1. INTRODUCTION

Since last century, traditional medicine has been playing a major role in providing healthcare to mankind. Traditional and complementary medicine is getting more popular in our community for the purpose of healing diseases and healthcare. The degree of the practice has undergone several modifications. These modifications are influenced by the media and health professionals which can cause some conflict between traditional beliefs of older generations and modern beliefs of new parents. One of the aim in traditional postnatal care is prevent “meroyan” (postnatal depression) as this complication may arise in the postnatal period. The incidence of postnatal depression is low in Malaysia estimated to be at 3.9% due to vast majority of Malaysian women still observed the traditional postnatal beliefs and practices.

The Ministry of Health, Malaysia is promoting a continuum of care which integrates traditional medicine and modern medicine for the purpose of maternal well-being. These services may help health professional to utilise and build on traditional beliefs to promote health in the postpartum period as well as provide information to discourage potentially harmful beliefs/practices, which indirectly help to reduce maternal and newborn mortality and morbidity.

In 2002, WHO launched a strategy on traditional medicine to help countries explore its potential for people’s health and well-being and to minimize the risks of unproven or misused remedies. One of the strategies is to integrate traditional medicine into the formal healthcare system, thus ensuring better safety and adequate follow-up for patients.

Objectives Of This Guidelines:
- to promote Malay postnatal care;
- to ensure appropriate care for postnatal mothers;
- to educate and disseminate information about Malay postnatal care; and
- to provide safe practices and discourage harmful traditional practices.

Target User Of This Guidelines:
Malay traditional practitioners and staff in the Traditional and Complementary Medicine (T&CM) Unit.

Target Population Of This Guidelines:
Women in their confinement period that register for the T&CM services in the T&CM Unit.
2. CONCEPT OF TRADITIONAL MALAY PRACTICES IN POSTNATAL CARE

Childbirth is a time of transition and social celebration in many societies. Women's progression from birth to childrearing is influenced by religion, kinship system, economy, and medical technology. In Malaysian culture, there is a continuum between traditional and modern way in postnatal care, with some households follow traditional ways, others used the modern ways, with the majority somewhere in between.

Malays postpartum period is called 'maka dalam pantang'. The literal translation means “confinement period”. Traditionally, a woman remains at home during this period. During this time, her behaviour in relation to diet, activity and hygiene is determined by tradition, and the theory behind traditional Malay medicine which underlies some of these beliefs and practices. The behaviour around diet, activity and hygiene that comprises “confinement period” is to restore her energy and health after childbirth. The confinement period lasts for 40-44 days (6 weeks). There are three (3) major features in Malay postnatal care:

- the use of herbs
- the use of heat, and
- Malay postnatal massage.

The use of Herbs
Different types of herbs usually used during confinement. It can be taken internally in the form of decoction, capsule or grounded and cooked with honey (makjun) and also externally as in herbal bath, extracts added to ointment, herbal paste etc.

The use of Heat
Heat is used in the form of direct exposure such as bertungku (heated river stone), warm herbal bath or indirect exposure such as consuming 'hot food' during confinement.

Malay Postnatal Massage
Malay Postnatal massage includes whole body massage, hot compression (bertungku) and body wrapping (baru). Body massage is done at least six to seven times during the confinement period.
3. MALAY POSTNATAL CARE PRACTISES IN HOSPITAL SETTING

Ministry of Health, Malaysia (MOH) has taken a stand to promote safe practices in the Malay postpartum care and also provide information to discourage any potentially harmful beliefs that may affect the morbidity and mortality of new mothers.

The T&CM unit will implement the manipulative component of Malay postnatal care. The services consist of:

a) **Wellness Postnatal Massage**
   The objectives of wellness postnatal massage are:
   - To relieve muscle cramps/fatigue which occurred after labor.
   - To give awareness and promote safe practices of traditional postnatal care.
   - To promote compliance in breastfeeding program.

b) **Midwifery Care**
   The objectives of midwifery care are:
   - Early detection of postpartum complications.
   - To promote a safe and good practice of Malay postnatal care.
   - To give awareness of the safe usage of herbal concoction during confinement period.

The practice midwifery care in T&CM unit consists of whole body massage, hot iron compression and body wrapping/binding. It usually begins after 3-7 days post normal delivery.
4. TECHNIQUES AND PROCEDURES

4.1 Wellness Postnatal Massage
Divided into 2 components i.e Massage and Breast Care.

4.1.1 Massage - Wellness

A. Definition
It is a soft, superficial massage of the limbs and neck region that promote relaxation to the new mothers after a strenuous delivery.

B. Aims
- To relief muscle cramp/fatigue which occurred after labor.
- To improve the quality of sleep.
- To elevate mood.

C. Criteria for Wellness Postnatal Massage
Well discharge within 24 hours from postnatal ward in the hospital and with vaginal delivery mothers that have made appointment.

D. Criteria for exclusion from Wellness Postnatal Massage
Lower segment Caesarian section.

E. Duration
15-30 minutes.

F. Location
T&CM Unit.
G. Work Process of Massage

1. T&CM postnatal form to be distributed in the hospital postnatal ward.
2. Staff nurse in charge of the ward to inform the T&CM unit regarding number for massage, name of the client and I/C number.
3. Identify client for postnatal massage by:
   a) T&CM postnatal form
   b) T&CM registration book
   c) Identity Card
4. Check vital signs.
5. Take consent and perform postnatal wellness massage.
6. Give awareness regarding usage of herbs during confinement period.
4.1.2 Breast Care

A. Concept
Breast care involves breast massage and teaching the techniques to mothers in performing the massage at home. This is to help mothers to gain confidence and compliance in breastfeeding their infants.

B. Aims of Breast Massage
- To increase breast milk flow.
- To increase the production of breast milk.
- To prevent breast engorgement.

C. Criteria for Breast Care
All mothers.

D. Duration
30 minutes.

E. Location
T&CM Unit.
F. Work Process of Breast Care

POSTNATAL WARD

start

Fill up T&CM Postnatal form

Staff nurse in Charge to inform the T&CM unit for registration

identify patient/client by T&CM forms

breast care
- Breast massage
- Advice

T&CM UNIT

No

advise & stop

for midwifery care *

Yes

make an appointment

Procedures

1. T&CM postnatal form to be distributed in postnatal ward.

2. Staff nurse in charge of the ward to inform the T&CM staff regarding:
   - number of mother interested with the service;
   - name and I/C number.

3. Check vital signs.

4. Take consent and start the breast care program.

5. If mother’s interested for midwifery care services, make an appointment.
   * Midwifery care only for the vaginal deliveries.
4.2 Midwifery Care

A. Definition
Midwifery care consists of midwifery massage, hot compression and body wrapping. It starts with a case history, assessment on the patient's condition and the indications for massage. During the assessment, if the patient is not suitable for the treatment, advice will be given and the patient is referred to Emergency Department (ED) for further management. If noted while conducting the massage session, there are signs and symptoms that need urgent referral to ED, please make sure the patient is stable to be transported or if in need call for help from ED.

B. Aims of Midwifery Care
- To assist the new mother in her journey to recovery.
- To give information regarding safe usage of herbal concoction during confinement period.
- Helps to detect any postnatal complications that need medical intervention.

C. Criteria for Midwifery Care
Vaginal delivery mothers that have made appointment.

D. Criteria for Exclusion from Midwifery Care
Lower segment Caesarian section.

E. Duration and Frequency
It is usually done three (3) times in the first week after normal delivery then on the 39th, 40th and 44th day of confinement period. Lasted for 60-90 minutes each session.

F. Location
T&CM Unit.
### G. Work Process of Midwifery Care

<table>
<thead>
<tr>
<th>Procedures</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Identify patient by:</strong></td>
</tr>
<tr>
<td>1. T&amp;CM postnatal form</td>
</tr>
<tr>
<td>2. Appointment book: phone/walk in</td>
</tr>
</tbody>
</table>

**Assess the client for sign and symptoms of postpartum complications** – done by staff nurse/Medical Assistant.

Refer to Emergency Department (ED) if there are signs of postpartum complications. (List of postpartum complications are in **Section 5, page 13**)

**Midwifery care**
- History taking and assessment for the procedures.
- Consent for the procedures.
- Explained procedures to the client.
- Documentation all procedures in the clerking form.

During the assessment, if there were sign/symptoms of complications, please stop the procedures and refer to ED for further management.

At the end of the session, give awareness regarding herbal concoction.

**Follow-up visit**
- Reassess the client.
- Continue the procedures.
- Advice accordingly regarding petua dan pantang larang.
- Documents all client progress in the clerking form.

**Discharge**
- Reassess the patient’s progress.
- Reassess the patient conditions.
- Advice.
- Documents all progress.

[Diagram showing the process flow]

- **Start**
  - client/patient
- **Assessment for suitability**
- **Start Midwifery care**
  - Massage
  - Hot Iron Compression
  - Barut (body wrapping)
- **Follow up visit**
- **Discharge**
- **Stop**

- **Discharge and refer client to ED**
4.2.1 Midwifery Massage

A. Definition
It’s a deep tissue and therapeutic body massage. Midwifery massage is conducted by an experienced masseur.

B. Aims of Midwifery Massage
It focuses on restoring the woman's body to its pre-pregnancy condition where it helps to realign body weight to its original distribution, and tones over-stretched areas of skin. Massage increases circulation which helps with: the removal of excess fluids and reduces swelling and speeds the total healing process.

C. Duration and Frequency
Midwifery massage is usually done three times in the first week after normal delivery then on the 39th, 40th and 44th day of confinement period. Lasted for 1 hour each session of massage.

D. Technique of Midwifery Massage
The masseur can either starts from the foot progressing upward (upward trend) or from the head then slowly massaging downward (downward trend) of the body. It depends on the individual technique of the masseur but the main principal is that the massage strokes are usually towards the heart. Care is taken in massaging the abdomen area. (Technique of Midwifery Massage is in Diagram 1)

4.2.2 Hot Compression (Bertungku)

A. Definition
It is a form of point massage using heated objects.

B. Aims of Hot Compression
- Reduce pain.
- Reduce muscle spasm.
- Reduce congestions of non-inflammatory origin.
- Stimulates the absorption of cellular debris during healing of injuries.
- Improve bowel movement, promote flatus and defecation.
C. **Apparatus Used** *(See pictures below)*
   a) *tungku*: a ball-like iron with a handle, or
   b) a sphere-shaped river stone.

   ![Picture 1(a)](image1) ![Picture 1(b)](image2)

   It is first heated, then wrapped with cloth. It can also be wrapped around with *daun mengkudu* (*Morinda citrifolia*) or *daun sirih* (*Piper betel*) inside the cloth for aromatherapy purpose while conducting the session. Usually done after first week of post delivery (normal delivery).

D. **Sites Applied**
   - limbs
   - shoulder
   - neck region
   - abdomen
   - chest

4.2.3 **Body Wrapping/Binding** *(Barut)*

A. **Definition**
   *Barut* is made of cloth, which will be tightly wrapped around the women’s waist. *(See Picture 2)*

B. **Aims**
   It provides lower abdominal support and helps realigned the spine to its normal shape.
Note: T&CM Unit will provide massage oil, herbal paste and tungku during the Midwifery Care procedures. Clients are advised to bring their own barut cloth and other relevant accessories if required during the session.

5. SIGN AND SYMPTOMS THAT REQUIRE URGENT REFERRAL TO EMERGENCY DEPARTMENT

5.1 Late Postpartum Hemorrhage

Sign and Symptoms:
- Lochia fails to progress from rubra to serosa to alba.
- The uterus is higher in the abdomen.
- Irregular or excessive bleeding.

Clinical findings in obstetric hemorrhage:

<table>
<thead>
<tr>
<th>Blood Volume Loss (mL)</th>
<th>Blood Pressure (Systolic)</th>
<th>Symptoms and Signs</th>
<th>Degree of Shock</th>
</tr>
</thead>
<tbody>
<tr>
<td>500-1000 (10-15%)</td>
<td>Normal</td>
<td>palpitations</td>
<td>Compensated</td>
</tr>
<tr>
<td></td>
<td></td>
<td>tachycardia</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>dizziness</td>
<td></td>
</tr>
<tr>
<td>1000-1500 (15-25%)</td>
<td>Slight fall (80-100 mm Hg)</td>
<td>weakness tachycardia sweating</td>
<td>Mild</td>
</tr>
<tr>
<td>1500-2000 (25-35%)</td>
<td>Moderate fall (70-80 mm Hg)</td>
<td>restlessness pallor oliguria</td>
<td>Moderate</td>
</tr>
<tr>
<td>2000-3000 (35-50%)</td>
<td>Marked fall (50-70 mm Hg)</td>
<td>collapse air hunger anuria</td>
<td>Severe</td>
</tr>
</tbody>
</table>

Adapted from Int J Gynaecol Obstet 1997 May; 57(2): 219-26
5.2 Puerperal Infections

Signs and Symptoms:
- Temperature of 100.4°F (38.0°C) or higher, the temperature to occur on any two consecutive days of the first ten postpartum days, exclusive of the first 24 hours, and to be taken by mouth.
- Profuse, foul smelling vaginal discharge, sometimes frothy.
- Malaise, anorexia, chills, tachycardia.
- Pelvic pain.

Signs of Condition Worsening:
- Fever spiking from 38 to 40°C.
- Chills.
- Extreme lethargy.
- Nausea and vomiting.
- Abdominal rigidity and rebound tenderness.

5.3 Thromboembolic Disease

Signs and Symptoms:
- Sudden onset of pain, tenderness of calf, redness and an increase in skin temperature.

5.4 Puerperal Psychiatric Disorder

Signs:
- Lack of interest or energy, loss of usual emotional response toward her spouse or family.
- Anorexia.
- Sleeplessness.
- Poor personal hygiene.
- Inability to follow directions, poor concentration.
- Feelings of unworthiness, guilt, shame.
- Obsessive thoughts of failure as mother; disinterest in the new infant, unable to feel love for infant.
Appendix 1 : *T&CM Postnatal Care Form*

**UNIT PERUBATAN TRADISIONAL DAN KOMPLEMENTARI**

Hospital ..........................

---

**Borang Rawatan Ibu Selepas Bersalin**

Perkhidmatan urutan selepas bersalin disediakan di Unit Perubatan Tradisional & Komplementari di hospital ini. Jika puam berminat, sila isi borang ini dan serahkan kepada jururawat bertugas.

<table>
<thead>
<tr>
<th>(Diisi oleh Ibu)</th>
<th></th>
<th>(Diisi oleh Jururawat)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nama</td>
<td>Sila tanda (√) pada kotak di bawah :</td>
<td>Tanda vital pada masa dicaj :-</td>
</tr>
<tr>
<td></td>
<td>Urutan Kesegaran</td>
<td>Tekanan darah (mmHg) : .................</td>
</tr>
<tr>
<td></td>
<td>Penjagaan Payudara</td>
<td>Kadar denyutan nadi : ..................</td>
</tr>
<tr>
<td></td>
<td>Rawatan Perbidanan</td>
<td>Suhu (°C) : .........................</td>
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<tr>
<td></td>
<td>Tarikh : .................</td>
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<tr>
<td>No. K/P</td>
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<td>Alamat</td>
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<td>No. Tel</td>
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<tr>
<td>Tarikh</td>
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<tr>
<td>Tandatangan</td>
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<td></td>
</tr>
</tbody>
</table>

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*UNIT PERUBATAN TRADISIONAL DAN KOMPLEMENTARI*

Hospital ..........................

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<td>Kadar denyutan nadi : ..................</td>
</tr>
<tr>
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<td>Suhu (°C) : .........................</td>
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*UNIT PERUBATAN TRADISIONAL DAN KOMPLEMENTARI*

Hospital ..........................

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**Borang Rawatan Ibu Selepas Bersalin**

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<td>Kadar denyutan nadi : ..................</td>
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<tr>
<td>Tandatangan</td>
<td></td>
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</tbody>
</table>
**Appendix 2 : Clerking Form**

Malay Postnatal Care Clerking Form

<table>
<thead>
<tr>
<th>MAKLUMAT PESAKIT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nama :</td>
</tr>
<tr>
<td>No K/P :</td>
</tr>
<tr>
<td>No Daftar:</td>
</tr>
<tr>
<td>Alamat :</td>
</tr>
<tr>
<td>Tarikh Lahir :</td>
</tr>
<tr>
<td>Umur :</td>
</tr>
<tr>
<td>Bangsa :</td>
</tr>
<tr>
<td>Hospital :</td>
</tr>
<tr>
<td>Tarikh :</td>
</tr>
</tbody>
</table>

| Nama Pengamal :                   |

**PENILAIAN PESAKIT**

<table>
<thead>
<tr>
<th>Ulasan :</th>
</tr>
</thead>
</table>

**Sejarah Bersalin**

- Kaedah bersalin : ……………………………………
- Tarikh bersalin : ……………………………………

**Komplikasi semasa bersalin** :

- Tiada
- Ada, nyatakan

……………………………………………………
……………………………………………………
……………………………………………………

**Sejarah Urutan selepas bersalin**

1. Pernah mendapatkan urutan selepas bersalin sebelum ini ?
   - Tidak pernah
   - Ada. Nyatakan tahun : ………

2. Komplikasi semasa urutan
   - Tiada
   - Ada, nyatakan :

……………………………………………………
……………………………………………………
……………………………………………………

3. Alahan kepada minyak urut
   - Tiada
   - Ada, nyatakan

……………………………………………………
PENILAIAN RAWATAN

Tanda vital:
BP: ..................
HR : ..................
Temp: ................

Ulasan:

PLAN RAWATAN

Ulasan:

Nama Pengamal:  Tandatangan:

Tarikh:
Diagram 1: Technique Of Midwifery Massage (taken from Ensiklopedia Perbidanan Melayu by Anisah Barakbah)
7. REFERENCES


4. Penjagan Bayi Dan Ibu Dalam Pantang; Bab 6; pg 103-110; Dr Amran Kasim.

5. Ensiklopedia Perbidanan Melayu, Sebuah Perbendaharaan Ilmu Perubatan dan Penjagaan Kesihatan; pg 129-159; Anisah Barakbah.


9. Beauty Is Beyond Skin Deep : Traditional Treatments For Women; Chapter 5 & 6, pg 55-96; Zaharah Hassan (MARDI).