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Research Article

Inside a Postpartum Nursing Center: Tradition and Change

Yueh-Chen Yeh, RN, MSN, PhD,^{1,*} Winsome St John, RN, RM, PhD,²
Lorraine Venturato, RN, RM, PhD³¹ Department of Nursing, College of Health, National Taichung University of Science and Technology, Taichung, Taiwan² School of Nursing & Midwifery, Griffith University, Queensland, Australia³ Faculty of Nursing, University of Calgary, Canada

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SUMMARY

Purpose: The purpose of this study was to explore how traditional ritual practices are incorporated into the context of contemporary healthcare.**Methods:** An ethnographic study was conducted, using observations and interviews with 27 first-time mothers and 3 nurses at a postpartum nursing center in Taipei, Taiwan.**Results:** Nursing routines, policies and care provision at the center affected the way traditional ritual practices were conducted. New mothers in this study constructed their everyday activities at the center by incorporating and modifying the ritual practices inside and outside the postpartum nursing center setting.**Conclusions:** Social changes have an influence on traditional postpartum ritual practices so a postpartum nursing center becomes a choice for postpartum women. Thus, health care professionals should value their own functions and roles at the postpartum nursing center since the new mothers regard them as the primary support resource to help them recover from giving birth. Therefore, they need to re-examine their practices from the postpartum women's perspective to provide better support and sensitive care to postpartum women and their families.Copyright © 2016, Korean Society of Nursing Science. Published by Elsevier. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

Introduction

The traditional Chinese practice, called doing the month, is a 30-day ritual involving physical and social prescriptions and taboos. In Chinese culture, postpartum women are considered weakened, vulnerable to a yin and yang imbalance, and in need of special care [1,2]. In an effort to restore a mother's balance and health, a number of practices are enacted in the 30 days following childbirth. During this period, family members take care of the postpartum woman by relieving her of all family chores to facilitate recovery by promoting rest, nutrition, and physical well-being during the postpartum period. This support and assistance, together with other postpartum rituals, is considered to contribute to the woman's physiological recovery from childbirth [2–5], and develop the mothering role as well as her relationship with the baby [6]. Traditionally, childbirth is considered a family business. However, as life in

Taiwanese society continues to change, more women now live in nuclear families rather than extended families, and marry and have children later in life [7]. As a result of these changes, a woman's family and parents-in-law may be physically distant and less able to participate in traditional postpartum practice. Furthermore, Taiwan's national health insurance only provides coverage for 3 days of hospital care after a vaginal birth and 5 days after a caesarean section [8]. New mothers spend relatively little time in the hospital after childbirth, and many feel the need for support, guidance, and assurance from healthcare professionals [9–11]. Thus, many new mothers in Taiwan are choosing to carry out their postpartum practices at postpartum nursing centers (PNCs), which present themselves as offering support services and enabling them to carry out the doing the month ritual within a contemporary healthcare setting.

Chen [12] found that contemporary women are more likely to observe doing the month practice now than in their parents' generation because of economic stability and available resources. Hung and colleagues [3] identified that the services provided by PNCs can help ease a new mother's postpartum stress and facilitate physical recovery by promoting rest and nutrition. Most PNCs are staffed by

* Correspondence to: Yueh-Chen Yeh, RN, MSN, PhD, Department of Nursing, College of Health, National Taichung University of Science and Technology, 193 San-Min Road, Sec. 1, Taichung City 40343, Taiwan.

E-mail address: yehyc@nutc.edu.tw

physicians and nurses who are responsible for providing care for the baby and facilitating a woman's recovery, suggesting that contemporary societal values and current healthcare delivery can occur alongside traditional ritual practices. While some doing the month ritual practices are compatible with modern healthcare, current evidence may conflict with some of the traditional ritual restrictions and practices including rest and activity levels, and hygiene practices such as not washing. However, although many hospital-affiliated PNCs provide services to postpartum women, little is known about how traditional practices are incorporated with current health care practices. The aim of this study was to explore how a PNC incorporates doing the month practices within contemporary healthcare practices.

Methods

An ethnographic approach was used to reveal the particularities of cultures and rituals [13]. Ethnographic approaches enable exploration of cultural knowledge within a specific community or setting, in this case a PNC, by observing events, listening to conversations and asking questions [14]. Data were collected by the first author over a 9-month period of participant observation in a licensed, well-regarded 36-bed PNC that was affiliated with a hospital in Taiwan.

Participants and data collection

Following ethics approval from the university and the participating PNC, the researcher appeared regularly in the PNC during the observation period, but at flexible hours [15]. Observations included the day-to-day activities of the PNC, the staff, new mothers and visitors; informal conversations with staff, new mothers, and visitors; the new mothers' group educational programs; individual baby bath sessions; informal conversations with staff, and formal interviews with 27 new mothers and 3 nurses.

Data were collected with staff mainly in observations and informal conversations. Three nurses were formally interviewed because of their major involvement in direct nursing care practices and management of care provided in the PNC. Formal interviews were required to collect data with mothers in the PNC. Criteria for selection included being a first-time mother conducting postpartum practice in the PNC, being able to speak Mandarin Chinese or Taiwanese, and being willing to participate in the study. Data from observations, formal and informal interviews were collected until saturation of data was achieved, that is no new data were being generated [15].

In-depth interviews took place in a quiet and private place selected by nurse and mother participants. In order to understand how postpartum healthcare practices were implicated in the construction of social meaning about postpartum needs, an interview/conversation guide was developed and revised as the study progressed. Open-ended questions were asked of staff: What is your role in the ritual of doing the month? What are the services that the PNC offers? In order to understand how the practices of doing the month fits with the demands of modern women, a conversation guide was prepared to assist each new mother to describe her story, about the care she received at the PNC, the ritual practices she followed at the PNC and why she chose to undertake doing the month at a PNC. Interview transcripts were returned to participants for member checking. All participants were assured of confidentiality and the option to withdraw from the study at any time.

Ethical considerations

The institutional review board of the participating university (NRS/15/06/HREC) and PNC (TCHIRB-950810-E) provided ethical approval for this study. At all times, researchers protected the human rights of participants, including their rights to autonomy and confidentiality [16]. Interviews were conducted after written consent had been obtained from participants. To protect the identity of the participants and the agency, the agency was not identified and data were de-identified before reporting results. New mothers' names were pseudonyms.

Data analysis

A large amount of data was gathered during the 9 months of fieldwork, including field notes drawn from observations, organizational and other clinical documents, and transcripts of formal interviews with staff and new mothers and researcher's notes about informal conversations. Each formal interview was transcribed in Chinese and translated into English by the first author. Together these data presented a complete picture, allowing deep understanding of how current maternity practices and doing the month were integrated into the daily routines of nursing care. Data were analyzed using a method developed by Creswell [17], which uses a cyclical process of data collection and verification at every step of the inquiry to construct a solid product. The researchers read and re-read the transcripts to identify emerging categories until sufficient coding consistency was achieved [14]. A personal journal was used to reflect on and make reflexive stances on data collection and analysis. Analysis focused on how the particular PNC integrated traditional doing the month practices with modern healthcare practices.

Rigor

Trustworthiness of the study was established [18]. To ensure credibility, the researcher had been trained to conduct qualitative research. The first author is an experienced registered nurse and educator in obstetrics for more than 10 years. The researcher was able to build trust with participants and nurses and discuss their day-to-day activities at the PNC. Credibility and prolonged engagement were achieved. Furthermore, verbatim quotations were used during presentation of findings to allow readers to judge the veracity of the work [18].

Results

The age of the 27 new mothers interviewed ranged from 26 years to 38 years, with a mean age of 32 years. All were married (*Mean* = 3.4 years) and the majority (81.0%, *n* = 22) lived in a nuclear family unit. Education levels ranged from junior college to PhD. Three nurses have been working in the areas of maternity care for 3–10 years, with 5 years of work experiences on average.

Study results indicated that contemporary healthcare practices structured the postpartum women's everyday activities, while incorporating and modifying traditional ritual practices. The physical layout of the PNC was similar to a hospital setting, and thus followed the medical model of providing health care for both the new mothers and babies. The PNC was staffed with a range of medical, nursing and allied health practitioners, including 1 pediatric physician, 1 obstetric physician, 1 head nurse, 1 administration assistant, 18 registered nurses, and 6 nurse assistants. The ratio of nurses to babies and mothers was a range at 1:12–15. Primary nursing care was adopted as the model of care.

Practices of the PNC intended to focus on the individual needs of each mother-baby dyad. Existing nursing care routines at the PNC required an assessment of vital signs at least once during every shift for both the new mothers and babies. The goal of this type of nursing care became the synchronization of the sleep-wake pattern and the promotion of sleep and rest for new mothers during this recovery period. In addition to nursing care routine, the PNC served five meals a day, with meals starting from 7:00 a.m. and finishing with a meal before sleeping at night. Field notes indicated information from the postpartum nutrition sessions. The nutritionist described the menu as being in accordance with contemporary nutrition principles, which combine Chinese concepts and modern health care viewpoints, including some Chinese herbs in stews which focus on fortifying the blood and stimulating the flow of breast milk. For example, organ meats and spinach were included for blood, while other meats and fish are included as high-protein offerings to strengthen physical recovery and help with lactation. The nutritionist said the following: “It is a myth that new mothers need to eat fatty or oily foods right after giving birth. The meals at the center are balanced, healthy and not greasy.” She mentioned that often, the addition of sesame oil is recommended only 2 weeks after giving birth in order to prevent irritation of wounds. This modern scientific knowledge is in conflict with the traditional ritual practices of *dei-bak* [19] where women have meat or eggs cooked with sesame oil right after birth.

More than a postpartum nursing center

Shorter maternity hospital stays led some new mothers to feel that they still needed some support, guidance and reassurance from health care professionals while conducting doing the month especially for new mothers who suffered from postpartum complications and needed extra medical health care for their physical needs. The new mothers' admission to the PNC occurred in two ways: they were discharged from the maternity hospital after 3–5 days post delivery and able to be admitted to the PNC directly if a room was available. However, some of the new mothers had to go home for their doing the month while they were on the waiting list for admission to the PNC. For example, Z.P. went home to begin doing the month while on the waiting list for admission to the PNC. She felt anxious about dealing with her new born baby and her physical condition of mastitis:

I have read a lot of books [in relation to doing the month and newborn care] without much avail. Since my breast milk is not completely discharged, it brings out mastitis. A few days after delivery, there were a lot of problems... I have no idea about anything as this is my first baby. Before coming to the center when I was at home, I was scolded a lot by [my mother-in-law] regarding the nursing of the umbilical cord and diapering, and it is really annoying. (Z.P.)

Choosing to stay at the center is lot better than staying home to do the month as there are so many scenarios that I wouldn't know how to deal with... If I had stayed home to do the month I would have had to visit hospital endlessly (Z.P.)

For postpartum women who chose to conduct doing the month at the PNC, there was an expectation that health professionals will provide primary support and assistance in regard to postpartum recovery. This was a particularly reassuring message for the new and inexperienced parents who were unsure or fearful of doing the wrong thing. Contemporary maternity health care practices in

Taiwan have been increasingly shaped by modern health care practices. At the PNC, nurses and physicians were expected to provide primary medical and nursing support and assistance for the new mothers' and babies' care, particularly physical assessment, care of their babies, and breastfeeding instruction. Many of the new mothers felt support from health professionals was important and were in demand for them and their babies during the period. As a result, the medical and nursing care provided by professional health care staff may be useful for the new mothers during postpartum care in relation to traditional postpartum practices and babysitting. In fact, the popularity of postpartum modern health care practices has resulted from beliefs that this new system of care increases consumer orientations in terms of more rest and sleep, maintaining emotional stability, promoting health recovery, and facilitating learning of baby care skills during the doing the month period.

In addition to physical care, the nurses facilitated positive communication between the new mother, and her husband and parents-in-law. The nurses reported that they provided moral support and normalized the emotions that the new mothers might feel. The nurses reported that they often saw new mothers who had emotional tensions and uncertainty, and they believed that their role was to normalize this uncertainty. The new mothers spoke of feeling vulnerable at this time, and identified that the nurses assisted them by educating them about the enormous life transition that they were experiencing. One nurse, H. stated the following:

Some new mothers, especially first-time mothers get nervous easily... Not only are they afraid of doing something wrong; even if they are doing well, they still need reassurance. (H.)

Nurses identified that their role was similar to being a family member, particularly a woman's mother-in-law, and looking after the new mothers and their babies. Nurse L. elaborated on how nurses were taking on a role that was similar to the new mother's family:

What counts is that the new mother won't have to get up late in the middle of the night. Still they can learn how to care for the baby, and the process of learning is step by step, though slowly. We are like family taking care of the new mother and baby. I believe we already take on the role as the family of the [new] mothers. Also the care we provide is quite in demand for small family units. (L.)

Another nurse, M. also felt she was taking on the role as the new mothers' family member:

The [new] mother stays in the center alone. We are just like a family member to look after her. We take care of the newborn baby and do things for her. The [new] mother can have a good rest here because we take care of everything for her. She doesn't need to worry about baby care. (M.)

The nurse noted that they served as a “buffer” for new parents, who received a great deal of unsolicited and what they saw as “outdated advice”. For example, Y.H. mentioned the presence of health practitioners assisted her to avoid conflict with the older generation, especially with her mother-in-law. She expressed a lot of confidence in the PNC and constructed her own interpretation of self-care within this environment:

If I were to do doing the month at home it would be difficult for me to exchange some of my opinions with my mother-in-law. Therefore by staying at the center I am able to represent some

of my wishes as the regulations of the center—as coming from the physicians and nurses. This helps me avoid the conflict that would otherwise arise because of the different opinions I have from those of my mother-in-law. (Y.H.)

The nurses believed they helped foster and support new parents and their parenting decisions. The nurses believed they were aware of the expectations of individual new mothers and that they offered great flexibility in terms of these individual expectations

We support whatever [new] mothers' decisions. They can manage themselves using their own ideas. I think different new mothers have different point of view about their rules. Sometimes, the rules do mean something. I don't know if new mothers who do not follow the taboos will have bad health in the future. Who knows, we cannot guarantee their future. So we don't suggest directly to the [new] mothers, but we listen to them... We believe sufficient rest and nutritious food are the most important parts of doing the month. (M.)

The PNC educated the new mothers and their family members about the contemporary health mothering skills by way of the educational programs. While new mothers attended classes the nurses had opportunities to demonstrate their knowledge and raise questions from the classes. Many new mothers felt that the educational classes were useful for learning about nursing their babies and caring for themselves. The educational classes were major attractions for the new mothers wanting to stay at the PNC for doing the month. They said that, “the educational classes are quite useful and [they] learned a lot from the educational program.”

Nurses took over the role of looking after the baby 24 hours a day, thus enabling the new mother to concentrate on nurturing herself and regaining her health with the nurse's support. The change from the family members to professional healthcare staff entails a symbolic and practical change in values regarding whose duty it is to ensure that new mothers experience an effective recovery after birth during the 30-day postpartum period. Although healthcare in contemporary Taiwan is heavily influenced by contemporary healthcare practices, many aspects, and in particular PNC, reflect a combination of Chinese philosophy, perspective and folk medicine.

Decision and choice from women

The new mothers in this study were generally brought up to believe that adherence to this ritual was physically and psychologically appropriate and would prevent them from experiencing future illnesses. Many of the new mothers felt reassurance because they were receiving modern medical service from health professionals. The PNC appeared to be a modern approach to postpartum care.

The expense is relatively steep, but the entire health care system is complete. The health education classes were useful and a physician and nurses are available round the clock for me and my baby, so I can rest completely knowing that my baby is in good care. (X.L.)

The researcher asked the new mothers why they chose to use the PNC. The major reason, however, was the lack of support due to the changed roles of women who traditionally provided the care. This was evident from the participants' demographic information

that these new mothers came from nuclear families. Therefore, help from a family member for doing the month in the home has become increasingly difficult. Many new mothers in this study stated that they lacked assistance and resources at home to aid in recuperation during the postpartum period. A new mother, H.J. stated the reason for coming to the PNC as the lack of a helper:

I decided to stay at the center because my mother is quite busy as she has to care for other grandchildren, and my mother-in-law lives in the south [of Taiwan]. No one could help me out. (H.J.)

While family support is unavailable for the new mothers conducting doing the month at home, postpartum recovery is largely a matter of subjective perception and social cultural definition. M.J. believed that the PNC played a substitute role and sought to fulfill the obligations of the family and still maintain the same aims.

At the center I don't feel isolated. Although my family is not around, nurses take care of me. Though I am separated from the external world with a wall, and I don't know the feelings of the weather and autumn [M.J. looked outside through the window], the separation acts to insulate me from the external world. But my family can come by to see me and show their concern for me when I need them. (M.J.)

All of the new mothers indicated that they came to the PNC perceiving it as good support. As inexperienced first-time mothers, they found the assistance with infant care from midwives and the educational programs useful.

The service from the center is helpful for [new] mothers to recover physically. What worries me is when I return home to care for the baby myself. For instance, the baby has just thrown up from the nose this morning; I was so nervous, and asked the nurse for help. I don't know how to deal with that kind of unexpected condition. I can become very nervous when the unexpected happens. I can imagine when I return home from the center, there will definitely be a lot of chaos. I am quite inexperienced, although I used to be a nurse. (J.L.)

I have learned a lot of nursing skills such as bathing the baby, changing diapers and breastfeeding, and the educational programs are very helpful. (J.L.)

Some new mothers found they not only put effort into adapting to expectations in the new role of being a first-time mother, but were also inexperienced in keeping traditional transitional processes of doing the month. A.Q. would have preferred her mother to help her with doing the month, but felt the procedure was complex:

Preparing special foods, taking care of the baby, doing things... My mom wanted to help me [with doing the month], but I find the procedures of doing the month quite troublesome. I don't know how to deal with them at home. (A.Q.)

For a first-time mother, childbirth marks probably the most significant and life-changing event they have yet experienced in terms of moving identity and role from woman to mother and in keeping with traditional transition purposes of doing the month. The new mothers felt the establishment of PNCs was demanded for

modern women to receive professional health care, especially in the metropolitan area, in Taipei City. The PNC provided higher order health services and repackaged old traditions to promote their services.

Discussion

We conducted our study in an ethnographic approach to explore how social changes impact traditional ritual practices in the context of contemporary healthcare. Doing the month and changes in society have generated a new type of postpartum care, such as PNCs. Traditional ritual practices have been changed in the contemporary healthcare setting, because routine policies of the PNC and social changes have had significant impacts on traditional postpartum practices. Services of PNCs are sensitive to traditional practices which focus on the new mother's rest, physical recovery, restoration of energy, and protection from potential harm.

Although the participants were predominantly middle-class women, their participation in doing the month indicates that these women still conceptually adhered to traditional cultural beliefs and practices. This study shows that for the women choosing to undertake doing the month in this PNC, the traditional role of family members has been somehow taken over by health professional staff.

This aspect of childbirth has changed greatly. Many men not only enter the delivery room, but also become major participants. At the PNC, new fathers were encouraged to participate in educational programs and baby care. The husband was included in the postpartum practice context; he was actively involved in the postpartum matter at the PNC. Some of the new mothers said that their husband had read or researched information in relation to postpartum practices. The husband supported his wife's decision and kept her company during the process of birth and following childbirth.

These situations usually worked to increase the strength of the husband-wife bond, since the husband and wife became closer during doing the month period. The new mothers felt that through husbands' involvement in childbirth and doing the month, the relationship between them became closer. This result is consistent with a previous study [20] which indicated that the father and mother went through the difficulties related to childbirth in terms of dealing with everyday matters, negotiating the demands of new parenthood and enabling them to appreciate each other, which strengthened their relationships. As mentioned previously, providing care for the daughter-in-law is the parents-in-law's social obligation. However, 80.0% of the new mothers in this study were living in nuclear family units, meaning that they were no longer able to rely on their parents-in-law to assist them with conducting doing the month at home. The new mothers in this study preferred to stay at the PNC and receive care from health care professionals rather than their parents-in-law. The results of this study are consistent with previous studies [3,12], which identified a growing trend for nurses in being a key caregiver during the postpartum period.

The nursing care provided by the PNC allowed the new mothers to be self-focused, as well as restore their energy. Therefore, the practices of doing the month and assistance from the nurses at the PNC provided an opportunity to support how the new mothers in the phase of "taking-in" [6] during their postpartum recovery. At the center, the nurses provided group educational programs and individual instructions including baby care, breastfeeding and self care for the new mothers. Traditional approaches to doing the month are not only for rest and recuperation but also for learning essential baby care tasks such as feeding, bathing, breastfeeding and diapering, which were maintained by postpartum educational

classes. The kind of learning process was consistent with postpartum women who are following doing the month practice at home with supervision from the mother-in-law. However, guidance from mother-in-law was replaced by that from nurses at the PNC. The nursing routines and educational sessions were important in shaping doing the month and maternal role development. Yet, the separation of mothers from their babies and taking over of baby care tasks could affect the "taking-hold" phase [6] for new mothers as they develop caregiving competencies and confidence in caring for their babies without assistance. The majority of the new mothers in this study preferred to keep their babies in the communal nursery. The new mothers wanted to get rest and did not want to be disturbed by their babies' crying. This result is consistent with the findings from a previous study [21], which found that the way in which doing the month is implemented at the PNC may have an impact on developing the mother role and relationships with the baby.

Limitations

The sample size in this study was appropriate for the nature of the qualitative study. However, the limitation of a single setting with only Chinese-speaking and Taiwanese-speaking women in Taipei is recognized. In addition, participants in this study were healthy, highly educated, middle or upper class with healthy newborns. Perhaps less affluent women from a lower socioeconomic class, or who have a newborn baby with health problems may have different perspectives and practices in relation to doing the month. This is a possible limitation of this study.

Implications of practice

This study identified areas for further research. PNCs in Taiwan are redefining contemporary postpartum practices. The analysis revealed that the services of the PNC are especially designed to meet the needs of contemporary Taiwanese women. Nurses can give new mothers support, information, education and direction, which in turn could enable new mothers to become confident in caring for their babies. In future studies, focusing on the impact of doing the month on relationships would provide information about the way families with traditional beliefs manage the transition to parenthood.

Conclusions

Social changes in the form of an increasing number of nuclear families have spread through the Taiwanese society, which also change the way of performing traditional postpartum ritual and its meanings. The new mothers prefer carrying out their doing the month at the PNC, rather than at home, since new mother's personal needs can be satisfied while postpartum ritual can be fulfilled as well. The mothers feel relaxed when realizing their babies and themselves are taken good care of and they do not need to totally rely on their own parents or parents-in-law. The PNC provides a different way for doing the month to be continued, and this facilitated the maintenance of the new mothers' traditional cultural beliefs about and attitudes toward doing the month according to each new mother's needs.

Understanding the mixture of traditional and current maternity best practices in contemporary contexts will enable health care professionals to better understand the complexities surrounding postpartum ritual practices in Taiwanese society. Nurses need to show respect for their clients' belief systems. Respect and flexibility should thus be supported in the ritual, taking contemporary values and facilities into account.

Conflicts of interest

The authors declare no conflict of interest.

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