

Summary of Cautions for Pregnant students

Ask the pregnant student to advise their health specialist that they are attending a regular yoga class.	
Although there is no evidence that any yoga practice increases miscarriage risk, do not accept new students into class until after 13 weeks, after which miscarriage risk is lower	Recommend that all pregnant students go to a specialist pregnancy yoga class where appropriate practices and props will be available, especially students who are new to yoga or to you.
Do not practice at 100% effort or stretch due to relaxin, a hormone that is evident for up to 1 year after birth	Reduce stances and depth of pose, even if student can go deeper, as connective tissues are artificially more elastic
Avoid strong static asanas and prolonged standing at all stages of pregnancy – risk of overheating & fainting. No jumping!	Favour flowing work, moving with the breath, resting as needed
Caution in deep squats, or open hip positions. Avoid deep squats in last trimester or if history of premature labour, knee problems, hemorrhoids, recent unexplained bleeding, baby in breach position within final six weeks, pelvic girdle pain, placenta praevia or general discomfort	Reduce depth of squats and asana such as warrior 2.
Avoid strong backbends, as can overstretch abdominals and compress spine	Reduce depth & concentrate on lengthening spine, opening the chest and shoulders
No strong abdominal work, modify or give an alternative	e.g. for boat pose keep toes to floor or use staff pose instead
Caution for twists as can separate rectus sheath & affect Sacro-iliac joints	Gentle twisting to open side
Care in asymmetrical poses, especially for Sacro-iliac joints	Reduce depth, narrower stance, use support, bend front knee especially when entering or exiting
Avoid full inversions such as shoulderstand, headstand or handstand unless very experienced, although preparations for these can be acceptable.	Can practice gentle inversions such as downwards facing dog and supported half shoulderstand may suit some students
For prone poses an alternative will be needed	Something similar kneeling or a helpful alternative
Caution for supine poses as the weight of the womb can impede the venous return to heart & cause hypotension	Encourage bent knees or raised legs and if feeling light headed or dizzy lie on the left side or any other comfortable position such as sitting. Savasana always lying on the left side with padding used as needed under head and between knees.

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Reduce pressure on legs if seated	For poses such as cow's head pose need modifications such as staff pose legs
After 32 weeks avoid taking knees higher than hips in seated poses, placing blocks under buttock to lift the hips if needed. This aids optimal foetal positioning.	Place blocks under buttocks to lift the hips if needed or use a chair
Avoid breath retention	Avoid Bhastrika and Kapalabhati
<ul style="list-style-type: none">• Students may need a small easily digestible snack before their class.• Encourage a pregnant student to listen to their own body, as this is always the best guide!!	

CONTRAINDICATIONS AND ADVICE from BWY Pregnancy Guidelines (June 2017)

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
- Anemia
- 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