Bodies in Transition: Postpartum Practices, Care Work and Parenting Discourses in Hong Kong

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Abstract

This paper examines the Chinese postpartum practice of *Zuo yuezi* (ZYZ or "sitting the month") in Hong Kong as a socially organised domain of care, authority and maternal identity-making. Drawing on ethnographic fieldwork undertaken between 2021 and 2023, including narrative interviews with 18 mothers (and some of their family members, care workers and representatives of the postpartum goods and services industry), I analyse how postpartum recovery is organised, interpreted and managed under contemporary household conditions. This paper presents three main findings. First, ZYZ is best understood as practice-based and constantly negotiated rather than a fixed cultural script. Second, postpartum authority is constructed through a polycentric knowledge ecology that involves family elders, paid carers, healthcare workers, digital media and commercial infrastructures. Third, infant feeding is a key site where maternal identity and moral expectations converge, especially through the organisation of pumping and the labour required to ensure that the baby is fed. I argue that ZYZ is not simply a tradition and that postpartum care in Hong Kong is not a private health matter, but a socially organised and uneven field through which care routines, legitimacy and good mothering and care are made and judged.

Keywords: postpartum, *zuo yuezi*, sitting the month, care work, maternal identity

Introduction

Postpartum care is widely recognised as essential to maternal wellbeing, yet its lived experiences are often narrowly framed within biomedical discourses that prioritise maternal mental health and breastfeeding outcomes (Adams et al., 2023; Zamani et al., 2025). The postpartum period is not only a critical time for physical and emotional recovery but it is also a deeply sociocultural and politically regulated phase. It marks a transition in familial roles, the reconfiguration of kinship networks and the negotiation of care responsibilities. The convergence of social actors at the birth of a new baby (mothers, family members, caregivers and health professionals) reveals how postpartum life is governed through both intimate and public mechanisms of surveillance and control (Foucault, 1978; Lan, 2006).

These dynamics reflect broader societal discourses around motherhood, gender and care, where maternal bodies are managed through authoritative knowledge and moral economies. Drawing on van Gennep's (1960) model of rites of passage and Turner's (1969) concept of liminality, postpartum can be read through phases of separation, liminality and reincorporation into a woman's new reconfigured position within kinship networks, actively managed through routines. Interpreted through a life-course lens, the postpartum month is an important time of life which can inform later practices of health and care work, and the shaping of maternal and family identities.

Postpartum traditions across cultures reflect deeply embedded beliefs about maternal recovery, infant care and social reintegration after childbirth (Dennis et al., 2007; Eberhard-Gran et al., 2010). The threshold period of transition for a woman to rest, eat and manage her body, demonstrate that postpartum customs are not just "beliefs" but practical and symbolic technologies that help families manage a state of vulnerability and change, while keeping household life coherent. Even with the remarkable diversity in practice and duration from a few days to several weeks, there are shared understandings that the postpartum body as vulnerable, imbalanced and in need of structured protection. This paper treats postpartum practices with a focus on the Chinese practice of "sitting the month" (*Zuo yuezi*) as a set of practices through which a life stage change is made livable under specific household conditions and in the context of Hong Kong's unique sociopolitical and spatial dynamics.

Zuo yuezi (ZYZ) has been documented for over two millennia, with references in classical medical texts from the Han and Song dynasties that codified postpartum recovery through rest, warmth, dietary regulation and behavioural restrictions (Ding et al., 2018; Furth, 1987; 1999). Rooted in Traditional Chinese Medicine (TCM) frameworks, ZYZ is premised on restoring balance to the maternal body after the depletion of qi and blood in childbirth, rendering the body as deficient ("*xu*") in order to safeguard against external pathogenic influences such as "wind" and "cold" (Liu et al., 2015; Raven et al., 2007). The medical-cultural logic underpins many of the prescriptions that remain widely recognised today. Commonly reported practices include consuming warming foods which include ingredients such as chicken, ginger and herbal soups, refraining from cold or raw foods, refraining from bathing and limiting physical exertion and in some accounts, restriction bathing or hair washing to avoid chills (Ding et al., 2018).

Hong Kong's care landscape is profoundly shaped by transnational labour, primarily from the Philippines and Indonesia (Hong Kong SAR Government, 2025). The legally mandated live-in arrangement for migrant domestic workers embeds paid care within the intimate sphere of the home that reshapes the organisation of household labour and infant care, especially during

the postpartum period. Families may also employ postpartum nannies ("*pui yuet*" or month's company) who are engaged for day (8 hours) or 24-hour support on a temporary basis. These roles may overlap with those provided by kin (women's mothers and mothers-in-law) where tasks such as cooking postpartum recovery foods, maternal hygiene work, infant care and feeding, other domestic work, could be shared or divided depending on the nature of the task. Such layered and overlapping spheres of care and domestic work produce quasi-kinship bonds ("like family") yet remain structured by classed, gendered and racialised hierarchies. They also raise practical questions of coordination on who decides, who trains whom, who is "the expert", that are central to everyday postpartum negotiation.

Conflict within households during the postpartum month, especially around who controls food, rest and infant care, appears repeatedly in the literature, with mothers-in-law often positioned as custodians of tradition, sometimes in tension with the woman's preferences or medical guidance (Lam et al., 2012; Leung et al., 2005). Feeding decisions in Hong Kong also reflect a locally pragmatic orientation. While dietary rules informed by Traditional Chinese Medicine (TCM) remain, women negotiate these with biomedical advice on wound care, hygiene, nutrition, infant feeding and early ambulation, producing hybrid regimes that are rationalised both culturally and clinically (Liu et al., 2015; Raven et al., 2007). Despite these insights, Hong Kong-specific studies remain relatively fragmented. Much of the existing work emphasises on health outcomes or family conflict without following the day-to-day organisation of care within households that combine kin and paid labour, nor do they systematically examine how mothers allocate authority across biomedical, TCM and experiential sources when deciding on diet, rest, hygiene and feeding that require more ethnographic attention. This paper provides three main findings from my doctoral research.

Research Questions

The main aim of my thesis is to explore the postpartum practices and meanings of "sitting the month" (ZYZ) by new mothers in Hong Kong society, examined through the organisation of care work. I aim to answer the three main research questions:

1. How do Chinese mothers in Hong Kong interpret and practise "sitting the month" in the postpartum period? How is postpartum care work organised by women and their families, and how are these negotiated among women and their support networks?
2. How are postpartum practices influenced by the different systems of knowledge, the postpartum care industry and socioeconomic considerations?
3. How do women make decisions on infant feeding practices and how do these shape transnational discourses on motherhood, health and parenting?

Methods

I adopt an ethnographic framework in guiding my research design, methods of data collection and analysis, in examining how postpartum health practices and knowledge are constructed within family and caregiving contexts (Hammersley & Atkinson, 2019). My research design integrates three complementary methods: 1) narrative interviewing, 2) a post-interview questionnaire, and 3) participant observation at a postpartum nanny training centre, which altogether generated rich, layered data. I used snowball sampling to approach informants through personal networks and via introductions by gatekeepers at community centres, schools and nurseries in the local area. Following the interviews, the women were asked to complete a post-interview questionnaire for demographic profiling to collect data that could be uneasy to verbalise and sensitive to discussion during an interview. The socioeconomic status (SES)

scores are then ordinally assigned given that the questionnaire data were categorical, making fine-grained numeric scales impractical (Hall & Xing, 2017).

Fieldwork was conducted between 2021 to 2023. I recruited mothers who had given birth in the previous 12 months, allowing flexibility for the women to take part. The interviews were largely unstructured but were guided by the narratives by the women to share about their childbirthing, postpartum and feeding experiences, noting how the women's narratives are shaped. Subject to the availability of the women's family members and their willingness to take part, the women's husbands, mothers, mothers-in-law, and other siblings and family elders in the extended family were also invited to be interviewed. I also interviewed health workers (both working in "Western medicine" and "Chinese medicine"), postpartum nannies, domestic workers and providers in the postpartum goods and services industry. In total, 18 women were interviewed, together with nine of their family members, four healthcare professionals, four postpartum nannies, one domestic helper and four representatives of the postpartum goods and services industry.

As a Hong Kong-born, UK-affiliated researcher and mother whose children share the spaces in the same community as my informants, my positionality shaped every stage of the research process. I occupied a fluid insider-outsider position who marks me culturally familiar with the context and language, yet also distanced by time, geography and academic training. This dual positioning facilitated building rapport with participants, particularly in the shared experiences of motherhood and language. Interviews were conducted in Cantonese, English, or a mix of both, depending on our initial engagement and the participants' backgrounds. Translanguaging was common, and I remained attentive to how meaning was constructed across linguistic boundaries. Transcripts were translated into English for analysis, with care taken to preserve tone and nuance.

Main Findings

This section presents three interrelated findings on postpartum care in Hong Kong based on my ethnographic fieldwork. First, it shows that ZYZ is best understood as practice-based and constantly negotiated rather than a fixed cultural script. Second, it argues that postpartum authority is constructed through a wider knowledge ecology involving a myriad of social actors: the women's elders, helpers, nannies, peers, clinicians to digital media and industry. Third, it shows that infant feeding decisions emerge as a key site where maternal identity and moral expectations converge. My findings show that postpartum care is not simply a private health matter or a static inherited tradition, but a socially organised domain of care and authority and identity-making site.

Sitting the Month Is Practice-Based

Drawing on Bourdieu's practice theory (1977), I introduce ZYZ as a field of practical action in which women and their households assemble "good postpartum care" through routines and improvisations. It is practice-based and not enacted as a fixed rulebook. Across women's accounts, postpartum routines were shaped less by strict adherence to a stable tradition, but more by ongoing efforts to make recovery manageable under the conditions of everyday family life. I approach ZYZ as a social practice composed of materials, competences and meanings assembled in situ (Shove et al., 2012), sustained by *durable dispositions*, yet open to various strategies and improvisation in what Swidler (1986) terms a repertoire of habits, skills and styles that organise action. I organise the analysis through four empirical dimensions: authority

and legitimacy, labour, materials and medical logics and temporal sequencing. This approach made it possible to explore what women said they believed and instead examine how postpartum was organised through dietary, rest, hygiene and mood management, and translated into everyday routines within specific households.

The first dimension through which ZYZ was organised concerned authority and legitimacy. Across women's accounts, authority did not emanate from a single source, but was distributed across family elders, hired carers, medical advice and the women's own practical judgements. The experiences of Lisa (37 years old, high SES household) illustrate this clearly. In her household, Lisa's postpartum recovery care and the decisions about the baby's comfort were shaped by overlapping forms of authority rather than a settled rule. As she explained, the baby was an "air-con baby", whose rash was better managed with the air-con on, "but then my mum thinks the baby will find it easy to "catch a cold", so sometimes we will turn the air-con on then off." Postpartum authority emerges not as a singular instruction but as a practical negotiation between Lisa and her mother's judgement. The air-con becomes a small but revealing site in which different understandings of proper care are brought into relation.

Another case illustrated how authority is negotiated but via more extreme interactions. Carol (34 years old, low SES household) recalled her mother-in-law's involvement as a regime of restriction with "no vegetables, no water or fruit… no shower" before concluding that her mother-in-law "needed to be in-charge". Carol described her mother-in-law's involvement as overtly disciplinary and left her repeatedly in tears during ZYZ. Authority was not simply advice or practical help, but a way to control over the terms of postpartum recovery, made complicated in tight living spaces as Carol and her mother-in-law cohabitated. These two accounts illustrate that authority in postpartum care was not reducible to tradition or a single household actor, but assembled relationally through multiple claims to expertise under specific household conditions.

The second dimension is labour which is not distributed evenly across participants in the postpartum household. Rather than just "help" women's accounts revealed a hierarchy of labour in which baby- and mother-facing tasks were privileged, while more routine domestic work was pushed into the background. This hierarchy is evident in the way postpartum nannies described their own work. As Nanny Summer put it, "Eight hours straight, I don't stop at all". The force of this statement lies not only in its description of busyness, but it suggests the intensity and continuity of postpartum care. The care needed from feeding, bathing, soothing to preparing foods and monitoring the recovery were not discrete jobs but all part of a compressed and demanding labour regime. Nanny Summer's account suggests that a postpartum nanny's work appears as specialised and mother-baby facing, requiring both embodied skill and constant attentiveness.

Another key postpartum worker is the domestic helper. Marie, the only helper I was able to interview, remarks that she "just did the household chores" which suggests how cleaning, tidying and sustaining the domestic environment are minimised and less valorised, yet remain infrastructural in the functioning of postpartum life. Postpartum care provision is not limited to the mother and baby, especially in larger intergenerational households which generates a broader domestic reproduction to care for partners, other children and family elders. Cooking, feeding, laundry and cleaning become collective tasks supported by more than one helper, as in Jackie's (37 years old, high SES household) case as her dinner is for 10 people every day. These accounts suggest that labour in ZYZ was differentiated rather than shared equally. Some forms of work directed towards the mother's recovery and baby care were recognised as

authoritative, skilled and urgent. Other forms such as cleaning, washing up and cooking for the wider household, were more likely to be naturalised as routine support. This stratified organisation of care shows that "family help" requires multiple layers of labour and not all of which were equally visible and valued.

A third empirical dimension in ZYZ concerned the material and medical logics which organised postpartum care through specific substances, ingredients and bodily understandings that made recovery intelligible and actionable. The mother of Eunice (37 years old, high SES household) reflected on her own ZYZ experience and repeated this for Eunice, explaining that after childbirth "the pores are open" and that cold may "let wind in", therefore the ginger-infused water which commonly cited by many women to clean their body during ZYZ felt comfortable because "the heat gradually seeps in". Eunice's mother provided a coherent bodily rationale which underpinned ZYZ. Her description of the postpartum body as open, vulnerable and in need of managed warmth is the material means of restoring bodily comfort and protection from future illnesses. Without kin support, Diana (32 years old, low SES household) self-managed her postpartum recovery with materials that had travelled through transnational family memory. She wore gloves even when taking a shower with ginger and herb wash packets sent by her family in Vietnam and recalled was done "back home… a diet of ginger, chicken broth, herbs, double-boiled chicken and pork knuckles", that is important in postpartum recovery, citing the removal of lochia that is an indication of recovery, and to rebuild strength.

A fourth and final empirical dimension in ZYZ concerned its temporal sequencing, laying out the phased process in which foods, bodily practices and forms of recovery were timed in relation to the woman's changing postpartum condition. Lisa introduced earlier, whose care was managed by her polycentric household, described her postpartum routine prepared by her postpartum nanny that began each morning with rice to support milk supply and a large bowl of broth to maintain hydration. These foods were commonly cited by other women but Lisa also explicitly explained how her diet should be "nothing too strong" due to her C-section so foods such as ginger, should only be introduced from Day 12. This is a time that is widely considered by carers to be the watershed for regained maternal energy. Temporal sequencing, in terms of time was not merely chronologically but were constantly evaluated and embodied, that affects the way how certain foods are prepared. A similar approach in bodily logic appeared in the account of the mother-in-law of Allana (26 years old, mid SES household). When asked the kinds of foods she prepared for Allana, "the flavours need to be quite simple… as the lochia has not been fully expelled… after 12 days or half a month". This account reinforces that postpartum timing functioned as a practical technology of care, deliberately planned to match foods and routines to an unfolding bodily process, underpinned by memory, experience and dietary culture. Temporal sequencing also included how the month was brought to an end. Cindy (34 years old, high SES household) described the use of pomelo leaves in bathing and the sharing of red eggs at the close of ZYZ, marking the completion of "confinement" and the woman's transition back into ordinary life.

Authoritative Knowledge Is Constructed Within Knowledge Ecologies

The second main finding is that postpartum authority in Hong Kong is constructed through a polycentric knowledge ecology. By knowledge ecology, I borrow Bennett (2010)'s idea that postpartum care is a dynamic ecology of bodies, things, relations and forms of knowledge, highlighting that the shapers of care are interconnected and continually reworked, rather than a fixed tradition or an individual set of choices. For ZYZ, these included overlapping forms of expertise, including family memory, biomedical advice, Sino-medical logics, paid care work

and digital or peer-based validation. What counted as "proper" care was not simply inherited from one source, but stabilised through negotiation and household uptake.

Jordan's (1993, 1997) concept of authoritative knowledge offers a useful way of understanding how postpartum care is organised in contexts where multiple forms of expertise coexist. Jordan argues that in reproductive settings, several knowledge systems may be available at once, but only some become socially recognised as authoritative and therefore shape decisions and action. In postpartum care, this matters because women do not encounter one single source of guidance, but navigate advice and instruction from family elders, medical professionals, paid caregivers and their own embodied experience. Whose knowledge counts under which conditions are constructed relationally as different actors and forms of expertise are negotiated, translated and becomes actionable into everyday domestic routines.

Lisa, who lived with her mother during ZYZ, offers a particularly clear example of how this postpartum knowledge ecology operated in practice. Lisa's postpartum care was organised through the overlapping involvement of her mother, a *pui yuet* and a long-term helper. These actors brought together different forms of knowledge, in addition to Lisa's own ongoing ideas of recovery and infant care. Her *pui yuet* performed most of the mother- and baby-facing work during the day and set the rhythm of preparing postpartum foods. Her helper sustained the domestic routines and buffered the tension by claiming that Lisa finished all the foods when asked by the *pui yuet*, to avoid Lisa being reprimanded from her. Lisa's mother managed matters such as air-con use and sleeping arrangements, rooming in with the baby to allow Lisa to rest at night and Lisa also made her quieter in-between decisions about bathing, infant care, eating and feeding. Lisa's case demonstrates that authoritative knowledge is not something held by one system or person, but continuously assembled, coordinated and negotiated through claims of proper care.

Within this postpartum knowledge ecology, some of the most influential forms of knowledge remained tacit and taken for granted, especially those concerning the postpartum body itself. In Hong Kong, postpartum recovery was often understood through overlapping biomedical and Sino-medical bodily grammars based on TCM. Women, their families and health professionals offered overlapping ways of making the postpartum body intelligible, whether through the notions of *qi* and blood depletion, lochia clearance, weakened digestion or infection risk, or the need to pace stronger foods and activities over time, especially in managing post-surgical recovery. Importantly, these bodily ideas are made relevant by informants through translation into ordinary postpartum rules. These include what to eat, when to bathe, how to judge warmth, when to introduce stronger ingredients and how to recognise whether recovery was proceeding "properly". All these practical arrangements, bodily logics and embodied experiences underpin the grammar of ZYZ and postpartum care, that continues to shape and become authorised through family elders, *pui yuet* and professsional advice.

These tacit bodily ideas were often carried most powerfully through elder memory through which postpartum knowledge was reproduced and moralised within the household. Mothers and mothers-in-law recalled their own experiences of recovery and used them to justify what should be eaten, avoided or timed. Eunice's mother, who helped Eunice ZYZ, had taken a postpartum care course and prepared meals aligned with Chinese medical theory, while also drawing on her own prior experience of recovery. She framed the postpartum month as a consequential period in which the body, depleted by pregnancy and birth, had to be carefully supported so that the organs, meridian lines and pelvic bone could "go back to their place". To make Eunice "less tired", Eunice's mother translated these ideas into practical domestic

routines that included lactation-supporting soup broths, portioning it for later use and adjusting foods in line with biomedical cautions around lochia and stronger ingredients. Family elder authority was also frequently framed through a life course logic, in which postpartum care was justified not only as immediate recovery but as an investment in future health. Eunice's mother warned that the effects of inadequate rest and nutrition might only appear later as chronic pain, a sentiment also shared by the mother of Jackie, "you will notice it when you get old".

Beyond kin and household-based care, postpartum knowledge is also circulated and validated through peers and digital infrastructures. In Hong Kong, recommendation networks, social media and online chat groups and parenting forums allocated credibility and offered a virtual space to compare experiences to assess what is counted as proper postpartum care. These digital spaces formed part of the wider ecology which shape women's ideas of the right way of ZYZ, a social proof to showcase good experiences from elders and paid caregivers, and to avoid grievances and cautionary tales from "bad" or "black-heart" *pui yuets* or helpers. In addition, commercial infrastructures such as postpartum goods and services offer convenience, as well as bench-marking quality through premium ingredients for example in customised ginger-vinegar jars as newborn birth announcements. These are also given out in the form of coupons where recipients can redeem the jars from retail outlets. The online and digital spaces help stabilise aspirational standards of care and makes certain forms of postpartum practice appear more legitimate, desirable, preserving "tradition" yet presented as modern and up-to-date.

This section shows that authoritative postpartum knowledge in Hong Kong is actively assembled across family elders, paid caregivers, peers, digital platforms and commercial infrastructures. What counted as "proper" care was not simply inherited or imposed upon but becomes authoritative when it could be translated into routines that were workable, credible and difficult to refuse and regret under household conditions. Postpartum authority is uneven and multi-layered, shaped by those who mobilise these different forms of knowledge within the everyday organisation of care.

Feeding Decisions Are a Site of Maternal Identity-Making

Infant feeding emerged as one of the most consequential sites in which postpartum care, maternal identity and everyday negotiation converged. While feeding is often framed through biomedical and public health discourse as a matter of infant nutrition, it is also deeply moralised through slogans "breast is best", which attach maternal responsibility and sacrifice to feeding practices (Apple, 1995; Faircloth, 2013; Mak, 2015). In Hong Kong, women have demonstrated infant feeding decisions are hugely shaped by the organisation of care in the household that also depict what good mothering should look like. Infant feeding did not unfold as a simple dichotomy of "breastfeeding" or "formula", or between "traditional" and "modern" approaches, rather women moved between direct breastfeeding, pumping, mixed feeding and supplementation in ways that were closely tied to rest, work, support and the practicalities of postpartum life.

For some mothers, postpartum practices gained value precisely as they were seen to support breastfeeding. Danielle (33 years old, high SES household) linked her more successful feeding experience in Hong Kong to "the food, the environment and the person you hire to be with you for the month", and "choose" to stop breastfeeding at nine months. Similarly, Diana contrasted the "watery milk", cracked nipples and early cessation of breastfeeding following her first birth, while in the latter two births paid more attention to her recovery practices during ZYZ that

made her “better” at breastfeeding. ZYZ gained value as a matter of improved milk supply and the capacity to feed well, rather than simply a tradition.

Language mattered in how infant feeding was understood and valued. In my materials, breastmilk is referred to as “human milk” in Cantonese, a phrasing that shifts attention towards the milk as a substance rather than breastfeeding as an embodied and dyadic act between mother and baby. This dislocation blurs the line between “breastfeeding” and “pumping” and allows feeding breast milk to happen outside of the body, administered by bottles and the labour of family elders, *pui yuet* or domestic helpers. This linguistic difference challenges the dominant global discourse and imagery of breastfeeding, allowing feeding and mother’s milk to be discussed in terms of production, transfer and adequacy, rather than intimacy or co-presence. Within this frame, pumping becomes a widely accepted means of “feeding mothers’ milk” and even valorised, because it rendered “human milk” measurable as an output.

Nanny Summer’s account is especially useful in showing that the shift away from direct breastfeeding could be justified within the postpartum period itself. As she put it “But we would also try to convince the mother [to pump], if you feed the baby directly, it’s non-stop… every hour or so, 2 hours, then you wouldn’t have time to rest”. Nanny Summer frames direct breastfeeding as a practice that threatens the woman’s recovery by interrupting rest, contrary to the notion “breast is best”. The significance of this is that having care organised during ZYZ around the mother’s recuperation, this opens the way for bottle-feeding, pumping or other mediated arrangements that are shown as practical and caring solutions, rather than failures of breastfeeding.

In Cindy’s case, difficulties with the baby’s latch meant that she had to pump from the beginning, as she recalled “the largest source of my sorrow during ZYZ, is… pump (breast)milk. So I had to pump and wash all the bottles, because I am unable to hire a domestic helper (due to pandemic entry restrictions).” Later, after returning to paid work, Cindy had to carry multiple pump parts, find time and space to express milk and sustain output under pressure made feeding appear not simply as care, but as disciplined production. She described pumping as “so much work” having to carrying to sets of pumps and ice packs, “trying to manage unread emails and unfinished tasks at the same time.” Cindy’s case shows that pumping is not simply a practical compromise between breastfeeding and paid work, but a technified labour regime in which maternal commitment is expressed through discipline, endurance and the capacity to keep milk flowing despite exhaustion and competing demands. Yet she continued, explaining that, “because if my daughter has formula that day… she becomes constipated… so I wanted to keep going. Also it’s said that breast milk (leads to) higher immunity, if I can keep it going, I will”. In this sense, the moral imperative of feeding extends beyond breastfeeding itself and becomes an expression of the “good mother” based on scientific discourses. The dominant public health slogan of “breast is best” is locally refracted as “human milk is best”, shifting attention from breastfeeding as an embodied dyadic act to milk as a valued substance that must still be produced through maternal labour. Pumping becomes a form of maternal sacrifice through which mothers seek practicable and sustainable ways to continue feeding breast milk under the combined conditions of postpartum recovery and paid work. At the same time, once feeding moves beyond the breast, it also depends on the additional labour of others who helped administer milk.

These accounts show that infant feeding is a key site where maternal identity was made and judged. What emerged then was not a simple hierarchy between breastfeeding and formula, but

a moral economy in which good mothering is tied to the capacity to make sure the baby was fed, while navigating the bodily, technological and relational demands of early motherhood.

Conclusion

This paper has shown that ZYZ in Hong Kong is a socially organised domain through which recovery, care and maternal identity are actively made. Rather than a static tradition, postpartum emerges as a negotiated field of everyday practice in the practical organisation of routines around food, rest, labour and timing, and the construction of authoritative knowledge through bodily understandings, paid care work, family and elder memory, digital validation and commercial infrastructures. Importantly, the interview accounts also provided important empirical data on infant feeding that is a convergence of bodily recovery, technology, moral expectations and maternal labour. Postpartum care during ZYZ shows how authoritative knowledge is shaped and practiced, whose labour is visible and what good mothering looks like under contemporary conditions. In Hong Kong, ZYZ remains an important site through which women and their families organise not only recovery but the wider social work of becoming a mother.

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Declaration of Generative AI and AI-Assisted Technologies in the Writing Process

Copilot was used during manuscript preparation to assist with refining the written presentation of the practice-based concept, and to support language editing and proofreading. The author reviewed and revised all outputs and takes full responsibility for the final content of the manuscript.

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