

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.

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 Doșa 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.

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.

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:

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- 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).

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**.

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.

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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 phānta (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;
- 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 dosa 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 Kşīrabala taila
 - C. Warm perineal compress
 - D. Rājapravartinī Vaţī

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

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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)

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