

Her Healing Heritage : Making Labor and Child-Birth Easier Local Beliefs and Practices Concerning the Health of Women and Children : A multistate study in India edited by Dr. Mira S. compiled by Smita Bajpai. Chapter 8. Chetna Publication. March 1996. p.216.

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### **Making Labor and Child-Birth Easier**

*Child birth is a natural but complicated event, laden with labor and pain yet exuding the joy of bringing a bit of humanity into being.*

In most of the rural areas in India, bringing humanity to the light of day is collectively and deftly managed by the dai along with other experienced women and the laboring woman herself. Women still have confidence and skills centered around child-birth. Their warm encouragement and natural support of labor enables the birthing woman to move through this event with courage, power and ease.

Traditionally, in giving birth a woman is believed to gain a second life. The relatives' and the dai's concern is deep for the well-being of both woman and child. The dai's practices and rituals are meant to help and make labor and child-birth smoother and faster. Labor is handled spontaneously.

When a woman starts feeling the pains of early contractions, she carries on with her work. Gradually, as the contractions become, strong, some neighbor woman may gather around her and when she can 'hold back' no longer, someone goes off to call the dai. Frequently, the dai enters the house when the child's head is 'crowning' and birth is near. She settles down next to the woman, coaxing and cajoling her, soothing her while the contractions abate. She may call upon the goddess of birth to separate the two lives early. She may ask the family members to open all the locks on the trunks and the woman in labor to let her hair loose to enable early child birth.

She asks for water to be boiled, and for a cup of oil to apply and massage around the woman's vulva. During a contraction, she supports the stretched vulva and anus with her hands, or her heels. While the child's body slips out in her bare hands, she notices its' sex, which may determine her reward. It cries out loudly, and if a boy, the family beats on a brass thaali near his ear. Then, the child is placed nearby in a winnowing basket or on the ground, still attached to its' mother. The dai urges her to push again, to push out the 'other one', the placenta which usually follows in minutes. If it doesn't, she

massages her belly, tickles the uvula (back of her throat), and might give the cord a tug. She holds the placenta in hand, puts it aside and calls for thread and cutting implement. The cord is tied and cut several finger-widths away from the new born's body. Cleaning up the woman and baby, and cleaning and tidying the place usually mark the, end of the dai's traditional duty. Some call her for massage and bath of the woman and bath of the woman and baby for a number of days after the birth.

This general account of dai's support in child birth would enable us to understand how some of the dai's practices help in the process.

### What do dais say about supporting child-birth?

**Preparations:**All wait for a birth anxiously, yet, in most communities special preparations are not made. It may be to avoid disappointment and expense if the infant dies or is still-born, or in some communities to keep a shroud of secrecy around the event of child-birth.

Even so, in our survey dais from nine states reported that they make some preparations for child-birth. These are in [Table 1](#).

**Table 1:** Preparations for child-birth

(Key: 3= women report, - = Don't report, \* = text-mentioned, &127; = not text-mentioned)

Practice or Arrangements	B I H	G U J	K A R	K E R	M A H	M P	O R I	R A J	T N	U P	W B	T O T
<b>A. The Place</b>												
* Airy bright	3	-	3	3	3	3	3	3	3	3	3	10
* clean	3	3	-	3	3	3	-	3	3	3	3	09
&127; Cow shed	-	-	-	-	3	-	-	-	-	-	3	02
* near kitchen	-	-	-	-	3	-	-	-	-	-	-	01

&127; ash spread	-	-	-	-	-	3	-	-	-	3	-	02
&127; straw spread	-	-	-	-	-	-	-	-	3	-	-	01
* lights	3	-	-	-	3	3	-	3	3	3	-	06
* cot and bed-spread	-	-	-	3	3	3	-	3	-	-	-	04
* restricted entry	-	-	-	-	-	-	-	-	-	-	3	01
<b>B. Materials</b>												
* hot water, new blade or knife, thread, soap	3	3	3	3	-	-	-	3	3	3	-	07
* clean pieces of cloth	3	3	-	-	3	3	-	3	-	3	3	07
* oil to apply	-	-	-	-	3	-	-	-	-	-	-	01
&127; no preparations	-	-	-	-	3	3	-	-	-	-	-	05
<b>Total</b>	<b>5</b>	<b>3</b>	<b>2</b>	<b>4</b>	<b>9</b>	<b>7</b>	<b>1</b>	<b>6</b>	<b>5</b>	<b>6</b>	<b>5</b>	

**The place for birth:** dais in most states said they select a place for childbirth that is bright and ventilated and try to see that the place is clean. Some also said that arrangement for the light is made for the night time.

Dais from Maharashtra and West Bengal, however, said that the place given for child-birth is often a dark and filthy cowshed.

In a tribal part of Maharashtra, dais suggest that child-birth should take place in the kitchen area near the fire.

In West Bengal, the dai restricts the entry of other people to the place of birth.

In Madhya Pradesh, Uttar Pradesh and Rajasthan, child-birth is allowed to happen on a layer of ash or a bundle of straw.

The shastras suggest a separate birthing -home-prasuti griha in which the woman stays for the ninth month of pregnancy and awaits child-birth. The details of the birthing home are described in the later part of this chapter.

**Things needed during child-birth:** Dais from seven states said they keep ready the instruments and accessories for tying, cutting and dressing the cord as well as clothes for the mother and baby.

In Madhya Pradesh and West Bengal, the family keeps oil for massage or application to the vulva.

Of the thirteen kinds of preparations, eight are text-mentioned. Interestingly, the 'BiMaRu' states (Bihar, Madhya Pradesh, Rajasthan and Uttar Pradesh) reported the most preparatory practices and almost all of them are described in ayurveda. \* in Bihar - all five practices \* in Madhya Pradesh - five out of seven \* in Rajasthan - all six practices \* in Uttar Pradesh - five out of six.

Dais in Orissa reported the fewest preparatory practices. Kerala reported four practices and all of them were found in the texts.

The shastras suggest to keep the materials required for child-birth in the birthing home. These include fire, oil, ghee, essential herbs, surgical needle and other instruments.

**Herbs and foods:** Consider Table 2 which shows the data about herbal and dietary measures from nine states.

**Table 2:** Herbs and foods to make child-birth easier

(Key: \*= text mentioned, &127; = not-text mentioned)

Preparation			State	Remarks
*	1	Jurce of some roots & cumin seeds	KAR	Cumin seeds heating, stimulant, ruksha, vaat-anulomak
*	2	Decoction of tonde & cumin seeds (Soliga tribe)	KAR	Cumin, as above; tonde not known
*	3	Rice & rasam	TN	Strength-giving & vaat-anulomak

*	4	Hot water & liquid foods	KER	Helps in digestion, vaayu-subsidizing
*	5	Cloves ground, in water	MAH	Pain-reducing & vaayu-subsidizing
*	6	Kaanji (rice gruel); sweetened	MAH	Strength-giving & easy to digest
*	7	Tea sweetened with jaggery, to drink	MAH, GUJ	Hot, stimulant & strengthening
*	8	Decoction of ajowain with jaggery & ghee	RAJ	Strength-giving & vaat-anulomak
*	9	Hot tea, water or milk, to drink ginger	ORI, BIH, MAH	Stimulant & relieves tiredness
*	10	Decoction of dry ginger to drink from 5 <sup>th</sup> month.	TN	Stimulant & vaat-anulomak
*	11	Rasam, coffee & kuzhu (sour porridge of raagi flour, broken rice, salt & butter)	TN	Stimulant
*	12	Ajowain, turmeric & jaiphal (nutmeg)	GUJ	Vaataulomak & reduces pain
*	13	Tender coconut	KAR	Strength-giving vaayu-subsidizing & cooling
*	14	Black pepper, dry ginger, jaggery in tea	GUJ	Strength-giving & vaat-anulomak
&127;	15	Indian spinach cooked with lentils	TN	Strength-giving & vaat-anulomak
&127;	16	Decoction of bishop weed seed (Carum couticum)	TN	Vaat-anulomak heat-producing
&127;	17	Kaya leham of cumin, black pepper, ginger to lick	TN	Heat-producing, vaat-anulomak
&127;	18	Soup f drumsticks (Moringa oliefera)	TN	Heat-producing, vaat-anulomak
&127;	19	Raw drumstick pulp, tender coconut & sugar	TN	Heating & cooling (may have neutral effect), nutritive

&127;	20	Drink decoction of sundakai (Vebacifolum species)	TN	Heat-producing, vaat-anulomak
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The measures vary region-wise to some extent. The vaidyas' comments are condensed in the third column, and include the substance properties likely or known under the particular regional conditions.

Dais from Tamil Nadu added that the remedies numbered 15-20 are useful for cleansing the womb after child-birth as well. From the table, it may be seen that:

In the early months of pregnancy, cooling and nutritive herbs and fluids are recommended. In the later pregnancy, herbs that are heating, nutritive and that stimulate the womb are advised.

This is consistent with the principles elucidated in the ayurvedic texts. The shastras suggest that during the last month of pregnancy \* to help digestion \* avoid constipation and retention of urine \* to give strength \* to promote lubrication and elasticity in the body, eat freshly prepared foods which are creamy and soft, fat-containing, warm, sweet in taste and fluid, like \* gruel of rice or dalia (broken wheat) \* rava cooked in milk \* curd-rice \* roti mashed with milk \* rice with milk and ghee \* meat soups with rice.

To facilitate normal functioning of apan vaayu, one should \* eat pungent foods and spices, like \* black pepper \* asafoetida (hing) \* fenugreek (methi) \* Bishop weed seeds \* garlic \* brinjal \* eat frequently and enough \* avoid eating foods which stir up apan vaayu like stale, fried and fermented foods,

When the labor begins, the woman should drink liquids such as yavaagu a gruel which gives strength. When the child descends in the womb, she should be given yavaagu with plenty of ghee. These dietary precautions lend strength, lubrication and elasticity during child-birth.

Several practices find no reference in-the shastras. Among these are both traditional local measures as well as allopathic measures.

In Tamil Nadu, dais advised eating 'green leafy vegetables and pulses' - nutrition messages of western health science.

In Madhya Pradesh, dais said they get the local ANM to give tablets and injections during pregnancy. The ANM probably gives iron and tetanus toxoid.

On the face of it giving such tablets and vaccinations appear harmless, but it accompanies a serious attitudinal change of rural communities, medicalising pregnancy and child-birth.

Nowadays, the woman's family may call a 'village doctor' or the ANM, 'nurse' to give an 'injection' to hasten labor. During labor, the injection most commonly given by local doctors is oxytocin, a hormone which causes the womb-muscle to contract powerfully. It is dangerous. It may lead to rupture of the womb and severe tears of the woman's cervix and vagina. During a prolonged contraction, the blood supply inside the womb gets cut off, and the foetus may die. There are no statistics telling the damage due to oxytocin.

**Emotional or spiritual measures:** Some measures employed by the dais seem to be of purely psychological or spiritual nature.

In Maharashtra, dais tie a stick of 'rui' (calotropis) on the woman's finger to speed up labor. (The highly irritant milky latex may cause blistering, however.)

In Maharashtra again, dais tie the root of utkayat (*E. echinatus*) on the arm to enable an easy and quick child-birth. Dais in Rajasthan place it (untkanto) in the hair of the woman in labor.

Also in Maharashtra, dais advise offering a coconut to a deity, and drinking water enchanted by a bhagat (diviner, faith healer and herbalist.)

Although not mentioned in the texts, these practices have value in the culture, and we are in no position to judge their totality.

We can try to understand such practices and beliefs from the view point of daiva-vyapashraya chikitsa, an aspect of ayurvedic healing discussed in numerous texts, which deals with mental and emotional states.

Or, we may look at them according to the shaastric concept of prabhaava. According to ayurveda, certain herbs can exert effects in certain ways, by proximity, touch, smell, visual impact, or otherwise. For example abhaya (Terminalia chebula) is known to start loose motions simply by holding it in hand. Hence, such practices employed by dais may have a role in making childbirth easier.

Only in West Bengal and Uttar Pradesh did women say they use no special foods or herbs to help in child-birth. This may indicate degradation of the traditional wisdom, or limitations in data collection.

**Exercise:** Dais from six states said that 'exercise' makes child-birth safer and easier. By this they meant continuing the work women do inside and outside the house moving after children, walking to fields and back, pounding and grinding grains, churning buttermilk and so on. For women work is equated with exercise. They are expected to do tiresome work for other's sake while people say it benefits women.

In Maharashtra, Tamil Nadu, Madhya Pradesh, Karnataka, Gujarat and Rajasthan, dais urge women to continue such activity in pregnancy and early labor.

Beyond the womb contractions themselves, there is a helpful practice which one might also construct as exercise.

In Gujarat and Madhya Pradesh, women said that while in labor, they grasp and pull on a rope tied from a pole or beam of the roof.

This vertical posture and strain helps the laboring woman sustain stronger contractions. The advantage of gravity is taken for the child to move downward along the birth passage. This practice is not mentioned in the texts. The shaastras suggest that in the last months, rest and sleep is specially important, and exertion is to be avoided.

A woman should try to avoid vaayu-vitiating activities like \* too much talking \* too much walking \* sleeping late at night \* travelling. These indiscretions/unwise actions can bring on labor prematurely.

Massage of the belly and womb: As pregnancy advances, abhayanga (massage) relieves a woman's discomfort while her body adjusts to the enlarging womb. Later, the dais said, massage helps the child to find its natural position. In labor massage relieves pain,



tension, relaxes, and labor speeds up. The back and pelvic joints and muscles loosen, so childbirth is easier.

In Gujarat, Rajasthan, Tamil Nadu and Madhya Pradesh, dais talked of massaging a woman's belly during labor.

In Karnataka dais said that if the placenta is delayed in coming out the womb is to be massaged through the belly.

The shastras do not advise oil massage (abhyanga) during pregnancy. However, if a woman has body or belly pain from the stretching of muscles, or if she is tired, a light massage may be soothing and helpful.

In the ninth month, occasional light massage on the belly, thighs, flanks and lower back helps to regulate vaayu. It relieves tiredness and relaxes and strengthens the muscles, too.

In ayurveda, massage of the belly and womb of a woman during pregnancy, child-birth and afterwards is described, with a caution: use light, circular movements during pregnancy and after child-birth.

Touching, massaging, soothing, holding this is a part of the sensitive heating support which women miss if they give birth in hospitals!

**Enema or bowel wash:** Dais in only three states reported giving enema before child-birth to facilitate labor.

Dais in Rajasthan use soap-water, in Maharashtra use castor-oil and dais in Tamil Nadu use decoction of cumin seeds.

The shastras say that during eighth and ninth months respectively, a woman may be given an enema (liquid introduced through the rectum.) There are two types, recommended in the eighth and ninth month respectively niruh basti (enema of herbal decoction) and anuvaasan basti (enema of herbal or vegetable oil).

Basti is part of snehana (oleation), for internal and external oiling of the body which as a whole provides some nourishment as well as helping to normalize vaayu and cleaning the bowel. Giving a basti is a skill to be learned from a vaidya. Cleanliness is important.

**Hygiene:** In addition to personal cleanliness, the traditional concept of hygiene focuses on 'feeling dean' rather than 'looking dean'. Born and surviving in mud, the people hardly regard mud as dirty. In fact, people crave for nearness to mud/earth and worship the earth as mother.

For them, hygiene means sweeping, scrubbing, sprinkling water or that of the, sacred Ganga. A fresh flooring with a mixture of fresh cow-dung, & cow-urine and mud is enough to keep the surroundings dean and fresh. Even cow dung is considered a purifier. A bath in early morning, after passing stool, before going in the kitchen or cooking. While eating and serving, while worshipping are some of the instances which reflect the sense of hygiene in many communities.

A dai never enters the house of labor without washing her hands and feet. In our survey, the practices reported relate to washing hands, preparing the vulva, and wrapping the baby.

Dais from all eleven states reported they wash their hands.

In Gujarat and Maharashtra, liquor is used to wash hands before childbirth.

Removing bangles is mentioned from Maharashtra, Bihar and Gujarat and cutting nails is reported from Maharashtra, Guiamt, Madhya Pradesh, Bihar, and West Bengal.

Washing the vulva and anus is done with soap and water during labor in West Bengal.

While a laboring woman is made to wear dirty rags, according to dais in West Bengal, some dais in West Bengal and Kerala, said that die laboring woman, dai and the new born are given clean clothes to wear after child-birth.

The practice of giving rags to the woman in labor is harmful from all the perspectives. Not only it increases the risk of infection, it reflects the attitude of pollution, dirt and

filth which many communities have towards the whole child-birth process and towards anyone who comes in touch with it.

**Posture for child-birth:** A woman's posture during labor may hinder or help the passage of foetus through and out of her body.

The lying on back (supine) position for child-birth was reported by dais in all the eleven states.

A sitting or squatting position was also a preference of some dais in six states - Madhya Pradesh, Maharashtra, Uttar Pradesh, Bihar, Tamil Nadu and West Bengal.

The knee-elbow position was reported from West Bengal.

Sitting with legs extended was a child-birth posture of a part of Karnataka, which the dai said enables a woman to give birth alone if needed.

It is surprising that dais in all the states mentioned the lying-on-back position for childbirth. Is this a traditional posture, or does it reflect a change due to dai, training efforts? We cannot say. Even the shastras mention this position for child-birth.

Yet, among the rural people, postures for childbirth are apparently not rigid. They vary according to convenience and perhaps geographical, economic and cultural factors.

The squatting and sitting positions are both common, and yet neither is mentioned in the ayurvedic texts.

Modern (western) research in obstetrics has shown that squatting during labor allows gravity to play a role in foetal descent. It enables the women to bear down more effectively and comfortably. In practice, however, doctors and nurses prefer the woman to 'deliver' in flat-on-back position. They say that delivering while squatting might injure the baby and will tear the cervix, vulva and perineum.

The part of Karnataka where women give birth sitting with extended legs is forested and hilly, with settlements scattered far apart. One can just imagine a woman in this posture doing it all herself. Again, it is a posture not described in the shastras.

**Oiling of vulva and vagina:** A dai uses oil for massaging, stretching and lubricating the birth passage.

In Madhya Pradesh, dais apply vegetable oil by hand to the vulva and vaginal opening during labor and birth.

This practice lubricates the birth canal and improves the elasticity of the vaginal muscles, so that the baby can easily slide out. The shastras also say that the birth attendant should expand the birth canal after applying oils to her hands.

**Oil soaked swab in vagina (yoni pichu):** In the last month when the child moves downwards and the time for child-birth approaches, a cotton swab soaked in medicated oil is placed in the woman's vagina, once a day.

This strengthens the vaginal muscles, prevents sepsis and lubricates the birth passage. The oils (taila) prescribed are either \* neem oil (*Azadirachta indica*) or ksheera-baladi taila or plain eranda (castor) oil.

**Fumigation of vulva and birth passages:** Dais believe that heat helps in the process of child-birth and also in cleansing and drying the womb and birth passage afterwards. Smoke is purifying.

Dais from Maharashtra and Uttar Pradesh talked of helping labor proceed by burning ajowain seeds (*Carum caudatum*) and exposing the genitals to the heat and smoke.

In Madhya Pradesh, after child-birth a woman squats above hot coals over which ajowain seeds are thrown. This helps her sore vulval tissues to dry and heal.

Data on this practice was available from the dais in the central and northern states. No information was available from the southern, western or eastern states.

Although no text mentions of these uses, they mention fumigation of the yoni (vulva) with herbs like bhojpatra (*Betulia utilis*) and guggulu (*Commiphora mukul*) to manage a retained placenta. Fumigation is not harmful, and definitely gives some relief to a tried woman. It may also help to resist sepsis.

**Giving support at the anus:** It is prevent the vagina and perineal tissues from ripping or tearing.

In West Bengal, dais advise pressing the area in front of the anal opening (or the 'perineum') during strong contractions.

According to western obstetrics, this practice is valuable. However care must be taken to maintain hygiene.

**Typing band around midbelly:** A piece of cloth tied firmly is believed to keep the foetus moving back upwards between contractions and help the process of labor. Usually, an old cotton saree or a cloth is snugly tied around the belly.

In West Bengal, dais suggest tying a cloth around the belly at the woman's navel during labor.

According to the Charaka Samhita, if a band is tied like this, it helps keep the belly flat and avoid pain due to vaayu. It should be wrapped securely but not too tight.

**Applying force on the belly:** Known as kallo in Gujarati, pushing down upon the belly of the laboring woman is a widespread tendency of women and many dais. In some places, like the tribal areas of panchmahals, a man is called, even in the labor room of some hospitals, to apply force on the belly. The feeling is that the labor must be hastened for the sake of both woman and child.

Dais in six states said abdominal pressure is needed to hasten the birth - (Gujarat, Rajasthan, Karnataka, Tamil Nadu, West Bengal and Madhya Pradesh)

Those of us who have observed and seen the results of pushing forcefully upon a woman's abdomen during labor are unanimous about it being a harmful practice.

At least it results in bruises and at most, it has caused bleeding and womb rupture with tragic death of woman and child.

What can be the reason for this harmful practice?

Why is it so widespread, and why does it persist?

Culturally, childbirth is regarded as an event requiring energy and force. Origin the practice of supportive pressure over the belly and womb was to relieve the pain and to ease the separation of two lives. The sensitive gesture of support seems to have got lost in the people's concern for getting the baby out fast.

According to the texts, a woman is asked to bear down (pravaahan) during womb contractions, slightly when the foetus has partly descended, and strongly when the foetus descends further and appears through the womb-mouth opening. The dai and other attendant only support her back, belly and lower parts, and give soothing encouragement.

What do the shaastras say about making child-birth easier?

According to ayurvedic principles, in relation to pregnancy, the normal functioning of apan vaayu is the basis of the process of childbirth. Special activities, diet and herbs are advised to regulate the functioning of apan vaays in the laboring woman's body which have been discussed in the earlier part Of this chapter.

**Place for labor and child-birth:** The child-birth should be attended and managed in a special house (prasuti-griha) constructed for this. The following specifications are given in the texts.

'The house for the laboring woman (prusata) should be built of wood on a clean and even surface. It should face either east or south. It should be constructed from the wood of bilva, tinduka, inguda, bhallataka, varuna or any other tree advised by a knowledgeable person. [Note: the choice of wood depends on the, caste of the woman, according to Charaka.]

The house should be well-ventilated and curtained to avoid bright light falling on the eyes of the new born. The floor should be clean, and newly smeared with cow-dung or lime. It should have well-fitted doors and windows. The house should have fire, water, and mortar with pestle for grinding herbs and as an exercise for the woman in the initial stages of labor and placental retention, each in their right places. Toilet, bathing and kitchen area should be aside. This house should be made comfortable for the laboring woman in every season.

This house or prasuti-griha should be constructed before the ninth month, on an auspicious day.

**Instruments for child-birth:** The instruments needed for child-birth and to manage complications should be stored in the prasuti-griha along with essential herbs and medicines.

**The prescribed instruments for child-birth:** \* Two stones which may be rubbed together for resuscitation of new born \* pestle with mortars \* fire \* ghee \* oil \* rock salt \* herbs like garlic \* hing (asafoetida) \* sarsav (mustard seeds) \* vacha (Acorus calamus) \* chitrak (Plumbago zeylanica) \* langli (Gloriosa superba) \* pippali (Piper longum) \* two needles made from gold or silver \* sharp cutting instruments made from iron \* two wooden cots.

**Persons who attend child-birth:** Persons who are to attend to the child-birth are specified. They should be women who themselves have given birth to several children (bahu-prasuta), who are good-hearted, engaged in serving others, possessing strong character, experienced in child-birth, affectionate, free from grief, having endurance and capable of making the prasuta happy. The laboring woman should not shy from these women. Other knowledgeable and skilled persons should remain near the woman.

**Facilitating child-birth:** On an auspicious day in the ninth month, the woman should enter the birthing house and await labor. This practice may have helped to keep the woman safe from contagious disease and mentally prepared to withstand labor pains.

From Karnataka, it was reported that communities in the Soliga tribe prepare a common hut for delivering children.

Today, while it may not be cost-effective or ecologically sustainable to construct a wooden house for every delivery, a common cottage for labor and childbirth can be

prepared for an entire village or neighborhood. Instead of staying there for the whole last month, a woman can enter the cottage when labor begins.

The shaastras have the following prescription for the early phase of labor:

**When the signs and symptoms of the onset of labor** are distinct, the experienced women birth attendants should take a bath and see that their nails are cut. They should wear clothes that are clean and intact. These women should console, encourage and delight the woman who is in labor. Their relationship with the 'prasuta' should be as friends. She should not feel self-conscious among them, or over conscious of their presence.

**In early labor**, the woman should be given a light massage on her back, flanks, sacrum and thighs with luke-warm oil. Oils like coconut, sesame or mustard can be used according to the seasons. After that the woman should be given a hot water bath and should be asked to consume rice gruel in which ghee is added.

The woman should be given fumigation in the vagina of the smoke of bhurjapatra (*Betulia utilis*) and leaves of shinshapa (*Dalbergia sisoo*) and sarjarasa (*Shorea robust*). She should be asked to yawn and to walk around. Care is to be taken that she does not exhaust herself. The attendant should caution the woman to avoid straining to bear down when there is no strong pain or contraction.

Then, instructions begin for the **active phase of labor**: As soon as the head of the foetus fixes above the bladder and the pain becomes strong and difficult to bear, the woman should be coaxed to lie down in supine position with flexed thighs. When she feels pains, she should make efforts to bear down, first mildly and then forcefully, as the urge strengthens and the mouth of the womb opens fully.

**After child-birth**, attention is on both woman and child. The attendant should encourage the woman by announcing the birth, so that the woman may get strength due to happiness.

After the child is born, the cord is felt and should be tied and cut when the pulsation's have stopped. The place to cut should be eight fingers from the infant's navel. The cord is to be tied with a strong clean thread, and cut with a clean pre-heated knife. A



dressing of kushtha taila should be applied on the stump. The end of the thread should be wound loosely around the neck of the child.

The placenta should then be delivered- and checked.

### **Women support...**

The practices reported by the dais to facilitate child-birth are numerous and indicates their concern for laboring women and 'easy child-birth'. 'Safe delivery' as such is a western concept yet, one does not deny the worry for the mother and baby's survival.

By and large child-birth practices are sound, useful and without harm. Only one practice commonly followed is out-right harmful and needs to be discouraged-forceful pressure upon the belly and womb during labor.

Why do more women and babies die around child-birth?

Why is the dai to be blamed ?

One of the reasons may be limited utilization of dai's traditional skills, another, inadequate, inaccessible emergency health services to manage complications.

The out-reach and effect of dai-training in rural areas is evident from the responses of the dais. However, while dai-training program have been conducted in all the states, not all dais have been reached.

Traditional midwifery practices have a rightful place in regional training program for dais, and should be included with sensitivity and discretion.