Unit 2: Signs and Stages of Labor

Unit 2 — Signs and Stages of Labor (*Prasava*): Recognition, Mechanisms, and Conduct

Overview

This chapter trains you to **recognise**, **interpret**, and **guide** normal labor using an Ayurvedic lens that integrates safely with modern obstetrics. You will study: (1) the **pre-monitory signs** (*Prasava nimitta lakṣaṇa*) that herald labor; (2) the **onset of true labor** and its Ayurvedic reading through **Apāna Vāta**; (3) a detailed walkthrough of the **first, second, and third stages**; (4) the **mechanics** of uterine contractions, descent, rotation, and expulsion; and (5) **duration and progression** parameters in physiological conditions. Throughout, intrapartum care is **physiology-first**: protect **Vāta's direction**, cool excessive **Pitta**, keep **Kapha** mobile; avoid internal drugging to "hasten" labor.

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1) Pre-monitory Signs of Labor (*Prasava Nimitta Lakṣaṇa*)

Meaning. These are **late-pregnancy changes** that prepare the field (*Kṣetra*) for labor. They signal **cervical ripening, pelvic softening**, and **Vāta's gathering** in the pelvic tract without yet establishing the rhythmic force of true labor.

1.1 Maternal experiences

- **Pelvic lightening & pressure:** the fundus seems lower; easier breathing; more pelvic fullness—*Apāna* drawing downward.
- **Low back ache / groin drag:** intermittent, relieved by posture; indicates ligamentous relaxation and fetal settling.
- **Mucus show:** passage of thick mucus (possibly streaked with old blood) as the plug loosens; channels (*Srotas*) open.
- **Increased bowel and bladder frequency:** rectal pressure; urge to void/defecate—avoid suppression.
- **Sleep change & inward focus:** lighter sleep, nesting instinct; plan **early nights** and **quiet evenings**.
- **Irregular tightenings ("practice surges"):** short, mild, non-progressive; soften with rest, warmth, hydration.

1.2 Doṣa interpretation

- **Kapha loosens** (mucus, softening);
- **Pitta ripens** (mild warmth, readiness);
- **Vāta collects downward** (pressure, backache).
  Your task is to **hold Vāta steady**: warmth (not heat), privacy, soft bowels, warm sips, digital sunset, and reassurance.

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2) Onset of True Labor — Ayurvedic Interpretation

True labor begins when **rhythmic, progressive uterine surges** establish **cervical change** and **fetal descent**. Ayurvedically, **Apāna Vāta** takes the lead; **Vyāna** synchronises the system; **Pitta** lends heat for transformation; **Kapha** provides lubrication.

Differentiate "false" vs "true":

Feature	"Practice" tightenings	True labor
Rhythm	Irregular, variable	**Regular**, gradually intensifying
Effect of rest	Often settles	Persists despite rest
Location	Anterior or local	**Back → front sweep**, pelvic pressure
Cervix	No change	**Progressive effacement/dilatation**

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Immediate conduct at onset: confirm well-being; set the room **dim, warm, quiet** with **one trusted companion**; ensure **voiding**; encourage **warm sips** and **light food-form** (thin rice gruel) if desired; begin **position cycles** (upright/forward-lean ↔ side-lying rest). No internal agents to "speed up" labor.

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3) Stages of Labor in Detail (Ayurveda aligned with clinical practice)

Ayurvedic texts describe labor as a **sequence**—*prasava-pūrva* (latent/early), *prasava-mukha* (active to full dilation), *garbha-niṣkramana* (expulsion), and *aparā-pāta* (placental stage). These map cleanly to modern first, second, and third stages.

3.1 First Stage (Onset → Full Dilatation)

Physiology. Apāna-led surges cause **cervical effacement and dilatation**; the uterus exhibits **contraction above with retraction**, so each surge builds on the last. **Samāna Vāta** maintains energy; **Pitta** provides heat; **Kapha** maintains mucus and lubrication.

Early (latent) phase — "set the tone":

- **Aims:** protect sleep, keep bowels soft, conserve stamina, and keep fear low.
- **Care:** home/ward in **quiet privacy**; **hands-and-knees rocking**, **side-lying rests**; **warm sips** (jeeraka-siddha jala), small food-form portions; avoid crowds/screen glare.
- **Adjuncts (external/food-form only):** gentle **Kṣīrabala or Nārāyaṇa taila** rubbing to lumbosacral area between surges (5–7 minutes, warm), thin rice gruel in spoonfuls.

Active phase — "rhythm and descent":

- **Positions: upright/forward-leaning** (over the bed/chair/birth ball), **supported lunges**, **hands-and-knees**, alternating with **left-lateral** rest; **change every 30–40 minutes**.
- **Breath–sound: long relaxed exhalations** with **low-pitched humming**; avoid coached breath-holding early.
- **Vāta hygiene: empty bladder every 2–3 hours**; encourage a **soft stool earlier** if needed; avoid enemas once active.
- **Heat management:** if "hot and hurried," cool the **stimulus** (ventilation, dim light), not the mother; offer **coriander–fennel* phāṇṭa sips at room temperature.
- **Monitoring:** note trend of length–strength–frequency of surges, coping, fluids, urine output; escalate if abnormal pattern or red flags emerge.

3.2 Second Stage (Full Dilatation → Birth)

Mechanics. With full dilatation, **Ferguson reflex** heightens expulsive urges. **Apāna Vāta** peaks; **pelvic floor reflexes** coordinate with **maternal efforts** and **fetal rotations** through diameters.

Conduct for physiological birth:

- **Urge-led bearing down** (avoid early repetitive Valsalva); use the mother's reflex cue—"down the exhale."
- **Positions: side-lying**, **all-fours**, **supported squat** if comfortable; adjust to comfort and fetal status.
- **Perineal protection: warm compress** during crowning; **slow, controlled emergence** with gentle verbal coaching; avoid routine episiotomy unless obstetric indication.
- **Fluids:** continue **small warm sips**; keep room calm and dim.

Do not: pull on the baby; perform deep abdominal massage; force supine immobility.

3.3 Third Stage (*Aparā-pāta*: Birth → Placental Delivery)

Signs of placental separation:

- **Gush of blood**,
- **Cord lengthening**,
- **Fundal rise then firming**.

Conduct: Baby **skin-to-skin** on chest; **do not tug** on the cord; observe separation signs; fundal tone assessed by trained staff; treat postpartum haemorrhage per obstetric protocol—Ayurveda is supportive **after** stabilization (see Unit on Sūtikā/PPH).

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4) Role of Uterine Contractions and Expulsion Mechanisms

4.1 Contraction physiology through a Vāta–Pitta–Kapha lens

- **Vāta (Apāna):** timing, direction, descent, and expulsive coordination; influenced adversely by **cold, fear, dehydration, bladder/rectal loading**.
- **Pitta:** intensity and transformative drive; excess → **hot, irritable, rapid surges** with minimal rest; correct by cooling the **environmental stimulus**, not with iced drinks.
- **Kapha:** lubrication, stamina, mucus; excess → **sluggish latent phase**, heaviness, somnolence; correct by posture cycles and **light, warm** sips/foods.

4.2 Expulsion mechanics (the “three Ps” mapped to Ayurveda)

- **Power (uterus + maternal effort):** Apāna-Vyāna synchrony + Sādhaka-Pitta focus.
- **Passenger (fetus):** rotations through planes; **Vāta clarity** assists smooth moulding and turns.
- **Passage (pelvis + soft tissues):** Kapha-led lubrication; Vāta-friendly positions widen diameters (hands-and-knees, lunge, side-lying).

Clinical pearl: Many dysfunctional patterns are **Apāna blocked by simple things**—a full bladder, cold, bright/noisy room, or fear. Correct these **first**.

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5) Duration and Progression in Normal Conditions

(Use local guidelines for exact thresholds; the following provides a physiological range for bedside sense-checking.)

5.1 First stage

- **Latent phase:** variable; often several hours with mild, irregular surges.
- **Active phase:** expect **progressive cervical change** with strengthening surges; the trend matters more than any single hour. Failure to progress—despite optimal care, hydration, empty bladder, posture cycles—requires **obstetric review**.

5.2 Second stage

- Progress depends on **station, rotation, position, and stamina**. With urge-led bearing-down and supportive positions, physiologic birth commonly follows a period of **building expulsive cycles**. If **descent stalls**, reassess **bladder, position, hydration, fetal position**, and **maternal fatigue**; escalate if fetal status is non-reassuring or obstruction suspected.

5.3 Third stage

- **Physiologic placental delivery** usually occurs **within minutes** once separation signs appear. Absence of signs with rising bleeding or maternal instability → **immediate obstetric management**.

6) Prescriber’s Margin — Safe Adjuncts for Physiological Labor (No internal uterotonics)

Use only external or food-form supports; start one at a time; stop with any adverse cue. These do **not** replace indicated augmentation or operative care.

- **Kṣīrabala Taila (external only):** Warm 1–2 tsp; slow strokes over **lumbosacral area/hips** for **5–7 min** between surges; repeat **hourly** as needed.
- **Nārāyaṇa Taila (external only):** Alternative to Kṣīrabala; same method and cautions (non-slippery surfaces; no abdominal deep massage).
- **Jeeraka-siddha jala:** Simmer **1 tsp cumin** in **500 mL** water → reduce to ~400 mL; **warm sips** intermittently.
- **Dhānyaka–Saunf phāṇṭa** (coriander–fennel infusion): **room-temperature sips** if Pitta overlay (thirst/irritability).

7) Pocket Algorithms

7.1 Early labor at home/ward (physiological)

1. **Confirm** no red flags; fetal movements reassuring.
2. **Set space:** dim, warm (not hot), quiet; one companion.
3. **Voiding:** pass urine on arrival; plan q2–3 h.
4. **Bowels:** ensure soft stool earlier; no enemas once active.
5. **Fluids/food-form:** warm sips; thin rice gruel if desired.
6. **Postures:** upright/forward-lean ↔ side-lying; change q30–40 min.
7. **Touch:** Kṣīrabala/Nārāyaṇa taila to back between surges.
8. **Reassess** trend; escalate if abnormal pattern or distress.

7.2 “Hot & hurried” labor (Pitta overlay)

1. **Cool stimulus**: ventilation, dim lights, quiet voice.
2. **Sips:** coriander–fennel phāṇṭa (room temp).
3. **Touch:** gentle strokes; avoid heat packs; continue positions.
4. **Escalate** with fever, meconium + abnormal tracing, or maternal exhaustion.

7.3 Crowning phase (perineal protection)

1. **Warm compress** to perineum;
2. **Urge-led pushing**—no forced repetitive Valsalva;
3. **Slow, coached emergence**;
4. **No cord traction** until separation signs.

Summary (Rapid Revision)

- **Pre-monitory signs** mark cervical ripening and pelvic settling; hold **Vāta** steady with warmth, privacy, soft bowels, and calm evenings.
- **True labor** is a **rhythmic Apāna event** that changes the cervix and advances the presenting part; manage space, posture, breath, fluids, and bladder.
- **First stage:** rhythm and retraction build steadily; protect energy and Vāta-flow; use upright/leaning positions and long exhalations.

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- **Second stage:** urge-led bearing-down, protective positions, and warm perineal compress promote **Sukha Prasava**.
- **Third stage:** wait for **separation signs**; no cord traction; escalate at any red flag.
- **Adjuncts** are **external/food-form only**; **no intrapartum internal drugs** to hasten labor; **Daśamūla avoided** during pregnancy.
- Progress is judged by **trends**, not rigid hours; integrate modern monitoring and **escalate early** when physiology falters.

Assessment

A. Multiple-Choice Questions (MCQs)

1. Which feature **best** distinguishes true labor from practice tightenings?
   A. Relief with rest and hydration
   B. **Progressive cervical change with rhythmic surges**
   C. Local anterior tightening only
   D. Pain relieved by position alone
   Answer: B
2. In pre-monitory signs, which doṣa is primarily **gathering downward**?
   A. Kapha
   B. Pitta
   C. **Vāta (Apāna)**
   D. Udāna
   Answer: C
3. A “hot and hurried” labor should be balanced by:
   A. Iced drinks and bright lights
   B. **Cooling the room’s stimulus and room-temperature coriander–fennel sips**
   C. Castor-oil purge
   D. Strong abdominal massage
   Answer: B
4. The safest **default posture strategy** in active labor is:
   A. Continuous supine rest
   B. **Upright/forward-leaning with position changes every 30–40 minutes**
   C. Prolonged knee-chest only
   D. Lithotomy throughout
   Answer: B
5. Which of the following is **contraindicated** intrapartum under this program?
   A. Jeeraka-siddha jala sips
   B. External Kṣīrabala taila
   C. Warm perineal compress
   D. **Rājapravartinī Vaṭī**
   Answer: D
6. Signs of placental separation include all **except**:
   A. Cord lengthening
   B. Fundal rise then firming
   C. Gush of blood
   D. **Constant sharp abdominal pain with shock**
   Answer: D
7. The **mechanical** contribution of Kapha during labor is chiefly:
   A. Heat and intensity
   B. **Lubrication and tissue cohesion**
   C. Timing and direction
   D. Anxiety modulation

Answer: B

8. For Vāta hygiene in labor, which is **most** important?
   A. Heavy oily meals for energy
   B. **Empty bladder every 2–3 hours**
   C. Ice packs to the abdomen
   D. Prolonged breath-holding early
   Answer: B
9. The uterine property that allows each surge to build on the previous (Ayurvedic parallel: accumulating Apāna effort) is:
   A. Relaxation
   B. Fatigue
   C. **Retraction**
   D. Conduction
   Answer: C
10. In the second stage, the safest coaching cue is:
    A. “Hold your breath and push for 10 counts repeatedly.”
    B. **“Push with the urge, down the long exhale; I’ll slow the head with a warm compress.”**
    C. “Push constantly between surges.”
    D. “Lie flat and avoid changing position.”
    Answer: B

B. Case Vignette (Applied)

Case — “Is this it?”
A 26-year-old primigravida at 39+2 weeks reports irregular tightenings for 8 hours, good fetal movements, a mucus show, and pelvic pressure. After warm food and rest, tightenings settle; the cervix on assessment is 2 cm, 50% effaced; vitals are normal.

Tasks:

1. Classify the stage and interpret the doṣa dynamics.
2. Write a **home/ward plan** for the next 12–24 hours (environment, posture cycles, fluids/food-form, voiding/bowel care, when to return/escalate).
3. State **two** signs that would confirm the onset of **true labor** in her.

(End of Unit 2 — Signs and Stages of Labor)