

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 aims in traditional postnatal care is to 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 the vast majority of Malaysian women still observing 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 professionals 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 '*masa 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 (*barut*). 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 relief 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.

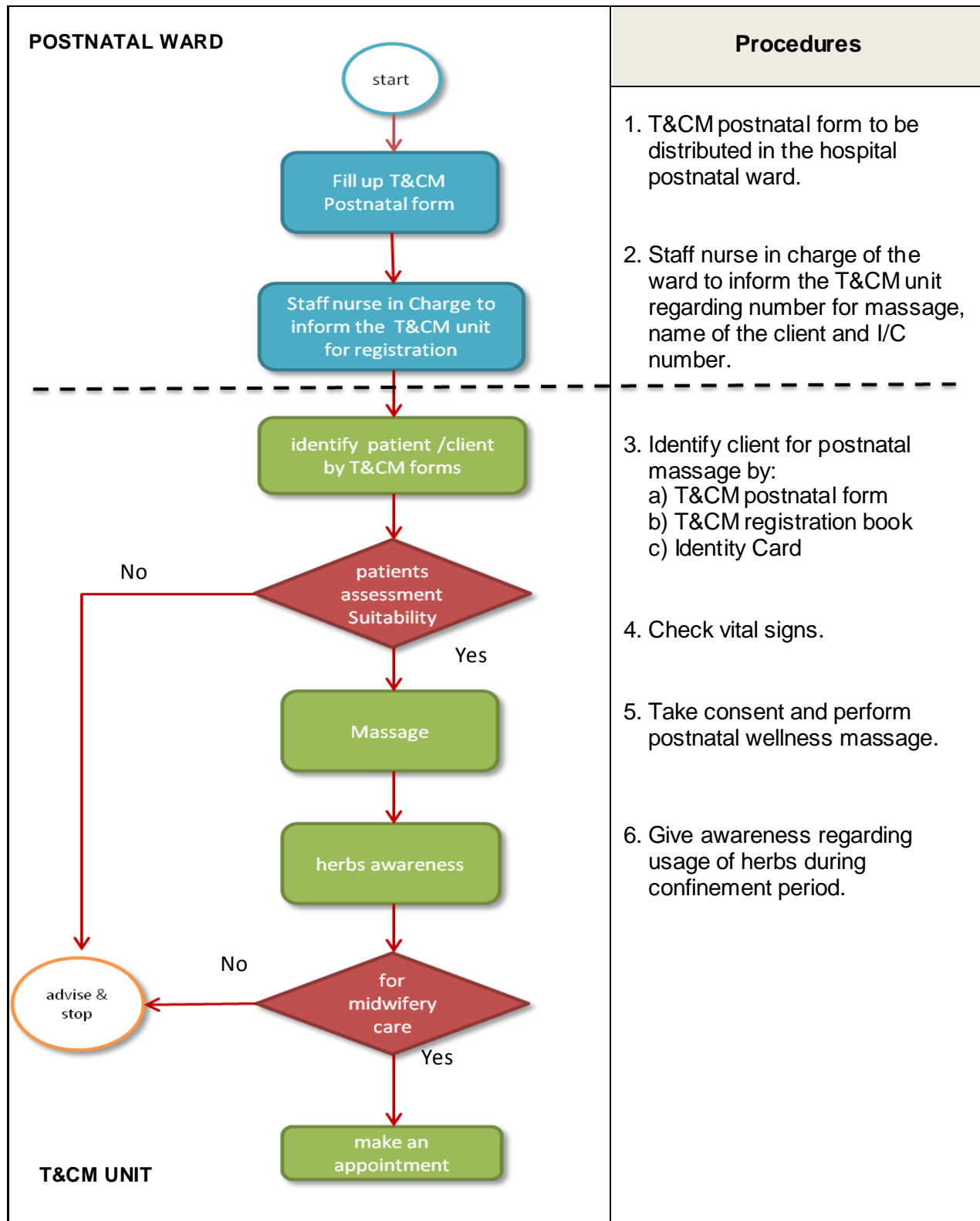
E. Duration

15-30 minutes.

F. Location

T&CM Unit.

G. Work Process of Massage



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.

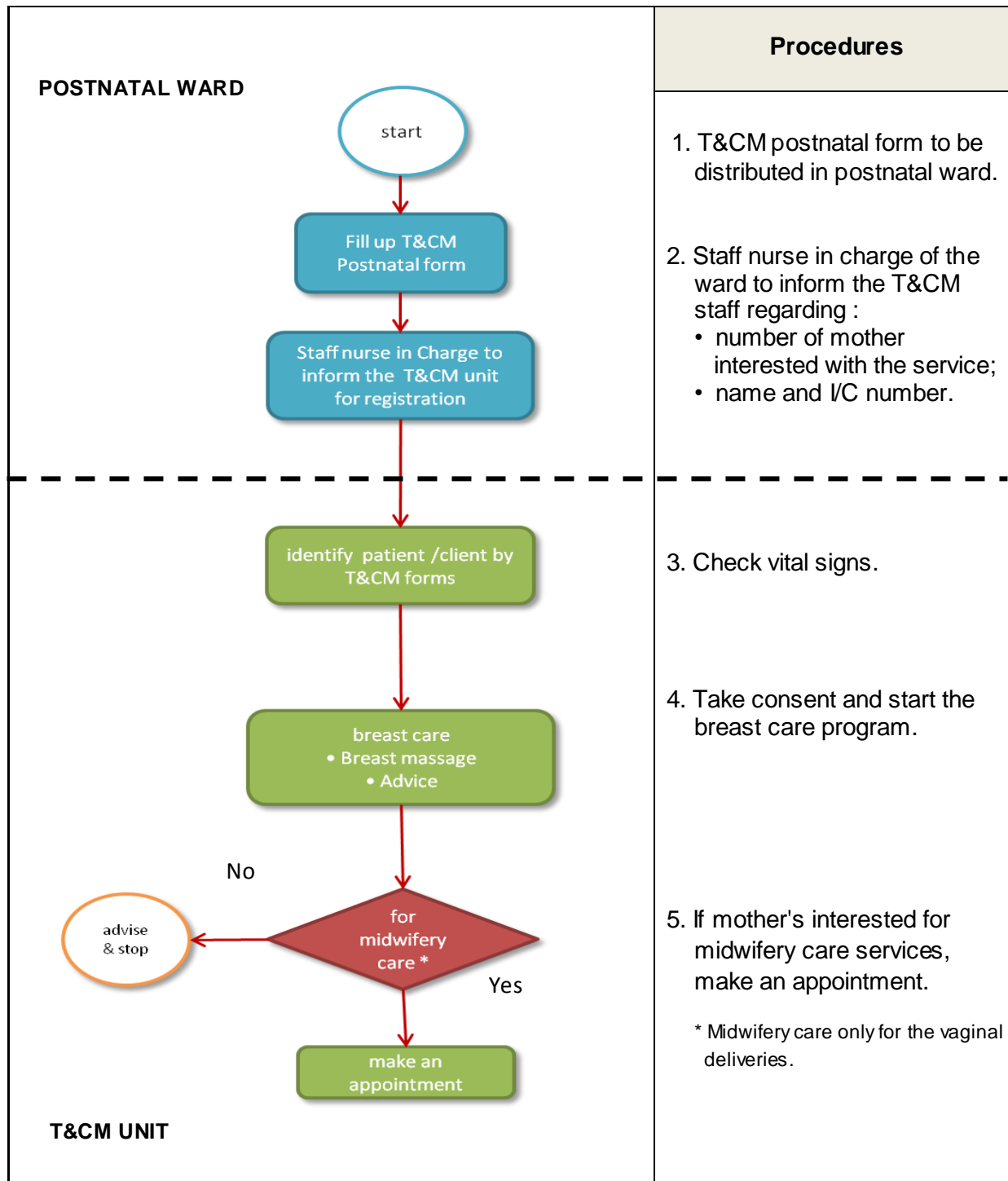
D. Duration

30 minutes.

E. Location

T&CM Unit.

F. Work Process of Breast Care



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 sign 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.

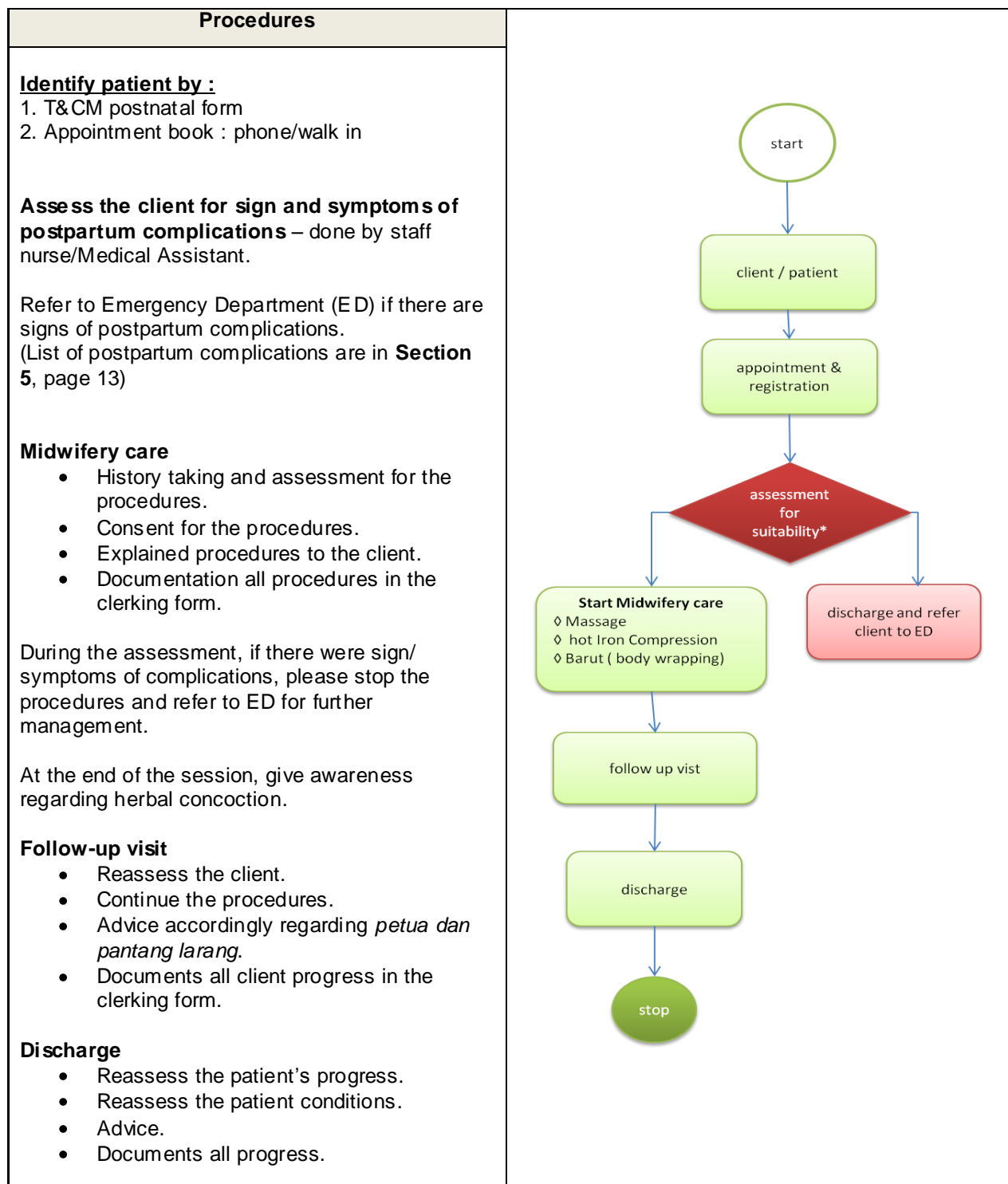
E. Duration and Frequency

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



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)



Picture 1(b)

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

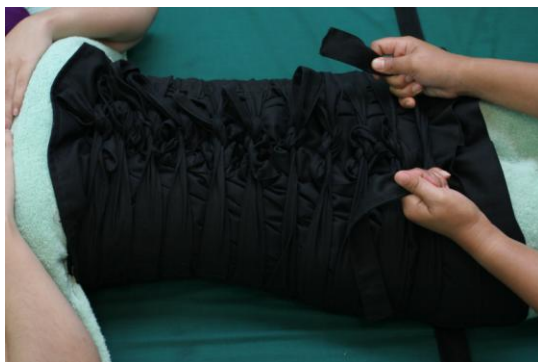
4.2.3 Body Wrapping/Binding (*Barut*)

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.



Picture 2 : *Barut*

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 :

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

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.

6. APPENDICES & DIAGRAM

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 puan berminat, sila isi borang ini dan serahkannya kepada jururawat bertugas.	
<i>(Diisi oleh Ibu)</i> Nama : No. K/P : Alamat : No. Tel :	Sila tanda (√) pada kotak di bawah : <input type="checkbox"/> Urutan Kesegaran <input type="checkbox"/> Penjagaan Payudara <input type="checkbox"/> Rawatan Perbidanan Tarikh :
Wad : Tarikh : Tandatangan :	<i>(Diisi oleh Jururawat)</i> Tanda <i>vital</i> pada masa discaj :- Tekanan darah (mmHg) : Kadar denyutan nadi : Suhu (°C) :

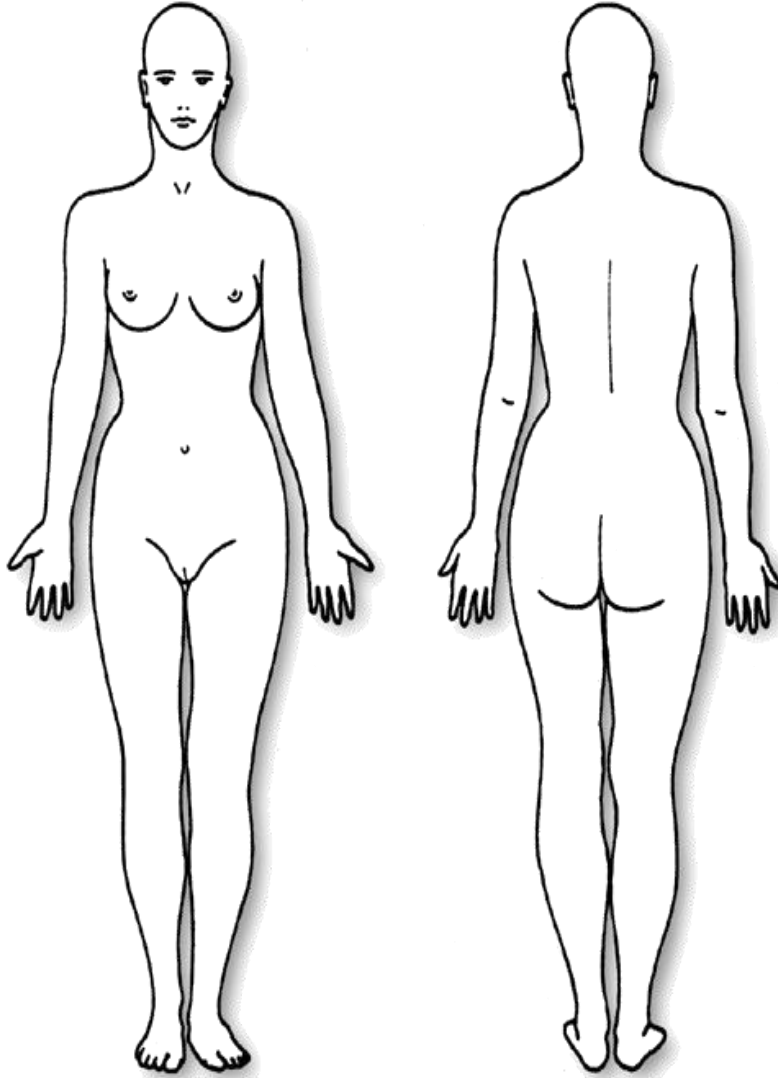
Appendix 2 : **Clerking Form**



Malay Postnatal Care Clerking Form

MAKLUMAT PESAKIT			
Nama :	No K/P :	No Daftar:	
Alamat :	Tarikh Lahir :	Umur :	Bangsa :
	Hospital : Tarikh :		
Nama Pengamal :			
PENILAIAN PESAKIT			
Ulasan :	<p>Sejarah Bersalin Kaedah bersalin : Tarikh bersalin :</p> <p>Komplikasi semasa bersalin : <input type="checkbox"/> Tiada <input type="checkbox"/> Ada, nya takan </p>		
	<p>Sejarah Urutan selepas bersalin</p> <p>1. Pernah mendapatkan urutan selepas bersalin sebelum ini? <input type="checkbox"/> Tidak pernah <input type="checkbox"/> Ada. Nyatakan tahun :</p> <p>2. Komplikasi semasa urutan <input type="checkbox"/> Tiada <input type="checkbox"/> Ada, nya takan : </p> <p>3. Alahan kepada minyak urut <input type="checkbox"/> Tiada <input type="checkbox"/> Ada, nya takan </p>		

PENILAIAN RAWATAN



Tanda vital :
BP:
HR :
Temp:

Ulasan :

PLAN RAWATAN

Ulasan :

Nama Pengamal :

Tandatangan :

Tarikh :

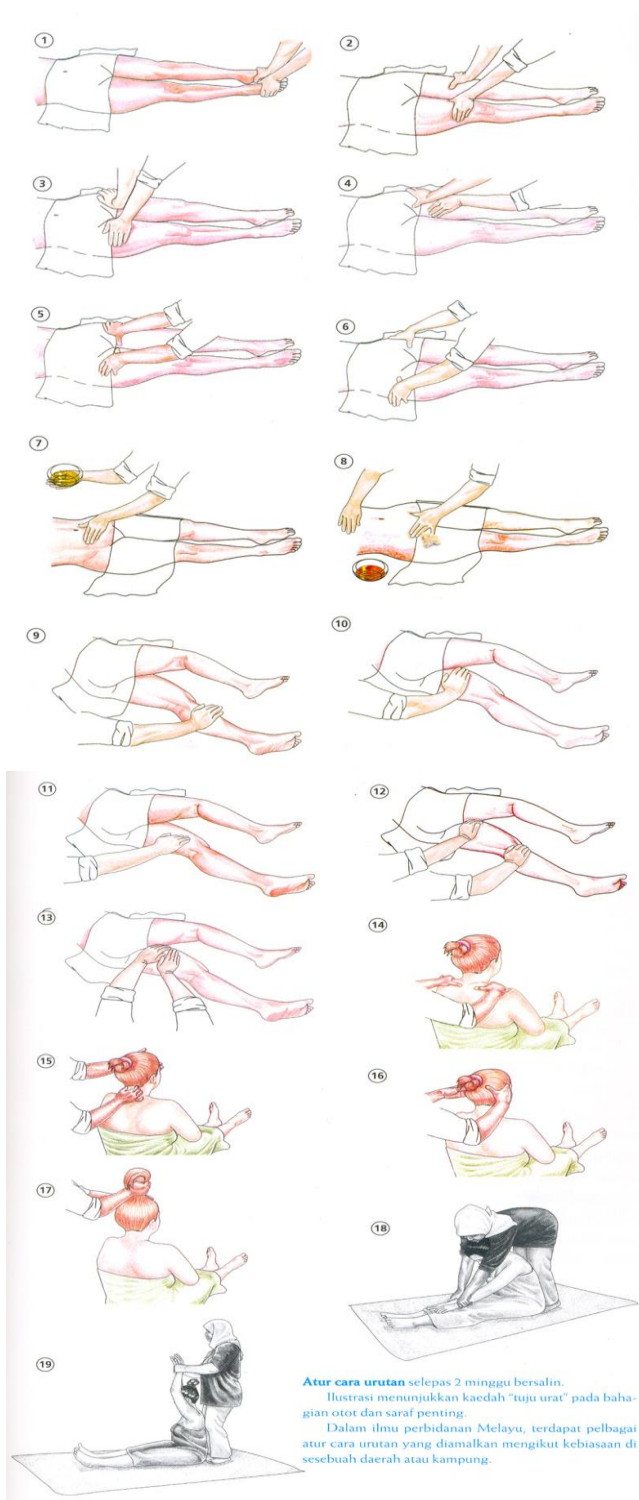


Diagram 1 : **Technique Of Midwifery Massage** (taken from *Ensiklopedia Perbidanan Melayu* by Anisah Barakbah)

Atur cara urutan selepas 2 minggu bersalin.
 Ilustrasi menunjukkan kaedah "uju urat" pada bahagian otot dan saraf penting.
 Dalam ilmu perbidanan Melayu, terdapat pelbagai atur cara urutan yang diamalkan mengikut kebiasaan di sesebuah daerah atau kampung.

7. REFERANCES

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