at home "as is practiced in mainstream secular Jewish culture" and did not get support (ibid.). The researchers acknowledge that while traditional practices of postnatal care can alleviate instances and symptoms of postpartum depression, "poor social support has been found to be among the strongest predictors of PPD (Stuart-Parrigon et al. 2014)" (Dekel et al. 2016, p. 792). Cultural factors which contribute to the stigmatization of mental illness can additionally jeopardize a mother's well-being. Additionally, in tightly-knit communities feeling of shame, guilt and failure may prevent a mother or her family from seeking qualified help.

Also, a study performed on the postpartum beliefs and practices in a rural, tribal community of Maharashtra, India, shows that the new mother, locally referred to as *balantini*, is expected to follow a set of prescribed practices regarding diet and physical activity in order to keep the baby healthy (Kumar et al. 2018). For example, the belief is that a mother should consume less food than normally, as eating too much food will cause digestive disorders to the baby. The women in this study took a period of complete rest for 7-10 days after birth. After that they resumed household work and 15-30 days after they resumed working in the fields or collecting woods. The level of strictness in these dietary restrictions varies deeply according to the level of education and socio-economic status. In this cultural setting, the poor diet and the lack of autonomy for the woman can pose a serious risk to the health of the mother and child (Dehury et al. 2018, p. 50,55,58).

3. 4. Tradition and change

As cultures around the globe are in a process of increased modernisation and the women are becoming better educated, some women choose to refrain from the cultural practices that envelope the postnatal period and follow health practitioners advice instead. In Thailand, for example, many women are experiencing a conjunction between traditional values and expectations, and modern practices. This puts them in front of a personal dilemma. Some women choose to give birth in a hospital and still adhere to the traditional postpartum practices when returning home. Others choose to refrain from traditional practices altogether. Many of the urban educated women choose to modify the traditions and only adapt to some of them, even more so after having had their first child. For example, it is now possible to buy readymade underwear to bind the mother's belly, instead of the traditional long cloth or *sarong* used for the purpose (Liamputtong 2004, p. 90-92). According to Liamputtong, this is a consequence of the medical dominance caused by modernization, which undermines the local, traditional

knowledge and practices. Many women still believe in the benefits of the traditional practices, and, she argues, it is crucial that the modern, medical postpartum care incorporates local traditions in order to optimize women's health (ibid: 96). Importantly, by researching what is happening in countries where traditional postnatal practices are juxtaposed against “modern” medicine, we can learn a lot about the processes that must have been in place in our societies a few generations back.

In a study performed in the southeast Amazon, it was suggested that the 40-41 day resting period and dietary constrictions continue existing and being widely practiced, not as a cause of their nutritional benefits, but mostly because of their social significance. Piperata (2008) explains that life for women in the Amazonian communities are relatively monotonous. Most women are not a part of the hunting or fishing work; they usually spend most of their time at home, either helping their husbands doing subsistence work or taking care of the small children. Having a 40-41 day *resguardo* period where women are being placed at the center of attention, relieved of almost any responsibilities and being honored for their roles as mothers are often a highly significant period of their lives. During this period, the daily routines change significantly. Men were expected to help with housework and childcare, and care for their wives and provide them with non-taboo foods. Other female family members often came by to help and the mother and the baby’s health were carefully monitored. Even though new mothers are considered weak and vulnerable, the mothers in this study never expressed feeling weak. They did, however, value their status change, the attention and the help they received. Especially for first time mothers, the *resguardo* period seemed highly significant, as it marked their transition from girls to mothers (Piperata 2008, p. 1102).

Across cultures and continents, the same idea of a sacred and vulnerable period resurfaces. It seems, however, that traditional postpartum practices are becoming more and more entrenched in “modern” cultures, at least in areas where the population have access to education and a high socio-economic status. Honoring the first 40 days after birth as a special and vulnerable time, which requires organised familial or communal support and a prolonged resting period, is still being practised and valued across cultures. Even if it may appear that, in the West, people have “forgotten” about that, possibilities of honoring this “sacred window” exist and must be embraced for the well-being of all. While the use of technology does prevent many adverse outcomes in both mother and child, the lack of a social support network and essentially the lack of social recognition and celebration of the rite of passage that the new mother is going through, can often result in feelings of maternal isolation and decreased self-esteem among new mothers (Posmontier & Horowitz 2004:35-36)

From a Western perspective, practices like a forty day resting period and an organised familial and/or communal support may seem unproductive or unnecessary. Taking into account the ritual and symbolic importance of these traditional practices, and the concrete physical and mental health benefits from them, however, we suggest that there is an urgency to take a deeper look into the need for appropriate and informed postnatal care. For that reason, we proceed by exploring the ancient knowledge about the postnatal period from the point of view of traditional Chinese medicine and Ayurveda.

4. INSPIRATION FROM TRADITIONAL MEDICINE

4.1. Chinese Medicine

One of the names given to the first four to six weeks after birth in Chinese is the "Golden Month", a name that reflects expectations for a positive and auspicious time for the newborn mother, a time rich in potential. Indeed, the mother is cared for and celebrated. Furthermore, it is believed that appropriate care brings not only good health but can even resolve previous health problems (Allison 2018, pp. 14, 42). The natural bodily powers of regeneration and recovery is strongly engaged in a way that cannot be replicated during other periods of life providing a unique chance. The process will be initiated after every birth which gives the chance to heal even if the window of opportunity was missed during a previous postnatal experience.

A key element in the understanding of life and health for Chinese medicine is the concept of *qi* or *chi*, roughly translated as "vital energy". It is believed that after labour, the new mother has greatly depleted her *qi* and, consequently, she needs to be cared for and thus receive the *qi* of others through attention, hot meals and gentle touch (Allison 2018, pp. 32-35). Rest is essential to allow for life energy to rebuild and to direct towards healing. The young mother is strongly encouraged to stay away from her phone, television and books, and mental activity which requires a lot of *qi* (Allison 2018, Ming Whitley 2016).

Especially in Thailand and China, heat is a considered crucial aspect of the healing of the postpartum mother, in order to reconstitute lost blood and to regain the strength and vitality that she needs to breastfeed. According to Chinese tradition and medicine, postpartum women are in a deep state of *yin* and *yang* imbalance. The *yang* aspect of *qi* is especially depleted and *yang* is associated with warm and dynamic qualities. Left with lower reserves of *yang*, the postpartum mother is considered weak and particularly vulnerable to cold, which may cause physiological problems such as dizziness, headaches and backaches. Wind and water are therefore considered dangerous as this can enter the pores and cause tumors, weakness and arthritis. As a result, women are advised to rest completely, avoid bathing or washing their hair,

and confine themselves in order to prevent contact with *yin*, in the form of cold air, wind and water. At the same time, postpartum women are encouraged to eat warm foods and foods with warming qualities such as soups, ginger, kidney, liver, chicken and eggs, to gain more *yang* and strengthen digestion. Other postpartum practices consist of providing the mother with ritualized herbal steam baths and massages (usually performed by the woman's mother or mother-in-law), and ensuring a constant source of heat under the bed, for example an electric blanket or a pot of burning charcoal.

Being derived from blood, breast milk is believed to carry *qi* as well which makes it especially and deeply nourishing to the baby. The whole process of breastfeeding, the creation of milk and the let-down reflex that brings it to the milk ducts depends on the strength of *qi*; yet another major reason to protect and care for the newborn mother so that she can feed her baby with the best possible milk. Interestingly, a 2020 scientific study confirmed that the quality of breast milk of mothers who have observed the rules of "doing the month" or *zuo yue* was measurably better than the milk of mothers who were not taken care of in those ways (Chen, Kuo, Lin 2020). Mothers who "did the month" had milk with more diverse and rich microbiota, and with more abundant Lactobacillus and Bifidobacteria. "The current pilot study has paved the way to determine the roles of "doing-the-month" on manipulating the milk microbiota, and provides new evidence that it could also benefit postpartum mothers with respect to their milk microbiota" (Chen, Kuo, Lin 2020, p. 18).

A Taiwanese study on doing the month practices explain that the postpartum woman is considered polluted for 30 days after birth, and cannot have sex with her husband during this period, as it is considered to bring bad luck. She is also encouraged not to engage in too many social activities. These rituals and restrictions are meant to give the postpartum woman the time to rest, regain strength and learn to care for the baby (Y.C. Yeh et al. 2013, p.1). For women giving birth to their first child, this period of rest lasts for 100 days and for women who have more children it lasts for one month (Schmeid et al. 2012, p.10).

4.2. Ayurveda

Ayurveda (*Ayus* is 'life' and *Veda* means 'knowledge') is a science of life and a traditional medical system originating from old classical Indian texts, called *Veda's*. In 1977, the WHO officially recognized Ayurveda, just like traditional Chinese medicine, as a traditional medicine, potentially offering solutions where regular medicine stops. According to Ayurveda, each person has a particular pattern of energy, an individual combination of physical, mental and emotional

characteristics. There are three basic types of energy, or *dosha's,* present in any person but most often one or two types are more dominant: *Vata*, *Pitta* and *Kapha*. *Vata* is the energy of movement, *Pitta* of digestion or metabolism and *Kapha* of lubrication and structure (Lad 2006). Understanding a person's constitution, or inner balance of *dosha's*, enables one to maintain or restore this balance when distubed resulting in better health prevention. Ayurveda defines the ways to maintain the three *dosha's* in a balanced state to prevent disease.

To understand how postpartum women should be treated from an Ayurvedic perspective, one should understand how women in general are appreciated. A classical Ayurveda text defines the importance of women as follows: "a woman plays a key role in an *ashram* (i.e. family life). Hence the health of the woman should be protected by all means. If a woman is protected, in turn she will protect the whole community." (Acharya Vagbhata c. 400 AD, cited by Allison 2018: 37). This is the starting point for honouring and taking care of pregnant and postpartum women.

In Ayurveda, the postpartum period is called the "Sacred Window", which clearly indicates the significance of this time after birth. According to Ysha Oakes, founder of the Center for Sacred Window Studies, it is "a time for deep, extended bonding with her newborn. The first 42 days after birth set the stage for her next 42 years." A beautiful metaphor from a classical text is often cited to showcase the delicacy and importance of a pregnant woman or woman in *puerperium*:

"If a cup filled with oil right up to the brim is to be carried without spilling even a single drop, every step has to be taken with care. Similar care and attention is required in taking care of pregnant women culminating in a healthy mother and child" (Singh, 2008, p.5).

This Sacred Window, or *puerperium*, is a time for complete rejuvenation of a woman's physical, mental and spiritual health. During pregnancy and birth several physiological and anatomical changes occur in the woman; during postpartum the body tries to revert back to its pre-pregnancy state both anatomically and physiologically (Shukla et al. 2017, Koth and Tamadaddi 2017). Ayurveda defines the woman that gives birth to the child along with the placenta as *sutika*. According to Ayurveda, in new moms, the *Kapha* and *Vata* balance is disturbed resulting in many problems such as anxiety, edema, drowsiness, depression, colic pain, delirium etc. (Gupta et al. 2020). Ayurveda has a specific postnatal management regime of do's and don'ts, called *sutika paricharya*, to restore the health of new moms and to prevent complications and disease (Shukla et al. 2017, Koth and Tamadaddi, 2017, Gupta et al. 2020).

The *sutika paricharya* includes amongst others rest and seclusion, massages and oleation, administration of medicated warm drinks (i.e. golden milk, *arishtams*; an ayurvedic herbal "wine") and cooked food, like rice gruel and meat soup, and the binding of the pelvic area with a big clean cloth. Warmth is also an important element in restoring, such as drinking warm water and bathing in warm water along with yoga exercises and breathing techniques. Gupta et al. (2020) mention Ayurvedic methods *mulabandha* and *pranayama* to improve "uterine involution and overall health and to prevent puerperal moms to form neurological, musculoskeletal and psychological illnesses'' (Gupta et al. 2020, p. 2910). *Mulabandha* is a yoga exercise for strengthening the pelvic floor and *pranayama* is a breathing method for a better effect of *mulabandha*.

The length of the *sutika kala* or puerperium according to the Ayurvedic literature varies: Acarya Shushruta set it to one and a half months, while Acarya Charaka does not set a precise time limit but focuses on the different management required during the first 10 days to support the detoxification of the uterus (shedding of lochia). Acharya Kasyapa does not mention an exact limit except to generically to run the Sutika paricharya for 1 month and that is only after 6 months that the *sutika* regains the *dhatus*, reverting back to her original non-pregnant state: this suggests that special care is needed for 6 weeks but the mother it is still in recovery for at least 6 months even after having received the best of care, that is until the mother is no longer the sole source of nourishment for the baby. The general understanding is that the postpartum period starts one hour after the birth of the placenta and lasts until the complete involution of the uterus usually at 42 days or 6 weeks, while Acarya Vagbhata puts the limit at the return of the menstrual cycle.

The process of childbirth is initiated by *Apana Vata*, or elimination energy, which is responsible for the uterine contractions that bring to a smooth delivery. It is said that *Vata Dosha* regulates the optimal position of the baby in the birth canal, effective contractions and dilation of the cervix. *Vata* is made of the element of ether and wind/air; by its own nature, *Vata* is that which moves into space. The natural tendency of *Vata* is to fill in the empty spaces: right after birth, the uterus (or *garbhashaya* = the space filled with the baby) is left empty, therefore naturally *Vata* enters that space. The qualities of *Vata* are light, dry, rough, clear/subtle, mobile, cold; these qualities are also the very same that increase *vata*.

Since *Vata* is aggravated by the very nature of childbirth, it accumulates within *garbhashaya* and can eventually overflow via *Rakta Dhatu* (blood vessels) from the uterus and reach the cardiac region, the head and the pelvic area. According to Ayurveda, the heart is not only the physical heart but also the seat of the mind, thereby the connection with depression which can

be brought about by inappropriate treatment and inadequate care of the new mother. *Vata* effects can be counteracted by a regimen in which the woman should be given nourishing warm food. The mother should avoid emotions such as anger, exercise, sexual intercourse and cold items. It is said that the diseases that may arise in the postnatal stage are incurable (we are talking of diseases that develop in the long run).

So, the *sutika paricharya* includes all the Ayurvedic pillars crafted around the features of this particular stage of life to balance the *dosha's* for restoring the woman's postnatal health and consequently enhancing the health of her baby, family and community.

5. POSTNATAL CARE: CULTURAL APPROPRIATION OR NECESSITY

Arguments have surged recently claiming that the application of certain rituals to postnatal care is an act of cultural appropriation. An example is the use of the Mexican Rebozo, a Mexican handwoven textile that is originally used by traditional midwives in Mexico and Latin America, to support pregnancy, labour and in the "Rebozo closing of the bones ritual", a ritual using the rebozo for nurturing massage treatments and honoring the new mother.

In March 2021, Angeles Mayte Noguez Acolt and Montserrat Olmos Lozano, Mexican Tutunaku Birth Workers, started a petition to prohibit Rebozo teachings by doula training organizations led by white and non-Indigenous people. They argue that the Rebozo is widely used in birth work around the world without reflecting on its traditional and physiological complexities which results in damaging the preservation of the traditional Rebozo practices and even potentially causes dangerous situations (Petition Removing Rebozo Teachings from Doula Trainings, Change.org). The birth workers are "strongly requesting that all doula training organizations led by white and non-Indigenous people immediately stop implementing Rebozo teachings, including educating on "Rebozo techniques" and selling non-authentic Rebozo-like fabrics as real Rebozos". A group of fifty Mexican midwives immediately met and, on March 16, 2021, published their opposition expressing disagreement to the above petition which they perceived as an invitation for separation (Press Release, Position of Mexican Midwives in Relationship to the Use & Transmissions of Mexican Rebozo Wisdom for Pregnancy, Birth & Postpartum). They "recognize the Mexican Rebozo as a living representation of the wisdom available to those who embody the midwife and from this, offered to ALL women, mothers, fathers, midwives, doulas, educators" (*ibid*., original emphasis). The 50 Mexican midwives express their support of national and international organisations in using and transmitting the rebozo as an vital element in pregnancy, birth and postpartum care, while insist on "pay(ing) homage, respect and credit to the roots of traditional Mexican midwifery (the Rebozo included)". They encourage practitioners

to “learn its use with a *genuine* Mexican rebozo” scarf and to “use the rebozo with cultural sensitivity”.

As seen in the paragraphs on Western and Nonwestern approaches to postnatal care, different versions of care for the newborn mother exist or existed practically everywhere in the world. Although nuances exist, the recurring themes of support, warmth and rest, and the different ways to honor the woman in her new role as a mother repeat in every context. Therefore, rather than focusing on ownership of traditions, we propose addressing postnatal care as a basic human need issue and working to assure that every mother, irrespective of social, economic, religious, ethnic, national, or sexual belonging, should be entitled to quality postnatal care.

6. **POSTPARTUM HEALTH: MENTAL, PHYSICAL & SOCIAL**

6.1. **Postpartum Health or Depression**

Perinatal depression is a serious mental disorder that occurs during pregnancy and after childbirth (NIH Publication No. 20-MH-8116, Trimbos 2021). Depression beginning after birth is called postpartum depression (PPD). Prevalence of PPD with mothers worldwide ranges from 11% to 19,8% during the first month postpartum (American Psychiatric Association 2013, Shorey et al. 2018, Gavin et al. 2005, LeMasters et al. 2020). As an illustration of the magnitude of the problem, Jones (2018) calculates that only in Australia, that would make “48 400 women - enough to fill 116 jumbo jets - every year” (p.4). Furthermore, suicide is the leading cause of maternal death in Australia (ibid., p.5). According to the ACOG (2018), perinatal depression is “one of the most common medical complications during pregnancy and the postpartum period affecting one in seven women”. It is known that postpartum depression might have severe consequences to individuals, children, families and the community (ACOG 2018). Research shows that it negatively affects the interaction between mother and infant (Field 2010) and interferes with the transition into motherhood (Ngai, Chan & IP 2010). Women with postpartum depression experience feelings of extreme sadness, anxiety, fatigue and even suicidal thoughts (US National Institute of Mental health (NIH Publication No. 20-MH-8116), Trimbos 2021).

For this review, we particularly looked at studies that researched the potential connection(s) between postpartum rest and care (e.g. traditional postpartum practices, also described as ‘mothering the mother’ through formalized social support) and postpartum depression. Different studies paint a different picture. In 2001, Yoshida and colleagues found that the traditional Japanese support system called ‘Satogaeri Bunben’ (meaning returning to one’s family town or house for delivery) did not necessarily provide protection from PPD as was

assumed before. The authors mention several potentially negative aspects of this support system, among which being away from the partner for a long time, potentially influencing this outcome. Although no conclusive evidence could be drawn, the lack of quality support after birth was found to worsen occurrence of postpartum depression. Studies in Hong Kong and Taiwan found that the way confinement is perceived would influence outcomes; forced confinement can augment risk factors for depression (Grigoriades et al. 2009, Heh et al. 2004, Lee 2000).

In 2004 Heh et al. studied 186 Taiwanese women and found that the greater the level of postpartum social support received by the women doing the month, the lower the risk of postnatal depressive symptoms experienced. Mori et al. (2016) found that more Japanese women aged over 35 are having babies and those women have higher risks of complications resulting in higher risks for fatigue and depression. Promoting adequate sleep as a strategy is important for reducing fatigue and for preventing depression (Mori et al., 2016). Eberhard-Gran et al. 2010 inquired into the current knowledge on the impact of postnatal care on mental health from 1966 till 2010, and concluded that "[s]tudies of associations of postnatal care and mental health in the mother are limited and show inconsistent results. More knowledge is needed on postnatal care and mental health."

In 2020, Leonard researched the hypothesis that "perceived stress mediates the association between poor perceived social support and postpartum depressive symptoms''. The author's conclusion is showing an indirect link between rest, care and PPD; lower levels of perceived social support predicted perceived stress which in turn is predicting depressive symptoms (Leonard 2020). Also, in 2020, a study was conducted by LeMasters et al. aiming at understanding if the Pakistani traditional postpartum practice named *chilla* protects against PPD independent of other support. In the *chilla* practice, women return to their mothers' home and are exempt from household tasks, receive family support and supplemental food for up to 40 days (LeMasters et al. 2020, p.2). The results of the study indicate that postpartum practices may be "particularly beneficial for women with already vulnerable mental health, or might be protective against future development of depression" (p.5). *Chilla* may help prevent a "new onset of PPD, but it may not be enough to lift women out of pre-existing depression" (LeMaster et al. 2020, p.5). An important conclusion is that *chilla* captures more than perceived social support only and may affect mental health through mechanisms other than social support (p.7).

"In employing a fourth trimester framework, midwives, lactation consultants, and maternal nurses re-conceptualize the end of pregnancy and the beginning of motherhood as a process of gradual physical and emotional changes. The mother, after giving birth, becomes less pregnant

over time. Becoming physically less pregnant also entails the evolution of separateness between mother and baby. During this transition, new mothers go through a period where they must care intensely for their own recovery and evolution into a new role, as well as the well-being and development of their infants." (Matambanadzo 2014, p. 129)

Although literature does not show an unambiguous picture, most studies point towards a positive direct and indirect effect of postpartum rest and care on alleviating or avoiding postpartum depressive symptoms. Nevertheless, it is necessary to understand better what aspects of postpartum rest and care in particular are associated with PPD and how.

7. POSTPARTUM AS A RITE OF PASSAGE

According to Piperata, one reason that postpartum traditional practices persist, at least in the Amazonas, is because of their social and ritual significance. In a society where women mostly work in or around their homes and take care of the children, having a period where the woman is being honored, put in the center of attention can be of great importance in her life. Especially with her first child, having her husband serving her non-taboo food, having her mother and female relatives care for her and her baby, are of great significance to many mothers, as it marks their transition from girl to woman (Piperata 2008, p. 1102).

We can speak of the immediate postnatal period as of a liminal state, or in-between state, a state of deep transition, a rite of passage. According to Victor Turner who first theorized liminality in 1974, "the attributes of liminality or of liminal personae ("threshold people") are necessarily ambiguous" (Turner 1995, p. 81). This ambiguity can contain sacredness as well as pollution. For the Maoris of New Zealand the new mother's status is sacred, they honor the new mother deeply and call her *te whare tangata* or "the house of humanity" (Allison 2018, p. 19). In various cultures, the newborn mother is considered to be in a polluted state for the first 40 days (*see e.g.* Cupelin 2017). People in liminal states have been traditionally secluded, separated from society. In her doctoral thesis, Liamputtong concludes that the purpose of postpartum seclusion is not only to protect the mother (and baby) who are in a vulnerable state and to protect the society from them, but also to mark the woman's important transition into the status of a mother (Liamputtong 2004, p. 81).

The Danish midwife and scientist Christina Prinds (2014) suggests looking at the transition into motherhood through a larger, existential lens. It is not only a physical transition or a rite of

passage, she argues, but can be regarded as an “existential transition lasting sometimes years, being interpreted differently by different women (Prinds 2014, p. 16). Prinds invites an exploration of the transition into motherhood in a similar way as the transition that ill and dying people, as well as their close ones, go through at the deathbed. In her Ph.D. study performed in Denmark, she found that for many women, becoming a mother means experiencing a profound change in what is meaningful and purposeful in life. Furthermore, she established that motherhood raises consciousness about responsibility, vulnerability, life and death and the existence of something “bigger than [one]self (ibid, p. 47).

Regarding the transition into motherhood as an existential rite of passage can help us understand why it is important and imperative to provide the right support for women in their postpartum period.

Danish sociologist Laura Bach Vilsgaard (2015) studied the needs and emotional states of several women suffering from “postpartum reaction”, as she prefers to call it (Vilsgaard 2015, p. 25-6). Vilsgaard uses the prism of the rite of passage and describes the transition into motherhood through the concept of “liminality” - a stage where everything is turned upside down, the norms and social codes that they are used to, no longer exist and it is like a period suspended in between time and space. Vilsgaard describes how the women in her study experience a loss of “cultural capital”. They are used to being acknowledged through their roles as working women and being a woman at home is not culturally valued (ibid p. 63). The women in her study describe a need for someone who is “more adult” than them, to be there and take care of them, during their postnatal phase. They rely on their own mothers somewhat, but for various reasons they cannot always depend on their support. The women describe that the help they are offered is primarily from doctors, midwives or the Danish “sundhedsplejerske”, which is an offer from the state, where the new family gets continuous visits during the first year after birth. This organized help from the state is described as being primarily with a focus on the medical, physical or on what can be physically observed (ibid, p.75). Exploring the idea of the rite of passage, she argues that the role of the ritual master seems to have disappeared or have been transformed into medical help, coming from experts on different sorts of knowledge. The women in the study describe a shame at having emotional feelings like that. In some cases the “sundhedsplejerske” manages to facilitate such a space, but in general the women describe that they miss a space to talk about the inner process of becoming a mother (ibid, p. 78-80).

Turner furthermore talks about the importance of symbols and rituals as a way of preparing the subject or the person for integrating in the new order after the liminal phase (Turner 1995). As we have seen in these studies, there seems to be a void in this liminal phase, at least for many

western women. Perhaps (re)inventing meaningful, caring and empowering rituals and symbolic acts in Western postpartum care can contribute to supporting and empowering new mothers.

Awareness of the existential and emotional "liminal phase" that defines the transition into motherhood can help people decipher the need for "care" during the postpartum period. It can clarify why postpartum care can benefit strongly from the presence of an elder or experienced person, who is there to meet the women in their emotional and existential transition, and be fully present.

8. THE PERSONAL IS POLITICAL

"Care of mothers after childbirth [...] is an issue of **universal social importance**" (Allison 2018: 13, our emphasis). Postnatal care can no longer remain isolated as a personal issue. The way we take care of newborn mothers affects the entire society and must find its place high on the political agendas of practically every country. Healthcare systems, insurance companies, policies governing maternal and paternal paid leave, local, national and international governments need to engage in the realization of this profound and necessary change. Good postnatal care is inherent to a healthy society.

9. CONCLUSION & RECOMMENDATIONS

For the past decades, it seems that the western world has "forgotten" about the importance of caring for the new mother and the focus has been mostly on prenatal care. The postnatal period was, and often still is, organised around the concepts of morbidity and mortality resulting in a main focus on medical factors in birthcare and failing to address the actual needs of new moms. Nonetheless, slowly a shift is taking place (also visible in medical studies) recognizing that the well-being of new moms is of great importance also to the baby, the family and the society at large. Postpartum care is rising on the birthcare agenda. A good example is the proposed in 2018 "paradigm shift for postpartum visits" by the American College of Obstetricians and Gynecologists (ACOG). The ACOG made the following formal recommendation: "To optimize the health of women and infants, postpartum care should become an ongoing process, rather than a single encounter, with services and support tailored to each woman's individual needs" (ACOG 2018).

Literature on the subject of postpartum care is, however, still scarce. In fact, as Ingrid Bayot states, we lack sufficient language or concepts to articulate what transformation the new mother goes through in the first weeks and months after birth. We do know that the majority of

new mothers experience some sort of postpartum reaction while transitioning into motherhood, with postpartum depression and suicide as most severe responses. Postpartum depression numbers are in fact sky high resulting in severe consequences for mother, baby, family and the community. Several studies point towards a positive direct and indirect effect on the influence of postnatal rest and care on postpartum depression, but more research is needed.

Looking towards the non-western literature on the subject, we find that postpartum care is deeply practiced and valued in many different cultures. What we need going forward is to find new ways to implement the right kind of postpartum care in the western parts of the world, so that it doesn't become a matter of cultural appropriation, but it is simply a re-discovering of the enormous importance of care, rest and intentional support for the new mother.

We would like to conclude with a reflection on the concrete steps we need to take so that care and rest for the new mother during the first 6 to 8 weeks after birth becomes an institution and a basic right for every mother:

- Generate more research which demonstrates clearly the health and societal benefits of a prolonged rest and care during the postnatal period;
- Raise awareness;
- Educate the large public on the importance of postnatal rest and care;
- Share the stories of mothers and families who received and who did not receive care;
- Study the processes revealed in countries where traditional practices are being abandoned;
- Engage policy makers, health workers, insurance companies;
- Engage international organizations…

So that:

- Every mother has the opportunity to rest and be mothered during her immediate postnatal period;
- Postnatal support becomes a household name;
- Postnatal support is recognized as a basic human need;
- Postnatal support becomes an integral part of national and international policies;
- Postnatal support is reimbursed by health insurance;
- Mothers birth humanity with dignity and receive full support after birth.

Dear reader, personally and politically, what can *you* do?

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