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.

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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-niṣṛti 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.

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2) Role of Vāta Doṣa in Abnormal Labor

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

- **Viṣama 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**.

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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**.

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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.

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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**.

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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.

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

Domain	Pathya (do this)	Apathya (avoid/limit)
Meals	Warm, freshly cooked, **early light dinner**; small frequent if reflux	Late spicy/sour/oily feasts; large night meals
Hydration	**Warm sips** through day; room-temp infusions in summer	Iced drinks; very hot or sugary beverages
Bowels	Soft **daily stools** (cooked fibre, a little ghee if tongue clean)	Laxative abuse; urge suppression
Activity	20–30 min gentle walk; posture changes; **left-lateral rest**	Prolonged standing; exhausting workouts
Mind-sleep	**Digital sunset** ≥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

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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.

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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.

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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. **Rājapravartinī Vaṭī**
   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)