

Traditional beliefs and Practices in Newborn Care among Mothers in Shaanxi Province, China

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Abstract

Background: Sometimes mothers lack sufficient knowledge about newborn care and apply traditional practices that may harm their children's health and development. Cultural factors are deeply involved in health and sickness.

Objective: The study design to assess traditional newborn care practices among mothers,

Methods: The qualitative descriptive study was conducted in Xian Jiaotong Medical University First Affiliated Hospital, Xian-Shaanxi, China. Data was collected by face to face with a questionnaire prepared by the researchers in view of the relevant traditional practices. The study sample included Chinese traditions practicing mothers with babies after birth.

Results: Traditional Shaanxi-Chinese mothers had traditional newborn care practices. The data collected from 256 samples were analyzed using descriptive statistics. (191) 74.6% of mothers giving drinking water to the baby after birth (177) 69.1% of mothers do not have taking bath their babies. (162) 63.3% of mothers not expose their babies to sunlight (167) 65.2% mothers overdress their babies. (148) 57.8% mothers apply belt to baby's umbilicus. (102) 39.8% of mothers apply breast milk on babies face. (105) 41.0 mothers giving hot formula milk their babies. (102) 39.8% of mothers giving sugar water to their babies (159) 62.1% of mothers give body massage their babies. (137) 53.5% of mothers restricted dental hygiene. (227) 88.7% of mothers resting at home.

Conclusions: Most of these traditional beliefs and practices about newborn care among mothers were observed in this study which needs to be educating the mothers and minimize the unhealthy traditional practices.

Keywords: Traditional beliefs and practices, Newborn Care, Mothers

Introduction

China has the largest population country in the world with more than 70% of the people living in urban areas more than 34% of children under the age of 5 years are responded to demonstrate moderate or severe growth stunting, [1] Recent childbirth and early infant care strategy and practice in China is not allied with WHO recommendations for several main interventions [2]. A numeral of cultural practices and beliefs held by families, predominantly grandparents, prevent evidence-based practices. Chinese customary birth rituals need a woman to be restricted at home for one full month after giving birth, and to scrutinize a wide set of preventive prescriptions and proscriptions [3]. At current still, inadequate care is causing maternal and child health problems, especially in developing countries. Of the entire deaths which happen in the first five years of life, 36% are newborn deaths. In fact, of the approximately four million global neonatal deaths that occur annually, 98% occur in developing countries. As most births and deaths occur outside any established health care facility, a reduction in neonatal mortality may depend significantly on interventions involving promotion or adaptation of traditional care behaviors practiced at home [4]. Cultural principles, attitudes, beliefs, and behaviors influence lifestyle and health. For that reason, culture is considered a dynamic factor that plays a significant role in health and diseases. Traditional practices follow-on from principles of a particular culture affect children mainly. A family unit, which mirrors values, civilization, customs, and beliefs, i.e. culture of a society to which it belongs, plays an essential role in physical, psychological, and social development and health in children. Customary child care practices influence children's health [5]. The common newborn's mortality rate in developing countries is more than eight times that prevailing in developed countries [6]. Irresistible

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confirmation demonstrates that prenatal care, skilled attendance at birth, and sufficient postpartum care could radically decrease maternal (and infant) mortality rates. Childbirth takes place in a cultural context that is shaped by the perceptions and practices of that culture. Therefore, childbirth and the postpartum period are constructed within the behavioral, social, and experiential content of cultural values [7,8] several Asian countries have beliefs about postpartum recovery and make similar traditional postpartum customs. The traditions contain rest at home for a defined period, and limited activity, keeping warm, cleanliness, and nutritional practices in such societies [9,10] a lot of traditional beliefs and practices throughout the postpartum period are adhered to by the woman and her family unit to guarantee the health and wellbeing of herself and the newborn [11] numerous Asian countries have beliefs about postpartum revival and produce comparable traditional postpartum customs. The traditions include rest at the house for a defined period, and limited activity, keeping warm, cleanliness, and dietetic practices in such societies [12,13] even if they might be different from culture to culture, pregnancy, birth, and newborn care correlated beliefs and practices become visible in all communities and could play an imperative role in baby health Mothers' attitudes towards health, health behaviors, education level and practices through illnesses of their children also play an imperative role in child health. Therefore, nurses should be able to recognize and investigate values likely to affect health behaviors [6] a lot of women in Asian societies persist to practice a large range of traditional beliefs and practice through pregnancy, newborn birth, and postpartum time [14]. In our society, women get information from family unit members, elders, and traditional birth attendants. Therefore, these groups, hopeful mothers and mothers of newborns are supposed to be targeted with educational messages. Newborn care, parallel to additional human behaviors, is influenced by cultural beliefs therefore investigation of cultural beliefs and practices of newborn care is necessary [15]. In Chinese culture, the customs of the traditional postpartum practices can be dated from the Song Dynasty (960-1279 A.D) while the conceptual derivation may have begun more than the 2000 years ago [16]. The postpartum one month is called Zuo Yuezi in China. The literal translation means "doing the month" by tradition, a woman remains at home during this period [17] throughout this time, her behavior about diet, activity, and hygiene is determined by tradition, and the theory behind traditional Chinese medicine (TCM) underlies some of these beliefs and practices. Health is seen as harmony between yin qi and yang qi; and illness an imbalance between the two forces. Pregnancy is a yang state, but during childbirth, the woman loses heat and becomes yin. The behavior around diet, activity, and hygiene that comprise "doing the month" is to restore the equilibrium [18,19].

There is no large-scale study that reveals all traditional child care practices performed on women with newborn babies younger than 3-month-old in Shaanxi Province. Therefore, we carried out the present study to address this knowledge gap, gain an understanding of traditional practices, and investigate the factors influencing such practices. To this aim, we searched for the answers to the following questions in this study: What traditional child care practices were performed by mothers with newborn babies younger than three-month-old? Was there a relationship between traditional child care practices, mothers' and baby interaction, type of food intake, the umbilical cord cleaning

method, baby feeding method, family type, education, origin and residence father, mother, and grandparents both caring method and baby body development records? What happens to newborn care in the one month postpartum is called Zuo Yuezi. The literal translation means "doing the month" who are no longer in their cultural environment and who have been uprooted from their familiar society? Does newborn care still take place within its cultural context? This, largely, has not been documented. We still lack in-depth knowledge about traditional beliefs and practices related to newborn care of "doing the month" women, and how Hmong women and their families deal with newborn care childbirth in their new social environment

Methods

Sample

The institutional review board of Xi'an Jiaotong Medical University approved the study protocol. The families included in the study were selected based on the records in Xian Jiaotong University First Affiliated Hospital outpatient department. The families were informed about the nature of the study and provide informed consent. The study detected health problems of families and conducted appropriate interventions. The study sample was including women with newborn babies less than three-month-old and who accepted to participate in the study. Data was collected from volunteering mothers from the families followed in the Out-Patient Department. All mothers who were living in the study area, who have newborn babies younger than three-month-old, who had no communication problems were included in the study.

Instruments

The data was collected with a questionnaire developed by the researchers and translated from Chinese into English. The mothers, who answered "yes", were asked to explain these traditional newborn care practices. By the author who interviewed mothers were offered training for interviews. Data were collected at face to face mother's interviews which lasted for 30-45 minutes. The questionnaire used to collect data was composed of demographic characteristics and traditional child care practices. There were questions about demographic characteristics, traditional child care practices, and child-rearing. The mothers were questioned whether traditional practices were made with their newborns, perinatal information, pregnancy complications, delivery method and newborn birth conditions, breastfeeding methods, baby water intake, mother feeding, umbilical cord care methods, baby oil massage, baby body covering and dressing methods, raising baby methods and newborns growth factors measurements. There were set of questions focusing on traditional child and mother care practices and postpartum about feeding the time of first breastfeeding, the way of baby bathing, food dietary precautions, eating more food, eating "hot" food (protein-rich), resting at home, bathing, eating fruit and vegetables, restricted dental hygiene, dressing, umbilical cord care, who caring newborns in the family unit,(parents or grandparents) supplementary feeding of breastfed newborn and giving hot water and sugar or honeysuckle to the newborn.

Analyses of data

The Data were analyzed with SPSS for WINDOWS version 22.0 and were analyzed with Chi-square test and percentages. Answers to open-ended questions about traditional newborn

care practices were listed and changed into percentages. Chi-square test will be used to find out the relationship between obtained percentile data and independent variables (family type, education, newborns care, and baby's developmental changes).

Results

Descriptive of demographic characteristics

Socio-demographic variables of mothers revealed that out of 256 mothers, the majority (162) 63.3% were in the age group of 30-39 years, (97) 37.9% had bachelor degree qualification, (88) 34.6% of them were government official (155) 60.5% had a cesarean delivery, (155) 60.5% had grandparents newborn care, (144) 56.3% had 37-42 weeks gestational age, (105) 41% of them had breastfed, (71) 27.7 formula feed and (80) 31.3% (formula and breast milk) mix feeding, (Table 1).

Assessment of cultural practices and beliefs related to newborn care among mothers

Cultural practices beliefs regarding drinking water

The cultural practices and beliefs regarding giving water after

Table 1: Characteristics of participants

Characteristics	Frequency	Percentage
Age (years)		
20-29	71	27.7
30-39	162	63.3
>40	23	9.0
Education		
Primary	1	0.4
Secondary Junior	61	23.8
Secondary Senior	63	24.6
Bachelors Degree	97	37.9
Masters Degree	27	10.5
Senior	7	2.7
Occupation		
Laborer	1	0.4
Farmer	17	6.6
Technical	61	23.8
Government Official	88	34.6
Trader	45	17.6
House Wife	44	17.2
Delivery way		
Vaginal	101	39.5
Cesarean	155	60.5
Parenting		
Parents	101	39.5
Grandparents	155	60.5
Gestational age		
<28	1	0.4
28-34	47	18.4
34-37	61	23.8
37-42	144	56.3
>42	3	1.2
Feeding		
Breast	105	41.0
Formulae	71	27.7
Mix	80	31.3

birth revealed that the highest percentage (191) 74.6% of the mothers had given water to the newborn after birth.

Cultural practices beliefs regarding bath

Cultural practices beliefs regarding bath revealed that the highest percentage (177) 69.1% of mothers had not given a bath to the newborn for 1-2 months.

Cultural practices beliefs related to exposure to sunlight

Cultural practices beliefs related to exposure to sunlight revealed that the highest percentage (162) 63.3% had not exposure to sunlight keep the baby in a dark room with mother (childbearing month)

Cultural practices beliefs related to overdressing

Cultural practices beliefs related to overdressing revealed that the highest percentage (167) 65.2% of women had overdressing their babies.

Cultural practices beliefs related to umbilical care and belt application

Cultural practices beliefs related to umbilical care and belt application revealed that the highest percentage (148) 57.8% had to apply tight elastic belt on newborn umbilical and poor umbilical care.

Cultural practices beliefs related to applying breast milk on baby face

Cultural practices beliefs related to applying breast milk on a baby face revealed that percentage (102) 39.8% of mothers had applied breast milk on the newborn face.

Cultural practices beliefs regarding give hot formula milk to baby

Cultural practices beliefs regarding give hot formula milk to baby revealed that percentage (105) 41.0% of women gave hot formula milk feed their babies.

Cultural practices beliefs related to drinking sugar water

Cultural practices beliefs related to drinking sugar water revealed that percentage (102) 39.8.0% of women had given sweet drinks sugar added water to their newborn.

Cultural practices beliefs related to Body massage

Cultural practices beliefs related to Body massage revealed that a high percentage (159) 62.1% of women had massage their baby

Cultural practices beliefs related to mother dental hygiene

Cultural practices beliefs related to mother dental hygiene revealed that a high percentage (137) 53.5% of women had not bathed and brushing the teeth during the postpartum period.

Cultural practices beliefs related to mother resting at home

Cultural practices beliefs related to mother resting at home revealed that a high percentage (227) 88.7% of mothers had (doing the month) resting at home (Table 2).

Table 2: Traditional Child Care Practices

Traditional practices	Yes	Percentage	No	Percentage
Drinking water	191	74.6	65	25.4
Taking bath	79	30.9	177	69.1
Exposure to sunlight	94	36.7	162	63.3
Overdressing	167	65.2	89	34.8
Umbilical belt application	148	57.8	108	42.2
Applying milk on baby face	102	39.8	154	60.2
Giving hot formula milk to baby	105	41.0	151	59.0
Drinking sugar water	102	39.8	154	60.2
Body massage	159	62.1	97	37.9
Mother dental hygiene	137	53.5	119	46.5
Mother resting at home	227	88.7	29	11.3

Association between the Cultural Practices and Beliefs Related to Newborn Care in Shaanxi

Table 3: Association between the cultural practices and beliefs related to newborn care with selected demographic variables.

Demographic Variables		No	Mean	SD	F value	P Value
Education	Primary	1	4.4258	1.060	0.560	0.817
	Sec. Junior	61				
	Sec. Senior	63				
	Bachelors	97				
	Masters	27				
Senior	7					
Occupation	Laborer	1	4.1367	1.178	2.785	0.450
	Farmer	17				
	Technical	61				
Gestational age	<28	1	3.3945	0.809	0.325	0.919
	28-34	47				
	34-37	61				
	37-42	144				
	>42	3				
Feeding	Breast	105	1.9023	0.846	1.434	0.596
	Formulae	71				
	Mix	80				

One way ANOVA was performed to associate the cultural practices and beliefs

Association between the cultural practices and beliefs related to newborn care with selected demographic variables

One way ANOVA was performed to associate the cultural practices and beliefs with the selected demographic variables. So in this study, the hypothesis is accepted that is “there will be a significant association between cultural practices and beliefs related to newborn care and selected demographic variables” (Table 3).

A comparison of these cultural practices and beliefs in newborn care among parents and grandparents

A comparison of these cultural practices and beliefs according to newborn care among parents and grandparents as shown in Figure 1.

Discussion

This paper is based on research in china a large population country in the world this first study highlights newborn care during called Zuo Yuezi. The literal translation means “doing the month others studies focused on mother care after childbirth among mothers The majority of grandparents newborn caring in China and new parents pursue their instruction they equally had limited knowledge about newborn care and one or two-child

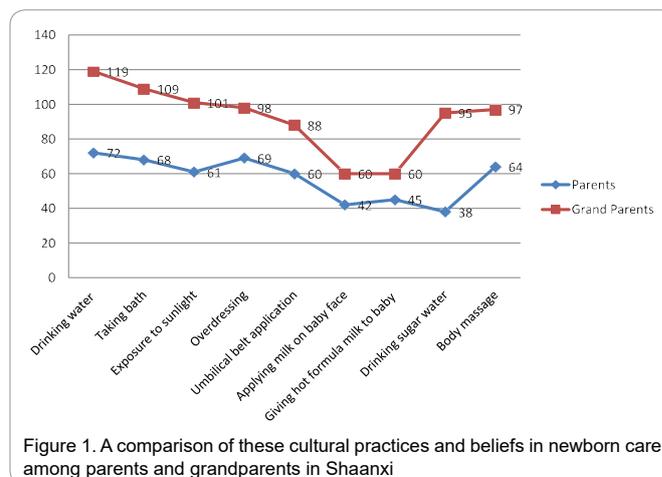


Figure 1. A comparison of these cultural practices and beliefs in newborn care among parents and grandparents in Shaanxi

policy that’s why a lot of new-parents lack education about newborn care so they following grandparent’s traditional beliefs and custom Traditional Shaanxi-Chinese mothers had traditional newborn care practices. The data collected from 256 samples were analyzed using descriptive statistics. (191) 74.6% of mothers giving drinking water to the baby after birth. (177) 69.1% of mothers do not have taking bath their baby. (162) 63.3% of mothers do not expose their babies to sunlight (167)65.2% of mothers overdress their babies. (148) 57.8% of mothers apply belt to baby’s umbilicus. (102) 39.8% of mothers apply breast milk on the baby’s face. (105) 41.0 mothers giving hot formula milk to their babies. (102) 39.8% mothers giving sugar water to their babies. (159) 62.1% mothers give body massage to their babies. (137) 53.5% mothers restricted dental hygiene. (227) 88.7% mothers resting at home. In this study majority, 74.6% of mothers gave water to the newborn after birth, they beliefs that breastfeed or formula feed were not enough so they think water is essential for newborn hydration and home remedies for evacuating stools and relief hiccups this practice harmful effect in newborn feeding, digestion, and development. In the other study conducted in Civil Hospital Ahmadabad, along with 435 mothers it was found that regarding 66.2% of mothers offered boiled water as a first feed [20]. In another study conducted that 37.2% of participants used hot water to evacuate stools, although this practice is not recommended, some people are still using this in newborn care, these need to be educated. 52% of participants tried remedies for home digestion, which is nearer i.e. 53% to a study conducted [15]. This harmful practice sometimes may lead to diarrheal diseases in newborn WHO recommends that infants should receive nothing but mother’s milk for the first six months, except for vitamins, minerals, and medicines in form of drops and syrup. In this study, 69.1% of mothers had not given a bath to the newborn for 1-2 -3 months after birth the same thought that taking a bath during the month was not allowed their traditional beliefs holds that after childbirth, the mothers’ skin is loose and water can enter through holes in the skin. That’s could cause a cold which the babies could also catch [16]. Other studies revealed related behavior regarding the timing of the newborn’s first bath, from Bangladesh and Nepal, also report that majority of infants were bathed within 24 hours of birth. Similar practices have also been reported in studies from India and Pakistan. WHO recommends a delay of 4-6 hours after delivery, preferably 24 hours. Our study showed that

63.3% of mothers had not exposed newborn to sunlight and fresh air keeps the baby in a dark room with the mother (childbearing month) this practice may affect newborn jaundice, vitamin D absorption, and positional plagiocephaly. In this study, 65.2% of women had overdressing their babies. The women were keeping newborns too warm, putting on many layers of clothing to make sure they did not catch a cold. The Studies from China, Vietnam, Cambodia, Thailand, Laos, and Myanmar found that most people believed women should be kept covered and kept inside for protection from the cold, rain, and especially the wind [12,14]. In our study, the highest percentage of 57.8% had applied a tight elastic belt on newborn umbilical poor umbilical care and also apply for Chinese traditional medicine on it. The beliefs the newborn abdominal muscles immature the belts were helpful for the protection and good belly shape. Although the specific effects of belts in newborn respiration, feeding, and digestion needs to be examined. Another study reported that had poor practices were found regarding cord care. The reason for applying various substances to the cord stump was the belief that they help dry the cord. Similar studies done in Pakistan have also reported poor cord care practices from Bangladesh and India reported the application of substances like mustard oil, coconut oil, warm ghee, boric powder, and talcum powder to the cord stump till it dries up [15,21,22]. Although the specific effects of these substances need to be examined, however, they may lead to infection. In this study, 39.8% of mothers had applied breast milk on the newborn face and not clean or wash on water. This practice is also seen in other Middle Eastern cultures. A researcher reported that Iranian women used some traditional practices to protect the new mother and the infant from negative spirits such as wearing "üzerlik" (a type of plant) and blue beads, or keeping the Koran in their room An Indian study reported that mother's dress their newborns with yellow clothes if they have jaundice, apply 'Kajal' on the infant's face to repel negative energies [15,23]. In this study, 41.0% women gave hot formula milk feed their babies too hot feeding May cause physical harm to the newborn. In our study 41% of them had breastfed, 27.7% formula feed, and 31.3 % (formula and breast milk) mixed feeding. Exclusive breastfeeding was lower amongst mothers they prefer international brand formula milk to their baby the majority of mothers reported giving formula feed to their newborn as its first the mothers had not allowed feed their newborns in the NICU. Another Chinese study showed 24.36% were exclusively breastfeeding the proportion of children with weekly protein intake was 78.47%. Among the infants under 4 months [1], Another study reported Exclusive breastfeeding was lower amongst mothers who reported a cesarean section as compared to a normal delivery. Half of the women who underwent a cesarean section reported giving formula feed to their newborn as its first feed. According to them, they were advised to do so by the hospital staff. Such endorsing of formula feed by hospitals are against the National Breastfeeding law [21,24] in this study 39.8.0% of women had given sweet drinks sugar added water to their newborn The similar study conducted that's the most common prelacteal quoted was Market bought Ghutti (traditional feed given to a newborn as its first feed). The sale and promotion of such products need to be controlled through legislation. Honey is also a very popular prelacteal generally given to the newborn by putting it on a fingertip [21]. In our study revealed that high 62.1% of women had practices massage to their newborn that was continued for one-year-old babies. Another study reported

that the Majority 95% of mothers massaged the baby with oil Rawalpindi district, Pakistan, out of 100 mothers who were having baby age of 6 months it was found that oil massage 4w as a frequent practice in 61% of babies. In our study, 53.5% of mothers had not bathed to wash and brushing the teeth during the postpartum period. Brushing the teeth during the postpartum month could loosen the teeth and make gums bleed. Another study reported In China; one month postpartum is called Zuo Yuezi by tradition, a woman remains at home throughout this period Compare all through this moment in time, her behavior about diet, activity, and cleanliness is resolute by tradition, and the hypothesis behind traditional Chinese medicine (TCM) [16]. In this study the majority 88.7%, For 30 days after childbirth, the woman is estimated to stay in bed and not do any heavy work, as well as housework. During the sitting month, the mothers were not combing or wash her hair so as not to get a headache. Staying at home Health is seen as harmony between yin qi and yang qi, and illness an imbalance between the two forces [25]. Pregnancy is a yang state, but during childbirth, the woman loses heat and becomes yin. The behavior about diet, activity, and hygiene that include "doing the month" is to reinstate the balance of the new mother, wherever she can have a rest, focus on looking after the newborn, and begin to build the transition to maternity [26]. In this study, we found that more than half of the participating women stated applying customary practices of motherly and child care in the postpartum period. In our study majority of 60.5%, grandparent's had newborn caring they were traditional practices further than the parents and also recommending customary practices to new parents this differs from comparable studies conducted in Ghana and Indonesia anywhere grandmothers made healthcare decisions and imposed traditional practices. Another study reported that in traditional families, mothers and mothers-in-law were the most Influential people in recommending traditional practices. These findings are related to Turkey, wherein mothers and mothers-in-law commonly help with childcare and the provision of food along with bestowing their postpartum traditions with the new mother The previous study exposed a high occurrence of insufficient child care knowledge and approximately one-third of mothers practiced deprived newborn care in upper Himalayan dwellings. They propose that increased incidence of ANC and PNC visits likely enhances the knowledge and practices of child care [27]. Considering the high levels of newborn and maternal complications recognized in many Asian countries, more research is needed to document the current prevalence of such beliefs and practices, and how they interact with more formal means of maternal and newborn healthcare services. Although some of these traditional beliefs, especially those related to the sitting month and newborn care are still practiced in parts of China; they should not be taken as medical advice

Conclusions

In the current study, we discovered that more than half of the participating mothers declared applying traditional practices of maternal and newborn care in the postpartum period. Therefore, doctors, nurses, health workers, midwives, should assess mothers' traditional practices and encourage them to use positive cultural practices and discourage them from using harmful ones.

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Conflicts Of Interest

The authors declare no conflict of interest.

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