Unit 3: Normal Labor and Delivery

Unit 3 — Normal Labor and Delivery (Sukha Prasava)

Overview

Ayurveda views normal labor (**prasava**) as a **physiological culmination** of pregnancy in which the mother's **Apāna Vāta** (downward-moving force) initiates and coordinates uterine efforts, **Pitta** ripens and transforms tissues (cervix, membranes), and **Kapha** provides lubrication and reserve strength. Safe conduct of labor (**Sukha Prasava**) depends on: (1) recognising the **stages** and their signs, (2) understanding **doṣa choreography** that propels progress, (3) providing a **calm, warm, private environment** with simple, digestible supports (food, fluids, touch, posture), (4) using **traditional obstetric measures** that are safe and conservative, and (5) **monitoring mother and fetus** continuously with clear thresholds for escalation.

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1) Stages of Normal Labor in the Ayurvedic Lens

Classical descriptions emphasise **sequential signs** rather than rigid time charts. A practical, clinic-ready mapping is below.

Ayurvedic stage	Functional description	Key signs you look for	Practical aim
Prasava-pūrva avasthā (prodrome/early)	Body–mind shift to labor readiness; cervical softening; Apāna priming	Back/low-abdominal ache; "lightening"; irregular tightenings; mucous "show"; restlessness with calm intervals	Reassure; preserve energy; warm, private space; light warm sips
Prasava-mukha (active progression)	Coordinated, stronger contractions; cervical opening; descent begins	Contractions become longer, stronger, closer; membranes may rupture; urge to focus inward	Upright/lateral postures; rhythmic breath; protect hydration and bladder emptying
Garbha-niṣṛti (expulsion/birth)	Fetal head crowns and is born with coordinated maternal effort	Involuntary bearing-down; ring of fire; head then body born	Safe perineal support; clear, calm cueing; no hurried traction
Aparā-pāta (placental stage)	Placental separation and birth; uterine tone returns	Gush/trickle, fundal rise then firming; placenta descends	Encourage physiological detachment; guard against bleeding; begin recovery care

Clinical pearl: Normal labor **oscillates** between effort and rest. Your goal is **flow, not force**—optimise conditions so Apāna Vāta moves steadily without obstruction, fear, dehydration, or exhaustion.

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2) Role of Doṣas in Initiation and Progress of Labor

2.1 Apāna Vāta — the primary driver

- **Initiates** uterine rhythm; **coordinates** descent, rotation, and expulsion.
- **Obstruction signs:** irregular, erratic contractions; spasmodic pain with poor descent; anxiety; constipation; cold, tense lower body.
- **How you support it:** warmth (room and body), privacy, rhythmic breathing and vocalisation, **vātānulomana** (bowel emptying before/early labor), gentle sacral–lumbar oiling, avoid fear and noise.

2.2 Pitta — ripening and transformation

- **Softens and thins** the cervix; sustains a **purposeful heat** for progress.
- **Excess signs:** irritable, burning pain, premature exhaustion, hot flushes, anger, dark/scanty urine, heightened

thirst.
- **Support:** cool the mood (low light, quiet), offer **cool–warm balance** in sips (not iced), avoid over-heating (saunas, hot baths).

2.3 Kapha — lubrication and stamina

- **Provides** cervical mucus, tissue turgor, **Ojas** reserve for sustained effort.
- **Excess signs:** heaviness, sluggish progress with adequate contractions, very thick mucus, somnolence.
- **Support:** light, frequent warm sips; upright postures; brief ambulation; avoid overfeeding or very heavy foods in labor.

2.4 Subtype choreography (quick map)

Subtype	Contribution in labor	Watch-for	Your intervention
Apāna Vāta	Expulsion, bearing-down reflex	Irregular rhythm, spasm	Warmth, touch, calm cueing, bowel emptying
Vyāna Vāta	Uterine–pelvic coordination, maternal circulation	Tremor, cold extremities	Wrap/cover, steady sips, reassurance
Prāṇa Vāta	Breath, focus, vocalisation	Panic, breath-holding	Guided exhalation, humming, counting
Sādhaka Pitta	Emotional steadiness, pain meaning	Irritability, anger	Low-stimulus room, supportive words
Kledaka/Avalambaka Kapha	Mucus, lubrication; chest–back support	Overheaviness, lethargy	Upright positions, light fluids

3) Ayurvedic Guidelines for Management of Labor (Sukha Prasava)

3.1 The space

- **Warm, dim, private, quiet**; limit onlookers; one trusted birth companion.
- Avoid intrusive chatter; keep **hands warm**; use **clean linens**, good ventilation (no drafts).

3.2 Food and fluids

- **Small, frequent warm sips** (water, lightly salted rice-water, thin gruels as culturally appropriate); avoid icy liquids.
- **Light, digestible snacks** if hungry in early labor; **no heavy, oily feasts**.
- If vomiting, **rinse and rest**, then resume with smaller sips.

3.3 Touch and heat

- **Lumbar-sacral oiling** (warm, light application) between contractions; gentle counter-pressure during surges.
- **Warm compress** to lower back/abdomen if comforting; avoid over-heating.

3.4 Movement and postures

- **Upright and forward-leaning** (swaying, hands-and-knees, supported lunge, sitting on a low stool), alternating with **left lateral rest**.
- Encourage **empty bladder** every 2–3 hours; a full bladder obstructs descent.
- For crowning, **instinctive positions** (side-lying, kneeling, all-fours, semi-squat) with **calm perineal support**.

3.5 Breath and sound

- **Rhythmic exhalation** through the surge; low-pitched humming or open-throat sighs reduce fear–tension–pain.
- Discourage **breath-holding strain** in early pushing; wait for **spontaneous bearing-down** unless clinical indications differ.

3.6 Perineal care & birth

- **Warm compress** during crowning if available; **slow, controlled emergence** of the head with mother-led effort.
- **Hands poised, not pulling**; keep the perineum supported with a clean cloth or hand as needed.
- After birth, **skin-to-skin** contact aids uterine tone and newborn transition (aligns with Ojas protection).

3.7 Placental stage (Aparā-pāta)

- Promote **physiological separation**: baby to chest, calm room, do not tug on the cord; observe for a gush/lengthening cord before simple, steady guidance.
- After placenta, **fundal tone check** and **uterine massage** if atony suspected; continue warm sips.

Never use forceful traction, deep internal maneuvers, or strong evacuative procedures outside trained, indicated settings.

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4) Traditional Obstetric Practices — What Is Safe and Useful

Practice	Rationale	Modern-safe adaptation	Avoid
Abhyanga (external oiling) of back/hips	Settles Vāta, relieves ache	Light warm oiling; clean hands/linen	Slippery floors; excessive heat
Svedana (mild fomentation)	Relaxes spasm	Warm compress to back/perineum as comfort measure	Hot baths/sauna causing fatigue
Dhāra/Parisheka (warm pours)	Soothes, focuses mind	Brief warm pour over lower back between surges	Prolonged heat raising Pitta
Herbal ingestion	Digestive comfort	Simple warm fluids/gruels; **avoid new/potent herbs** in labor	Astringent/strong purgatives
Positioning traditions	Align pelvis with gravity	Upright/forward-leaning, side-lying	Supine immobility for long hours

Asepsis, consent, gentleness are non-negotiable. Traditional measures are **adjuncts**, not replacements for skilled midwifery/obstetric care.

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5) Maternal and Fetal Monitoring During Labor (Ayurvedic + Integrative)

5.1 Maternal

- **General state:** warmth of extremities, colour, sweat, coherence of speech, **Ojas** (reserve).
- **Hydration & bladder:** steady sips; voiding 2–3 hourly.
- **Bowels:** empty before or early labor; avoid active enema in advanced labor.
- **Contraction pattern:** building **length–strength–closeness**; observe restfulness between surges.
- **Pain quality:** rhythmic vs. constant severe pain (constant pain is concerning).
- **Bleeding & fluid:** show is normal; **copious fresh red bleeding** is not. Prominent meconium-stained fluid needs escalation.
- **Fundal tone after placenta:** firming is reassuring; atony needs urgent action.

5.2 Fetal

- **Movements** felt between surges (in earlier labor).
- **Descent & rotation** by abdominal and, when indicated, sterile vaginal assessment.
- **Heart tones**: integrate local standard monitoring to ensure **reassuring fetal status**; Ayurvedic care is **complementary** to this safety layer.

5.3 Thresholds for escalation (refer/obstetric management)

- Persistent **maternal exhaustion**, dehydration, or fever;
- **Constant severe abdominal pain**, abnormal presentation, cord prolapse suspicion;
- **Heavy bleeding**, foul odour, high fever;
- **Non-reassuring fetal status** (per local monitoring standards);
- Ruptured membranes with **thick meconium**;
- Placental stage exceeding safe windows with bleeding or atony.

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6) Putting It All Together — A Practical Flow

1. **Set the space:** warm, private, dim; one companion.
2. **Early labor:** light warm sips; ambulation; empty bladder/bowels; lumbar oiling; left-lateral rests; reassurance.
3. **Active phase:** upright/forward-leaning; rhythmic exhalation; counter-pressure; guard hydration; avoid over-heating; monitor pattern and wellbeing.
4. **Birth:** calm cueing; perineal support; mother-led effort; no traction; skin-to-skin.
5. **Placenta:** physiological separation; fundal tone check; warm sips; observe bleeding.
6. **Immediate recovery:** warmth, simple fluids/foods, assess tears/tone; initiate newborn care as per local protocol.

Summary (Rapid Revision)

- Normal labor proceeds through **pūrva (prodrome) → mukha (active) → garbha-niṣṛti (birth) → aparā-pāta (placenta)**, each with recognisable signs and aims.
- **Apāna Vāta** drives labor; **Pitta** ripens; **Kapha** lubricates and sustains. Support them with **warmth, privacy, rhythm, hydration, posture, and steady breath**.
- **Sukha Prasava** avoids force: hands are **supportive**, not pulling; environment is **calm**; measures are **simple and safe**.
- Continuous **maternal-fetal monitoring** with clear escalation thresholds protects mother and child; Ayurvedic measures complement, not replace, skilled obstetrics.

Assessment

A. Multiple-Choice Questions (MCQs)

1. The doṣa **primarily responsible** for initiation and expulsion in labor is:
   A. Kapha
   B. Pitta
   C. Apāna Vāta
   D. Udāna Vāta
   Answer: C
2. In **Prasava-pūrva** (prodromal) labor, the **best** advice is to:
   A. Begin strong bearing-down
   B. Offer warm sips, privacy, rest–activity balance
   C. Give heavy, oily meals for strength
   D. Start forceful traction to speed labor
   Answer: B
3. An **excess Pitta** pattern in active labor typically shows as:
   A. Thick mucus and lethargy
   B. Burning irritability, hot flushes, thirst
   C. Cold limbs and tremor

D. None of the above
Answer: B

4. **Kapha's** helpful role in labor includes:
   A. Triggering contractions
   B. Cervical lubrication and stamina
   C. Causing constant pain
   D. Preventing placental separation
   Answer: B
5. The **safest** perineal strategy at crowning is:
   A. Rapid traction on the head
   B. Slow, mother-led emergence with warm compress & support
   C. Deep internal maneuvers routinely
   D. Immediate cord pulling for placenta
   Answer: B
6. A full **bladder** in labor most often:
   A. Speeds descent
   B. Obstructs descent and irritates contractions
   C. Prevents tears
   D. Has no effect
   Answer: B
7. For **physiological placental birth**, you should first:
   A. Apply strong cord traction
   B. Encourage baby-to-chest, calm room, observe signs of separation
   C. Give astringent herbs
   D. Force supine positioning
   Answer: B
8. A threshold for **urgent escalation** is:
   A. Rhythmic, tolerable contraction pain
   B. Constant severe abdominal pain or heavy fresh bleeding
   C. Mild nausea after a sip
   D. Brief tearless crying
   Answer: B
9. The **most Vāta-settling** combination in labor is:
   A. Ice packs + strict silence
   B. Warm room + rhythmic breath/sound + lumbar oiling
   C. Hot sauna + loud music
   D. Dry fasting + bright lights
   Answer: B
10. In active labor, preferred **posture strategy** is to:
    A. Keep mother supine for hours
    B. Alternate upright/forward-leaning with left lateral rest
    C. Enforce deep squats only
    D. Prohibit movement
    Answer: B

B. Case Vignettes (Applied)

Case 1 — "Stalling with Spasm"
A primigravida in active labor has irregular, painful contractions with minimal descent. She is anxious, shivering slightly, and has not voided for 4 hours.
Tasks:

1. Identify the dominant doṣa disturbance and two likely contributors.
2. List four Vāta-settling, descent-promoting steps you will take now.

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3. State one monitoring point that would trigger escalation if not improving.

Case 2 — “Hot and Hurried”
A multipara shows strong, frequent contractions with irritability, intense thirst, and hot flushes. She works in a very warm room and refuses fluids.
Tasks:

1. Map the pattern to doṣa; name two immediate environmental corrections.
2. Prescribe a breath–sound cueing pattern to reduce strain.
3. Mention one sign that Pitta has been adequately calmed.

Case 3 — “The Placenta Lingers”
After a straightforward birth, the placenta has not delivered. Bleeding is minimal; mother is alert; baby is on her chest.
Tasks:

1. Outline the physiological steps you support before any traction.
2. List two cues of placental separation you will watch for.
3. State one red-flag that mandates escalation.

End of Unit 3 — Normal Labor and Delivery (Sukha Prasava)