

## PEER REVIEW HISTORY

BMJ Open publishes all reviews undertaken for accepted manuscripts. Reviewers are asked to complete a checklist review form and are provided with free text boxes to elaborate on their assessment. These free text comments are reproduced below.

### ARTICLE DETAILS

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| <b>TITLE (PROVISIONAL)</b> | Dietary habit and lifestyle of postpartum women in South China: A mixed methods research     |
| <b>AUTHORS</b>             | Chen, Wanhe; Zhai, Jinguo; Yuan, Cairu; Liang, Yulian; Lu, Xiaoqin; Guo, Yingui; Yao, Yongzi |

### VERSION 1 - REVIEW

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| <b>REVIEWER NAME</b>                 | <i>Caraher, Martin</i>                         |
| <b>REVIEWER AFFILIATION</b>          | City University London, Centre for Food Policy |
| <b>REVIEWER CONFLICT OF INTEREST</b> | Na   |
| <b>DATE REVIEW RETURNED</b>          | 05-Feb-2024                                    |

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| <b>GENERAL COMMENTS</b> | <p>There is something interesting about this paper and it has potential but it does not deliver on this promise .</p> <p>There are a number of issues which require attention.</p> <p>What is new about this paper, what is it delivering?</p> <p>So if the recruitment was from a 'tertiary' hospital, what impact might this have on recruitment and responses?</p> <p>If this is a mixed methods approach how were these approaches integrated?</p> <p>It is not clear to me what the approach was in respect of the semi-structured interviews with pregnant women and family members, how was this handled?</p> <p>I am a food sociologist and while I understood the issues of beliefs and practices I needed much more detail of these to be set out in the introduction, eg hair washing, month-sitting etc etc. What are the origins of these behaviours? Tell the international reader more about the 'Han ethnic group'?</p> <p>What do the authors mean by 'urban-rural' area??? The following is a non-sequitur 'Multinomial logistics regression showed that long-term residence in the urban-rural area was associated with the specific food consumption.'</p> <p>What was the basis of the purposive sampling? Expand on this so for example 'puerperal experience? What you have listed is inclusion/exclusion criteria not sampling criteria?</p> <p>The details on the questionnaire do not seem to include av piloting with potential users but rely in expert opinion, is this correct?</p> <p>How many respondents with food taboos were randomly selected?</p> |
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|  | <p>How was a food taboo defined??</p> <p>If the interviews were one on one conversations how many, how many were family members? I don't understand how saturation was reached and why further interviews were halted? This would seem to rule out discovering new categories in favour of saturating categories? Having multiple responses in a code is no the equivalent of saturation? What is necessary information? All this gives the impression that codes were pre-determined?</p> <p>What is meant by 'primary caregiver'? Seems strange that there is no question on the advice or information provided at hospital visits.</p> <p>If 4 questionnaire were excluded then does this mean there were 323 used in the final analysis? Amend as necessary in the text and abstract.</p> <p>The presentation of results is confusing as are the headings which need attention eg 2.3 Food considered not to be consumed. There is a lot of presentation of data which is not clear, what is meant by 'ventilate' opening windows, being in the open air, turning on ventilation systems?<br/>What does a 'long time'[lines 213/214] constitute?</p> <p>Surely there should be a section on the influence of primary caregivers [as noted above requiring defining] and immediate family as well as marriage or relationship partners?</p> <p>What do you mean by a certain level of education [eg lines 314/315]</p> <p>What do you mean by the following 'Compared to similar studies abroad, there are more taboos related to meat consumption influenced by cultural factors in foreign populations'?</p> <p>So why in recent years have 'with the rise of traditional Chinese medicine, fumigation with wormwood and washing hair with ginger have become popular among postpartum women', this would seem to go against the grain with the earlier findings on the influence of education??</p> <p>Based on the limitations of this study and the small and regional nature I am not convinced by the recommendations for policy action, this seems a step too far.</p> |
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| <b>REVIEWER NAME</b>                 | <b>Loy, See Ling</b>  |
| <b>REVIEWER AFFILIATION</b>          | KK Women's and Children's Hospital, Department of Reproductive Medicine |
| <b>REVIEWER CONFLICT OF INTEREST</b> | Na  |
| <b>DATE REVIEW RETURNED</b>          | 26-Apr-2024   |

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| <b>GENERAL COMMENTS</b> | Overall, the manuscript provides valuable insights into the postpartum dietary and hygiene behaviors of women in South China, highlighting important cultural and socio-economic influences. However, the presentation of results needs to be clarified and more directly aligned with the discussion text, ensuring consistency and ease of understanding. Additionally, methodological |
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|  | <p>details, including sampling biases and the validation of questionnaires, require further elaboration to strengthen the study's credibility. Enhancing the clarity of the language used and ensuring all references are correctly cited are crucial. Addressing these issues will significantly enhance the impact and reliability of the findings presented.</p> <p>Major comments:</p> <ol style="list-style-type: none"> <li>1. Improve the clarity of results presentation in tables by ensuring consistency between the text and the tables. For example, explicitly correlate the discussion with the exact figures and variables shown in the tables. There was a mention of bananas not appearing in the table 2 despite being discussed creates confusion.</li> <li>2. Clearly reference and number each table when discussing results in the text to avoid confusion, specifically about where the multinomial logistic regression analysis results are displayed.</li> <li>3. Ensure that all influencing factors mentioned in the conclusion are clearly presented and discussed in the results section to maintain continuity and coherence in argumentation.</li> <li>4. Rewrite complex or confusing sentences to ensure clarity and straightforwardness, particularly when explaining statistical methods and results.</li> <li>5. Discuss whether the redesigned diet questionnaire based on MDD-W and the Chinese Food Guide Pagoda was validated.</li> <li>6. Discuss the potential biases introduced by purposive sampling and how they might affect the generalizability of the results.</li> <li>7. Provide a more detailed rationale for the choice of the specific hospital and patient demographics to better understand the impact of the context on the findings.</li> </ol> <p>Minor comments:</p> <p>Address the type of consent obtained (verbal vs. written) and provide a rationale if only verbal consent was used. Include this in the ethical considerations section to ensure the ethical rigour of the study.</p> <p>Provide the internal consistency metrics (e.g., Cronbach's alpha) for the health behavior questionnaire to assess reliability.</p> <p>Ensure all references are correctly cited and linked to the relevant sections or statements (Line 138, 176).</p> <p>Replace term 'composition ratio' with 'percentage' for clarity and ease of understanding (Line 150).</p> <p>Remove analysis methods from the results section (Line 207).</p> <p>Overall, there is a need to enhance the overall English quality in the results section by avoiding long sentences and using clear, concise language. This will help in making the paper more readable and understandable.</p> |
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### VERSION 1 – AUTHOR RESPONSE

**Replies to Reviewer 1 :**

**1. There is something interesting about this paper and it has potential but it does not deliver on this promise. There are a number of issues which require attention. What is new about this paper, what is it delivering?**

**Response:** Thank you for your recognition of our manuscript. Our research team approached

this study with intriguing questions and thorough consideration.

We discovered that postpartum women tend to select specific types of foods to aid in their recovery, influenced by different cultural contexts, beliefs, and practices.<sup>1-2</sup> With this intriguing question in mind, we further found that in South China, most local postpartum women generally do not go out for 42 days after childbirth, a practice known as "sitting the month." During this period, they follow the advice of elders and local customs, including specific dietary restrictions and hygiene practices.

Through our mixed-methods research, the results showed that in South China, there are more taboos related to vegetables and fruits during the puerperium, while there are fewer related to meat. Additionally, we discovered that long-term residence, religious beliefs, household monthly income, and primary caregivers during the puerperium have a significant impact on the dietary and hygiene behaviors of postpartum women in this region. Therefore, we recommend that healthcare workers adapt their educational content to the local context.

Additionally, involving primary caregivers as targets for education is crucial to ensure the effective implementation of evidence-based scientific health education.

Thank you once again for your attention and thoughtful feedback.

References:

1 VB Meyer-Rochow. Food taboos: their origins and purposes. *J Ethnobiol Ethnomed* 2009; 5:18.

2 S Fortin-Miller, B Plonka, H Gibbs, D Christifano, H Hull. Prenatal interventions and the development of childhood obesity. *Pediatr Obes* 2023;18(2): e12981.

2. So if the recruitment was from a 'tertiary' hospital, what impact might this have on recruitment and responses?

Response: Thank you very much for your time to guide this article. Due to differences in medical systems, some concepts may lack clarity. We further elaborated on the concept of "tertiary hospitals" in China, their significance within the healthcare system, and the potential impact on recruitment (Page 6, lines 137-141) as follow:

Tertiary hospitals play a crucial role in providing inpatient care within China's healthcare system. These hospitals are defined as institutions with over 500 beds, indicating high annual delivery rates and a broader spectrum of patient demographics. Therefore, they can provide a sufficient sample size and a wide variety of sample types for this study.

References:

1 L Hu, H Ding, S Liu, et al. Influence of patient and hospital characteristics on inpatient satisfaction in China's tertiary hospitals: A cross-sectional study. *Health Expect* 2020;23(1):115-24.

2 NBOS China. *China Health Statistical Yearbook 2023*. In: China Statistics Press, 2023.

3 Y Li, M Hotta, A Shi, et al. Malnutrition improvement for infants under 18 months old of Dai minority in Luxi, China. *Pediatr Int* 2007;49(2):273-79.

3. If this is a mixed methods approach how were these approaches integrated?

Response: We employed quantitative epidemiological methods, combined with The Minimum Dietary Diversity for Women (MDD-W) and the Chinese Food Guide Pagoda (2022), to design questionnaires and collect data, presenting objective data results from puerperium women. In qualitative research, we used a semi-structured interview approach to delve deeply into the underlying reasons behind the dietary and behavioral practices of postpartum women. Recognizing that factors such as family members and personal attitudes may influence certain aspects, which quantitative methods may not adequately capture, we conducted one-on-one interviews with postpartum women and their primary caregivers to explore perceptions, emotions, and attitudes.

The qualitative research findings not only helped validate the accuracy of our questionnaire design results but also explained reasons for results that contradict traditional customs.

These integrated approaches as the mixed methods approach, have gradually come to be regarded as a mature methodology gradually in current research<sup>1-2</sup>.

References:

1 H Jones, M Seaborne, L Cowley, et al. Population birth outcomes and experiences of expectant mothers during the COVID-19 pandemic in Wales: a mixed methods study. *The Lancet* 2021;398: S57.

2 A Rashid, Y Iguchi. Female genital cutting in Malaysia: a mixed-methods study. *Bmj Open* 2019;9(4): e25078.

4. It is not clear to me what the approach was in respect of the semi-structured interviews with pregnant women and family members, how was this handled?

Response: Thanks for raising this critical issue. We have provided further details on how semi-structured interviews were conducted, including information about the interviewers, locations (Page 7, lines 166-170), how to interview the primary caregivers (Page 7, lines 170-174) and data processing methods (Page 9, lines 237-242).

The semi-structured interview is a fundamental technique in qualitative research. It combines the advantages of both structured and unstructured interviews, offering a balance between predefined structure and flexibility. This method has seen extensive and well-established application across various disciplines, including social sciences, education, and psychology<sup>1-2</sup>.

References:

1 A Martin, S Jamieson. Exploring the experiences of junior doctors who were shielding during the COVID-19 pandemic: a qualitative study of semi-structured interviews. *The Lancet* 2023;402: S68.

2 LM Hamm, KA Boluk, JM Black, S Dai, B Thompson. Phenomenological approach to childhood cataract treatment in New Zealand using semi-structured interviews: how might we improve provision of care. *Bmj Open* 2019;9(1): e24869.

5. I am a food sociologist and while I understood the issues of beliefs and practices, I needed much more detail of these to be set out in the introduction, eg hair washing, month-sitting etc. What are the origins of these behaviours? Tell the international reader more about the 'Han ethnic group'?

Response: Thank you very much for your valuable comments on this manuscript. As you rightly pointed out, considering the cultural differences and specific practices, we have provided further explanations in the introduction regarding these potentially confusing dietary taboos and hygiene practices. We have also included the origins and rationale behind these Han customs. These explanations include:

"sitting the month" means specific dietary habit and life behaviors for at least 30 days after delivery, with the main purpose of preventing "postpartum illnesses" caused by improper care during this period. The cultural practice includes wind avoidance, consuming specific fruits and cold drinks, and refraining from hair washing. In ancient times, it was already a widely accepted and strictly followed practice among women. The exact year when this notion began to emerge is difficult to trace (Page 4, lines 83-92).

References:

S Chakrabarti, A Chakrabarti. Food taboos in pregnancy and early lactation among women living in a rural area of West Bengal. *J Family Med Prim Care* 2019;8(1):86-90.

K Peng, L Zhou, X Liu, et al. Who is the main caregiver of the mother during the doing-the-month: is there an association with postpartum depression? *Bmc Psychiatry* 2021;21(1):270.

Avoiding wind primarily refers to preventing postpartum women from being exposed to moving air, such as indoor air circulation caused by open windows or the breeze from fans. In traditional Chinese medicine, wind is considered one of the six factors that cause disease. It can invade the body through the meridians, leading to illness (Page 4, lines 94-98).

Reference:

M Dashtdar, MR Dashtdar, B Dashtdar, K Kardi, MK Shirazi. The Concept of Wind in Traditional Chinese Medicine. *J Pharmacopuncture* 2016;19(4):293-302.

No cold drinks or fruits: According to traditional Chinese medicine, a woman's body is considered to be in a 'cold' state postpartum. Therefore, 'hot' foods are usually recommended. Consuming cold drinks or fruits are believed to exacerbate the 'cold' condition and disrupt the balance between hot and cold (Page 4-5, lines 98-102).

Reference:

D Fok, IM Aris, J Ho, et al. A Comparison of Practices During the Confinement Period among Chinese, Malay, and Indian Mothers in Singapore. *Birth* 2016;43(3):247-54.

Additionally, to provide a better reading experience for international readers, we have included a section that introduces the South China region. This section explains the necessity of investigating region-specific foods mentioned in the results (Page 5, lines 119-123).

We hope these additions help readers better understand the context and findings of our study. Once again, thank you for your valuable suggestions.

6. What do the authors mean by 'urban-rural' area??? The following is a non-sequitur 'Multinomial logistics regression showed that long-term residence in the urban-rural area was associated with the specific food consumption.'

Response: Thank you so much for your feedback. Following your suggestion, we have replaced the term 'urban-rural' area with 'urban-rural fringe'. Hope that this change will help better convey the article's content.

Furthermore, we have provided an explanation for 'urban-rural fringe' (Page 5, lines 124-129): The urban-rural fringe occurs at the interface between rural and suburban regions, manifesting characteristics of both rural urbanization and suburbanization. Due to the disparities in urban and rural development, this region exhibits significant differences in disease incidence and lifestyle habits compared to other areas. Additionally, the interdependence between urban and rural areas in this region often results in higher added value for agricultural products. Within this region, a convergence of rural and urban elements leads to higher added value for agricultural products.

Reference:

1 F Changchun, H Yizhou. urban-rural fringe. In: Chen Kuiyuan, ed. *Encyclopedia of China: Encyclopedia of China Publication House, 2023.*

2 H Lin, H Ren. The Influence of Interpersonal Behaviors and Population Density on Grip Strength of Elderly People: An Analysis of the Direct vs. Indirect Effects via Social Participation. *Front Public Health* 2021; 9:755695.

3 J Chang, Q Deng, M Guo, et al. Trends and Inequalities in the Incidence of Acute Myocardial Infarction among Beijing Townships, 2007-2018. *Int J Environ Res Public Health* 2021;18(23).

7. What was the basis of the purposive sampling? Expand on this so for example 'puerperal experience? What you have listed is inclusion/exclusion criteria not sampling criteria?

Response: Dear reviewer, thank you for your careful reading and providing more detailed suggestions for this article. Besides listed the inclusion/exclusion criteria, we also have supplemented the basis of purposive sampling and further improved section 1.2 (Page 6, lines 133-136)

8. The details on the questionnaire do not seem to include av piloting with potential users but rely in expert opinion, is this correct?

Response: We sincerely appreciate your inquiries as they contribute to clarifying the questionnaire's details and enhancing the rigor of our manuscript.

The questionnaire did not solely rely on expert opinions. Prior to formal distribution for data collection, we conducted a pre-survey among 25 eligible women, incorporating their feedback

to refine the questionnaire. Consequently, we have increased the number of postpartum participants involved in the pre-survey within the manuscript. Additionally, we have provided a report on the outcomes of the pre-survey and the modifications made to the questionnaire (Page 6, lines 151-156). We sincerely apologize for any confusion this may have caused you.

9. How many respondents with food taboos were randomly selected? How was a food taboo defined??

Response: Dear reviewer, thank you very much for your careful review and sincere suggestions on our manuscript. Firstly, the postpartum women we recruited all have dietary taboos. Dietary taboos are very common for these women. Food taboos refer to a concept where certain foods are prohibited or restricted from consumption due to traditional beliefs or group culture (Page 4, lines 73-78). Due to significant individual differences, it is currently not feasible to accurately quantify this concept with statistical method. We understand that quantifying the survey results would improve the readability of the article.

However, it appears that using the avoidance of one or more types of food as an indicator, or considering specific foods not consumed within major food categories as an indicator, may lack sufficient scientific basis. Therefore, similar to most studies, we can only report results through cross-sectional surveys using the percentage of specific food consumption tendencies. This reflects the presence of food taboos within the studied population. This is also the point of interest in our research.

Reference:

F Iradukunda. Food taboos during pregnancy. *Health Care Women Int* 2020;41(2):159-68.  
M Douglas. *Purity and Danger: An Analysis of Concepts of Pollution and Taboo*. 1st Edition, ed. London: Routledge 2022:208.

10. (1) If the interviews were one on one conversations how many, how many were family members? (2) I don't understand how saturation was reached and why further interviews were halted? This would seem to rule out discovering new categories in favour of saturating categories? (3) Having multiple responses in a code is no the equivalent of saturation? this gives the impression that codes were pre-determined? (4) What is necessary information?

Response: Thank you for your insightful suggestion. To facilitate answering your questions and making revisions to the article, we have categorized your suggestions into separate points. When responding, we may reposition certain sentences.

(1) In this study, a total of 11 participants underwent semi-structured interviews, including six pregnant women and five family members participated. (Page 16, lines 299-300).

(2) The concept of saturation was originally developed by Glaser and Strauss (1967) as part of their influential grounded theory approach to qualitative research.<sup>1</sup> Despite its origins in grounded theory, saturation is also applied in many other approaches to qualitative research. It is often termed data saturation or thematic saturation and refers to the point in data collection when no additional issues are identified, data begin to repeat, and further data collection becomes redundant.<sup>2-3</sup>

References:

1 BG Glaser, AL Strauss. *The Discovery Of Grounded Theory: Strategies For Qualitative Research*. *Nurs Res* 1967;3(2).

2 Kerr C, Nixon A, & Wild D (2010). Assessing and demonstrating data saturation in qualitative inquiry supporting patient-reported outcomes research. *Expert Review of Pharmacoeconomics & Outcomes Research*, 10, 269–281.

3 Hennink MM, Kaiser BN, Marconi VC. Code Saturation Versus Meaning Saturation: How Many Interviews Are Enough? *Qual Health Res*. 2017 Mar;27(4):591-608.

(3) Thematic Analysis Methodology<sup>1</sup> Employed in This Study:

① Preliminary Reading and Familiarization: Researchers thoroughly read all the data to become familiar with the content and to preliminarily identify potential themes and concepts.

②Creation of Initial Codes (Nodes): In NVivo, nodes represent the manifestation of codes. Researchers create initial nodes based on their preliminary reading and familiarization with the data. ③Theme Development (Coding): Through inductive analysis, researchers derive themes directly from the coded data, ensuring that the identified themes are closely linked to the original data and reflect the entire dataset. ④Theme Review and Refinement (Theme Development): Researchers repeatedly review the codes and nodes to ensure accuracy and consistency. This process may involve merging, splitting, or redefining nodes as necessary. Hence, the codes are not predetermined but are extracted from the actual data. Each identified theme in NVivo is represented by specific nodes and is supported by data.

Reference:

1 Kiger ME, Varpio L. Thematic analysis of qualitative data: AMEE Guide No. 131. *Med Teach*. 2020 Aug;42(8):846-854

(4) Prior to conducting the interviews, we prepared an interview guide based on a conceptual framework derived from a literature review and group discussions. The specific questions during the interviews were guided by this framework. Essential information included: "What are the sources of dietary behavior taboos related to your puerperium?" "What dietary habits do you practice/are aware of?" "What is your personal attitude towards these dietary and hygiene behavior taboos?" "What hygiene practices do you follow/are aware of during the puerperium?" and "What support did you receive/provide during the puerperium?" The necessary information has been supplemented in the text (Page 8, lines 214-219)

11. What is meant by 'primary caregiver'? Seems strange that there is no question on the advice or information provided at hospital visits.

Response: "Primary caregiver" refers to the person who is mainly responsible for taking care of someone, in this context, the postpartum women and newborns. This person provides most of the day-to-day care and support during the postpartum period. The primary caregiver could be a spouse, family member, or professional caregiver. Additionally, they would accompany the mother during hospital visits or postpartum check-ups, providing help and support. The yuesao mentioned in this study is a maternity matron who specializes in caring for mother and newborn infant. (Page 4, lines 86-88)

In the Han culture, women are deeply influenced by Confucian values of harmony and respect for elders. Despite occasional questioning, they mostly adhere to their parents' opinions. Meanwhile, in hospitals, due to busy work schedules and patient-centered practices, although there is awareness of the influence of primary caregivers, further education on this matter is rarely conducted. (Page 16, lines 431-433)

12. If 4 questionnaires were excluded then does this mean there were 323 used in the final analysis? Amend as necessary in the text and abstract.

Response: Thank you for your valuable feedback. A total of 327 questionnaires were distributed in this survey, all of which were actually retrieved, with 4 questionnaires being excluded due to short time or incomplete information in the questionnaire. Therefore, a total of 324 questionnaires were included in the final analysis. We have made corresponding modifications to the main text (Page 10, Lines 260-261) and abstract section as per your suggestions.

13. The presentation of results is confusing as are the headings which need attention eg 2.3 Food considered not to be consumed.

Response: Dear reviewer, we have restructured the research findings and improved their presentation. Furthermore, we have adjusted the headings to better match our intended content:

2 Results (Page 10, Line 255)

2.1 Results of quantitative data (Page 10, Line 256)



2.1.1 General information of study participants (Page 10, Line 257)

2.1.2 Postpartum women food consumption tendency and influence factors (Page 11, Line 267)

2.1.3 Postpartum women health related behavior and influence factors (Page 14, Line 282)

2.2 Qualitative data results (Page 16, Line 298)

Thanks for your valuable suggestions, and we hope that our revisions will make the article clearer and easier to understand.

14. There is a lot of presentation of data which is not clear, what is meant by 'ventilate' opening windows, being in the open air, turning on ventilation systems?

Response: We want to refer 'ventilate' to the circulation of air indoors, achieved through natural convection from open windows or the use of fans to create airflow. To avoid ambiguity and repeated explanations, we will uniformly replace relevant expressions with "room ventilation," which will be explained in the Introduction (Page 4, Line 94-98).

15. What does a 'long time'[lines 213/214] constitute?

Response: Thank you for your insightful suggestion. Regarding the term "longtime" used in the manuscript, we intended to convey long-term residency in a particular location, specifically investigating the influence of residency during the perinatal period on postpartum dietary and hygiene behaviors. Due to potential ambiguity in language expression, to ensure clarity and consistency throughout the manuscript, we have conducted a thorough review and replaced instances of "longtime" with different forms of "resident." We sincerely appreciate your valuable feedback. We deeply apologize for any confusion caused by the inappropriate expression in that regard.

16. Surely there should be a section on the influence of primary caregivers [as noted above requiring defining] and immediate family as well as marriage or relationship partners?

Response: Thank you very much for your thoughtful revisions and sincere suggestions. Our research team unanimously agrees that your recommendations are indeed effective and correct. Your suggestion to expand the discussion of primary caregivers in the manuscript will further elucidate their impact on the study population. We have thoroughly analyzed and summarized the relevant data and studies for this section, and have provided additional insights in the Discussion (Page 20, Line 431-442).

17. What do you mean by a certain level of education [eg lines 314/315]

Response: Thank you for your editorial suggestions. We apologize for the deficiency in this expression. In the context of Chinese language usage, "a certain level of education" generally refers to the completion of "Nine-year compulsory education" (junior high school graduation). The Nine-year compulsory education is a standardized implementation of the education system in China, representing a fundamental public welfare initiative that must be guaranteed by the state. However, based on the findings of our study, our team unanimously agrees that modifying this description to "having received higher education (including undergraduate and above degrees)" would better suit the context (Page 19, Line 390).

18. What do you mean by the following 'Compared to similar studies abroad, there are more taboos related to meat consumption influenced by cultural factors in foreign populations'?

Response: We're sorry if the previous language caused any confusion. The sentence has been reorganized for clarity: "Compared with the studies of other districts, there were fewer taboos on meat consumption in South China" (Page 18, Line 379-380).

19. So why in recent years have 'with the rise of traditional Chinese medicine, fumigation with wormwood and washing hair with ginger have become popular among postpartum women', this would seem to go against the grain with the earlier findings on the influence of

education??

**Response:** Thank you for raising your concerns. We apologize for the contradiction in the statement in the paper. We have noticed the imprecise statement and have provided stronger support for the statement:

The development of traditional Chinese medicine has led to an increasing acceptance of postpartum rehabilitation methods utilizing Chinese herbal medicine, such as wormwood and medicinal ginger (Page 19, Line 411-413).

The application of traditional Chinese medicine techniques in postpartum recovery now often includes herbal patches, acupuncture, and acupoint massage.

**Reference:**

J Zhai, Y Li, J Lin, et al. Chinese herbal medicine for postpartum constipation: a protocol of systematic review and meta-analysis. *Bmj Open* 2019;9(1): e23941.

H Xie, Z Xie, F Luan, et al. Potential therapeutic effects of Chinese herbal medicine in postpartum depression: Mechanisms and future directions. *J Ethnopharmacol* 2024; 324:117785.

**20.** Based on the limitations of this study and the small and regional nature I am not convinced by the recommendations for policy action, this seems a step too far.

**Response:** Dear reviewer, we greatly appreciate your feedback. We understand and respect your perspective. We have decided to remove the policy recommendations section. Instead, we have focused on providing suggestions to inspire healthcare professionals and community workers. Based on this article, we call on healthcare workers to provide postnatal women and primary caregivers with more integrated traditional and evidence based scientific health education and training. Once again, thank you for recognizing our work and for offering practical and effective suggestions (Page 20, Line 443-453).

**Replies to Reviewer 2 :**

**Comments to the Author:**

Overall, the manuscript provides valuable insights into the postpartum dietary and hygiene behaviors of women in South China, highlighting important cultural and socio-economic influences. However, the presentation of results needs to be clarified and more directly aligned with the discussion text, ensuring consistency and ease of understanding. Additionally, methodological details, including sampling biases and the validation of questionnaires, require further elaboration to strengthen the study's credibility. Enhancing the clarity of the language used and ensuring all references are correctly cited are crucial. Addressing these issues will significantly enhance the impact and reliability of the findings presented.

**Response:** Thank you for your valuable comments. We have addressed all your comments and have focused on them. We have tried to do our best for these comments, which have improved our manuscript. If there are any remaining areas that need improvement, we would appreciate your further suggestions.

**Major comments:**

1. Improve the clarity of results presentation in tables by ensuring consistency between the text and the tables. For example, explicitly correlate the discussion with the exact figures and variables shown in the tables. There was a mention of bananas not appearing in the table 2 despite being discussed creates confusion.

**Response:** Thank you for your insightful suggestion. We have completed a thorough review of this study. We have tried our best to ensure that the discussion is closely connected to the specific numbers and variables presented in the table to avoid any inconsistencies between the text and the table. Meanwhile, after double-checking the data, we have removed the "banana" item from the manuscript as you mentioned.

2. Clearly reference and number each table when discussing results in the text to avoid confusion, specifically about where the multinomial logistic regression analysis results are displayed.

Response: We have checked all the citations and table numbers to ensure clear referencing and numbering for each table. Additionally, due to changes in the manuscript, we have adjusted the sorting of the supplementary tables to align with the results discussion. (Page 9, lines 228-232; Page 10, line 264; Page 11, 274; Page 14, line 289, 296)

3. Ensure that all influencing factors mentioned in the conclusion are clearly presented and discussed in the results section to maintain continuity and coherence in argumentation.

Response: Thank you very much for your careful review. We deeply apologize for any inconvenience caused by our mistakes in the work. We have carefully reviewed all the influencing factors mentioned in the discussion section and have cross-checked them with the results section. In the revised manuscript, all the influencing factors mentioned in the discussion section are now presented in the results section.

4. Rewrite complex or confusing sentences to ensure clarity and straightforwardness, particularly when explaining statistical methods and results.

Response: We have made every effort to optimize the language of the manuscript for complex sentences. These modifications seem like not affect the content or structure of the paper, so we did not highlight the revised version. The revised manuscript has been refined by the Medical Language Service Center of at the School of international language at Southern Medical University. Thank you very much for your patient guidance and detailed feedback, which are crucial for improving the quality and readability of our manuscript.

5. Discuss whether the redesigned diet questionnaire based on MDD-W and the Chinese Food Guide Pagoda was validated.

Response: We have supplemented the validity and reliability report for the dietary questionnaire: "The Cronbach's  $\alpha$  coefficient of the questionnaire was 0.899 and the KMO value was 0.849, with  $p < 0.001$ ." (Page 8, lines 197-198) Thank you for your valuable suggestion.

6. Discuss the potential biases introduced by purposive sampling and how they might affect the generalizability of the results.

Response: Thank you for your valuable suggestions. In response, we have incorporated the definition of purposive sampling and pertinent details into the manuscript, supported by specific references. Furthermore, we have defined and reported the inclusion criteria (Page 6, lines 142-148) and provided the sample's characteristics and demographic data (Table 1), enhancing readers' comprehension of its composition. Additionally, measures to mitigate bias were implemented, including transparent communication with respondents regarding the interview component and emphasizing voluntary participation. Notably, data collection was carried out by researchers without prior affiliations with participants (Page 7, lines 169-170). These rigorous quality control procedures effectively minimized selection bias; any impact on result generalization is thoroughly discussed in the "Limitation" section (Page 21, lines 455-461).

7. Provide a more detailed rationale for the choice of the specific hospital and patient demographics to better understand the impact of the context on the findings.

Response: Thanks for your thoughtful suggestion. All comments to improve our manuscript are valuable to us. We further elaborated on the concept of "tertiary hospitals" in China, their significance within the healthcare system, and the potential impact on recruitment (Page 6, lines 137-141) as follow:

Tertiary hospitals play a crucial role in providing inpatient care within China's healthcare system. These hospitals are defined as institutions with over 500 beds, indicating high annual delivery rates and a broader spectrum of patient demographics. Therefore, they can provide a sufficient sample size and a wide variety of sample types for this study.

References:

1 L Hu, H Ding, S Liu, et al. Influence of patient and hospital characteristics on inpatient satisfaction in China's tertiary hospitals: A cross-sectional study. *Health Expect* 2020;23(1):115-24.

2 NBOS China. *China Health Statistical Yearbook 2023*. In: China Statistics Press, 2023.

3 Y Li, M Hotta, A Shi, et al. Malnutrition improvement for infants under 18 months old of Dai minority in Luxi, China. *Pediatr Int* 2007;49(2):273-79.

Minor comments:

1. Address the type of consent obtained (verbal vs. written) and provide a rationale if only verbal consent was used. Include this in the ethical considerations section to ensure the ethical rigour of the study.

Response: We have made the necessary modifications in the ethics section regarding consent types and related explanations. Correction has been made in the revised manuscript (Page 9, Lines 244-246) as follow:

This study involves human participants. All participants have provided written consent at the time of recruitment and verbally confirmed their consent again during qualitative interviews.

2. Provide the internal consistency metrics (e.g., Cronbach's alpha) for the health behavior questionnaire to assess reliability.

Response: Thank you for your valuable feedback, which will greatly enhance the scientific rigor of this article. To demonstrate the internal consistency of the health behavior questionnaire, we have supplemented Cronbach's alpha coefficient in section 1.4.3 (Page 8, Line 206).

3. Ensure all references are correctly cited and linked to the relevant sections or statements (Line 138, 176).

Response: We have carefully verified and revised all the references. By using NoteExpress software, we have double-checked to ensure that all references are correctly cited.

Additionally, we have reviewed all references and related sections to ensure their consistency.

4. Replace term 'composition ratio' with 'percentage' for clarity and ease of understanding (Line 150).

Response: Dear reviewer, thank you for your meticulous review. Your feedback has been extremely valuable in improving the precision and clarity of our wording. We have made corresponding modifications in the revised manuscript (Page 9, line 225).

5. Remove analysis methods from the results section (Line 207).

Response: Dear reviewer, your suggestions are incredibly valuable to us. They will improve the structure and logical flow of the article. We have relocated the data analysis methods from the Results section to the Data Analysis section 1.5 (Page 9, lines 227-232).

6. Overall, there is a need to enhance the overall English quality in the results section by avoiding long sentences and using clear, concise language. This will help in making the paper more readable and understandable.

Response: Thank you for your review and guidance on this manuscript. The revised manuscript has been refined again by the Medical Language Service Center of at the School of

international language at Southern Medical University. And the review manuscript has been confirmed by all the authors.

**VERSION 2 – REVIEW**

|                                      |   |
|--------------------------------------|---|
| <b>REVIEWER NAME</b>                 | <i>Loy, See Ling</i>  |
| <b>REVIEWER AFFILIATION</b>          | KK Women's and Children's Hospital, Department of Reproductive Medicine |
| <b>REVIEWER CONFLICT OF INTEREST</b> | Na  |
| <b>DATE REVIEW RETURNED</b>          | 25-Jul-2024   |

|                         |  |
|-------------------------|--|
| <b>GENERAL COMMENTS</b> | <p>Thank you for addressing those comments. However, some concerns remain unaddressed and few more points required clarity and discussions:</p> <p>Major comments:</p> <ol style="list-style-type: none"> <li>1. The previous comment regarding how purposive sampling might affect the results' generalizability was not adequately addressed. Please discuss this from the perspective of the findings' generalizability for populations in South China.</li> <li>2. The previous comment concerning the rationale for selecting the three hospitals was not addressed. The question was not about selecting a tertiary hospital, but rather, why were these specific three hospitals chosen? Were the hospitals selected randomly, based on location, or were they the only three available?</li> <li>3. Line 106: What unique characteristics distinguish the South China region from other regions of China? Why is there a need to conduct this study in South China? Please include some elaborations in the introduction before describing them in details in the 'Study area'.</li> <li>4. Line 134: Please clarify what you mean by 'perinatal experiences.'</li> <li>5. Line 153: If it has been published, please cite the reference for the validation paper. Which questionnaires are you referring to? Are these the ones described under "Research Tools"? Please clarify. If not, provide the validity criteria and evidence supporting the validation of the questionnaire.</li> <li>6. It is strongly recommend adding a study flowchart to clearly present the sequence of events, from the pre-survey and validation onward. This will offer readers a clearer understanding of the workflow. The current description of the study procedure under 'Research Method' is ambiguous, particularly regarding the sequence of the pre-survey involving 25 women and subsequent interviews. When was the questionnaire administered to the 324 women?</li> <li>7. Table 2: Why were the results concerning monthly household income and home ownership not described and discussed?</li> </ol> |
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|  | <p>8. Table 3: Why were the results regarding monthly household income and village not described and discussed?</p> <p>Minor comments:</p> <ol style="list-style-type: none"> <li>1. Lines 46-48: The sentence reads as if the women are more likely to avoid ventilated rooms. However, with an odds ratio (OR) of 4.496, should it not indicate that they are more likely to use ventilated rooms? Please review and revise the sentence to ensure clarity for the readers. The same applies to line 293.</li> <li>2. Line 54: Remove "All reported results had p-values less than 0.05." The results can be interpreted from the 95% confidence interval (CI).</li> <li>3. Line 171: Please include the interview guides as supplementary material.</li> <li>4. Line 258-261: Please rephrase and replace the term questionnaires using participants. The numbers should refer to the participants instead of the number of questionnaires.</li> <li>5. Lines 358 and 362: For Themes 4 and 5, please add a few quotes from the participants to substantiate the themes.</li> </ol> |
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## VERSION 2 – AUTHOR RESPONSE

### Replies to Reviewer 2 :

Thank you for addressing those comments. However, some concerns remain unaddressed and few more points required clarity and discussions:

**Response:** Dear Reviewer, thank you once again for taking the time and effort to review our manuscript. We are sorry that we did not accurately understand and address some of your comments in the previous revision. After carefully considering your feedback, we have provided detailed responses below. We aim to enhance the professionalism of the article through these modifications. If there are any further improvement, we look forward to your suggestions.

### Major comments:

**1. The previous comment regarding how purposive sampling might affect the results' generalizability was not adequately addressed. Please discuss this from the perspective of the findings' generalizability for populations in South China.**

**Response:** Thank you for your valuable feedback. We appreciate your insight regarding the impact of purposive sampling on the generalizability of our results. We apologize for not addressing this adequately in our previous response.

This result of our study is broadly applicable to the population in Southern China, as the three hospitals selected for purposive sampling are highly representative. We specifically chose tertiary hospitals in urban, rural, and urban-rural fringe areas, considering factors such as geographic location, population, and cultural development levels that could influence the study outcomes. These hospitals are among the top in terms of reputation and capacity in the region, with the annual birth rate ranking among the highest in the regions. Additionally,

99.07% of the participants in our sample long-term residents in South China, making them reflective of the region's dietary and hygiene practices.

Alternatively, the results provide a strong representation of the general postpartum dietary and hygiene practices in the South China population. For example, 58.80% of participants used smoked wormwood and 65.90% bathed with ginger, while 61% consumed pig's trotters with ginger and 75.9% consumed crucian carp soup (See Supplemental material 7). These findings align with the common understanding of practices in this region. Therefore, the findings of this study have significant generalizability for populations in South China. Thank you again for your constructive comments.

2. The previous comment concerning the rationale for selecting the three hospitals was not addressed. The question was not about selecting a tertiary hospital, but rather, why were these specific three hospitals chosen? Were the hospitals selected randomly, based on location, or were they the only three available?

Response: Thanks for your further comments. We are very sorry for the misunderstanding caused in the last revision. The hospitals selected for this study were based on location. The three hospitals located in urban, rural, and urban-rural fringe areas, respectively. These hospitals were chosen based on a comprehensive consideration of factors that could potentially influence the study outcomes, such as geographic location, population, and socioeconomic development levels, ensuring they are the most representative tertiary hospitals for this research. Besides, the selected hospitals are among the top in terms of reputation and capacity in the region, with the annual birth rate ranking among the highest in the regions.

Once again, we appreciate your suggestion, and we have provided further revised in the manuscript (Page 6, Lines 136-142). We hope that our revisions address your concerns and contribute to enhancing the professionalism of the manuscript.

3. Line 106: What unique characteristics distinguish the South China region from other regions of China? Why is there a need to conduct this study in South China? Please include some elaborations in the introduction before describing them in details in the 'Study area'.

Response: Thank you for your valuable suggestions. They have significantly enhanced the readability of our manuscript and provided a clearer rationale for conducting our study in South China. In response, we have added the following statement to the Introduction section (Page 5, Lines 104-113):

In addition to the aforementioned postpartum practices, dietary habits in South China are influenced by Lingnan culture, distinguishing them from those in other regions of China. The cuisine in this area, known as 'Cantonese cuisine', is one of the eight major culinary traditions of China, characterized by a preference for steamed dishes and a sweet flavor profile. 1 Cantonese slow-cooked soup (CSCS) is popular in Guangdong, China, and is consumed by Cantonese people worldwide as a delicious appetizer. 2 Furthermore, the temperate and subtropical monsoon climate in this region affects the primary agricultural products, which differ from those in other parts of China. Rice is the staple food in South China, with lychees and longans being notable local fruits.

References:

1 C Sun, WS Zhang, CQ Jiang, et al. Association of Cantonese dietary patterns with mortality risk in older

Chinese: a 16-year follow-up of a Guangzhou Biobank cohort study. *Food Funct* 2024;15(8):4538-51.

2 Y Liu, Q Liu, P Li, et al. Plants traditionally used to make Cantonese slow-cooked soup in China. *J*

*Ethnobiol Ethnomed* 2018;14(1):4.

In conclusion, the significant differences in postpartum dietary culture and lifestyle habits

between South China and other regions of China are the primary reasons we chose to conduct this study in South China.

4. Line 134: Please clarify what you mean by 'perinatal experiences.'

Response: Thank you for your thorough review. The term 'perinatal experience' was added based on the revision suggestions of another reviewer. This is an established professional term that has been used in numerous studies and is supported by relevant review articles. A review presents perinatal experience across eight dimensions: women's experiences of the perinatal period - the woman as unique individual, the woman as active participant in care, the responsiveness of maternity care and health services, the lived experience of being pregnant, giving birth and the postpartum period, communication and relationships with care providers, information and childbirth education, support from social environment and societal influence.<sup>1</sup> Additionally, Cathryn Ellis and colleagues have developed a specific tool, the Perinatal Experience Assessment Tool (PEAT) 2, for assessing these experiences.

References:

1 M Vogels-Broeke, PR de Vries, M Nieuwenhuijze. Validating a framework of women's experience of the perinatal period; a scoping review. *Midwifery* 2021;92:102866.

2 C Ellis, CP Larson, F Bicaba, et al. Measurement of self-reported, facility-based labour and birth experiences: The Perinatal Experience Assessment Tool (PEAT). *J Glob Health* 2022; 12:4103.

5. Line 153: If it has been published, please cite the reference for the validation paper. Which questionnaires are you referring to? Are these the ones described under "Research Tools"? Please clarify. If not, provide the validity criteria and evidence supporting the validation of the questionnaire.

Response: Dear Reviewer, we are pleased to receive your further comments. The questionnaire used in this study is not a previously published one. Instead, it was developed by referencing several studies and incorporating the expert panel's opinions, guided by The Minimum Dietary Diversity for Women (MDD-W) and the Chinese Dietary Pagoda. The validity and reliability of the questionnaire have been reported in the manuscript (Page 8, Line 205-206 & 213-214).

The Minimum Dietary Diversity for Women (MDD-W) 1-2 was developed by the Food and Agriculture Organization of the United Nations (FAO) as a key dimension of diet quality for women of reproductive age. Since the indicator was launched in 2015, 55 countries have collected MDD-W data for research or impact assessment.

The Chinese Food Guide Pagoda (2022)<sup>3</sup> visual representation of the Chinese residents' balanced diet pagoda adheres to the principles of a balanced diet and embodies the ideal nutritional composition of basic food.

References:

1 BM Tufts University. Minimum Dietary Diversity for Women (MDD-W). In. 2.0. (2023) ed, 2023.

2 FAO. Minimum Dietary Diversity for Women: A Guide for Measurement. In: Rome: FAO, 2016.

3 CN Society. Revision and interpretation of Chinese Food Guide Pagoda (2022). In. The Chinese Dietary Guidelines. Beijing, 2022.

Thank you once again for raising this concern. Based on your suggestions, we have added citations for the sources of the tool, including official websites and guidelines in "Research Tools" (Page 8, Lines 191&198). We hope this would enhance the readability and rigor of the manuscript.

6. It is strongly recommend adding a study flowchart to clearly present the sequence of



events, from the pre-survey and validation onward. This will offer readers a clearer understanding of the workflow. The current description of the study procedure under 'Research Method' is ambiguous, particularly regarding the sequence of the pre-survey involving 25 women and subsequent interviews. When was the questionnaire administered to the 324 women?

**Response:** Thank you for your detailed suggestions. We recognize that the wording in this section may have caused confusion for readers. To address this, we have revised and further streamlined the language in this passage (Page 7, Lines 160-170):

A pre-survey with 25 postpartum women was conducted to validate the questionnaire's design and content and to ensure clarity. Feedback from this pre-survey led to adjustments, including the addition of food aliases. The refined questionnaire was subsequently administered to 327 women for formal data collection. Participants completed the questionnaire on the spot using the Questionnaire Star app ([www.wjx.cn](http://www.wjx.cn)), which prevented submission of incomplete responses. Following data collection, respondents with food taboos or puerperium-related health behavior, or their primary caregivers, were invited for further semi-structured interviews. During the pre-survey, researchers received standardized training to ensure they have sufficient research or interview skills. A flowchart illustrating the sequence of events is provided in Supplemental Material 1.

Since our manuscript already includes the maximum of 5 figures or tables as required by the journal, we have placed the flowchart in the Supplemental Material. However, we would be grateful for any better suggestions or further modifications you might have.

**7. Table 2: Why were the results concerning monthly household income and home ownership not described and discussed?**

**Response:** Thank you for your thoughtful observation regarding Table 2. We acknowledge the statistical significance of the results related to monthly household income and primary residence after childbirth. As our study is a mixed-methods (quantitative and qualitative research) research with a limited word count, we had to make difficult decisions about which findings to include in the main text. Given that the manuscript already exceeds the publisher's word limit, we opted not to expand further on these particular results to maintain focus on the most critical aspects of our study. However, we fully understand the importance of these findings and would be happy to provide a detailed discussion in our response letter. We greatly appreciate your understanding and the opportunity to clarify these points.

Women with a monthly household income of 8,000-10,000 yuan were less likely to consume persimmons (OR 0.391, 95% CI 0.183-0.834) and watermelon (OR 0.460, 95% CI 0.251-0.844). They have more options to access high-quality foods and nutritional supplements and may choose foods that are widely considered more beneficial for postpartum recovery. Women who stay at home during their postpartum period are more likely to consume persimmons (OR 5.099, 95% CI 1.042-24.949) compared to those who stay in postpartum care centers. This may be because postpartum care centers tend to avoid using persimmons to adapt to local customs and reduce potential complications.

**8. Table 3: Why were the results regarding monthly household income and village not described and discussed?**

**Response:** Thank you for your careful reading and comments. Similar to Comment 7, we will provide a discussion of the relevant results here:

Residents in rural areas are more likely to consume crucian carp soup (OR 2.092, 95% CI 1.022-4.282) compared to those in urban areas. This may be related to the availability of fresh crucian carp in rural areas. Individuals with a monthly household income of 4,000-5,999 yuan are more likely to avoid eating crucian carp soup (OR 0.228, 95% CI 0.099-0.527). This may be associated with the frequent flood disasters and scorching heat in South China that year,<sup>1</sup> which led to an increase in fish prices. Additionally, women with a monthly household income

of 4,000-5,999 yuan are more likely to take baths (OR 0.228, 95% CI 0.099-0.527). This may be because they are accustomed to frequent bathing and consider it a necessary means to maintain comfort and health. In contrast, higher-income households may have more alternative methods (such as professional care or medications) to ensure the comfort of the postpartum women.

References:

1 T May. Extreme Weather Hits China with Massive Floods and Scorching Heat. In. The New York Times, 2022.

Minor comments:

1. Lines 46-48: The sentence reads as if the women are more likely to avoid ventilated rooms. However, with an odds ratio (OR) of 4.496, should it not indicate that they are more likely to use ventilated rooms? Please review and revise the sentence to ensure clarity for the readers. The same applies to line 293.

Response: Thank you very much for your thorough review and valuable comments on our manuscript. Your suggestions are indeed accurate. We intended to convey that women resided in urban-rural fringe are more likely to use ventilated rooms compared to those resided in urban areas. However, in our effort to integrate this point with the results on "hair washing" the expression became ambiguous. We sincerely apologize for any confusion caused to you due to our linguistic inadequacies.

To clearly convey our results, we have revised the sentence as follows (Page 2, Lines 47-48): "Multinomial logistics regression revealed women resided in urban-rural fringe were more likely to use ventilate rooms (OR 4.496, 95% CI 2.363-8.552) and avoid hair washing (OR 0.345, 95% CI 0.159-0.749) compared to urban residents. "

Additionally, we have made the same revision in (Page 14, Lines 290-293). Thank you for your inquiry and thorough suggestions for modification.

2. Line 54: Remove "All reported results had p-values less than 0.05." The results can be interpreted from the 95% confidence interval (CI).

Response: Thank you for your professional advice. It seems we over complicated the issue during our last revision. The sentence in question appeared redundant and unprofessional. We have now removed it from abstract. We appreciate your expertise in helping to improve the quality of this manuscript.

3. Line 171: Please include the interview guides as Supplemental material.

Response: Thank you for your further advice. We have included the interview guides as Supplemental material 2.

4. Line 258-261: Please rephrase and replace the term questionnaires using participants. The numbers should refer to the participants instead of the number of questionnaires.

Response: Thank you for your suggestion. We have incorporated your feedback and made revisions to the relevant sentences, which are now presented as follows (Page 10, Lines 258-260):

"In this survey, a total of 327 participants were recruited. However, 4 participants were excluded due to insufficient response time or incomplete information. Therefore, the final analysis included data from 324 participants. "

5. Lines 358 and 362: For Themes 4 and 5, please add a few quotes from the participants to substantiate the themes.

Response: Thank you for your suggestion. Considering that Themes 4 and 5 did not have subcategories and due to length constraints, we did not add a few quotes from the

participants in the previous version. However, this might have made the structure of the article appear lacking. We have now included the necessary quotes in the appropriate sections.

Selected participant quotes illustrating Theme 4 (Page 18, Lines 361-362):

M3 & M6 & F1 "... listen to Yuesao's suggestion...."

M2 "Mainly listen to the doctor's opinion, rarely from some media or friends..."

Selected participant quotes illustrating Theme 4 (Page 18, Lines 366-369):

M2 "My friends who gave birth would help me out."

M4 & M5 & F2 "My mother-in-law/ My mother would assist us in caring for the newborn..."

M3 & M6 & F1 " We hired Yuesao to help..."