

Ethnobotanical Study of Traditional Malay Midwifery practices: prenatal and postnatal care treatment

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Abstract

In Malaysia, a majority of the programs focus more on antenatal care for ensuring safe childbirth and delivery. For this purpose, the public health service programs have implemented many steps like health education, home visits, and health screening, as a component of postpartum care. The traditional Malay midwifery practices include 13 processes that were classified into 2 categories, i.e., prenatal and postnatal care treatment. The prenatal practices that were carried out by the traditional Malay midwives included prenatal confinement and *swinging the tummy* ceremony; while the postnatal practices included 11 processes that were further classified into 4 stages, i.e., using traditional herbs, heat, massage and abstinence, which were implemented after childbirth (i.e., postnatal) or a miscarriage. In this study, the researchers have attempted to identify and investigate the different Malay traditional prenatal and postnatal practices that were carried out by the traditional Malay midwives from the 11 Malaysian states of Johor, Kedah, Kelantan, Kuala Lumpur, Negeri Sembilan, Pahang, Perak, Perlis, Sarawak, Selangor and Terengganu. For this purpose, they conducted a qualitative study of 31 traditional Malay midwives from 11 Malaysian states. The data was obtained by observations and conducting face-to-face semi-structured interviews. The results highlighted the distribution of knowledge possessed by the Malaysian midwives, which was based on inheritance (72%), where knowledge was transferred from the previous generation to the current generation; from dreams (16%); or both inheritance and dreams (12%). It was further noted that a majority of the traditional Malay midwives used a traditional bath (97%); while many practised the body girdle step (90%); prenatal confinement and a point massage (84%); body massage (77%); *swinging the tummy* ceremony or *lenggang perut* (74%); body spread (61%); vaginal heat and use of herbal decoctions (58%); forehead treatment (55%); postnatal confinement (45%); herbal treatments (39%) and miscarriage (32%). The midwives believed that prenatal and postnatal treatment was essential for regaining and rejuvenating the emotional and physical state of the mother and stabilising her hormonal levels. Thus, the similarities and differences that were noted in the implementation of the prenatal and postnatal treatments in the 11 Malaysian states were attributed to their beliefs, culture, taboos and local environment.

Keywords: Prenatal care, postnatal care, Malay midwifery, traditional medicine, ethnobotany

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1. Introduction

Traditional midwives refer to a group of older women who are recognised for their healing abilities. They enjoy an important social status as they are asked to initiate many ritual events related to women, such as childbirth, determining their reproductive ability, fertility and marriage [1]. A midwife is described as a woman who stays 'with' the Razanah et al., 2022

expecting mother during childbirth. Additionally, they are also asked for their opinion regarding family planning, primary care issues and gynaecological needs [2]. In the past, midwives were considered herbalists, doctors, nutritionists, counsellors and ministers. They were regarded as the primary holistic practitioners [3]. In today's world, though the midwives take care of any person who seeks their services,

they have to offer treatments within the restrictions imposed by the legal and medical systems [4]. The midwives are asked to manage childbirth and take postnatal care of the mother and new-born baby. A majority of the midwives also encourage and monitor the women through their labour using some techniques that could improve their labour and ease the childbirth. Furthermore, the midwives reassure the prospective mother, help the women develop a positive image, offer suggestions for changing their positions while sitting, standing or walking and help during labour [5]. Though many western medical practices and medicines have been adopted in the country, many of the rural Malaysian communities still rely on indigenous and traditional herbal medicines for their healthcare [6]. This was attributed to the fact that confinement or postnatal care is regarded as important for the health of the new-born and mother [7]. In many communities, like the Malay community, the midwives are asked to supervise the pregnancy, offer prenatal care, and help the mother during childbirth [8]. [9] stated that those who practised the traditional Malay medicinal systems called '*bomoh*' and '*dukun*', often derived their knowledge from the earlier generations through conversations. However, it is also believed that some of the midwives gained the power to cure illnesses from the divine inspiration or dreams. Though the source of their knowledge is different, the practitioners have to understand and identify the illnesses which affect the patients. After the widespread use of the western medicinal system, the traditional midwives in Malaysia are facing the problem of marginalisation and even prosecution for offering their services to the women and children in the rural local communities [10]. It was noted that the modern midwives offered family planning services and also carried out routine women health examinations like physical exams and pap smears; while the traditional midwives offered advice for improving the fertilisation ability of both the spouses by a regular intake of some herbal remedies. They also teach the women about different sexually-transmitted diseases and focus on the prevention of these infections [6]. The specific practices of the midwives depend on her training, licensure, and whatever is permitted in her province, state and country where she practices. Some similarities and differences were noted between the processes practised by the traditional and modern midwives [11]. In 1990, the Malaysian government passed the Midwives Amendment and Extension Act, where the *bidans* were banned from delivering babies if they were not registered with the Ministry of Health [12]. However, the Malay *bidan* not only help in childbirth, but they also perform the roles of a counsellor, nutritionist and masseuse for the mothers, before, during and after childbirth (i.e., prenatal and postnatal care), which is necessary for improving the health of the child and mother. These services could extend to more than 40 days after childbirth for ensuring proper postnatal care [13]. However, modern hospitals are overcrowded and cannot offer a lot of postnatal care to new mothers and babies. In Malaysia, the services offered by the traditional midwives

are integrated into their maternal healthcare policies, like contraceptive promotion. Training the modern and traditional midwives in the complementary care programmes would help in easing the generation-long transition towards hospital births [12]. Hot compressions, body massages and body wrapping are some of the services offered by midwives. In the first step, the midwives study the case history of the mother, evaluate her condition and then discuss the various risks and benefits involved in the massage therapy. Pregnant women who are not suitable for this treatment are advised to refer to the Emergency Department (ED) for additional treatment during their initial assessment. The midwife assesses the fact that the patient is stable enough to be shifted to the hospital's emergency department during her massage, or else seeks the assistance of ED [14].

Postnatal and postpartum care is offered to the mother and baby within the initial 6 weeks after childbirth, and is very important for the health and wellbeing of the baby and mother. However, unlike pregnancy and childbirth very few researchers have assessed the health status of the mother and infant [15]. Traditional postnatal care is offered primarily for preventing the onset of postnatal depression (*meroyan*), which occurs in many women after childbirth. Postnatal depression is not very common in Malaysia and affects 3.9% of the women. This could be attributed to the fact that a majority of Malaysian women still adhere to the traditional postnatal practices and beliefs. The postnatal period amongst the Malays is known as '*masa dalam pantang*' that is translated to a "confinement period". During this period, the woman is expected to stay at home, where her behaviour with regards to her activity, diet and hygiene can be dictated by tradition and theory underlying some practices and beliefs highlighted in the traditional Malay medicines [14]. This confinement allows the mother to restore her health and energy after childbirth and usually lasts for 6 weeks or 40-44 days. As described by the Health Technology Assessment Section [16], the Malay postnatal care treatment plan includes 3 main features, i.e., use of herbs, use of heat and the Malay postnatal massage. Generally, during the confinement period, the woman is advised different herbs, which can be consumed internally, either in the form of a capsule decoction or ground and cooked with honey (*makjun*); while externally it is applied as an herbal paste, herbal bath, herbal extracts added to an ointment, etc. However, heat can be applied in 2 forms, i.e., directly using heated river stones (*bertungku*) or indirectly by offering 'hot food' that can be consumed during the confinement period. The postnatal Malay massage includes a full-body massage, body wrapping (*barut*) and hot compressions (*bertungku*). Body massage is offered at least 6-7 times during the 6-week confinement period. In their study, [17] described the stages or concepts of the traditional Malay prenatal and postnatal care processes, i.e., *swinging the tummy* or coconut belly rubs (*lenggang perut*), diet during pregnancy, point massage (*bertungku*), massage (*urut*),

traditional confinement (*pantang*), traditional bath (*mandi serom*), forehead treatment (*pilis*), herbal decoction (*ubat periuk/jamu/makjun*), body spread (*param*), body girdle (*bengkung*), vaginal heat or herbal treatments (*tangas*), heat treatment (*bersalai*), confinement and miscarriage. Hence, in this study, the researchers have attempted to identify and investigate the different Malay traditional prenatal and postnatal practices that were carried out by the traditional Malay midwives from the 11 Malaysian states of Johor, Kedah, Kelantan, Kuala Lumpur, Negeri Sembilan, Pahang, Perak, Perlis, Sarawak, Selangor and Terengganu. They aimed to understand the source of their knowledge and different prenatal and postnatal care techniques that were practised by the traditional Malay midwives in the 11 Malaysian states.

Materials and methods

2.1. Sample and study area

In this study, the researchers collected all the data through observations and conducting face-to-face semi-structured interviews of the traditional Malay midwives belonging to 11 different Malaysian states from the Central region (Kuala Lumpur and Selangor), East Coast Region (Kelantan, Terengganu and Pahang), Northern region (Perak, Kedah and Perlis), Southern Region (Negeri Sembilan and Johor) and the East Malaysian region (Sarawak). 31 Malay midwives were interviewed in this study. For this purpose, the researchers used a semi-structured questionnaire for extracting the information regarding the prenatal and postnatal care treatments practised by the traditional Malay midwives as detailed [8].

2.2. Ethnobotanical data

Ethnobotanical data were collected as described by [8,10]. Other than extract an information on plant material used from the Malay midwifery, the researcher also sends the specimens for cross-checking of plant species through various floristic records or secondary data from internet, Rimba Ilmu at Universiti Malaya, Taman Pertanian Universiti at Universiti Putra Malaysia, Makmal Herbarium at Universiti Kebangsaan Malaysia and Forest Research Institute of Malaysia (FRIM) at Kepong.

3. Results and discussion

3.1. Traditional Malay midwifery practices in Malaysia

Table 1 presents a list of different traditional Malay midwifery processes or stages that were popularly used in the 11 different Malaysian states. All the information regarding the different Malay midwifery practices was collected after interviewing 31 traditional Malay midwives from Kelantan Razanah et al., 2022

(8), Pahang (5), Perak (4), Johor (3), Kuala Lumpur/Selangor (3), Terengganu (3), Kedah/Perlis (2), Negeri Sembilan (2) and Sarawak (1). All midwifery knowledge possessed by the midwives was based on the informal form of knowledge that was passed from one generation to another, either directly or indirectly. Direct knowledge transfer includes the knowledge that is from a great grandmother to her great-grandchild; while the indirect method includes the knowledge that is transferred through dreams. The results indicated that 72% of the midwives practised their midwifery processes based on the knowledge that they inherited from their ancestors. However, 12% of the interviewed midwives had derived their midwifery knowledge from their dreams, whereas 16% obtained their knowledge from a combination of dreams and inheritance (Fig. 1). A few similarities and differences were also noted between the practices that were followed in the different states and localities in the states. The state of Kelantan showed a higher percentage of traditional midwifery practices that were culturally influenced as the people had limited access to modern medicines (Table 1).

3.2. Prenatal and postnatal care treatment

Based on all observations and results of the interviews of the 31 Malay midwives, the researchers noted 13 common midwifery practices that were implemented for the pre and postnatal care treatments that could be divided into prenatal and postnatal treatments. Prenatal treatment included any processes that were implemented for the wellbeing of the expecting mother from 1 month of her pregnancy till her childbirth. The '*swinging the tummy*' (*melenggang perut*) process, confinement, diet and some taboos were included in the prenatal care. The results indicated that 74% of the traditional Malay midwives implemented the *swinging the tummy* process; while 84% of the midwives advised prenatal confinement (Table 1). Thus, it was noted that these practices were still popular amongst the Malay midwives. However, the postnatal treatment included 11 processes. The postnatal period included the period immediately after birth (day 1) to 44 days (even 100 days in some cases). The researchers also observed that the 4 main processes included in the Malay postnatal care treatment included the use of heat, herbal medicines, massage and abstinence or *pantang*. The Malaysian Ministry of Health (MOH) has implemented many steps for promoting safe postpartum care practices in the country and has attempted to dispel all potentially-harmful beliefs that could affect the mortality and morbidity of new mothers and infants. The Traditional and Complementary Medicine (T&CM) unit has implemented a few postnatal care practices. The midwifery care program highlighted by the T&CM Unit [14] includes hot compression (*bertungku*), whole-body massage, and body girdle (*barut*). The Malaysian mothers are asked to adhere to some postpartum practices that could help in preventing any future illness.

The herbal treatment used in traditional Malay midwifery practices

Forehead treatment, body spread, herbal decoction and traditional bath are some herbal treatment strategies used by Malay midwives. The herbal medicines can be consumed either in the form of a capsule decoction or ground and cooked with honey (*makjun*); while externally it is applied as an herbal paste or traditional bath. The herbal medicines are generally used by the traditional midwives in the form of a traditional bath (97%), body spread (61%), herbal decoction (58%) or forehead treatment (55%) (Table 1). In their study, [18] mentioned that during postnatal confinement, many herbs must be consumed internally in the form of a herbal decoction, in their dried or fresh forms. Some different herbs can be combined and even spread over the whole body or on a specific body part like the stomach (for firming the stomach muscles) or forehead for avoiding the postnatal blues.

Heat treatment used in the traditional Malay midwifery practices

Heat can be used either as direct exposure, i.e., using heated river stones (*bertungku*), heated iron and a warm herbal bath. The different heat treatments that were practised by the traditional Malay midwives included point massage, vaginal heat and herbal treatment. The results indicated that the point massage was the most popular heat treatment strategy (84%), followed by vaginal heat (58%) and herbal treatment (39%) (Table 1). Immediately after 3 days of delivery, the new mother receives a full-body massage from her midwife for improving blood circulation and dissipating heat to all parts of the body. Even internal heat is added as she is asked to consume 'hot' herbal medicines, which improves her physiological and humoral health [19].

Postnatal massage used in the traditional Malay midwifery practices:

The Malay postnatal massage treatments include body girdle (*barut*) and whole-body massage. The results of the study indicated that 90% of the traditional Malay midwives practised body girdle; while 77% of them practised body massage (Table 1). Body massage was carried out at least 6-7 times during the 6-week confinement period after childbirth or on 3 consecutive days during the 2nd postpartum week followed by 3 weeks towards the end of the postpartum confinement. The body massage is carried out for improving the blood flow, toning the muscles, toning the uterus, improving vitality, removing wind and breaking down the fat deposits in the tissues. However, a body girdle is used for toning the abdominal muscles, preventing backache and abdominal pain, supporting the back and pelvis region and eliminating the presence of a flabby belly. Massage refers to the systematic manipulation of soft tissues in the body for relieving pain and fulfilling many therapeutic goals [16]. However, the "therapeutic massage" refers to the Razanah et al., 2022

manipulation of soft tissues in the body for promoting good health through relaxation, improving sleep patterns and offering physical benefits [20]. The Malay massage is a form of therapeutic massage that encompasses the complete body, including the knees, hands and heels, and could include the use of massage equipment or oil applications. The massage is carried out using different manual techniques [21]. The full-body massage stimulates blood circulation, which further helps in removing excess fluids in the body, decreases swelling and improves the overall healing process. A massage is carried out on the 6-8th day after the normal delivery and the 39th- 41st day after the confinement period [22].

Abstinence in traditional Malay midwifery

The interview results indicated that 45% of the Malay midwives still practised postnatal confinement while only 32% of the midwives advised confinement after miscarriage. Only a few of the midwives were open and offered a rationale for not practising confinement after the miscarriage. One of the consequences of not following abstinence (*pantang*) according to the Malay midwives was that it could lead to a prolonged or difficult birth, abortion, malformation of the baby or illness. Furthermore, some dietary restrictions were also proposed where the women were asked not to consume a lot of cold, hot (not spicy) and causative foods. Generally, these types of foods are forbidden during the early pregnancy stages, while some midwives advise against their consumption throughout the pregnancy, after a miscarriage or during the postnatal confinement period. Unlike a confinement period, where women are encouraged to eat hotter foods that keep the body warm, during the pregnancy the women are advised not to eat hot foods. The common causative and hot foods included bamboo shoots, fermented rice and tapioca, pineapple and sugarcane juice. [18] stated that the traditional Malay postnatal care practices were more extensively designed compared to the other traditional herbal treatments. In the confinement period, the new mothers need to consume a healthy diet that includes plenty of salads, steamed chicken and some herbal decoctions. Despite the various perceived differences noted in the intra-ethnic postpartum practices, many of the Malaysian mothers, irrespective of their ethnic origins, share a similar postpartum regime, and follow the same beliefs and adhere to food taboos. They also use similar medicinal herbs, indulge in a traditional postpartum body massage and recognise the important role played by an elderly female family member during postpartum care [23]. Interestingly, numerous Malay traditional medicines, along with prayers (*doa*), massage, chants (*jampi*), abstinence (*pantang*), and similar practices that make use of the natural resources derived from plants, microbes, animals and minerals for preventing or treating illnesses, rehabilitating the body and promoting health. These resources can be used in many forms like capsules, powders, pills, medicated oils, paste, infusions, decoctions, *makjun*, simple distillates, and poultices.

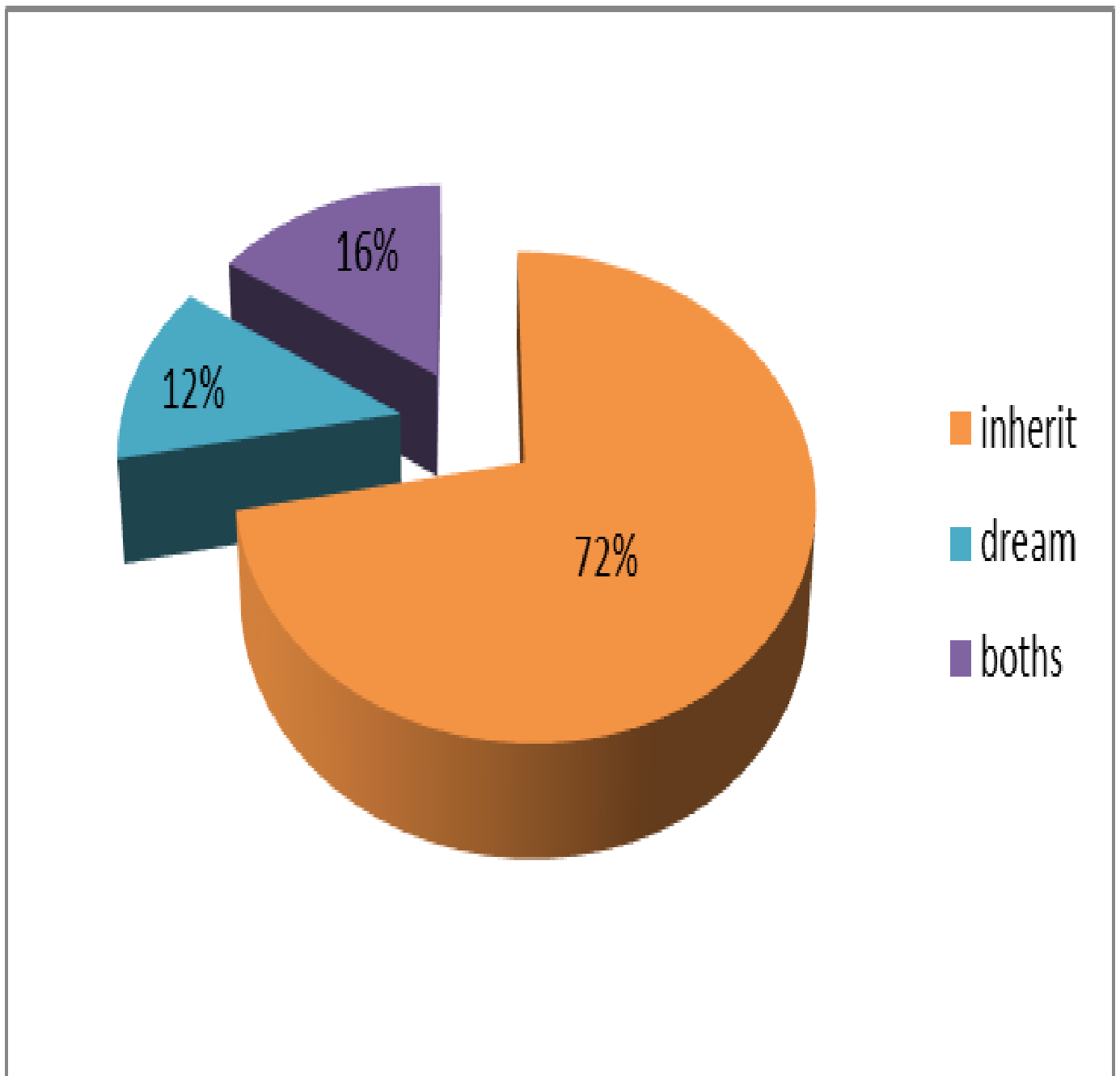


Fig. 1: The type of midwifery education acquisition distribution

Table 1: List of different traditional Malay midwifery practices used in Peninsular Malaysia

MIDWIVES	Ages	Experiences	1	2	3	4	5	6	7	8	9	10	11	12	13
KELANTAN															
Bidah binti Rauf	64	24 years	*	*	*	*	-	*	*	*	*	*	*	-	-
Khadjah b. W.Mahmud	90	50 years	*	*	*	-	-	*	*	*	*	-	-	-	-
Mak Nah b. Mat	73	33 years	*	*	*	*	-	*	*	*	*	*	*	-	-
Belah/Ramlah Awang	60	42 years	*	*	*	*	-	-	*	*	*	*	-	-	-
Hjh.Mek Hj Awang	57	42 years	*	*	*	-	-	-	*	*	*	*	*	-	-
Hasnah Che Haron	50	15 years	*	*	*	-	-	*	*	*	*	*	-	*	-
Rahimah Daud	60	44 years	*	*	*	*	*	*	*	-	*	*	*	-	-
Asiah Samad	70	51 years	*	*	*	*	*	*	*	-	*	-	-	-	*
TERENGGANU															
Asih Idrus	55	15 years	*	*	*	*	-	*	*	-	*	*	*	-	-
Gayah Abd.Rahman	74	33 years	-	*	*	-	-	*	*	*	*	-	-	*	*
Hindun	88	31years	-	*	*	-	-	*	*	-	*	-	-	-	-
PAHANG-															
Wok b. Talib	68	45 years	*	*	*	*	*	-	*	*	*	-	*	*	*
Pn. Asiah Salleh	62	43 years	-	*	*	-	-	-	*	*	*	-	*	-	-
Rohani Mohamad	50	28 years	*	*	-	-	-	-	*	*	*	*	-	-	*
Saudah mamat	64	40 years	-	-	*	-	-	-	*	*	*	*	-	-	-
Koma Md. Salleh	90	70 years	*	-	-	-	-	-	-	*	*	*	-	-	*
JOHOR															
Kamisah Hj. Dol Basa	75	54 years	*	*	*	*	*	-	*	*	*	-	*	*	*
Rosni Abdullah	54	14 years	*	*	-	*	*	*	-	-	*	*	-	-	-
Saridah	64	48 years	*	*	-	*	*	*	-	-	*	*	-	-	-
KUALA LUMPUR/SELANGOR															
Jam'iah Hj. Taib	60	40 years	*	*	*	*	*	*	*	*	*	*	*	*	*
Mariah Hj. Taib	68	21 years	*	*	-	*	*	-	*	-	*	*	-	*	*
Aishah	50	21 years	-	-	*	-	*	-	*	*	*	-	-	-	-
PERAK															
Roziah Seman	63	33 years	*	-	*	-	*	*	*	*	*	-	-	-	-
Raayah Sunnah	68	20 years	-	-	*	*	*	*	*	*	*	-	-	-	-
Hjh Miah Don	-	25 years	*	*	*	*	*	*	*	*	*	-	-	*	*
Siti Sharifah Ain	30	14 years	-	*	*	*	*	*	*	*	*	*	-	-	*
KEDAH/PERLIS															
Salmah Shaari	57	37 years	*	*	*	*	*	*	*	*	*	-	-	*	*
Sharifah Awang	85	70 years	*	*	*	-	-	-	*	*	-	*	*	-	-
NEGERI SEMBILAN															
Hjh.Siti Rafeah	70	53 years	*	*	*	*	*	-	*	*	*	*	-	*	*
Normahni Ramly	60	40 years	*	*	*	*	*	*	*	*	*	-	*	*	-
SARAWAK															
Hjh.Noni Joh	71	50 years	-	*	*	*	*	-	*	*	*	*	*	-	-
Percentage (%)			74	84	84	61	55	58	90	77	97	58	39	32	45
*(1) Swinging the tummy(2)Pre-natal confinement (3)Point massage (4)Body spread (5)Forehead treatment (6)Vaginal heat (7)Body girdle (8)Body massage(9)Traditional bath(10)Herbal decoction(11)Herbal treatment(12)Miscarriage (13)Post-natal confinement															

In the Malay community, traditionally, a new mother goes back to her maternal house for receiving adequate postnatal care during her 6-week confinement period. [17] stated that a new mother must consume a healthy diet as an important prenatal and postnatal care treatment strategy. The midwives believed that the pre and postnatal treatment was essential for regaining and rejuvenating the emotional and physical state of the mother and stabilising her hormonal levels. Traditionally, a new mother is encouraged to eat only plain rice with baked or salted. [9] also observed that the traditional Malay midwives discouraged the new mothers from consuming seafood, some fruits and vegetables that contained the 'wind' and 'cold' properties, and even cold water. The new mothers were also asked to drink a lot of herbal decoctions that were mixed with honey for rejuvenation and refreshment. Furthermore, each Malay midwife had her recipe for a medicated ointment that was based on her knowledge and practice. Irrespective of their ethnic origin, many Malaysian women sought a lot of traditional postpartum care. Integration of the modern and traditional healthcare practices would encourage the mothers to seek the help of the traditional Malay midwives. This would further increase their medical contacts and help in the early detection of medical issues [23].

4. Conclusions

Based on the results of the above study, it could be concluded that the traditional Malay midwifery practices in the country consisted of 13 common processes, which were divided into 2 stages, i.e., pre and postnatal care treatment. Prenatal care included 2 processes - *swinging the tummy* and prenatal confinement; while postnatal care included 11 processes that were further categorised into 4 stages. Stage 1 included the use of herbs in the form of an herbal decoction, body spreads, forehead treatment and traditional baths. Stage 2 included the use of heat in the form of point massage, massage, vaginal heat and herbal treatments. Stage 3 included the massage in the form of a body girdle and full-body massage; while Stage 4 included abstinence after childbirth or miscarriage. The results showed that the most popular practices that were still implemented by Malaysian women was the use of a traditional bath and body girdle. However, the use of an herbal decoction, forehead treatment, herbal treatment, postnatal confinement and miscarriage are not popularly practised and hence, were mostly forgotten.

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