Teaching Prenatal
Sun & Moon Yoga Studio
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"Childbirth is an experience in a woman's life that holds the power to transform her forever. Passing through these powerful gates—in her own way—remembering all the generations of women who walk with her... She is never alone."

—Suzanne Arms

This work and sharing the love of teaching prenatal and postnatal is dedicated with peace & love to all of my past, present, and future teachers and students who continue to show me the connection and beauty of sharing, learning and growing every day. Namaste.
Prenatal:

A Prenatal Yoga class focuses not only on the mother-to-be, but also on the unborn baby and upcoming "Labor of Love". Prenatal Yoga differs primarily from other yoga classes by providing a safe and supportive community of pregnant women. It also emphasizes particular poses, breathing, and relaxation techniques that help to prepare a woman physically [strengthens muscles used in labor & delivery, improve posture, improve circulation (heart & lung health), increase endurance and build stamina], may relieve some physical discomforts of pregnancy [backache, heartburn, constipation and leg cramps], as well as preparing a woman mentally and spiritually for the marathon of labor that brings the birth of her baby.

Per the class description at Sun & Moon Yoga Studio: Prenatal Yoga: An all-levels course which supports and empowers expectant mothers. Teaches ways to ease aches and pains, make the body comfortable during pregnancy, and use the breath to calm and steady the mind.

What a wonderful and exciting class to learn to teach! A prenatal teacher gets to share prenatal yoga to the amazing and beautiful mothers-to-be to help enhance their experience of pregnancy and empower them to connect to the inner wisdom of their bodies and motherhood.

When can a pregnant student start prenatal yoga?:

The pregnant student should talk with their ob-gyn before beginning any exercise or yoga class; especially if that student has been living a sedentary lifestyle. In general, less is best or a very gentle yoga practice if not feeling nauseous during the first 9 weeks of the pregnancy. In general, most students do not start prenatal or continue in their current yoga class in the first trimester because of all of the physical and physiological changes and adjustments going on in her body and her growing baby. In a non-prenatal class, there is a possibility of 1) stretching too far (due to the hormone relaxin), 2) may receive too many negative messages of “can’t do this/that”, and 3) the student misses out on the participation of a class that includes the baby. Encourage the student to switch to a prenatal class.

Prenatal yoga is suitable to all stages of pregnancy and is a gift that a mother-to-be can give to herself and her growing baby. There is support, a positive atmosphere of what they can do, and a sharing of experiences that happens when pregnant women are together. Many students have shared pregnancy, doctor, and birth information, formed friendships and playgroups from attending prenatal yoga classes, and are given a chance to feel that the process of pregnancy is natural, healthy, and normal.

Information presented assumes that the mother-to-be is in good physical and mental health, and that her pregnancy is without risk factors or complications. The information is not intended to offer medical advice, or replace the recommendations of your students’ doctor, midwife, ob/gyn, or physical therapist. Always mention that the student should consult their healthcare provider (doctor, midwife, etc…) to discuss any health issues or concerns regarding participation in yoga before beginning any prenatal yoga program.

Setting the guidelines for the prenatal classroom:

Let students know that they should come in comfortable non-restrictive clothing that allows them to move freely. You, the teacher, should be able to see the major joints of the body, especially the knees. Share with students the location of the water fountain and bathrooms in the studio. Give permission for students at anytime during the class to get water, get a snack, or use the bathrooms. Since pregnancy is a naturally hypoglycemic state, suggest that students eat a light snack (yogurt, fruit,
vegetable, nuts or a protein bar) 1-2 hours before class. Allow each student to find out what works best for them. Give students permission to come out of a pose at anytime and rest. Have students inform you if something doesn’t feel good/right, or causes pain.

Wording – The Language of prenatal:

**Birth** – Be aware that there are many choices/classes available – Hospital Childbirth, Lamaze, Bradley Method, Natural, Epidural Assisted, Birth Works, HypnoBirthing, Water Birth, Birthing Centers, Doula Assisted, Midwife Assisted, Cesarean, and Home Birth.

**Significant Other** – Be general in respect to how you reference a significant other that may be involved with the pregnancy and/or at the birth. You don’t know whether the student is married, divorced, widowed, or dealing with a difficult situation, etc… Try to avoid the term “husband” and opt to use the words “partner” or “support person” instead.

**Contraction** – A contraction is the tightening and shortening of a muscle. The visual imagery of the word contraction may be hardness, tension and tightness. A term like “surge” may be used to communicate a more receptive and productive mindset of the action of the work of the uterus and the baby in the process of labor.

**Baby** - Include references to the growing baby during the class. IE: Connect to the baby; visualize the healthy baby growing in the warm clear waters of the womb. In breathing, recognizing and bringing awareness that the breath mom’s breathing is nourishing her body and her baby’s- “Breathing for Two”.

**Relaxed Verbal Language:** Soften, release, melt, open, let go, breathe, yield, make room, make space, flow with it, sustain, find your own rhythm, listen, connect, etc…. Be sure to remind students to breathe and to relax the muscles of the face, mouth, and jaw.

**Music:** Allow music played in class to be relaxing and supportive. Music can be used to help a mother emotionally connect with baby while learning to trust her own physical responses to the relaxation/birth process. Practicing finding relaxation can help the woman break the pain, tension, fear cycle associated with labor pain.

**Sequencing of a prenatal class:**

**Class layout:** pranayama (attention to breathing), a sharing circle (see information below), asana (the physical postures), and ending with a variation of savasana (left side lying relaxation).

The Sharing Circle / Circle Time: Use this time for communication & group inquiry to ask/share-

1. Students name? (helps teacher to learn the students names)
2. How far along in pregnancy?
3. How are they feeling and doing? (helps teacher to add/subtract from the day’s lesson plan)
4. Option to also have a resource/informational Question/Handout

The Sharing Circle is time for respectfully sharing questions, experiences, and pregnancy related concerns among the students that they are experiencing or may already have experienced. This will provide an opportunity to support and educate one another as well as giving you, the instructor, and an idea where each student is at in their pregnancy. As questions come up, you can ask the group if anyone else has found ways to help in reference to the question that was asked. This helps to empower the women and removes you as the sole source of information. Please ask verbally and/or in writing that each student respect the other women’s sharing and confidentiality.
Props for Prenatal:
The prenatal class is a prop heavy class. Have students regularly get: 1 mat, 1 chair, 1 yoga strap, 2 yoga blocks, and a minimum of 4 blankets (more may be needed—see left side lying relaxation description). Optional props to get: an eye bag, bolster, additional blankets.

For a specialty focused class: set up against the wall (wall as prop), add in an exercise ball, stretchy elastic band, and/or stress/squeeze balls.

Anatomy & Physiology & Emotional Aspects of Prenatal:
Many changes occur to the women’s body during the childbearing months. These changes include cardiovascular, respiratory, structural, metabolic, and hormonal.
http://www.prohealthcare.org/img/stock/Pregnancy%20Anatomy.jpg

Anatomy (Definitions adapted from www.medicinenet.com):

**Uterus**: The (womb) in prepregnancy is a hollow, pear-shaped organ located in a woman’s lower abdomen between the bladder and the rectum. The narrow, lower portion of the uterus is the cervix; the broader, upper part is the corpus. The corpus is made up of two layers of tissue. During pregnancy, the uterus expands above the pelvis to accommodate the growing baby. Uterine ligaments support and hold the uterus in the abdomen. As the pregnancy progresses, the ligaments become longer and thinner and may spasm and/or cause pain.

**Braxton Hicks contractions**: Irregular contractions of the womb (the uterus) occurring towards the middle of pregnancy in the first pregnancy and, earlier and more intensely in subsequent pregnancies. The uterus tightens for 30 to 60 seconds beginning at the top of the uterus; and the contraction gradually spreads downward before relaxing. Although said to be painless, Braxton Hicks contractions can be uncomfortable and sometimes difficult to distinguish from the contractions of true labor.

**Ovary**: The female gonad, the ovary is one of a pair of reproductive glands in women. They are located in the pelvis, one on each side of the uterus. Each ovary is about the size and shape of an almond. The ovaries produce eggs (ova) and female hormones. During each monthly menstrual cycle, an egg is released from one ovary. The egg travels from the ovary through a fallopian tube to the uterus. The ovaries are the main source of female hormones, which control the development of female body characteristics, such as the breasts, body shape, and body hair, and regulate the menstrual cycle and pregnancy.
Cervix: the lower, narrow part of the uterus (womb). The cervix forms a canal that opens into the vagina, which leads to the outside of the body. During pregnancy, a mucus plug forms in the cervix to protect the growing baby. This mucus plug is released prior to or during labor.

Vagina: The muscular canal extending from the cervix to the outside of the body. It is usually six to seven inches in length, and its walls are lined with mucus membranes. Squatting during the pushing stage of labor decreases the length of the vagina and creates a shorter path for birthing.

Pelvic Floor: The pelvic area includes the muscles, ligaments, and pelvis. At the bottom of the pelvis, several layers of muscle stretch between your legs that serve to support the organs of the abdomen/torso cavity. The muscles attach to the front, back, and sides of the pelvic bone and comprise the pelvic floor. The pelvic floor also includes the Perineum: The area between the anus and the vulva (the labial opening to the vagina) in the female. An episiotomy is a surgical procedure to widen the outlet of the birth canal to facilitate delivery of the baby and avoid a jagged rip of the perineum. Kegel exercises serve to make your pelvic floor muscles stronger and flexible.

Kegel exercises: Exercises designed to increase muscle strength and elasticity in the female pelvis. Relaxation of the pelvic floor muscles should be done on an exhalation to begin to condition the pelvic floor to relax during the crowning and birth of the baby. Kegel exercises may be recommended for treatment of an incompetent cervix, urinary incontinence, and vaginal looseness.

Placenta: A temporary organ rich in blood vessels; is only in the female body during pregnancy and joins the mother and fetus. The Placenta transfers oxygen and nutrients from the mother to the fetus, and permits the release of carbon dioxide and waste products from the fetus. It is roughly disk-shaped, and at full term measures about seven inches in diameter and a bit less than two inches thick. The upper surface of the placenta is smooth, while the under surface is rough. The placenta is expelled at the end of the birth process (the afterbirth).

Amniotic Fluids: The nourishing “water” fluids bathing the fetus contained in the amniotic sac in the uterus (womb). The fluids serve as a shock absorber, give easier fetal movement, promote development, and regulate the temperature. These “waters” may break prior to or during labor.

Hormones: After conception there is an increase in progesterone and estrogen – produced by the corpus luteum (gland on the ovary) until the 13th week when the placenta takes over.

- **Progesterone**: A female hormone is the principal progestational hormone. Progestational hormones prepare the uterus (the womb) to receive and sustain the fertilized egg.
  - **Estrogen**: A female hormone produced by the ovaries.
  - **Relaxin**: A hormone produced during pregnancy that facilitates the birth process by causing a softening and lengthening of the cervix, a softening of connective tissue and ligaments, and the pubic symphysis (the place where the pubic bones come together in the front of the pelvis). Relaxin also inhibits contractions of the uterus and may play a role in timing of delivery.
  - **Oxytocin**: A hormone made in the brain that plays a role in childbirth and lactation by causing muscles to contract in the uterus (womb) and the mammary glands in the breast.

Pregnancy: The state of carrying a developing embryo or fetus within the female body. This condition can be indicated by positive results on an over-the-counter urine test, and confirmed through a blood test, ultrasound, detection of fetal heartbeat, or an X-ray. Pregnancy lasts for about nine months, measured from the date of the woman’s last menstrual period (LMP).

Nine months of pregnancy – divided into 3 monthly trimesters, each with own changes and adjustments.

First Trimester - 0-13 weeks
- Rapid cell formation and the period of greatest physical changes and adjustment. At week 12, at about 3 inches long, weighs almost an ounce.

Second Trimester – 14-26 weeks
- Continued rapid growth and maturation of body systems. At week 24, at about 12 inches long, the baby weighs almost one and a half pounds.

Third Trimester – 27-40/42 weeks
- Final stage of fetal intrauterine growth, fat accumulates under the fetus’ skin, and moves into position for birth. The third trimester ends with the birth itself. By the end of 37 weeks, the baby is considered full term and the baby’s organs are ready to function on their own. Closer to the due date, baby may
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With Peace & Love To The Mother Inside All of Us, To Mothers Before Us and To The Miracle of Birth – yoginvicki@verizon.net / sunmoonvicki@yahoo.com – Vicki L. Christian April 2014

turn into the optimal fetal position of head down/back to mom’s navel. At birth, the baby may weigh between 6 pounds 2 ounces and 9 pounds 2 ounces. Due date: The estimated calendar date when a baby will be born. Approximately 280 days after date of last menstrual period.

Issues of Pregnancy:

Adjustments of the body in Pregnancy: heart rate increases, heart enlarges, increased blood volume, lower blood pressure, enlarging and tender breasts, hair and nail changes, fatigue, frequent urination, increased joint, ligaments, and cartilage mobility (relaxin hormone), shortness of breath, increase of oxygen and carbon dioxide exchange, ribs, pelvis, and other joints expand, reset of body’s core temperature, thyroid gland enlarges.

The prenatal student may have any variations of these other issues at some point during her pregnancy: postural changes due to shift in center of gravity, larger shoe size, nausea, indigestion, heartburn, vomiting, bloating, pica, morning sickness, mood swings, irritability, lack of appetite, food cravings, food aversions, constipation, supine hypotension, dizziness, headaches, tiredness, darkening of the skin, stress, low back pain, sciatica, upper back pain, general aches, muscular tension and tightness, round ligament pain, leg cramps, varicose veins, hemorrhoids, urine leaking, swelling & inflammation, carpal tunnel syndrome, numb or tingling hands, sinus congestion, nosebleeds, bleeding gums, colostrums discharge, itchy stretching skin, stretch marks, gestational diabetes, symphysis pubis dysfunction, diastasis recti, insomnia, bizarre dreams, the nesting instinct, inability to concentrate, fear about well-being of the baby (babies), concern about relationships with partner, ability to parent, nervous about birth, researching and reading too much – information overload, avoiding thinking about birth.

While this may seem like quite an overwhelming list of issues, it would be extremely rare to have a woman experience all of them. Pregnancy is a healthy and normal event with occasional discomforts and issues. Note: Nausea and/or Vomiting: morning sickness may occur usually during the first trimester but also can occur throughout the pregnancy and “morning” is a misnomer - as it can occur anytime throughout the day

Childbirth:

Labor: Childbirth, the process of delivering the baby and placenta from the uterus to the vagina to the outside world. There are three stages of labor. During the first stage (called the stage of dilatation), the cervix dilates fully to a diameter of about 10 cm. In the second stage (called the stage of expulsion), the baby moves out through the cervix and vagina to be born. In the third stage of labor, the placenta is delivered. In Latin, the word labor means “a troublesome effort or suffering.”

Uterine contraction: The tightening and shortening of the uterine muscles. During labor, contractions /surges accomplish two things: (1) they cause the cervix to thin and dilate (open); and (2) they help the baby to descend into the birth canal.

The first stage of labor is the longest and is broken down into three phases:

Early labor phase: Starts from the onset of labor until the cervix is dilated to 3 cm. Able to talk during surges.

Active labor phase: Continues until the cervix is dilated up to 8 cm. Move toward not being able to talk during surges and relaxation essential between surges.

Transition phase: Continues until the cervix is fully dilated to 10 cm. No break between surges. Shortest phase leads into Second Stage of Labor: Pushing

Pelvic Station is how far the baby is “down”/”dropped” in the pelvis, measured by the relationship of the fetal head to the ischial spines (sit bones). It is measured in negative and positive numbers. Pelvic Station – Described in positive +1-5, 0, or negative -1-5 numbers -5 is a floating baby, 0 station is said to be engaged in the pelvis, and +5 is crowning at the perineum.

Effacement is the process by which the cervix prepares for delivery. After the baby has engaged in the pelvis, it gradually drops closer to the cervix;
the cervix gradually softens, shortens and becomes thinner ("ripens"/"cervical thinning"). **Effacement** – Described in percentages 0-100%: 0% meaning no thinning and 100% considered complete. When 100% effaced, the cervix is paper-thin. **Dilation** (Described in 0-10 cm) is the process of the cervix opening in preparation for childbirth. Dilation is measured in centimeters or, less accurately, in “fingers” during an internal (manual) pelvic exam. “Fully dilated” means you’re at 10 centimeters (cervix is around the baby’s head) and you are ready to give birth. 

Ina May Gaskin, *Ina May’s Guide to Childbirth* observed the “Law of the Sphincter” She noticed a strong connection between the mouth/throat/jaw and that of the cervix. There is a connection that when the mouth/throat/jaw area is relaxed, the cervical, perineum, and lower area relaxes as well. “If you feel like grinding your teeth, or clenching your jaw, catch yourself! Take a deep breath and exhale, relaxing your mouth and throat muscles.” pp.178 (See additional class focus - vocalization/vocal toning)

**Postpartum:** In the period just after delivery- Postpartum refers to the mother and postnatal to the baby. The postnatal period begins immediately after the birth of the baby to about 6 weeks. During this time, the mothers’ body begins the process of adjusting to no longer being pregnant: postnatal period (lochia), uterus size shrinks, hormones levels adjust, increased sweating, increased urine, constipation, dealing with sleep deprivation, and breasts engorge.

**Movement in Prenatal Yoga:**

You will find that yoga teachers tend to have their own ideas about what should and should not be done during a prenatal practice: i.e. yes/or/no to back bending, forward bending, inversions, etc… Teach a prenatal class, as if you are teaching someone new to yoga and demonstrate modifications. Pregnancy is not a time to learn advanced yoga postures. During the class, create a sense of community, build connection of mother and baby, and begin to get the students to tune-in, listen and trust the wisdom of their bodies. Determining for themselves, if forward bending feels good/comfortable, or if some other modification is needed.

**When to stop:**

The ACOG (The American College of Obstetricians and Gynecologists: ACOG Committee Opinion 267: Exercise during pregnancy and the postpartum period - 2002) lists warning signs to terminate exercise while pregnant. If a student experiences any of these: Vaginal bleeding, dyspnea (shortness of breath) prior to exercise, headache, chest pain, muscle weakness, calf pain or swelling (need to rule out thrombophlebitis), preterm labor, strong regular contractions, nausea, vomiting, decreased fetal movement, and amniotic fluid leakage, have the student stop exercising and contact their doctor, midwife, or ob/gyn. Have the student stop and rest if feeling out of breath, have rapid heartbeat, dizziness and feeling faint or too hot. Let the student lie down resting on their left side, get and give water if student wants some. If the student does not feel better, call the emergency contact person, as listed on student information sheet, to come and pick up the mother-to-be.

Also, any student dealing with specific pregnancy related high risk issues should obtain permission from their doctor, midwife, or ob/gyn before continuing in any exercise program, including prenatal yoga. Some of these pregnancy related issues would include incompetent cervix, carrying multiples, gestational diabetes, placenta previa, etc…
The following list of do’s and don’ts is a useful summary of the main points and principles in yoga for pregnancy, most taken and adapted from Uma Dinsmore-Tuli in her manual for pregnancy yoga teachers.

- Do move slowly and gently
- Do arise and change positions carefully
- Do rest whenever needed
- Do chest opening practices to promote easy breath
- Do use props and support to help in the practice, especially when resting
- Do take time to let yoga help bring focus to mom-to-be and baby
- Do listen to the body
- Do trust body and be aware of the sensations in different yoga poses
- Do practice yogic relaxation techniques often
- Do vocal toning— including chanting, humming and sound practices
- Do use yogic pelvic floor practices to learn how to identify, tone and release the muscles of the pelvic floor (Kegel exercises)
- Do breathe fully, smoothly, and exhale completely
- Do keep the room well ventilated
- Do drink plenty of water
- Do have fun
- Don’t bounce or jump from pose to pose
- Don’t be too tough on self –
- Don’t hold still in poses for more than 5 breaths (exception: pain management focus)
- Don’t hold the breath or practice any vigorous pumping breaths
- Don’t practice inverted postures
- Don’t fold forward if it feels awkward
- Don’t rest on the front of the body
- Don’t lie flat on the back of the body
- Don’t twist deeply
- Don’t rush the practice
- Don’t overdo or overstretch
- Don’t practice in a heated room or get overheated

“Holding a contraction in one part of my body, while trying to relax the other parts
And to breathe through the uncomfortable feeling of holding the pose,
That was kind of like labor.” – Jennifer Shelmon, CA

**Asanas to AVOID:** Poses lying on the belly (Cobra, Locust, bow-dhanurasana) Inversions (Headstand, shoulderstand, handstand, wheel pose), Deep Backbends (Camel-Ustrasana, Wheel pose, Cobra, closed compressing twists (Ardha Matsyandrasana, Revolved Postures: Revolved Triangle pose-Parivrtta Trikonasana, Revolved Side Angle-Parivrtta Parsvakonasana, MarichyasanaIII), Pure abs work, generally NO abdominal muscle strengthening postures, Poses lying on the back (Big Toe Pose-supta padanguthasana / Plow pose-Halasana)
**Overall in prenatal asana** – Part of prenatal yoga, useful for labor, is learning to relax muscles not being used. Accommodate for the size of the belly (prevent compression of the belly), emphasize breath, and proper posture/alignment.

- **Seated postures:** Have students sit upon bolsters or blankets to provide pelvic and back support.
- **Twists:** Have students go slowly and keep gentle twists in the upper back and shoulders, not deep into the belly, and not compressing and putting any pressure on the abdomen/belly. Let the head and eyes be comfortable in the twist.
- **Standing Postures:** Have students release early if needed and do not stay too long in one position without moving. Let the legs be a comfortable distance apart.
- **Backbends:** Cow (lift of upper chest) in seated or table and Bridge-Setu Bhanda—focus on lengthening of the spine. Do not do deeper backbends.
- **Forward folds:** Bend from Hip creases, not the back, and keep maximum space between the sternum/breast bone and the pubic bone.

**Good to include in every class:** Breath Awareness (pranayama), Cat/Cow, Bound Angle Pose (Baddha Konasana), Kegel exercises, Squats (Malasana), and Savasana (left side lying variation).

Always bring attention to good posture—whether standing or seated. Due to the enlargement of the breasts, there can be an increased kyphosis—or curvature and rounding of the upper back with the head, shoulders, and upper back pushed forward. Due to the growth of fetus in the uterus causing a forward shift of the center of gravity, there can be an increased lordosis or exaggerated lower back curve of the lumbar spine.

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**INCORRECT UPRIGHT POSTURE**

- **HEAD:** Chin pushing forward. Eyes focus down
- **SHOULDERS AND CHEST:** Slouching constricts the ribcage, makes breathing more difficult, and causes indigestion
- **ABS, BUTT & UTERUS:** Stacks muscles allow back and lift pelvic forward causing backache, strained abdominal, and excess pressure on the bladder.
- **KNEES:** If pressed back you strain joints and push pelvis forward
- **FEET:** Weight on inner border strains arches and calves causing leg aches

**CORRECT UPRIGHT POSTURE**

- **HEAD:** Lift through the crown of the head and keep chin lifted and ears in line with neck
- **SHOULDERS AND CHEST:** Draw shoulders back and down while you lift the rib cage up
- **ABS, BUTT & UTERUS:** Contract abdominal to support baby. Tuck buttock under and tilt pubic bone slightly forward to center pelvic bowl.
- **KNEES:** Bend knees to ease body weight over feet
- **FEET:** Distribute body weight over center of each foot

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**PRENATAL YOGA CLASS:**

Start the class with the student supported on a stack of blankets to center, relax, and bring awareness to the breath—pranayama.

Setup: Stack a minimum of 4 blankets folded neatly to create back support. When lying back, allow the stack of blankets to support: “almost as if you were lying back on a chaise lounge”. Let the top of
the chest lift, allow the shoulders and shoulder blades to rest into the frame of the body, the tailbone to extend, and the spine to lengthen. Allow the legs to be in any comfortable position. Blankets folded or rolled can give support to the arms to rest. Also, what may work and feel good one week, might not work several weeks from now. Add additional blankets, bolsters and/or blocks to make this supported reclining pose completely comfortable and relaxing. This pose, per Judith Lasater, PHD, PT of the book, Relax and Renew (pg 182) “has proven to be a good position for the early stages of labor.” Benefits: relieves nausea and enhances breathing. It is a gentle way to open the hips, relieve tension between the shoulder blades and beneficial for the kidneys.

Avoid having students lie flat on their backs for an extended amount of time, especially after the first 3 months of pregnancy, because a woman may experience supine hypotension syndrome. Supine hypotension may cause the heart rate to increase, blood pressure to drop, and feelings of anxiousness, nausea, light headiness and/or faintness. Symptoms are due to the weight of the growing womb, baby, amniotic fluid, and placenta that fall backward and press on the inferior vena cava “the vein of life”. The vena cava is the major vein returning blood from the lower body and abdomen back to the heart. The weight pressure drops the return, lowering the mother’s blood pressure, thus decreasing the blood and oxygen available to the uterus/placenta/baby and mom’s lower extremities. If a student experiences this, have her rest completely on her left side and if symptoms continue, contact help to get her home and see her doctor, midwife or ob/gyn. Note: Women will instinctively turn over or awaken and turn over off of their backs when uncomfortable during sleeping.

Pranayama: Teaching how to become aware of the breath rhythm may help facilitate relaxation and help for labor and delivery. In labor, the remembering of the practice of pranayama can help a laboring woman center herself and adjust the breath rhythm as needed during each phase of labor. There should be No holding of the breath (kumbhaka) during pregnancy, which creates intra-abdominal pressure. Shallow chest breathing can increase tension which increases pain and starts the pain cycle: pain=fear=tension, and decreases oxygen to mom and baby. Start with verbal attention to relaxing the body, then allow awareness and observation to rest with the natural breath rhythm. Visualize the breath nourishing mom & baby and creating peaceful environment. “My baby and I are connected through the beautiful breath of life.” Breathing for Two

“Learning to breathe with awareness is not a technique – it is remembering of or paying attention to the natural rhythms of the breath in response to the challenges offered.” By Life & Labor

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<tr>
<th>Alternate Nostril Breath-Nadi Shodhana</th>
<th>Done seated With no holding of breath, can be a calming/stilling breath to balance energy Left hand can support under elbow of right hand that is lifted to the nostrils</th>
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<td>Alternate Nostril Breathing</td>
<td>Holisticaonline.com</td>
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| Belly / Abdominal / Diaphragmatic Breathing | Releases tension Getting the breath to move deeper into their bodies, focusing downward, connect with baby, and rock baby with the breath. Inhale, lifting/expanding baby belly with the breath, exhale, release baby belly back toward the spine. |
This breath coincides with the upward action of the uterus during surges/contractions. Increases relaxation and ensures good oxygen to mom and baby.

| Cleansing/Centering Breaths | A breath to alert labor support that a surge/contraction has started and then another cleansing breath to show that it has ended. Breath is drawn in through the nostrils with a long deep breath and sighed long and smoothly out of the mouth. |
| Elbow Breath Movement | Done seated or standing – (Bikram Style) Lightly clasp hands and hold under the chin. Keeping the head neutral, inhale and raise the elbows, exhale bring the elbows back together (option: lift & lower head too) |
| Humming Bee Breath -Bhramari | Seated sound breath to refresh and calm Natural rhythm of breath, closed off ears, and humming sound made on exhalation – feeling vibration – promote contentment & well being |
| Interval breath retention -Viloma | Avoid in Pregnancy |
| Pelvic Rocking Belly Breath | Seated breath One hand on lower belly and one hand on upper belly Inhale rocking pelvis forward -hands are moving apart from one another Exhale rocking pelvis back-hands are moving toward one another |
| Sitali -tongue rolling breath | Cooling Breath Good for a hot day or if student if feeling hot or panicked |
| Skull Shining Breath-Kapalabhati | Avoid in Pregnancy |
| Ticking of a Clock Playing in background | Have students become aware of how many ticks of the clock it takes to breathe in and how many to breath out. Allow the breath to gently lengthen without force (adding more ticks of the clock to each inhalation and exhalation) |
| Ocean / Victorious Breath -Ujjayi | Long smooth inhales and exhaltes, moving the ribs, slight constriction of glottis moving the breath in and out through the nostrils creating a soft audible sound without force or tension. |

To come out of pranayama or left side lying savasana, have the students turn over completely to one side of the body, using the palms and arms, gently lift the body up, and move into a seated position. When the student lifts straight up there may be a strain placed on the abdomen. Rectus abdominis muscles cover the front surface of the abdomen and are stretched during pregnancy. Diastasis Recti is a midline ridge or gap that is the result of the separation of the soft connective tissue in the midline between the right and the left rectus abdominis muscles. See self-test for diastasis recti under postnatal section.
Asanas of prenatal yoga
Ask how students are doing and frequently mention for students to check in and breathe. Avoid having prenatal students do too much getting up and down in succession – group the postures and have props within reach.

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<th>Pose</th>
<th>Variations / Limitations / Good For / Notes</th>
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| Bound Angle Pose-Cobbler’s Pose-Baddha Konasana | Hip Opener  
Soles of the feet together and knees apart  
Prop: Sit up on blanket or bolster support  
Press hands into the floor slightly behind hips to help lift spine upward  
Relax shoulders and shoulder blades down  
May need to avoid for Pubic Symphysis pain  
Good labor prep / prepare pelvis for labor and delivery  
Good pose to practice Kegel  
Add arm, shoulder, upper back, and lateral stretching movements  
Integrate movement with breathing  
Variation: Support under knees with blocks or blankets  
Variation: Circle in rotating motion around pelvis  
Variation: Sit up against a wall  
Restorative/Hip Opener-Supported reclining BK  
Avoid Lying on Back  
Prop: Add inclined blanket stack  
Prop: Add knee/thigh Support  
Good Circulation for pelvis – relieve fatigue |
| Reclining Bound Angle Pose -Supta Baddha Konasana |  
Bridge Pose-Setu Bandha Sarvangasana | Gentle backbend good for pregnancy  
Ok for short period of time (3 minutes or less)  
Keep Flowing—undulating the pelvis  
Integrate movement with breathing  
Finish with lying rest completely on left side  
Always Demonstrate First  
Allows release of pelvic congestion  
Note: Does not always feel good– especially 3rd trimester  
A supported variation held for length of time, may help turn a breech baby |
| Camel-Ustrasana | Gentle backbend  
Avoid full dropping back pose in pregnancy  
Modified camel lifting hips up from vajrasana  
Option: from kneeling, hands at back, lift upper chest/sternum  
Variation: Prop: Add a bolster/blocks or rolled up blanket under the hands providing lift and supporting the wrists  
Note: Does not always feel good–especially 3rd trimester |
| Chair-Utkatasana | Standing and Strengthening  
Prop: Use a chair  
Extend spine and lengthen tailbone toward knees  
Keep chin tucked in  
Good thigh strengthening  
Prop: use a wall  
Standing feet hip distance apart – about 12-18” from wall, slide back up and down wall – option: add arm movement  
Good for practice of pain management (see additional class focus) – Practice breathing through pain |
<table>
<thead>
<tr>
<th>Pose</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Childs Pose-Balasana</td>
<td>Resting pose&lt;br&gt;Knees wide apart to give space for baby&lt;br&gt;Helps to open chest and pelvis&lt;br&gt;Restorative: Prop: Bolster/Blanket&lt;br&gt;“Butt up Childs” Kneeling variation with forearms or forehead to floor held for length of time, may help turn a breech baby</td>
</tr>
<tr>
<td>Cobra-Bhujangasana</td>
<td>Avoid in Pregnancy</td>
</tr>
<tr>
<td>Cow Face - Gomukhasana</td>
<td>Warm-up/Cool Down Shoulder Opener&lt;br&gt;Arms Only&lt;br&gt;Good upper back release&lt;br&gt;Can do in any seated position or standing pose&lt;br&gt;Prop: use of a yoga strap</td>
</tr>
<tr>
<td>Dancer - Natarajasana</td>
<td>Standing and Balancing Pose&lt;br&gt;Prop: Use support of chair or wall&lt;br&gt;Stretches front of thighs / psoas muscles</td>
</tr>
<tr>
<td>Downward Facing Dog-Adho Mukha Svanasana</td>
<td>Gentle Inversion&lt;br&gt;If feeling sacroiliac pain – pigeon toe the feet to create space at the low back&lt;br&gt;Variation: Puppy Dog – arms extended forward&lt;br&gt;Variation: Elbows bent and Forearms on the Floor&lt;br&gt;Variation: Prop: Hands to wall or chair&lt;br&gt;Hands to wall/chair/bed may feel good in labor&lt;br&gt;May not feel good in Third Trimester-explore other options&lt;br&gt;If baby is head down in the last weeks of pregnancy (34+ weeks), it is best not to disturb the downward settled baby especially if the baby was once in a breech position and has finally turned.&lt;br&gt;Held for length of time, may help turn a breech baby</td>
</tr>
<tr>
<td>Eagle - Garudasana</td>
<td>Shoulder Opener / upper back release&lt;br&gt;Arms Only&lt;br&gt;Prop: use of a yoga strap&lt;br&gt;Full pose should only be done with back to wall and not a full wrap of the legs-only cross lower leg&lt;br&gt;Lower leg cross can be done with hands holding onto chair support</td>
</tr>
<tr>
<td>Goddess Pose</td>
<td>Hip Opener / Leg Strengthenener&lt;br&gt;Toes out and heels turned in-Knees bend in same plane as toes point&lt;br&gt;Prop: Sit on Chair&lt;br&gt;Variation: “Dancing Bear Flow”&lt;br&gt;Integrate movement with breathing&lt;br&gt;Variation: hands to thighs and alternating shoulders to center</td>
</tr>
<tr>
<td>Pose</td>
<td>Description</td>
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</tbody>
</table>
| Half Moon - Ardha Chandrasana | Balancing Pose  
|                      | Hip Opener/Flexibility  
|                      | Prop: Use balance support with Chair or next to a Wall  
|                      | Caution pelvic pain |
| Head to Knee Pose - Janu Sirsasana | Seated Stretch  
|                      | Good labor prep pose / prepare pelvis for labor and delivery  
|                      | Prop: Sit up on blanket or bolster support  
|                      | Stretches hamstrings and pelvis muscles, and strengthen spine  
|                      | Prop: Strap around foot of outstretched leg  
|                      | Restorative: Forward fold to chair support |
| Hero - Virasana      | Hip Opener / Psoas/Thigh Release  
|                      | Prop: Sit upon blanket or block support  
|                      | Lift spine upward and relax shoulders and shoulder blades down–thighs parallel  
|                      | Rejuvenate legs  
| Reclining Hero Pose - Supta Virasana | Reclining version: use plenty of angled blanket support  
|                      | Avoid Lying on Back –  
|                      | Prop: Add Blanket Stack  
|                      | Lengthen through spine and tailbone  
|                      | Rejuvenate legs and relieve digestive problems-nausea, acidity, indigestion, constipation  
|                      | Good labor prep poses/ prepare pelvis for labor and delivery |
| Intense stretch - Parsvottanasana | Standing Pose  
|                      | Prop: Can use support of wall or chair  
|                      | May help relieve sacroiliac issues and leg cramps  
|                      | Keep fold gentle and spine lengthening  
|                      | Move toward torso parallel to floor – arms can extend to wall or chair support |
| Inversions           | Avoid teaching in group prenatal yoga classes  
| Shoulderstand / Headstand / Handstand | Pregnancy is not the time to try out new advanced yoga postures-  
|                      | Rarely would you find a prenatal student willing to do inversions. Many prenatal students find yoga for the first time after learning they are pregnant.  
<p>|                      | The recommendation usually is that if you have practiced yoga for a while, and inversions have been a regular part of that practice, it might be perfectly fine to continue with this for as long as it is comfortable into your pregnancy. Not recommended in the third trimester. |</p>
<table>
<thead>
<tr>
<th>Pose</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Legs up the wall-Viparita Karani</strong></td>
<td>Gentle Inversion&lt;br&gt; Demo the getting into and coming out of the pose first&lt;br&gt; Prop: blanket stack or bolster under hips&lt;br&gt; Mention conditions for coming out- heaviness or heat at head/chest, trouble breathing, not comfortable&lt;br&gt; Leg variation: wide angle or bound angle legs&lt;br&gt; Though an inversion: Beneficial for swollen and/or varicose legs and feet&lt;br&gt; Helps with fatigue and May release backache&lt;br&gt; Takes the heavy baby weight off of the pelvic floor&lt;br&gt; Note: Does not always feel good- especially 3rd trimester&lt;br&gt; Calms nervous system, balances hormonal system, rejuvenates mind, and reduce fatigue</td>
</tr>
<tr>
<td><strong>Lion-Simhasana</strong></td>
<td>Seated/Vocal&lt;br&gt; Demo First&lt;br&gt; Find comfortable seated position – sukhasana variation, vajarasana or virasana&lt;br&gt; Encourage women to find their inner lioness&lt;br&gt; Releases and tones facial muscles&lt;br&gt; Relaxes the jaw and mouth&lt;br&gt; Good for Vocal Toning (see specialized focus)</td>
</tr>
<tr>
<td><strong>Locust-Salambhasana</strong></td>
<td>Avoid in Pregnancy</td>
</tr>
<tr>
<td><strong>Lunges</strong></td>
<td>Stretching&lt;br&gt; Prop: blocks or chair&lt;br&gt; If trouble bringing foot forward from table, bring foot forward from kneeling instead&lt;br&gt; Make room for belly – have foot come forward to outside of hand/block&lt;br&gt; Keep knees aligned over ankles&lt;br&gt; Variation: Push palms into thigh to lift up to ½ warrior&lt;br&gt; Variation: High Lunge&lt;br&gt; Variation: Rock forward and back – can get baby to move if “stuck” on one side</td>
</tr>
<tr>
<td><strong>Mountain-Tadasana</strong></td>
<td>Standing&lt;br&gt; Awareness to Posture – see alignment posture focus&lt;br&gt; Foundation for standing poses&lt;br&gt; Feet hip distance apart&lt;br&gt; Add arm, shoulder, upper back, and lateral stretching movements&lt;br&gt; Integrate movement with breathing&lt;br&gt; Avoid standing still holding for length of time&lt;br&gt; Variation: crescent stretch - good for side body and hip flexibility&lt;br&gt; Variation: Slightly bent knees, wide feet, hands to hips, and do hip circles clockwise and counterclockwise</td>
</tr>
<tr>
<td><strong>Pigeon- Eka Pada Rajakapotasana</strong></td>
<td>Hip Opener / Flexibility&lt;br&gt; Prop: Add blanket roll or bolster support under hips&lt;br&gt; Good labor prep pose / prepare pelvis for labor and delivery&lt;br&gt; Variation: have back leg knee bent as well</td>
</tr>
<tr>
<td>Pose/Asana</td>
<td>Description</td>
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<tr>
<td><strong>Plank Pose - Side Plank Variations – Vasisthasana Variations</strong></td>
<td>Mention hugging baby toward spine Full version may create too much stress on abdominals Half Plank variation: Knees to floor – gentle pushups to strengthen arms Side plank variation requires less abdominal work than full plank pose. Great Side Stretch Create more room in the torso/ribcage</td>
</tr>
<tr>
<td><strong>Reclining Big Toe Pose-Supta Padangusthasana</strong></td>
<td>Hip Opener / Hamstring stretch Avoid Lying on Back Avoid Twist Version Prop: add Blanket Stack – Do after pranayama and keep opposite knee bent/foot on the floor while “working leg” has strap on foot</td>
</tr>
<tr>
<td><strong>Revolved Asanas</strong></td>
<td>Avoid in Pregnancy Closed twists should be avoided because of the compression of the belly Occasionally Revolved Triangle can be done with hand coming down to chair seat on the inside of the front foot having turn be in upper chest/shoulders and hips/belly parallel to the floor</td>
</tr>
<tr>
<td><strong>Seated-Sukhasana</strong></td>
<td>Awareness to Posture Avoid crossing ankles Prop: Add Blanket, block, and/or bolster support under hips Variations: Add arm, shoulder, upper back, and lateral stretching movements Integrate movement with breathing 6 Directions of the Spine Add Shoulder Lifts and Neck Exercises: alternately raise one shoulder and then drop it, repeat on second side, then do with both shoulders- eases neck and shoulder tension and headache. Variation: hold heel and knee and rock in hip socket “baby leg cradle” to open hips and alleviate hip joint discomfort</td>
</tr>
<tr>
<td><strong>Seated Forward Bend-Paschimottanasna</strong></td>
<td>Seated Pose Prop: Add Blanket, block, and/or bolster support under hips Prop: yoga strap around feet Slight tip forward at hip creases – will not be able to go very far with baby belly - Allow with legs slightly apart Stay soft at knees and heels on the floor Good hamstring and spine stretch Relaxing for body and mind – good before savasana</td>
</tr>
<tr>
<td><strong>Side Angle – Utthita Parsvakonasana</strong></td>
<td>Standing Pose/Strengthening Prop: Bring Bottom arm to thigh or block or chair Prop: Bottom lunge leg to chair seat Top arm to hip, straight up or stretching over Build leg strength and increases circulation</td>
</tr>
<tr>
<td>Side-Lying Leg and Arm Exercises</td>
<td>Warm-up Movements</td>
</tr>
<tr>
<td>----------------------------------</td>
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</tr>
<tr>
<td><img src="www.prenatalandbeyond.com" alt="Side-Lying Leg and Arm Exercises" /></td>
<td>Good Leg and arm movement – Flow with breath</td>
</tr>
<tr>
<td><img src="www.pelvichealthplu.com" alt="Side-Lying Leg and Arm Exercises" /></td>
<td>Integrate movement with breathing</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Squat –Garland Pose – Malasana</th>
<th>Ways to practice:</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="fiveprime.org" alt="Squat –Garland Pose – Malasana" /></td>
<td>Prop: with back to a wall, blanket support under heels, holding onto a chair, sitting back onto a block stack or bolster or floor</td>
</tr>
<tr>
<td><img src="http://tewmuch.blogspot.com/" alt="Squat –Garland Pose – Malasana" /></td>
<td>If student is 32-34+ weeks pregnant – do NOT practice full squats. If student does not know if baby is lying head down and back to their belly yet, full squats might reinforce the wrong position. Also, the additional pressure should be avoided on the pelvic floor. Also, Do not have student squat if dealing with premature labor, incompetent cervix, painful knees, pubic symphysis pain, hemorrhoids, vulvas varicosities, or painful varicose veins. If mom is 38+ weeks pregnant and knows for sure that baby is in optimal fetal position, and feels comfortable squatting – may do a full squat.</td>
</tr>
<tr>
<td><img src="Yogadragon.com" alt="Squat –Garland Pose – Malasana" /></td>
<td>Good labor prep pose / prepare pelvis for labor and delivery. In a squatting position, the pelvic outlet opens and the perineum is able to stretch, making it also an ideal position to give birth. Also, squatting provides a deep connection with the earth, and allows the force of gravity to help the baby descend through the birth canal. Practicing squatting during pregnancy will build your leg strength, boost circulation in your pelvis and open up the pelvic region, help position the baby correctly, relieve back pain (especially in the lower back) and fight constipation. In labor, squatting decreases the vaginal length, and provides an increase in pelvic outlet diameter for easier delivery is she chooses to deliver this way.</td>
</tr>
<tr>
<td><img src="Yogadragon.com" alt="Squat –Garland Pose – Malasana" /></td>
<td>To come out of Malasana to standing, press into the floor or chair so as not to put extra pressure on the pelvic floor</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Staff Pose - Dandasana</th>
<th>Seated – Legs extended out front</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="Yogadragon.com" alt="Staff Pose - Dandasana" /></td>
<td>Stretch hamstrings and strengthen back</td>
</tr>
<tr>
<td><img src="Yogadragon.com" alt="Staff Pose - Dandasana" /></td>
<td>Prop: Sit up on blanket or bolster support</td>
</tr>
</tbody>
</table>
| **Standing Forward Folds-Uttanasana / Parsarita Padottanasana** | **Standing Forward Fold**  
- Feet wider than hip distance  
- Prop: Hands to chair, thighs, shins, or blocks  
- Feet should be wide  
- Keep space in torso  
- Legs slightly bent and fold only at the hip crease  
- Avoid compressing the belly  
- Strengthens legs  
- Takes weight of baby off the pelvic floor and back  
- Gravity neutral position |
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<tbody>
<tr>
<td><img src="image1.png" alt="Standing Forward Folds-Uttanasana / Parsarita Padottanasana" /></td>
<td><img src="image2.png" alt="Standing Forward Fold" /></td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th><strong>Warm-up / Anytime Pose</strong></th>
<th><strong>Table</strong></th>
</tr>
</thead>
</table>
| **Cat – Cow**  
**Flowy Cat**  
**Table Balance**  
**Table Balance Variation**  
**Pelvic Tilts**  
**Circles**  
**Figure-8**  
**Spatula**  
Integrate movement with breathing | ![Cat – Cow](image3.png)  
![Flowy Cat](image4.png)  
![Table Balance](image5.png)  
![Table Balance Variation](image6.png)  
![Pelvic Tilts](image7.png)  
![Circles](image8.png)  
![Figure-8](image9.png)  
![Spatula](image10.png) |

| **Thunderbolt - Vajarasana** | **Seated – Legs under body**  
- Thigh and top of foot Stretch  
Prop: blanket support under shins, between buttocks and heels, and/or behind knees between thighs and calves  
Lift spine upward and relax shoulders and shoulder blades down – thighs parallel  
Rejuvenates legs  
Variation: Toe and foot stretch |
<table>
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</thead>
<tbody>
<tr>
<td><img src="image11.png" alt="Thunderbolt - Vajarasana" /></td>
<td><img src="image12.png" alt="Seated – Legs under body" /></td>
</tr>
</tbody>
</table>

| **Tree – Vrksasana** | **Balancing Pose**  
- Improve postural alignment  
- Bring non- standing foot to supporting leg ankle, shin/calf, or thigh  
Arms in any comfortable variation  
Prop: Only do with chair or wall support  
Caution with pelvic and sciatica pain and may need to avoid for pubic symphysis pain |
<table>
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<tbody>
<tr>
<td><img src="image13.png" alt="Tree – Vrksasana" /></td>
<td><img src="image14.png" alt="Balancing Pose" /></td>
</tr>
</tbody>
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With Peace & Love To The Mother Inside All of Us, To Mothers Before Us and To The Miracle of Birth — yoginvicki@verizon.net / sunmoonvicki@yahoo.com

— Vicki L. Christian April 2014
<table>
<thead>
<tr>
<th>Pose</th>
<th>Description</th>
</tr>
</thead>
</table>
| **Triangle-Utthita Trikonasana** | Standing Pose  
**Endurance / Stamina**  
**Hip Opener/Flexibility**  
*Prop: Can do with back foot supported at wall edge*  
*Bottom hand can come down to floor, block, or chair*  
*Build leg strength and increase circulation* |
| **Twists**         | Do open twists  
*Avoid compressing twists*  
*Do not take twists deep into abdomen*  
*Keep twists in upper chest and shoulders*  
*Baby Belly/navel facing forward*  
*Ie: Marichyasana A variation* |
| **Warrior I-Virabhadrasana I** | Standing Pose  
**Hip Opener/Flexibility**  
*Build leg and arm strength and increase circulation*  
*Variation: Sitting on Chair*  
*Variation: Half Warrior In Low Lunge* |
| **Warrior II-Virabhadrasana II** | Standing Pose  
**Hip Opener/Flexibility**  
*Build leg and arm strength and increase circulation*  
*Variation: Reverse Warrior (back hand to back leg and front palm turns up and arm lifts up)*  
*Prop: Seated on chair – good for 3rd trimester* |
| **Warrior III-Virabhadrasana III** | Balancing Pose  
**Standing Pose**  
**Hip Opener/Flexibility**  
*Build leg and arm strength and increase circulation*  
*Prop: Only do with chair or wall support* |
| **Wide Angle Pose- Upavista Konasana** | Seated – Legs Wide out in front  
*Good labor prep pose / prepare pelvis for labor and delivery*  
*Press hands into the floor to help lift spine upward*  
*Relax shoulders and shoulder blades down*  
*Knees and Toes point toward the ceiling (soft space under the knees) – option: legs slightly bent*  
*Prop: Sit up on blanket or bolster support* |
Left-side Lying Relaxation – Savasana 10-15 minutes at the end of every class

Allow ALL parts of the body to be supported.

All ready mentioned previously as to why not to have students lie on their backs (Vena Cava drains the lower half of the body). Now as to why preferably the left side of the body instead of the right. The answer to this still lies with the anatomy of the abdomen and the vena cava. Anatomically, the vena cava lies just to the right of the spine. That means when a mother-to-be is lying on her left side, there is the best circulation and blood flow between the heart and the vena cava because there will be the least amount of baby weight on it. Lying on the right side is still better than lying on the back; encourage women to lie on the left side.

Relaxation Corpse Pose-Savasana

Resting / Restorative

Left-side Lying (Do Not Lie on Back especially after 20 weeks)
Avoid separating out those less than 20 weeks and those over 20 weeks and have everyone rest on left side supported
Always do minimum 10-15 minutes at end of class
Give permission to adjust supports to be fully and completely supported and comfortable

Relaxation Is Very Important
Encourages Listening to Body and Connection with Baby
Encourages active conscious release of tension
Better blood circulation
Learning to unwind and relax is useful for pregnancy, labor, postpartum, and life.

Savasana Mediations/Guided Relaxations:

Body Scan Release – Mental scan through the body. Thank your body for showing you where the tension is residing and allow the inhalation to reach like a search light to those areas to nourish, and allow the exhalation to calm, and release those area(s)

Music / Sound focused aid in relaxing – ocean waves, classical music, lullabies, etc...

Progressive Relaxation – Focus on relaxing each body/muscle part. (i.e.: Like a yoga nidra)

Tense and Release – Focus on tensing and then completely letting go each body/muscle part

Visual Imagery – Conditioned relaxation response “mind over matter” –Imagining/Visualizing 1) space or vacation spot that brings feelings of safety, comfort, and tranquility 2) take a walk in a special garden or along a beach 3) Allowing the body to become Warm & Relaxed – Body Loose & Limp
### Additional Class Ideas – Additions to part of class or focus for whole class:

<table>
<thead>
<tr>
<th>Ball (Exercise, Birthing, Swiss or Fit Balls)</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Proper Ball Size: With feet flat on the floor, the thighs should be parallel to the floor and in line with the hips</td>
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<tr>
<td>For Use in releasing in pregnancy, use in labor, and use postpartum</td>
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<tr>
<td>Bouncing</td>
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<tr>
<td>Pelvic tilts and circles</td>
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<tr>
<td>Upper body stretches</td>
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<tr>
<td>Lower body stretches</td>
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<tr>
<td>Kegels</td>
<td></td>
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<tr>
<td>Yoga postures</td>
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http://www.rwp1.co.uk/pregnancyandexercise.htm
http://jagebrooklyn.typepad.com

<table>
<thead>
<tr>
<th>Chair</th>
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<tbody>
<tr>
<td>Upper body stretches – Arms – Shoulders</td>
<td></td>
</tr>
<tr>
<td>Shoulder Opener - Chair dips</td>
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<tr>
<td>Restorative rest</td>
<td></td>
</tr>
<tr>
<td>Sitting astride facing back of chair resting over back of chair – good for heartburn</td>
<td></td>
</tr>
<tr>
<td>Hip Opener – cross ankle over opposite thigh</td>
<td></td>
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<tr>
<td>Seated Chair: Rest feet with soles of feet firmly planted on the floor or on a cushion or low stool so knees and thighs are at hip level to help posture alignment and prevent strain on the lower back.</td>
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http://www.madeformums.com/

<table>
<thead>
<tr>
<th>Holding Postures – Pain Management</th>
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</thead>
<tbody>
<tr>
<td>Pain Management Skills Practice</td>
<td></td>
</tr>
<tr>
<td>Aware of what mind/thoughts/breath are doing</td>
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<tr>
<td>Acceptance of discomfort and awareness of where body tries to bring in tension during the discomfort.</td>
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<tr>
<td>Focus breath to release the tension.</td>
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<tr>
<td>Practice movement as way of releasing.</td>
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<tr>
<td>Learn to recognize the cycle: pain=fear=tension-Break the cycle: pain/knowledge=fear/relaxation=tension/breathing</td>
<td></td>
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<thead>
<tr>
<th>Joint Freeing Series-Mukunda Stiles</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Reference Mukunda Stiles book: <strong>Structural Yoga Therapy</strong>™ Joint Freeing Series</td>
<td></td>
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<tr>
<td>Note: May want to avoid stretching/pointing the toes away—as this may bring on leg cramps</td>
<td></td>
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<thead>
<tr>
<th>Kegel Exercises</th>
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<tbody>
<tr>
<td>Pelvic Floor Exercises</td>
<td></td>
</tr>
<tr>
<td>The lifting and drawing up of the pelvic floor muscles to create flexibility and strength.</td>
<td></td>
</tr>
<tr>
<td>Inhale to contract/tighten the muscles and exhale to relax completely</td>
<td></td>
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<tr>
<td>Note: Do Not hold the breath at any time</td>
<td></td>
</tr>
<tr>
<td>See the attached info sheet</td>
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</tbody>
</table>

Loveyourpelvicfloor.com
### Optimal Fetal Positioning

Focus / visualize baby getting into the optimal fetal position for birth – Baby Head Down – Arms Down – Chin Tucked - Back to Belly

During the last 4-6 weeks of pregnancy (34-40 weeks), certain yoga postures can be emphasized to keep the baby’s spine facing the mother’s front. Flowy cat, down dog variations, lunges to one side, and any pose that allows the belly to “hang”

Site: [www.spinningbabies.com](http://www.spinningbabies.com)

Lots of information about baby’s rotations during pregnancy, labor and birth

### Partnering

Poses with a partner – squatting (Malasana) tree (Vrksasana) Wide legged upavisata konasana Seated sukhassana/BK Back feet touching – Triangle, Warrior II, Reverse Warrior, Side Angle

Note: Do not use finger hand hold, instead use a grasp of the hands above the wrist for a more comfortable and secure hold

### Practice Birthing Pushing Positions

5 LABOR TESTED BIRTHING POSITIONS FROM [HTTP://WWW.ASKDRSEARS.COM/HTML/1/T010900.ASP](http://www.askdrsears.com/html/1/t010900.asp)

| 1. Squatting. You may wonder why you should squat when you could be lying comfortably on your side in bed. Squatting benefits mother and baby. It widens the pelvic openings, relieves back pain, speeds the progress of labor, and relaxes perineal muscles so that they are less likely to tear, improves oxygen supply to the baby, and even facilitates delivery of the placenta. If you have practiced squatting a lot during pregnancy, it will be easier during labor. If you try squatting down right now, you can probably feel where your upper leg bones, the femora, are attached to your pelvic bones. When you squat, the leg bones actually act like levers to widen your pelvic outlet by twenty to thirty percent. Squatting gives your baby a straighter route through a wider passage, creating the easiest path for moving baby through your pelvis. |
| 2. Kneeling. Kneeling is helpful to ease overwhelming contractions, relieve back pain, or turn a posterior baby. It is also a position that helps you improvise, and can lead to the kneel-squat, kneeling on all fours, or the knee-chest position. |
| 3. Sitting. The sitting position widens the pelvis, but not as much as squatting does. The most labor-efficient position is sit-squatting on a low stool. Alternatives are to sit astride a toilet seat, chair, or a birth ball you may have practiced on. If you must stay in bed because you’ve had a pain medication, you can sit astride the birthing bed. |
| 4. Standing and leaning. Since your labor is likely to progress more quickly and efficiently if you walk a lot, you may find yourself upright during an intense contraction. Try stopping and leaning against the wall or your birth partner, or resting your head against pillows on a table. |
| 5. Side-lying. Even though moving and being upright helps your labor progress, it is not humanly possible to be upright during your whole labor. Your hard-working body will need some rest, and if you don’t get it, it may stop doing its job so well. Best to be upright, in varying positions, during active labor contractions, but to rest as much as possible during early labor and between contractions. Lie on your left side. Support your body with at least five pillows: one or two under your head, one supporting your top knee, one behind your back, and another under the baby belly. |
### Restorative


- Add more bolsters and blanket support
- Reclining Bound Angle-Supta Baddha Konasana
- Supported Side Lying – Left side Savasana (option: side lying with leg supported on chair)
- Supported Child’s Pose – Balasana
- Legs up the wall – Viparita Karani with blankets or bolster under the hips [Leg options: straight up, in a wide V, or in Baddha Konasana]

### Vocalization – Vocal Toning

#### Chanting/Singing

- Pain Management Skills
  - Use of sound to help release and cope with anxiety, tension, and stress. OM=sound of all sounds, universe, creation, life
  - Direct connection between jaw/throat and cervix/pelvic floor (open throat=open birth canal) "Law of the Sphincter"
  - Increases length and depth of exhalations
  - Chanting/Singing gently builds abdominal strength and provides soothing vibrations to mom & baby
  - Helps to break the cycle: pain=fear=tension

- **Wall as a Prop**
  - Allows support of poses = Especially balancing and standing
  - Good leg stretching

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**Additional Notes:** *Dealing with previous miscarriage(s) while currently pregnant.*

*Book: Unspeakable Losses: Healing From Miscarriage, Abortion, And Other Pregnancy Loss* by Kim Kluger-Bell “It’s going to be stressful – especially up to the time when the pregnancy was lost last time.” “Once a woman passes the point of the previous loss, attachment to the pregnancy usually forms and she starts to feel more positive.”

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### Sample Prenatal Class

This is an extended class plan: Add or subtract as needed for length of class, class focus and to make it your own

#### Pranayama 10-15 minutes
Blanket supported reclining centering, and breath awareness – Belly breath to Complete breath to Ujjayi, no kumbhaka and emphasize slow smooth full deep breaths with no force or tension -breathing through nose unless congested–breathe through mouth

#### Sharing Circle
- Name, how far along, how feeling, (question/handout?) Vocal OM x3

**Warm-up and/or Class Wind down Options:**

- **Side-Lying leg movements** - Supported on side body - Different variations of leg movements
  - **Table Pose**
  - Cat/Cow spine flexibility
  - Table Balance – opposite limbs extending
  - Table Spatula
  - Flowy Cat – Demo First
  - Circle hips / pelvic tilts
  - Wide Leg Balasana - Childs Pose
  - To Downward Facing Dog/ Puppy Dog - option add hold (pain management)

- **Sukhasana – Un-Cross Legged Seated / Easy Sitting pose**
  - Neck, then arm stretches especially opening chest
  - Arm stretches - Inhale arms up, keep spine tall and exhale arms down x2
  - Lateral /side rib stretches - Inhale one arm up, exhale crescent stretch to side, both sides

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With Peace & Love To The Mother Inside All of Us, To Mothers Before Us and To The Miracle of Birth – yoginvicki@verizon.net / sunmoonvicki@yahoo.com

– Vicki L. Christian April 2014
Gentle Twists – “Twist” from shoulders – adding in head, neck, and eyes as comfortable
Shoulder Openers and Releases - Inhale backbend with hands behind on floor, exhale forward fold, then again with different leg cross
Cow/Gomukhasana arms
Eagle/Garudasana arms
Pelvic circles

**Seated with knees bent and legs beside or under hips**
Vajarasana – Thunderbolt pose with support - Option toes tucked under stretch
Simhasana - Lion Pose (vocal toning)

**Warm-up Vinyasa:** From Vajarasana- Inhale come up on kneeling knees with arms lifting overhead, (option to start with kneeling if vajarasana does not feel good), exhale down to table, inhale lengthen spine, exhale cat arch, inhale cow/dog tilt, exhale childs pose or down dog, exhale to table, inhale pushing hands into floor lifting to kneeling with arms lifting overhead, exhale back to vajarasana or stay in kneeling and just release arms. Repeat.

**Warm-up Vinyasa:** Inhale come up on knees with arms overhead, exhale down to thunderbolt (vajarasana), inhale backbend with hands on floor-fingers towards the hips- hips on heels, exhale wide legged child’s after rest, begin again, sequence at least twice

**With Chair**
Sitting on chair – (both soles of the feet firmly on the floor)
Lifted leg hip stretch (1/2 lotus variation) and toes, feet, and ankle rotations
Forward lean, with open twist (belly tipping forward)
Gentle twist using holding onto chair
Arm, neck, and shoulder stretches
Facing back of chair, lean forward, and rest arms and head on back –option add Kegel exercises exercise

**Next to Chair**-(make sure at least 2 chair legs are on the mat to prevent sliding)
Adho Mukha Svanasana -Supported Down Dog
Low Lunge with rocking hips forward and back
Malasana – squat – supported
Kneeling lean forward to chair support
Chair Vinyasa: Right foot to chair-knee bent
Open twist
Uttitha Parsvakonasana -Extended Side Angle Pose
Parsvottanasana - Intense side stretch pose/straight leg, slight forward tip
Uttitha Trikonasana – Extended Triangle pose
*Repeat above with left foot to chair*

**At Wall**
Parsvottanasana (Intense side stretch pose) Calf stretch with hands on the wall
Chest lean to wall – hip circles
Wall hang Down Dog
Uktasana – chair pose – option add arm flow – option add hold-(pain management)
Any standing pose with back foot support at wall
Triangle and Half Moon Poses with back body supported at wall
Eagle Pose
Supported uttanasana – wide feet foot away from wall with hips to wall
Squat sitting on blocks with back to wall –option add Kegel exercises –option vocal toning
Standing Poses -adding support & modification as needed
Tadasana - Standing – Mountain Pose (grounding down the legs, connect to the earth)
Crescent moon-lateral side stretches R & L
Hands on hips – knees slightly bent - Circle Hips
Rise up on balls of feet, alternate lift of arm (use other hand to hold chair for support)
Vrkasana – Tree pose (use chair to hold onto as needed)
Asymmetrical dance movement
Gentle Sun Salutes –Surya Namaskara with modifications
Warrior 1 & 2
Triangle
Wide Legged Forward Fold
Godness Pose – Vinyasa –Dancing Bear

Winding Down Ending Class Prior to Savasana

Sitting on mat –Baddha Konasana (Tailor sitting/ cobbler pose): Pelvic Circles
Supported Forward Fold moving heels farther away from body
Wide legged seated (upavista konasana): “stirring the soup”
Supported Forward Fold
Pigeon pose with hip support
Table kneeling with hips in the air and forehead supported – pelvic tilts
Seated, lean back onto hands, legs out in front knees bent and feet wide as mat, rock the legs from side to side - windshield wiper legs
Comfortable seated pose – eye exercises (followed by palming) and gentle head and neck releases
Flowing Bridge (Demo First)
Legs up the Wall
Supta Baddha Konasana

Final Relaxation/Mediation - Left side lying Savasana relaxation 10-15 minutes

Book Reference: PREGNANCY & BIRTH
Ina May’s Guide to Childbirth by Ina May Gaskin
The Birth Partner by Penny Simpkin
Pregnancy Childbirth and the Newborn: The Complete Guide by Penny Janet Whalley, RN, BSN; Ann Keppler RN, MN
The Mother of All Pregnancy Books: The Ultimate Guide to Conception, Birth, and Everything In Between by Ann Douglas
The Birth Book: Everything You Need to Know to Have a Safe and Satisfying Birth (Sears Parenting Library) by William Sears and Martha Sears
From the Hips by Rebecca Odes and Ceridwen Morris
Heart & Hands by Elizabeth Davis
The Secret Life of the Unborn Child: How You Can Prepare Your Baby for a Happy, Healthy Life by Thomas Verryn, M.D. and John Kelly
Juju Sundin’s Birth Skills with Sarah Murdoch by Julia Sundin & Sarah Murdoch 2007
Pushed: The Painful Truth About Childbirth and Modern Maternity Care by Jennifer Block
Conscious Birthing Yoga and Meditation for Pregnancy by Theresa Jamieson
Breathe Your Way Through Birth With Yoga by Julie Llewellyn-Thomas
Pregnancy for Dummies by Joanne Stone, MD, Keith Eddleman, MD, & Mary Dunwald
Essential Exercises for the Childbearing Year by Elizabeth Noble
Preparing for Birth with Yoga by Janet Balaskas
Step-by-Step Yoga for Pregnancy by Wendy Teasdale
Yoga for Pregnancy by Sandra Jordan
Prenatal Yoga A Primer for Yoga Teachers by Leslie Lytle, MS CMA, RYT500 – OmMamma.com
Yoga Mom, Buddha Baby by Jyathi Larson
Bountiful, Beautiful, Blissful by Gurmukh
Motherwell Maternity Fitness Plan by Bonnie Berk
The Woman’s Book of Yoga and Health by Linda Sparrowe and Patricia Walden
Bringing Yoga to Life: The Everyday Practice of Enlightened Living by Donna Farhi
Yoga Mind, Body, Spirit: A Return to Wholeness by Donna Farhi
Teach Yourself Yoga for Pregnancy and Birth by Uma Dinsmore-Tuli
The Prenatal Yoga Deck by Olivia H. Miller

Prenatal DVDs:
Baby & Mom Prenatal Yoga with Gurmukh Kaur Khalsa www.currentwellness.com
Dr. Christine Anderson’s Dynamic Prenatal Yoga /www.kidchiropractic.com
Laugh and Learn DVD Series Disc 1: Lamaze Childbirth Class, Disc 2: Breastfeeding Class, and Disc 3: Newborn Baby Care Class
Leisa Hart’s FitMama Prenatal Workout www.naturaljourneys.com
Prenatal Plus Yoga, Yoga for Pregnancy with Debora Geymayr R.Y.T., HBCE Prenatalplusyoga.com
Prenatal Yoga Complete with Mary Pappas-Sandonas www.BodyWisdomMedia.com
Rocki’s Prenatal Yoga Volume. www.mooproductionsinc.com
Shiva Rea Prenatal Yoga Gaia, Inc. www.gaiam.com
Yoga Journal and Lamaze Present Yoga for your Pregnancy with Kristen Eykel /www.yogaforyourpregnancy.com
Prenatal Vinyasa Yoga with Jennifer Wolfe – & partner yoga routine with Doug Swenson.
Imagine a Woman by Patricia Lynn Reilly, M. Div.© 1995

The poem that inspired the book Imagine a Woman in Love with Herself.

Imagine a woman
who believes it is right and good she is woman.
A woman who honors her experience and tells her stories.
Who refuses to carry the sins of others within her body and life.

Imagine a woman
who believes she is good.
A woman who trusts and respects herself.
Who listens to her needs and desires and meets them with tenderness and grace.

Imagine a woman
who has acknowledged the past’s influence on the present.
A woman who has walked through her past.
Who has healed into the present.

Imagine a woman
who authors her own life.
A woman who exerts, initiates, and moves on her own behalf.
Who refuses to surrender except to her truest self and to her wisest voice.

Imagine a woman
who names her own gods.
A woman who imagines the divine in her image and likeness.
Who designs her own spirituality and allows it to inform her daily life.

Imagine a woman
in love with her own body.
A woman who believes her body is enough, just as it is.
Who celebrates her body and its rhythms and cycles as an exquisite resource.

Imagine a woman
who honors the face of the Goddess in her changing face.
A woman who celebrates the accumulation of her years and her wisdom.
Who refuses to use her precious life energy disguising the changes in her body and life.

Imagine a woman
who values the women in her life.
A woman who sits in circles of women.
Who is reminded of the truth about herself when she forgets.

Imagine yourself as this woman.

For more of Patricia Lynn Reilly’s inspirations, visit her site: www.OpenWindowCreations.com