



## Unit 5: Infant and Maternal Care Integration

### Unit 5 — Infant and Maternal Care Integration (*Stanya-Mātr Samuccaya*)

#### Overview

This chapter unites the mother's recovery with the infant's needs into one practical plan. You will learn: why **Stanya** (breast milk) is central to neonatal health and how to **nourish and protect** it (*Stanya Poṣaṇa*); the **dietary and lifestyle** measures that strengthen lactation without disturbing *Agni*; **Ayurvedic guidelines for neonatal care** delivered alongside the mother's regimen; the essentials of **maternal mental well-being and bonding**; and an **integrated approach** that honours classical thought while following modern safety.

आहारः स्वप्नो ब्रह्मचर्यं च त्रयोऽपस्थम्भाः ।

*Cāraka Saṃhitā, Sūtrasthāna 11/35*

(Food, sleep, and regulated conduct are the three supportive pillars of the body.)

*Use this triad as your touchstone: the mother's food, sleep, and gentle routine are the fastest way to good milk and a settled baby.*

### 1) Importance of Stanya and the Aim of Stanya Poṣaṇa

**What Stanya is (Ayurvedic lens).** Stanya is the **transformation of Rasa dhātu** in the mother into a nourishment perfectly suited for the newborn's immature **Agni**, senses, and tissues. It carries **Ojas** (vital essence), subtle immunity, and the mother's **Sāttvika steadiness**. In classical paediatrics (*Bālaroga/Kaumāra-bhṛtya*) it is treated as the infant's **primary food and medicine**.

**Why Stanya Poṣaṇa is a core clinical task.**

- For the infant: exclusive breast milk settles **Vāta** (soothing colic), matures **Agni** safely, protects **Rasa-Rakta**, and supports **manas** (calmness, bonding).
- For the mother: the act of feeding completes the **postnatal physiology**—uterine tone improves, mood steadies, and sleep cycles regularise.

**Signs that Stanya is adequate (use at bedside).**

- The infant feeds with a **deep latch**, swallows rhythmically, and releases the breast looking **relaxed**.
- Urine is passed many times daily; stools are soft mustard-yellow once mature milk flows.
- The infant wakes for feeds, then **settles**; weight trends upward after the initial expected dip.
- The mother's breasts feel **well-drained** after feeds; there is no persistent, painful engorgement.

When these signs are absent, **correct technique and routine first**; then consider dietary and medicinal supports.

### 2) Dietary and Lifestyle Support for Healthy Lactation

#### 2.1 The dietary ground rules (mother-centric, infant-safe)

1. **Serve warm, freshly cooked, simple meals.** Warmth contains **Vāta**, prevents abdominal distension, and supports **Agni**.
2. **Keep food light yet mildly unctuous.** A **small amount of ghee cooked into** dal or gruels lubricates without smothering digestion.
3. **Offer small portions frequently.** Let true appetite guide the next serving; overeating "for milk" creates **Āma**,



which often **reduces** supply.

4. **Use spices as gentle medicine, not heat:** cooked-in **cumin (jeeraka)**, **dry ginger (śuṅṭhī)**, **coriander (dhānyaka)**, and **fennel (saunf)** help gas and appetite. Avoid very hot chillies and vinegar-sour foods early on.
5. **Hydrate in a way that helps milk:** give **frequent small sips** of warm water or **jeeraka-siddha jala** through the day; avoid large cold drinks that chill *Agni*.

## 2.2 Galactagogue foods and formulations (when digestion is steady)

- **Śatāvārī Kalpa** (*Asparagus racemosus*—classical galactagogue)
  - **How to give:** one to two teaspoons **twice daily after meals** in **warm milk** (if milk digests well) or in **warm water**.
  - **Duration:** typically four weeks, then review.
  - **Watch-outs:** if the mother feels heavy, phlegmy, or her tongue is coated, pause; lighten the diet first. Observe the infant for colic or rash; if either appears, stop and reassess.
- **Jeerakāriṣṭa** (cumin-based digestif)
  - **How to give:** twenty millilitres **twice daily after meals**, diluted with equal warm water.
  - **Duration:** four to six weeks.
  - **Role:** kindles **Agni** gently, supports flow without overheating.
- **Vidārī-based supports** (when mother is thin, dry, and fatigued, and digestion is steady)
  - **Examples:** **Vidārikanda cūrṇa** two to three grams **once or twice daily after meals** mixed with warm milk or water.
  - **Caution:** if there is oedema, heavy tongue, or chest congestion, avoid and return to lighter fare.
- **Everyday food-form supports (ajāsrika):**
  - **Moong broth (yūṣa)**, **semi-thick rice gruel (vilepī)** with cumin and a trace of dry ginger, **cooked leafy greens**, **soft gourds**, and **wheat semolina porridge** in small servings when appetite is true.

## 2.3 Lifestyle that protects milk

- **Quiet rhythm:** Keep the room **warm, softly lit, and low-stimulus**. Limit visitors to those who help practically.
- **Sleep blocks instead of long deprivation:** Arrange the family's roles so the mother achieves at least one **longer stretch of sleep at night**; helpers can burp and settle the baby after feeds.
- **Shoulders, jaw, and breath:** A tight jaw and upper back impede let-down. Teach **long, soft exhalations with a low hum** before feeds; add shoulder rolls and gentle chest opening during the day.
- **Pain control:** If perineal or back pain makes positioning difficult, use **gentle external oiling** to back and hips and ensure good cushions. Comfortable mothers feed more effectively.

## 3) Ayurvedic Guidelines for Neonatal Care Alongside the Mother

**Principle:** newborn care should be **calm, warm, and minimal**. Much of Ayurveda's wisdom here aligns with modern safety: protect warmth, avoid over-handling, and feed on cue.

### 3.1 First days

- **Skin-to-skin and early feeding:** Keep the infant **on the mother's chest** often; allow frequent attachment from the first hour when possible.
- **Warmth and clothing:** Dress the baby in **light layers** and a cap in cooler rooms; avoid drafty or very hot spaces.
- **Cord care:** Keep the stump **clean and dry**. Do not apply powders, pastes, or strong oils to the cord; allow it to fall off naturally.
- **Bathing:** Delay the first full bath. When bathing begins, keep it **brief, warm, and gentle**; dry immediately and hold the infant skin-to-skin afterward.

### 3.2 Massage (snehana) for the infant—if the baby is stable

- Begin only when the infant is **warm, feeding well, and medically stable**.
- Use **a few drops** of a **mild, clean oil** (e.g., **Bāla-taila** prepared for infants or a simple, good-quality sesame oil)



warmed to skin temperature.

- Apply with **feather-light strokes** to limbs and back, *not* the face or cord area, for a **very short session**. If the infant appears irritable or cold, stop.
- **Never** massage a febrile, jaundiced, lethargic, or unwell baby; seek medical review instead.

### 3.3 Colic and the unsettled infant

- Focus first on **positioning and burping**; hold the infant upright against the chest after feeds.
- For the mother (not the infant), **cumin-fennel water** and **warm simple meals** reduce gaseous foods in milk.
- **Avoid giving the infant herbal decoctions, honey, or ghr̥ta directly**. Exclusive breast milk is the sole food unless a paediatrician advises otherwise.

### 3.4 Safe co-sleep and daily rhythm

- The infant should **sleep on the back** on a firm surface, **near** the mother but **not on soft crowded bedding**.
- Create a **predictable dusk routine**: dim lights, quiet voices, brief cleaning, feed, then close contact.

## 4) Psychological Well-being of the Mother and Bonding with the Child

**Bonding** is not an extra; it is **part of therapy**. The state of **Sattva** in the mother flavours Stanya and the infant's mood.

- **Acknowledge the newness**. Brief waves of sadness or overwhelm in the first week are common. The family should respond with **practical help and gentle words**, not advice or comparisons.
- **Everyday practices that settle Manas**: a **few minutes of slow breathing** before feeds; a short **gratitude or prayer** at dusk; **sunlight** in the room each morning.
- **When to refer**: persistent sadness, loss of pleasure, intrusive thoughts, inability to sleep even when the baby sleeps, or anxiety that prevents feeding are reasons for **immediate professional support**.
- **Bonding tools**: prolonged **skin-to-skin, eye contact** during calm feeds, **soft humming** or lullabies, and **unhurried touch** during diaper changes. These require no gadgets yet influence both **milk let-down** and the baby's **vagal calm**.

## 5) Integration of Ayurvedic and Modern Approaches in Postnatal Care

### Where Ayurveda leads

- **Diet, routine, and external oiling** are daily tools to pacify **Vāta**, rekindle **Agni**, and conserve **Ojas**.
- **Galactagogues** (Śatāvarī Kalpa, Jeerakāriṣṭa, Vidārī) are **adjuncts** once latch and rhythm are correct.
- **Infant massage** is **minimal, warm, and conditional** on stability.

### Where modern medicine leads

- **Vitamin K, newborn screening**, and the **immunisation schedule** are essential.
- **Exclusive breastfeeding for approximately the first six months**, then appropriate complementary feeding while breastfeeding continues.
- **Lactation-savvy counselling** for latch and positioning, and **antibiotics** promptly when mastitis or neonatal infection is suspected.
- **Safe-sleep guidance** and **cord-care** protocols.

### How to speak one language at the bedside

- Tell families: **“Warm, simple food and a quiet rhythm help your body make good milk; medicines are small helpers once the basics are right.”**
- When modern treatment is required (e.g., for mastitis), say: **“We will start the necessary medicine and keep**

all the supportive routines so that milk and mood remain steady.”

## 6) Classical Formulations for the Mother (posology and cautions)

Begin **one** at a time; prefer **after-meal** dosing unless stated; watch digestion and the infant's comfort.

- **Śatāvārī Kalpa** — one to two teaspoons **twice daily after meals** in warm milk or water; four weeks; pause if heaviness, phlegm, or infant colic/rash appear.
- **Jeerakāriṣṭa** — twenty millilitres **twice daily after meals** with equal warm water; four to six weeks; continue only while digestion is comfortable.
- **Sukumāra Ghr̥ta** (if constipation and Vāta colic impede rest) — five millilitres **at bedtime** with a little warm water for five to ten nights; avoid if stools are loose.
- **Daśamūlāriṣṭa** (for musculoskeletal ache and tone) — consider **only after** bleeding is light and appetite steady; fifteen millilitres **twice daily after meals** with equal warm water for two to four weeks.

## 7) Pathya-Apathya for the Nursing Mother (Quick Table)

Favour (Pathya)	Avoid / Limit (Apathya)
Warm, freshly cooked meals with mild, cooked-in spices (cumin, coriander, dry ginger)	Iced drinks, refrigerated leftovers, very sour pickles, and very hot chilli
Light moong broth, semi-thick rice gruel, cooked leafy greens, soft gourds	Heavy fried foods, thick creamy gravies, raw coarse salads in early weeks
Small amounts of ghee <b>cooked into</b> food when appetite is true	Adding raw fats on the plate; overeating “for milk”
Warm water and <b>cumin water</b> as frequent sips; coriander-fennel at room temperature in heat	Sugary sodas, large cold drinks taken at once
Quiet evenings, protected night sleep stretches	Late-night stimulation, noisy gatherings, and long screen time

## Summary (Rapid Revision)

- **Stanya** is the infant's first food and medicine; **Stanya Poṣaṇa** means guarding the mother's **Agni, Vāta**, and **Ojas** so milk flows easily and the baby settles.
- The **fastest route to good milk** is **warm simple food, frequent small sips, quiet rhythm, effective latch**, and **pain-free positioning**—galactagogues help once these foundations are sound.
- **Neonatal care** with Ayurveda is gentle: protect warmth, keep cord care simple and dry, begin any massage only when the infant is stable, and never give home herbal mixtures to the baby.
- **Bonding** is therapy: skin-to-skin, eye contact, soft humming, and calm breath help both mother and child.
- Integration is seamless when each system leads where it is strongest: Ayurveda for **daily restoration**, modern care for **screening, immunisation, safe sleep, and infection management**.

## Assessment

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

1. The **first step** when milk seems low is to:  
A. Start three medicines at once



- B. **Correct latch, feeding frequency, and the mother's rest and fluids**  
C. Give the infant herbal water  
D. Fast the mother to "clear channels"

**Answer: B**

2. A safe **daily beverage** for the nursing mother that supports *Agni* and *Rasa* is:  
A. Iced fruit juice  
B. **Warm cumin water taken in frequent small sips**  
C. Strong coffee on an empty stomach  
D. Aerated soft drinks

**Answer: B**

3. **Śatāvārī Kalpa** is best given:  
A. On an empty stomach in large amounts  
B. **After meals, one to two teaspoons in warm milk or water**  
C. With vinegar to improve taste  
D. To the infant directly

**Answer: B**

4. The **most accurate bedside sign** that milk transfer is adequate is:  
A. Constant crying between feeds  
B. **Rhythmic swallows at the breast with relaxed release and good urine output**  
C. The mother's belief that her milk is weak  
D. Long gaps between feeds on day 2

**Answer: B**

5. For infant massage in the first weeks, the **correct rule** is to:  
A. Massage vigorously with strong liniments  
B. **Use a few drops of mild oil with feather-light strokes only if the baby is warm and stable**  
C. Apply oil to the cord stump to help it fall  
D. Continue even if the baby becomes cold or irritable

**Answer: B**

6. When mastitis is suspected in the mother (fever and a hot, red, painful area), the **priority** is to:  
A. Stop breastfeeding completely  
B. Bind the breast tightly  
C. **Start antibiotics promptly and continue draining the breast with warm-feed-cool care**  
D. Take only cold drinks

**Answer: C**

7. A common **Apathya** that quietly reduces milk supply is:  
A. Small warm meals  
B. **Overeating heavy foods "for milk," creating Āma**  
C. Gentle shoulder rolls  
D. Warm simple soups

**Answer: B**

8. The best bedtime guidance for the mother is to:  
A. Scroll on the phone until she feels sleepy  
B. **Dim lights after dusk, keep the room quiet, arrange help so she gains one longer sleep block**  
C. Invite evening visitors to keep spirits high  
D. Avoid sleep to watch the baby constantly

**Answer: B**

9. Regarding newborn feeding, Ayurveda and modern guidance both endorse:  
A. Honey as the first food  
B. Cooled herbal teas for colic  
C. **Exclusive breastfeeding as the sole food unless medically advised otherwise**  
D. Early thick porridges

**Answer: C**

10. A prudent caution while giving **Jeerakāriṣṭa** is to:  
A. Give it before meals in large undiluted doses  
B. **Dilute and give after meals, and stop if dyspepsia or heaviness appears**



- C. Add red chilli to improve action
- D. Give to the infant directly for colic

**Answer: B**

## B. Case Vignette (Applied)

### Case — “One Dyad, One Plan”

On day 8 postpartum, a primipara reports that the baby latches but pulls off and cries in the evening. The mother feels warm, slightly irritable, and very thirsty by late afternoon. She eats home food but sometimes takes sour pickles and chilli to “bring milk.” Her sleep is broken; shoulders are tight from long nursing sessions. The infant is afebrile, passes urine several times a day, and has soft yellow stools.

#### Tasks for the student:

1. Write a **single-day plan** that addresses both mother and infant together: environment at dusk, mother’s fluids, foods to favour and to avoid tonight, shoulder/jaw relaxation cues before feeds, and how to structure feeds and burping.
2. Add **two classical supports** (with dose, timing, and cautions) that are appropriate **only after** latch and rhythm are corrected.
3. List **three red-flag signs** over the next 48 hours that would require medical review for the mother or infant.

#### End of Unit 5 — Infant and Maternal Care Integration