



## **GUIDELINES FOR TEACHING YOGA IN PREGNANCY**

### **PURPOSE**

The purpose of this document is to give safety guidelines to teachers who may have a pregnant woman in their general classes.

This Guideline refers to the:

‘Exercise in Pregnancy Statement’ issued by the Royal College of Obstetricians and Gynaecologists (RCOG).

And the more recent:

‘Advice for Mothers-to-be and New Mothers; Fit and Safe’ issued by the Pelvic Obstetric and Gynaecological Physiotherapists group (POGP)’.

There are no medical statements that are yoga specific but the RCOG paper refers to strength conditioning exercise which is very much a part of the yoga practice. ‘All women should be encouraged to participate in ..... strength-conditioning exercise as part of a healthy lifestyle during their pregnancy’ [1].

The POGP booklet refers to all exercise and includes positive reasons as to why exercising in pregnancy may be good for the pregnant woman and her baby:

- Keeps heart, lungs and muscles as healthy as possible
- Keeps weight within a healthy range
- Improves posture, balance and co-ordination
- Improves circulation
- Increases strength and stamina
- Makes a pregnant woman feel better – in body and mind
- Prepares for labour and delivery
- Means a pregnant woman is doing her best for her baby as it develops
- Reduces minor ailments of pregnancy
- Improves fitness and may help post birth recovery

The POGP booklet refers to yoga as a popular form of exercise with proven benefits with the emphasis on:

- Flexibility
- Control of breathing and relaxation
- Core stability exercises
- Pelvic floor muscle exercises
- Posture
- Body awareness

## **CONTRAINDICATIONS AND ADVICE**

Avoid yoga with the following conditions:

Vaginal bleeding

Reduced foetal (baby) movements

Serious heart, lung, kidney or thyroid disease

Diabetes Type 1, if poorly controlled

History of miscarriage, premature labour or 'small for dates' baby in this or previous pregnancies

High or low blood pressure (discuss with own doctor)

Placenta praevia after 26 weeks (discuss with own doctor)

Acute infectious disease

Seek medical advice before commencing yoga with the following conditions:

Asthma

Diabetes type 1, if well controlled (discuss with own doctor)

History of miscarriage

High blood pressure before pregnancy

Early placenta praevia – discuss with own doctor

Anaemia

Extreme overweight or underweight

Heavy smoker

Pelvic and low back pain

Stop exercise and seek medical advice if the following are experienced:

Tummy, calf, severe back or pelvic joint pain

Vaginal bleeding

Shortness of breath, dizziness, faintness, or palpitations

Difficulty in walking

Persistent severe headache

## **EXERCISE ADVICE RELEVANT TO YOGA**

Avoid certain movements like low squats.

Avoid lying flat on your back to exercise if it makes you feel unwell, sick or dizzy.

Lie on left side to avoid problems of lying flat on back.

Avoid overstretching because of the hormonal effects on the ligaments.

For those new to yoga:

Avoid starting a new exercise programme until after the 13<sup>th</sup> week of pregnancy.

For those already practicing yoga:

It is safe to continue. Yoga can be modified for pregnancy and has proven benefits. If attending classes try to ensure that the instructor has had suitable training to teach pregnant women.

## **EXPERIENCED BWY PREGNANCY TUTORS ADD TO THE ABOVE WITH THE FOLLOWING ADVICE**

Direct women to a dedicated Pregnancy Yoga class where possible.

Women joining a yoga class for the first time may choose to wait until around 13 weeks, as a pregnancy is considered to be 'established' around this time.

A pregnant woman should inform her health professional about her attendance at a yoga class.

Every pregnancy is unique, so it is important to encourage pregnant students to learn to listen to their bodies. How they feel is often their best guide to what they can and cannot do. Students may need to modify a pose or rest at any time.

General guidelines for a yoga class suggest no food two hours prior to a class; however a pregnant woman may need an easily digested snack before a class.

## **ON PRACTICE AND ASANA**

Particular attention should be paid to pelvic floor awareness in all asana and pranayama practice.

Ligaments and tendons may soften during pregnancy due to hormonal changes. Those who are very flexible (often experienced yogis, gymnasts, dancers) should avoid overstretching and hyperextension through the joints. Students may need to bend their knees when moving in and out of asymmetric poses to protect the SI joints.

Jumping in and out of postures is not advised as this can put unnecessary stress on the pelvic floor, joints and ligaments.

Practicing in a hot and humid environment is not suitable for pregnant women due to the risk of hyperthermia.

Be mindful if Supine, see above. Encourage bent knees or raised legs. If the woman feels light headed or dizzy, she should lie on the left side or any other comfortable position such as sitting.

Avoid any breath work/pranayama that involves breath retention. Practices such as Kapalabhati and Bhastrika are not recommended in pregnancy.

Gentle inversions such as Adho Mukha Svanasana (Dog Head Down) are suitable for pregnant women. Ardha Salamba Sarvangasana (Supported Half Shoulderstand) might suit some pregnant women but not others. Avoid teaching full inversions e.g. Sirsasana (Headstand) and Vrksasana (Handstand), unless the student is already an experienced practitioner. However, the preparations for these poses may be beneficial for pregnant women.

Care should be taken with the more advanced backbends e.g. Ustrasana (Full Camel) and Urdhva Dhanurasana/Chakrasana (Wheel), as deep backbends may compress the lumbar spine. Chest lifting and upper backbending is beneficial.

After 32 weeks, avoid taking knees higher than hips in seated postures by using blocks to raise hips.

## **BENEFITS -Why do yoga during pregnancy?**

The following is taken from the RCOG Exercise in Pregnancy Statement:

‘Maternal benefits appear to be both physical and psychological in nature. Many common complaints of pregnancy, including fatigue, varicosities and swelling of extremities, are reduced in women who exercise. Additionally, active women experience less insomnia, stress, anxiety and depression. There is some evidence that weight-bearing exercise throughout pregnancy can reduce the length of labour and decrease delivery complications.....

Women and care providers should consider the effects of a sedentary lifestyle during pregnancy as it may contribute to loss of muscular and cardiovascular fitness, excessive maternal weight gain, raised risk of gestational diabetes mellitus, or pre-eclampsia, development of varicose veins and increased incidents of physical complaints such as dyspnoea or lower back pain and poor psychological adjustment to the physical changes of pregnancy. Exercise is helpful in improving glycaemic control in women with gestational diabetes mellitus and may play a role for primary prevention of development gestational diabetes mellitus. Evidence also suggests a protective effect of exercise on coronary heart disease, osteoporosis and hypertension as well as a reduced risk of colon cancer, and perhaps breast cancer, and reduced body fat.’[1]

.....  
Contributors: Judy Cameron, *BWY Pregnancy Module Tutor & Midwife*, Caitlin Heavey, *Obstetric Physiotherapist & Yoga Teacher*, Zoe Knott, *BWY DCT*, Kay Millar, Wendy Teasdill, *BWY DCT & Pregnancy Module Tutor*

## **BIBLIOGRPAHY**

2013; RCOG; Exercise in Pregnancy; [www.rcog.org.uk/womens-health/clinical-guidance/exercise-pregnancy](http://www.rcog.org.uk/womens-health/clinical-guidance/exercise-pregnancy); downloaded January 2013

2013; Advice for Mothers to be and new mothers ‘Fit and Safe to Exercise in the Childbearing Year’; <http://pogp.csp.org.uk/publications/fit-safe-exercise-childbearing-year>; downloaded March 2015

## **REFERENCES**

[1] RCOG; pg 3

[2] POGP; pg 11