

United States Postpartum Practices:
How Do These Practices Affect
Women of Other Cultures

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Postpartum practices: How Do These Practices Affect Women of Other Cultures

Abstract

This qualitative study collected data from recovered postpartum mothers who delivered a baby in the United States and how they perceived their treatment while in the hospital and at home. The United States represents various ethnicities and cultures that should broaden our perspectives on life experiences such as postpartum recovery (Cheng, 2006). However, the majority of nurses and caregivers remain unaware or uneducated of the differences that may come with foreign-born mothers who deliver babies in the United States. These differences may be so dissimilar from United States practices that the recovering mothers perceive their postpartum care to be unhealthy, disrespectful, or even dangerous to their health and their baby's health. This may lead to mistrust or non-compliance of medical recommendations.

The data collected, suggested that the perceptions related to good or bad postpartum treatment directly correlated with the length of time that the foreign-born mother had been in the United States. The mothers that had been in the U.S. the least amount of time were distressed and felt disrespected during the delivery and postpartum treatment. Two patients did not fully trust the medical staff recommendations after their cultural traditions were disregarded. The remaining patients had minimal complaints concerning their care and were satisfied with their treatment.

Introduction and Literature Review

Postpartum can be a very emotional period for women in general, but can be exacerbated if their cultural beliefs and/or practices are not recognized or respected. Postpartum beliefs and practices in non-Western cultures may represent “Hot-Cold, Hygiene Restriction, and Confinement Beliefs”. These practices reinstate current and future health, safety, and emotional well being for mother and baby (Kim-Godwin, 2003).

Various cultures believe that during childbirth the mother’s skin and joints stretch and may allow infection, arthritis, or illness through holes in the skin (Raven, 2007). In addition, the loss of blood further weakens the mother. To recover from this weak state, the mother and baby need to be fed “hot or warm” foods (meat, eggs, ginger, wine) and avoid “cold” foods (fruit and vegetables), allowed to rest for 30 days minimum, and kept warm and comfortable.

Confinement beliefs and practices last a minimum of 30 days and allow the weak mother and baby to rest. Confinement protects the mother and baby against the outside wind and germs that may seep in through holes in the skin. Mother and baby may be restricted from visitors and limited to her house for weeks, while a midwife or female relative take care of the household chores and the children (Cheng, 2006).

Good postpartum care consists of adapting their hygiene to traditional hygiene beliefs. This consists of washing with a towel, boiled water, wine, and/or herbs only. The mothers do not immerse themselves in a tub of water or shower because of the threat of infection entering through the skin or catching cold. Recovering mothers do not brush their teeth for 30 days minimum and may choose

to gargle with cooled boiled water, or gently rub teeth and gums with soft cotton balls. Women often complain of loss of appetite and a bad odor coming from the mouth during this period (Raven, 2007).

Typical Western (United States) postpartum practices consist of bathing within a 24-hour period, drinking iced beverages to rehydrate, and eating “hot & warm” and “cold” foods for a balanced diet. Also, mother-baby bonding is encouraged immediately by allowing the baby to stay in the room with the mother. All of these seemingly harmless practices may create unnecessary cultural conflict and impose guilt on a mother who practices her birth countries traditional postpartum beliefs. Understanding the beliefs of non-Western cultures during postpartum would provide cultural competence, and preserve the dignity of the postpartum process for the mother.

Methods

I interviewed four foreign born females of various cultures, that had a child in the United States. All 4 women were asked the same questions. The interviews were given in various locations related to the convenience of the participants. Each interview took approximately 1 hour and was given in a relaxing environment that allowed them to feel comfortable sharing this personal experience. The participants were read a statement defining what the purpose of these questions were, also that they were not required to participate, and then asked permission to proceed with the interview. All participants were born in different countries and have been in the United States for a minimum of five years.

Participant D is a foreign born mother who has had children in the United States and is currently practicing as an obstetrics registered nurse in postpartum

care, and a baby massage therapist at a local hospital for over 20 years. She also works as a lactation specialist mainly with non-English speaking Latino women who speak Spanish. Her family came to the United States to seek medical care for her mother who was struggling with postpartum depression from the loss of a child. She provides a patient perspective, obstetrics nurse perspective, and an individual who respects cultural differences. I will also ask her the same questions pertaining to her perspective as a mother and medical professional.

Table #1: Qualitative Interview Guide Questions
1. Have your cultural expectations for your postpartum care changed as you become more familiar with the United States culture?
2. How are foods used in postpartum recovery in your culture?
3. What were your expectations of postpartum care in the U.S. at the time of your delivery / postpartum care?
4. Do you have any cultural beliefs / practices from your birth country that you wished to be implemented during postpartum recovery?
5. ...if any (from above question) were your cultural beliefs / practices respected or acknowledged during your postpartum recovery in the hospital and at home?
6. Do you eat any special foods that help with strength and recovery from postpartum delivery?
7. Did your recovery period from postpartum in the hospital and at home, meet your expectations? How?
8. In your birth country how long does postpartum recovery last?
9. Are there any additional comments or questions that you would like to talk about?

10. How did your overall postpartum care make you feel?

Results and Discussion

Postpartum Recovery: Perceptions, Beliefs, and Traditions

All participants were of a similar socio-economic status, but all participants were born in different countries. All participants were at different stages of acclimation to the United States. The longer the participants were in the United States, the less affected they felt, by non-traditional Western medical practices. The participants who were less acclimated to the United States were more affected by the lack of familiar traditional postpartum care.

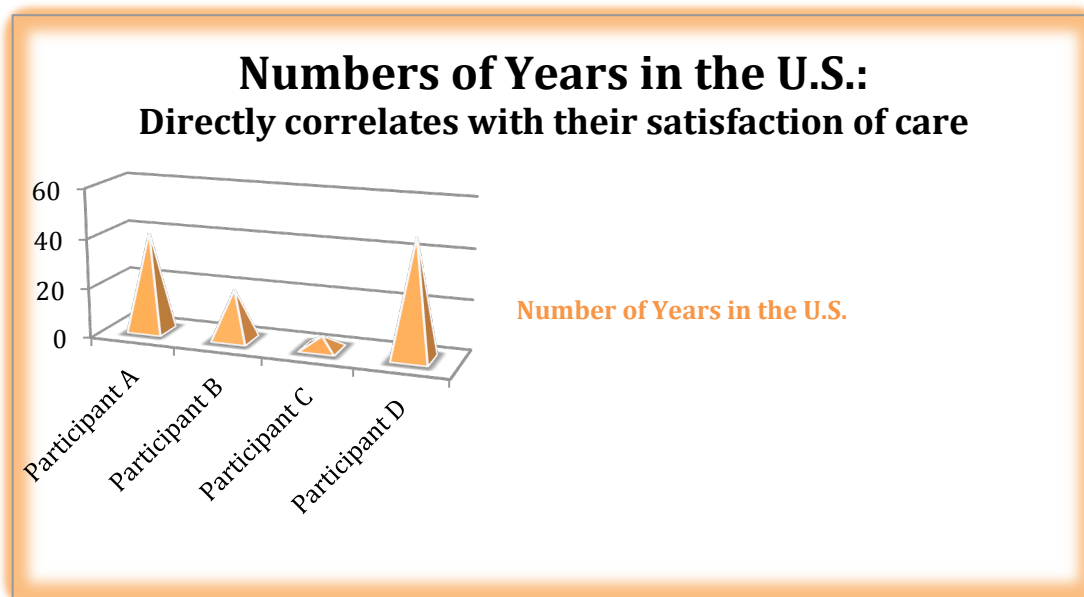


Figure 1: Years in the United States

According to, “Strategies for Incorporating Cultural Competence Into Childbirth Education Curriculum” from the *Journal of Perinatal Education*, “when health-care professionals incorporate a client’s culture with respect to health-care

practices, rituals, and beliefs they establish rapport and gain the client's trust" (Greene, 2007).

There were recurring beliefs or themes from all participants that revolved around postpartum treatment including food for recovery, hygiene adaptation, and confinement or rest periods. Some participants shared that their traditional beliefs were ignored, disregarded, or made to feel shamed for considering their traditions.

Participant A, although born in Vietnam, was raised in the United States and did not follow non-Western traditions for postpartum recovery. During her recovery from postpartum care in the hospital she reported, "*the usual hospital stay for a day and then home with the baby.*" Her mother attempted to influence her with her birth countries traditions. She stated, "*My mother had funny ideas about me going to my grandfather's funeral. She wouldn't allow me because it wasn't good for me to be around sad people. I also wasn't supposed to look at anything ugly or grotesque because then the baby would have a mean ugly face. I also wasn't supposed to eat mangoes, something about making hot, who knows?*"

Participant B, was born in Korea. She felt that her delivery and recovery were adequate. She desired foods that were broth based preferably lighter seaweed soup, rather than the stew that she received, but stated that it tasted good. "*After delivery mothers are considered tired, worn out, and cold so I must eat hot foods to regain heat (strength) in the body, like warm soup with seaweed and teas.*" She stated, "*I was able to receive hot tea, but told caffeine was not good for baby.*" She was a little frustrated by this response and claimed that she did not desire caffeinated tea and would prefer herbal. Seaweed soup is rich in iron and believed to rid the body of toxins and help reinstate the body to a "hot" state.

Participant B delivered her baby by C-section that required sedation, staples, and IV's to help with the recovery of the surgery. The surgery weakened her and she needed to rest so she could recover appropriately. The day after surgery she said, *"I was told to get out of bed and shower the day after my C-section. I couldn't believe it, because I had no energy to stand and I did not want an infection to enter my incision."* Not only was she upset that she was pressured to get out of bed, but that she was expected to shower with an incision that could be infected by the water. She argued with the nurse and refused to shower, which upset the nurse and the nurse left angrily.

Once participant B went home she was able to rest while female family members tended to her and babies needs. She also followed the traditional confinement beliefs and stayed inside the home. Two weeks postpartum her husband's family came to visit and said, *"I should get up and get out of the house and get fresh air, that it would be good for me and the baby."* There comments made her feel uncomfortable like she was being lazy, but at the same time she thought their advice was harmful and careless.

Participant C followed some of the tradition from her Chinese origin including, water restriction during the final month of pregnancy and only consuming boiled rice wine. Traditional Chinese believe this will protect and prevent edema pre and post pregnancy.

Participant C had been in the United States the least amount of time of all the participants. Her experience seemed to be the most traumatic and somewhat disturbing from her perspective. She felt stressed and her basic needs were ignored. For instance, she would ask for warm water and they would bring her ice water or

cold apple juice. Patients were given an option from the menu, but the staff checked the option for her, therefore she did not have a choice. All the meals were very heavy and made with a lot of cheese. She claimed that most Asians do not consume much cheese and would have preferred something with a meat broth. Traditional foods for postpartum recovery are *“broth soups made from the whole hen (head, feet, etc.), or pork feet broth because it enhances breast milk production. A type of herbed medicine kind of like a tea that is boiled, strained, and then you drink it like a tea and is very dark. This medicine is to regain strength and rid toxins from blood.”*

Probably the most disturbing part of her stay concerned her newborn baby and the lack of milk she was producing. She communicated with her nurses that her milk had not come in and her baby was starving. Traditionally, mothers will give their babies and self, brown sugar water to avoid hunger, help with circulation, and rid the body of any toxins. She was told it was not appropriate and the nurse reacted as if she will kill her baby. Her baby did not have milk for the first three days and she had to return to the hospital because the baby became jaundiced. The participant felt that the lack of milk and brown sugar water contributed to the illness of her baby. She became upset and no longer trusted the medical advice that was given to her.

Participant C said, *“In China the cultural beliefs make you feel peer pressured to follow the traditional care, if you don’t you are considered to be a person that does not take care of yourself.”* Because she is no longer under the influence of her family traditions she said *“I will do what I want and don’t feel the need to follow tradition.”* Her comment referred to the hygiene expectations that include a restriction of showering, brushing of teeth, and confinement for 30 days or longer. This includes

staying covered with clothing regardless of the temperature outside. This may be a difficult challenge in Chico during the 110-degree summers. She chose to dress in summer clothing and used her air-conditioner when appropriate.

Two years post delivery, participant C now regrets not following tradition. She does not feel that she has recovered well from her pregnancy experience and that it is directly related to her lack of full compliance of traditional behaviors. It is a common belief that if you remain weak and ill after pregnancy, your health cannot be recovered until you have a new baby and follow tradition that brings you back to a healthy state (Kim Godwin, 2003). In China there is a one baby policy per family, therefore women who did not recover well will remain unhealthy the remainder of their lives.

Participant D is from Mexico and stayed familiar with her birth countries traditions. She has lived most of her life in the United States, but visited family in Mexico often for month long vacations. She is also an Obstetrics nurse, Lactation Specialist, Baby Massage Therapist instructor, Spanish Childbirth educator, Public Health nurse and Postpartum Registered Nurse.

In Mexico fathers are not allowed into the delivery room and instead mothers are by themselves or grouped with other laboring mothers. She states that it is important to take care of your self during pregnancy and postpartum recovery. You are expected to follow the advice from the elder women in your family because *“They are the experts and you do as they say at least in the first 40 days.”*

Food for recovery is very important. Beans, chili, pineapple, oranges, and pork should all be avoided. Chicken soup, drinkable avena (oatmeal), and

chamomile teas are gentle foods to eat and avena helps with milk production. Traditional Mexican beliefs support that foods, emotions, and behaviors “*can ruin your milk and cause the baby to become colicky or sick.*” Recovering mothers, regardless of the season, keep their heads and back covered so they do not lose their milk production.

An interesting connection was made with non-Western confinement traditions. Participant D suggested that because women are expected to stay in a room with minimum light and minimum visitors for up to 30 days, this could contribute to postpartum depression. According to *Postpartum Maternal Health Care in the United States: A Critical Review*, “Mothers with postpartum depression experience unbearable loneliness.....they fear that they will not be able to be themselves again” (Cheng, 2006).

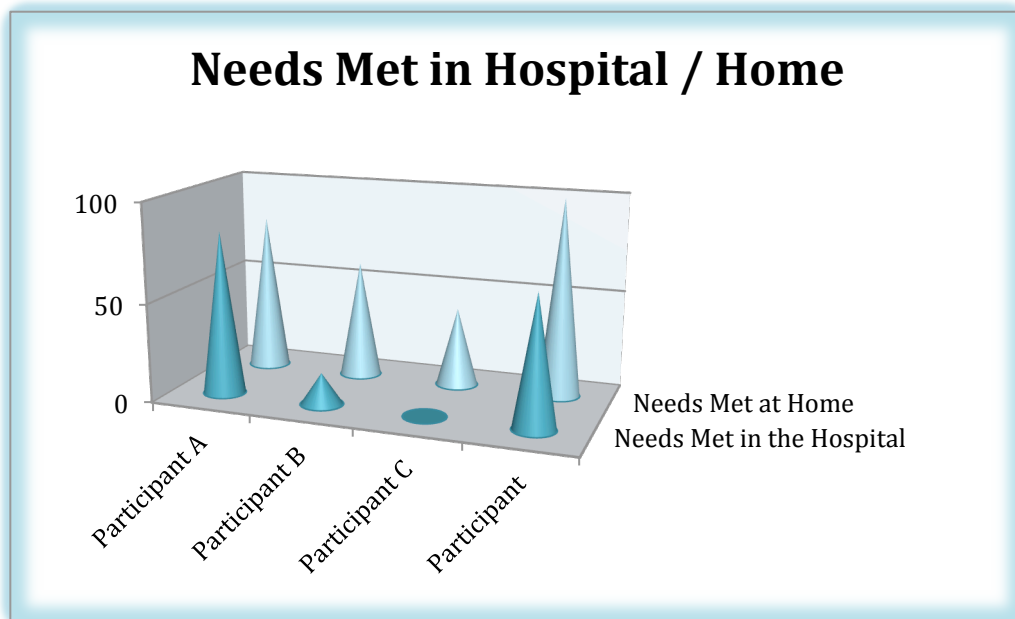


Figure 2: Needs Met

Conclusion

All participants were from different countries yet many of their birth country traditions or beliefs shared similar ideas of foods for recovery, protection from cold and wind, and confinement from the outside. The population in the United States is ethnically diverse and is expected to continue with this growth pattern. Without education to the medical staff concerning diverse patients, Western traditions can be perceived as dangerous or threatening to the health of mother and child. They can create disconnect, between the recovering mother and the medical recommendations that the doctor suggests for proper recovery. If the mother no longer trusts the doctor, she may be less likely to follow the doctor's recommendations. She may interpret the medical advice as dangerous, life threatening, or disrespectful.

Some of the participants said they felt disrespected, ignored, and made to feel like they had no idea how to take care of their child. Some nurses and doctors suggested that their traditional beliefs were dangerous to the health of their baby and they would not allow the mothers to follow through with some of their childcare traditions. One participant was told that her tradition was not an acceptable thing to do with a newborn and that she could kill her baby if she tried it. Participant D said, "It depends on the nurse, staff or doctor, sometimes they seem to think their way is the only way and no flexibility."

The current practice in Western hospitals suggests that breast-feeding should be exclusive even when the mother's milk does not come in for 2 to 3 days. Regardless of Western practice some mothers are concerned that their babies will starve or become too weak, as did participant C. Nurses try and calm the mothers, and explain that colostrum comes before the milk and it is very concentrated with

nutrients and immune building substances. Some female elders insist on giving formula and influence the mother to do so, until the milk comes in.

A survey, given by the Childbirth Connection (formerly Maternity Center Assoc.), “found that 70% of first-time mothers attend some type of childbirth education class” (Greene, 2007). This is an excellent opportunity for childbirth educators to learn about other pre and postdelivery traditions and also educate women on Western traditions. Some of the differing traditions that satisfy basic needs can be easily modified to satisfy both Western medical practices and non-Western traditions.

Summary of Interviews

Coding: *Is bolded and italicized*

Participant #A: T

A#1: I was born in Vietnam but raised in the U.S. since I was a baby so I really only know U.S. culture or what my mom taught me.

A#2: When I was pregnant ***my mom would try to feed me certain foods to help me recover, but I wouldn't eat them.***

A#3: My expectations were as expected for U.S., I had ***“the usual hospital stay for a day and then home with the baby.”***

A#4: Had no desire to implement her birth country beliefs.

A#5: My ***U.S. beliefs were respected***, but did not have any from Vietnam.

A#6: No special foods were eaten.

A#7: Everything went well with pregnancy, easy.

A#8: ***My mom said I should not go anywhere months to recover from delivery, but I ignored her wishes and went out after a few days.***

A#9: ***My mother had funny ideas about me going to my grandfather's funeral. She wouldn't allow me because it wasn't good for me to be around sad people. I also wasn't supposed to look at anything ugly or grotesque because then the baby would have a mean ugly face. I also wasn't supposed to eat mangoes, something about making hot, “Who knows?”***

Participant #B: Y

A #1: No, but I see that they are different, I do **not wish** to have a child and **not have much rest afterwards**. ***Rest is important for mother's strength*** and baby.

A#2: Korean culture believes in the *hot and cold system*. When you are *pregnant you are hot* so we do *not eat spicy (hot) foods while pregnant*. *After delivery mothers are considered tired, worn out, and cold so she must eat hot foods to regain heat (strength)* in body. *Warm soup with seaweed and teas*. Don't eat broken foods or **foods that fall apart** easily like tofu, it can **encourage a weak child**.

A#3: *Lot's of rest* for me. *Family comes to help take care of baby and me*. Privacy from non-family, but I had another pregnant woman in the room with me and her family also was in the room. I didn't like that.

A#4: After delivery I would like to have **rested more**. There is *21 days for new mothers to rest and be taken care of*. Hospital should *provide more foods that allow me to strengthen my body* and recover. *Mothers are honored and well taken care of*.

A#5: I was able to *receive hot tea*, but **told caffeine was not good for baby**. I received a **warm bowl of soup kind of like a stew**, not a light broth soup, but it did taste good.

A#6: *Seaweed soup* helps with *recovery from loss of blood* and helps me *be warm (or hot)*. Delivery makes the *mother cold and she has to gain strength with food and rest*. This *soup is eaten for several weeks to gain strength and clean body of toxins*.

A#7: No, especially not in the hospital. The hospital wants you out as soon as possible and I was *expected to immediately have my baby in the room and was left to care for her*. The rooms are not very comfortable for family to stay so I often had to ask for help from nurses. My *family helped when they were there*. At home **I was allowed to rest**. My family (*mother*) *came to help, clean, cook, and take care of the baby and my husband*. My husband is from U.S. and is white so **his family didn't understand why 2 weeks after birth I was still resting**. *They thought I should get out of the house and get fresh air and that it would be good for the baby*.

A#8: We are expected to rest *for 21 days and allowed to eat and sleep and nothing else*. Mothers are treated well.

A#9: I felt like *having my baby was all about the baby and not me*. The baby needed a lot of attention and I was supposed to do the work because I am the woman. This is the feeling that I **got from my husbands side** of the family and other people, not my family. **I was told to get out of bed and shower the day after my C-section**. **I couldn't believe it, because I had no energy to stand and I did not want an infection to enter my incision**.

Participant #C: M

A#1: Yes they have changed a lot. In China the cultural beliefs are so that you feel *peer pressure to follow the traditional care*, if you don't you are considered to be a person that does not take of yourself. **I am in the U.S. now so I will do what I want; don't feel the need to follow tradition**.

A#2: *Postpartum foods* typically used are *broth soup made from the whole hen (head, feet, etc.), or pork feet broth because it enhances breast milk production*. A type of *herbed medicine kind of like a tea that is boiled, strained, and then you*

drink it like a tea and is very dark. This medicine is to regain strength and rid toxins from blood. Brown sugar water to improve blood circulation and rid toxins. We eat hard-boiled eggs, green onions, ginger (hot food), yellow rice wine in broth to cover the taste of the meat. ***Don't drink water for 1 month before delivery, but instead boil the alcohol off of rice wine and drink that instead.*** It is **suppose to prevent edema.** It's a big no, **no to eat chives,** no way.

A#3: Didn't have a lot of time to plan or think about pre or post partum care as I became pregnant unexpectedly.

A#4: Cultural beliefs or practices that she believes should be implemented at hospitals for postpartum care, are foods available for an **Asian diet.** Not so much cheese. There was **cheese in everything.** Options for no ice water and or appropriate foods such as **warm brothy soups,** but not foods that are considered hot foods and or cold foods and served at inappropriate times. **She wished nurses would have paid attention to her,** as she was given a meal plan option, but the **option was already picked by staff,** leaving her with no option. Also the staff **rushed her through her meal.** Her **family would bring in foods such as noodle soups that were more appropriate.**

A#5: When asked if her **cultural beliefs** were acknowledged she stated the things that were **not acknowledged.** She **felt disrespected and ignored, she would ask for warm water and they would bring her ice water or cold apple juice.** Her milk had not come in for breast-feeding and she shared her concern with the nurses so **she wanted to give her baby sugar water which is a tradition in China.** The **staff refused and made her feel like she would kill or poison the baby if she did that.** **Her baby ended up with jaundice days later when she returned to the hospital, she felt it was from lack of milk and feels awful that her baby starved for 3 days.**

A#6: Special **foods eaten for recovery** were *pork feet soup.* This **soup has collagen in it from the connective tissue and the belief is that it helps heal body wounds and muscles.** Also green leafy vegetables i.e. **Napa cabbage & spinach to increase iron in blood.** Oatmeal reduces breast milk production so it should not be eaten.

A#7: Expectations at home and in hospital were not met. She states that **she should wear long sleeve shirt regardless of the temperature and should not use air conditioning.** She did not wear the long sleeves and did use air conditioning. The belief is that **after delivery your joints are open and you are susceptible to illness and cold.** She felt great so decided to not follow tradition, **but in the end felt weak and sick and regrets not following it.**

A#8: In **China postpartum recovery last about 30 days,** but old tradition is about 3 months. This includes **no shower or brushing your teeth, no cleaning, cooking, working, you just lay in bed and rest and eat and feed the baby.**

A#9: **She will encourage her daughter to follow tradition as she feels not following it has left her in a weakened state. She believes there is no scientific proof behind it but she believes it must be tradition for some reason.**

A#10: Over postpartum care was not what she had planned for. She wanted to rest more at home and expected mom to help more but her mom does not know how to cook, change a diaper, or care for people. Next time she will higher a helper to cook and help her recover.

Participant #D: A

A#1: Definitely, depending on where one delivers in Mexico, it is different.

A#2: You should *not drink liquids too cold*. Avoid certain foods: chili, beans, oranges, pineapples—they can affect you or the baby.

First week or more, *eating chicken soup for meals*, drinkable avena (oatmeal). No pork. Chamomile *tea* is gentle to drink too.

The nurses/moms here do not watch what foods they eat and they seem to be ok.

A#3: I did not expect that my husband would take such a large part in the delivery.

In Mexico, the **dads are not allowed in the delivery room** so the **mom is by herself or in a room with other mom laboring together or with other women helping her deliver**. The nurses are the ones that care for you more than the doctors here. There are a lot more cesareans and epidurals (raquias) used in Mexico in the big cities—it makes it easier on the mom and the doctors/nurses.

Postpartum: My mother or other women would be around to help with the care and care of the infant. *They are the experts and you do as they say at least in the first 40 days*. I was **expected to care for my infant more than I would have in Mexico**. In Mexico, you rest longer after a C-section than here.

The nurses and moms are not as careful about the cold air here—The moms in Mexico cover their heads and backs no matter the season so that they do not lose their milk supply. There are more people helping you breastfeed here so it makes it easier and you have someone to help and answer questions. *They don't want you to give your baby formula even when you "don't have milk" in the first few days. It can be hard sometimes when you are tired or you are afraid that your baby will starve*.

Depending on the experience of the grandmothers/aunts—some push the formula since they think that the mom does not have the milk the baby needs; but, other grandmothers/aunts tell you that you can feed many babies and it is easy to do. Plus, you should not give a bottle or pacifier. Just breast-feeding when the baby wants to. Some think that you must go through pain, crackled bleeding nipples before the breast feeding gets better. They think *you need to watch the foods in the diet or it can affect the baby*. Even, *getting angry can spoil the milk and make the baby colicky or sick*.

Sometimes, in the USA, there are not many family members so moms do not get to rest like they should and are expected to go to many appointments versus having the doctor or nurse come to the home.

A#4: More rest for moms postpartum so they can focus on the breastfeeding and caring of the baby. Not enough help with regular chores and cooking and caring for the older child. Moms have to go out to appointments too soon and home visits to check on moms and babies. Moms are **expected to return to work way to soon so breast-feeding is a challenge if you have a job that does not support it**. It can be stressful to return to work if the baby does not want a bottle. More staff to speak the mothers (patients) language, so education for the mother (patient) could be understood or adjusted based on our culture.

A#5: Sometimes. Depends on the nurse, staff or doctor. Sometimes they seem to think *their way is the only way and no flexibility* if it is not harmful to the baby or

me. The staff is always nice even when there is a lot of family and friends. Some nurses did seem annoyed but others were very friendly.

A#6: *Chicken soup- it had veggies and chicken so it is healthy* and Avena-to help make more milk. Made sure I ate 2-3 meals with 1-2 snacks. **Lots of fluids-water, milk, juices.** And ***rested during the day.***

A#7: With my first baby, the nurse would not let me keep my baby in the room because she said I was tired and needed to sleep and they would watch her; however, I was very alert after a few hours of sleep and wanted my baby near me in the same room and I had to convince them to let me have her. ***Nowadays, they expect you to have the infant in the room vs. not.*** The Midwife was great and really listened to my needs in labor and postpartum. I was surprised how different my mom was when I came home and she was helpful and calm and caring—***I felt great and had very little to worry about except me/baby.*** I had friends who were lactation consultants who helped me when I got engorged or had concerns about breast-feeding.

I had a job where I could stay off for 5 months and enjoyed that, but would have been nice to stay off longer and not have to do 12-hour shifts.

Women who work in the fields and in fast food restaurants do not have that luxury. If they stay longer, they are financially strapped and do so because childcare is so expensive or they do not have family to help care for them.

A#8: It is expected that you ***rest for 40 days: grandmothers/aunts cook, clean and care for infant-bath, change the diapers. Moms cannot go outside to the "cold" air. And are sometimes kept in the same room and not much light or activity, which can worsen depression if they are sensitive to it.***

A#9: No, unless you need more clarifications/explanations on some of the answers I gave.

Table 2: Interview Information (code matrix)

	Participant A (T)	Participant B (Y)	Participant C (M)	Participant D (A)
ETHNICITY				
Korean		X		
Mexican				X
Chinese			X	
Vietnamese	X			
Needs Met in Hospital				
Foods for Recovery: broth soups, teas eggs, ginger, lighter fare				
Appropriate Rest	X			X
Medical care included cultural postpartum sensitivity	X			
Confident in the medical staffs care?	XX			X
Family support	XX	X		XX
Respected by medical staff	XX			X
Needs met at home				
Foods for Recovery: broth soups, teas, meats, eggs, ginger, lighter fare	XX	XX	XX	XX
Family involvement including childcare and rest	XX			XX
Personal Knowledge of birth countries postpartum culture		X	XX	XX
Cultural Needs Met	XX	X		X
Family support	XX			XX

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