

### **BWY Guidelines for Teaching Yoga in Pregnancy**

#### **Purpose:**

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

Let your students know that if they become pregnant you need to be informed (in confidence, of course).

Pregnant women are generally advised not to attend a general yoga class before 15 weeks gestation, when the pregnancy is considered to be established. Safe Yoga practice in the first trimester would comprise gentle breathing, relaxation and meditation.

Direct women to a dedicated Pregnancy Yoga class where possible, especially if they are joining a yoga class for the first time.

Ensure that a pregnant woman in your class has informed her health professional about her attendance at a Yoga class. Although Yoga will help with any anxiety, all medical conditions need to be dealt with by the medical profession.

Every pregnancy is unique. We need 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.

Blood sugar levels can dip more frequently in pregnancy. Although one is advised not to eat before doing Yoga, pregnant women may need to have a light snack before class.

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 of the joints. Students may need to bend their knees when moving in and out of asymmetric poses to protect the SI joints. For the same reason, avoid jumping in and out of postures.

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

Props and modifications should always be offered and made available for pregnant women. If a pregnant woman has an exercise ball to sit on while other students are doing postures unsuitable for pregnancy it will greatly facilitate class management.

Be mindful of supine positions. The general advice is that pregnant women should lie on their left side to encourage optimal foetal position (OFP). Some women will not be comfortable on their left side (possibly due to the placenta being on the left, or sacro-iliac displacement) and could possibly try a supine position - but they would need to lie in semi-supine (ie. knees bent) once the baby-bump starts to develop (dependent on length of spine and bump-size, this could be any time up to 20 weeks) as there is a possibility of impeding the venous return from the legs. Some women will be unable to breathe easily

in a supine position even if the legs are bent or elevated. Suggest any other comfortable position such as sitting upright or leaning back on a ball.

Gentle twists of the thoracic spine are usually beneficial but strong lumbar rotation should be avoided.

Care should be taken in deep squats and in some cases (late pregnancy, breech baby) they should be avoided.

The abdominals are already challenged by the growing baby, so any asana which depends on them (eg. Navasana) should be avoided.

Suitability for inversions depends on how a woman feels, the placement of the placenta – and her pre-existing experience of Yoga. Gentle inversions such as Adho Mukha Svanasana (Down Dog) may be suitable for pregnant women. Ardha Salamba Sarvangasana (Supported Half Shoulderstand) might suit some pregnant women (if they are used to it) 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.

Avoid deep backbends e.g. Bhujangasana, Ustrasana, and Urdhva Dhanurasana/Chakrasana as they can compress the lumbar spine. Supported thoracic extension can be beneficial.

Blood pressure usually lowers during pregnancy so beware of over-breathing. Practices such as Kapalabhati and Bhastrika are not recommended and all breath retention should be avoided. Note that Bhramari can further lower the blood pressure so if students feel dizzy at any stage they must return to regular breathing.

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

These guidelines refer 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 general Yoga practice. 'All women should be encouraged to participate in general and strength-conditioning exercise as part of a healthy lifestyle during their pregnancy' [1]. This is reinforced by the NICE Guidelines which recommend 'at least 30 minutes per day of moderate-intensity activity' [2] for pregnant women.

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

The Royal College of Obstetricians and Gynaecologists (RCOG), recommends that ‘All women should be encouraged to participate in... strength-conditioning exercise as part of a healthy lifestyle during their pregnancy’ [1].

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]

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### BIBLIOGRPAHY

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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 September 2016.

National Institute for Health and Care Excellence General Exercise Guidance for Pregnant Women:

<http://pathways.nice.org.uk/pathways/physical-activity#content=view-node:nodes-all-women&path=view:/pathways/physical-activity/encouraging-physical-activity-to-prevent-or-treat-specific-conditions.xml>; downloaded September 2016

### REFERENCES

- [1] RCOG; pg 3
- [2] POGP; pg 13

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