IJCRT.ORG ISSN : 2320-2882

INTERNATIONAL JOURNAL OF CREATIVE RESEARCH THOUGHTS (IJCRT)

An International Open Access, Peer-reviewed, Refereed Journal

"The Concept Of Prasava And Prasava Paricharya: Assessing Its Relevance In Contemporary Maternal Care"

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ABSTRACT

INTRODUCTION: Childbirth practices have evolved from traditional, physiological models to highly medicalized obstetric care. While contemporary obstetrics ensures safety through technological advances, it may overlook holistic and woman-centred aspects of labour. Ayurveda provides a detailed framework for labour management through Prasava and Prasava Paricharya, emphasizing physiological birth, emotional support, and minimal intervention. This article explores the convergence between Ayurvedic childbirth practices, midwifery-led care, and contemporary obstetric guidelines.

AIMS AND OBJECTIVES: To analyze Ayurveda labour practices described under Prasava Paricharya and assessing their relevance and physiological basis in modern childbirth care.

METHODOLOGY: This review was conducted using classical Ayurveda texts and contemporary scientific literature including WHO guidelines, Cochrane reviews, and peer-reviewed obstetric studies. Key labour modalities, pain management strategies, and supportive interventions were comparatively evaluated.

RESULTS: Several Ayurveda practices such as Ashwasana, Abhyanga, Ushnambu Sechana, Nasya, Yavagu Pana, Jrimbhana, and Chankramana - demonstrated physiological and neuro-hormonal effects comparable to evidence-based midwifery interventions. These practices promote parasympathetic dominance, reduce pain and anxiety, enhance uterine efficiency, facilitate fetal descent, and improve

maternal satisfaction. Significant alignment was observed between Ayurveda principles and WHO-recommended midwifery-led care for low-risk pregnancies**.**

KEY WORDS: Prasava, Prasava Paricharya, Midwife, Obstetrician.

INTRODUCTION

CONCEPT OF PRASAVA AND PRASAVA PARICHARYA

Prasava refers to the process of labor and delivery, while Sukha Prasava focuses on facilitating ease during childbirth, emphasizing minimal complications and natural delivery.

Ayurveda defines specific modalities of birthing and offers varied methods and practices aimed at ensuring an optimal birthing process.

Importance of studying Labour Modalities[2]

- Impacts Maternal and Neonatal Outcomes
- Helps in choosing the best care model for safe and effective childbirth
- Providing evidence based integrative maternity care

History of Childbirth

❖ **Vedic Period -** Ashwinikumaras who did Sukhaprasava of Vaghrimati, mentioned about Garbha and Garbhini Raksha.

❖ **Samhita Kala -** References about Garbhini Paricharya, Prasava, Prasava Paricharya, Moodagarbha and its Chikitsa.

❖ **Contemporary Period -** Midwifery/ Dais with basic techniques- upright and squatting positions.

❖ **1500-1700s -** Formal obstetric practices, Introduction of forceps**.**

❖ **1800-1900s -** Anesthesia to reduce risks, Supine position became standard for forcep use, advanced surgical techniques.

Management of Labor in Ayurveda is explained in 4 steps:

❖ Management during 1st stage of labor - **Asanna Prasava Paricharya**

❖ Instructions for bearing down efforts- **Pravahana**

❖ Management of failure in descent of fetus **– Anagata Prasava Paricharya**

❖ Management after descent of fetus – **Avak Garbhasya Paricharya**

Chikitsa Siddhanta for Prasava Paricharya

Vata Shamana at physical level, emotional level and spiritual level should be the line of treatment in managing Prasava.

Asanna Prasava Paricharya

According to Acharya Charaka: [12]

Birthing woman should be made to lie down on the floor on a comfortable bedding.

Yathokta Guna Sampanna Stree should surround the woman and speak words which provide her Ashwaasana and Saantwana.

According to Acharya Sushruta: [13]

- ❖ Kritamangala Swastivachana - Words of Assurance
- ❖ Swabhyakta Ushnodaka Parishiktaam – Abhyanga followed by Ushnodaka Parisheka
- ❖ Aakantha Ghrita Yavagu Paana.
- ❖ Bhushayane Abhugna Saktim Uthanaam – Birthing posture should be extended lithotomy.
- ❖ Surrounded by Ashankani, Parinatavaya, Prajanana Kushala, Priyadarshana and Kartita Nakha Stree.

According to Ashtanga Hrudaya: [14]

In addition to the viewpoint of Acharya Sushruta - the following Paricharya was added.

- ❖ Repeated inhalation of drugs such as Kushta, Ela, Vacha, langali, Vacha, Chavya, Chitraka, Chirubilwa, Bhurjapatra, Shimshipa Patra and Sarja Rasa.
- ❖ Abhyanga with Koshna Taila over Parshwa, Prushta, Kati and Sakthi.

According to Acharya Kashyapa:

Along with all the above mentioned Paricharya, Kashyapacharya added:

Jhrimbana and Chankramana -Yawning and walking.

According to Acharya Bhavamishra [15] **-** Abhyanga with Taila over Apatya Marga.

Anagata Prasava Paricharya

According to all the Acharya's the following Paricharya is mentioned in case of failure of descent of fetus.

- Inspite of Avi if there is no progress, the patient is asked to pound the Dhanya using mortar and pestle in Udukala and walk in between.
- Walking and Yawning is advised
- Frequent inhalation of Churna of Kushta, Ela, Vacha, langali, Vacha, Chavya, Chitraka.
- Abhyanga on waist, flanks, thighs with lukewarm oil.

At this stage all the Acharyas have condemned Vyayama, as Garbhini Stree is Sukumara-Kledadhikya and is under Vishada Evam Bhaya during Prasava, hence any form of activity which provides Himsa to her body or mind should not be done.

Pravaahana[16]

Prajaayini Stree should be given proper instructions about Pravaahana. If Pravaahana is done in Anagata Avi, it is Vyartha. The Santana will be Vikruta and will suffer from Shwasa, Kasa, Shosha, Pleeha Roga.

Acharyas have mentioned the different methods of Pravahana:

- **Shanaihi Shanaihi - Gentle bearing down efforts** – when the fetus descends slightly, pain is felt in the region of pelvis, groin and neck of urinary bladder.
- **Pragadha - Strong bearing down efforts** – when the fetus descends down, the bearing down efforts should be strong.
- **Gadhatara - Strongest efforts** – when the vertex of the fetus has appeared at the vaginal orifice, the bearing down efforts should be the strongest and should be till the fetus has been delivered.

Avaak Garbhasya Paricharya[17]

- Woman is made to lie down on the cot.
- Abhyanga done over Yoni Pradesha to avoid vitiation of Vata.
- Mantra Chikitsa is carried out.

Mooda Garbha Chikitsa Siddhanta

Ayurveda has elaborated detailed guidelines on timely action to be taken and appropriate measues to be carried out in case of malpresentations causing obstructed labour.

In case of Jeevita Moodagarbha Chikitsa, Acharya Sushruta has mentioned that all the measures adopted for Aparapaatana Vidhi, can be adopted here.

This encomprises of various external manipulations for placental expulsion as well as usage of various drugs in the form of Yoni Dhoopana, Yoni Lepana, Yoni Poorana, Sechana over various body parts, Yoni Pichu Dharana and Basti Prayoga.

Along with these, Acharya Sushruta has given detailed explanation regarding the different maneuvers that can be adopted for manual extraction of fetus in case of Moodagarbha.

MIDWIFERY MODEL OF BIRTHING

Women centred birthing which focuses on holistic care is emphasized by midwifery model of care in the contemporary science.

Traditional midwifery emphasizes natural, physiological birth processes with minimal interventions, focusing on holistic care, emotional support, and cultural traditions. Contemporary obstetric care utilizes advanced medical interventions to manage risks, prioritizing fetal monitoring, pain management, and emergency preparedness[1].

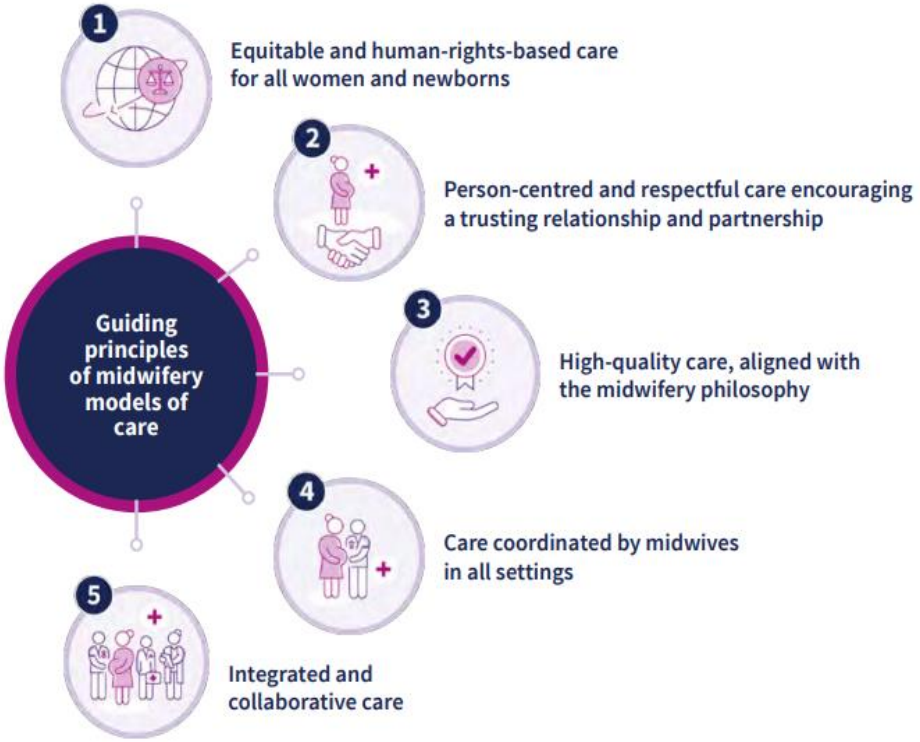
Midwives are health workers specialized in supporting healthy and physiological processes of both women and newborns throughout the continuum of care, ranging from pre-pregnancy through to the end

of the postnatal period; depending on the context and needs, the care they provide may potentially extend beyond the postnatal period.

Doulas serve as nonmedical personnel focused on providing continuous support, encouragement, and guidance to patients through the rigors of labor and delivery.

MIDWIFERY MODEL OF CARE – WHO[3]

❑ **Guiding Principles:**



Roles & Responsibilities of Midwives - (ISCO-08)

- Antenatal & Postnatal Care
- Community Education
- Labour & Delivery Management
- Newborn Care
- Pain Management
- Legal Documentation
- Midwifery Research & Education

MIDWIFERY TECHNIQUES FOR BIRTH

Six Golden Standards

- ❖ Simultaneous beginning of Labor
- ❖ Continuation of physical and
- ❖ Mental support in labor stopping routine interventions
- ❖ Mothers' freedom for movement during labor
- ❖ Spontaneous pushing with helping
- ❖ Prevention of mother-infant separation to gain the chance of first breast feeding after birth.

Techniques Adopted for Birth – Midwifery Way

- Birthing Position
- Pain Management
- Breathing Exercises
- Aromatherapy
- Reduce Injuries

BIRTHING POSITIONS[4]

Changes in mother's position causes changes in pelvis spatial shape and leads to better adaptation of fetus axis with the birth canal. Maternal mobilization and position change shortens the length of labor and reduces labor pain.

❖ **Side Lying Position** - Causes comfort and convenience for mothers and neutralizes spontaneous pushing with helping. It preserves energy, especially whn women have stood up or walked for a long time. It shortens the length of labor in the 2nd stage and causes less injury to the perinea.

❖ **Standing Position** – Reinforces spontaneous pushing with helping, lays fetus presentation behind the cervix, makes uterine contraction better and quick descent of fetal head.

❖ **Exaggerated Lithotomy Position** – Excellent when the fetal head is well applied during severe contractions behind the pubic symphysis.

❖ **Squatting Position** - Not preferred as it lowers intact perinea upto 42%.

PAIN MANAGEMENT DURING LABOR

1. **WARM COMPRESS** [5] **-** Warm compress is applied to low back region and perineal region. It causes vasodilation, increased blood supply, tissue stretchebility or extensibility, muscle relaxation. It thereby causes altered pain perception.

2. **WATER BIRTH** [6] **-** It causes buoyancy, hydrostatic pressure, associated thermal changes are relevant. Buoyancy enables the woman to move easily, facilitates hormonal interactions of labour. It thereby alleviates pain and potentially optimises the progress of labour. It improves uterine perfusion, hence less painful contractions. It facilitates ease of mobility, hence optimises fetal position by encouraging flexion. It has marked physiological effect on the Cardiovascular System. Shoulder deep water immersion reduces hypertension due to vasodilation of peripheral vessels and redistribution of blood flow. It increases maternal satisfaction and sense of control. Hence it gives greater emotional wellbeing postnatally.

3. **TRANS-CUTANEOUS ELECTRIC NERVE STIMULATION** [7]

Different opioid peptides have been released in the Central Nervous System by TENS application. Combination of two frequencies 100Hz and 2 Hz, releases dynorphin from spinal cord, encephalins and Beta-endorphins respectively, Combination of both frequencies allows synergistic interaction among the three endogenous opiod peptides and provides powerful analgesic effect.

4. **BREATHING EXERCISES** [8]

Deep Abdominal Breathing, Bradley Breathing and Lamaze Breathing are the breathing techniques adopted. Controlled breathing activates the parasympathetic nervous system, reduces adrenaline, lowering anxiety and thereby lowers pain intensity. Optimal breathing ensures steady oxygen flow to the uterus, improving its efficiency. Breathing acts as a distraction from pain, providing a mental focal point and helping the mother manage contractions efficiently.

5. **AROMATHERAPY** [9]

Essential oils of lavender, jasmine, chamomile, peppermint, sweet orange, and clove are used in the form of massage, inhalation, acupressure, tapering, compress and footbath. It stimulates the nasal and olfactory senses. It influences mental responses, circulatory and respiratory functions. It enhances physical and mental wellbeing of patients.

MEASURES TO REDUCE GENITAL TRACT TRAUMA AT BIRTH[10]

- Warm Compresses To The Perineal Area
- Perineal Massage With Lubricant
- No Touching Of The Perineum Until Crowning Of The Infant's Head/ Hands Off Technique
- Hand's On Technique
- Modified Ritgen's Maneuver

CONTEMPORARY OBSTETRIC PRACTICE –WHO GUIDELINES[11]

Potential viewpoints in the Management of Labor

❖ Birthing should be recognized as a normal physiological process that most women experience without complications.

❖ Intrapartum complications, often arising quickly and unexpectedly, should be anticipated.

Clinical Management of First Stage of Labor

- Intrapartum Fetal Monitoring
- Maternal Monitoring
- Oral intake
- IV Fluids
- Maternal Position
- Rupture of Membranes
- Urinary Bladder Function

RECOMMENDED PRACTICES	NOT RECOMMENDED PRACTICES
• Auscultation of fetal heart rate on admission using Doppler or Pinard stethoscope	• Routine clinical pelvimetry on admission
• Digital vaginal examination every 4 hours during active first stage of labour	• Routine cardiotocography (CTG) on admission in spontaneous labour
• Intermittent fetal heart rate auscultation during labour	• Continuous cardiotocography in spontaneous labour
• Epidural analgesia for pain relief (based on woman's preference)	• Routine perineal/pubic shaving
• Parenteral opioid analgesia (fentanyl, diamorphine, pethidine) for pain relief	• Enema on admission for reducing labour augmentation
• Relaxation techniques (breathing, mindfulness, music, muscle relaxation)	• Pain relief solely for preventing labour delay
• Manual techniques (massage, warm packs) for pain relief	• Routine vaginal cleansing with chlorhexidine
• Oral fluids and food intake in low-risk women	• Active management of labour package to prevent delay
• Maternal mobility and upright positions during labour	• Routine amniotomy
	• Early amniotomy with oxytocin augmentation

	• Oxytocin to prevent delay in women receiving epidural analgesia
	• Use of antispasmodic agents to prevent labour delay
	• Intravenous fluids to shorten duration of labour

Clinical Management of Second Stage of Labour

AIM:

- ❑ To assist in natural expulsion of fetus slowly and steadily
- ❑ To prevent perineal injuries

RECOMMENDED PRACTICES	**NOT RECOMMENDED PRACTICES**
• Birth position (without epidural): Encouraging the woman to adopt a birth position of her choice, including upright positions	• Routine or liberal episiotomy during spontaneous vaginal birth
• Birth position (with epidural): Encouraging the woman to adopt a birth position of her choice, including upright positions	• Manual fundal pressure to facilitate childbirth
• Method of pushing: Encouraging women to follow their own urge to push during the expulsive phase	
• Method of pushing (with epidural): Delayed pushing (1–2 hours) after full dilatation or until sensory urge returns, where adequate monitoring and resources are available	
• Techniques to prevent perineal trauma: Perineal massage, warm compresses, and "hands-on" perineal guarding, based on woman's preference and available options	

Clinical Management of Third Stage of Labor

AIM:

- ❖ To ensure strict vigilance
- ❖ To follow the management guidelines strictly in practice so as to prevent the complications, the important one being postpartum hemorrhage.

RECOMMENDED PRACTICES	NOT RECOMMENDED PRACTICES
• Prophylactic uterotonics for prevention of PPH for all births	• Sustained uterine massage for prevention of PPH in women who have received prophylactic oxytocin
• Oxytocin 10 IU IM/IV as the uterotonic of choice for PPH prevention	
• Alternative uterotonics where oxytocin is unavailable: injectable ergometrine/methylergometrine, oxytocin–ergometrine fixed-dose combination, or oral misoprostol 600 µg	
• Delayed umbilical cord clamping (≥ 1 minute after birth)	
• Controlled cord traction (CCT) for vaginal births when skilled birth attendants are available and when a small reduction in blood loss and third-stage duration is considered important	

DISCUSSION

DECODING PRASAVA PARICHARYA

❖ Role of Ashwasana and Santwana[18]

Supportive care during labour may enhance physiological labour processes, as well as woman's feelings of control and confidence in their own strength and ability to give birth.

Two probable explanations are:

• During labour, women are vulnerable to environmental influences. Modern obstetrics care frequently subjects women to institutional routines, high rates of intervention, unfamiliar personnel in the birthing room, lack of privacy which may seem harsh.

These have adverse effects on the progress of labour and on the development of feelings of competence and confidence. Hence companionship along with reassuring words buffers such stressors.

• Women providing continued care during labour help in:

➢ Enhanced passage of the fetus through the pelvis and soft tissues- Birthing companions through their encouraging words help the woman in mobilization and effective use of gravity. They support women to use their preffered positions and recommendingspecific positions for specific situations.

➢ Decreased Stress Response – Fear and hormone during labour is associated with increased level of stress hormone epinephrine. This leads to abnormal fetal heart rate pattern in labour, decreases uterine contractions, which thereby increases the time of active labour phase and decreases Apgar score.

Hence, emotional support, information, advice, comfort measures and advocacy may reduce anxiety, fear and associated adverse effects during labour.

❖ **Role of Abhyanga during Prasava[19] –** can be understood in two aspects:

GATE THEORY – Pressure message travels more rapidly than pain messages, reaching the brain faster and closing the gate to pain message.

Pain is carried more slowly by unmyelinated C neurons. Massage signals are carried more rapidly by myelinated A neurons. Massage closes gate to C impulses and allows A signals through, thereby reducing pain.

INCREASED VAGAL ACTIVITY – Stimulation of pressure receptors that are innervated by vagal afferent fibres project into limbic system and hypothalamic structures involved in autonomic nervous system regulation and cortisol secretion and emotional regulation.

Baroreceptors and Mechanoreceptors under the skin are innervated by vagal afferent fibres. This electrical vagal stimulation results in reduced cortisol response. Thereby decreasing heart rate, hypertension and decreased cortisol level.

This can be correlated to the perineal massage described in midwifery techniques of birthing.

❖ **Role Of Ushnambu Sechana[20]**

This can be understood by Melzack and Wall's Gate Control Theory of Pain. Signals generated by warm water stimulation of epidermis thermoreceptors reach the brain faster than those sent by pain receptors. Hence, effectively blocking transmission of the latter and reducing perceived pain.

This can be correlated to the usage of perineal warm compress and low back warm compress used for pain management in midwifery science.

❖ **Role of Pradhamana Nasya**

The drug particles after inhalation reach the olfactory membrane of the nasal base. Here it stimulates the olfactory bulbs. This in turn stimulates directly the hypothalamus, for secreting oxytocin. Which is then transferred to the posterior pituitary by axons, and there after released in the blood stream. Enhances uterine contractions.

❖ **Role of Yavagu Pana**

Acharya Sushruta – Aakantha Yavagu Pana

Acharya Vagbhatta – Ghrita Yavagu Pana

PURPOSE - Balya, Brihmana, Vatanulomana. Does Peedana of Vata.

It serves the best purpose by acting as best Vata Shamaka, Laghu and Tarpaka thereby providing energy during Pravaahana and serving as a prerequisite for Sootika Avastha.

❖ **Role of Jrimbhana during Prasava- Probable explanations[21]**

➢ **Activation of Parasympathetic Nervous System**

Promotes relaxation and reduces stress, balances overactive sympathetic system. It inhibits Muscle Sympathetic Nerve Activity. This shifts the domain towards parasympathetic dominance. It decreases heart rate and blood pressure. Hence helps manage pain and anxiety.

➢ **Signal of Relaxation and Emotional Regulation**

High sympathetic tone during labour increases emotional distress and pain related anxiety. Yawning facilitates deeper breathing, increases maternal oxygenation which thereby helps maintain rhythmic, efficient contractions by modulating emotional stress, reducing tension in pelvic floor, which relaxes pelvic muscles especially during early labour and allows better fetal descent and cervical dialatation.

❖ **Role of Chankramana during Labour**

It uses gravity, promotes regular and effective contractions. Improves blood circulation and oxygen supply, and acts as natural pain relief. It facilitates pelvic mobility and fetal positioning.

The entire system of holistic birthing in midwifery is based on the concept of freedom of mobilization during labour, and Ayurveda clearly caters to that.

❖ **Qualities of Birth Companion or Midwife according to Ayurveda**

Ayurveda has clear and direct references of a birth companion during labour. While describing Asanna Prasava Paricharya, Acharyas have mentioned the presence of women with the Prajayini who posess the following qualities:

Prajanana Kushala, Parinatavaya and Pragalbha

Hence in current day practise, this can be understood as:

- A midwife is a person who has completed an accredited midwifery education program based on ICM standards, is **legally licensed or registered to practice**, and demonstrates competence in midwifery care.
- GoI considers an SBA to be a person who **can handle common obstetric and neonatal emergencies** and is able to timely detect and recognise when a situation reaches a point beyond his/her capability, and refers the woman/newborn to an appropriate facility without delay.
- Must possess technical competence related to routine care provision including **identification** and **immediate management** of complications arising during pregnancy and childbirth.

❖ **Broader understanding of the terminology Kartita Nakha**

- Handwashing Techniques
- Use of protective attire
- Processing of used items/equipments
- Proper handling and disposable of sharps
- Disinfection and Sterilization
- Biomedical waste disposable

❖ **Concept of Mooda Garbha Chikitsa**

The expertise of Acharya Sushruta lies in Mooda Garbha Chikitsa, hence Ayurveda although being an age-old science gives very clear and detailed explanation about quick decision making and taking appropriate action in case of an unexpected obstetric complication. This highlights the importance of early and prompt intervention in case of emergencies encountered in labour.

CONCLUSION

The concept of Prasava and Prasava Paricharya described in Ayurveda represents a comprehensive, woman-centred, and physiological approach to childbirth that remains highly relevant in contemporary maternal care. Acharyas have elaborated a systematic framework for labour management that emphasizes Vata Shamana, emotional reassurance, physical comfort, appropriate mobilization, and timely intervention—principles that closely resonate with modern midwifery-led and WHO-recommended obstetric practices for low-risk pregnancies.

The present analysis demonstrates that several components of Prasava Paricharya, such as Ashwasana, Santwana, Abhyanga, Ushnambu Sechana, Nasya, Yavagu Pana, Jrimbhana, and Chankramana, have clear physiological and neuro-hormonal correlates recognized in contemporary science. These practices promote parasympathetic dominance, reduce stress-induced catecholamine surge, facilitate effective uterine contractions, enhance fetal descent, alleviate labour pain, and improve maternal satisfaction—outcomes comparable to evidence-based non-pharmacological interventions used in modern midwifery care.

Furthermore, Ayurveda emphasis on the presence of skilled, compassionate birth attendants, individualized care, freedom of movement, appropriate bearing-down efforts, and judicious avoidance of unnecessary interventions mirrors current global shifts toward respectful maternity care. At the same time, the detailed descriptions of Mooda Garbha Chikitsa in classical texts highlight preparedness for obstetric emergencies and the importance of timely decision-making, reinforcing its relevance even within modern risk-management frameworks.

In an era marked by increasing medicalization of childbirth, revisiting and integrating the principles of Prasava Paricharya can help restore the balance between safety, physiology, and holistic maternal wellbeing.

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