



Unit 3: Management of Normal Labor

Unit 3 — Management of Normal Labor (*Prasava*)

Overview

This chapter gives you a **clinic-ready protocol** to conduct **normal labor** the Ayurvedic way—grounded in physiology, respectful of **Apāna Vāta** (downward-regulating force), and fully compatible with modern safety. You will learn: (1) **Ayurvedic guidelines** for intrapartum care, (2) **diet-lifestyle** during labor, (3) **pregnancy-safe supports** (external therapies and food-form preparations), (4) **positioning & supportive measures** that aid descent, rotation, and perineal protection, and (5) **traditional practices** that foster a calm, private, and efficient birthing environment. All prescriptions are presented with **dose, timing, anupāna**, and cautions—for quick case-sheet copying.

श्लोक-संदर्भ (Ayurvedic anchor on the expulsive role of pelvic Vāta):

“अपानवायुः पाय्ववस्थोऽधोगामी शुक्रमूत्रपुरीषगर्भनिष्क्रमणे।”

Suśruta Samhitā, Śārīrasthāna 5/28

(*Apāna Vāyu, situated in the pelvic outlet and moving downward, governs expulsion of semen, urine, faeces, and the fetus.*)

1) Ayurvedic Guidelines for Care of a Woman in Labor

Care principle: Normal labor is a **physiological** Vāta-led process. The clinician’s role is to **protect physiology**—steady Vāta’s direction, cool excessive Pitta (heat/irritability), and keep Kapha mobile (avoid heaviness)—while **monitoring** mother and baby and **escalating** promptly when red flags appear.

1.1 Set the therapeutic field (*Kṣetra*)

- **Space:** Dim light, quiet room, **one trusted companion**, minimal observers. Warm—not hot—ambient temperature; good airflow without drafts.
- **Privacy & safety:** Explain what is normal; gain consent before any exam; cluster checks to reduce disturbance.
- **Vāta hygiene:** Empty **bladder every 2-3 hours**; maintain **soft stool** earlier in labor; avoid enemas in active labor.
- **Hydration/energy:** **Warm sips** (jeeraka-siddha jala) every 10–20 min as tolerated; **thin rice-gruel** in spoonfuls between surges if appetite allows. Avoid heavy oily meals and iced drinks.
- **Touch & warmth:** **External oiling** (see §3) to lumbosacral area between surges; warm compress if comforting. Avoid deep abdominal massage.
- **Breath-sound:** Coach **long relaxed exhalations** with **low-pitched humming**; no early forced breath-holding.
- **Position cycles:** Default **upright/forward-leaning** (over bed, chair, or ball) alternating with **left-lateral** rests. Change **every 30-40 minutes** or by comfort.
- **Monitoring:** Track the **trend** of contraction length–strength–frequency, maternal coping, fluids/urine, bleed, and fetal status per local protocol. Any concern → obstetric review.

1.2 Boundaries (what to avoid in normal labor)

- Internal drugging to “hasten” labor; purgatives/castor oil; emmenagogue pills; strong fomentation/sauna; iced drinks; continuous supine immobility; crowded, bright, noisy rooms; repeated unnecessary vaginal exams.



2) Diet and Lifestyle During *Prasava*

Goal: Keep **Agni steady**, **hydration gentle**, and **mind Sāttvika**, so Apāna Vāta remains rhythmic.

2.1 Diet (as appetite allows)

- **Thin rice-gruel (peya):** 100–150 mL between surges, **warm**, lightly salted; optionally a few drops of ghee if the tongue is clean and no nausea.
- **Light soups:** clear moong broth or vegetable broth **warm**, small sips.
- **Sweet-sour-pungent extremes:** avoid; keep spices mild and cooked into food.
- **Do not** force food; small frequent spoonfuls are sufficient.

2.2 Fluids

- **Jeeraka-siddha jala:** simmer **1 tsp cumin** in **500 mL** water to ~400 mL; keep **warm** and sip **30–60 mL** intermittently.
- **Dhānyaka-Saunf phāṇṭa** (coriander–fennel infusion): **room-temperature** sips for heat/thirst (Pitta overlay).
- **Avoid** iced, carbonated, or very sweet drinks.

2.3 Lifestyle cues

- **Digital sunset:** keep phones/screens away; one birth-partner anchors calm cues.
- **Speech:** low voice, brief phrases timed to exhalation (“loooong exhale... good...”).
- **Rest windows:** encourage **micro-rests** between surges; reduce talk during surges.

3) Pregnancy-Safe Supports: Herbal & External Therapies

Use **one** support at a time. Favour **external oiling** and **food-form** preparations. Stop with any adverse cue.

3.1 External therapies

- **Kṣīrabala Taila (external only):** Warm 1–2 tsp in palms; slow circular strokes over **lumbosacral area/hips** for **5–7 min** between surges; repeat hourly. *Effect:* Vāta-settling, back-ache relief, better coping. *Cautions:* Non-slippery floor; avoid direct application over open skin; no abdominal deep massage.
- **Nārāyaṇa Taila (external only):** Same method when Kṣīrabala is unavailable.
- **Warm compress:** Rolled towel dipped in warm water, wrung out; applied to sacrum during surges if comforting; **remove if heat irritates.**
- **Perineal warm compress (crowning):** Clean warm cloth held to perineum during expulsive surges to aid **slow, controlled emergence.**

4) Positioning & Supportive Measures

Why positions matter: They alter **pelvic diameters**, facilitate **descent/rotation**, and reduce **perineal trauma**—through simple, safe mechanics that align with Vāta’s downward movement.

4.1 First stage (latent → active)

- **Upright/forward-leaning default:**
 - Over a high bed, chair, or birth ball; **forearms supported**; knees soft.
 - Add **pelvic tilts/rocking**; change to **hands-and-knees** or **supported lunge** every **30–40 min.**



- **Left-lateral rests:** between position sets for **micro-recovery**; pillow between knees.
- **Hands-and-knees** when back pressure is high—reduces sacral load and often eases posterior presentations.

4.2 Second stage (expulsion)

- **Urge-led bearing down:** Use the **natural urge**; cue “**down the long exhale**”; avoid repetitive early Valsalva.
- **Perineum-friendly positions:**
 - **Side-lying** (excellent for controlled crowning and assisted births if needed),
 - **All-fours** (widens AP diameter; helpful in OP/posterior),
 - **Supported squat** (if comfortable and stable).
- **Hands guidance:** Gentle **counter-support** to perineum with the **warm compress**; avoid aggressive perineal stretching.

4.3 Third stage (Aparā-pāta)

- **Skin-to-skin** newborn on chest; avoid cold air/excess chatter.
- Observe **placental separation signs** (gush of blood, cord lengthening, fundal rise then firming).
- **No cord traction** until separation signs; fundal tone assessed by trained staff.

5) Traditional Practices Ensuring Safe, Smooth Delivery (Validated by Physiology)

- **Ritual simplicity & mantra softly** (if family desires): Keeps **Sattva** high, noise low. No smoke/incense that irritates or heats the room.
- **Oil touch (snehana)** to back/hips between surges: Calms **Vāta**, reduces pain perception, promotes rhythmic breathing.
- **Warmth without overheating:** Socks/blanket for extremities; avoid hot packs that provoke heat and irritability.
- **Single-voice coaching:** One known voice cues exhalation, position change, and sips—prevents sensory overload.
- **Birth-partner counter-pressure:** Heels of the hands on sacrum during surges (only if mother likes it), then release—never constant force.
- **Post-birth quiet hour:** Skin-to-skin, delayed weighing if stable; initiates **early suckling**, which favours uterine tone and reduces bleeding.

6) Ready-to-Use Normal-Labor Orders

Start **one** item at a time; review coping every 30–60 min; escalate if progress stalls or any red flag appears.

Set A — First-stage comfort & rhythm

- **Room:** dim, warm, quiet; one companion.
- **Fluids:** **Jeeraka-siddha jala** sips **30–60 mL** q10–20 min (as desired).
- **Food-form:** **Peya** 100–150 mL between surges if hungry.
- **Positions:** Upright/forward-lean ↔ left-lateral; hands-and-knees for back pressure; **change q30–40 min**.
- **Touch:** **Kṣīrabala/Nārāyaṇa Taila** (external) **5–7 min** to lumbosacral area between surges **q1h**.
- **Bladder:** Void **q2–3 h**; ensure soft stool earlier (no enemas once active).

Set B — “Hot & hurried” pattern (Pitta overlay)

- **Ventilation + dim lights**, quiet cues.
- **Sips:** **Coriander-fennel phāṇṭa** at **room temperature**, **20–30 mL** intermittently.
- **Touch:** Gentle strokes only; remove heat packs; continue position cycles.



Set C — Crowning & perineal protection

- **Warm perineal compress** applied during surges.
- **Cue:** “Push with the urge, down your long exhale; I’ll slow the head.”
- **Position:** Side-lying or all-fours by comfort; avoid aggressive perineal stretching/pressure.

Set D — Third stage (physiological)

- **Skin-to-skin;** watch for **separation signs; no traction.**
- **Fundus checks** by trained staff; if atony/bleeding → obstetric protocol first; Ayurvedic convalescence begins **after** stabilization (see Sūtikā unit).

7) Safety, Monitoring, and When to Escalate

- **Maternal:** colour, coherence, warmth of extremities, coping, hydration, urine output, contraction trend, **bleeding** pattern.
- **Fetal:** intermittent/continuous monitoring per protocol; **non-reassuring patterns** → immediate obstetric review.
- **Red flags:** heavy fresh bleeding, meconium with abnormal tracing, **constant severe abdominal pain**, fever with uterine tenderness, sudden severe headache/visual change, failure of progress with optimal care. **Do not delay** escalation.

Summary (Rapid Revision)

- Normal labor is **Apāna-Vāta-led**; protect its rhythm with **privacy, warmth (not heat), breath-led coping, bladder emptying, gentle fluids, and position cycles.**
- Diet is **light, warm, freshly prepared**; fluids are **warm sips** (jeeraka-siddha jala) and **room-temp coriander-fennel** when heat dominates.
- **External oiling** to lumbosacral area and **perineal warm compress** at crowning are simple, effective, and safe.
- Positioning is therapy: **upright/forward-leaning, hands-and-knees, side-lying**—change frequently.
- Traditional practices that preserve **Sattva** (single voice, calm space, simple touch) directly support **Sukha Prasava.**
- Always **monitor trends** and escalate at red flags; Ayurveda supports physiology and comfort while modern safety protocols guide decisions.

Assessment

A. Multiple-Choice Questions (MCQs)

1. The **single most important** Vāta-hygiene step in normal labor is:
 - A. Deep abdominal massage
 - B. Regular bladder emptying q2-3 h**
 - C. Iced drinks to numb pain
 - D. Bright lights for better observation**Answer: B**
2. In “hot & hurried” labor, the **best** sip is:
 - A. Castor oil 30 mL
 - B. Salted buttermilk on ice
 - C. Coriander-fennel phāṇṭa at room temperature**
 - D. Coffee**Answer: C**



3. During the first stage, the **default posture strategy** is:
- A. Continuous supine rest
 - B. **Upright/forward-leaning with changes every 30-40 min**
 - C. Prolonged knee-chest
 - D. Lithotomy
- Answer: B**
4. The **mechanistic reason** perineal warm compress helps is best stated as:
- A. It cools Pitta instantly
 - B. **It softens tissues and cues slow, controlled crowning**
 - C. It increases contraction frequency
 - D. It replaces coached pushing
- Answer: B**
5. Which external therapy is **appropriate** for back-ache between surges?
- A. Internal astringent pills
 - B. **Kṣīrabala/Nārāyaṇa taila rubbing over lumbosacral area**
 - C. Ice pack on abdomen
 - D. Tight abdominal binder throughout labor
- Answer: B**
6. A **red flag** demanding escalation is:
- A. Desire for quiet
 - B. **Constant severe abdominal pain (not rhythmic)**
 - C. Need to void every hour
 - D. Mild back ache relieved by hands-and-knees
- Answer: B**
7. In second stage, the safest pushing cue is:
- A. "Hold your breath and push for 10 counts repeatedly."
 - B. **"Push with the urge, down your long exhale; I'll slow the head."**
 - C. "Push constantly between surges."
 - D. "Avoid changing position."
- Answer: B**
8. Third-stage conduct in physiological conditions **includes**:
- A. Immediate cord traction
 - B. **Skin-to-skin and watching for separation signs**
 - C. Ice drinks for the mother
 - D. Routine episiotomy
- Answer: B**
9. In normal labor, diet should be:
- A. Heavy, oily meals for strength
 - B. **Light, warm, freshly prepared food-forms (peya, clear soups)**
 - C. Raw salads and smoothies on ice
 - D. Fasting throughout
- Answer: B**
10. The shloka from Suśruta quoted here emphasizes that:
- A. Sādhaka Pitta controls speech
 - B. **Apāna Vāta governs fetal expulsion**
 - C. Kapha creates all contractions
 - D. Udāna manages digestion
- Answer: B**

B. Case Vignette (Applied)

Case — "Back-pressured but Coping"

A 27-year-old primigravida in active labor prefers to stand leaning over the bed. She reports back-to-front sweeping surges every 4-5 minutes, lasting ~60 seconds. The room is bright with several visitors; she has not voided in 3 hours. Fetal



status is reassuring; bleeding is minimal.

Tasks:

1. Identify **two** factors currently aggravating Vāta or Pitta.
2. Write a **30-60 minute plan** to optimise physiology (environment, fluids/food-form, bladder, external therapy, and positions). Include exact instructions (e.g., jeeraka-siddha jala dosing, taila method, position cycle).
3. State **one** sign over the next hour that would trigger obstetric review despite your measures.

(End of Unit 3 – Management of Normal Labor)

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