

# The First Forty Days Across Cultures

What the near-universal tradition of community-provided postpartum meals tells us about human biology

By Monika Sudakov

## Introduction

Across continents, across millennia, across cultures with no knowledge of one another's existence, human societies have independently arrived at the same conclusion: a new mother should not be left alone to feed herself. The Chinese call it *zuo yue zi*—sitting the month. Latin American cultures call it *la cuarentena*—the forty days. In Nigeria, the Igbo tradition of *omugwo* brings the new grandmother to live with the family for weeks. In Japan, *satogaeri bunben* sends the mother home to her own parents. In India, *jaappa* care is an elaborate, community-organized system of postpartum support.<sup>1</sup>

The details vary. The underlying structure does not. In virtually every traditional culture studied by anthropologists, the postpartum period is recognized as a distinct phase of life requiring specialized care, specific foods, and communal support—with meal provision at the center of the response.

This paper examines the comparative anthropology of postpartum rest periods worldwide, identifies the structural elements they share, and asks what the near-universal emphasis on community-provided meals tells us about human biology and the social infrastructure our species evolved to require.

# The Global Pattern: Convergent Evolution in Postpartum Care

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## East Asia

The Chinese tradition of *zuo yue zi* is among the most formalized. For 30 to 40 days, the new mother remains home, avoids cold exposure (cold foods, cold water, cold air), rests extensively, and eats warming, nutrient-dense meals prepared by her mother or mother-in-law. The earliest references appear in Han Dynasty medical texts (206 BCE–220 CE), making this one of the oldest documented postpartum care systems in human history.<sup>2</sup>

In Korea, the *sanhujori* (postpartum care) period traditionally lasts 21 days, centered on *miyeokguk* (seaweed soup) and bed rest. In Japan, *satogaeri bunben* involves the mother returning to her parents' home for the final weeks of pregnancy and first month postpartum, where her mother assumes all household and cooking responsibilities.

The consistent element across East Asian traditions: the new mother does not cook. She is fed.

## South Asia

Indian postpartum traditions vary by region, religion, and caste, but the structural elements are remarkably consistent. The *jaappa* period (typically 40 days) involves dietary restrictions, specific healing foods, body care rituals (massage with warm oil), and—crucially—the organized provision of meals by female family members. In many communities, the new mother's family sends dedicated helpers or the grandmother comes to stay.<sup>3</sup>

The Ayurvedic framework classifies the postpartum body as depleted of *vata* (stability) and in need of grounding, warming, nourishing intervention. Foods are prescribed with the same specificity as medicines: *panjiri* (a mixture of nuts, seeds, and ghee), *gond ke ladoo* (edible gum balls with warming spices), and *ajwain ka pani* (bishop's weed water for digestion).

## Africa

In Nigeria, the Igbo tradition of *omugwo* is so deeply embedded that it functions as a social obligation: the new grandmother is expected to travel to her daughter's home and manage all cooking, cleaning, and infant care for four to eight weeks. The meals she prepares center on pepper soup, pounded yam with protein-rich stews, and warming herbal infusions.<sup>4</sup>

Among the Hausa, *wankan jego* involves not only food provision but daily warm baths and massage with shea butter. In Ethiopia, new mothers drink *genfo*—a thick, warm porridge made from barley, wheat, or oats, served with a well of spiced butter. Across sub-Saharan African traditions, the postpartum diet consistently emphasizes warmth, density, and community

preparation.

## Latin America

The *cuarentena* (forty days) is recognized across Mexico, Central America, and much of South America. The new mother rests, avoids cold exposure, and is fed by female family members. *Caldos*—rich broths of chicken, beef, or fish—are the centerpiece, supplemented by *atole* (warm corn-based drinks), herbal teas, and protein-rich stews. In many communities, neighbors and extended family organize a meal rotation to ensure the new mother receives daily deliveries.<sup>5</sup>

## Middle East and North Africa

In many Arab traditions, the postpartum period (*nifas*) lasts 40 days and involves specific dietary prescriptions. Fenugreek features prominently—as tea, in porridges, and in sweets—for its reputed galactagogue (milk-promoting) properties. Date-based preparations, halva (dense sesame confections), and warming spice blends are standard. The preparation of these foods is a communal female responsibility.

## Indigenous and Traditional European Practices

Even in Europe, which has largely lost formalized postpartum care traditions, historical records reveal similar patterns. Medieval European "lying-in" practices involved bed rest for four to six weeks, with the "gossips" (female friends and relatives—the word originally meant "god-siblings") bringing food and managing the household. The *churching* ceremony, which marked the end of the confinement period, often fell at approximately—forty days postpartum.

*"Forty days. It appears in Chinese medicine, Latin American tradition, Islamic practice, Igbo custom, medieval European churching, and even the Christian period of Lent. The number may be culturally transmitted, but the underlying biology it reflects is universal."*

— Monika Sudakov, Founder, Mothership

# The Structural Constants

Despite vast differences in specific foods, religious frameworks, and cultural contexts, the world's postpartum traditions share five structural elements that have remained stable across thousands of years and diverse geographies:

## 1. A Defined Recovery Period

Nearly every tradition specifies a duration—typically 30 to 40 days—during which the new mother is recognized as being in a distinct physiological state that requires specialized care. This period is not optional; it is a social expectation with the force of cultural norms. Modern research suggests this timeline aligns with key physiological milestones: uterine involution takes approximately six weeks, the hormonal transition from pregnancy to postpartum (or lactation) requires several weeks to stabilize, and the period of greatest vulnerability to postpartum mood disorders peaks between two and six weeks postpartum.<sup>6</sup>

## 2. Meals Prepared and Delivered by Others

This is the single most consistent element across all traditions. The new mother does not cook. Food is prepared by her mother, mother-in-law, female relatives, neighbors, or (in modern adaptations) hired helpers. The *labor* of nourishment is explicitly removed from the mother's responsibilities. This is not merely a convenience—it is a social technology for ensuring adequate nutrition during a period when self-care capacity is severely diminished.

## 3. Warming, Nutrient-Dense, Easily Digestible Foods

The specific ingredients vary by geography and agricultural tradition, but the principles are consistent: warm temperatures, slow cooking methods, high nutrient density, and ease of digestion. Broths, soups, stews, porridges, and soft-cooked preparations dominate. Raw foods, cold foods, and difficult-to-digest preparations are avoided.

## 4. Rest and Reduced Activity

The mother is expected—often required by social pressure—to minimize physical activity, avoid household labor, and dedicate her energy to healing and bonding with her infant. This is the opposite of the modern Western expectation to "bounce back."

## 5. Community Responsibility

Postpartum care is never framed as an individual responsibility in traditional cultures. It is a *community obligation*. The social network—family, neighbors, community members—is expected to provide support, and failure to do so is seen as a social failing, not a personal one. The new mother's job is to heal and bond. Everyone else's job is to make that possible.

# What Modern American Culture Lost

The United States is a striking outlier in the global landscape of postpartum care. There is no culturally recognized postpartum recovery period. There is no social expectation of meal provision. There is no normative framework that assigns responsibility for the new mother's nourishment to

anyone other than the new mother herself.

The consequences are measurable. American mothers report higher rates of postpartum depression, longer recovery times, higher rates of breastfeeding cessation, and greater levels of parental burnout than mothers in cultures with structured postpartum support systems. A 2022 meta-analysis in *Scientific Reports* found that women with low social support were 2.76 times more likely to develop postpartum depression—and meal provision is one of the most tangible, measurable forms of social support.<sup>7</sup>

This is not a failure of individual mothers. It is a structural failure—the absence of a social technology that every other major culture in human history developed and maintained. The question is not why American mothers struggle. The question is what we can do to rebuild the infrastructure they need.

## The Evolutionary Perspective

Evolutionary anthropologists Sarah Hrdy and Kristen Hawkes have argued that humans evolved as "cooperative breeders"—a species in which child-rearing is not solely the mother's responsibility but is distributed across a network of "alloparents" (grandmothers, aunts, older siblings, neighbors). Hrdy's "grandmother hypothesis" suggests that postmenopausal women evolved in part *because* their contribution to grandchild survival—through food provision and caregiving support—was so valuable that it was selected for at the population level.<sup>8</sup>

If this is correct, then the near-universal tradition of community-provided postpartum meals is not merely a cultural practice. It is an expression of our species' evolved social architecture. We are built for village-style support. When that support is absent—as it is for many American mothers—we are not merely missing a nice-to-have amenity. We are operating outside the social conditions our biology was designed for.

**Key Insight:** The postpartum traditions found across cultures are not quaint customs. They are social technologies that address real biological needs. The near-universal emphasis on community-provided meals reflects an evolutionary truth about what human mothers require to recover.

## Conclusion

The first forty days have a name in almost every language on earth. They have specific foods, specific helpers, specific expectations. The near-universal nature of these traditions is the strongest possible evidence that they address a real biological need—one that does not disappear simply because a culture stops acknowledging it.

Mothership exists to restore this tradition in modern form. We cannot send a grandmother to every doorstep. But we can send the meals she would have made—warming, nutrient-dense, carefully crafted to support postpartum recovery—and in doing so, ensure that every mother receives the nourishment that thousands of years of human wisdom says she needs.

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