

## **Pregnancy and yoga**



### **Introduction**

A healthy pregnancy begins before you become pregnant. It actually begins long before you even think about motherhood. Take a moment to learn what you can do now to make sure any future pregnancies are planned and healthy. All women can benefit from some basic pre-pregnancy planning.

What is pregnancy?

Pregnancy is the term used to describe the period in which a woman carries a fetus inside of her. In most cases, the fetus grows in the uterus. In general, a normal human pregnancy lasts about 40 weeks, or just more than 9 months, from the start of the last menstrual period to childbirth. Labor that begins before 37 weeks is called

preterm labor (or premature labor). A birth that occurs before 37 weeks is considered a preterm birth.

Preterm birth is the most common cause of infant death and is the leading cause of long-term disability related to the nervous system in children.

Pregnancy is divided into three trimesters. The major events in each trimester are described below.

#### First Trimester (Week 1 to Week 12)

The events that lead to pregnancy begin with conception, in which the sperm penetrates the egg produced by an ovary. The zygote (fertilized egg) then travels through the woman's fallopian tube to the uterus, where it implants itself in the uterine wall. The zygote is made up of a cluster of cells formed from the egg and sperm. These cells form the fetus and the placenta. The placenta provides nutrients and oxygen to the fetus.

#### Second Trimester (Week 13 to Week 28)

At 16 weeks, and sometimes as early as 12 weeks, a woman can typically find out the sex of her infant. Muscle tissue, bone, and skin have formed. At 20 weeks, a woman may begin to feel movement. At 24 weeks, footprints and fingerprints have formed and the fetus sleeps and wakes regularly. According to research from the NICHD Neonatal Research Network, the survival rate for babies born at 28 weeks was 92%, although those born at this time will likely still experience serious health complications, including respiratory and heart problems.

#### Third Trimester (Week 29 to Week 40)

At 32 weeks, the bones are soft and yet almost fully formed, and the eyes can open and close.

Infants born before 37 weeks are considered preterm. These children are at increased risk for problems such as developmental delays, vision and hearing problems, and cerebral palsy. According to the March of Dimes, as many as 70% of preterm births occur between 34 and 36 weeks these are late preterm births.

### **Pregnancy problems**

During pregnancy, your baby's health is your top priority. That's why pregnancy problems can be so scary. If you have a chronic condition — such as diabetes, epilepsy or depression — understand how your condition could affect your pregnancy and what complications you might face. You might need close monitoring or a change in your treatment plan to help prevent pregnancy problems.

In other cases, pregnancy problems such as gestational diabetes complicate what seemed to be a healthy pregnancy. And for anyone, concerns about miscarriage can be troubling.

Although pregnancy problems might weigh heavily on your mind, remember that there's much you can do to promote a healthy pregnancy. Count on your health care provider to help you make the best decisions for you and your baby.

Your body has a great deal to do during pregnancy. Sometimes the changes taking place will cause irritation or discomfort, and on occasions they may seem quite alarming. There is rarely any need for alarm, but you should mention anything that is worrying you to your maternity team.

#### *Constipation in pregnancy*

You may become constipated very early on in your pregnancy due to the hormonal changes in your body.

##### Avoiding constipation

There are a few things you can do to help prevent constipation. These include:

- eating foods that are high in fibre, such as wholemeal breads and cereals, fruit and vegetables, and pulses, such as - beans and lentils (read more about healthy eating in pregnancy)
- exercising regularly to keep your muscles toned (read more about exercise in pregnancy)
- drinking plenty of water
- avoiding iron supplements, as they can make you constipated – ask your doctor if you can manage without them or change to a different type

#### *Cramp in pregnancy*

Cramp is a sudden, sharp pain, usually in your calf muscles or feet. It is most common at night. Nobody really knows what causes it, but there are some ideas about causes of cramp and why it can happen in pregnancy.

##### Avoiding cramp

Regular, gentle exercise in pregnancy, particularly ankle and leg movements, will improve your circulation and may help to prevent cramp occurring. Try these foot exercises:

- bend and stretch your foot vigorously up and down 30 times
- rotate your foot eight times one way and eight times the other way
- repeat with the other foot

##### How to ease cramp

It usually helps if you pull your toes hard up towards your ankle or rub the muscle hard. NHS Choices has more information on the treatment of cramp, but remember to always consult your midwife, GP or pharmacist before taking painkillers in pregnancy.

#### *Feeling faint in pregnancy*

Pregnant women often feel faint. This is because of the hormonal changes occurring in the body. Fainting happens if your brain is not getting enough blood and therefore not enough oxygen.

You are most likely to feel faint if you stand too quickly from a chair or out of a bath, but it can also happen when you are lying on your back. Read more about the causes of fainting.

##### Avoiding feeling faint

Here are some tips to help you cope:

- try to get up slowly after sitting or lying down
- if you feel faint when standing still, find a seat quickly and the faintness should pass – if it doesn't, lie down on your side
- if you feel faint while lying on your back, turn on to your side

It's better not to lie flat on your back in later pregnancy or during labour. Find out about symptoms that might mean you're going to faint, such as a sudden, clammy sweat, ringing in your ears and fast, deep breathing.

#### *Feeling hot in pregnancy*

During pregnancy you're likely to feel warmer than usual. This is due to hormonal changes and an increase in blood supply to the skin. You're also likely to sweat more. It helps if you:

- wear loose clothing made of natural fibres, as these are more absorbent and breathe more than synthetic fibres
- keep your room cool – you could use an electric fan to cool it down
- wash frequently to help you feel fresh

#### *Incontinence in pregnancy*

Incontinence is a common problem both during and after pregnancy. Pregnant women are sometimes unable to prevent a sudden spurt of urine or a small leak when they cough, laugh or sneeze, or when they move suddenly, or just get up from a sitting position. This may be temporary, because the pelvic floor muscles (the muscles around the bladder) relax slightly to prepare for the baby's delivery. You can find out more about the causes of incontinence and preventing incontinence. You can help to prevent incontinence by doing pelvic floor exercises.

#### *Urinating a lot in pregnancy*

Needing to urinate (pass water, or pee) may often start in early pregnancy, sometimes continuing throughout pregnancy. In later pregnancy, it is the result of the baby's head pressing on your bladder.

How to reduce the need to pass urine. If you find that you need to get up in the night to pass urine, try cutting out drinks during the late evening. However, make sure you drink plenty of non-alcoholic, caffeine-free drinks during the day. Later in pregnancy, some women find it helps to rock backwards and forwards while they are on the toilet. This lessens the pressure of the womb on the bladder, so you can empty it properly.

#### *When to get help*

If you have any pain while passing water or you pass any blood in your urine, you may have a urine infection, which will need treatment. Drink plenty of water to dilute your urine and reduce pain. You should contact your GP within 24 hours of first noticing these symptoms.

#### *Skin and hair changes in pregnancy*

Hormonal changes taking place in pregnancy will make your nipples and the area around them go darker. Your skin colour may also darken a little, either in patches or all over.

Birthmarks, moles and freckles may also darken. Some women develop a dark line down the middle of their stomach. These changes will gradually fade after the baby is born, although your nipples may remain a little darker.

If you sunbathe while you are pregnant, you may find you burn more easily. Protect your skin with a high-factor sunscreen and don't stay in the sun for a long time. Hair growth can also increase in pregnancy, and your hair may be greasier. After the baby is born, it may seem as if you are losing a lot of hair, but you are simply losing the extra hair.

#### *Varicose veins in pregnancy*

Varicose veins are veins that have become swollen. Leg veins are most commonly affected. You can also get varicose veins in the vulva (vaginal opening), although these usually get better after the birth.

If you have varicose veins you should:

- try to avoid standing for long periods of time
- try not to sit with your legs crossed
- try not to put on too much weight, as this increases the pressure
- sit with your legs up as often as you can, to ease the discomfort
- try support tights, which may also help to support your leg muscles – you can buy them at most pharmacies
- try sleeping with your legs higher than the rest of your body – use pillows under your ankles or put books under the foot of your bed
- do foot exercises and other antenatal exercises, such as walking and swimming, which will help your circulation

Try these foot exercises:

- bend and stretch your foot up and down 30 times
- rotate your foot eight times one way and eight times the other
- repeat with the other foot

## **Pregnancy Symptoms**

Are you wondering if you might be pregnant? The only way to know for sure is by taking a pregnancy test. But there are early symptoms of pregnancy that may point to the possibility.

Do All Women Get Early Symptoms of Pregnancy? Every woman is different. So are her experiences of pregnancy. Not every woman has the same symptoms or even the same symptoms from one pregnancy to the next. Also, because the early symptoms of pregnancy are often like what happens right before and during menstruation, those symptoms aren't always recognized.

What follows is a description of some of the most common early symptoms of pregnancy. You should know that these symptoms may be caused by other things besides being pregnant. So the fact that you notice some of these symptoms does not necessarily mean you are pregnant. The only way to tell for sure is with a pregnancy test.

#### Spotting and Cramping

A few days after conception, the fertilized egg attaches itself to wall of the uterus. This can cause one of the earliest signs of pregnancy -- spotting and, sometimes, cramping. That's called implantation bleeding. It occurs anywhere from six to 12 days after the egg is fertilized. The cramps resemble menstrual cramps, so some women mistake them and the bleeding for the start of their period. The bleeding and cramps, however, are slight. Besides bleeding, a woman may notice a white, milky discharge from her vagina. That's related to the thickening of the vagina's walls, which starts almost immediately after conception. The increased growth of cells lining the vagina causes the discharge.

This discharge, which can continue throughout pregnancy, is typically harmless and doesn't require treatment. But if there is a bad smell related to the discharge or a burning and itching sensation, tell your doctor so they can check on whether you have a yeast or bacterial infection.

## **Diagnosis**

The diagnosis of pregnancy requires a multifaceted approach using 3 main diagnostic tools, history and physical examination, hormonal assays, and ultrasound (US).

Currently, physicians may utilize all of these tools to diagnose pregnancy at early gestation and to help rule out other pathologies.

#### *Physical examination*

The diagnosis of pregnancy traditionally has been made from history and physical examination. Important aspects of the menstrual history must be obtained. The

woman should describe her usual menstrual pattern, including date of onset of last menses, duration, flow, and frequency. Items that may confuse the diagnosis of early pregnancy are an atypical last menstrual period (LMP), contraceptive use, and history of irregular menses. Additionally, as many as 25% of women bleed during their first trimester, further complicating the assessment.

The classic presentation of pregnancy is a woman with menses of regular frequency who presents with amenorrhea, nausea, vomiting, generalized malaise, and breast tenderness.

Upon physical examination, one may find an enlarged uterus on bimanual exam, breast changes, and softening and enlargement of the cervix. The Chadwick sign is a bluish discoloration of the cervix from venous congestion and can be observed by 8-10 weeks. A gravid uterus may be palpable low in the abdomen if the pregnancy has progressed far enough, usually by 12 weeks. Currently, through the use of chemical assays and US, physicians are capable of making the diagnosis of pregnancy before many of the physical signs and symptoms are evident.

#### *Hormonal assays*

Several hormones can be measured and monitored to aid in the diagnosis of pregnancy. The most commonly used assay tests are for the beta subunit of hCG. Other hormones that have been utilized include progesterone (P) and early pregnancy factor (EPF).

#### *Ultrasound*

With the advent of transvaginal ultrasound (TVUS), the diagnosis of pregnancy can be made even earlier than is capable with transabdominal scans. US has long been used in uncomplicated pregnancies for dating and as a screening exam for fetal anomalies. US typically is not used to diagnose pregnancy unless the patient presents with vaginal bleeding or abdominal pain early in gestation or is a high-risk obstetric patient. TVUS is the most accurate means of confirming intrauterine pregnancy and gestational age during the early first trimester.

TVUS has several advantages over transabdominal ultrasound (TAUS) during early pregnancy. TVUS can detect signs of intrauterine pregnancy approximately 1 week earlier than TAUS. Patients are not required to have a full bladder and are not required to endure uncomfortable pressure on the abdominal wall from the external probe. TVUS also is better when approaching patients who are obese or those who guard during TAUS examination. On the down side, some patients are anxious about the transvaginal probe and may object to its insertion.

## **Pregnancy complications**

Complications of pregnancy are health problems that occur during pregnancy. They can involve the mother's health, the baby's health, or both. Some women have health problems before they become pregnant that could lead to complications. Other problems arise during the pregnancy. Keep in mind that whether a complication is common or rare, there are ways to manage problems that come up during pregnancy.

Health problems before pregnancy

Before pregnancy, make sure to talk to your doctor about health problems you have now or have had in the past. If you are receiving treatment for a health problem, your doctor might want to change the way your health problem is managed. Some medicines used to treat health problems could be harmful if taken during pregnancy. At the same time, stopping medicines that you need could be more harmful than the risks posed should you become pregnant. Be assured that you are likely to have a normal, healthy baby when health problems are under control and you get good prenatal care.

Back pain or discomfort is common during pregnancy and should be expected to some degree by most women. Back pain may be experienced during any point of your pregnancy; however, it most commonly occurs later in the pregnancy as the weight of the baby increases. Back pain can disrupt your daily routine or interfere with a good night of sleep.

Nausea is actually a good sign that your pregnancy hormone levels are high enough to allow your baby to develop and grow. But if you don't feel sick, don't worry, as you may just be one of the lucky ones. As many as eight out of 10 women feel nausea in pregnancy, with or without vomiting.

About half of all pregnant women experience swelling (oedema) around their ankles, particularly in the last few months of pregnancy.

Oedema is caused by pressure from your growing baby on the veins that bring back blood from your legs and feet. This slows down the blood circulation and leads to more blood collecting in your legs and feet. Also, your body retains more water during pregnancy, which adds to the problem.

Oedema usually increases as the day progresses, especially if you are on your feet all day.

### **How yoga can help you during pregnancy?**

Advocates claim it boosts mind and body, helping to keep your pregnancy hassle-free. So what can yoga do for you?

Each asana has its own benefits and works different muscles, joints or systems of the body. The philosophy behind yoga is that by daily practice the body is returned to its natural function so it can better take care of itself, one becomes more centred and relieved from stress. The body is also toned and strengthened at the same time. Yoga can help women get through their pregnancy with minimal discomfort. It also helps the birth and post-delivery stages. Yoga continues to have benefits after pregnancy, too. Postnatal yoga, which can be started about six weeks after the birth,



strengthens abdominal muscles and your pelvic floor. It also helps you to get back to your pre-pregnancy shape faster.

Pregnant women should talk to their yoga teacher to find out exactly what type of yoga they teach, and if it is suitable or can be modified for pregnancy.

Starting yoga is no different to starting any other form of exercise – the same advice applies.

If you are not used to regular exercise then you should start slowly and if you are pregnant of course, take it very easy at first. If you already had a yoga practise before becoming pregnant then it is good to continue.

Many mums-to-be prefer to wait until the 2nd trimester to begin again. If you are new to yoga, find a qualified prenatal instructor. If in doubt consult your doctor or midwife.

Strong back bends are to be avoided, as are postures that involve using the tummy muscles strongly, such as the boat pose, or supine leg rising. Any posture involving balance should be tackled with great care.'

Mothers-to-be should pay attention not to overstretch the body – the ligaments around the joints become loose and soft during pregnancy. The abdomen should stay relaxed at all times so one can use the gluteus muscles instead.

One should not try to 'work out' too hard, but stay in one's comfort zone and use the class to open, relax and stretch, without overexertion or overheating.

However very often pregnant women feel fantastic and strong and really enjoy using their bodies. Giving birth can be strenuous so keeping fit and healthy is excellent preparation. No kind of pain or nausea should be felt during or after yoga. If this happens, you should stop exercising and contact your GP or midwife.

After giving birth, it is advisable to continue with the pregnancy modifications to the yoga poses for another 4 to 6 months, as ligaments and muscles have not yet returned to normal, and one needs to go slow and not strain them.

The woman at the age of 26 -28 is my practitioners. She has back pain during day and night, her legs are swelling, but she is very confident pregnant woman.

A good advice for pregnant women is to listen to the calm classical music, listen to the stories and positive talks. Soham and Nada Anusanda meditations, Nadi Shodi, Bramari, Ujjayi pranayama are very good for them, as they calm down the mind, make the breath softer and longer.

Practice Shanmukhi mudra, which involves redirecting the awareness inside by closing seven doors of outer perception :two eyes, ears, nostrils and mouth and Ashwini mudra, which makes the anal muscles stronger, Sahajoli mudra will be very helpful during pregnancy, by making your urethra stronger. It can be done any time during the day.

For the first 3 months you can do full Suryanamaskara, after 3<sup>rd</sup> months start to practice Suryanamaskara for pregnant women. You can check video on Youtube <https://www.youtube.com/watch?v=FqcQBWWmaOc>.

1. Suryanamaskara-don't contract pelvic floor first 3 months.
2. Shitali Tadasana.
3. Ardha Kati Chakrasana, Trikonasana variation.
4. Malasana.
5. Vagra Swasa breathing.
6. Baddha Konasana.
7. Upavista Konasana.
8. Janu Sirsasana don't end too much forward.
9. Bharadvajasana twist.
- 10 . Supta Baddha Konasana.

11. Baddha Konasana twist.
12. Balasana.
13. Virasana.
14. Sethu Bandhasana.
15. Savasana do it lying on the side, not on the back.

*In conclusion*

Pregnancy and birth can be a very special time in the life of a woman. The nine months of pregnancy, as well as labor and delivery, are filled with many physical and psychological changes, as well as changes in lifestyle. Each change poses a challenge that can be met successfully when the woman shares her feelings and experiences with a partner or other supportive person and with her physician, midwife, nurse, and childbirth educator. The importance of health care throughout pregnancy is emphasized, because proper health care increases the likelihood of a healthy pregnancy, a healthy baby, and satisfied parents. So take care.

Sources:

Light on Yoga –BKS Iyengar

[www.womenshealth.gov/](http://www.womenshealth.gov/)

[www.mayoclinic.com](http://www.mayoclinic.com)

Wikipedia

Aananda Yoga Teacher Training Manual 2015 Level 1, level 2.