

Unit 5: Post-Delivery Care in Prasava Karma

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Unit 5 — Post-Delivery Care in *Prasava Karma* (Sūtikā Kāla)

Overview

After birth, the physiological work is not over. The mother enters **Sūtikā kāla** (puerperium), a window in which **Apāna Vāta** surges, **Agni** is fragile, **Rasa-Rakta** are depleted, and **Srotas** need clearing and sealing. Classical compendia (Suśruta, Aṣṭāṅga Hṛdaya, Kāśyapa) emphasise three priorities: (1) **stabilise and warm**, (2) **ensure safe placental expulsion and hemostasis**, and (3) **rebuild with pathya āhāra-vihāra and gentle medicines**, so that the mother recovers and **Stanya** (milk) flows. This chapter gives immediate orders, precise diet-lifestyle, safe formulations with **dose-anupāna-duration-cautions**, and integration with modern obstetrics.

1) Immediate Care of the Mother After Delivery

1.1 First 60-90 minutes (“golden hour”)

- **Warmth & privacy:** Dry and cover the mother; keep the room warm (not hot), dim, and quiet; avoid drafts.
- **Skin-to-skin & early suckling:** Place the newborn on the chest; encourage spontaneous latch. Oxytocin-led uterine tone follows.
- **Position:** Left-lateral or supported semi-recline; head supported; knees cushioned.
- **Bladder:** Encourage **voiding within 1-2 hours**; a full bladder impedes uterine contraction and worsens bleeding.
- **Fundal checks (by trained staff):** Height and tone at regular intervals; a firm, midline fundus is reassuring.
- **Bleeding watch:** Track pad changes and colour; observe trend rather than single snapshots.
- **Sips:** Offer **ushṇa jala** (warm water) or **jeeraka-siddha jala** in small sips; avoid iced/sugary drinks.
- **Vāta-settling touch:** Gentle **external oiling** to back/hips (see §4.1) for ache and relaxation; no deep abdominal massage.
- **Counselling:** Reassure; explain normal after-pains and lochia; teach perineal care and signs that must be reported.

1.2 Red-flag triage (urgent escalation)

- Rapid pad soaking, syncope, pallor, racing pulse.
- Fever $\geq 38^\circ\text{C}$ with pelvic pain or foul lochia.
- Constant severe abdominal pain (not rhythmic).
- Breathlessness, chest pain, unilateral leg swelling/pain, severe headache/visual change.
- Retained placenta beyond the service’s time thresholds or maternal instability.

Ayurvedic measures support **after** stabilization in any emergency.



2) Placenta Expulsion and Bleeding

2.1 Physiologic *aparā-pāta* (third stage)

- **Do not traction the cord.** Wait for **separation signs**: a **gush of blood**, **cord lengthening**, **fundal rise and firming**.
- Maintain **skin-to-skin** and a calm, warm space; encourage maternal micro-sips; allow gravity-friendly posture.
- After expulsion, inspect placenta/membranes (trained staff), re-assess fundal tone, and continue warm coverage.

2.2 Subacute bleeding (stable patient)

After modern hemostatic protocol and once stable, use short, supervised supports:

- **Aśokāriṣṭa** 20 mL **bd**, **after meals** with equal water × **2-4 weeks** (tone & hemostasis).
- **Puṣyānuga Cūrṇa** 3 g **bd**, **before meals** with **tandulodaka** (rice-water) × **10-14 days** (astringent; **avoid** if cramps/dryness—settle Vāta first).
- **Uśīrāsava** 15 mL **bd**, **after meals** × **7-10 days** when heat/burning is notable (short course; stop if heaviness/dyspepsia).
- **Pathya**: early light dinners; warm sips; **soft stool daily**; avoid chilli/sour/pickles; protect sleep.

Escalate with any increase in flow, dizziness, syncope, fever, foul discharge, or uterine tenderness.

3) Postnatal Dietary Regimen and Lifestyle

Classical logic: small, warm, mildly unctuous, **laghu** (light) preparations to rekindle **Agni**, rehydrate **Rasa**, and pacify **Vāta**; strict avoidance of cold/iced, over-spiced/sour, and heavy/oily feasts.

3.1 Day 0-3 (reset phase)

- **Fluids**: warm water sips; **jeeraka-siddha jala** (recipe in §4.2).
- **Foods**: **peya** (thin rice gruel) 100-150 mL 2-4×/day; **moong-yūṣa** (clear moong broth) with **saindhava** and tiny **śuṇṭhi/jeeraka** cooked in.
- **Avoid**: iced drinks, raw salads, fermented/very sour foods, heavy fried items.
- **Rest**: consolidate night sleep; brief day naps away from big meals; keep visitors limited.
- **Bowels**: morning warm water; cooked gourds (lauki/tori); see §4.3 for constipation support.

3.2 Day 4-14 (build phase)

- **Meals**: three **warm** meals daily; lunch main; dinner **early & light**.
- **Proteins**: well-cooked dal (moong > masoor > arhar by tolerance), soft paneer/curd **in day** only if suited.
- **Greens**: cooked leafy greens daily; avoid raw.
- **Unctuousness**: small **ghee** in food if tongue is clean and stools soft.
- **Hydration**: warm sips through day; in heat, **dhānyaka-saunf phāṇṭa** (room-temp) as small sips.

3.3 Weeks 3-6 (re-energise)

- Continue warm, simple meals; add variety gradually.
- **Walks**: 15-30 min gentle ambulation; avoid heavy lifting/long standing.
- **Sleep**: devices off ≥60 min before bed; lights-out ~10 pm.
- **Therapies**: external oiling on alternate days; lukewarm bath; soft lumbopelvic wrap (not tight; remove at sleep).

3.4 Pathya-Apathya quick view

Domain	Pathya (favour)	Apathya (avoid/limit)
Meals	Warm, freshly cooked, mildly unctuous; early light dinner	Leftovers; iced/cold; chilli/sour spikes; fried/oily

Domain	Pathya (favour)	Apathya (avoid/limit)
Fluids	Warm water sips; jeeraka-siddha jala; room-temp coriander-fennel in heat	Iced/fizzy; alcohol
Bowels	Morning warm water; cooked fibre; no urge suppression	Laxative overuse; straining
Activity	Short walks; posture change; left-lateral rest	Heavy lifting; prolonged standing; day-sleep excess
Mind	Quiet company; breath-mind; sunlight	Night screen marathons; conflict

4) Role of Sūtikā Paricharyā in Recovery and Lactation

4.1 External therapies (first 2-3 weeks)

- **Abhyanga (external oiling) to back/hips/limbs** with **Nārāyaṇa/ Mahanarayana/ Dhanwantaram/ Sahacharadi Taila** or **Kṣīrabala Taila**, **od/alternate days**, followed by **lukewarm bath**.
Benefits: Vāta pacification, ache relief, better sleep.
Cautions: avoid over fresh wounds; non-slippery floor; no deep abdominal massage.

4.2 Food-form (ajāsrika) supports

- **Jeeraka-siddha jala:** Simmer **1 tsp jeeraka** in **500 mL** water → reduce to ~400 mL; keep **warm**; sip **30-60 mL** intermittently.
- **Dhānyaka-Saunf phāṇṭa** (if heat): steep **½-1 tsp** each crushed coriander + fennel in **200 mL** hot water; cool to **room-temperature**; sip **20-30 mL** intermittently.

4.3 Classical formulations (posology, timing, cautions)

Start **one** at a time; usually **after meals**; review in **3-7 days** for acute issues; stop with any adverse cue.

- **Jeerakāriṣṭa** 20 mL **bd, after meals** × **4-6 weeks** — rekindles Agni, supports lactation.
- **Śatāvarī Kalpa** 1-2 tsp **bd, after meals** × **4 weeks** — galactagogue (avoid in Kapha-Āma: heaviness, coated tongue; monitor infant for colic/rash).
- **Daśamūlāriṣṭa** 15 mL **bd, after meals** × **2-4 weeks** — for back/pelvic aches and uterine tone **only when bleeding is light** and digestion steady.
- Pratapalankeshwar Ras and Shoubhagya shunthi paka are also very important medicines during sutika avastha (post partum phase)
- **Abhayāriṣṭa** 15 mL **hs** × **5-7 days** — short course for stubborn constipation.
- **Aśokāriṣṭa / Puṣyānuga Cūrṇa / Uśīrāsava** — for **post-stabilization** bleeding support as in §2.2; not routine.

4.4 Lactation care (technique first, medicines second)

- **Latch & position:** frequent **deep-latch** feeds; positions—cradle, cross-cradle, football, side-lying; back supported; avoid nipple-only latch.
- **Engorgement/blocked duct (afebrile):** warm compress **before** feeds → **feed/drain** → cool compress **after**; avoid tight bras.
- **Perceived low milk (no heat signs):** add **Śatāvarī Kalpa + Jeerakāriṣṭa** as above; maintain warm diet; protect night sleep.
- **Fever/redness/rigors:** suspect mastitis → medical review; continue supportive warm sips and rest.

4.5 Gentle pañcakarma timing

- **No strong Śodhana** in early puerperium.
- **Mātrā Basti** (30-60 mL **Dhanwantaram/Sahacharati/ Pippalyadi Anuvasan Taila**) may be considered **after day 10-14** for stubborn Vāta-dominant back pain/constipation—**only** if afebrile, bleeding minimal, and under physician supervision.



- Structured **Basti/Virecana** belongs to **inter-conception care** after 6–8 weeks when strength returns.

5) Integration with Modern Post-Delivery Care

- **Scheduled checks:** temperature, pulse, BP, fundal tone/height, bleeding trend, bladder function, perineal/operative wound status, mood screen, infant weight/latch.
- **Emergencies:** PPH, retained placenta, sepsis, hypertensive events, thromboembolism → modern protocols (uterotonics, antibiotics, fluids, surgery, anticoagulation) first; Ayurveda resumes as **support**.
- **Anaemia:** integrate iron/folate with **Dhātṛī Lauha** 250 mg **bd after meals** × **8–12 weeks** or **Punarnava Maṇḍūra** 250–500 mg **bd** (if digestion tolerates). Watch gastritis/constipation; pause in fever.
- **Mental health:** normalise “blues” in week-1; **urgent referral** for persistent anhedonia, intrusive thoughts, or inability to sleep even when the baby sleeps.
- **Education:** teach perineal care, breast care, bowel routine, safe lifting, warning signs, and follow-up schedule.

6) Ready-to-Use Post-Delivery Orders (copy to case sheet)

Set A — Golden hour (immediately post-birth)

- Room: warm, dim, quiet; mother covered; **skin-to-skin**; initiate suckling.
- Position: left-lateral/semi-recline.
- Fluids: **jeeraka or ajwain-siddha jala**/ dashamoola kwath sips **30–60 mL** intermittently.
- Bladder: attempt **voiding within 1–2 h**.
- External: **Nārāyaṇa/Kṣīrabala Taila** to back/hips **5 min**, once.
- Observe: separation signs, fundal tone, bleeding trend.
- Escalate at any red flag.

Set B — Stable mother, subacute oozing (post-stabilization)

- **Aśokāriṣṭa** 20 mL **bd pc** × **3–4 weeks**
- **Puṣyānuga Cūrṇa** 3 g **bd ac** with rice-water × **10 days**
- **Uśīrāsava** 15 mL **bd pc** × **7 days** if heat signs
- **Counsel:** early light dinner; warm sips; daily soft stool; return if flow rises/fever/pain.

Set C — Agni & lactation support (no heat/āma)

- **Jeerakāriṣṭa** 20 mL **bd pc** × **4–6 weeks**
- **Śatāvarī Kalpa** 1–2 tsp **bd pc** × **4 weeks** (monitor infant)
- Diet: three warm meals; cooked greens daily; avoid iced drinks.

Set D — Constipation + back ache (afebrile; bleeding light)

- **Sukumāra Ghṛta** 5 mL **hs** × **7–10 days**
- **Abhayāriṣṭa** 15 mL **hs** × **5–7 days** (short)
- External: back oiling **od/alternate days**; lukewarm bath; soft wrap.

Summary (Rapid Revision)

- Sūtikā care restores **Vāta direction**, rekindles **Agni**, rebuilds **Rasa-Rakta**, and protects **Ojas**.
- Third-stage conduct is physiological—**wait for separation signs**, avoid cord traction; manage bleeding by **modern protocol first**, then add **Aśokāriṣṭa/Puṣyānuga/Uśīrāsava** judiciously.
- Diet is **warm, light, mildly unctuous**, with **jeeraka-siddha jala** as the default sip; sleep and privacy are



therapy.

- Recovery tools: **Jeerakāriṣṭa, Śatāvarī Kalpa, Sukumāra Ghṛta, Daśamūlāriṣṭa** (only when bleeding is light), plus **external oiling** and gentle movement.
- Integration with modern care is continuous; escalate at **red flags**; educate thoroughly and schedule reviews.

Assessment

A. Multiple-Choice Questions (MCQs)

- The single most important bladder practice in the golden hour is:
A. Avoid voiding to prevent hypotension
B. **Encourage voiding within 1-2 hours to aid uterine tone**
C. Catheterise all mothers
D. Restrict fluids
Answer: B
- Physiologic third-stage conduct includes:
A. Immediate cord traction
B. Strong abdominal massage before separation signs
C. **Skin-to-skin and waiting for gush/cord lengthening/fundal rise**
D. Iced drinks to quicken separation
Answer: C
- A classical pair for subacute oozing (stable) is:
A. Triphalā high dose + castor oil
B. **Aśokāriṣṭa + Puṣyānuga Cūrṇa**
C. Kumāryāsava alone
D. Rājapravartinī Vaṭī
Answer: B
- Early postnatal diet should be:
A. Raw salads and iced smoothies
B. **Warm, light, mildly unctuous foods (peya, moong yūṣa)**
C. Heavy fried foods for strength
D. Fasting until day 3
Answer: B
- A contraindication to starting **Daśamūlāriṣṭa** is:
A. Mild back ache
B. **Ongoing heavy bleeding or coated tongue with āma**
C. Desire to improve sleep
D. Warm room
Answer: B
- A safe galactagogue set (no heat signs) is:
A. Rājapravartinī Vaṭī + cold buttermilk
B. **Śatāvarī Kalpa + Jeerakāriṣṭa, with latch correction**
C. Triphalā 10 g nightly
D. Strong coffee
Answer: B
- In early puerperium, pañcakarma is limited to:
A. Full Virecana
B. Nirūha Basti
C. **External snehana; consider Mātrā Basti only after day 10-14 if stable**
D. Vamana
Answer: C
- A red flag needing urgent review is:
A. Mild evening fatigue

B. Soaking pads rapidly with dizziness

C. Occasional after-pain cramps

D. Desire for a quiet room

Answer: B

9. The correct sequence for engorgement care is:

A. Ice → feed → heat

B. Warm before feed → feed/drain → cool after

C. Skip feeds to “rest” breasts

D. Tight binding for 24 h

Answer: B

10. An appropriate constipation plan (week-1, afebrile, bleeding light) is:

A. Castor oil purge

B. Sukumāra Ghṛta 5 mL hs × 7-10 days; Abhayāriṣṭa 15 mL hs × 5-7 days (short)

C. Triphalā 10 g morning

D. No fluids at night

Answer: B

B. Case Vignette (Applied)

Case — “Quiet hour, gentle oozing”

A primipara delivered vaginally 90 minutes ago. Baby is skin-to-skin and suckling on-and-off. Mother is warm and coherent. Fundus firm and midline; bleeding moderate but not heavy. She has not voided yet. Tongue clean; appetite mild.

Tasks:

1. Write a **golden-hour order set** (space, fluids, bladder, touch, monitoring).
2. If subacute oozing persists over 6-12 hours **without** red flags, draft a **10-day** prescription using **Aśokāriṣṭa** and **Puṣyānuga Cūrṇa** (dose, timing, anupāna, cautions).
3. Add a **diet-lifestyle** plan for the first **3 days** (exact foods/fluids, sleep guidance, bowel care).

End of Unit 5 — Post-Delivery Care in Prasava Karma

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