Unit 4: Complications During Labor (Prasava Vyapad)

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Overview

This unit presents a **classical, doṣa–srotas-kriyākāla** analysis of intrapartum complications with **clinic-ready protocols** that keep physiology primary and escalate to obstetric measures without delay when danger signs appear. You will learn: the concept and classification of *Prasava Vyāpada*; the samprāpti and correction of *Duṣprasava* (difficult labor without fixed mechanical block); recognition of *Mūḍha-garbha* (obstructed labor) and abnormal presentations with safe cot-side measures; the restricted role of Pañcakarma and local therapies during labor; and emergency conduct that honours Ayurveda while aligning with modern safety.

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1) Concept and Classification of *Prasava Vyāpada*

1.1 Concept

Ayurveda frames labor as an **Apāna Vāta–led** sequence supported by **Pitta** (transformative intensity) and **Kapha** (lubrication/cohesion). *Prasava Vyāpada* denotes any deviation from **sukha-prasava** (physiological labor), arising when:

- **Apāna Vāta** is **viṣama** (irregular), **saṅgīna** (impeded by mārga-saṅga), or **kṣīṇa** (depleted);
- **Pitta** overfires (heat, irritability, bleeding risk);
- **Kapha** stagnates (heaviness, thick śleṣma, sluggish progress);
- **Rasavaha/Ārtavavaha** srotas are clouded, and **Mūtra–Pūrīṣa** loading blocks the pelvic corridor.

1.2 Practical classification for the labor room

Band	Pathology core	Typical picture	First response (Ayurveda)	Threshold to escalate
Prasava-pūrva Vyāpada (prolonged prodrome)	Vāta agitation, insomnia, Mūtra–Pūrīṣa load	Irregular tightenings, fatigue	Warm, dim, quiet; empty bladder; soft bowels; rest	Fever, bleeding, reduced movements, exhaustion
Duṣprasava (difficult labor)	Apāna–Vyāna dysrhythmia ± Pitta/Kapha overlay	Irregular/hypertonic surges; slow dilatation	Vāta-prashamana bundle (see §2.2)	No progress, distress patterns
Mūḍha-garbha (obstructed labor)	Mārga-saṅga or garbha-sthiti-viplava	Arrest of descent/rotation; rising bandl-like tenderness	Support only (position, bladder emptying)	Immediate obstetric action
Garbha-niṣkramana Vyāpada (second stage dysfunction)	Apāna kṣaya; perineal rigidity	Weak expulsive efforts, tight outlet	Urge-led pushing, perineal warm compress, position change	Fetal compromise, true arrest
Aparā-pāta Vyāpada (third stage issues)	Atony; delayed separation	No separation signs or oozing	Skin-to-skin, wait for signs, tone check	Atony/PPH → obstetric protocol

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2) *Duṣprasava* (Difficult Labor)

2.1 Samprāpti (pathogenesis)

- **Apāna Vāta viṣama gati** → irregular timing/strength; cervix lags; maternal coping erodes.
- **Vyāna Vāta asynchrony** → “incoordinate” contractions.

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- **Pitta overlay** → hot, frequent surges with short rests; thirst, irritability, early fatigue.
- **Kapha overlay** → heaviness, somnolence, thick mucus; drawn-out latent phase.
- **Srotas factors** → distended bladder or loaded rectum impede descent; *kha-vaiśūnya* (pelvic "hollowness" from exhaustion/cold) worsens Vāta.

2.2 Vāta-prashamana bundle (apply for 30–60 minutes, then reassess)

1. **Space reset:** dim, quiet, warm (not hot); one trusted companion; reduce observers.
2. **Bladder–bowel hygiene:** ensure voiding **q2–3 h**; a soft stool earlier in labor; avoid enemas once active.
3. **Position cycles: upright/forward-leaning** (over bed/chair/ball) → **left-lateral rest** → **hands-and-knees** for back pressure → **supported lunge** (switch sides). Change **every 30–40 min**.
4. **Breath–sound:** coach **long, low-pitched exhalations** (humming) during surges; **no early, repetitive Valsalva**.
5. **External snehana:** warm **Kṣīrabala** or **Nārāyaṇa taila** to lumbosacral area **5–7 min** between surges, repeat **hourly** (non-slippery floor; no abdominal deep massage).
6. **Ajāśrika drava & food-form: jeeraka-siddha jala** (warm sips 30–60 mL intermittently); **peya** (thin rice-gruel) 100–150 mL between surges if hungry.

Pattern modifiers

- **Pitta-dominant ("hot & hurried")**: ventilate, dim lights; speak softly; sips of **dhānyaka–saunf phāṇṭa** (room temperature, 20–30 mL intermittently); avoid heat packs.
- **Kapha-dominant (sluggish)**: brief ambulation; avoid heavy/oily foods and day-sleep; keep fluids light and warm.

Stop trial and escalate for non-reassuring fetal status, arrest of change, rising generalized tenderness, fever, or fresh heavy bleeding.

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3) *Mūḍha-garbha* (Obstructed Labor)

3.1 Recognition

- **Arrest** of descent/rotation despite strong surges and optimal measures.
- **Bandl-like** uterine tenderness or constant pain (not rhythmic).
- **Full/distended bladder** or loaded rectum resist descent.
- **Malposition/malpresentation** (brow, face, shoulder, transverse) or **cephalo-pelvic disproportion**; cord first/prolapse.
- Maternal **kṣaya** signs: exhaustion, tachycardia, dry mouth, ketotic odour.

3.2 Conduct at the cot-side

- **Do not** attempt internal manipulations or give internal agents.
- **Position** left-lateral or hands-and-knees for comfort; avoid prolonged supine.
- **Empty bladder** (catheter if ordered).
- Maintain **warmth, privacy, calm voice**; allow **small warm sips** only if permitted.
- **Handover immediately** for obstetric repositioning/augmentation/instrumental or operative delivery.

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4) Abnormal Presentations: Safe Measures

4.1 Occiput posterior (OP)/persistent malposition

- **Clues:** back-labour, sacral pressure, slow descent, early bearing-down urge.
- **Measures (repeatable cycles):**
  - **Hands-and-knees rocking** 2–4 min sets with long exhale.

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  - **Asymmetric lunges** (front foot on low stool), switch sides every 5–10 min.
  - **Forward-leaning inversion** over pillows/bed edge **30–60 sec** if comfortable.
  - **Sacral warm compress** and **external oiling** between surges.
- **Escalate** if descent fails, coping collapses, or fetal status drifts.

4.2 Brow/face/shoulder/transverse; cord presentation/prolapse

- Treat as **obstetric conditions**. Provide **calm positioning** (left-lateral or hands-and-knees), avoid pushing unless instructed, keep **bladder empty**, and prepare for **expedited delivery** per protocol.

4.3 Thick mucus/heaviness

- Indicates **Kapha overlay**: lighten inputs (no fried/oily foods), **upright/forward-leaning** with pelvic tilts, light warm sips; avoid day-sleep.

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5) Pañcakarma and Local Therapies During Labor

- **Strong Śodhana** (Vamana, Virecana, Nirūha Basti) is **contraindicated**.
- **Permissible local measures:**
  - **External snehana** to back/hips (Kṣīrabala/Nārāyaṇa taila) between surges.
  - **Mṛdu-svedana** as **warm compress** to the lumbosacral area if comforting.
  - **Perineal warm compress** at crowning for controlled emergence and tear reduction.
- **Matra Basti** and structured *Basti* belong to **postpartum** or **inter-conception** care when stable—not intrapartum.

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6) Emergency Management and Supportive Measures

6.1 Universal supportive bundle

- **Environment:** dim, quiet, warm; one trusted companion; minimal observers.
- **Apāna hygiene:** void **q2–3 h**; achieve a soft stool earlier; avoid enemas once active.
- **Positions:** upright/forward-leaning ↔ left-lateral; hands-and-knees for back pressure; change **q30–40 min**.
- **Breath:** long exhalations with low-pitched humming; brief micro-rests between surges.
- **Fluids/food-form:** warm **jeeraka-siddha jala** sips; small **peya** portions if desired.
- **Touch:** external oiling to back; no deep abdominal massage.

6.2 Red-flag triggers for immediate obstetric action

- **Non-reassuring fetal status** or thick meconium with abnormal tracing.
- **Constant severe abdominal pain** or rising generalized uterine tenderness.
- **Fresh heavy bleeding**, pallor, syncope.
- **Fever** with uterine tenderness or foul discharge.
- **Arrest** of descent/rotation despite optimal measures.
- **Severe headache/visual change** suggesting hypertensive spectrum.

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7) Protocol Sets (copy to case sheet)

Set A — Difficult labor without obstruction (*Duṣprasava*)

- Room: dim, warm, quiet; one companion.
- Void: every **2–3 h** (earlier if urge).
- Positions: upright/forward-lean ↔ left-lateral; add hands-and-knees for back pressure; **change q30–40 min**.

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- Breath–sound: long exhale + low hum.
- External: **Kṣīrabala/Nārāyaṇa taila** warm rub to lumbosacral area **5–7 min** between surges **q1 h**.
- Fluids/food-form: **jeeraka-siddha jala** sips 30–60 mL intermittently; **peya** 100–150 mL between surges if hungry.
- Reassess at **45–60 min**; escalate if no trend towards progress.

Set B — "Hot & hurried" pattern

- Ventilate, dim lights, quiet coaching; remove heat packs.
- Sips: **dhānyaka-saunf phāṇṭa** (room temp) 20–30 mL intermittently.
- External: gentle strokes only; continue position cycling.
- Escalate with maternal exhaustion, fever, or fetal concerns.

Set C — Crowning with tight outlet (non-obstructed)

- **Warm perineal compress**;
- Cue: "Push with the **urge**, down your long exhale—I will slow the head."
- Positions: side-lying or all-fours; avoid aggressive perineal stretching.

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8) Quick Mapping Tables

8.1 Doṣa-pattern corrections

Pattern	Immediate harm	Ayurvedic lever
Vāta dysrhythmia	Ineffective surges, pain spiral	Space reset, bladder empty, external oiling, posture cycles, long exhale
Pitta overlay	Heat, frequent surges, short rests	Cool **stimulus**, room-temp coriander–fennel sips, quiet tone
Kapha overlay	Sluggish latent, heaviness	Brief ambulation, upright/leaning, light warm inputs

8.2 Mechanical themes

Issue	Example	Safe step now
Mārga-saṅga	Full bladder/rectum	Empty bladder; hands-and-knees or left-lateral
Malposition	OP/brow/face/shoulder/transverse	Posture work (asymmetric lunges, hands-and-knees); call obstetrics
Perineal rigidity	Tight outlet	Warm compress; slow, coached emergence

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Summary (Rapid Revision)

- *Prasava Vyāpada* results from **Apāna Vāta** irregularity/impediment/depletion with Pitta and Kapha overlays and srotas blocks in the pelvic corridor.
- **Duṣprasava** often responds to a **bundle**: reset the room; empty the bladder; cycle positions; coach long exhale; apply external oiling; give warm sips and light food-forms; reassess in 45–60 minutes.
- **Mūḍha-garbha** = obstruction: **support only** while arranging definitive obstetric care; no internal drugging or manipulations.
- Abnormal presentations accept **postural** sets and sacral warm compresses; internal manoeuvres belong to obstetrics.
- During labor, Pañcakarma reduces to **external snehana**, **mṛdu-svedana**, and **perineal warm compress**; strong Śodhana and Basti are excluded.
- Maintain constant surveillance and **escalate early** for red flags.

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Assessment

A. Multiple-Choice Questions (MCQs)

1. The defining doṣa error in *Duṣprasava* is:
   A. Kapha alone
   B. **Apāna–Vyāna Vāta dysrhythmia**
   C. Udāna excess
   D. Sādhaka Kapha failure
   Answer: B
2. The **first** corrective when progress stalls with a tense lower abdomen is:
   A. Castor-oil purge
   B. **Empty bladder → hands-and-knees → long exhalations**
   C. Iced drinks
   D. Deep abdominal massage
   Answer: B
3. Constant severe abdominal pain with rising uterine tenderness and no descent suggests:
   A. Normal transition
   B. **Obstruction risk**
   C. Kapha overlay only
   D. Harmless prodrome
   Answer: B
4. A safe sip for a “hot & hurried” pattern is:
   A. Coffee
   B. Cold buttermilk
   C. **Coriander–fennel phāṇṭa at room temperature**
   D. Astringent decoctions in large volumes
   Answer: C
5. During labor, Pañcakarma is limited to:
   A. Vamana
   B. Virecana
   C. **External snehana and mild warm compresses**
   D. Routine Matra Basti
   Answer: C
6. For OP malposition with back-labour, which set is appropriate?
   A. Supine lithotomy and heat packs only
   B. **Hands-and-knees, asymmetric lunges, sacral warm compress**
   C. Tight abdominal binding
   D. Ice on the abdomen
   Answer: B
7. Perineal warm compress at crowning chiefly:
   A. Increases contraction frequency
   B. **Softens tissues for controlled emergence**
   C. Replaces urge-led pushing
   D. Speeds placental separation
   Answer: B
8. Which item mandates **immediate obstetric escalation**?
   A. Desire for a darker room
   B. Mild nausea between surges
   C. **Thick meconium with abnormal tracing**
   D. Slow latent phase with good coping
   Answer: C
9. The Kapha overlay in labor is best corrected by:
   A. Heavy oily meals
   B. **Brief ambulation, upright/forward-leaning, light warm sips**

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C. Iced water
D. Continuous supine rest
Answer: B

10. The pelvic corridor block by a distended bladder exemplifies:
A. Doṣa kṣaya
B. **Mārga-saṅga**
C. Avarana of Udāna
D. Srotodusṭi of Rasavaha only
Answer: B

B. Case Vignettes

Case 1 — Irregular and Painful
Active labor for 4 hours; surges irregular (30–90 s, variable intervals), intense back pain, minimal cervical change; not voided in 4 hours; bright crowded room; fetus reassuring.
Tasks:

1. Identify the dominant doṣa–srotas error.
2. Write a **60-minute plan** using the Vāta-prashamana bundle with exact instructions (position cycle, breath cue, oiling, fluids).
3. Name one **stop point** for escalation.

Case 2 — Hot & Hurried
Multipara with frequent surges and little rest; hot noisy room; very thirsty; rejects warm sips.
Tasks:

1. State the overlay and **three** environmental corrections.
2. Prescribe the **phāṇṭa** recipe and dosing, and the **touch protocol**.
3. Provide **two** triggers for immediate obstetric review.

Case 3 — OP & Stalling
Back-labour; suspected OP; slow descent; vitals stable; fetus reassuring.
Tasks:

1. List **three** positional strategies you will cycle through.
2. Add **two** Vāta-settling measures.
3. Mention **one** finding that would reclassify this as obstruction requiring obstetric action.

End of Unit 4 — Prasava Vyāpada

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