



PRENATAL VINYASA YOGA

PRENATAL VINYASA YOGA TEACHER TRAINING MANUAL

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Prenatal Vinyasa Yoga

Enrich your yoga-teaching repertoire with the beautiful and fulfilling practice of Prenatal Vinyasa Yoga.

Welcome to Prenatal Vinyasa Yoga teacher training. Whether you've had a baby or not, you will be amazed at the gratification that comes from working with women during this brief union they share with their babies.

Prenatal Vinyasa Yoga is not about women sacrificing their bodies for the good of their baby; instead it's an honoring of the union of mother and baby, preparing a mother's body to be strong and flexible so that she and her baby can work together in pregnancy and childbirth to have a gentle and empowering birth experience.

Learn how the pregnant body works and how to modify poses for individual needs.

Pregnancy is composed of three trimesters each about three months long. In each trimester there are specific poses that are beneficial for the pregnant body, some of these poses help with discomforts in the body, and others help to strengthen the body in preparation for labor and childbirth. Some days a certain pose may feel wonderful and other days it may not feel good at all. The most important aspect to prenatal yoga is one that is practiced in all yoga, which is Ahimsa or non-violence to yourself or others. This means allowing the body to only do poses that feel good. This is more important in prenatal yoga because as the baby grows he changes positions often and there are times a certain pose may not be conducive to the position of the baby. Forcing positions because you have always in the past been able to do them or because you were able to do them easily on the other side is inappropriate for pregnant women and can cause strain.

Guide pregnant women through a safe and challenging yoga practice, modified for each trimester and her specific needs.

This course will teach you to assist a woman in her journey through the most transformational, life changing time in her life. Prepare your student's mind as well as her body by connecting her with her baby and her breath through movement and stillness, flow and balance, strength and surrender, to find her power and embrace her potential.

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Why Prenatal VINYASA Yoga?

Linking Movement and Breath

Vinyasa yoga is the linking of body movement and breath, and more than that, it is the continuous movement of energy through the body. The movement of the body and the breath are one, connected, continuously flowing and synchronized. When a practitioner learns to link their breath and movement they create an energy which powerfully connects them to their own being. **Bringing this experience of connectedness to pregnant women in a physical, tangible way is the intention of Prenatal Vinyasa Yoga.**

We tend to hold our breath when we experience pain or fear

This breath and movement connection becomes pivotal in childbirth where the tendency in intense fear is to freeze, hold the breath, tense up all of the muscles, even those that aren't working, and stop any forward movement. Vinyasa yoga teaches that even when muscles are challenged, there can be movement and breath, and when a woman can connect her breath and body in labor it is an empowering and beautiful thing. Women can release fear and pain with this movement and breath connection. They can help their bodies and babies move forward toward birth by allowing and encouraging that connection of movement and breath. Learning vinyasa yoga in pregnancy can give women the ability to feel the continuous energy movement in labor and embrace that movement, linking it to her breath and allowing it to grow, creating an ecstatic, empowering birth experience.

Breath = Life

During pregnancy women experience dramatic physical, emotional, and mental transformations in which they have an amazing opportunity to, for a short time, connect with another human being in an incredibly intimate way. This life inside them is continually growing and changing. The movement of the woman's breath is enabling, encouraging and creating that growth, feeding the life inside her. The breath is the most important aspect in the creation of another human being.

Vinyasa yoga teaches women to allow the breath to be the motivation in their movement.... to synchronize their movements and their breath and in doing so allow this life giving energy to move throughout their bodies and through their baby. The movement is continuous, reminding her that even as her muscles are being challenged, she can feel her own strength growing and she can keep her breath and energy moving through her body, releasing the parts of her body that are not working and allowing them to relax.

When practicing this style of yoga we are reminded that even when there is stillness in the body there is also movement, this movement connects our bodies and our spirits and our minds.

In my work as a doula and a prenatal yoga instructor over the last 10 years, 400 births, and thousands of prenatal yoga students, I have noticed a trend.

Many women who regularly practice prenatal yoga, have faster and less painful birth experiences.

Of course there have been many exceptions and circumstances that increase length and intensity of labor, but the correlation is too great to ignore or write off as just coincidence.

I was thrilled when a study from Thailand was released confirming my theory.

Here is a summary of the findings of the Thailand Study:

This study examined the effects of a yoga program during pregnancy, on maternal comfort, labor pain, and birth outcomes. A randomized trial was conducted using 74-primigravid Thai women who were equally divided into two groups (experimental and control). The yoga program involved six, 1-h sessions at prescribed weeks of gestation. A variety of instruments were used to assess maternal comfort, labor pain and birth outcomes. The experimental group was found to have higher levels of maternal comfort during labor and 2 h post-labor, and experienced less subject evaluated labor pain than the control group. In each group, pain increased and maternal comfort decreased as labor progressed. No differences were found, between the groups, regarding pethidine usage, labor augmentation or newborn Apgar scores at 1 and 5 min. The experimental group was found to have a shorter duration of the first stage of labor, as well as the total time of labor.

Study source: <http://1.usa.gov/1ndurwv>

I believe there are several reasons for the outcomes observed in Thailand.

1. **The focus and connection with the breath** allows a woman to tap into the rhythm of their bodies and work with them instead of fighting them.
2. **Yoga can increase lung capacity** allowing the woman to take deeper, longer breaths, which bring oxygen to the baby and mom, making contractions feel shorter and more manageable. A woman in a yoga class is encouraged not to hold her breath and tense up but to breathe deeply and right into the tension. When a woman is tense the contractions can feel much more intense.
3. **Women who do prenatal yoga tend to have more stamina** (especially when practicing styles such as Prenatal Vinyasa Yoga which builds strength and flexibility while staying focused on the breath and on releasing tension); therefore they can go a longer time without pain medication. Typically getting pain medication slows down labor.
4. **Prenatal yoga releases endorphins**, or “feel good” hormones, which she becomes accustomed to feeling while practicing yoga. These same hormones are released in labor and are much more identifiable to women who have been practicing yoga.
5. **Practicing a relaxation** at the end of class helps women to get familiar with what their bodies feel like when they are comfortable and free of tension. It also gives them a practice of staying in the moment and focused.

The practice of prenatal yoga provides women with many physical and mental advantages when it comes time for them to give birth. My own experience has paralleled the Thailand study, which has concluded that **in many circumstances, women who regularly practice prenatal yoga have More comfort during Pregnancy, Shorter and More Manageable Births, Less Medical Interventions, and Speedier Postpartum Recoveries.**

3 Trimesters of the changing body of a pregnant woman

Pregnancy is estimated to last approximately 280 days from the first day of the woman's last menstrual cycle to the EDD or estimated due date; this is approximately 40 weeks. It is considered normal to deliver her baby anywhere between 37-42 weeks. At 37 weeks the baby is "term" which means that baby is fully developed (the lungs being the final organ to mature), 40 weeks is considered "full term" which means the baby has fat stores as well as fully developed organs etc. It is important to note that many first time pregnant women will go into labor up to two weeks after their EDD.

Pregnancy is broken up into 3 trimesters, each presents it's own set of rewards and challenges and each trimester brings a woman closer to her world changing forever as she prepares her body, mind and spirit for motherhood.

First Trimester

The first trimester of pregnancy is the time from conception to the thirteenth week, or the first 3 months. 15-20% of all known pregnancies end in miscarriage. 80% of those miscarriages happen in the first trimester.

Tests

Women will receive the following prenatal tests in the first trimester. Most of them are non invasive and require no special precautions when it comes to activity. Women are considered "high risk" when they are 35 years old or older and are encouraged to do more testing.

1. Blood tests: blood type screening for Rh compatibility, anemia, Rubella, Hepatitis B & C, Syphilis, HIV, Glucose, Cystic Fibrosis carrier testing, TRI 21, TRI 18 & 13
2. Urine Tests: tests protein and sugar levels
3. Swab: STIs (Sexually Transmitted Infections)
4. Ultrasound, nuchal translucency screening to detect signs of trisomy 21 & 18, viability of pregnancy, and number of fetuses
5. Chorionic Villus Sampling (CVS): Collection of placental cells at the insertion point on the uterine wall. Done at 10-13 weeks. Detection of chromosomal and genetic disorders like Down Syndrome (chromosomal) and Cystic Fibrosis (genetic).
1 in 100 women miscarry after this test. It is important that women getting a CVS refrain from Prenatal Vinyasa Yoga and any other exercise for 72 hours (some doctors say 24 hours) AND until cleared to return to exercise from her doctor.

Changing body

In the first trimester a woman might feel or notice:

1. Moderate to extreme fatigue
2. Nausea or "morning sickness" varying in intensity from queasy feeling to vomiting
3. Bloating feeling caused by higher progesterone and lower peristalsis (not wanting a tight waistband)

4. Breast tenderness and increased size (also nipples can start to be more pronounced)
5. Frequent urination caused by higher HCG irritating the bladder
6. Craving certain foods or loss of appetite
7. Constipation caused by higher progesterone
8. Menstrual cessation (some spotting can be normal, but seek care provider to get checked)
9. Shortness of breath
10. Increased sensitivity to smells can cause nausea and vomiting

Second Trimester

The second trimester of pregnancy is the time from 14-27 weeks, or the second 3 months.

Tests

Women will receive the following prenatal tests in the second trimester:

1. Ultrasound: (NOTE, second trimester ultrasounds are less accurate in determining due dates)
2. Amniocentesis (optional test): Using a needle a small amount of amniotic fluid is extracted and tested. Amnio tests for everything that CVS tests for but also includes neural tube defects. **1 in 200 women miscarry after this test. It is important that women getting an Amnio refrain from Prenatal Vinyasa Yoga and any other exercise for 72 hours AND until cleared to return to exercise from her doctor.**
3. Blood tests at 15-20 weeks to detect diseases or chromosomal disorders like Down syndrome, trisomy 18 and neural tube defects called either the triple or quad screening: Alpha-fetoprotein (AFP), Estriol, hCG, Inhibin A (this is only in the quad screening)

Changing body

In the second trimester a woman might feel or notice:

1. Reduction in fatigue
2. Reduction in nausea or “morning sickness” varying in intensity from queasy feeling to vomiting (in some cases this can last through the second trimester and even through the third)
3. Abdominal swelling
4. Skin changes that can occur:
 - Dark line from the navel to the pubic bone
 - Brown patches on face
 - Patches of skin irritation or rashes
 - Areolas darken

- Stretch marks can sometimes present in the second trimester
- 5. Ligament pain due to the stretching of the uterus. Can be sharp or lingering, and can occur after sitting for long periods of time then standing up.
- 6. Heartburn can be present on and off
- 7. Woman might begin to feel movement of baby if she hasn't already. Butterfly flutters (quickenings)
- 8. She might begin to get Braxton-Hicks contractions as early as 5 months
- 9. Certain days she might experience extreme fatigue possibly due to the baby going through growth spurts

Third Trimester

The third trimester of pregnancy is the time from 28-40 (42) weeks, or the third 3 months.

Tests

Women will receive the following prenatal tests in the second trimester:

1. All women are given a vaginal and rectal swab to check for GBS or group B streptococcus. Test is done at 37 weeks and is positive in 25-30% of women tested. It is done late in pregnancy because it comes and goes without symptoms. It is treated with antibiotics in labor because, while it is not harmful to the woman in most cases, it can be transmitted to the baby during birth and cause problems to the baby. This test is considered valid for 5 weeks and can be repeated.

Changing body

In the third trimester a woman might feel or notice:

1. Increase frequency of urination, as baby shifts bladder is compressed. This often means she is up multiple times during the night
2. Certain days she might experience extreme fatigue possibly due to the baby going through growth spurts and sleep disruption
3. Able to eat less at one time due to stomach compression
4. Increase in heartburn
5. Contractions/Braxton Hicks
6. Navel might "pop out"
7. Less room for lungs to expand therefore causing shortness of breath
8. Breasts continue to swell occasionally leaking colostrum (yellowish pre-milk substance)
9. More ligament stretching and tightening
10. Late in pregnancy there can be pressure on the bottom of the pelvis
11. Feet, hands, ankles, and wrists might begin to swell, referred to as Edema

Childbirth Education & Anatomy

Pregnancy Anatomy

When a woman is pregnant her body changes every day. The physical changes begin occurring almost immediately with the release of hormones. These hormones are likely responsible for the mild to extreme fatigue and nausea as well as breast tenderness and swelling.

Hormones

HCG (Human Chorionic Gonadotropin) is produced by the embryo and later the placenta and helps maintain the ovary's ability to release progesterone.

Estrogen promotes the growth of the uterus, stimulates duct system and blood supply in the breasts and influences water retention, skin pigmentation and subcutaneous fat buildup.

Progesterone has a number of roles in the pregnant body. It relaxes the uterus and inhibits contractions therefore its levels change throughout pregnancy. It relaxes the walls of blood vessels to help maintain low blood pressure and relaxes the walls of the bowels and stomach to help with nutrient absorption. Progesterone also stimulates the production of the hormone Relaxin.

Relaxin lubricates the joints and softens connective tissue allowing the pelvis to open up to accommodate the baby. However, this hormone is not specific to the pelvis; it affects every other joint as well and can create instability in the joints, this is why you hear many pregnant women complaining of carpal tunnel syndrome. Therefore, you need to make sure your students take care not to overstretch.

The Uterus

The Uterus starts out about the size of a fist and is tilted slightly forward in most women above the bladder and in front of the rectum and bowel. The entrance of the uterus is called the cervix. The uterus is made up of 3 layers:

Inner layer called the endometrium is a mucus lining which makes up the very inner wall where the placenta attaches. This layer is what is shed during menstruation.

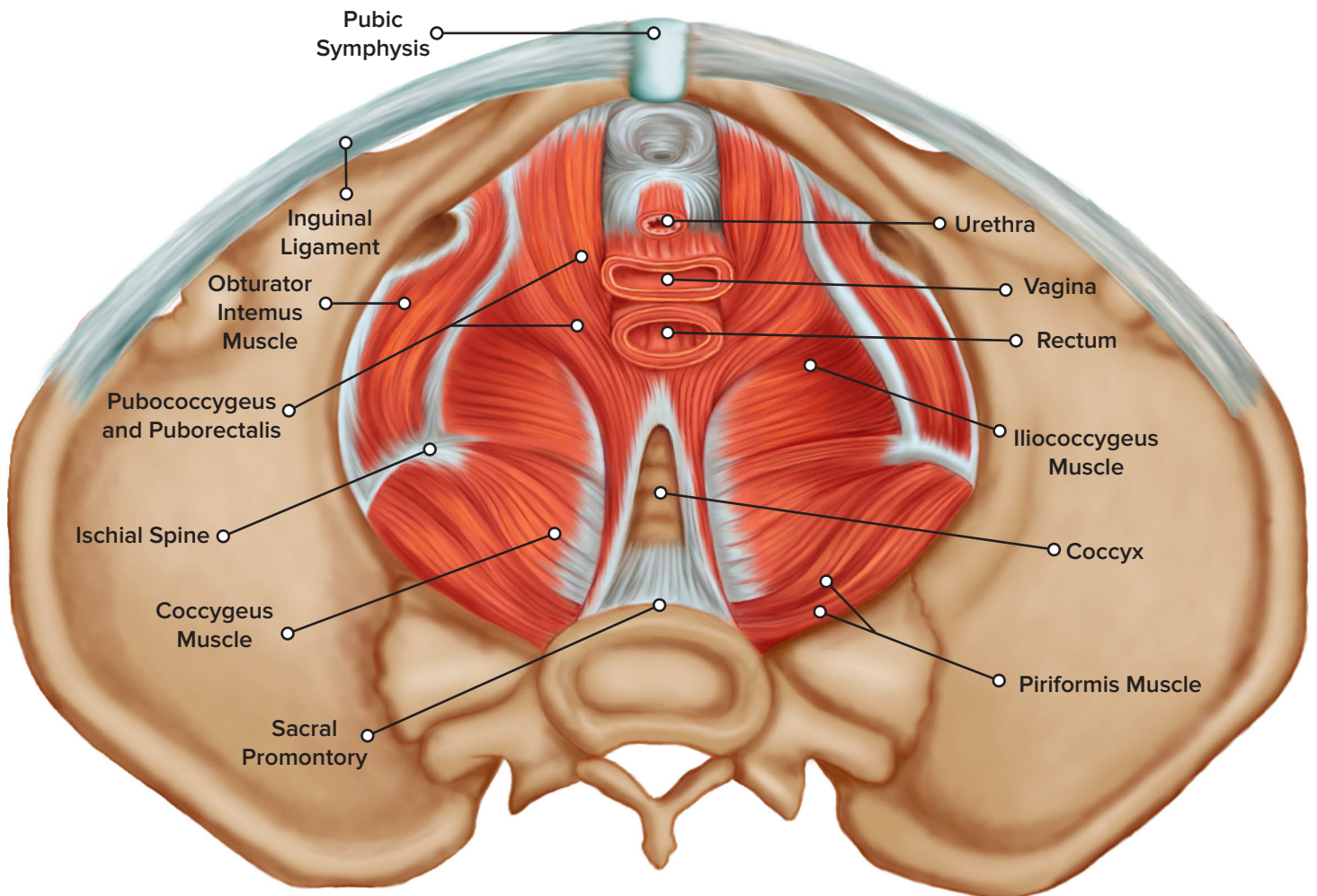
Middle layer called the myometrium, a combination of crisscross and lengthwise muscles that grow to 10x in length and 3x in width during pregnancy. The fundus is the group of muscles included in the myometrium that runs from the cervix to the top of the uterus and is measured to help determine gestational age. These muscles contract and shorten during labor making the cervix shorter and helping the baby move down.

Outer layer is called the perimetrium, it is loose tissue that surrounds the uterus and separates it from the intestines.

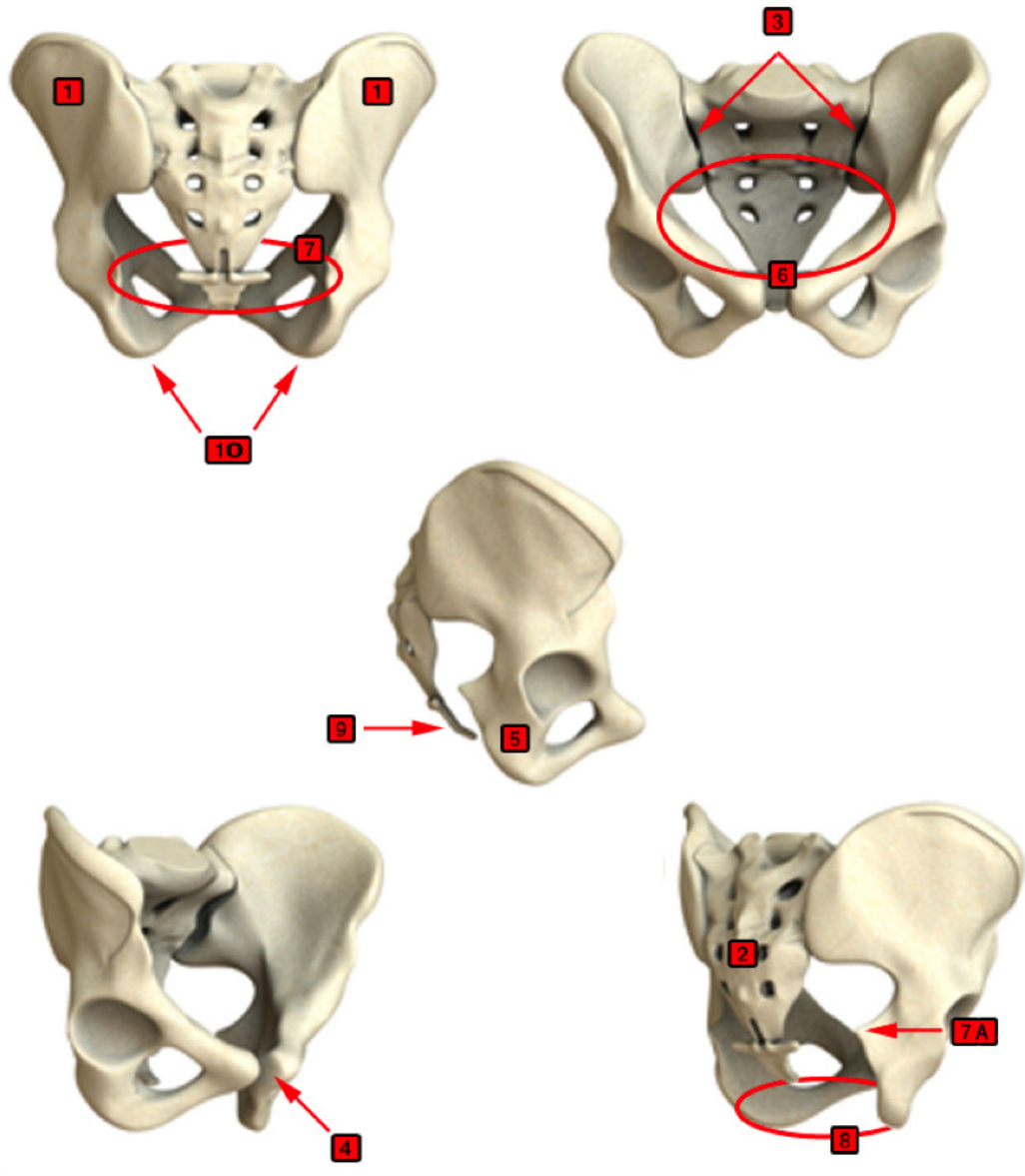
The Pelvic Floor

The pelvic floor muscles are a hammock of muscles connected to the pubic bone and backbone that hold up the uterus, bladder and intestines. These muscles help control urination and bowel movements and help guide the baby through the birth canal during the pushing phase of childbirth. Because of the amount of weight the pelvic floor has to accommodate during pregnancy and the stretching these muscles do, they can easily become weak, thus causing urinary or anal incontinence. Pelvic floor exercises are a pivotal part of prenatal health.

SUPERIOR VIEW



The Female Pelvis



1. Ilium

2. Sacrum

3. Sacroiliac Joints

4. Pubic Symphysis

5. Ischium

6. Superior Opening

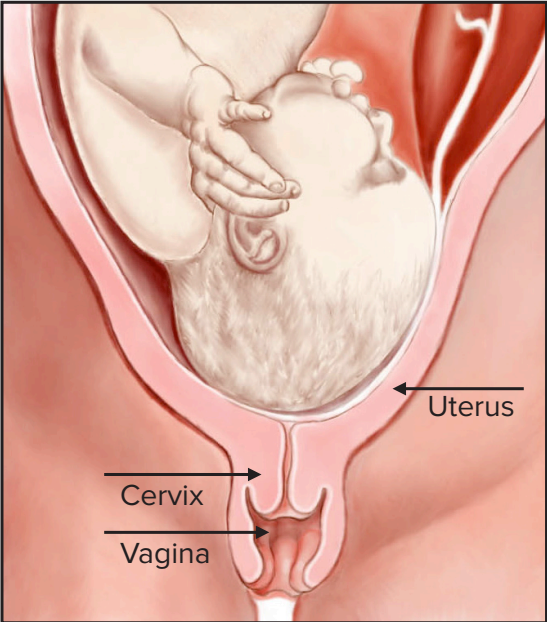
7. Middle Opening & (7a - Ischial Spines)

8. Inferior Opening

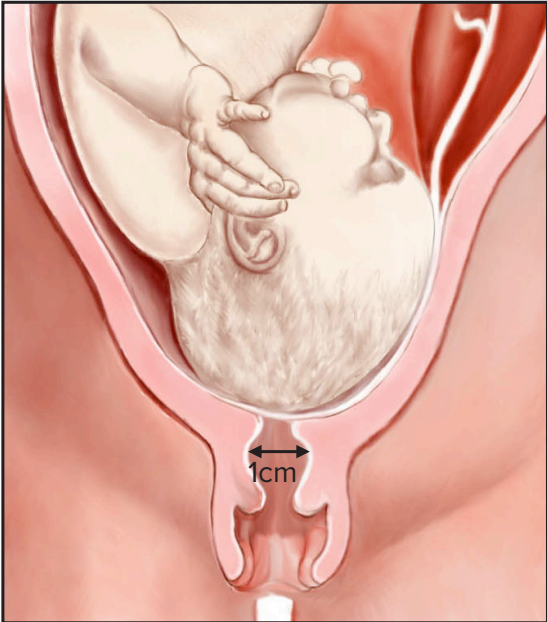
9. Coccyx

10. Ischial Tuberosities (sit bones)

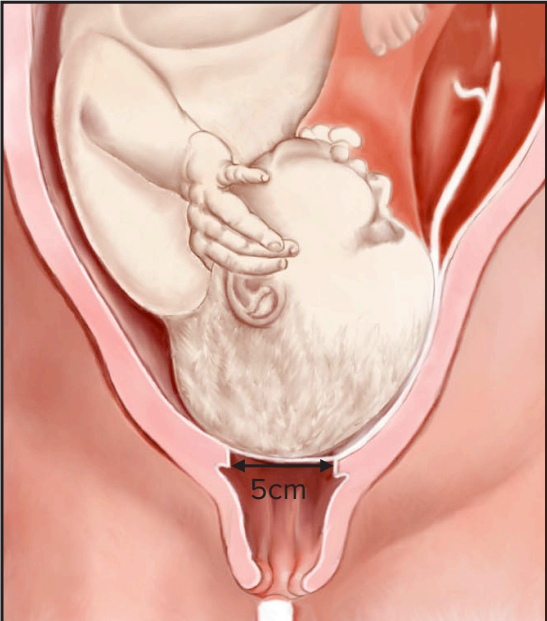
Cervical Dilation & Effacement



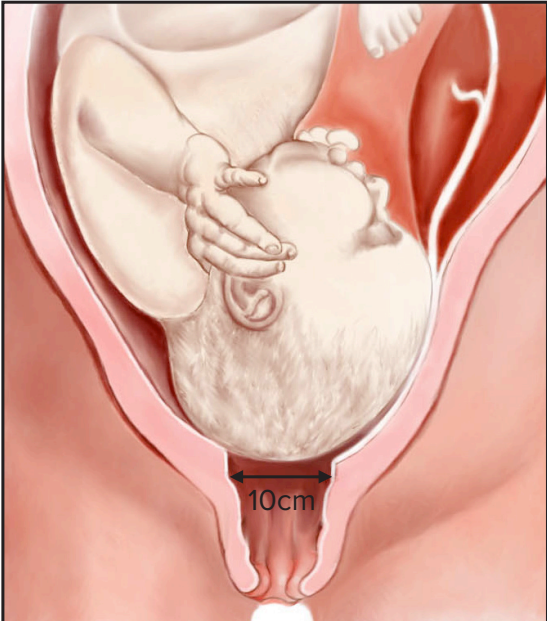
Cervix is not effaced or dilated.



Cervix is fully effaced and dilated to 1cm.

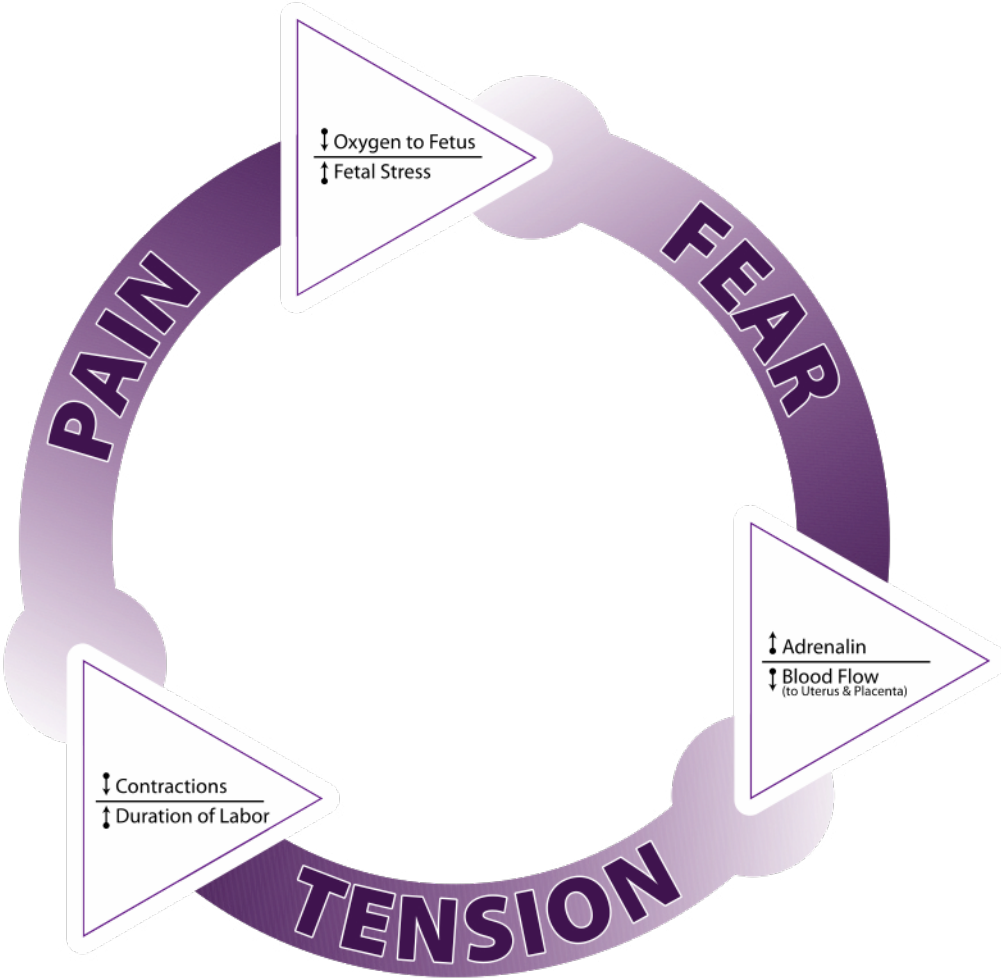


Cervix is dilated to 5cm.



Cervix is fully dilated to 10cm.

Fear - Tension - Pain Cycle



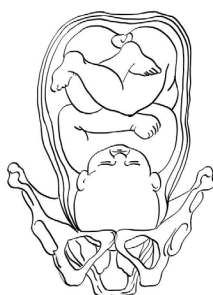
Baby Positions

It is helpful to know the position of a baby near the end of pregnancy because optimal fetal positioning can reduce the length of labor and pushing and increase the comfort of the mother. Yoga and movement can help babies achieve this optimal positioning especially if the mother knows the position of the baby before labor begins.

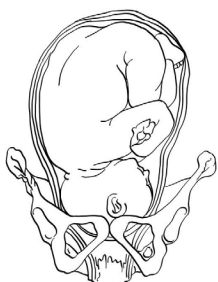
In this next section we will discuss basic baby positions (there are many variations of these positions but these are the ones you are most likely to hear about from students) and movements that assist in correcting less than optimal positioning. Remember that babies have plenty of room to move around prior to about 34 weeks so positioning can change often prior to that.

Occipital Posterior

Right Occipital Posterior



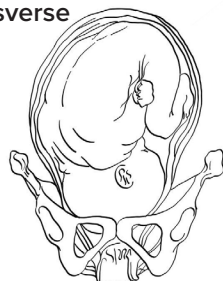
Left Occipital Posterior



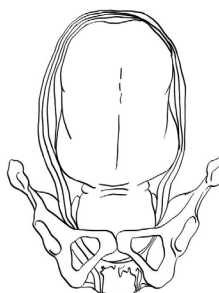
Right Occipital Transverse



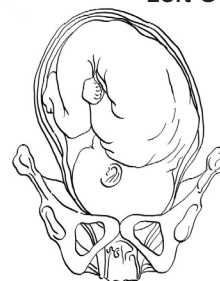
Left Occipital Transverse



Right Occipital Anterior



Occipital Anterior



Left Occipital Anterior

What is the optimal fetal position?

The optimal fetal position is a head down position called Occipital Anterior, often referred to as OA. Left Occipital Anterior or LOA is also an optimal position for babies at the onset of labor. In the OA presentation the baby is head down and the face is against the mother's spine and the back of the head, the occipital bone, is facing the mother's front. This position is optimal for a number of reasons, the baby's head molds as it moves through the birth canal and in this position the molding happens more easily; labor with an OA baby is typically shorter and less painful than other positions.

Keeping a baby in an OA position:

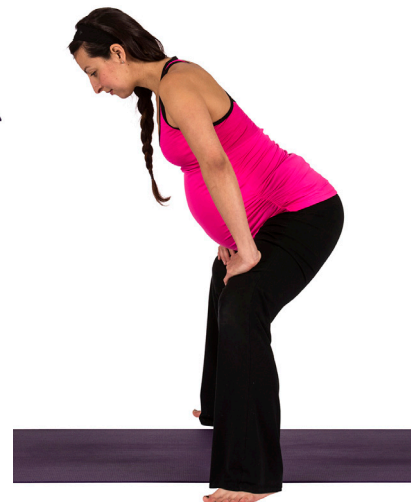
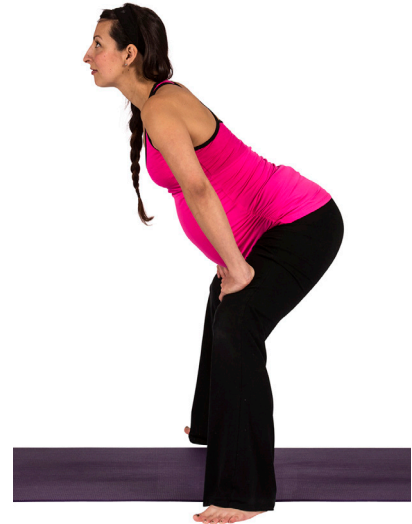
- Keeping the womb symmetrical and stable using movement and gravity as well as short inversions to relax the uterine ligaments keeping each side of the uterus symmetrical.
- Once womb is symmetrical then do pelvic tilts while baby is active to assist in positioning and release tension

Occipital Posterior

The Occipital Posterior or OP position is also a head down presentation only the back of the head is against the mother's back. This position is less favorable for baby and mother. It is more likely that this position can result in the mother having back labor (feeling the contractions in her back as back pain.) OP babies take longer to maneuver through the birth canal and can lengthen the time of labor and pushing. It is sometimes difficult for health care providers to know what position the baby's head is in. They can usually tell if a baby is in a head down position but the rotation of the head is more likely found by where the mother is feeling kicks and bulges. With the help of contractions and mother's movement OP babies can turn in labor to a more favorable position, babies can be born in this position as well especially if the mother has an adequate pelvic outlet for baby to pass through. 30% of babies start labor in an OP position, but only 3% are born that way.

Helping to turn an OP baby:

- Inversions can be helpful to make the pelvic floor more symmetrical
- Rebozo Sifting
- Side lunges
- Pelvic Floor release
- Sacral release
- Cat Cow can help a head rotate to a position that is more favorable; however this is more likely to be effective if the woman is already in labor or the baby is active while performing these movements
- Sometimes a child's pose with elevated hips and pelvic tilts can be helpful once labor has begun if there are signs baby is OP
- Forward leaning positions encourage the heaviest part of baby (the back and back of the head) toward the front of the mother's body



Breech & Transverse Babies

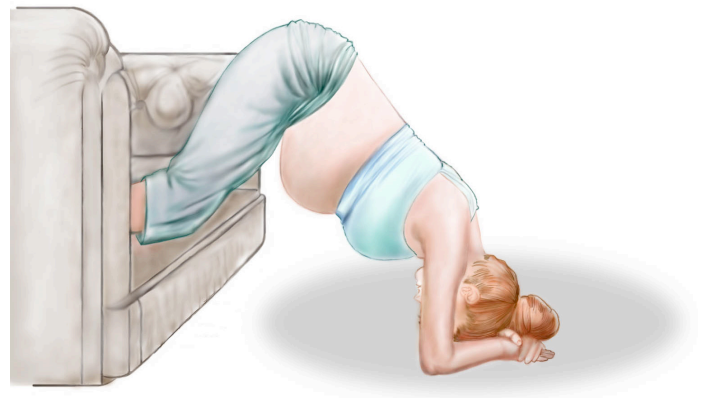
A Breech baby is a baby who is presenting with the bottom down and head up. Many doctors are uncomfortable delivering breech babies and will automatically do a cesarean if a baby is breech. There are several different kinds of breech presentations.

- Frank Breech: A Frank Breech baby is a baby who is “sitting” in the pelvis with the bottom down and the feet up by the head. This is the most favorable for vaginal delivery though there are still many health care providers who will not do vaginal delivery of a Frank Breech baby.
- Complete Breech: A Complete breech baby is one who is “sitting” cross-legged in the pelvis with the head up and legs and bottom down. Most health care providers will want to do a cesarean with this kind of presentation.
- Footling Breech: A Footling breech is the same as a complete breech with the exception of one leg hanging lower than the other. Very few people attempt a vaginal delivery with this kind of presentation.

Transverse babies: A Transverse baby lies sideways in the uterus and is not deliverable vaginally.

Positions and techniques for turning breech babies:

- Forward Leaning Inversion is similar to downward dog but the angle is a bit more drastic. This can be done on a couch or bench with elbows on the ground or on the stairs (both require supervision) and should be done for about 30 seconds and followed by the breech tilt.



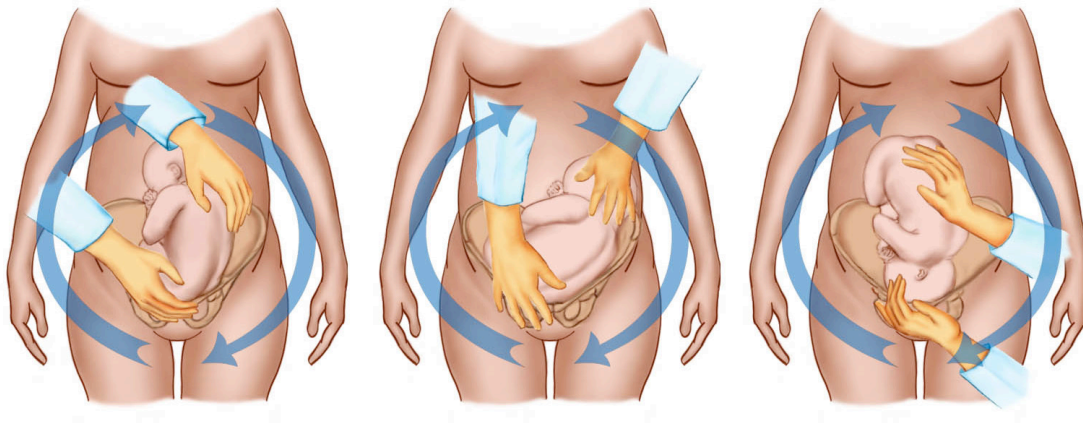
- The breech tilt: Moving into a bridge position with support under the hips and legs up the wall. This can be further helped by using a cold compress near the baby’s head to encourage rotation away from the cold. This will not be particularly comfortable for the mother and baby might move around a bit. Visualization of the baby turning is also very helpful during this inversion.



- Pinky toe pressure point: The outside of the pinky toe is a pressure point that helps stimulate babies to turn from breech to a head down position. Acupuncturists often use this point along with Moxibustion.



- Chiropractic can be very effective in turning breech babies
- Many health care providers also offer a technique called an external cephalic version. Done at around 37 weeks, this procedure is done by a health care provider by physically turning the baby from the outside of the body. It is recommended to try all other techniques before doing this one as it holds the greatest risk.



Please visit www.spinningbabies.com for a much more detailed look at these and other baby positions and techniques.

Signs of Labor

Possible Signs

- Backache
- Menstrual Like Cramps
- Soft Bowel Movements/Diarrhea

Preliminary Signs

- Non-progressing contractions
- Bloody show – blood tinged mucus
- Leaking of Amniotic fluid

Positive Signs

- Progressing contractions: longer, stronger and closer together
- Spontaneous rupture of membranes
- Dilation of cervix – only assessed through vaginal exams

Stages & Phases of Labor

Stage 1: Labor

Early Labor

Cervix

- Moves forward from a posterior position
- Begins or continues to soften
- Begins to efface (thin)
- Dilation from closed to 3 or 4 cm (6cm)

Contractions

- Irregular
- Increasingly stronger and longer
- Intensify with movement (i.e. walking)
- Do not go away after resting or shower
- Range: 5-30 minutes
- Duration: 30-45 seconds

Emotions

- Euphoric, happy, elated
- Anticipatory
- Possible anxiety/nervous that 'this is it'

Physical

- Abdominal cramping
- Possible back pain

Active Labor

Cervix

- Cervix is soft & very well effaced
- Dilation from 4 (6) to 8 cm
- Begins to trickle blood as the cervix dilates

Contractions

- Regular and more intense
- Require woman's concentration

- Range: 3-5 minutes
- Duration: 45-75 seconds

Emotions

- Waning enthusiasm
- Inward focus
- Broad spectrum of emotions

Physical

- Abdominal cramping
- Possible nausea
- Pelvic and rectal pressure

Late Labor (Transition)

Cervix

- Dilation to 10cm
- Dilation may be uneven and leave a lip or rim
- Continues to trickle blood

Contractions

- More intense
- May be double peaked
- Range: 2-3 minutes
- Duration: 90-120 seconds

Emotions

- “Fight or Flight” response kicks in
- Extremely focused

Physical

- Shaking can occur
- Possible nausea
- Rectal pressure / urge to push

Stage 2: Birth

Latent (resting) Phase

- Cervix is almost completely dilated
- Continued rectal pressure
- Woman becomes quiet and begins to relax between contractions

Descent

Mother

- Cervix completely dilated
- Involuntary urge to push
- Perineal massage or warm compress to minimize vaginal trauma
- Bearing down (pushing) becomes more focused
- Bear down spontaneously to allow slow opening of vagina
- Intervals of 10 seconds to push followed by rest
- Relax pelvic floor & bulge perineum

Baby

- Descends to a +1 or +2 station
- Head rotates as it progresses through the birth canal
- With each push, head moves forward 2 steps and retracts 1

Transition (to birth)

Mother

- May become more vocal
- Contractions strong and powerful
- “Ring of Fire”
- Burning sensation in the perineum caused by the stretching of the soft tissues
- Felt when baby’s head is crowning
- Lasts a very short time

Baby

- Presenting part is on the perineum
- Head moves to a +3 station
- At +3 station, baby’s head emerges from birth canal to +4 station (birth)
- Doctor or midwife may suction nose and mouth as head emerges
- Cord continues to pulsate once body is birthed

Stage 3: After Birth

Delivery of Placenta

Mother

- Pitocin may be administered for placenta delivery
- Usually delivered within 20 minutes of birth
- Must be delivered within one hour of birth
- Placenta examined by practitioner to make sure it is complete

Newborn

- Apgar score
- Good condition range from 7-10
- Requires medical attention is under 6
- Performed twice at 1 minute and at 5 minutes after birth and at 10/15/20 minutes if the 1 and 5 minute APGARs are low.

Stage 4: Recovery

Mother

- Practitioner will examine perineum and repair tears with dissolvable stitches
- First breastfeeding occurs – baby's suckling helps with uterine involution
- Ice packs are applied to perineum to minimize swelling
- Nurse will massage fundus to assess uterus condition and assist with involution

Newborn

- Vitamin K injection (or oral drops) given to assist with blood clotting
- Antibiotic eye ointment is administered
- Blood test (PKU)
- First Hep B shot if agreed to by parents
- bathing baby - unless parents request not to bathe

Common pregnancy discomforts, health concerns & precautions

The body goes through a tremendous amount of change during a woman's pregnancy and as a result there are a few health conditions that may arise and some precautions that are important to keep in mind.

Warning Signs

There are a few symptoms in pregnancy that, if experienced, require immediate attention. If you have a student experiencing one of these symptoms please immediately follow the advice given for each.

Vaginal Bleeding: while light spotting can happen throughout pregnancy, if the woman's doctor is not aware of it and has not given the OK to continue exercising in spite of the light spotting, **the woman needs to discontinue her practice and call her doctor, midwife or health care provider immediately.**

Possible causes of vaginal bleeding in the first trimester:

- Subchorionic hemorrhage - may or may not impact viability of pregnancy
- Miscarriage
- Light spotting can also be normal
- Intercourse
- Ectopic Pregnancy

Possible causes of vaginal bleeding in the second or third trimester:

- Labor (if before 37 weeks this would be premature labor)
- Placenta complications
 - **Placenta Previa** is a condition in which the placenta is covering or partially covering the cervix. This is often diagnosed early in pregnancy but as the uterus grows the placenta moves with it upwards and away from the cervix. If the placenta is still partially covering the cervix in the third trimester the woman will not be able to deliver her baby vaginally and must have a cesarean. **If a woman with placenta previa begins to have vaginal bleeding she must immediately go to the hospital,** this could be an indication that the cervix is softening or dilating and is very dangerous as it could lead to immediate delivery of the baby.
 - **Placental Abruption** is a condition that is very dangerous where the placenta detaches, either partially or completely, from the uterus. The placenta being separated from the uterus deprives the baby of oxygen and can lead to the need for immediate delivery or bed rest.

Fluid Leaking from the Vagina: The baby is encapsulated in a bag of fluid called the amniotic sac. This bag of fluid is what is referred to as the "bag of water" so when you hear someone say their "water broke" this is what they are talking about. 15-20% of women have their water break at the onset of labor. Water breaking can happen in a couple of ways; a slow leak is when a woman might feel like she is constantly damp, or a big gush

when she feels a large amount of fluid come out. Either feeling needs to be addressed immediately with a call to her doctor or health care provider especially if the woman has not yet reached 37 weeks in her pregnancy or if the water is greenish or yellow in color or has a foul odor, as this could be a sign of the presence of meconium (baby's first bowel movement) which can be an indication that the baby is in distress. *** in extremely rare cases she might feel something coming out of her vagina after a large gush of water, if this happens call 911 immediately and follow instructions given.

Fainting: Fainting should not be taken lightly; there are a few reasons pregnant women faint, among them are, dehydration (which can also cause contractions), hypoglycemia, and circulatory problems. Women who faint might not be getting enough oxygen to their brains which effects the amount of oxygen the baby is getting as well. Have her call her doctor or health care provider immediately or go to the emergency room.

Heart Palpitations: When doing any prenatal activity, a woman should be able to breathe normally and be able to have a normal conversation while exercising. If she is out of breath or sweating profusely she is working too hard and needs to stop and rest. She needs to call her health care provider if heart is racing and doesn't stop after a few minutes of rest.

Dizziness: Dizziness paired with headache, blurred vision or heart palpitations should be immediately reported to a health care provider. If a woman has dizziness alone, have her stop activity and see if it goes away. Always alert a health care provider with any medical conditions that arise.

Heartburn: Heartburn can be exacerbated by any inversions even if only held a short period of time. If a woman has heartburn she should avoid downward dog or any other inversion or semi inversion. If she develops heartburn during a class she should discontinue inversions.

Blurred Vision: Blurred vision can be a sign of dehydration or preeclampsia. Have the woman call her health care provider immediately if her eyesight is in any way effected while exercising.

Preeclampsia: is a condition that is diagnosed when a woman has elevated blood pressure and protein in her urine. Symptoms can include, headaches, blurred vision, swelling of hands and feet, high blood pressure and protein in the urine. It can be very dangerous; if not treated it can lead to Eclampsia (seizure) and this can lead to coma, or maternal or fetal death.

Sharp pain in abdomen or chest: This could be just the ligaments of the uterus stretching but it could also be contractions.

Braxton-Hicks contractions versus "labor" contractions: Braxton-Hicks contractions are like practice contractions for the uterus. They might be felt as early as 5 months or a woman might not feel them ever. They do not typically make any changes to the cervix or lead to labor. These contractions are typically felt high in the abdomen or all over the belly. If a woman experiences more than 10 of these in an hour she should call her doctor.

Labor Contractions: Labor contractions start out feeling more like menstrual cramps. They typically occur low and deep in the abdomen, they will come and go rhythmically.

If a woman starts feeling these contractions while exercising she should stop and rest, and if they continue after resting she should discontinue exercising and rest. If the woman has not previously informed her health care provider about these contractions and gotten the “go ahead” to exercise, she should do that before practicing yoga again. If a woman experiences more than 4 of these in an hour she should call her doctor.

Feeling pressure coming and going every few minutes accompanied by a feeling of having to have a bowel movement or feeling of having to urinate...have her discontinue practice and call care provider immediately!

Changes in body temperature: If a woman suddenly gets hot or flushed or cold and clammy it is a sign to stop exercising. The body for some reason is having problems regulating its temperature. It is important that pregnant women not get overheated. A pregnant woman should not maintain a temperature of 101 or higher for any significant amount of time.

Edema: Edema or swelling is common in pregnancy, especially in late pregnancy and when the temperature is warm or hot. This can be normal, but also can be a sign of preeclampsia if high blood pressure and/or protein in the urine are associated with it. It is important not to limit water intake; in fact she should drink lots of water, especially when it is hot. Edema happens because fluid (a woman has double the fluid levels in her body when pregnant) pools at the extremities. Upward massage and keeping hands and feet elevated are important.

Gestational Diabetes: Testing done between 26 and 28 weeks. The one-hour test is a blood test done an hour after consuming a sugary beverage containing 50g of glucose. If that test is inconclusive a 3-hour test is done requiring a fast for 10-14 hours prior. Gestational diabetes is dangerous because it can lead to large babies with a higher chance of getting juvenile diabetes, the chance of high blood pressure during pregnancy is increased as well as increased cesarean rate and stillbirth.

Phlebitis: Swelling, heat, pain, itchiness, and redness in the calf of one leg can indicate the inflammation of a vein with a blood clot, especially if this happens directly following exercise.

Leg or Feet Cramps: Many pregnant women experience leg cramps. There are many theories as to why these occur frequently in pregnancy. Some people believe there is either a potassium or calcium deficiency. I have noticed a correlation between leg cramps and sciatica (the sciatic nerve is the longest and widest nerve in the body and runs from the lower back through the buttocks and down the leg all the way to the heel). Therefore I recommend doing poses that help with sciatica before bed (e.g. pigeon.)

Carpal Tunnel: Compression of the median nerve in the wrist that passes through the carpal tunnel. This compression in pregnancy is often caused by a combination of extra fluid and repetitive motions. Downward Dog, Cat, and other hand weight bearing poses might need to be modified or avoided. Modifications can include the use of a wedge, using the fists instead of open palms, or elbows on the ground instead of palms.

Varicose Veins: Varicose Veins typically effect the legs and lower part of the body and are more common during pregnancy because of the increased blood volume and circulation issues due to the weight of the uterus. Hero or Virasana is supposed to promote better circulation and help with Varicose Veins.

Prenatal Vinyasa Yoga Modifications & Yoga Precautions

Take a look around your next yoga class and notice that each person, each body, is different. It might be totally appropriate to ask one person in class to place a leg behind their head because their bodies have demonstrated the ability to do so. On the other hand asking that same thing to the person next to them who has half their flexibility would be completely irresponsible and would cause injury. This logic that you already use in your yoga classes with non-pregnant people carries over to working with pregnant women. There are some pregnant women who can easily move into poses that other women in the class would hurt themselves attempting. This is why it is so important for pregnant women to listen to their bodies and only do poses that feel good and not try any new advanced poses for the first time while pregnant. **It is also important that pregnant women start slowly and take their first class at about 50-80% of what they think their limit is.**

Exercising While Pregnant

Everyone agrees that staying active and exercising while pregnant is the best way to maintain a woman's health and fitness and prepare her for the often strenuous and challenging rigors of childbirth. But starting a prenatal exercise program can be daunting. In the first trimester (conception to 3 months) women often experience extreme fatigue and varying degrees of nausea or "morning sickness" (which is absolutely not confined to mornings.) Most healthcare providers and prenatal fitness experts will agree that women should listen to their bodies and rest during this transitional period. Women, in general, tend to not feel like exercising much. For those who were previously very active this can be a bit disconcerting.

Getting Back to a Routine

Once the first trimester is over, most women have spent a couple of months out of an exercise routine and are hesitant to start something new or resume their past exercise routine. I have many women show up in the beginning of their second trimester feeling guilty and concerned that they have done nothing for 2-3 months and intimidated to start prenatal yoga. It seems to ease their minds when I tell them that 90% of my students are in the same boat. They come to their first class after doing virtually nothing during their first trimester; this is entirely appropriate since the number one rule to any prenatal activity is, "If it doesn't feel good, don't do it!"

Start Slowly – Listen to your Body

I tell my students who have been out of an exercise routine for a while that when they start back up they should start very slowly, start with 15 minutes once or twice a day and see how that feels for a few days. Because their bodies have been changing over the last few months and are changing every day, the things that felt great before they were pregnant might not feel good at all now. A simple twist or side stretch might feel uncom-

fortable. Every woman is different, some women might need a few weeks of building up their exercise routine before they can do a full class, others can do a full class right away, starting slowly and listening to their bodies.

Consult your Doctor or Midwife

The question I get over and over is, “When is the best time to start a prenatal yoga routine?” and my answer is that there is no one right way when it comes to prenatal fitness. Every woman is different and is ready to start exercising when her body tells her it is time as long as she has no complications with her pregnancy and has gotten the OK from her doctor or midwife. This typically occurs at the beginning of the second trimester, but some women can exercise during their first trimester or not start until the third trimester. My advice is if it feels good to exercise during your first trimester, take it easy, don’t push yourself, and consult with your doctor or midwife.

Once More...Listen to your Body

We have gotten so accustomed to “asking the experts” and getting the latest research (which almost always contradicts the previous research) that we have lost the connection with our own bodies. Pregnancy is a great time for a woman to reconnect with her body, to get in touch with what feels good for her and what doesn’t, whether it be food, exercise or any activity that she participates in, doing it mindfully and paying attention. Your body has a lot to say!

First Trimester

Precautions

1. Do not overstretch, relaxin in the body can cause instability in the joints and connective tissue
2. Pregnant women should be able to maintain normal ujjayi breathing without getting out of breath as they practice
3. ACOG has taken the 140 heart rate limit off of their recommendations. There is no limit on what a pregnant woman's heart rate should be as long as she can carry on a conversation while exercising
4. Dehydration can cause contractions
5. Pregnant women should keep their core body temperature below 101f (38.3c)
6. ANY pose that causes discomfort should be avoided (even simple ones)
7. Move into every pose slowly and mindfully
8. Do not do prenatal vinyasa yoga for 3 days following an amnio or a CVS
9. Start practice slowly. Give students permission to only do part of the class and rest in child's pose often. First class have her only do 80% to see how her body responds
10. Although most yoga practices encourage not eating 2 hours before practicing, pregnant women should have a light snack (apple or fruit, nothing hard to digest) an hour before yoga and should stop and drink water if they are thirsty

Primipara (primip) vs. Multipara (multip)

1. Primipara is a woman pregnant with her first baby. These women typically don't show as soon as women with subsequent babies. They also tend to have less ligament sensation overall. They might feel the baby move later than a woman who has been pregnant and given birth before.
2. Multipara is a woman who has given birth before. These women tend to notice a big difference in when they begin to show. Some multipara women feel as though they are a month or two ahead of where they were with the first baby. They also tend to have more pelvic pressure that begins earlier in pregnancy and many more stretching and ligament sensations throughout pregnancy.

Poses to Discontinue

1. Any pranayama with rapid breathing or breath retention e.g. kabalabhati
2. Abdominal exercises that target the repetitive overuse of the rectus abdominus muscles such as sit-ups
3. Forward bending standing or seated with legs together
4. Stomach lying poses will stop feeling good at some point early in pregnancy and should be avoided when that happens
5. Most bound poses
6. Anything that doesn't feel good!

Twins or Multiples

Women carrying twins or other multiples will be larger than those with one baby in most cases. Second trimester modifications will likely need to be started in the first trimester for women carrying twins or multiples.

Because of the increased use of IVF and other fertility treatments, the rate of twins has grown substantially.

Second Trimester

Precautions

1. Same as first trimester precautions
2. If woman has been inactive first trimester (common due to fatigue and sickness) start up practice slowly. Give students permission to only do part of the class and rest in child's pose often
3. After 4 months pregnant women should avoid lying on their backs for more than 30 seconds due to constriction of the vena cava (large blood vessel that runs from the legs to the heart.) If the vena cava is compressed by the weight of the baby it can cut off oxygen to the woman and the baby.

Poses to Discontinue

1. Upward dog/ cobra
2. Wheel
3. Unsupported backbends
4. Headstand/handstand and other complete inversions
5. Intense twists
6. Any back lying poses
7. New arm balances or intense poses i.e. compass
8. Stomach lying poses
9. Forward bends with legs straight (mostly)
10. Anything that doesn't feel good!

Twins or Multiples

Women carrying twins or other multiples will be larger than those with one baby in most cases. Third trimester modifications will likely need to be started in the second trimester for women carrying twins or multiples.

Third Trimester

Precautions

1. Same as first and second trimester precautions
2. Give students permission to only do part of the class and rest in child's pose often, women might notice more of a difference in what feels good from week to week especially if they take long breaks between doing yoga
3. Woman might begin to feel much more movement of baby. Baby should be head down by 36 weeks, women who feel kicking near the top of the uterus typically have babies that are head down or vertex

Poses to Discontinue

1. Discontinue downward dog if :
 - baby is head down and the woman has large amounts of fluid
 - woman has heartburn
 - it stops feeling good
 - woman has high blood pressure
 - baby is recently moved to a head down position from a breech position
 - woman has any eye condition that prohibits inversion (eg. Glaucoma)
2. Legs separate wide enough for belly to fit comfortably with forward bends
3. Some women will need to always bend knees when moving in and out of forward bends to support their backs
4. Women with breech babies should discontinue bound angle pose/wide angle after 34-36 weeks
5. Anything that doesn't feel good!

Twins or Multiples

Women carrying twins or other multiples will be larger than those with one baby in most cases. Third trimester modifications might need to be further modified for women carrying twins or multiples.

Prenatal Vinyasa Yoga

Before Practicing

Pregnancy is a wonderful, transformational time. Yoga can help strengthen a woman's body for the enormous physical demands of childbirth. Women should not be afraid to do moderately vigorous yoga when pregnant as long as it feels good, they have no other complications with their pregnancy, and they are aware of the precautions and poses which are contraindicated. Pregnant women should practice yoga with an instructor who is knowledgeable in these precautions and experienced in prenatal yoga.

It is important to have a strong body, an ability to attain relaxation and a connection with the breath in preparation for pregnancy, labor and motherhood. Bringing the practice of yoga into a woman's pregnancy will help accomplish these things as well as encouraging peace and harmony in her life.

Many yoga poses can be modified for the pregnant woman. Women will want to separate their legs when doing any forward bending leaving enough room for their belly to easily fit between their legs. Women should avoid lying on their belly throughout pregnancy (this will be very uncomfortable anyway).

With the appropriate modifications yoga can be practiced right up to labor and delivery. Yoga can be started anytime in pregnancy, even in the last month as long as the woman listens to her body, only does poses that feel good, and practices with someone knowledgeable in prenatal yoga.

Women should be cautioned ahead of time that if they feel any pain in their back, knees or abdominal area they should come out of the pose they are in. Also if they feel menstrual-like cramping at any time, they should stop and rest.

Typically before doing yoga it is best to abstain from eating for at least 2 hours. When a woman is pregnant that might not be possible. Since the stomach has less room and the woman is "eating for two," she may need to have a light snack or a juice or smoothie an hour before practicing.

Common Questions

Can I do inversions while pregnant?

Many women who have regularly included inversions in their practice before becoming pregnant wish to continue doing inversions while pregnant. Women should listen to their bodies. If it doesn't feel good, they shouldn't do it. It is not recommended that women who have high blood pressure, an excessive amount of amniotic fluid, or heartburn, do inversions while pregnant. Inversions should only be held for 30-60 seconds unless being used for mal position.

Can I do backbends while pregnant?

As with inversions, women should listen to their bodies and shouldn't start doing intense backbends while pregnant if they haven't been doing backbends before pregnancy. Moreover, because there is more weight being put on the spine during pregnancy, especially in the late second and third trimesters, intense back bending is not recommended.

Why can't I lay flat on my back while pregnant?

After about 4 or 5 months of pregnancy, women should not lie on their backs for more than a minute at a time. The reason for this is that one of the major blood vessels called the Vena Cava runs along the back. The Vena Cava is responsible for bringing blood to the heart from the rest of the body. When a woman lays on her back the heaviness of the uterus can compress the Vena Cava thereby diminishing the blood supply to the heart and to the baby. The results of lying on the back for a prolonged period of time are dizziness and lightheadedness as well as decreased blood flow to baby.

Can I use yoga to help turn a breech baby?

One of the most effective ways to turn breech babies after 36 weeks of pregnancy is to use yoga positions. The most effective position is the supported bridge. A woman should place a large stack of pillows under her hips making the angle of her hips to head at least 45 degrees (the higher she can get her hips, the better.) She should stay in this position for a minimum of 10-15 minutes 2 or 3 times a day. This position will not be very comfortable and the baby will probably move quite a bit. To make this position even more effective, the woman should place an ice pack on top of the uterus, near the sternum where the baby's head is. This encourages the baby to move away from the cold into the head down position. *Note: Once the baby moves into a head down position, the woman should frequently sit in Bound Angle pose, with her feet together and knees out. This position encourages the baby's head to engage in the pelvis. **Women should avoid this pose while the baby is breech.***

Dolphin Method Formula for assessing a yoga pose for pregnant women

1. **Creating Space** Does the pose create space? Where?

As the baby grows, the woman needs to lengthen the torso to create space and comfort for her body and baby. Creating space and length in the torso will make yoga poses less constrictive and more comfortable while also helping to maintain the correct positioning.

2. **Abdominal Muscles** What is the effect of the pose on the abdominal muscles?

When a woman is pregnant the abdominal muscles separate to accommodate the growing uterus. This separation is normal but we don't want to accentuate it making the gap bigger than it needs to be because that can possibly compromise the healing process, making it more difficult for the muscles to come back together postnatally.

3. **Relaxin** What kind of stress or load does the pose put on the joints?

The hormone Relaxin lubricates all of the joints and connective tissue in the body. We need to be mindful of having women in poses where there could be too much stress or pulling on the joints because of the potential instability this can cause.

4. **Belly Compression** Does this pose cause compression in the belly?

Poses where women are laying on the belly or compressing it (e.g. closed twists) will be uncomfortable and should be avoided. Compression is different from the belly touching another part of the body; for example, a forward fold with legs apart where the belly touches the thighs is not compressive as long as it's comfortable. This also includes any compression made by the belly on other body parts, for example when a woman lays on her back and the belly compresses the Vena Cava (large vein that runs from the legs to the heart.)

5. **Stability** How stable is the pelvis, specifically the sacrum & pubic symphysis?

Because of the increase in relaxin, the pelvis, which is typically very stable, has more mobility in pregnancy and the postpartum period. This makes the pelvic area more susceptible to instability issues.

6. **Individual assessment**

- Could the woman do the pose pre-pregnancy?
- Does it feel good?
- What fitness level does she have?
 - Stability
 - Flexibility
 - Injury (past or present)

Dolphin Method Formula for assessing a yoga pose for pregnant women

- 1. Creating Space** Does the pose create space? Where?

- 2. Abdominal Muscles** What is the effect of the pose on the abdominal muscles?

- 3. Relaxin** What kind of stress or load does the pose put on the joints?

- 4. Belly Compression** Does this pose cause compression in the belly?

- 5. Stability** How stable is the pelvis, specifically the sacrum & pubic symphysis?

- 6. Individual assessment**
 - Could the woman do the pose pre-pregnancy?
 - Does it feel good?
 - What fitness level does she have?
 - Stability
 - Flexibility
 - Injury (past or present)

Prenatal Vinyasa Yoga - Asanas & Flow

In this section we will cover the standard Prenatal Vinyasa Yoga asanas and flow. Keep in mind that every pregnant body is different and these modifications are simply guidelines, a pregnant woman needs to listen to her body first and foremost. Some poses might not be appropriate for everyone, encourage students to further modify if they are uncomfortable.

Seated hand on heart

This is a nice way to begin a prenatal class, having women tune into their bodies before any movement occurs allows them to come from a place of quiet mindfulness and helps them move with awareness of their body and their baby in the moment. It also allows you to remind them that every day in pregnancy is different and different things feel good, different energy levels exist, and it's fine to rest whenever they need to.

Have every woman start her yoga practice with **intention** and **attention**. It is difficult to stay present and aware of what the body is feeling if a woman is thinking about her life off the yoga mat while practicing yoga. This aspect of yoga is very important to focus on with pregnant women. First time moms, especially, are bombarded with thoughts of their changing lives and can find it difficult to stay in the present. Setting an intention at the beginning of class to continually bring their focus back to the yoga mat and release all responsibilities and thoughts of the future will allow women to have the opportunity to pay attention to their bodies.

The easiest way to avoid injury is to pay attention to the subtle signals the body provides during yoga practice. This means moving into poses and acknowledging that each day poses might feel a little different. As the baby grows the woman's center of gravity shifts, these shifts make subtle differences in muscle tension to stabilize the body. Even small shifts in the center of gravity can have an impact on the way a pose feels and the woman's comfort level.

- Take a couple of deep breaths
- Check in with your body
- Respect where your body is today, remember that your body is your baby's home until they are born so be nice to it
- Allow for days when your body needs more rest or a more gentle practice
- Most of all listen to the signs your body gives you
 - If you have discomfort or pain, back off and rest
 - Always listen to your breath
 - You should be able to breathe slow and deep in and out through your nose
 - If your breath becomes uneven or labored pull back the intensity of your practice until it evens out
- Head rolls or body spirals can be included in this pose



Other variations in the seated position

Hands in prayer, interlace fingers reach up, hands behind back lift chest

- Bringing the arms above the head elongates the spine and creates space between the top of the fundus (uterus) and the stomach that helps reduce heartburn and increases lung capacity. This sequence also reduces upper back pain caused from the center of gravity shifting forward.



Side stretch



Seated hand on heart

1. **Creating Space** Does the pose create space? Where?

This pose creates space in the torso when the arms are lifted or when back bending.

2. **Abdominal Muscles** What is the effect of the pose on the abdominal muscles?

Abdominal muscles are stretched slightly when back bending or twisting, the amount of stretch is easily managed by the practitioner.

3. **Relaxin** What kind of stress or load does the pose put on the joints?

There is little stress or load on the joints in this pose.

4. **Belly Compression** Does this pose cause compression in the belly?

The belly is not compressed in this pose.

5. **Stability** How stable is the pelvis, specifically the sacrum & pubic symphysis?

The pelvis is very stable in this pose as long as both sit bones stay on the ground. Over twisting from here can destabilize the pelvis.

6. **Individual assessment**

- Could the woman do the pose pre-pregnancy?
- Does it feel good?
- What fitness level does she have?
 - Stability
 - Flexibility
 - Injury (past or present)

Cat/Cow (Marjaryasana/Bitilasana)

Hands and knees position. Make sure the hands are directly under the shoulders and rock the pelvis back and forth. On the inhalation spine straightens out, head is lifted and gaze is between the eyebrows. On the exhalation press hands into the mat and round the back tucking the tailbone under.

- This is a pose that should be done every day
- If your baby is in an uncomfortable position, the rocking of the pelvis will help to turn your baby into a position which is more comfortable for you
- This also can help to turn your baby in labor into a position which is more comfortable for you and more conducive for baby to be birthed
- Modifications for Carpal Tunnel can include the use of a wedge, using the fists instead of open palms, or elbows on the ground instead of palms.
- Extending the opposite arm and leg will help stabilize the pelvis and is a safe way to tone the abdominal and pelvic floor muscles
- If having both the leg and arm off the ground is too much, try the variation below, back leg extended but foot on the ground



Carpal Tunnel Modifications



Cat/Cow (Marjaryasana/Bitilasana)

1. **Creating Space** Does the pose create space? Where?

This pose creates space in the torso and between the spine and the baby potentially easing strain on the lower back allowing for baby to turn more easily.

2. **Abdominal Muscles** What is the effect of the pose on the abdominal muscles?

This pose puts strain on the abdominal muscles; those who have a large separation and thin connective tissue or hernias should consider wearing a gentle bind in cat/cow. It is important to maintain ujjayi breathing to support the baby and protect the lower back from too much sway. Even with the strain on the abdominal muscles, in most cases the positional benefits outweigh the risks.

3. **Relaxin** What kind of stress or load does the pose put on the joints?

The wrists experience the most strain in this pose. Carpel tunnel modifications can be used to alleviate discomfort.

4. **Belly Compression** Does this pose cause compression in the belly?

The belly is not compressed in this pose.

5. **Stability** How stable is the pelvis, specifically the sacrum & pubic symphysis?

The pelvis is very stable in this unless using twisting modifications. However the pelvis has a lot of freedom from the weight of baby in this pose so stability is less of an issue even with some twisting.

6. **Individual assessment**

- Could the woman do the pose pre-pregnancy?
- Does it feel good?
- What fitness level does she have?
 - Stability
 - Flexibility
 - Injury (past or present)

Child's Pose (Balasana)

Knees wide apart, sit down on heels, and stretch arms out in front with forehead on the ground. (Late in the third trimester a pillow can be placed under the head.)

- Use this pose as a resting and pelvic opening pose. This may or may not feel good during labor because it puts a lot of pressure on the perineum, but may feel good in between contractions as resting position alternating with the cat pose.
- The center of the forehead has a pressure point which induces relaxation



Child's Pose (Balasana)

1. **Creating Space** Does the pose create space? Where?

This pose creates space in the torso and between the spine and the baby potentially easing strain on the lower back allowing for baby to turn more easily. This pose also stretches the pelvic floor, creating space there as well.

2. **Abdominal Muscles** What is the effect of the pose on the abdominal muscles?

This pose puts strain on the abdominal muscles if the belly is hanging too much. Those who have a large separation and thin connective tissue or hernias should consider wearing a gentle bind or prop up the belly in child's pose.

3. **Relaxin** What kind of stress or load does the pose put on the joints?

The hips can get an intense stretch for some women so propping them up with a bolster is necessary if she is feeling too much hip stretch.

4. **Belly Compression** Does this pose cause compression in the belly?

The belly is not compressed in this pose.

5. **Stability** How stable is the pelvis, specifically the sacrum & pubic symphysis?

The pelvis is very stable in this unless using twisting modifications. However the pelvis has a lot of freedom from the weight of baby in this pose so stability is less of an issue even with some twisting.

6. **Individual assessment**

- Could the woman do the pose pre-pregnancy?
- Does it feel good?
- What fitness level does she have?
 - Stability
 - Flexibility
 - Injury (past or present)

Downward Facing Dog (Adho Mukha Svanasana)

- Great for fatigue
- Contraindicated if it doesn't feel good or the woman is experiencing heartburn, has an abundance of amniotic fluid, has high blood pressure or eye conditions such as Glaucoma, or in the third trimester if the baby has been in a breech position and recently turned.
- Some days it may not feel good, so leave it out
- You can always move into child's pose instead throughout the practice
- When you bring a leg forward into any lunge bring the thumbs together first. This way you are accommodating for the belly, when a leg comes to the outside of the hands it will not compress the belly and feels much more comfortable around the belly
- The other distinction when doing downward dog while pregnant versus not pregnant is that because the feet are sometimes wider than the hips while in downward dog, an adjustment needs to be made before bringing one leg forward into a lunge. The most efficient way to ensure the correct leg placement is to line up the foot that is remaining in back with the corresponding hand e.g., before moving the right leg forward bring the thumbs together and line up the left foot with the left hand, then bring the right foot to the outside of the right hand.



Downward Facing Dog (Adho Mukha Svanasana)

1. **Creating Space** Does the pose create space? Where?

This pose creates space in the torso and between the spine and the baby potentially easing strain on the lower back allowing for baby's head to come out of the pelvis giving it more opportunity to turn more easily. This pose creates space in the pelvis as the baby moves away from it and with the knees bent stretches the pelvic floor as well.

2. **Abdominal Muscles** What is the effect of the pose on the abdominal muscles?

This pose puts strain on the abdominal muscles if the belly is hanging too much. Those who have a large separation and thin connective tissue or hernias should consider wearing a gentle bind or not staying in this pose for more than a breath or two.

3. **Relaxin** What kind of stress or load does the pose put on the joints?

The wrists experience the most strain in this pose. Carpel tunnel modifications can be used to alleviate discomfort. This is also an intense hamstring stretch so women need to be warmed up to move into full expression with legs straight.

4. **Belly Compression** Does this pose cause compression in the belly?

The belly is not compressed in this pose. If any compression is experienced, she can widen her legs to accommodate the belly comfortably.

5. **Stability** How stable is the pelvis, specifically the sacrum & pubic symphysis?

The pelvis is very stable in this unless using twisting modifications. However the pelvis has a lot of freedom from the weight of baby in this pose so stability is less of an issue even with some twisting.

6. **Individual assessment**

- Could the woman do the pose pre-pregnancy?
- Does it feel good?
- What fitness level does she have?
 - Stability
 - Flexibility
 - Injury (past or present)

Cat Twist (Cat one leg up opposite arm, arm down cross leg in back)

- Starting in Cat make sure hands are under the shoulders and the knees are directly lined up with the hips
- One leg back, opposite arm forward
 - Gaze is down neck is long
 - Shoulders away from your ears
 - Hips are squared to the floor
 - Create a straight line from the fingertips of your _ hand to the toes of your _foot
- Arm comes down
- Leg crosses over to the opposite side of you mat
- Curl the toes under and press the heels back
- Inhale pivot back foot flat on the ground pressing the outside side of your back foot down
- Raise opposite arm up
 - Open the chest as you inhale reaching up
- Exhale release arm down
- Inhale leg up
- Exhale knee down & round the back
- Other side



Cat Twist (Cat one leg up opposite arm, arm down cross leg in back)

1. **Creating Space** Does the pose create space? Where?

This pose creates space in the torso and chest.

2. **Abdominal Muscles** What is the effect of the pose on the abdominal muscles?

This pose puts strain on the abdominal muscles if the belly is hanging too much.

Those who have a large separation and thin connective tissue or hernias should consider wearing a gentle bind or not staying in this pose for more than a breath or two.

3. **Relaxin** What kind of stress or load does the pose put on the joints?

The wrists experience the most strain in this pose. Carpel tunnel modifications can be used to alleviate discomfort.

4. **Belly Compression** Does this pose cause compression in the belly?

The belly is not compressed in this pose.

5. **Stability** How stable is the pelvis, specifically the sacrum & pubic symphysis?

The pelvis is slightly twisting getting in and out of this pose. However the pelvis has a lot of freedom from the weight of baby in this pose so stability is less of an issue even with some twisting.

6. **Individual assessment**

- Could the woman do the pose pre-pregnancy?
- Does it feel good?
- What fitness level does she have?
 - Stability
 - Flexibility
 - Injury (past or present)

Prenatal Chaturanga

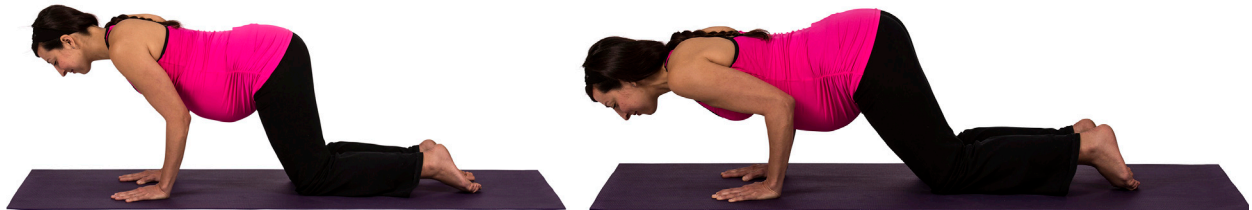
Version 1

- Hands directly under shoulders (instructor look from above)
- Chest comes forward to free the shoulders
- Exhale and bend at the elbows either just a few inches (6cm) or until shoulders are in line with the elbows
- Forearms perpendicular to the ground as much as possible
- Elbows stay close to the body
- Inhale press straight back up

Version 2

- Hands directly under shoulders
- Exhale arms stay straight as you bring hips back toward heels without touching
- Inhale and scoop the chest forward bending at the elbows
- Elbows stay off the ground and against your body
- Don't let shoulders dip below the elbows
- Press straight up when the chest reaches the center of the hands
- Complete the circle you are making with your torso by moving into downward dog

Version 1



Version 2



Incorrect Prenatal Chaturanga



Prenatal Chaturanga

1. **Creating Space** Does the pose create space? Where?

This pose can create space in the torso and chest, and between the baby and spine.

2. **Abdominal Muscles** What is the effect of the pose on the abdominal muscles?

This pose puts strain on the abdominal muscles if the belly is hanging too much. Those who have a large separation and thin connective tissue or hernias should consider wearing a gentle bind. Being a transitional pose, this is not as concerning unless there is discomfort.

3. **Relaxin** What kind of stress or load does the pose put on the joints?

The wrists experience the most strain in this pose. Carpel tunnel modifications can be used to alleviate discomfort.

4. **Belly Compression** Does this pose cause compression in the belly?

The belly is not compressed in this pose.

5. **Stability** How stable is the pelvis, specifically the sacrum & pubic symphysis?

The pelvis is very stable in this pose when done correctly.

6. **Individual assessment**

- Could the woman do the pose pre-pregnancy?
- Does it feel good?
- What fitness level does she have?
 - Stability
 - Flexibility
 - Injury (past or present)

Prenatal Vinyasa Soft Form A

1. Inhale reach up, exhale forward fold
2. Inhale, lengthen the spine
3. Exhale, bring the left foot back and knee down
4. Inhale and reach the arms up - one hand can come to thigh if needed
5. Exhale and lunge forward
 - Make sure knee doesn't go past the toes and the front foot stays flat on the floor
 - Make sure the lunge isn't too deep by hugging baby into the spine during exhalation
6. Inhale lengthen up
7. Exhale release hands back to the inside of the right foot
8. Bring right knee back to the floor
9. Child's pose
10. Curl toes under and move into downward dog for 1 to 3 breaths
11. Exhale release knees down back to all fours
12. Bring the thumbs together with the fingers spread out wide- hands come forward slightly and can be on a block or on the ground
13. Bring the left foot to the outside of the left hand
14. Inhale and reach the arms up - one hand can come to thigh if needed
15. Exhale and lunge forward
 - Make sure knee doesn't go past the toes and the front foot stays flat on the floor
 - Make sure the lunge isn't too deep by hugging baby into the spine during exhalation
16. Inhale lengthen up
17. Exhale release hands back to the inside of the left foot
18. Step right foot forward
19. Inhale lengthen spine
20. Exhale forward fold
21. Inhale bend knees and sweep arms out to the side as you come to standing

Prenatal Vinyasa Soft Form A



Prenatal Vinyasa Soft Form B

1. Starting in chair pose
2. Lengthen to standing
3. Forward fold with knees bent and arms out to the side
4. Hands between feet or between feet on a block
5. Bring the left foot back and knee down
6. Inhale and reach the arms up - one hand can come to thigh if needed
7. Exhale and lunge forward
 - Make sure knee doesn't go past the toes and the front foot stays flat on the floor
 - Make sure the lunge isn't too deep by hugging baby into the spine during exhalation
8. Right elbow on right thigh left arm reaches up then open to the back of the room
9. Inhale lengthen both arms up
10. Exhale release hands back to the inside of the right foot
11. Bring right knee back to the floor
12. Child's pose
13. Curl toes under and move into downward dog for 1 to 3 breaths
14. Exhale release knees down back to all fours
15. Bring the thumbs together with the fingers spread out wide- hands come forward slightly and can be on a block or on the ground
16. Bring the left foot to the outside of the left hand
17. Inhale and reach the arms up - one hand can come to thigh if needed
18. Exhale and lunge forward
 - Make sure knee doesn't go past the toes and the front foot stays flat on the floor
 - Make sure the lunge isn't too deep by hugging baby into the spine during exhalation
19. Left elbow on left thigh right arm reaches up then open to the back of the room
20. Inhale lengthen both arms up
21. Exhale release hands back to the inside of the left foot
22. Step right foot forward
23. Inhale lengthen spine
24. Exhale forward fold
25. Inhale bend knees deeply moving into chair pose
26. Exhale
27. Inhale to standing

Prenatal Vinyasa Soft Form B



A note about Lunges

The main concern with lunges is the woman overstretching and creating instability or pain in the hip, sacrum, and abdominal areas. The other caution is that as the baby grows and gets heavier the weight on the knees needs to be monitored. It is important to exhale when lunging forward, this will engage the transverse abdominals and help to protect the abdominal muscles as well as the lower back and hips from excess strain.



Forward Bending in Sun Salutation

Forward bending variations include knees bent, especially if lower back pain is present, hands can rest on the ground, shins or thighs. Always keep head lifted so that the heart space stays open and sternum area doesn't get compressed.



Warriors I, II, Reverse (Virabhadrasana)

- Warrior I
 - Prenatal warrior I pose is almost identical to non-pregnant warrior I pose, the main difference is foot placement. When a woman is pregnant her hips spread; this is made possible by the Relaxin in her body and is necessary to accommodate the baby. Because the hips are wider, she will need to have the feet farther apart in order to square her hips to the front. Normally, the front foot is lined up with the back arch of the back foot; prenatally, the heels are lined up (the stance might need to be further widened as she progresses into third trimester.)
- Warrior II
 - Prenatal warrior II pose is identical to non-pregnant warrior II
- Reverse Warrior
 - In prenatal reverse warrior pose the raised arm is reaching for the ceiling instead of the back wall. This will be more comfortable in the third trimester. First and second trimester can do traditional reverse warrior as long as it feels good.
 - Side angle is done with the elbow on the thigh, this can be modified further by using the hand on the thigh instead of the elbow if needed.



Triangle (Trikonasa)

The Triangle is one of the poses that typically feel very good in pregnancy because it helps relieve backache, which is a common discomfort in pregnancy. It also aides in digestion, is a great stress reliever and strengthens the spine, calves, hamstrings, hips, chest, and groin.



Warriors I, II, Reverse (Virabhadrasana)

1. **Creating Space** Does the pose create space? Where?

These poses can create space in the torso and chest.

2. **Abdominal Muscles** What is the effect of the pose on the abdominal muscles?

These poses don't strain the abdominal muscles much. Reverse Warrior can be a backbend in which case there would be some strain, however it can also be done just lifting the arm and reaching up which doesn't stress the abdominal muscles too much.

3. **Relaxin** What kind of stress or load does the pose put on the joints?

The hips and knees experience the most load in this pose. Modifications can be used by shortening the stance and having less flexion of the knee.

4. **Belly Compression** Does this pose cause compression in the belly?

The belly is not compressed in this pose.

5. **Stability** How stable is the pelvis, specifically the sacrum & pubic symphysis?

The pelvis is very stable in these poses when done correctly. Taking a wider stance between the feet in Warrior I can help to square the hips more forward.

6. **Individual assessment**

- Could the woman do the pose pre-pregnancy?
- Does it feel good?
- What fitness level does she have?
 - Stability
 - Flexibility
 - Injury (past or present)

Triangle (Trikonasa)

1. **Creating Space** Does the pose create space? Where?

This pose can create space in the torso and chest. Using a block helps to create even more space on the lower side of the torso.

2. **Abdominal Muscles** What is the effect of the pose on the abdominal muscles?

This pose puts minimal strain on the abdominal muscles. Those who have a large separation and thin connective tissue or hernias should consider wearing a gentle bind.

3. **Relaxin** What kind of stress or load does the pose put on the joints?

The hips and knees experience the most load in this pose. Modifications can be used by shortening the stance, and bending the front knee or using a block to elevate the lower arm.

4. **Belly Compression** Does this pose cause compression in the belly?

The belly is not compressed in this pose.

5. **Stability** How stable is the pelvis, specifically the sacrum & pubic symphysis?

The pelvis is stable in this pose when done correctly. Taking a shorter stance can be helpful as well as allowing the upper hip to roll slightly forward.

6. **Individual assessment**

- Could the woman do the pose pre-pregnancy?
- Does it feel good?
- What fitness level does she have?
 - Stability
 - Flexibility
 - Injury (past or present)

Plank & Dolphin Poses

The main concern with plank and pregnancy is the weight of the belly putting too much stress on the spine, so it is a good idea to keep the knees down in plank. I give this warning to women, but if they have a strong practice they may continue to do plank until third trimester. Some women do it all the way through their pregnancy, but I don't recommend it. It also helps strengthen the core.



Dolphin Pose as well should be done on the knees, and same precautions apply as plank.

Tree (Vrksasana) & other Balancing Poses

Balancing poses are among the most important poses to do when you are pregnant. Most people say to make sure the pregnant woman uses a wall or is near a wall so she doesn't fall. I agree with this only in cases where a woman feels extremely unsteady; instead I believe it is better to move only partially into the pose without a wall (e.g., bringing one foot to the other inner ankle) so that the woman can truly find her center of gravity. When a woman is pregnant her body changes



everyday, and the baby also is growing everyday. Women have to constantly find a new center of gravity as the weight increases in the front of her body. There are days when many pregnant women are bumping into things or slouching forward all due to their being unaware of their center of gravity as the baby gets heavier and heavier. Pregnant women can spend some time shifting their weight back and forth in mountain pose until there is equal weight on the front and back of their feet and they feel balanced. At that time they can slowly shift their weight to one foot and bring the other onto the ankle. If they still feel balanced, they can move the leg higher to the inner thigh. If a woman is feeling unsteady have her do this in arm's reach of a wall and only using it if she needs it.

Plank & Dolphin Poses

1. **Creating Space** Does the pose create space? Where?

Dolphin Pose creates space in the torso and between the spine and the baby potentially easing strain on the lower back allowing for baby's head to come out of the pelvis giving it more opportunity to turn more easily. This pose creates space in the pelvis as the baby moves away from it and with the knees bent stretches the pelvic floor as well. Plank pose creates space in the torso and between the spine and the baby.

2. **Abdominal Muscles** What is the effect of the pose on the abdominal muscles?

Dolphin puts minimal strain on the abdominal muscles. Those who have a large separation and thin connective tissue or hernias should consider wearing a gentle bind.

In Plank pose there is more strain on the abdominal muscles, it is not recommended for anyone with low back pain, separation of the abdominal muscles, or hernias.

3. **Relaxin** What kind of stress or load does the pose put on the joints?

In Dolphin pose the forearms should take most of the weight although the shoulders also can feel the load. In Plank, the lower back can feel a large amount of load when the knees are off the ground especially if the hips aren't elevated enough. The wrists and shoulders also have moderate stress on the joints.

4. **Belly Compression** Does this pose cause compression in the belly?

The belly is not compressed in this pose however in Dolphin the belly moves up towards the chest and the chest might feel compressed.

5. **Stability** How stable is the pelvis, specifically the sacrum & pubic symphysis?

The pelvis is stable in this pose when done correctly.

6. **Individual assessment**

- Could the woman do the pose pre-pregnancy?
- Does it feel good?
- What fitness level does she have?
 - Stability
 - Flexibility
 - Injury (past or present)

Tree (Vrksasana)

1. **Creating Space** Does the pose create space? Where?

Tree pose creates space in the torso when the arms are extended overhead or out to the sides.

2. **Abdominal Muscles** What is the effect of the pose on the abdominal muscles?

Tree puts minimal strain on the abdominal muscles.

3. **Relaxin** What kind of stress or load does the pose put on the joints?

In Tree pose there is very little load on the joints.

4. **Belly Compression** Does this pose cause compression in the belly?

The belly is not compressed in this pose.

5. **Stability** How stable is the pelvis, specifically the sacrum & pubic symphysis?

The pelvis is stable in this pose when done correctly.

6. **Individual assessment**

- Could the woman do the pose pre-pregnancy?
- Does it feel good?
- What fitness level does she have?
 - Stability
 - Flexibility
 - Injury (past or present)

Half Moon Pose (Ardha Chandrasana)

This pose is one where props can be very helpful. In the first trimester and even second trimester for those with a strong practice, a wall and block are not necessary but might feel really good. This pose is wonderful for most women in the last few weeks of pregnancy. It rests one side of the uterus at a time giving the ligaments a rest. Most multip women love this pose near the end of their pregnancies.

- Place a block parallel to the wall (6 inches (12-15cm) away)
- Place the right foot 6 inches (12-15cm) in back of the block also 6 inches (12-15cm) from the wall and parallel to it
- Place the right hand on the block as you bend the right knee
- As you straighten the right leg lift the left leg up so it is parallel to the ground and against the wall
- Flex the left foot
- Begin to roll against the wall so both shoulders and both hips are touching the wall
- Reach up with the left arm and feel the chest opening



Bound Angle* (Baddha Konasana) & Seated wide leg pose (Upavistha Konasana)

These poses are exceptional hip openers that also helps relieve lower back pain and creates room in the pelvis. Bound Angle is a great pose to do once a woman is in her third trimester (especially the last few weeks of pregnancy), AND the baby is in a head down or Vertex position. The way the pelvis opens in this pose allows the baby's head to engage (drop lower into the pelvis.)

* This pose should be avoided when a woman is past 34 weeks and she knows she has a breech baby or a baby that is not in a good position.



Half Moon Pose (Ardha Chandrasana)

1. **Creating Space** Does the pose create space? Where?

Half Moon pose creates space on one side of the torso at a time as well as in the chest and hips.

2. **Abdominal Muscles** What is the effect of the pose on the abdominal muscles?

In Half Moon pose there is some strain on the abdominal muscles as the belly hangs slightly to one side however the strain is not down the center of the abdomen where the separation occurs so it isn't as much an issue as long as it feels good.

3. **Relaxin** What kind of stress or load does the pose put on the joints?

In Half Moon pose the load is minimal, mostly on the lower hip.

4. **Belly Compression** Does this pose cause compression in the belly?

The belly is not compressed in this pose.

5. **Stability** How stable is the pelvis, specifically the sacrum & pubic symphysis?

The pelvis is stable in this pose when done correctly. The upper leg is lifted and allows more freedom of movement

6. **Individual assessment**

- Could the woman do the pose pre-pregnancy?
- Does it feel good?
- What fitness level does she have?
 - Stability
 - Flexibility
 - Injury (past or present)

Bound Angle* (Baddha Konasana) & Seated wide leg pose (Upavistha Konasana)

1. Creating Space Does the pose create space? Where?

Bound Angle and Seated Wide Angle create space in the torso especially when the arms are lifted, also opens up the top of the pelvis to make space for baby's descent.

2. Abdominal Muscles What is the effect of the pose on the abdominal muscles?

Both Bound Angle and Seated Wide Angle put minimal strain on the abdominal muscles.

3. Relaxin What kind of stress or load does the pose put on the joints?

In both poses there is moderate load from the weight of the upper body on the hips. Modifications such as blocks under the knees in Bound Angle or decreasing the angle of the legs in Wide Angle should be observed if there is discomfort or to avoid stretching farther than she could pre pregnancy.

4. Belly Compression Does this pose cause compression in the belly?

The belly is not compressed in this pose however if she bends forward she might feel some abdominal compression.

5. Stability How stable is the pelvis, specifically the sacrum & pubic symphysis?

The pelvis is stable in this pose however should be avoided if there is any pain in the pubic symphysis because the superior part of the pelvis is opening in these poses adding to the stretch of the pubic symphysis area.

6. Individual assessment

- Could the woman do the pose pre-pregnancy?
- Does it feel good?
- What fitness level does she have?
 - Stability
 - Flexibility
 - Injury (past or present)

Seated Head-to-Knee Forward Fold (Janu Sirsasana)

This pose is said to be good for regulating blood sugar levels. The front leg needs to be slightly out to the side so the belly stays to the inside of the extended leg. Each trimester the leg moves a little further to accommodate the belly. Shoulders should remain squared to the ground!

Pigeon Pose (Eka Pada Rajakapotasana)

- This is one of the best poses for pregnant women to do. It helps with sciatica (a major complaint in pregnant women), opens the hips, releases tension in the lower back and stretches the groin and psoas muscles. A pillow can be placed under the hip of the forward leg if needed to ensure the hips are squared to the floor.
- I have found that many pregnant women experience leg cramps. There are many theories as to why these occur frequently in pregnancy. Some people believe there is either a potassium or calcium deficiency. I have noticed a correlation between leg cramps and sciatica (the sciatic nerve is the longest and widest nerve in the body and runs from the lower back through the buttocks and down the leg all the way to the heel,) therefore I recommend doing pigeon before bed and throughout the day when women are experiencing leg cramps.



Seated Head-to-Knee Forward Fold (Janu Sirsasana)

1. **Creating Space** Does the pose create space? Where?

Seated Head-to-Knee Forward Fold creates space in the torso especially when the arms are lifted.

2. **Abdominal Muscles** What is the effect of the pose on the abdominal muscles?

Seated Head-to-Knee Forward Fold puts minimal strain on the abdominal muscles.

3. **Relaxin** What kind of stress or load does the pose put on the joints?

In Seated Head-to-Knee Forward Fold there is moderate load from the weight of the upper body on the hips. Avoid stretching farther than she could pre pregnancy.

4. **Belly Compression** Does this pose cause compression in the belly?

The belly is not compressed in this pose however when she bends forward she might feel some abdominal compression, widening the angle of the leg can usually alleviate discomfort.

5. **Stability** How stable is the pelvis, specifically the sacrum & pubic symphysis?

The pelvis is stable in this pose however should be avoided if there is any pain or discomfort especially in the lower back.

6. **Individual assessment**

- Could the woman do the pose pre-pregnancy?
- Does it feel good?
- What fitness level does she have?
 - Stability
 - Flexibility
 - Injury (past or present)

Pigeon Pose (Eka Pada Rajakapotasana)

1. **Creating Space** Does the pose create space? Where?

Pigeon Pose creates space in the torso when the body is upright and in the hips. This pose also creates space in the torso bringing the baby away from the spine in the forward leaning variation.

2. **Abdominal Muscles** What is the effect of the pose on the abdominal muscles?

Pigeon Pose puts minimal strain on the abdominal muscles; the most stretch is when her torso is in an upright position. When leaning forward there is more pressure on the area that is separating however the belly typically isn't hanging freely therefore there is support from the floor

3. **Relaxin** What kind of stress or load does the pose put on the joints?

In Pigeon Pose there is moderate load from the weight of the upper body on the hips. Avoid stretching farther than she could pre pregnancy. This pose can be made safer by placing a bolster or rolled up blanket under the hips.

4. **Belly Compression** Does this pose cause compression in the belly?

The belly is not compressed in this pose however when she bends forward she might feel some abdominal compression, placing a block or bolster under the elbows can create more space in the torso alleviating the discomfort.

5. **Stability** How stable is the pelvis, specifically the sacrum & pubic symphysis?

The pelvis is stable in this pose when done correctly. It is important to make sure both hips are squared to the ground to accomplish pelvic stability. If she's having pubic symphysis pain, this pose should be avoided unless instructed by a physical therapist.

6. **Individual assessment**

- Could the woman do the pose pre-pregnancy?
- Does it feel good?
- What fitness level does she have?
 - Stability
 - Flexibility
 - Injury (past or present)

Squats (Malasana)** & Pelvic floor exercises

Another great pose for pregnant women to do. Make sure both feet are flat on the floor and the belly is comfortable between the thighs. Have her sit on a bolster or block if more comfortable. Doing Squats:

- Prepares you to be able to use the squat in childbirth
- Squatting while pushing and delivery is one of the best positions to be in because:
 - It speeds the progress of labor
 - Can relieve back pain
 - Pelvic opening increases by up to 30% versus lying on your back
 - Can reduce pushing time
- In this pose you can practice strengthening your pelvic floor muscles by engaging and releasing the pelvic floor muscles. This is more important in women who have had babies prior to the present pregnancy as the muscles that hold up all of the lower internal organs (such as the bladder) can become weak. This is also the position that many women in the world give birth in.

**This pose is contraindicated if the woman is in danger of or has been experiencing preterm labor

**This pose is also counter indicated if a woman is in labor and the baby is high in the pelvis. If the baby is low enough this position helps the baby move down the birth canal because of the pressure the legs put on the belly. *caution- this pose can be quite intense if done during a contraction, it is best to do it in between contractions or during pushing



Squats (Malasana)

1. **Creating Space** Does the pose create space? Where?

Squats create space and length in the pelvic floor and the inferior opening of the pelvis.

2. **Abdominal Muscles** What is the effect of the pose on the abdominal muscles?

Squats put minimal strain on the abdominal muscles especially when done on a bolster or against the wall.

3. **Relaxin** What kind of stress or load does the pose put on the joints?

In Squats there is moderate load from the weight of the upper body on the hips and the knees, when coming in and out of the squat. Avoid stretching farther than she could pre pregnancy. Modify by sitting on a block, bolster or against a wall.

4. **Belly Compression** Does this pose cause compression in the belly?

The length and shape of a woman's belly contribute to the amount of compression during squats. If her belly feels compressed she can modify by sitting on a block, bolster or against a wall.

5. **Stability** How stable is the pelvis, specifically the sacrum & pubic symphysis?

The pelvis is stable in this pose when done correctly though the inferior opening is being stretched quite a bit. If she's having pubic symphysis pain, this pose should be avoided unless instructed by a physical therapist.

6. **Individual assessment**

- Could the woman do the pose pre-pregnancy?
- Does it feel good?
- What fitness level does she have?
 - Stability
 - Flexibility
 - Injury (past or present)

Hip Circles

Hip circles are a great way to round out your standing sequences. I like to include them after squats to help relax the hips and aid in relaxation. They can be very effective in helping women to connect with the rhythm in her body and keep her jaw and pelvis relaxed and open. I believe belly dancing and hula were both invented for childbirth, they are a great practice for labor and will be much more accessible to her if she has practiced them often.



Hip Circles

1. Creating Space Does the pose create space? Where?

Hip Circles create space in the torso and hips.

2. Abdominal Muscles What is the effect of the pose on the abdominal muscles?

Hip Circles put minimal strain on the abdominal muscles.

3. Relaxin What kind of stress or load does the pose put on the joints?

In Hip Circles place little stress on the joints.

4. Belly Compression Does this pose cause compression in the belly?

Hip Circles do not compress the belly.

5. Stability How stable is the pelvis, specifically the sacrum & pubic symphysis?

The pelvis completely fluid in hip circles and has freedom of movement. If the woman is having Pubic Symphysis pain she should keep legs close together and consult a physical therapist before doing these movements.

6. Individual assessment

- Could the woman do the pose pre-pregnancy?
- Does it feel good?
- What fitness level does she have?
 - Stability
 - Flexibility
 - Injury (past or present)

Goddess

Goddess pose is a nice leg strengthening pose, it can be used as well to help connect with the pelvic floor bringing attention to the pelvic floor while cuing the breath. Give the option to move in and out of it if holding for an extended period of time. Coming up on the toes can be counter indicated if she is having issues with leg cramps. Variations include sun breaths in Goddess and Eagle arms in Goddess.



Goddess

1. **Creating Space** Does the pose create space? Where?

Goddess Pose creates space in the pelvic floor, torso and chest.

2. **Abdominal Muscles** What is the effect of the pose on the abdominal muscles?

Goddess Pose puts minimal strain on the abdominal muscles.

3. **Relaxin** What kind of stress or load does the pose put on the joints?

In Goddess Pose there isn't a lot of stress on the joints. Avoid stretching farther than she could pre pregnancy.

4. **Belly Compression** Does this pose cause compression in the belly?

Goddess pose does not compress the belly.

5. **Stability** How stable is the pelvis, specifically the sacrum & pubic symphysis?

In Goddess Pose there is some stress on the pelvis in the pubic symphysis area. If she's having pubic symphysis pain, this pose should be avoided unless instructed by a physical therapist. A variation if Goddess feels uncomfortable is to shorten the stance.

6. **Individual assessment**

- Could the woman do the pose pre-pregnancy?
- Does it feel good?
- What fitness level does she have?
 - Stability
 - Flexibility
 - Injury (past or present)

Wall Squats/Thigh squeeze

Wall squats are a great way to prepare women to identify sensations in their bodies to help her realize her strength. Use a timer and have her hold the wall squat for one minute (this is the average length of a contraction) while squeezing a block between her thighs or knees. Make sure her knees are directly above her ankles when she is in the wall squat. Keep a neutral spine position. For more information on wall squats see the section “Beyond Yoga Asana ~ Yoga and Relaxation Techniques for Childbirth”

Wall squats can also be used if a woman is having mild pubic bone pain. Squeezing a block between the knees or thighs engages the adductors and can release tension in the pubic bone area. NOTE: If she is having ANY pubic bone area pain she needs to get it assessed by a doctor or physical therapist to make sure she is cleared to practice yoga.



Wall Squats/Thigh squeeze

1. **Creating Space** Does the pose create space? Where?

Wall Squats create space in the chest and torso when arms are elevated.

2. **Abdominal Muscles** What is the effect of the pose on the abdominal muscles?

Wall Squats puts minimal strain on the abdominal muscles.

3. **Relaxin** What kind of stress or load does the pose put on the joints?

In Wall Squats there isn't a lot of stress on the joints. She can always reduce the flexion of the knees if she is feeling discomfort.

4. **Belly Compression** Does this pose cause compression in the belly?

Wall Squats do not compress the belly.

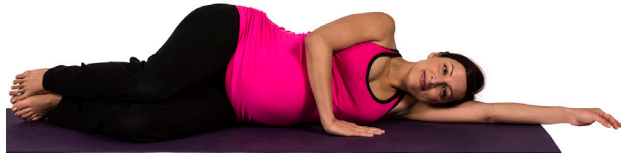
5. **Stability** How stable is the pelvis, specifically the sacrum & pubic symphysis?

Wall Squats actually help to stabilize the pelvis when done while squeezing a block.

6. **Individual assessment**

- Could the woman do the pose pre-pregnancy?
- Does it feel good?
- What fitness level does she have?
 - Stability
 - Flexibility
 - Injury (past or present)

Side-Reclining Leg Lift (Anantasana)



Helps safely strengthen the core and aids in digestion. Start by bringing the knee to the outside of the belly and in towards the body for a few breaths then extend the leg up. Be careful not to overstretch.



Happy Baby Pose (Ananda Balasana)

This is a great hip opener. Make sure the pregnant woman is rocking side to side after the 5th month to avoid pressure on the vena cava. Late in pregnancy discontinue this pose if it stops feeling good.



Inversions - Legs-Up-the-Wall Pose (Viparita Karani)

Many women who have regularly included inversions in their practice before becoming pregnant wish to continue doing inversions while pregnant. Women should listen to their bodies. If it doesn't feel good they shouldn't do it. It is not recommended that women who do not regularly practice inversions before pregnancy do inversions while pregnant. Legs-up-the-wall is a great inversion, when it feels good, to help with edema or swelling in the legs and feet.



Side-Reclining Leg Lift (Anantasana)

1. **Creating Space** Does the pose create space? Where?

Side-reclining Leg Lift create space in the hamstrings/legs and pelvic floor.

2. **Abdominal Muscles** What is the effect of the pose on the abdominal muscles?

Side-reclining Leg Lift puts minimal strain on the abdominal muscles.

3. **Relaxin** What kind of stress or load does the pose put on the joints?

In Side-reclining Leg Lift there is some stress on the hip joints. Moving into this slowly will help her not to over stretch. She can always reduce the flexion of the leg if she is feeling discomfort. Avoid stretching farther than she could pre pregnancy.

4. **Belly Compression** Does this pose cause compression in the belly?

Side-reclining Leg Lift compress the side of the belly purposely to aid in intestinal function. The woman easily controls the amount of compression.

5. **Stability** How stable is the pelvis, specifically the sacrum & pubic symphysis?

Side-reclining Leg Lift can create instability in the pubic symphysis area and need to be moved into slowly and carefully. If pubic symphysis pain is present, this pose should be avoided unless cleared by a physical therapist.

6. **Individual assessment**

- Could the woman do the pose pre-pregnancy?
- Does it feel good?
- What fitness level does she have?
 - Stability
 - Flexibility
 - Injury (past or present)

Happy Baby Pose (Ananda Balasana)

1. **Creating Space** Does the pose create space? Where?

Happy Baby Pose creates space in the hips and pelvic floor.

2. **Abdominal Muscles** What is the effect of the pose on the abdominal muscles?

Happy Baby Pose puts minimal strain on the abdominal muscles.

3. **Relaxin** What kind of stress or load does the pose put on the joints?

In Happy Baby Pose there is some stress on the hip joints. Moving into this slowly will help her not to over stretch. Avoid stretching farther than she could pre pregnancy.

4. **Belly Compression** Does this pose cause compression in the belly?

Happy Baby Pose compresses the belly slightly. The woman easily controls the amount of compression by reducing the angle of the legs. This pose is best done rocking side to side to increase space and circulation.

5. **Stability** How stable is the pelvis, specifically the sacrum & pubic symphysis?

Happy Baby Pose stretches the pubic symphysis area and needs to be moved into slowly and carefully. If pubic symphysis pain is present, this pose should be avoided unless cleared by a physical therapist.

6. **Individual assessment**

- Could the woman do the pose pre-pregnancy?
- Does it feel good?
- What fitness level does she have?
 - Stability
 - Flexibility
 - Injury (past or present)

Inversions - Legs-Up-the-Wall Pose (Viparita Karani)

1. **Creating Space** Does the pose create space? Where?

Legs-up-the-wall creates space in the legs and chest.

2. **Abdominal Muscles** What is the effect of the pose on the abdominal muscles?

Legs-up-the-wall puts minimal strain on the abdominal muscles.

3. **Relaxin** What kind of stress or load does the pose put on the joints?

Legs-up-the-wall places little stress on the joints.

4. **Belly Compression** Does this pose cause compression in the belly?

Legs-up-the-wall does not compress the belly, however, compression of the Vena Cava needs to be evaluated and compensated for by placing the woman's torso at an angle.

5. **Stability** How stable is the pelvis, specifically the sacrum & pubic symphysis?

Legs-up-the-wall is stable for the pelvis especially when the legs stay together.

6. **Individual assessment**

- Could the woman do the pose pre-pregnancy?
- Does it feel good?
- What fitness level does she have?
 - Stability
 - Flexibility
 - Injury (past or present)

Partner Poses

Shoulder Stretch

How to do it:

Stand with your legs as wide as you can comfortably and face your partner. With your palms facing the floor and your partner's palms facing the ceiling hold firmly to each other's wrists. Once you have a firm grip have your partner bring one foot in front of the other and bend their knees staying upright as you bend forward at the waist. When you feel secure, lean back away from your partner and feel the stretch in your shoulders. If you are feeling more of the stretch in the hamstrings bend your knees slightly, it is more important to feel this in your shoulders and upper back.

NOTE: if you don't have a partner to do this with you can hold on to the back of a sofa or heavy chair that won't move when you lean back.

Benefits:

- Stretches and lengthens upper back and shoulders
- Great to do during labor to release tight muscles and lengthen the spine in between contractions
- Supported forward bend takes the weight of the baby off the spine while lengthening and elongating it
- One of the best poses to do daily pre and post pregnancy!



Partner Chest Heart Opening

How to do it:

Kneel on a mat with your hips on your heels. Place your interlaced fingers behind your head with your elbows out to the sides. Your partner stands behind you sideways with their leg or hip pressing forward along the spine as they reach in front of your arms and hold onto the biceps area. They gently lift the arms up and back as they stabilize your body with their leg or hip.

NOTE: As with every pose, this should not hurt, it actually should feel really good especially for nursing moms.

Benefits:

- Relief from heartburn
- Takes stress and tension out of the lower back
- Opens the chest and heart space
- Relieves upper back and shoulder tension
- Improves posture
- GREAT pose for postnatal and nursing moms



Partner Twists

How to do it:

Sit down cross-legged knee to knee with your partner. Both of you bring your hands into prayer position and keeping the hands in front of your heart twist to the right. You should now be facing opposite directions. Both bring your right arms behind your back. Take your left hand and reach for your partner's right knee. As you inhale lengthen your spine all the way from the base of the spine to the top of the head and when you exhale gently twist, looking over your right shoulder. Repeat 3 breaths then switch sides. Use the modified version if the twist is too intense or in 3rd trimester.

NOTE: Twists usually feel good but there are times when one side or both don't feel good because of the position of the baby. DO NOT do twists or any other pose, if they don't feel good.

Benefits:

- Helps maintain spinal mobility
- Relieves spinal tension
- Opens chest and heart space



Partner Child's Pose with Massage

How to do it:

Move into child's pose with the arms outstretched. Your partner puts one foot between your hands so the arms are straight, the other foot steps back and both knees are slightly bent. Interlace your fingers around the heel of your partner; your partner will then move the bound foot away from you another inch stretching your shoulders. The partner then steps the non-bound foot to one side of you and places his/her hands on your lower back to either side of the tailbone. Partner then walks the hands up the spine making sure never to press directly on the spine; he/she then walks hands back down.

Benefits:

- Relief from back tension
- Encourages relaxation
- Hip opening



Supta baddha konasana with a bolster

How to do it:

Sit in front of a bolster in Bound Angle Pose, sitting with the soles of the feet together and the knees relaxing out to the sides. Gently recline back over the bolster and reach the arms over the head. Partner is standing behind the bolster with the legs apart hip width. Grab each other's wrists (make sure your hands face the ceiling and your partner's hands are facing the floor). Your partner will slowly move into a squat and lean back lengthening your spine and gently stretching the abdominal muscles.

Benefits:

- Stretches and lengthens upper back and shoulders
- Groin and Hip opener



Partner Ball

How to do it:

Sit in Baddha konasana, feet together and knees out. Make sure the ball is touching the lower back. Raise arms up and interlace the fingers. Lift from the lower spine lengthening the back as you lean back against the ball. Stay here or have the partner reach for the interlaced hands and gently lift up and pull forward to gently increase the stretch.

Benefits:

- Relief from heartburn
- Takes stress and tension out of the lower back
- Opens the chest and heart space
- Relieves upper back and shoulder tension
- Improves posture
- Stretches and lengthens upper back and shoulders
- Groin and Hip opener



Partner Squats

How to do it:

Face each other and turn both feet slightly out. Grab opposite wrists. Slowly move into a squat and lean back. Relax here.

Benefits:

- Prepares the body for childbirth
- Opens the pelvic outlet 30 % more than lying on the back with legs open
- Gets the body used to squatting so it can be utilized in labor and pushing where it can shorten the pushing stage and shorten the depth of the birth canal



Partner Massage and Birth Poses

Partner Squat for Labor

How to do it:

Partner sits leaning back on the bed, against the wall or in a chair. Pregnant woman sits back against the partner in a squat. Partner places arms under her underarms to allow her to keep her spine long in a relaxed position.

Benefits:

- Prepares the body for childbirth
- Opens the pelvic outlet 30% more than lying on the back with legs open
- Gets the body used to squatting so it can be utilized in labor and pushing where it can shorten the pushing stage and shorten the depth of the birth canal
- Great for times when the squat feels good and the woman is fatigued



Partner Hip Squeeze

How to do it:

Pregnant woman is on her hands and knees; either in the Cat pose (hands on the ground directly under her shoulders) or she can be on her knees leaning over a birth ball. Partner stands behind woman and squeezes the hips with their knees. At the same time pressing fists on either side of the sacrum.

Benefits:

- Helps open up the pelvis to allow for head rotation
- Alleviates back labor
- Allows gravity to help the baby's back move towards the mom's front encouraging OA position which is most optimal for birthing
- Great for times when woman is fatigued and laying down doesn't feel good



***Pelvic Floor Release

Who benefits from a side-lying release?

First time mothers benefit from releasing spasm in the pelvic floor once or twice in late pregnancy. Women who have had previous cesarean(s) will benefit from a pelvic floor release in late pregnancy. Women who have had posterior, breech or other less than favorable fetal positions in previous births or has a baby in an unfavorable position in their current pregnancy. People can do this without pregnancy, too, if intercourse or elimination is painful due to the pelvic floor.

What signs show that a side-lying release could be useful?

Discomfort in pregnancy from tight, tender areas (front or back), achy hips, or achy lower back may be symptoms that a pelvic floor release could offer comfort.

If the baby hasn't engaged by 38 weeks gestation, a pelvic floor release may be helpful.

Why are we doing a pelvic floor release?

The pelvic floor has a front-to-back opening through which the baby travels. The sides of the opening are strong and springy. If one side of the opening is tighter than the other, or higher than the other, the baby can be tipped and/or rotated into an unfavorable position.

An imbalance in the pelvic floor like this can make the baby rotate to posterior, or make a posterior baby become a brow presentation. If one side of the pelvic floor is higher or tighter the baby's head can tip into an asynclitic presentation (tipped). This makes the baby's head seem much bigger and molding takes longer. The baby can't help with the birth process very easily. The mom has much more work to do.



How to do it:

You need a surface that is as long as the mother. The surface is usually a firm couch or bed, but can be a heavy, strong table or counter. A hospital bed works wonderfully, during labor in the hospital. The mother lays on the surface, on her side. She must do this on both sides no matter what or she may make her pelvic floor more uneven.

1. The woman lies on her side close to the edge of a couch. She lays her head on her lower arm.
2. Her helper stands in front of her with her pregnant belly between the helper's thighs.
3. The helper curves both her palms around the edge of the mother's anterior (front and top) hip. The helper presses down a bit, not much, but firmly. The helper is going to prevent the mother's hip from leaning forward when the mother does the next step.
4. With the helper in place, the mother scoots her hip right up to the very edge of the couch. Right on the edge, so that tipping forward would make her fall off. Don't let her tip forward!
5. The mother straightens her lower leg. Her lower foot is flexed up, not pointed toes.
6. Keep her top shoulder over her lower shoulder. (A second helper is useful to hold her top shoulder and give comforting words and eye contact.) The top hip stays over the lower hip, this is important.
7. Here's the point of the Side-lying Release. Her top leg hangs forward and into the air. Let the full weight of the top leg hang. Keep the lower leg straight. The helper has to shift her weight away from the mother's thigh so the thigh can hang freely. She breathes deeply and slowly. Her belly is relaxed.
8. Her leg hangs like this for 1-2 minutes when the side-lying release is done in late pregnancy. Let the leg hang like this through 3 contractions when doing this in labor. This is what stretches the pelvic floor.
9. Repeat on the other side immediately.
Repeat for just as long, 1-2 minutes in pregnancy and through 3 contractions during labor.

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Rebozo Sifting

How to do it:

Place a woven blanket or rebozo under woman's belly (like a hammock) while she is in a hands and knees position or on her knees resting over a birth ball. Partner stands above her and holds each side of the rebozo and gently lifts and shifts the rebozo back and forth a couple of inches. This should feel really good to the woman. Speed of the shifting can increase if comfortable. This technique can be done for a couple minutes at a time in labor or in pregnancy.

Benefits:

- Relaxes the ligaments of the uterus, especially the broad ligament
- Relaxes mother
- Can speed up labor



Partner Massage

How to do it:

Use the knuckles, relax the hand and use your body weight to massage in circles by twisting the hands while pressing down to the outside of the SI joints.

Benefits:

- Helps alleviate back labor
- Allows gravity to help the baby's back move towards the mom's front encouraging OA position which is most optimal for birthing
- Allows woman to focus on positive sensations during contractions



Partner Massage

How to do it:

Partner sits in a cross or open leg position and places pillows over their lap. Woman moves into child's pose and brings her arms around the partner's waist laying her head down on the pillows. The partner massages her back from this position.

Benefits:

- Relief from back tension
- Encourages relaxation
- Hip opening



Pressure Points

How to do it:

Place medium pressure at each point for a few minutes before moving to the next. Only do these points during labor or after the EDD (estimated due date).

Benefits:

- Labor Induction
- Labor augmentation
- Point between the first and second toe is also effective in reducing the shaking that can occur in transition or post birth
- Outside of the pinky toe (not shown here) is helpful for turning breech babies

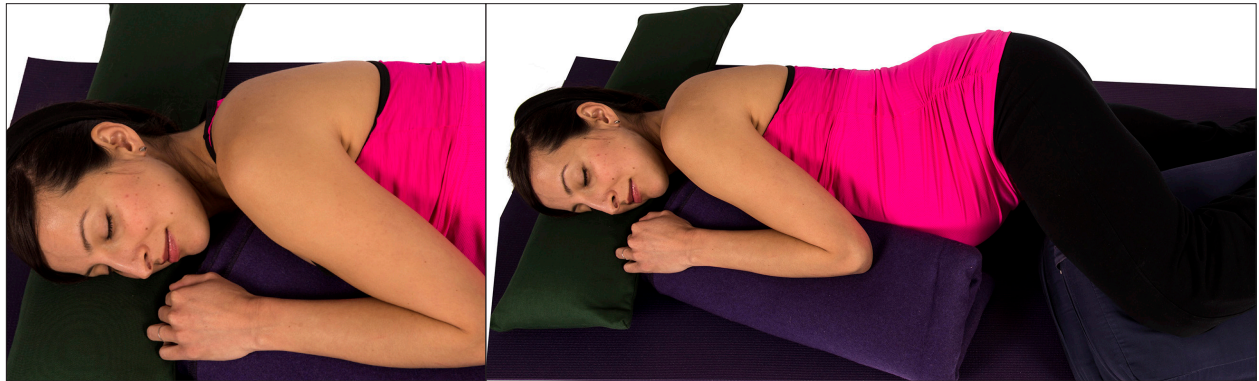


Sleeping Positions

How to do it:

Use pillows to prop the top leg and support the belly in each sleeping position below. Great for women who are experiencing hip pain from sleeping on their sides.

Front: note the arm is all the way behind the body so that the woman is not laying on it. This pose is great for stomach sleepers or those who are experiencing hip pain from sleeping on their side.



Front: note woman is lying mostly on her back, off of the hipbone but tilted at enough of an angle not to compress the Vena Cava. This pose is great for back sleepers or those who are experiencing hip pain from sleeping on their side.



Spinning Babies

3 Principles in Pregnancy

Balance, Gravity and Movement will help you prepare for, and progress through, child-birth. Begin these activities in early pregnancy, before pregnancy, or as soon as you can. Your posture and movements can influence the womb's balance and that is the key influence in baby's position.

1st Principle: Balance

To balance the uterus we need to either relax the soft tissues or to support them when they are too lax.

Relaxing in this sense does not mean deep breathing or conscious relaxation. Rather, we need to relax possible spasms in the muscles and ligaments of the reproductive organs and the connections to the joints of the pelvis.

Once the womb and the surrounding supportive structures are relaxed and symmetrical, a mother can find success from good maternal postures.

The womb is anchored in place by ligaments, like ropes to a hot air balloon. Helping your womb be symmetrical can help the baby be symmetrical—by this I mean, in a vertical position (vertical lie) with the chin tucked to the chest. This makes the baby come out in the smallest diameter possible.

2nd Principle: Gravity

The couch is a leading cause of cesarean surgery!

(This statement, from 2001, reflects the woman who enters into labor willingly. Today, the leading cause of cesarean surgery would be the driving economic interests of hospital administration faced with the cost of lawsuits and insurance premiums.)

Our posture and muscle tension affects uterine ligaments and tone. The effect comes from habit. Uneven postures used habitually over time can tilt the womb, tighten uterine and cervical ligaments on one side which twists the uterus. After years of such a habit, simply sitting and standing properly for a few weeks may not correct a fetal *mal*-position. Active women who walk, swim or do yoga may have overcome many of the bad effects of growing up sitting in school desks or slouching on the couch.

A baby's head is the heaviest part of its body, and the upper back is second. As long as there isn't a reason why not, baby will settle in a head down position. Sometimes tension or twists in the uterine muscle occur or the pelvis gets "out of alignment." These are a couple reasons that a baby couldn't settle head down.

In the last month of pregnancy, the growing baby slides lower in the softening womb. Baby's weight bends baby's neck as the back settles lower. This tucks the baby's chin. Help your baby tuck his or her chin by relaxing the pelvic area and keeping it flexible.

3rd Principle: Movement

Move the Pelvic Joints

The pelvis opens better when it has been kept mobile and symmetrical. There are four pelvic joints, two connecting the hips to the sacrum, one in front and the tailbone. The sacrum itself has flexibility, as long as we don't sit or lay on it in labor and pushing. Gravity works best with movement. Water helps movement. If marbles are stuck in a jar, then filling the jar with water and jiggling it gently is likely to free the block.

Pelvic Tilt

Do about 20-40 pelvic rocking movements each time, 1 or 2 times a day. If you do them while baby is active, there may be more benefit to fetal position improvement. But start early, in the first trimester! Do the pelvic tilts after doing the maternal Inversion exercise.

Do pelvic rocking any time when your lower back is achy. The movement of your lower back releases strain there. The pelvic tilt is a good comfort measure.

Throughout pregnancy movement and exercise helps improve muscle tone to help with engagement and helps the pelvic joints stretch and relax, which will help descent once labor begins. In labor, movement helps the baby descend through the pelvis. Swaying in great circles while sitting on a birthing ball is one way to help the head slip into the pelvis.

The pelvic floor is a "bowl" of muscles holding up the lower abdominal organs. The pelvic floor has an opening that allows the baby to descend (come down) through in labor. Innocent habits of modern life can make the pelvic floor tight or twisted, things like driving a car or crossing our legs. Sports accidents or falls on either the head or the bum are suspect, too. Tension or torsion in the pelvic floor lengthens labor. An asymmetry (uneven) in the pelvic floor can make the baby's head tip causing an asynclitism (tipped head) that makes labor longer and increases the chance of cesarean or vacuum (ventouse). The Side-lying Release (also called the pelvic floor release) can help labor progress in the presence of a posterior, brow or asynclitic fetal presentation.

Beyond Yoga Asana ~ Yoga and Relaxation Techniques for Childbirth

She knows the time is nearing, she can sense that these twinges of pain are different from the ones she has experienced over the last few months. With every sensation she concentrates, waiting for the moment she will begin to experience “it”. She knows “it’s” coming, she knows she can’t stop “it”. She returns to thoughts of what comes after, momentarily comforted by the thoughts until another twinge, this one doubles her over for a moment, pain stretching like fingers from her lower abdomen down into her thighs. She braces herself for more, she has heard so much about “it”, she’s terrified of “it” and wants to avoid “it” at all costs...”it”...this unknown predator that is stalking her, the one she knows she cannot outrun, she knows she cannot elude. She can fight it, yes, but the futility of that makes fighting a fleeting thought. No, she needs to find a way to cope, to get through it, to make it to the other side where she can hold the baby that is the end result.

This, unfortunately, is how many women experience childbirth. They feel like victims to this event that must happen TO them in order for them to have a baby. This feeling makes labor into an outside force that a woman has no power over, that she is at the mercy of, she begs “it” to stop, for someone to free her from “it”. Her logical mind knows that labor is a natural process, the culmination of months of growing her beautiful child inside of her, but fear is a strong motivator and irrational processor and has the ability to turn what could be a magical, beautiful experience into a nightmarish event.

So what makes the difference? How can some people have the experience described above while others experience bliss and joy from the same event?

It is important to know that labor is not some “thing” that happens TO you. If you are in this mind set you are a victim to every sensation happening in your body. Many women get caught in this mentality before and during childbirth and then throw themselves into the Fear-Tension-Pain cycle. The woman starts to feel a sensation in her body, she tenses up and that sensation is automatically felt as pain so she becomes more afraid, her body tenses up more, the pain increases and she gets MORE afraid, followed by MORE tension and this is why women scream in labor. So fear is absolutely one of the reasons that women experience childbirth as a trauma or negative experience, but fear is only the result of a conditioned way of thinking that is the real culprit. Women are taught by our society to be afraid of childbirth that it is the most painful thing that ever happens to you. This is reinforced by the media AND many in the medical community.

Redefining “Pain”

When women learn to connect to their own bodies and the processes in their bodies as well as connecting to the baby inside of them they are able to redefine the sensations they are feeling and completely change their experience. A woman who is connected to her body understands the energy she is feeling during childbirth is a powerful and



dynamic force that she is creating from deep within herself so that she can birth her baby. There is no outside force exerting pain upon her, even when labor is augmented it is her own body, her own self creating an incredible amount of energy to give birth, to assist her baby into the world. Women have the ability to tap into this force and work with it instead of fighting against it. Redefining sensations is only the beginning; women must learn to communicate with their bodies in a different way. They must first LISTEN to their bodies and learn how to follow and interpret the signals they receive. Being aware of this need for connection is not enough, however, to make it happen.

It takes practice. It is like learning another language, one you are vaguely familiar with, and you can pick out only a few words at first but the more you immerse yourself in the language the more fluent you become. Practicing this can take different forms for different people. Yoga is a fantastic way to learn to communicate with your body on a deeper level, connecting your breath to your movements and observing the way your body responds to different poses or positions can be invaluable. Making these practices part of your everyday life and bringing awareness into every sensation in your body is very helpful. We tend to only focus on the sensations we feel that we don't like or are uncomfortable for us, to get us back to a state of "normal". We don't walk around thinking about how comfortable our neck feels but when it hurts it absolutely gets our attention.

So what can the beginning of childbirth feel like to someone who is connected to her body and not caught in the fear-tension-pain cycle?

She feels a twinge and takes a deep breath, as she exhales she feels her body begin to rock back and forth, slowly as though she were under water being guided by the current of the ocean. She knows she is instigating this movement but it feels so natural that she can't imagine not moving. She knows this is her body getting ready to birth her baby she closes her eyes and brings her attention inward. As she feels another wave beginning to build she instinctively begins to move again, allowing the force of the wave to build and breathing with it to assist it in its work. As the wave starts to release she experiences an expanding relief and rush of what can only be described as bliss. She rides this blissful wave into a deep state of relaxation. As the waves get stronger she stays present in the moment, she breathes in strength and breathes out tension, she imagines she can see her baby moving down and her body opening up.

Here are some things you can practice to increase your connection with your body and help you become fluent in its language:

1. Observe yourself for one minute while eating a meal. Notice how the flavors in your mouth mix together and how your body responds to different flavors and textures.
2. Take a walk and starting at your feet notice the sensations of your feet touching the ground, the rhythm of your steps, the feeling of the air on your skin and in your hair, focus on your breath and how it propels you forward. Exhale and feel your body relax. Notice how it feels after a block or two to have the muscles in your legs working, it can feel so good to use your muscles. After a few blocks stop and lean against a tree or just stand or sit still and close your eyes, connect with your heart pumping blood to every part of your body. Connect to your breath moving oxygen, feeding your body. Take a sip of water and enjoy the thirst being quenched.
3. Take a piece of ice and hold it in your hand. Without using the word “pain” analyze the sensations you are experiencing, notice them as if they were new and interesting, resist the temptation to put the ice down and instead take a few deep breaths and see how relaxing as you exhale changes the sensations you are feeling.
4. Lean against the wall with your feet 2 feet away from the wall. Bring your arms up so they are parallel to the ground. Relax the shoulders and slide your back down the wall until your thighs are parallel to the ground and hold this position for three breaths. Each breath emphasize the exhale by relaxing another part of your body that does not need to be tense. Now take 3 more breaths before coming out of the pose.

Practicing these things once or twice is a good start but anything that you actually make part of your life on a permanent basis takes practice (think about riding a bike) so you must first make these practices part of your life before they will help in childbirth.

Postnatal Vinyasa Yoga

Postnatal Precautions

Yoga is a great way to help your body and mind heal from the physical and mental stresses of childbirth. Just as every woman has different needs while pregnant and uses different prenatal yoga modifications based on her own body's needs, recovery from childbirth is a very individual thing as well. Women recover from childbirth at different rates depending on their labor experience, length of pushing, trauma to the perineum, physical condition before childbirth and type of birth (vaginal or cesarean).

Returning to Yoga

Here are some guidelines for practicing yoga after giving birth.

- Only gentle stretching should be done until there is a substantial decrease in bleeding. (Usually about 2 to 4 weeks postpartum after a vaginal delivery)
- If bleeding increases with activity, the woman should decrease intensity
- If a woman has diastasis recti (see following pages for more information), she should consult a health care provider and avoid poses that will make it worse
- She should start off doing five to fifteen minutes a day and gradually build up her practice
- If a woman has had a cesarean birth additional consideration should be taken. Here are some guidelines for yoga after a cesarean birth:
 - It is best to abstain from all but gentle stretching until 6 to 8 weeks after cesarean.
 - Poses that stretch the area of the incision should be avoided until incision is healed. (i.e., backbends)
 - As with all prenatal and postnatal yoga if a pose doesn't feel good, it should be avoided.
 - The woman should remember that although cesareans are a type of birthing, they are still major abdominal surgery and the body's healing process should be observed and respected.
- Full inversions should be avoided while the postpartum woman is still bleeding. They may be resumed after 3 months and/or when cleared by her doctor or midwife.

Pelvic Floor Exercises

Pelvic floor exercises are important exercises to strengthen and tone the pelvic floor and prevent prolapse of the organs of the lesser pelvis, and are often done improperly. Here are some reasons people have trouble doing Pelvic floor exercises and some techniques that will help to isolate the proper muscles.

There are many muscles surrounding the pelvic floor muscles that support the organs of the lesser pelvis. It is sometimes difficult to tell which muscles are being used when trying to engage the pelvic floor muscles.

The Puborectalis, Pubococcygeus, and Iliococcygeus muscles make up the Levator Ani and, along with the Coccygeus muscle and the superficial perineal muscles, are very important in holding up the lower internal organs. In order to isolate these muscles which run all the way from the pubis to the coccyx and laterally between the two ischial tuberosities, it is important to identify the muscles surrounding these areas.

The muscles that can be confused with the pelvic floor muscles are:

- **The Adductors:** These muscles run from the pubis to the inner femur and are used in closing the legs. These muscles are close to the pelvic floor up near the pubis. Moving into a squat position stretches these muscles and gets them out of the way.
- **Gluteal Muscles:** These are a large group of muscles, the gluteus maximus has similar insertion points in the back, near the sacrum and coccyx as the pelvic floor muscles and therefore can be confused with the pelvic floor muscles. The gluteal muscles are pivotal in stabilizing the SI joints.
- **Lower abdominal muscles:** These can sometimes get confused with the pelvic floor as well since the low fibers are close to the anterior perineal muscles.
- **The Deep hip muscles:** The muscles such as the Piriformis and the Obturator internus and externus muscles are also sometimes confused with the pelvic floor muscles because of their close proximity.

Most of these muscles are bigger and we are more used to using them on a daily basis so we are more familiar with the feeling of having them engaged and therefore tend to engage them instead of the pelvic floor. Isolating these muscles first and engaging them can help determine what it feels like to use them, thereby allowing them to be avoided during pelvic floor exercises.

Because there are several layers of the pelvic floor, pelvic floor exercises can be done in stages by imagining lifting the superficial muscles first, then, as though going up an elevator, lifting the deep muscles. To release them, first release the deep muscles, then release the superficial ones.

Poses for the Postnatal Woman

Remember that women have relaxin in their bodies until about 5 months postpartum if they are not breastfeeding. If they ARE breast feeding, the relaxin stays in the body until weeks after she weans her baby so all of these poses must still be modified in the same ways we modified pregnancy poses, being careful not to overstretch or over twist.

Before 3 months:

Get back on your mat

Help to ground and center her by having her just sit on her mat in what ever position is most comfortable.

For all the months that she was pregnant, she was likely sending positive energy and love into the place in her body where the baby was living. After giving birth, all of that love and attention becomes focused on the baby outside of her body and it can feel like there is an emptiness or loss in the place where the baby lived.

Help her heal energetically and emotionally before practicing any asana, by having her reconnect to her body, sending love and energy to the place that was her baby's home for all those months.

Cat/Cow

Getting reacquainted with the ujjayi breath here is important. This pose counters and balances out all of the prone positioning taken after a baby is born. Make sure she doesn't over sway the back in cow.

Child's pose

This pose is great to do postpartum as long as her perineum is healed from any tearing or episiotomy. If she has had a cesarean she will need to wait longer to do child's pose as it can feel uncomfortable in the area of the incision.

Pelvic floor exercises

Pelvic floor exercises strengthen the pelvic floor muscles and help with incontinence. It is very common for postnatal women to have a small amount of incontinence after giving birth. Practicing exercises, like Pelvic floor exercises, that strengthen the pelvic floor are really helpful. She also may experience trapped air in the vagina, especially after doing forward folds; this can be embarrassing for a woman and keep her from attending yoga. She needs to be reassured that this is very normal and will likely go away in a few months (it occasionally takes longer).

Tree & Eagle

Tree and eagle poses are balancing poses that help her regain her center of gravity. Eagle also stretches the back and the shoulders, both of which hold a lot of tension in postpartum women, especially those who are breastfeeding. Be careful not to bind the foot too early as this can lead to over stretching in the lower back/sacrum area. Best to

just cross the legs and gently squeeze the thighs.

Twists

Twists strengthen the back and abdominal muscles and help redefine the waist. Make sure she is cleared for twists if she's had a cesarean.

Ball Sequences

Using the ball can assist in safely strengthening the back and abdominals and takes some of the stress off of the joints and connective tissue that are still under the influence of relaxin.

Legs-Up-the-Wall Pose

Great for fatigue and relaxation. Try some deep breathing or meditation in this pose as well.

Pelvic Tilts

Great for working abdominals, start off against the wall with knees bent or lying on the floor, feet on the ground, knees up and rock the pelvis up toward the navel, moving with the breath.

Reclining Bound Angle

Reclining bound angle lengthens the abdominal muscles; it is also a great resting pose to calm the mind and body.

After 3 months add in:

Downward facing dog (and other semi inversions)

Downward dog is a great pose for fatigue; this is very common in postpartum women. (Make sure she is cleared for semi inversions before doing this pose)

Boat pose and Plank

These poses strengthen the abdominals and back. These poses should be eased into slowly; they should not be done the first few weeks back to yoga.

Backbends

Backbends can be done once diastasis recti has been ruled out. Poses such as Bhujangasana (Cobra Pose) and any other stomach lying poses might be uncomfortable to nursing moms. If this is the case she can substitute them with Setu Bandha Sarvangasana (Bridge Pose) or Ustrasana (Camel Pose), eventually moving into Urdhva Dhanurasana (Wheel Pose) after a few months (or when she feels ready) back to yoga.

Abdominal exercises

As long as diastasis recti has been ruled out she can now focus on strengthening her abdominal muscles. Focusing on obliques, transverse abdominals and rectus abdominal muscles.

Warriors

Make sure to shorten the stance if warriors are not comfortable when returning to yoga following a cesarean. The warriors help to regain strength in the legs and arms and

help her feel grounded, balanced and centered.

Triangle

This pose is really great for women who are breast feeding or just holding a baby all day. It helps lengthen the sides, stretches hamstrings and chest and helps balance out the postpartum body.

Other poses we can add in after 3 months if they feel good are:

Soft form Sun Salutations

Cat twist

Pigeon (with a rolled blanket under the hips)

Goddess

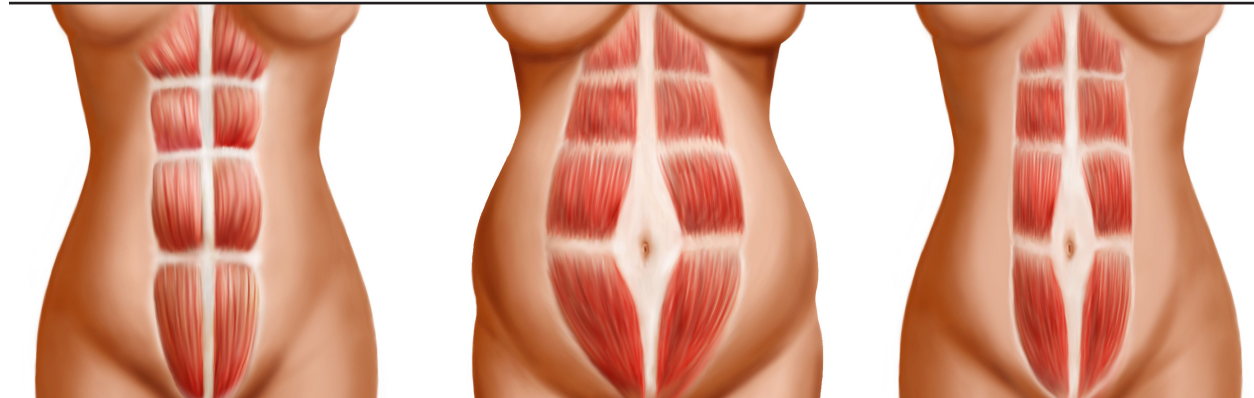
Half moon against the wall

Wall Squats

Seated Head-to-Knee Forward Fold (Janu Sirsasana)

Diastasis Recti/Abdominal Separation

Diastasis Recti is the separation of the Rectus Abdominis muscles (also known as the 6 pack muscles). This separation does not occur in every pregnant woman but it is not uncommon to see it postpartum. The hormone Relaxin that is responsible for lubricating and loosening the connective tissue of the pelvis and allowing it to open up for the baby to pass through, also loosens and lubricates the connective tissue of the Rectus Abdominis muscles allowing them to stretch more and potentially leading to their separation.



It is very important that a postpartum woman not do any abdominal exercises until she has checked her rectus abdominis muscles for diastasis! If she strengthens the muscles too much while they are separated they may not come back together effectively.

Here is how to test for abdominal separation (diastasis recti):

1. Have her lie on her back with her feet on the ground and knees up.
2. One hand should be behind the head to support the neck
3. With the other hand place two fingers on the Linea Alba (the midline connective tissue that links to the Rectus Abdominis muscles) at the waistline
4. Gently lift just the head until you feel the abdominal muscles engage and notice how much space is between the muscles
5. Repeat this with the fingers one to two inches below the navel as well
6. The gap your fingers are in should be no more than 2 fingertips wide otherwise she probably has diastasis recti.
7. If you suspect she has diastasis recti have her check with her health care provider before doing ANY abdominal exercises.

If diastasis recti has been diagnosed here are a few guidelines to follow:

1. DO NOT do crunches or any other aggressive abdominal strengthening exercises until abdominals come back together to two fingertips apart or less.
2. Stay away from backbends including wheel, supported wheel with a ball, full cobra, upward dog, or any other poses that drastically stretch the abdominals
3. Twisting while engaging abdominal muscles
4. Lifting anything heavy

Prenatal Vinyasa Yoga ~ Before You Practice

Welcome to Prenatal Vinyasa Yoga

Congratulations on your pregnancy!

This is a wonderful, transformational time and yoga can help strengthen your body for the enormous physical demands of childbirth and motherhood. Although prenatal vinyasa yoga is a safe form of exercise, there are a few precautions to be aware of before starting ANY prenatal activity:

- Although we do not require a doctor's note to attend class, we do require that you have informed your health care provider (doctor or midwife) and gotten the "okay" to practice yoga before taking this class.
- If you feel any pain in your back, knees, or abdominal area, you should come out of the pose you are in. You should never have pain or discomfort in ANY pose
- If you feel menstrual-like cramping at any time, you should stop and rest and inform the instructor.
- Typically before doing yoga, it is best to abstain from eating (at least 2 hours). During pregnancy, you will need to eat more often to maintain stamina and keep from feeling dizzy or lightheaded, therefore we recommend having a light snack or a juice or smoothie 30 minutes to an hour before practicing. As well, if you feel like you need it, it is fine to stop during class and have a small healthy snack.
- Do not overstretch! When you are pregnant, your body releases a hormone called relaxin that is responsible for opening up the pelvis. This hormone is not specific to the pelvis however; it lubricates every joint and connective tissues. If the joints are overstretched, they may become unstable.
- You should be able to maintain normal (ujjayi) breathing throughout the practice without getting winded or out of breath. Ujjayi breathing is slow and deep through the nose. There is no limit on what your heart rate should be as long as you can carry out a conversation while exercising.
- Please make sure you are drinking plenty of water as dehydration can cause contractions, dizziness and headaches.
- Move into every pose slowly and mindfully.
- If this is your first class, only do 50-80% of what you think you are capable of to see how your body responds. Rest in child's pose often.
- Make sure you are not compressing your belly in any pose (especially forward folds and twists). When forward folding, spread your legs wide enough for the belly to comfortably fit between your thighs. If you are having any back pain, keep your knees bent while entering and exiting forward folds.

If you experience any of the following symptoms, please let your instructor know and stop your practice:

- Vaginal bleeding
- Fluid leaking from the vagina
- Fainting
- Heart palpitations
- Dizziness
- Blurred vision
- Sharp pain in the abdomen or chest
- Swelling, pain and redness in the calf of one leg

Please inform the instructor of any injuries or medical conditions before class begins! Specifically, please let your instructor know if you have or have had any of the following:

- Carpal tunnel
- Gestational diabetes
- Preterm labor **
- High or low blood pressure
- Twins or multiples
- Breech baby (after 35 weeks)
- Any other medical or pregnancy related condition or pre-pregnancy medical condition or injury.

Prenatal Vinyasa Yoga - 75 Minute Class

Section 1 – Preparing the body - 5 minutes



SEATED HAND ON HEART

- Take a couple of deep breaths
- Check in with your body
- Respect where your body is today, remember that your body is your baby's home until they are born so be nice to it
- Allow for days when your body needs more rest or a more gentle practice
- And most of all listen to the signs your body gives you if you have discomfort or pain, back off and rest
- Begin Ujjayi breath, practice hugging baby in
- If your breath becomes uneven or labored pull back the intensity of your practice until it evens out
- Introduce the concepts of practicing with intention and attention

Modifications:

- Sitting on the knees or in Hero pose sitting on a block, or elevate the hips in a cross-legged position.

Section 2 – The Warm Up (Seated Postures) – 10 minutes



SEATED HANDS ON HEART, HANDS IN PRAYER, INTERLACE FINGERS REACH UP, HANDS BEHIND BACK LIFT CHEST

- Lengthen spine as you reach arms overhead
- Keeping spine long bring arms behind the back resting back on the hands reaching the chest forward and up
- Release head back

Modifications:

- If it doesn't feel good to bring the head back, just lengthen the neck and look up



SIDE STRETCH

- Lengthen spine as you reach arms overhead
- Keeping spine long bring one arm down at a time and lengthen up and over to the opposite side with the other arm

Introduce the concepts of practicing with intention and attention

Modifications:

- Arm can stay straight up if it is uncomfortable to reach up and over



Additions to vinyasa for longer class: **SEATED TWIST**





CAT/COW (MARJARYASANA)



- Make sure the hands are directly under the shoulders
- Knees hip-width apart, directly under the hips
- Try not to sway the back as you inhale
- As you exhale, press the hands into the mat to exaggerate the roundness of the back, and drop the head down.
- This is a pose that should be done every day
- If your baby is in an uncomfortable position it will help to turn your baby into a position which is more comfortable for you
- This also can help to turn your baby, in labor, into a position which is more comfortable for you & more conducive for baby to be birthed

Carpal Tunnel variations:

- Hands in fists
- Wedge
- Rolled up mat
- Alternate leg/arm lift



CHILD'S POSE (BALASANA)

- Separate knees, sit down on heels bring forehead to ground reach arms out in front

Modifications:

- Place block or bolster under head if needed



DOWNWARD FACING DOG (ADHO MUKHA SVANASANA)

- From hands and knees, curl toes under lift hips
- Feet hip width apart or more to create space for baby

Modifications:

- If downward dog is uncomfortable or counter indicated move into child's pose instead



CAT TWIST

- Cat with one leg up opposite arm up
- Make sure hips and shoulders are square
- Arm down, cross leg in back
- Make sure bottom arm is directly under the shoulder
- Make sure back foot is completely down on the ground

Modifications:











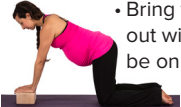




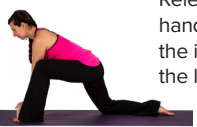




- Back leg never leaves the floor, instead curl toes under and press heel back stretching the calf









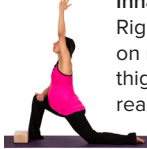




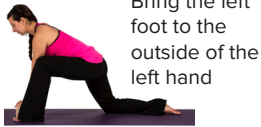
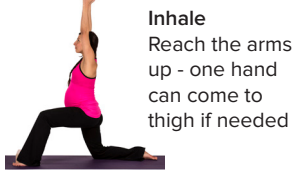

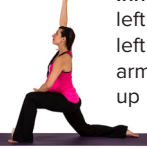



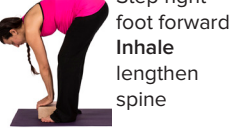



DOWNWARD FACING DOG (ADHO MUKHA SVANASANA)

Section 3 – Soft Form Vinyasa A & B – 10 minutes

PRENATAL VINYASA SOFT FORM A

 <p>Inhale Reach up</p>	 <p>Exhale Forward fold</p>	 <p>Inhale Lengthen the spine</p>	 <p>Exhale Bring the left foot back and knee down</p>
 <p>Inhale Reach the arms up One hand can come to thigh if needed</p>		 <p>Exhale Lunge forward • Make sure knee doesn't go past the toes and the front foot stays flat on the floor • Make sure the lunge isn't too deep by hugging baby into the spine during exhalation</p>	
 <p>Inhale Lengthen up</p>	 <p>Exhale Release hands back to the inside of the right foot • Bring right knee back to the floor</p>	 <p>Child's pose</p>	
 <p>Downward dog 1 to 3 breaths</p>	 <p>Exhale Release knees down back to all fours • Bring the thumbs together with the fingers spread out wide- hands come forward slightly and can be on a block or on the ground</p>	 <p>Bring the left foot to the outside of the left hand</p>	
 <p>Inhale Reach the arms up One hand can come to thigh if needed</p>	 <p>Exhale Lunge forward • Make sure knee doesn't go past the toes and the front foot stays flat on the floor • Make sure the lunge isn't too deep by hugging baby into the spine during exhalation</p>	 <p>Inhale Lengthen up</p>	
 <p>Exhale Release hands back to the inside of the left foot</p>	 <p>Step right foot forward</p>	 <p>Inhale lengthen the spine</p>	 <p>Exhale Forward fold</p>
 <p>Inhale Bend knees and sweep arms out to the side as you come to standing</p>		<p>REPEAT PRENATAL VINYASA SOFT FORM A 2 TIMES TOTAL</p>	

PRENATAL VINYASA SOFT FORM B

 <p>Exhale Chair pose</p>	 <p>Inhale Lengthen to standing</p>	 <p>Exhale Forward fold with knees bent and arms out to the side</p>	 <p>Inhale Lengthen spine. Hands between feet, on ground on a block, or on thighs</p>
 <p>Exhale Bring the left foot back and knee down</p>	 <p>Inhale Reach the arms up - one hand can come to thigh if needed</p>	 <p>Exhale Lunge forward <ul style="list-style-type: none"> • Make sure knee doesn't go past the toes and the front foot stays flat on the floor • Make sure the lunge isn't too deep by hugging baby into the spine during exhalation </p>	
 <p>Inhale Right elbow on right thigh left arm reaches up</p>	 <p>Exhale Reach arm open to the back of the room palm up</p>	 <p>Inhale Lengthen both arms up</p>	 <p>Exhale Release hands back to the inside of the right foot <ul style="list-style-type: none"> • Bring right knee back to the floor </p>
 <p>Inhale All fours Exhale Child's pose. 1 to 3 breaths</p>	 <p>Exhale Downward dog • 1 to 3 breaths</p>	 <p>Exhale Release knees down back to all fours Inhale Bring the thumbs together with the fingers spread out wide- hands come forward slightly and can be on a block or on the ground</p>	
 <p>Exhale Bring the left foot to the outside of the left hand</p>	 <p>Inhale Reach the arms up - one hand can come to thigh if needed</p>	 <p>Exhale Lunge forward <ul style="list-style-type: none"> • Make sure knee doesn't go past the toes and the front foot stays flat on the floor • Make sure the lunge isn't too deep by hugging baby into the spine during exhalation </p>	
 <p>Inhale left elbow on left thigh right arm reaches up</p>	 <p>Exhale Reach arm open to the back of the room palm up</p>	 <p>Inhale Lengthen both arms up</p>	 <p>Exhale Hands to the inside of the left foot Inhale Curl toes under. Lift back knee</p>
 <p>Exhale Step right foot forward Inhale lengthen spine</p>	 <p>Exhale Forward fold</p>	 <p>Inhale Bend knees deeply moving into chair pose Exhale</p>	
 <p>Inhale to standing</p>	<p>REPEAT PRENATAL VINYASA SOFT FORM B 2 TIMES TOTAL</p>		

Section 4 –Vinyasa– 30 minutes



Stand in Tadasana

Feet hip-width or wider to accommodate the belly when bending forward



Inhale

Arms up



Exhale

Bend the knees and fold forward to Uttanasana



Inhale

Ardha Uttanasana



Exhale

Left foot steps back moving into a lunge hold for 3 breaths.

- Back knee can be up or down in the lunge



Warrior 1

Bring back foot towards the front of the mat slightly and put it flat at a 45 degree angle. Line up the back arch with the left hand so the feet are hip width apart.

Arm variations (use one or more):

- Bring arms behind the back move into humble warrior bringing torso to a 45 degree angle with the head lifted
- Move into eagle arms
- Cactus arms



Exhale

Move back into the lunge or bring back knee down



Inhale

Crescent Lunge 3 breaths

Arm variations (use one or more):

- Bring arms behind the back
- Move into eagle arms
- Cactus arms



Additions to vinyasa for longer class: **ARDHA HANUMAN WITH A BLOCK UNDER EACH HAND**





All fours
Walk the hands directly under the shoulders



Prenatal Chaturanga
Lower just a few cm's if going all the way down is too difficult



or



Downward Dog or Child's Pose

- 1 breath
- Look up, **bring thumbs together**

Modification:
both knees down, then thumbs together

- Line up the right foot with the right hand



or



Step left foot to the outside of the left hand, moving into a lunge hold for 3 breaths. Back knee can be up or down in the lunge



Warrior 1

Bring back foot towards the front of the mat slightly and put it flat at a 45 degree angle. Line up the back arch with the left hand so the feet are hip width apart.

Arm variations (use one or more):

- Bring arms behind the back move into humble warrior bringing torso to a 45 degree angle with the head lifted
- Move into eagle arms
- Cactus arms



Exhale

Move back into the lunge or bring back knee down



Inhale

Crescent Lunge 3 breaths

Modification:

Knee down

Arm variations (use one or more):

- Bring arms behind the back move into humble warrior bringing torso to a 45 degree angle with the head lifted
- Move into eagle arms
- Cactus arms



Additions to vinyasa for longer class: **ARDHA HANUMAN WITH A BLOCK UNDER EACH HAND**



All fours

Walk the hands directly under the shoulders



Prenatal Chaturanga

Lower just a few cm's if going all the way down is too difficult



Downward Dog or Child's Pose

- 3 breaths

or



Widen the stance, bend the knees, and walk the hands back to the feet



Inhale

Ardha Uttanasana



Exhale

Uttanasana



Inhale
Bend the knees and reach arms up
Exhale
Hands in prayer



Inhale
Arms up



Exhale
Bend the knees arms out to the side forward fold



Inhale
Ardha Uttanasana



Exhale
Bend the knees and walk the hands forward to Downward Dog



or



Downward Dog or
Child's Pose

- 1 breath
- Look up, **bring thumbs together**

Modification:
Both knees down, then thumbs together

- Line up the left foot with the left hand



Step right foot to the outside of the right hand, moving into a lunge hold for 3 breaths.
Back knee can be up or down in the lunge



Back foot flat on the ground at a 45-degree angle

- Line up the heels
- Right elbow on the right thigh
- Inhale left arm straight up hold for 3 breaths



Inhale

Warrior II

- Hands in prayer, interlace fingers and press hands out and up
- Warrior II hold for 3 breaths



Reverse Warrior

or



Right Elbow back on the thigh, left arm up (or up and over the head)



Repeat one move for each breath

3 times



Left hand down to the ground, then both hands down

Take left heel up then bring the knee down



All fours

Walk the hands directly under the shoulders



or

Prenatal Chaturanga

Lower just a few cm's if going all the way down is too difficult



Downward Dog or
Child's Pose

- 1 breath
- Look up, **bring thumbs together**



Modification:

- both knees down, then thumbs together
- Line up the right foot with the right hand



Step left foot to the outside of the left hand, moving into a lunge hold for 3 breaths. Back knee can be up or down in the lunge

or



Back foot flat on the ground at a 45-degree angle

- Line up the heels
- Right elbow on the right thigh
- Inhale left arm straight up hold for 3 breaths



Inhale

Warrior II

- Hands in prayer, interlace fingers and press hands out and up
- Warrior II hold for 3 breaths



Reverse Warrior

or



Left Elbow back on the thigh, right arm up (or up and over the head)



Repeat one move for each breath
3 times



Right hand down to the ground, then both hands down
Take right heel up then bring the knee down



All fours
Walk the hands directly under the shoulders



Prenatal Chaturanga
Lower just a few cm's if going all the way down is too difficult



Downward Dog or Child's Pose

• 3 breaths

or



Widen the stance, bend the knees, and walk the hands back to the feet



Inhale
Ardha Uttanasana



Exhale
Uttanasana



Inhale

Bend the knees and reach arms up

Exhale

Hands in prayer



Squat (make sure both heels are on the floor or use a modification)
Option: twist



Modifications:

- Bolster or Block
- Wedge or Blanket under the heels



Hip circles

(feet wide, knees bent)



Chair pose



Inhale

Lengthen to standing



Exhale

Bend the knees arms out to the side forward fold



Inhale

Ardha Uttanasana



Exhale

Bend the knees and walk the hands forward to
Downward Dog



Downward Dog or
Child's Pose

- 1 breath
- Look up, **bring thumbs together**

or



Modification:
both knees down, then thumbs together

- Line up the right foot with the right hand



Step right foot to the outside of the right hand, moving into a lunge hold for 3 breaths.

Back knee can be up or down in the lunge



Walk the hands between the feet walk hands forward and lean back away from the hands.

Hold for 3 breaths

- Walk hands back in
- Bring feet a little closer
- Walk hands up to thighs



Optional twist:

- Bring right shoulder down, right arm straight look up over the left shoulder
- Bring left shoulder down, left arm straight look up over the right shoulder



Goddess and Goddess with Eagle arms (right under left AND left under right)

Modifications:

- Come in and out of Goddess or straighten the legs whenever needed
- Hold opposite shoulders if eagle arms are uncomfortable



Warrior II

- Widen stance
- Straighten legs
- Turn left foot in and right foot out
- Raise arms
- Bend right knee



Reverse
Warrior



Triangle



Place right hand on right thigh and bring left hand to the ground



Left hand down to the ground, then both hands down
Take left heel up then bring the knee down



Additions to vinyasa for longer class: **CLOSED TWISTING LUNGE WITH KNEE DOWN**

Hand on a block

Modifications: Hand on thigh and look up or arm up



All fours

Walk the hands directly under the shoulders



Prenatal Chaturanga

Lower just a few cm's if going all the way down is too difficult



Downward Dog or
Child's Pose

- 1 breath
- Look up, **bring thumbs together**

or



Modification:

both knees down, then thumbs together

- Line up the right foot with the right hand



Step left foot to the outside of the left hand, moving into a lunge hold for 3 breaths.

Back knee can be up or down in the lunge



Walk the hands between the feet walk hands forward and lean back away from the hands.

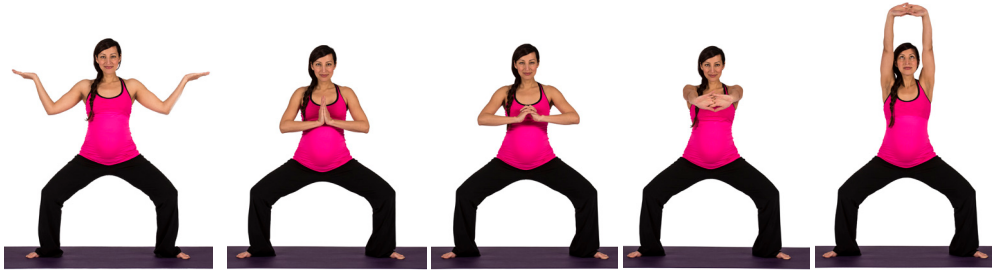
Hold for 3 breaths

- Walk hands back in
- Bring feet a little closer
- Walk hands up to thighs



Optional:

- Pelvic tilts with hands on thighs and knees bent



Goddess and Goddess with Sun Breaths (3-4 repetitions of Sun Breaths)

Modifications:

- Come in and out of Goddess or straighten the legs whenever needed



Warrior II

- Widen stance
- Straighten legs
- Turn right foot in and left foot out
- Raise arms
- Bend left knee



Reverse Warrior



Triangle



Place left hand on left thigh and bring right hand to the ground



Right hand down to the ground, then both hands down
Take right heel up then bring the knee down

★ Additions to vinyasa for longer class: **CLOSED TWISTING LUNGE WITH KNEE DOWN**
Hand on a block
Modifications: Hand on thigh and look up or arm up ★



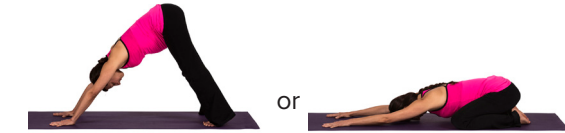
All fours

Walk the hands directly under the shoulders



Prenatal Chaturanga

Lower just a few cm's if going all the way down is too difficult



Downward Dog or Child's Pose



Widen the stance, bend the knees, and walk the hands back to the feet



Inhale
Ardha Uttanasana



Exhale
Uttanasana



Inhale
Chair pose then exhale sinking into it deeper



Inhale
Reach arms up
Exhale
Hands in prayer



Tree Pose

Modifications:

- Foot can be on the ground, ankle, calf, or thigh
- No foot on the knee
- Arms can be in prayer or up

Section 5 – Wall – 5-10 minutes



WALL SQUATS

- Walk the feet away from the wall enough so that when the knees are bent, they are directly over the ankles
- Place the block either between the knees or thighs, and bend the knees.
- Hold for 1 minute using “Sensation Control” variations
- Release pose
- Repeat 2 times total

Arm Position Modifications:

- Hands in prayer
- Arms out straight Parallel to the ground
- “Sun Breath” arms
- Free movement or arm positions of your choice

★ Additions to vinyasa for longer class: **SHOULDER OPENER AGAINST THE WALL** ★



HALF MOON AGAINST THE WALL

- Place the right hand on the block as you bend the right knee
- As you straighten the right leg lift the left leg up so it is parallel to the ground and against the wall
- Begin to roll against the wall so both shoulders and both hips are touching the wall
- Reach up with the left arm and feel the chest opening

★ Additions to vinyasa for longer class: **PARTNER SHOULDER STRETCH**
Modifications: Bend knees ★

Section 6 – Floor – 5-10 minutes



PIGEON

Over a rolled up blanket or bolster. Or double pigeon (1 minute each side)

- Start with knees on a rolled up blanket
- Hands forward
- Right leg forward and turned out
- Slide back so both hips are supported evenly
- Hips square to the ground
- Double pigeon (Stack shins, flex feet)



Modifications:

- Can be done from downward dog if advanced
 - Can be done on a bolster if the blanket is too low
 - Double Pigeon (Block under the knee if needed)
-



SIDE LUNGE

- Line up heel with knee
- Walk hands forward and widen them
- Turn toes to face the side of the room
- Lunge to the side then circles if comfortable

Modifications:

- Foot can move forward or back to make it more comfortable
-



SEATED HEAD-TO-KNEE FORWARD FOLD

Modifications:

- Open leg wide enough to accommodate baby keeping shoulders squared to the ground
-



BOUND ANGLE

Modifications:

- If baby is breech and Mom is past 34-35 weeks cross legs instead
 - Place blocks or blankets under the knees if needed
-



SIDE-RECLINING LEG LIFT

Optional:

- Quad stretch
 - Reaching back for the foot
 - Thigh parallel to the ground
 - Move leg back until the stretch is felt at the front of the thigh
 - Happy baby in between sides
-



HAPPY BABY POSE

Rock side to side



Additions to vinyasa for longer class: **SEATED TWIST**

Optional: Block under hips one knee up



Section 7 – Savasana – 5 minutes



RECLINING BOUND ANGLE

Use a rolled up blanket to support the knees/hips

Gentle Prenatal Yoga Sequence - 60 Minute Class

Section 1 – Preparing the body - 5 minutes



SEATED HAND ON HEART

- Take a couple of deep breaths
- Check in with your body
- Respect where your body is today, remember that your body is your baby's home until they are born so be nice to it
- Allow for days when your body needs more rest or a more gentle practice
- And most of all listen to the signs your body gives you if you have discomfort or pain, back off and rest
- Begin Ujjayi breath, practice hugging baby in
- If your breath becomes uneven or labored pull back the intensity of your practice until it evens out
- Introduce the concepts of practicing with intention and attention
- ROCKING or Spine circles

Modifications:

- Sitting on the knees or in Hero pose sitting on a block, or elevate the hips in a cross-legged position.

Section 2 – The Warm Up (Seated Postures) – 10 minutes



SEATED HANDS ON HEART, HANDS IN PRAYER, INTERLACE FINGERS REACH UP, HANDS BEHIND BACK LIFT CHEST

- Lengthen spine as you reach arms overhead
- Keeping spine long bring arms behind the back resting back on the hands reaching the chest forward and up
- Release head back

Modifications:

- If it doesn't feel good to bring the head back, just lengthen the neck and look up



SIDE STRETCH

- Lengthen spine as you reach arms overhead
- Keeping spine long bring one arm down at a time and lengthen up and over to the opposite side with the other arm

Modifications:

- Arm can stay straight up if it is uncomfortable to reach up and over



Additions to vinyasa for longer class: **SEATED TWIST**





CAT/COW (MARJARYASANA) AND CAT COW CIRCLES



- Make sure the hands are directly under the shoulders
- Knees hip-width apart, directly under the hips
- Try not to sway the back as you inhale
- As you exhale, press the hands into the mat to exaggerate the roundness of the back, and drop the head down.
- If your baby is in an uncomfortable position it will help to turn your baby into a position which is more comfortable for you
- In labor, this also can help to turn your baby into a position which is more comfortable for you & more conducive for baby to be birthed
- For Cat/Cow circles bring hands forward and wider and widen knees

Modifications:

- Alternate leg/arm lift

Carpal Tunnel variations:

- Hands in fists
- Wedge
- Rolled up mat



CHILD'S POSE (BALASANA)

- Separate knees, sit down on heels bring forehead to ground reach arms out in front

Modifications:

- Place block or bolster under head if needed



DOWNWARD FACING DOG (ADHO MUKHA SVANASANA)

- From hands and knees, curl toes under lift hips
- Feet hip width apart or more to create space for baby

Modifications:

- If downward dog is uncomfortable or contraindicated move into child's pose instead



CHILD'S POSE (BALASANA)

- Separate knees, sit down on heels bring forehead to ground reach arms out in front




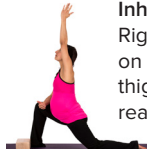


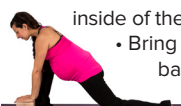

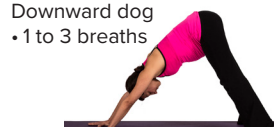


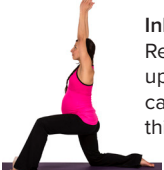

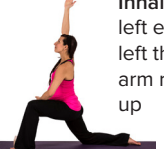







Modifications:

- Place block or bolster under head if needed



HANDS AND KNEES

PRENATAL VINYASA SOFT FORM B

 <p>Bring the right foot forward and knee down Modification: Different block heights</p>	 <p>Inhale Reach the arms up - one hand can come to thigh if needed</p>	 <p>Exhale Lunge forward • Make sure knee doesn't go past the toes and the front foot stays flat on the floor • Make sure the lunge isn't too deep by hugging baby into the spine during exhalation</p>	
 <p>Inhale Right elbow on right thigh left arm reaches up</p>	 <p>Exhale Reach arm open to the back of the room palm up</p>	 <p>Inhale Lengthen both arms up</p>	 <p>Exhale Release hands back to the inside of the right foot • Bring right knee back to the floor</p>
 <p>Inhale All fours Exhale Child's pose</p>	 <p>Exhale Downward dog • 1 to 3 breaths</p>	 <p>Exhale Release knees down back to all fours Inhale Bring the thumbs together with the fingers spread out wide- hands come forward slightly and can be on a block or on the ground</p>	
 <p>Exhale Bring the left foot to the outside of the left hand</p>	 <p>Inhale Reach the arms up - one hand can come to thigh if needed</p>	 <p>Exhale Lunge forward • Make sure knee doesn't go past the toes and the front foot stays flat on the floor • Make sure the lunge isn't too deep by hugging baby into the spine during exhalation</p>	
 <p>Inhale left elbow on left thigh right arm reaches up</p>	 <p>Exhale Reach arm open to the back of the room palm up</p>	 <p>Inhale Lengthen both arms up</p>	 <p>Exhale Hands to the inside of the left foot Inhale Curl toes under. Lift back knee</p>
 <p>Exhale Step right foot forward Inhale lengthen spine</p>	 <p>Exhale Forward fold</p>	 <p>Inhale Bend knees deeply moving into chair pose Exhale</p>	
 <p>Inhale to standing</p>			

Turn to face the side of the mat

Prenatal Moon Salutation



Side Stretch

Inhale

Reach arms up and lengthen

Hold on to wrist

Exhale

Bend to the side



Goddess



Warrior II



Triangle



Warrior II



Lunge

Modification:

- Back knee can be off the ground if desired
-



Side squat
one leg

Modification:

- Hands can be on a block, on the ground or in prayer
 - Knee bent halfway, right leg straight, left foot on the ground, shoulders squared to the ground, hands directly under shoulders on the ground
-



Side squat
opposite leg

Modification:

- Hands can be on a block, on the ground or in prayer
- Knee bent halfway, right leg straight, left foot on the ground, shoulders squared to the ground, hands directly under shoulders on the ground

Lunge



Warrior II



Triangle



Warrior II

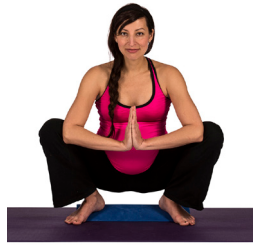


Goddess



Side Stretch





Squat (make sure both heels are on the floor or use a modification
Option: twist

Modifications:

- Bolster or Block
- Wedge or Blanket under the heels



Hip circles
(feet wide, knees bent)



Tree Pose

Modifications:

- Foot can be on the ground, ankle, calf, or thigh
- No foot on the knee
- Arms can be in prayer or up



PIGEON

Over a rolled up blanket or bolster. Or double pigeon (1 minute each side)

- Start with knees on a rolled up blanket
- Hands forward
- Right leg forward and turned out
- Slide back so both hips are supported evenly
- Hips square to the ground
- Double pigeon (Stack shins, flex feet)



Modifications:

- Can be done from downward dog if advanced
- Can be done on a bolster if the blanket is too low
- Double Pigeon (Block under the knee if needed)



SIDE LUNGE

- Line up heel with knee
- Walk hands forward and widen them
- Turn toes to face the side of the room
- Lunge to the side then circles if comfortable

Modifications:

- Foot can move forward or back to make it more comfortable



BOUND ANGLE

Modifications:

- If baby is breech and Mom is past 34-35 weeks cross legs instead
- Place blocks or blankets under the knees if needed



SIDE-RECLINING LEG LIFT

Optional:

- Quad stretch
- Reaching back for the foot
- Thigh parallel to the ground
- Move leg back until the stretch is felt at the front of the thigh
- Happy baby in between sides



HAPPY BABY POSE

Rock side to side



Additions to vinyasa for longer class: **SEATED TWIST**

Optional: Block under hips one knee up



FINAL RELAXATION

RECLINING BOUND ANGLE

Use a rolled up blanket to support the knees/hips

5 Minute Evaluation Sequence



Cat/cow

Hands under shoulders knees under hips

Inhale, lengthen spine look up, try not to sway back too much

Exhale, round the back hug baby into spine



Downward Dog

Make sure feet apart enough so belly is comfortable



Walk hands back to feet

Feet apart enough to accommodate baby

Bend knees



Ardha Uttanasana

Inhale, lengthen the spine

You can modify 3 ways

- on floor, on block, or on thighs



Uttanasana



Stand

Knees bent



Forward Fold

Inhale, reach up

Exhale, forward fold

Arms out to the side (down and up)

Knees bent

Walk hands forward to downward dog

Knees bent



Knees down

Hands under shoulders, knees under hips

(make sure both knees come down at the same time)

Block at fingertips

Demonstrate block usage - 3 heights

Thumbs together





Lunge

Line up left knee with left hand
 Step right foot forward to outside of right hand
 Inhale, reach up lengthen spine
 Exhale, hug baby into spine lunge forward
 Make sure front knee doesn't go past the ankle
 Inhale, reach up
 Exhale, hands to the inside of the foot



Prenatal Chaturanga - modified

Both knees back
 Walk hands back under shoulders, knees under hips
 Inhale, chest forward
 Exhale, hug baby in, bend elbows slightly
 Elbows in to body
 (hips stay high in the air)
 Inhale, straighten arms
 Exhale, downward dog



Prenatal Chaturanga

Both knees back
 Walk hands back under shoulders, knees under hips
 Inhale, chest forward
 Exhale, hug baby in, bend elbows
 Elbows over wrists
 Shoulders should not go lower than elbows
 Elbows in to body
 (hips stay high in the air)
 Inhale, straighten arms
 Exhale, downward dog



Lunge

Inhale, bring gaze up
 Thumbs together
 Line up right foot with right hand
 Exhale, step left foot forward (no block)
 Back knee down





Lunge

Inhale, reach up lengthen spine

Exhale, hug baby into spine lunge forward

Make sure front knee doesn't go past the ankle

Inhale, reach up

Exhale, hands to the inside of the foot



Dolphin Chaturanga

Both knees back

Walk hands back under shoulders, knees under hips

Exhale, hips back toward heels

Inhale, scoop chest forward

Elbows over wrists

Shoulders should not go lower than elbows

(hips stay high in the air)

Exhale, straighten arms

Downward dog, 3 breaths



Walk hands back to feet

Feet apart enough to accommodate baby

Bend knees



Ardha Uttanasana

Inhale, lengthen the spine



Uttanasana

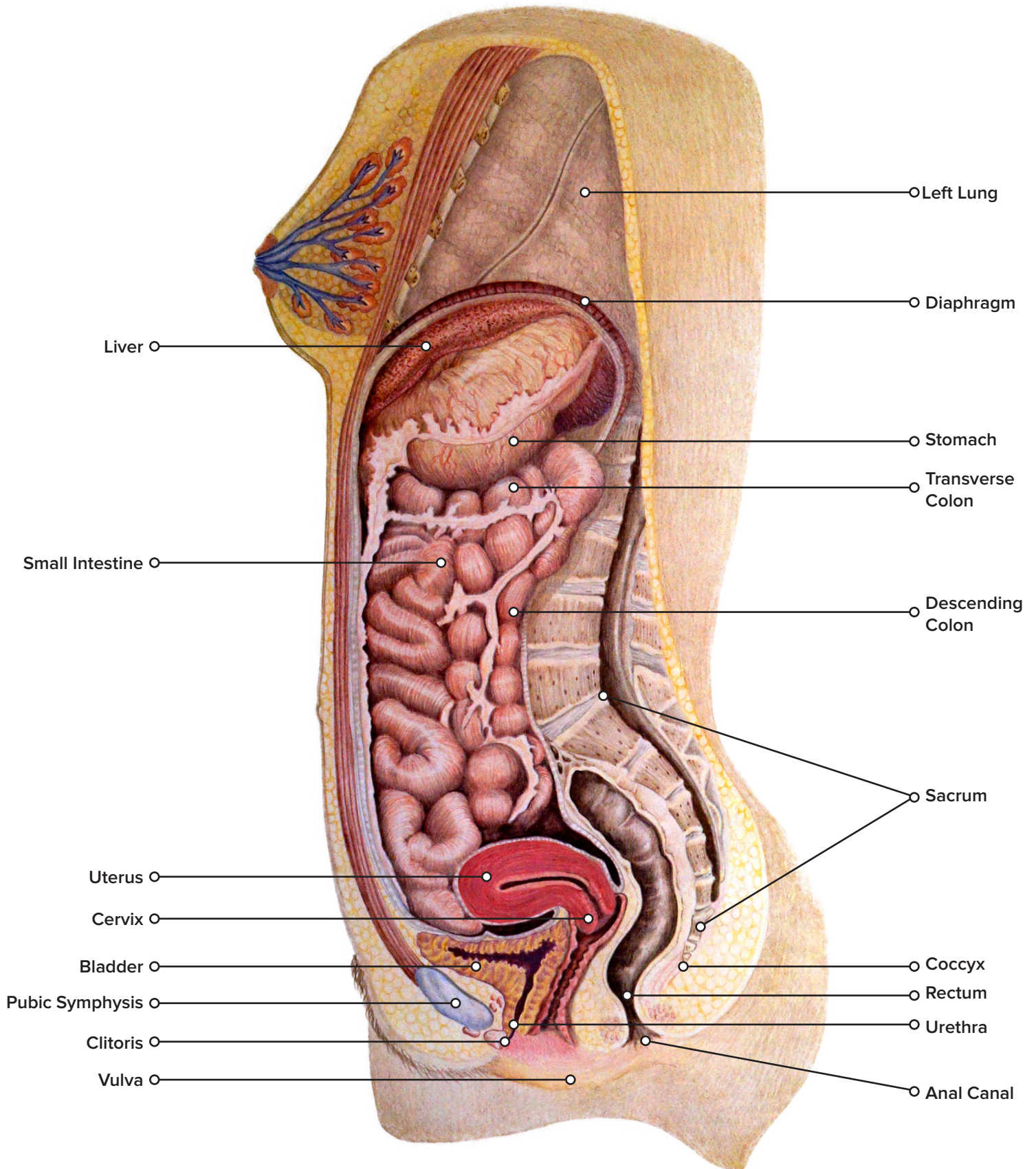


Stand

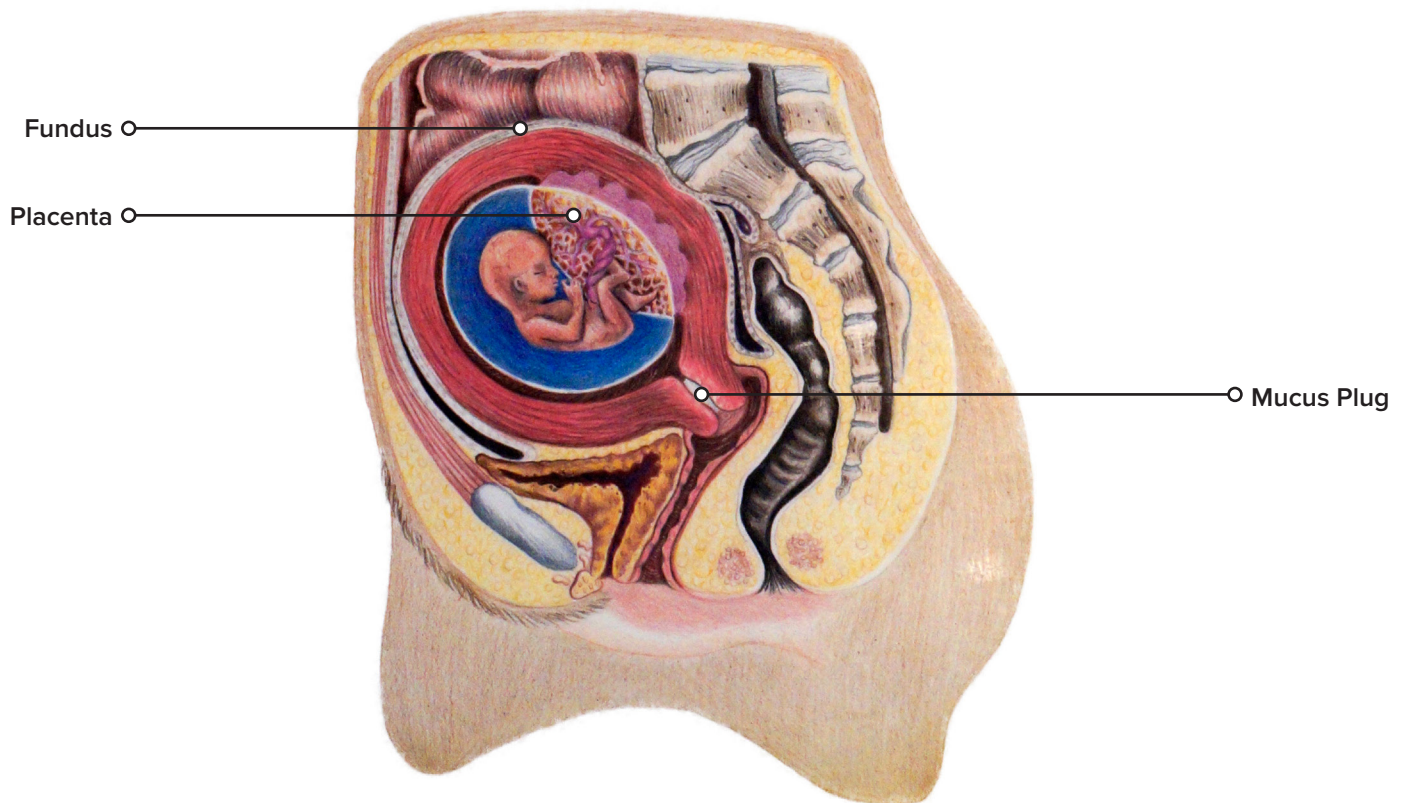
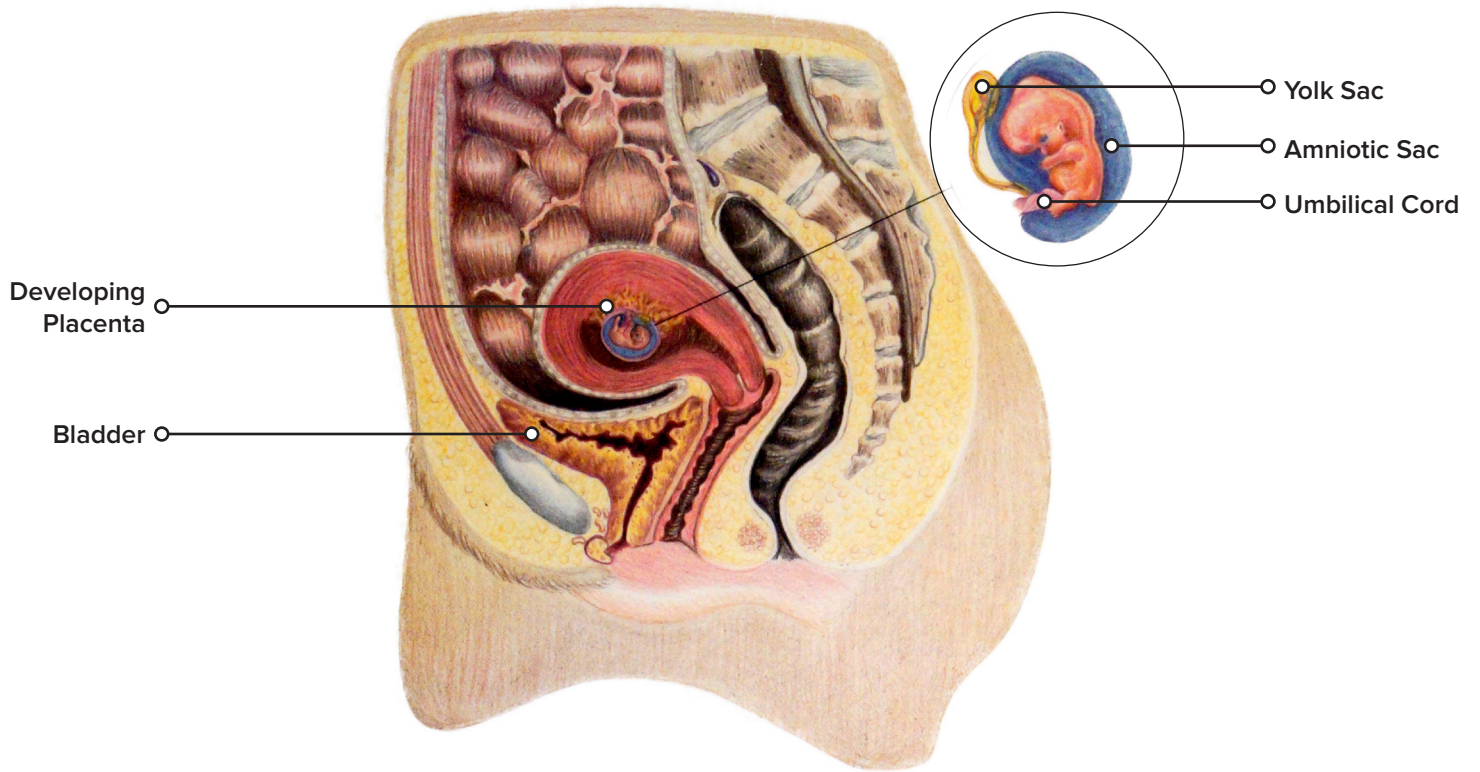
Knees bent



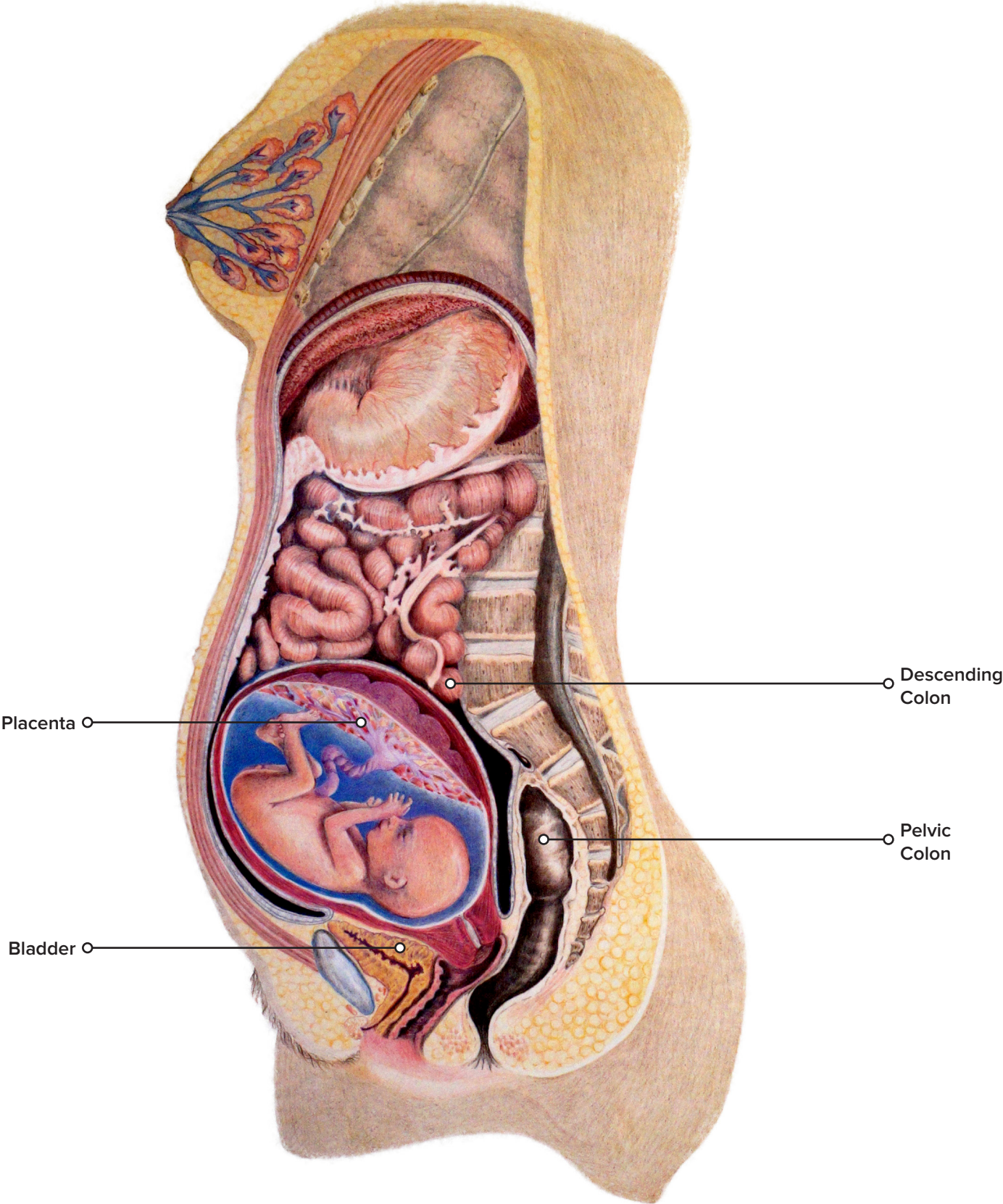
Pre-Pregnancy



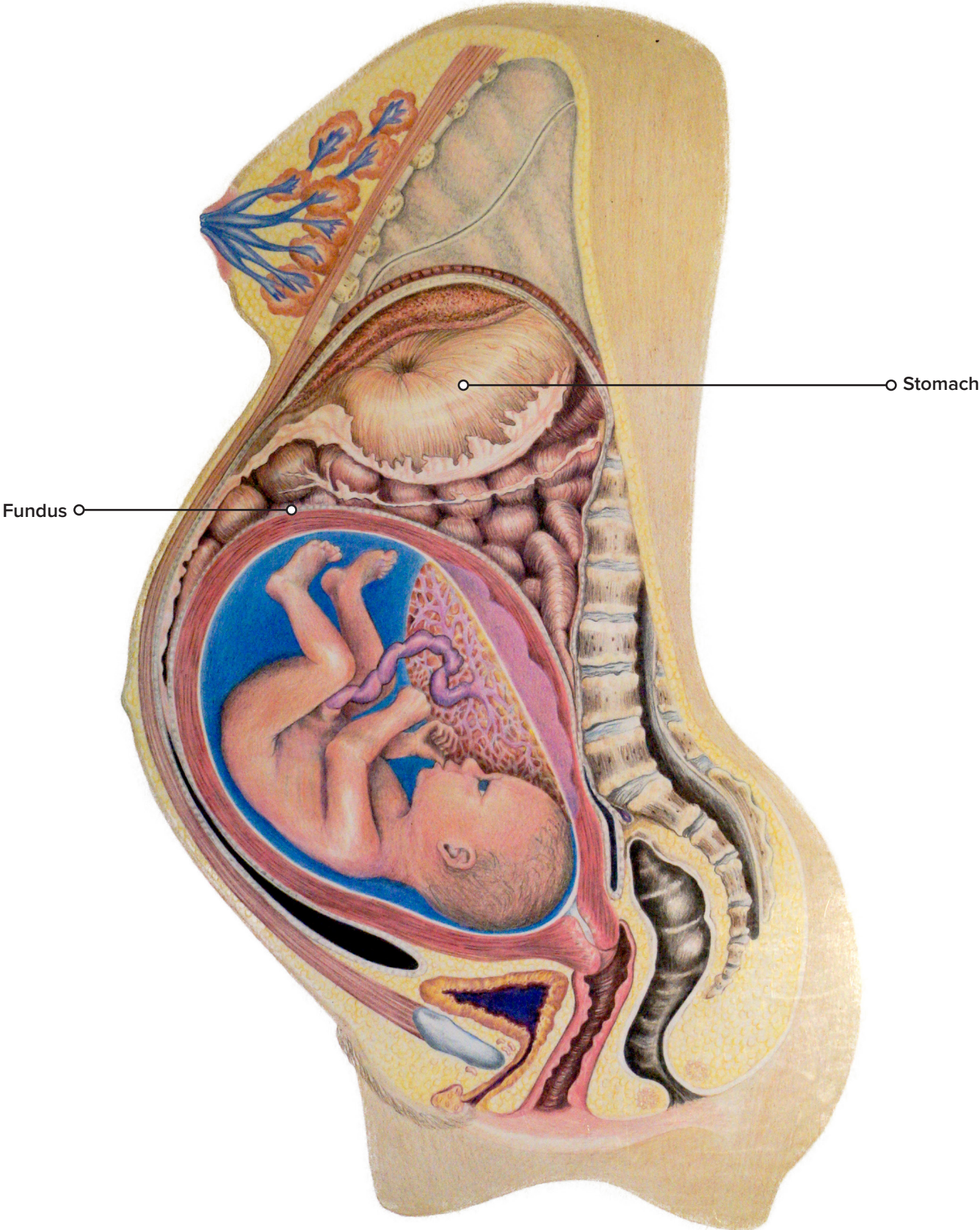
6 Weeks & 12 Weeks Pregnant



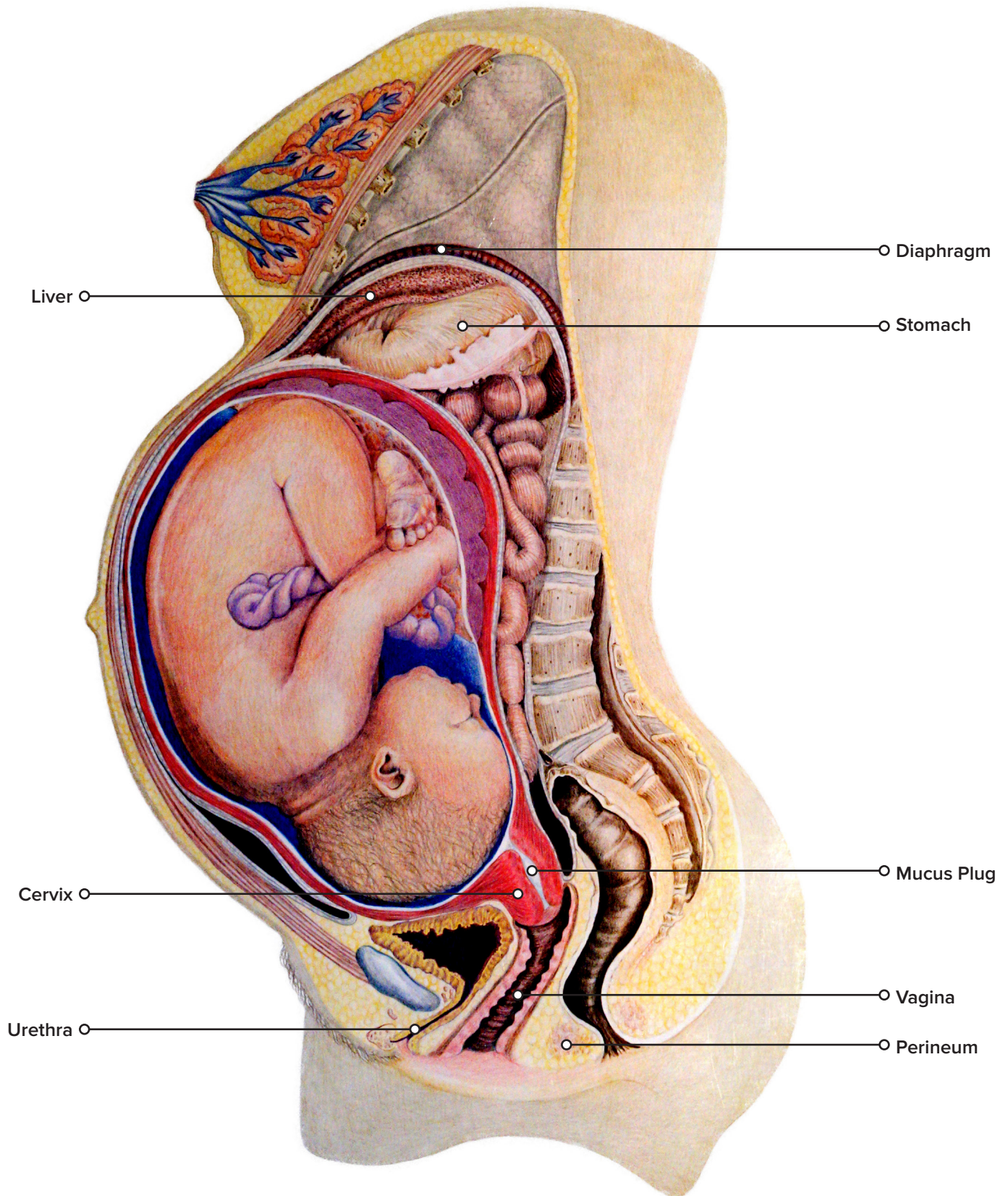
20 Weeks Pregnant



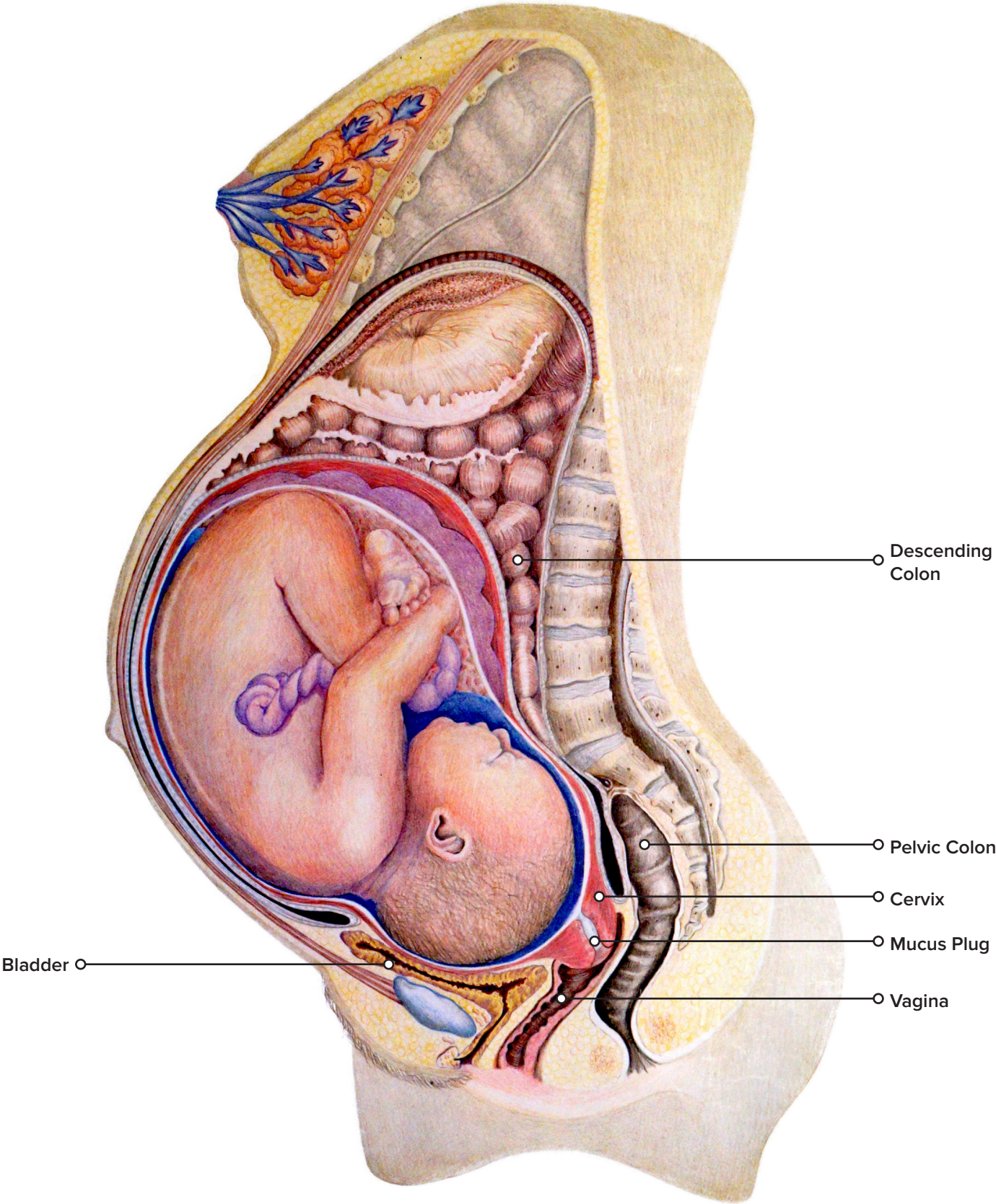
28 Weeks Pregnant



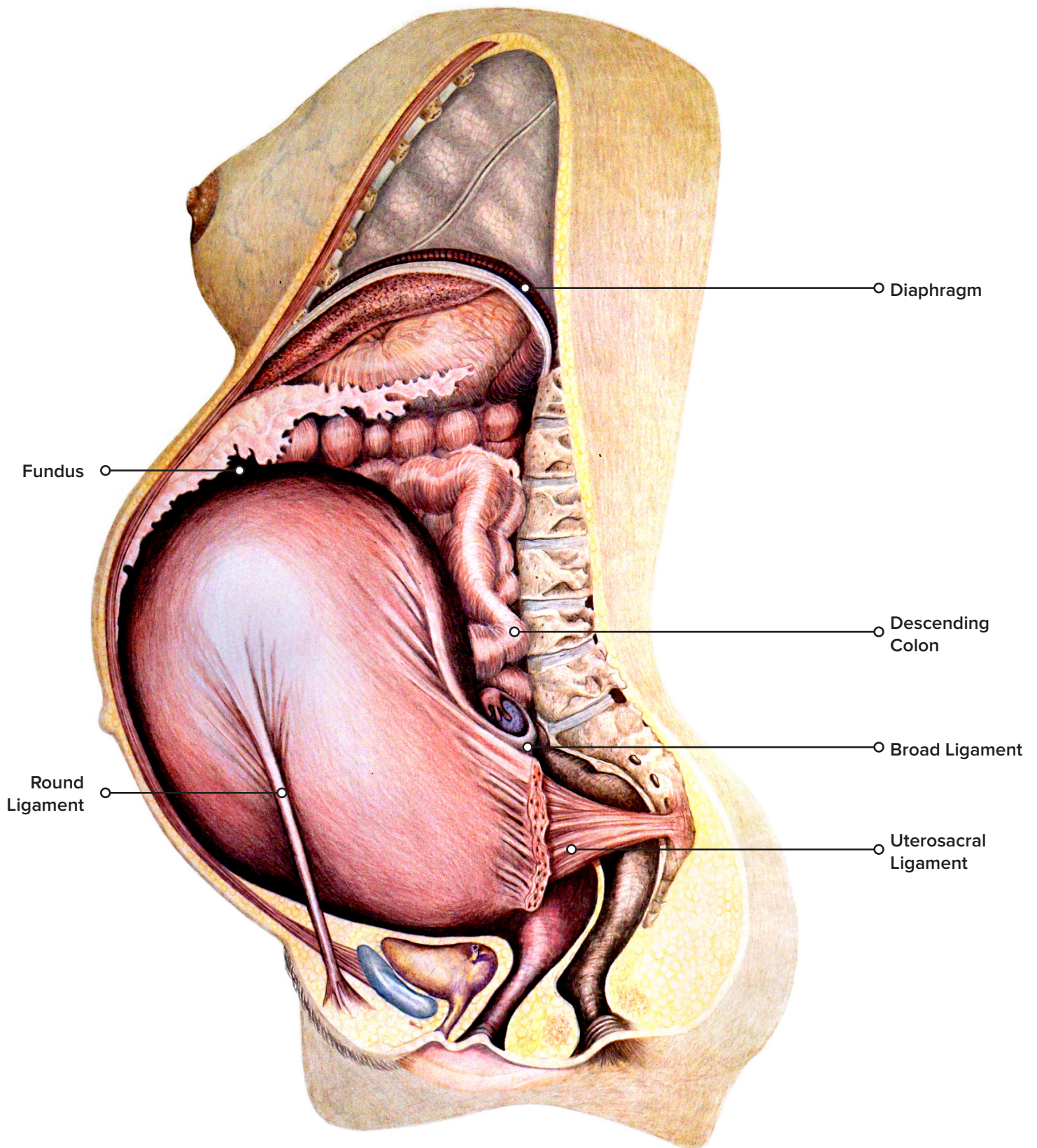
36 Weeks Pregnant



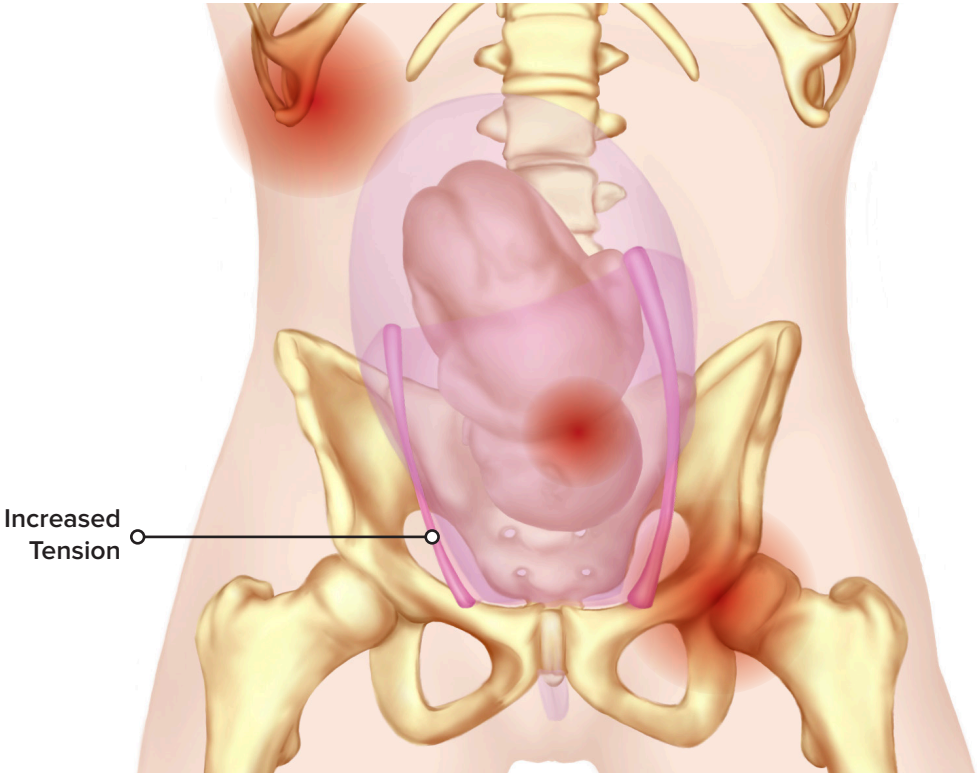
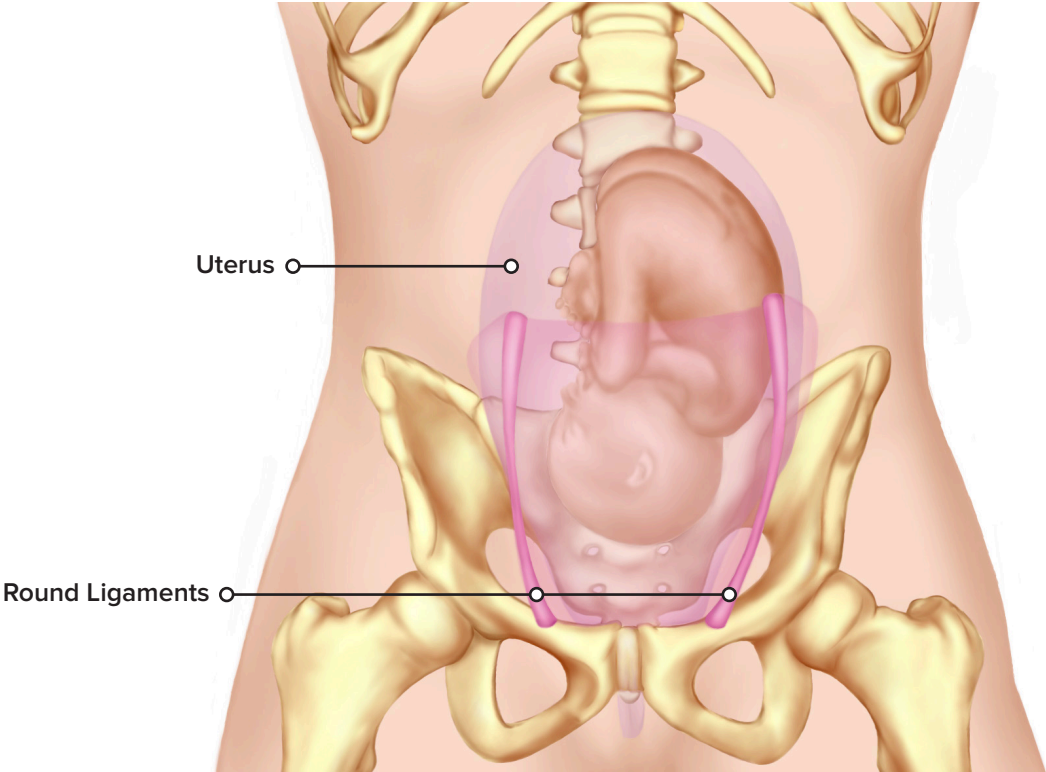
40 Weeks Pregnant



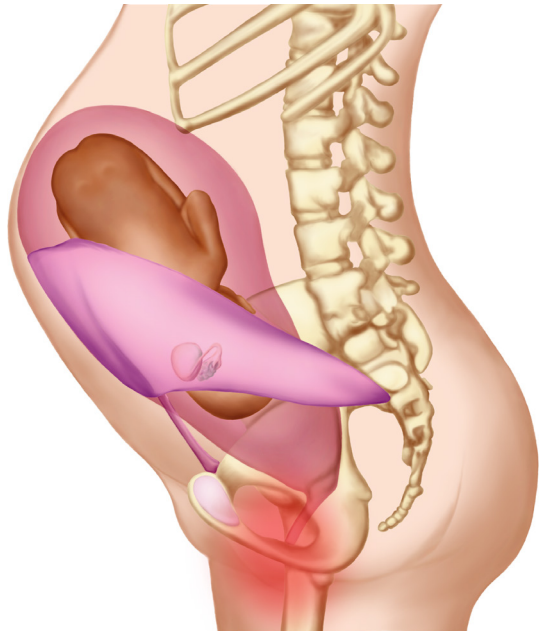
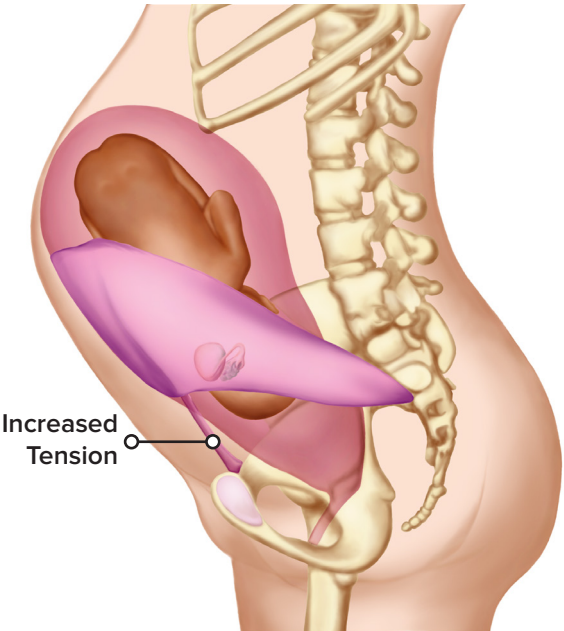
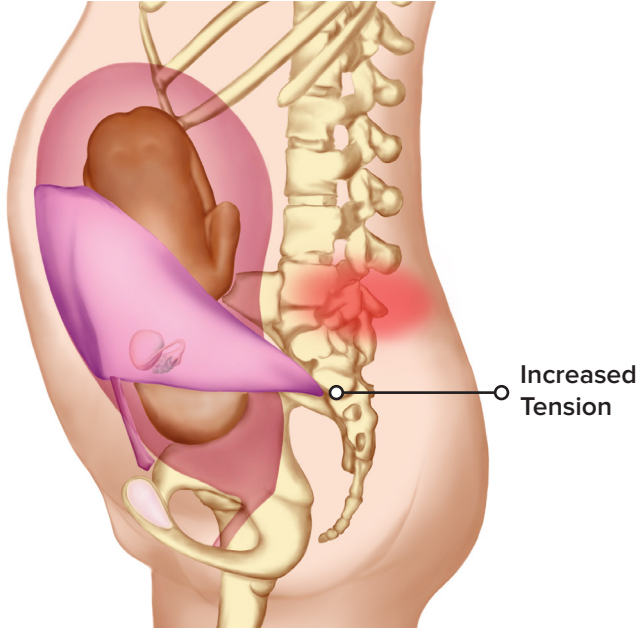
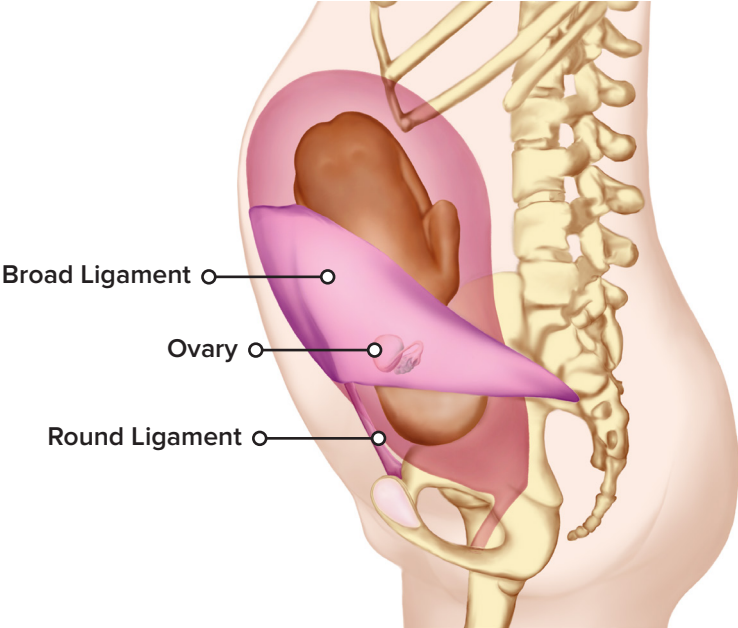
40 Weeks Pregnant - Uterine Musculature



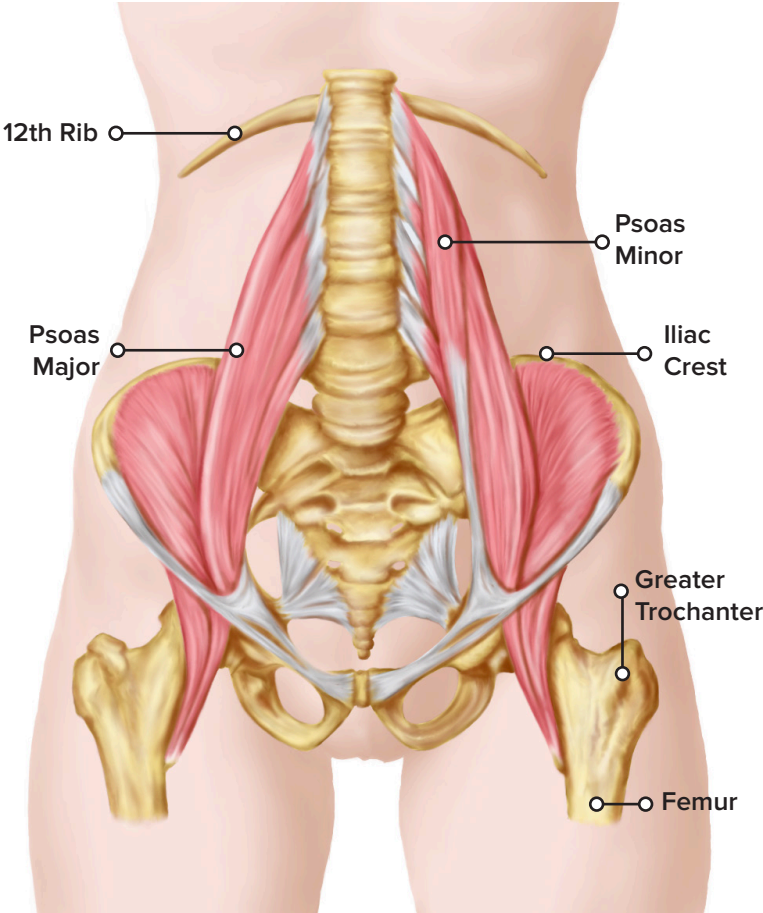
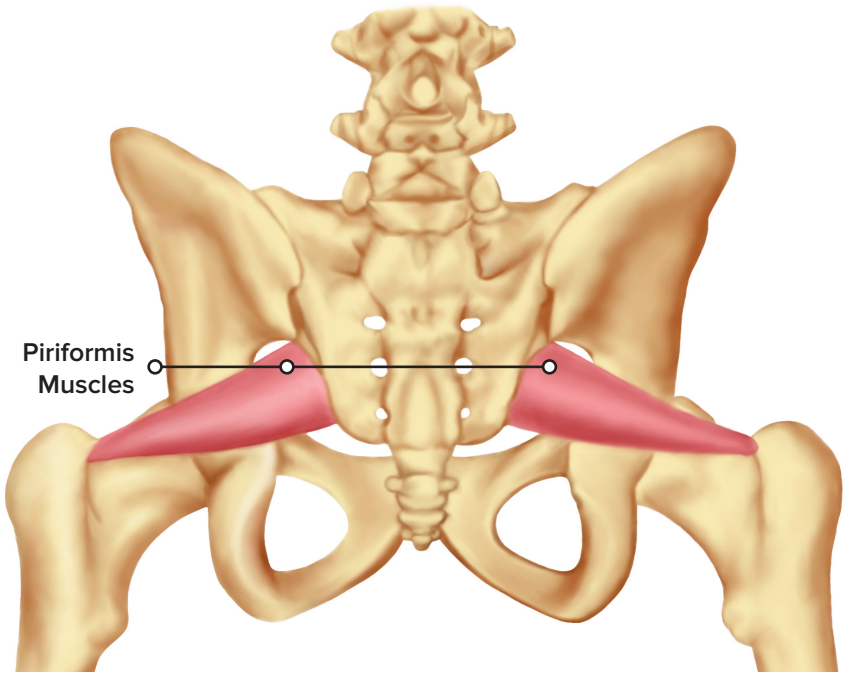
Round Ligaments



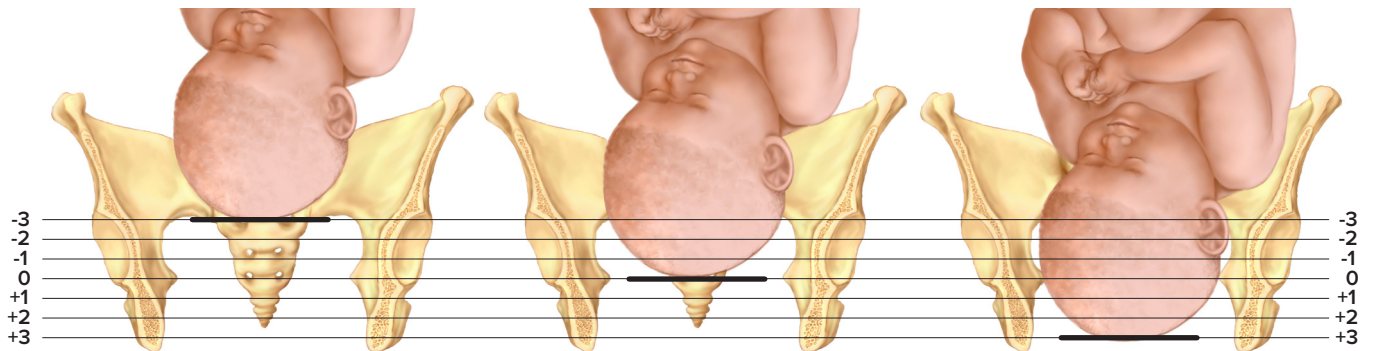
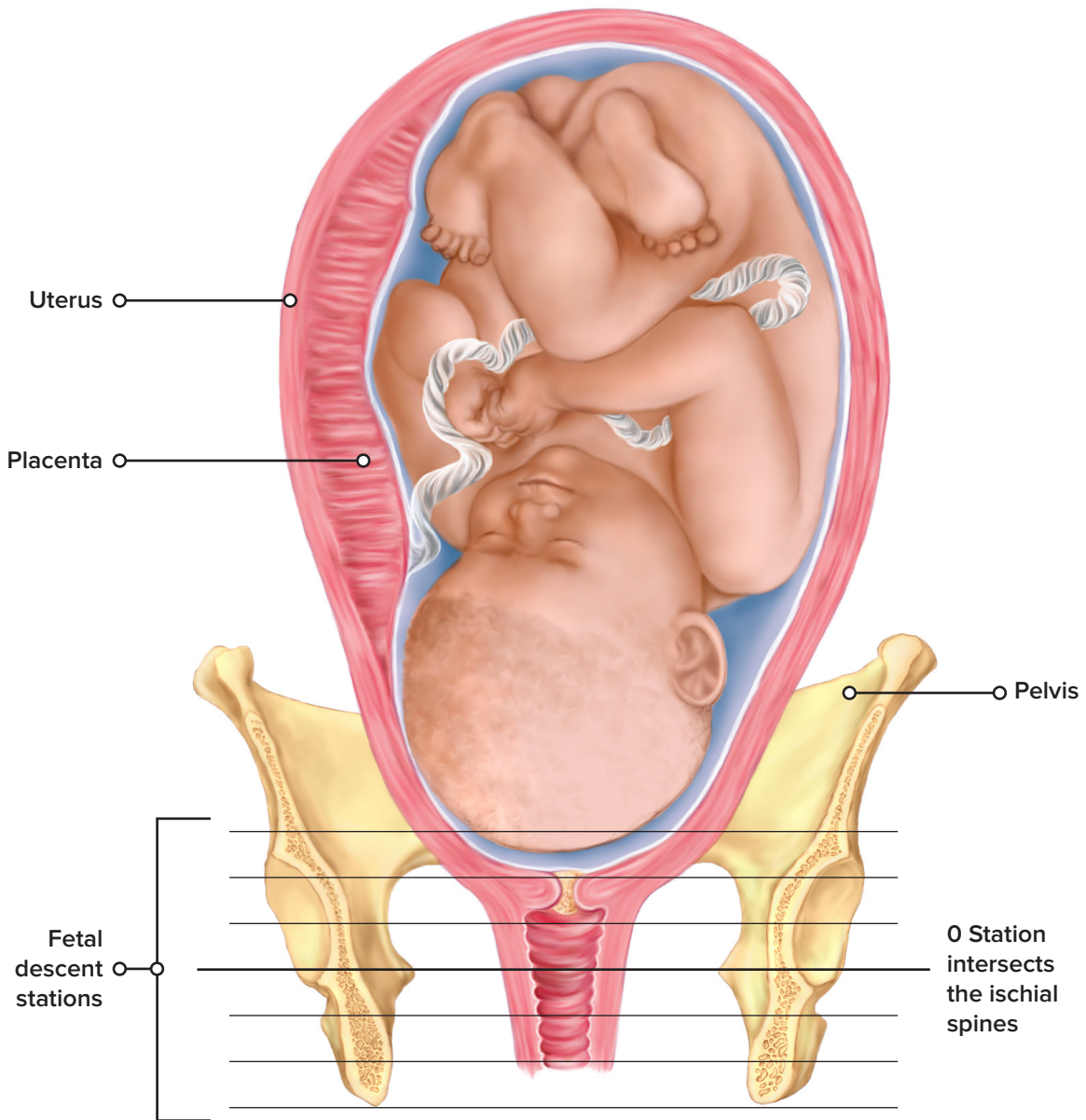
Broad Ligaments



Piriformis & Psoas



Fetal Decent Stations



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