



## Unit 4: Complications during Labor and Delivery

### Unit 4 — Complications During Labor and Delivery (Prasava Vyāpada) with Advanced Ayurvedic Management

#### Overview

**Prasava Vyāpada** refers to complications that arise **during labor and delivery**—from dysfunctional/ prolonged labor to obstructed labor, intrapartum bleeding, maternal exhaustion, and fetal compromise. In Ayurveda, the labor engine is **Apāna Vāta** (downward-regulating force). When Apāna is **vitiated** or obstructed by fear, dehydration, cold, constipation, over-stimulation, or pain-tension-fear loops, the labor becomes **irregular, painful, unproductive, or dangerous**. This unit gives you a **clinic-ready, prescribing-level** framework: concept and classification, the **Vāta-centric pathogenesis**, safe **Ayurvedic adjuncts** (with exact instructions), what **not** to use, and **maternal-fetal monitoring** thresholds in high-risk labor.

#### 1) Ayurvedic Concept of Prasava Vyāpada (Complications During Labor)

**Definition.** Deviations from **sukha prasava** (physiological labor) due to disturbed **Apāna Vāta**, aggravated **Pitta** (heat/irritability/bleeding), or **Kapha** stagnation (sluggishness, over-mucus, somnolence), compounded by **Agni** weakness (fatigue, nausea) and **Srotas** obstruction (full bladder, constipation, rigid pelvic floor).

**Functional classification (bedside):**

- **Prasava-pūrva vyāpada:** false labor, prodromal exhaustion, anxiety with insomnia.
- **Prasava-mukha vyāpada:** **prolonged latent** or **protracted active phase**, incoordinate contractions, early bearing-down, dehydration.
- **Garbha-nisṛti vyāpada:** ineffective expulsive efforts, tight perineum, shoulder difficulty (requires obstetric manoeuvres), intrapartum hemorrhage.
- **Aparā-pāta vyāpada:** delayed placental separation, uterine atony (postpartum hemorrhage risk).

**Clinical axiom:** Ayurvedic measures in labor are **physiological adjuncts**—they **support** progress, comfort, and rhythm but **never replace** obstetric interventions (augmentation, assisted delivery, CS) when indicated.

#### 2) Role of Vāta Doṣa in Abnormal Labor

**Apāna Vāta** coordinates **contraction-descent-rotation-expulsion**. Its disturbances present as:

- **Viśama gati** (irregular rhythm): contractions vary in length/strength/intervals; progress stalls.
  - **Saṅga** (obstruction): full bladder/constipation, rigid perineum, fear-tension, cold environment.
  - **Kṣaya** (depletion): maternal exhaustion, dehydration, insomnia → weak efforts.
- Pitta** overlays give **hot, irritable, painful** surges with early fatigue; **Kapha** overlays cause **sluggishness**.

**Vāta-balancing levers:** warmth, rhythmic breath-sound, protected privacy, gentle oiling, **bowel/bladder empty**, upright/forward-leaning postures, and **small warm sips**.

#### 3) Prolonged & Obstructed Labor — Ayurvedic Lens and Management

**Immediate rule: Exclude obstruction** (malposition, malpresentation, cephalo-pelvic disproportion, cord



issues) with obstetric assessment. If obstruction is present/suspected or fetal status is non-reassuring → **obstetric management first**. Ayurvedic measures serve **comfort and stability** only.

### 3.1 Prolonged latent/protracted active phase (no obstruction, mother stable)

**Likely pattern:** Apāna Vāta dysrhythmia ± Kapha heaviness (somnolence) or Pitta irritability (overheated room, thirst).

**Adjunct protocol :**

- **Space & stimuli:** warm (not hot), **dim, quiet, one** trusted companion; reduce observers.
- **Positions:** **upright/forward-leaning** (on a chair/ball/bed edge), **hands-and-knees, supported lunges** alternating with **left-lateral** rest. Change every **30-40 minutes**.
- **Breath-sound:** long **relaxed exhalations** with **low-pitched humming**; avoid coached breath-holding early.
- **Bladder/bowels:** **void every 2-3 hours**; encourage a soft bowel earlier in labor (avoid enemas during active phase).
- **External oiling:** **Kṣīrabala Taila** or **Nārāyaṇa Taila** (warm) to **lumbosacral area and hips** between surges for 5-7 minutes; clean towels; non-slippery floor.
- **Fomentation:** **warm compress** to lower back if comforting; **avoid overheating** (prevents Pitta spike).
- **Fluids (food-form):** small **warm sips—jeeraka-siddha jala** (cumin-infused water) or **thin rice-gruels** at intervals; **no iced drinks**; avoid heavy oily meals.

**Do not use:** castor-oil purgation, strong astringents, or uterotonic herbs.

### 3.2 “Hot and hurried” labor (Pitta overlay)

**Findings:** irritable, very painful surges, hot room, thirst, anger, minimal rest between contractions.

**Corrections:**

- Cool the **stimulus** (dim lights, fan/ventilation; not cold blasts), offer **room-temperature** water sips (not iced), **calm tone**.
- **Śīta-pradhāna sips:** **coriander-fennel phāṇṭa** small sips.
- **Touch:** continue **oiling** but use gentle strokes; avoid intense heat packs.

### 3.3 Kapha overlay (sluggish, heavy, somnolent)

**Findings:** thick mucus, prolonged latent with little change, desire to lie supine, heavy meals.

**Corrections:**

- **Mobilise:** brief ambulation, **upright/forward-leaning** cycles; keep fluids **light and warm**.
- **Meals:** **avoid heavy/oily food**; give small warm broths/gruels only.

### 3.4 Obstructed labor (suspected/confirmed) — stance

- **Stop** all “facilitating” attempts; **no deep massage**, no pushing unless indicated.
- Prepare for **obstetric manoeuvres/operative delivery**.
- Support **left-lateral** position, **oxygen as per protocol**, and **calm coaching**.

## 4) Herbal Formulations & External Therapies to Facilitate Physiological Delivery

**Principle:** Intrapartum internal drugs to “hasten” labor are **generally avoided**. Use **external** classical therapies and **food-form** supports that are **pregnancy-safe**. **Never** delay indicated



augmentation/operative care.

#### 4.1 External classical oils (pregnancy-safe; only external)

- **Kṣīrabala Taila (SNEHA)** — **Application:** warm 1-2 tsp rubbed over **lumbosacral area/hips** between surges for 5-7 minutes; repeat **hourly** as desired. **Benefits:** Vāta-settling, back-ache relief, promotes relaxation. **Cautions:** avoid slippery floors; test on small area first.
- **Nārāyaṇa Taila** — similar schedule and cautions; choose based on availability and patient comfort.

**Avoid:** Daśamūla-based oils in pregnancy/labor per program policy; **no internal use** of any taila/ghṛta for “quickening” labor.

#### 4.2 Food-form sips (Ajāśrika Rasāyana style)

- **Jeeraka-siddha jala (cumin-infused water)** — **Method:** simmer 1 tsp cumin in 500 mL water → reduce to ~400 mL; keep warm; **sip** intermittently.
- **Tandulodaka/peya (thin rice-gruel)** — small warm portions **between surges** for energy without heaviness.
- **Cooling phāṇṭa** (if Pitta high): **dhānyaka-saunf** (coriander-fennel) infusion at room temperature, **small sips** only.

#### 4.3 What not to use (exam & clinic critical)

- **Castor oil, strong purgatives, emmenagogues** (e.g., **Rājapravartinī Vaṭī**), **mineral rasa-yogas**, and **Daśamūla** (internal) in pregnancy/labor.
- **Deep abdominal massage, hot sauna, or iced fluids.**

## 5) Prolonged Second Stage / Tight Perineum (non-obstructed)

**Aim:** support **slow, controlled crowning** and reduce perineal trauma.

**Adjuncts:**

- **Warm compress** to perineum during crowning; **gentle counter-pressure** with a clean cloth—**hands supportive, not pulling.**
- **Positions:** side-lying, supported kneeling, all-fours; change as per comfort and fetal status.
- **Cueing:** **urge-led bearing-down** (open throat, long exhale); avoid early repeated breath-holding.
- **Fluids:** continue **small warm sips** to prevent exhaustion.

**Escalate** with non-reassuring fetal heart, meconium, or arrest of descent.

## 6) Delayed Placental Separation (Aparā-pāta), Physiological Range

**Physiological support (if mother stable, bleeding minimal):**

- **Skin-to-skin** newborn on chest, **quiet warm room.**
- Observe **signs of separation** (gush of blood, cord lengthening, fundal rise then firming).
- **Do not tug** the cord.
- **Fundal tone check** and **uterine massage by trained staff** if atony suspected.

**Red flags:** increasing bleeding, maternal instability, retained placenta beyond protocol windows → **obstetric management.**

## 7) Maternal & Fetal Monitoring in High-Risk Labor (Integrative)

### Maternal

- **General:** colour, warmth of extremities, sweat, coherence, **Ojas** reserve (responsiveness).
- **Hydration & bladder:** sips tolerated; **void 2-3-hourly**.
- **Contraction pattern:** length-strength-frequency trending; restfulness between surges.
- **Bleeding:** normal “show” vs **fresh red bleeding** (red flag).
- **Temperature & pulse:** fever with pain → escalate.

### Fetal

- **Heart tones:** use local standard intermittent/continuous monitoring; respond to decelerations per protocol.
- **Descent/rotation:** progress by abdominal/pelvic assessment when indicated; **avoid repeated exams**.
- **Meconium:** thick/particulate with non-reassuring tracing → **urgent obstetric plan**.

### Universal escalation triggers

- Non-reassuring fetal status;
- **Constant severe abdominal pain** (not rhythmic);
- **Heavy fresh bleeding**;
- **Maternal exhaustion/dehydration** unresponsive to support;
- **Obstructed labor** suspicion;
- Fever with uterine tenderness/ foul fluid.

## 8) Preventive Care (Last 4-6 Weeks) — Pathya-Apathya Āhāra & Vihāra

Domain	Pathya (do this)	Apathya (avoid/limit)
Meals	Warm, freshly cooked, <b>early light dinner</b> ; small frequent if reflux	Late spicy/sour/oily feasts; large night meals
Hydration	<b>Warm sips</b> through day; room-temp infusions in summer	Iced drinks; very hot or sugary beverages
Bowels	Soft <b>daily stools</b> (cooked fibre, a little ghee if tongue clean)	Laxative abuse; urge suppression
Activity	20-30 min gentle walk; posture changes; <b>left-lateral rest</b>	Prolonged standing; exhausting workouts
Mind-sleep	<b>Digital sunset</b> ≥60 min; lights-out ≈10 pm; brief breath-mind	Night screen marathons; conflict late evenings
Heat	Shade, loose cotton, lukewarm bath	Hot kitchen/sauna/hot tubs; noon sun

## 9) Yoga & Relaxation for Reducing Intrapartum Complications (Safe Set)

Practise antenatally; **no breath retentions**, no deep twists, no supine for long late in pregnancy.

- **Asana (late pregnancy):** hands-and-knees rocking, pelvic tilts, supported squats (if comfortable), side-lying releases, supported forward-lean over pillows or bed.
- **Prāṇāyāma:** Nāḍī-śodhana (without kumbhaka) 4-5 min, Bhrāmarī 3-4 min, **ujjāyī-like relaxed exhale** practice for labor.
- **Labour rehearsal:** rhythm of **long, open-throat exhale** with **low hum**, posture changes every ~30-40 minutes, micro-rests between surges.



## 10) Ready-to-Use Adjunct Prescriptions (In-Labor; safe, supervised)

These are **adjuncts**. Start **one** at a time; stop with any adverse cue.

### Set A — Irregular painful surges, poor progress (no obstruction)

- **Kṣīrabala Taila (external)**: warm 1–2 tsp rub to lumbosacral/hips **q1h** between surges (5–7 min).
- **Jeeraka-siddha jala**: **sip** 50–100 mL intermittently (not with every surge).
- **Positions**: upright/forward-leaning ↔ left-lateral; **void** q2–3h.
- **Counsel**: long exhale with hum; dim room; minimal observers.

### Set B — Hot, hurried pattern (Pitta overlay)

- **Dhānyaka-Saunf phāṇṭa** (coriander–fennel infusion) **room-temp sips** prn.
- **Nārāyaṇa Taila (external)** warm light strokes to back **q1–2h**.
- **Environment**: cool stimulus (not cold), low light, quiet cues.

### Set C — Perineal support at crowning

- **Warm compress** to perineum (clean cloth) during surges; **slow emergence** with **urge-led** pushing; no traction.
- **Fluids**: small warm sips between surges.

**Forbidden** across sets: **castor oil**, **Rājapravartinī Vaṭī**, **Daśamūla** (internal/external per program policy), strong purgatives, iced fluids, deep abdominal massage.

## Summary (Rapid Revision)

- **Prasava Vyāpada** stems chiefly from **Apāna Vāta** disturbance, modulated by Pitta (heat/irritability) and Kapha (sluggishness).
- For **prolonged labor without obstruction**, optimise **privacy, warmth (not heat), posture cycles, breath-sound, bladder emptying, small warm sips**, and **external oiling** with **Kṣīrabala/Nārāyaṇa Taila**.
- **Obstruction or non-reassuring fetal status** → **obstetric management first**. Ayurvedic measures are supportive only.
- **Placental stage**: skin-to-skin, observe separation signs; **no cord traction**.
- **Daśamūla** is **avoided in pregnancy**, hence not used intrapartum here.
- Prevention in last weeks relies on **Pathya-Apathya** and **safe yoga/relaxation**.
- **Monitoring** is continuous; escalate promptly at any red flag.

## Assessment

### A. Multiple-Choice Questions (MCQs)

1. The primary doṣa governing the **expulsive** mechanics of labor is:

- A. Kapha
- B. Pitta
- C. **Apāna Vāta**
- D. Udāna Vāta

**Answer: C**

2. In a **protracted active phase** with no obstruction, the **most appropriate** Ayurvedic adjunct is:



- A. Castor-oil purgation
- B. **Upright/forward-leaning postures + Kṣīrabala Taila external + warm sips**
- C. Ice water to reduce pain
- D. Deep abdominal massage

**Answer: B**

- 3. A “**hot and hurried**” labor best matches:
  - A. Kapha dominance—give heavy foods
  - B. **Pitta overlay—cool the room’s stimulus, room-temp phāṇṭa sips, gentle strokes**
  - C. Vāta kṣaya—strict bed rest only
  - D. Sannipāta mandala—do nothing

**Answer: B**

- 4. Which is **forbidden** intrapartum under this syllabus?
  - A. Jeeraka-siddha jala sips
  - B. **Rājapravartini Vaṭi**
  - C. Warm perineal compress
  - D. Left-lateral rest

**Answer: B**

- 5. For **perineal protection** during crowning, the best cue is:
  - A. Rapid coached breath-hold pushing
  - B. **Urge-led bearing-down with slow emergence and warm compress**
  - C. Cord traction to “speed” the process
  - D. Supine immobility

**Answer: B**

- 6. **Delayed placenta** in a stable mother is first managed by:
  - A. Immediate cord traction
  - B. **Skin-to-skin, quiet warm room, observe separation signs**
  - C. Castor oil 60 mL
  - D. Iced drinks

**Answer: B**

- 7. The **most Vāta-settling** combination in labor is:
  - A. Bright lights, multiple observers, breath-holding
  - B. **Dim, warm room; rhythmic exhale with hum; external oiling**
  - C. Hot sauna and shouting
  - D. Dry fasting

**Answer: B**

- 8. Maternal **dehydration** and insomnia primarily lead to:
  - A. Kapha saṅga
  - B. **Vāta kṣaya** with weak efforts
  - C. Pitta śoṣa
  - D. Udāna vega

**Answer: B**

- 9. Program policy for **Daśamūla** in pregnancy/labor states it is:
  - A. First-line decoction
  - B. **Avoided**
  - C. Only external as fomentation
  - D. Safe with ghee

**Answer: B**

- 10. A universal **escalation trigger** is:
  - A. Soft evening ankle swelling alone
  - B. Occasional brief nausea
  - C. **Non-reassuring fetal status or constant severe abdominal pain**
  - D. Mild somnolence between surges

**Answer: C**



## B. Case Vignettes (Applied)

### Case 1 — “Stalling with Spasm”

A primigravida in active labor has irregular, painful surges, minimal cervical change, cold feet, and a very full bladder; room is bright and crowded. Fetal status reassuring.

#### Tasks:

1. Identify the dominant doṣa pattern and two aggravating factors.
2. Write a **step-wise adjunct plan** (environment, positions, breath-sound, bladder, external oiling, fluids).
3. Name **one** sign that would make you **escalate** immediately.

### Case 2 — “Hot & Hurried”

A multipara labors in a hot, noisy room; she is irritable, very thirsty, and refuses fluids; contractions are strong with little rest.

#### Tasks:

1. Map the overlay and list **three** environmental corrections.
2. Prescribe a **safe sip** and an **external therapy** with instructions.
3. State **two** conditions that would mandate obstetric intervention.

### Case 3 — “Placenta Lingers”

After a spontaneous birth, the placenta has not delivered; bleeding is minimal; mother stable; baby on chest.

#### Tasks:

1. Outline your **physiological support** steps.
2. List **two** signs of placental separation.
3. Mention **one** threshold for obstetric escalation.

## End of Unit 4 — Complications During Labor and Delivery (Prasava Vyāpada)