



***Yoga, Pregnancy & Mothering: Giving Birth to Conscious Beings
Serving Pregnant Students & New Mothers in Yoga
Part II: Using the Koshic Model - The Physical Body***

1. Using the Koshas to Explore Pregnancy Experience
 - a. The Koshas are the dimensions or levels of human being. They offer a map for the journey of self discovery. This map of being comes from an ancient spiritual science called Vedanta. These dimensions can be described as bodies: physical, energetic, psycho-emotional, wisdom and bliss.
2. Annamayakosha: The Physical Body
 - a. Relates to all of the system of the physical body as well as the five elements: earth, water, fire, air & space. In terms of health, the Annamayakosha relates to balance in the physical systems as well as balance in the elements. Yoga postures are important tools for balancing the physical body.
3. Annamayakosha: The Physical Body
 - a. What is happening in a pregnant woman's body?
 - i. Endocrine System
 - (1) Placenta & embryo produce estrogen (increases 1000 times!) & progesterone (increases 10 times) to maintain pregnancy. They soften & relax the smooth muscle tissue of the whole body. This softening allow uterus to grow to accommodate pregnancy and affects fluid balance of circulatory system. Placenta produces relaxin which softens connective tissues and ligaments of the body. This allows spinal & pelvic joints to be more flexible. Muscular walls of blood & lymph vessels relax and soften.
 - (2) By the 16th week changes in thyroid function increase basal metabolism by 10-30%. Basal body temperature rises.
 - ii. Circulatory System
 - (1) The body gradually increases fluid content of body tissues, cells and blood dramatically: by the end of pregnancy fluid increases by about 12 pints blood volume to meet this need. This helps circulation, increases blood flow to placenta and becomes protective amniotic fluid. The relaxation in blood vessel walls ensures blood travels faster to carry oxygen & nutrients to baby. Increased blood volume can contribute to headaches. It can also soften valves in larger veins, causing varicosities in legs, anus & vulva. Oxygen carrying capacity in blood is increased by growing number of red blood cells. (Although the

Yoga, Pregnancy & Motherhood: Giving Birth to Conscious Beings

hemoglobin content rises, the general increase in fluid dilates its concentration by up to 20% which results in “physiological anemia of pregnancy”.)

- (2) Early in the first trimester the heart begins to work harder pumping more blood to meet the needs of growing baby and placenta. Heart rate increases by about 15%.
- (3) Blood pressure
 - (a) The pressure the blood exerts on the walls of the arteries stays fairly constant in pregnancy. In mid-pregnancy softening of arterial walls may cause a lowering of blood pressure.
 - (b) Blood pressure can be temporarily affected by posture. Standing too long allows blood to pool in lower half extremities.
 - (c) Blood pressure can drop when a pregnant woman is lying on her back due to the weight of a heavy uterus resting on the aorta and inferior vena cava, the largest vein in the body. The aorta carries oxygenated blood from mother’s heart into circulation and the vena cava returns deoxygenated blood from the lower body back to the heart.

iii. Respiratory

- (1) During pregnancy oxygen consumption rises 15-20%. Roughly 1/3 of the increase is necessary for the metabolism of the fetus and placenta. The remainder is used to support increased maternal metabolism. Lungs are slightly displaced and diaphragm is elevated by enlarging uterus. Breathlessness is normal in most pregnant women. (In comparison to the heart, pregnancy puts little stress on the respiratory system.)
- (2) Nasal congestion results from increased vascularity.

iv. Digestion & Elimination

- (1) Digestion is also affected by hormonal softening of the smooth muscle which forms digestive tract walls. Muscle tone is reduced and food passes more slowly from esophagus through stomach and small and large intestines to rectum. Heartburn can occur due to the softening of the muscular valve between the esophagus & stomach. Forward bending too low can aggravate this condition. Constipation can occur due to the slower emptying of the large intestine. (Transit time can increase by 40% to maximize nutrient absorption.)
- (2) Most women need to increase their daily calorie intake from 2,200 in the first trimester to 2,500 thereafter, increasing to 2,700 while breastfeeding. Pregnant women should consume a minimum of 8 cups of water and 60 grams of protein daily. Leg cramps are often associated with inadequate sodium, calcium, magnesium and potassium intake.
- (3) In early pregnancy the fetus puts pressure on the bladder and ureters which increase the urge to urinate and contribute to urinary tract infections. This pressure arises at 6 weeks,

Yoga, Pregnancy & Motherhood: Giving Birth to Conscious Beings

subsides at 12 weeks (as uterus rises out of the pelvis) and increases again in late pregnancy.

v. Metabolism

- (1) The liver synthesizes albumin to attract water into circulation and metabolizes hormones of pregnancy (equivalent to 100 birth control pills a day!) Kidneys respond to decreases in blood volume by reabsorbing water and salt and returning them to circulation. When albumin or sodium are deficient fluid leaks through blood vessel walls into tissues which can result in pregnancy induced hypertension (pre-eclampsia).

vi. Skeletal-Muscular

- (1) Smooth muscle is found in the walls of all the hollow organs, veins and arteries of the body (except the heart). Its contraction reduces the size of these structures. The contraction of smooth muscle is generally not under voluntary control. The following functions are impacted by the softening effects of hormones:
 - (a) the flow of blood through veins & arteries
 - (b) movement of food through gastrointestinal tract
 - (c) expulsion of urine from bladder
 - (d) regulation of air through the lungs
- (2) Skeletal muscle is under voluntary control. Skeletal muscles bear the increased weight and postural stress of pregnancy. Muscle tension can result in a number of common discomforts, particularly in the upper back, neck and hips. Abdominal muscles can weaken and separate (diastasis recti) due to inherent weakness, poor posture, very large babies, multiples and or strenuous pushing when emptying bowels.
- (3) Joint laxity (overstretching) can result in
 - (a) Flattening of arches
 - (b) Strain upon jumping
 - (c) Increased risk of losing balance
 - (d) Pubis symphysis
 - (e) Uterine ligament strain
 - (f) Pelvic ligament strain

b. Calendar of Pregnancy - **Appendix I**

i. First trimester changes

- (1) Uterus grows to the size of grapefruit just above pubic bone; weight loss or gain up to 5 lbs.; hormones of pregnancy relax and soften connective tissues including smooth muscles,
- (2) By fourteen weeks baby is 3 inches long, weighs an ounce
- (3) Common discomforts

Yoga, Pregnancy & Motherhood: Giving Birth to Conscious Beings

- (a) Bloating, ache in pelvis, low back; constipation; nausea & vomiting; fatigue & sleepiness; occasional feelings of faintness; frequent urination; breast tenderness; aversion to some foods & odors
- (4) Practices which may alleviate discomfort of
 - (a) Low back ache – cakravakasana, pelvic tilting, apanasana (modified), postural awareness education; abdominal strengthening; yogassage
 - (b) Constipation - supported supta virasana (hero’s pose), parivritti prasarita padottanasana (wide angle forward bend with upper body twist), jathara parivrtti wide knees (with support if necessary); cakravakasana (relieves pressure from intestines)
 - (c) Fatigue – Postural & breathing education; warm ups & restorative poses; asana practice as “moving meditation” with an emphasis on breathing
 - (d) Sleeplessness – Langhana pranayama slow, deep abdominal breathing focusing on exhalation
 - (e) Nausea – side lying restorative, supported supta virasana
 - (f) Fainting – left side lying restorative, balasana (modified child’s pose)
- ii. Second trimester changes
 - (1) Uterus, about the size of a large melon, is above the navel; gaining about 0.8-1.0 lb per week, noticing fetal movement
 - (2) By 27 weeks baby is 11-14 inches long; weighs 1-2 lbs
 - (3) Common discomforts
 - (a) Constipation; cravings; groin pain from round-ligament contractions; nasal congestion; head ache; edema; relaxation of pelvic joints; leg cramps; pain/tension in neck, shoulders, wrists, upper, lower back; deep gluteal pain radiating down leg (usually one sided)
 - (4) Practice which may alleviate discomfort of
 - (a) Head ache – forward bend with slight pressure on head including balasana, paschimottanasana/janusirshasana/upavista konasana against chair for support
 - (b) Leg cramps - ashwa sanchalanasana (lunge with support); adho mukha svanasana; janusirshasana & paschimottanasana with strap
 - (c) Neck tension – neck release warm ups
 - (d) Back tension – cakravakasana, pelvic tilting, apanasana (modified), postural awareness education; abdominal strengthening; yogassage
 - (e) Deep gluteal pain – right angle pose at wall legs internally rotated; agni stambhasana (stacking ankles & knees); jathara parivrtti modified with wide knees (bolster if necessary) (releases psoas); virabhadrasana at chair or wall; prasarita padottanasana with feet internally rotated

Yoga, Pregnancy & Motherhood: Giving Birth to Conscious Beings

- (f) Edema – viparita karani (legs up the wall or on chair with support); supported ardhha sarvangasana (shoulder stand against the wall)
- (g) Low blood pressure – Standing poses, raising arms, supported bridge, alternate nostril breathing
- (h) High blood pressure – Supported forward bends, viparita karani (legs up the wall)
- iii. Third trimester changes
 - (1) Uterine contractions more frequent; cervix softening & thinning; amniotic fluid decreasing; efficiency of placenta decreasing; progesterone decreasing; estrogen & prostaglandin increasing; total weight gain 25-35 lbs.
 - (2) By 39 weeks baby is 19 inches long; weighs 6-7 lbs.; may be engaged in the pelvis
 - (3) Common discomforts
 - (a) More noticeable Braxton-Hicks contractions; heartburn & indigestion; shortness of breath (diminishes with engagement); urinary frequency; tingling & numbness in hands; abdominal stretch marks & itchiness; increased warmth & perspiration; backache; changes in balance; interrupted sleep; vascular spiders; hemorrhoids; varicosities; swollen ankles; anemia
 - (4) Practices which may alleviate discomfort of
 - (a) Heartburn & indigestion - supported supta virasana; jalandhara bhandha; avoid lowering head below heart
 - (b) Tingling & numbness in hands – wrist & forearm stretches; neck stretches; cushion extended wrists or use fists/forearms; roll shoulders back & down to release nerve entrapment in brachial plexus
 - (c) Increased warmth – sitali/sitkari pranayama; forward bends; restorative poses
 - (d) Hemorrhoids & varicosities – viparita karani (with support)
 - (e) Swollen ankles - viparita karani (with support); ankle mobilization; contract/release to create squeeze & soak affect
 - (f) Upper back tension - – bharadvajasana (modified with upper back & neck rotation); jathara parivrtti (modified with wide knees & bolster if necessary) or side lying with opposite arm sweeps; parivrtti prasarita padottanasana
- c. Safe movements & postures
 - i. Pregnant women can practice most of the yoga postures during the first trimester. (Many practitioners advise against performing inverted postures and deep abdominal contractions or twists regardless of the stage of pregnancy.)
 - ii. See American College of Obstetrics & Gynecology Guidelines for Exercise in Pregnancy (**ACOG Guidelines - Appendix II**)
 - iii. General Precautions

Yoga, Pregnancy & Motherhood: Giving Birth to Conscious Beings

- (1) Eat something light an hour before class
 - (2) Drink water as needed
 - (3) Avoid becoming overheated
 - (4) Avoid prolonged periods of motionless standing
 - (5) Maintain continuous complete breathing throughout – pause if necessary to regain breath
 - (6) Listen carefully to your body – it is not uncommon to become dizzy or short of breath; (If you experience faintness lay down on your side until you restore body, breath & mind)
 - (7) Raise head above heart & come to standing slowly; orthostatic hypotension lowers blood pressure & contributes to faintness
 - (8) Preserve the natural curves of the spine
 - (9) For even the experienced practitioner, it is wise not to practice new or difficult postures or exercises during pregnancy, instead modify and simplify familiar ones
- iv. Weigh the risk with the benefit - avoid poses which:
- (1) overstretch abdominal muscles (some backbends)
 - (2) compress the abdomen (some twists, back bends & forward bends)
 - (3) recruit excessive abdominal contraction (some inversions; navasana) (even as early as 10 weeks due to higher incidence of miscarriage in 1st trimester)
 - (4) compress large veins & arteries in legs (deep forward bends; ekapada rajakapotasana)
 - (5) avoid strong twisting which stresses ileo-lumbar ligaments (strong band that passes from the transverse processes of the fourth and fifth lumbar vertebrae to the internal lip of the adjacent portion of the iliac crest); allow pelvis & sacrum to move together
 - (6) strain the lower back; keep hands on hips while forward bending (every 1 lb. of weight suspended from body places 10 lbs. of pressure on disks) (be especially cautious with multiples)
 - (7) aggravate one sided hip pain – deep lateral bends & twists
 - (8) are supine after the fourth month (greatest risk of vena cava compression at 20 weeks) If student has high blood pressure; heart problems or multiples she should use left side lying positions for restorative poses
 - (9) may cause loss of balance (some inversions)
 - (10) involve any breath retention especially combined with “bearing down” in the abdominal region
- v. Contradictions to exercise
- (1) See **ACOG Guidelines Appendix II**
 - (2) See **Warning Signs to Stop Exercising and Call Your Doctor Appendix III**

Yoga, Pregnancy & Motherhood: Giving Birth to Conscious Beings

- d. Core Pregnancy Practices: help alleviate physical discomforts, foster relaxation & build strength in preparation for labor.
 - i. Practice awareness – body, breath, mind, heart, spirit
 - ii. Pelvic exercises – Daily practice useful for increasing mobility of pelvis & enhancing awareness of those parts of the body most involved in birthing. Postures help a woman to feel at ease & comfortable in upright positions for birth & labor. Pelvic floor strengthening can help prevent urinary incontinence, vulval or anal varicosities, prolapsed uterus
 - (1) Tailor sitting – sukaasana, baddha konasana
 - (2) Sitting with legs wide – upavista konasana (modified)
 - (3) Squatting – malasana (bolster under seat, lean against wall, rolled blanket under heels); standing squat
 - (4) Pelvic rocking – cakravakasana, prasarita padottanasana, setubandhasana (modified), right angle pose against wall, standing squat
 - (5) Pelvic floor strengthening – mula bhandha (modified)
 - iii. Postural awareness – tadasana variations
 - iv. Abdominal strengthening - diaphragmatic breathing with abdominal contraction upon exhale (drawing muscles in and down versus in & up); opposite limb extension (sun bird) & standing poses
 - v. Stabilization – cakravakasana variation (sunbird); adho mukha svanasana; side-lying leg raises for inner & outer thighs
 - vi. Strengthening – deviasana (goddess); virabhadrasana I & II; parsvakonasana; utkatasana at wall
 - vii. Hip opening – sukhasana; malasana (squat); baddha konasana; gomukhasana (bolster as necessary); upavista konasana (modified); jathara parivrtti modified with wide knees (bolster if necessary); agni stambhasana (stacking ankles & knees)
 - viii. Lower back release – cakravakasana; modified apanasana; prasarita padottanasana with bolster
 - ix. Upper back release – bharadvajasana (modified with upper back & neck rotation); jathara parivrtti (modified with wide knees & bolster if necessary) or side lying with opposite arm sweeps; parivrtti prasarita padottanasana;
 - x. Calf stretches – ashwa sanchalanasana (lunge with support); adho mukha svanasana; janusirshasana & paschimottanasana with strap
 - xi. Neck release warm ups
 - xii. Restoratives – viparita karanai (with support)
- e. **Prenatal Yoga Class Outline Appendix IV**
- f. **How to Modify a Developmental Practice Exercise Handout**

Yoga, Pregnancy & Motherhood: Giving Birth to Conscious Beings

Calendar of Pregnancy – Appendix I

First Trimester			
Changes Affecting:	Six Weeks	Ten Weeks	Fourteen Weeks
Babe	0.1 inches long (pea size)	1 inch long	3 inches long Weighs an ounce
Placenta & Uterus	Uterus enlarging, placenta & cord forming, pregnancy hormones released	Uterus size of tennis ball; amniotic fluid cushions fetus	Uterus size of grapefruit just above pubic bone; placenta small, complete, major source of estrogen & progesterone
Changes Affecting	First Trimester		
Mother's Body	Bloating, ache in pelvis, low back; constipation; nausea & vomiting; fatigue & sleepiness; occasional feelings of faintness; frequent urination; breast tenderness; aversion to some foods & odors; weight loss or gain up to 5 lbs.		
Emotions	Anxiety, hope; focus on body changes; mood swings; fear of miscarriage; interest in meaning of motherhood; changes in relationship; financial & social concerns; ambivalence about pregnancy; concern over baby's well-being		

Notes:

Second Trimester			
Changes Affecting:	Nineteen Weeks	Twenty Three Weeks	Twenty-Seven Weeks
Babe	5-6 inches long; weighs 4 oz. strong heartbeat; coordinated movements (roll in amniotic fluid)	10-12 inches long; weighs ½ - 1 lb.; heartbeat audible	11-14 inches long; weighs 1-2 lbs.; eyes open @ 26 weeks; begins to hear

Yoga, Pregnancy & Motherhood: Giving Birth to Conscious Beings

Placenta & Uterus	Uterus is 3 inches above pubic bone, placenta performs nutritional, respiratory, excretory & endocrine functions for fetus	Uterus at level of navel; 2-3 points of amniotic fluid; placenta fully developed covers ½ inner surface of uterus	Uterus above navel; placenta covers less inner surface of uterus as uterus grows
Changes Affecting	Second Trimester		
Mother's Body	Sense of physical well-being; increased energy; increased appetite; constipation; cravings; groin pain from round-ligament contractions; less breast tenderness; nasal congestion; relaxation of pelvic joints; leg cramps; weigh gain about 0.8-1.0 lb. per week; noticing fetal movement		
Emotions	Greater feelings of dependency; acceptance of pregnancy; interest in babies & parenting; varying feelings about changing appearance		

Notes:

Calendar of Pregnancy

Third Trimester			
Changes Affecting:	Thirty-One Weeks	Thirty-Five Three Weeks	Thirty-Nine Weeks
Babe	14-17 inches long; weighs 2 ½ - 4 lbs.; very active; rudimentary breathing movements	16 ½ - 18 inches long; weighs 4 - 6 lbs.; may assume birth position; iron is being stored in liver	19 inches long; weighs 6-7 lbs.; less active; gaining antibodies from mother; fetus many be engaged in the pelvis
Placenta & Uterus	Uterus is 3 finger breadths above navel.	Uterus just below breastbone & ribs; uterine contractions more frequent	When fetus engages, uterus lowers (to height @ 34 weeks); uterine contractions more frequent; cervix softening & thinning; amniotic fluid decreasing; efficiency of placenta decreasing; progesterone decreasing; estrogine & prostaglandin increasing
Changes Affecting	Third Trimester		

Yoga, Pregnancy & Motherhood: Giving Birth to Conscious Beings

Mother's Body	More noticeable Braxton-Hicks contractions; heartburn & indigestion; shortness of breath (diminishes with engagement); urinary frequency; tingling & numbness in hands; abdominal stretch marks & itchiness; increased warmth & perspiration; Backache; changes in balance; interrupted sleep; vascular spiders; hemorrhoids; varicosities; swollen ankles; anemia; total weight gain 25-35 lbs.
Emotions	Excitement; focus on labor & birth; anxiety about unknown; varying feelings about body image; clumsiness; difficulty focusing attention; increased dependency; eagerness for pregnancy to end; fear about pain of labor & health of baby

Notes:

**American College of Obstetrics & Gynecology Guidelines for Exercise in Pregnancy –
Appendix II**

Recommendation for Exercise in Pregnancy and Postpartum

There are no data in humans to indicate that pregnant women should limit exercise intensity and lower target heart rates because of potential adverse effects. For women who do not have any additional risk factors for adverse maternal or perinatal outcome, the following recommendations may be made:

During pregnancy, women can continue to exercise and derive health benefits even from mild to moderate exercise routines. Regular exercise (at least three times per week) is preferable to intermittent activity.

Women should avoid exercise in the supine position [lying on the back] after the first trimester. Prolonged periods of motionless standing should also be avoided.

Women should be aware of the decreased oxygen available for aerobic exercise during pregnancy. They should be encouraged to modify the intensity of their exercise according to maternal symptoms. Pregnant women should stop exercising when fatigued and not exercise to exhaustion. Weight-bearing exercises may under some circumstances be continued at intensities similar to those prior to pregnancy throughout pregnancy. Non-weight bearing exercises such as cycling or swimming will minimize the risk of injury and facilitate the continuation of exercise during pregnancy.

Loss of balance could be detrimental to maternal or fetal well being, especially in the third trimester. Further, any type of exercise involving the potential for even mild abdominal trauma should be avoided.

Pregnancy requires an additional 300kcal/d in order to maintain metabolic homeostasis. Thus women who exercise during pregnancy should be particularly careful to ensure an adequate diet.

Pregnant women who exercise in the first trimester should augment heat dissipation by ensuring adequate hydration, appropriate clothing and optimal environmental surroundings during exercise.

Yoga, Pregnancy & Motherhood: Giving Birth to Conscious Beings

Many of the physiologic and morphologic changes of pregnancy persist 4-6 weeks postpartum. Thus pre-pregnancy exercise routines should be resumed gradually based on a woman's physical capability.

Contraindications to Exercise

The aforementioned recommendations are intended for women who do not have any additional risk factors for adverse maternal or perinatal outcome. A number of medical and obstetric conditions may lead the obstetrician to recommend modifications of these principles. The following conditions should be considered contraindications to exercise during pregnancy:

Pregnancy induced hypertension

Pre-term rupture of membranes, Pre-term labor during the prior or current pregnancy or both

Incompetent cervix/cerclage

Persistent second or third trimester bleeding

Intrauterine growth retardation

Multiple gestation

In addition women with certain other medical or obstetric conditions, including chronic hypertension or active thyroid, cardiac, vascular or pulmonary disease, should be evaluated carefully in order to determine whether an exercise program is appropriate.

Yoga, Pregnancy & Motherhood: Giving Birth to Conscious Beings

Warning Signs to Stop Exercising and Call Your Doctor – Appendix III

Adapted from the March of Dimes Pregnancy & Birth Education Center

If you experience any of the following symptoms stop exercising and call your doctor right away.

Bleeding from your vagina (*possible premature labor, placenta previa – placenta implanted abnormally, abruption placentae (placenta partially or fully separated from uterus)*)

Difficult or labored breathing before you exercise

Abdominal pain (*possible premature labor, abruption placentae, ectopic pregnancy*)

Leakage of fluid from your vagina (*bag of waters broken*)

Dizziness (*supine hypotension or pregnancy induced hypertension – PIH*)

Persistent nausea or vomiting (*could mean hyperemesis gravidarum, infection or PIH*)

Severe persistent headache (*could mean PIH*)

Persistent severe calf pain or swelling (*possible thromboembolism – do not massage or heat, elevate leg*)

Chest pains

Muscle weakness

Decreased movement of the fetus (*could mean fetal distress, insufficient oxygen*)

Preterm labor

Preterm Labor

Preterm labor is labor that occurs before your 37th week of pregnancy. (Most pregnancies last 38-42 weeks; your due date is 40 weeks after the first day of your last menstrual period.)

Call your health care provider or go to the hospital right away if you think you are having preterm labor.

The signs of preterm labor include:

Contractions (your abdomen tightens like a fist) every 10 minutes or more often

Change in vaginal discharge (leaking fluid or bleeding from your vagina)

Pelvic pressure—the feeling that your baby is pushing down

Low, dull backache

Cramps that feel like your period

Abdominal cramps with or without diarrhea

Your provider may tell you to:

Come into the office or go to the hospital

Stop what you're doing. Rest on your left side for one hour

Drink 2-3 glasses of water or juice (not coffee or soda)

If the symptoms get worse or do not go away after one hour, call your health care provider again or go to the hospital. If the symptoms go away, relax for the rest of the day. If the symptoms stop but come back, call your health care provider again or go to the hospital.

You don't need to have all the symptoms to have preterm labor. Take action even if you have only one.

Yoga, Pregnancy & Motherhood: Giving Birth to Conscious Beings

Prenatal Yoga Class Outline – Appendix IV

1. Circle Time
 - a. To learn names of students
 - b. Due time
 - c. What their current needs are
 - d. Use this time to teach about pregnancy, labor, birth & raise awareness of cultural norms & personal choices
 - e. Building community – this is a time for women to connect with each other
 - f. Buddy system – a woman in early pregnancy chooses a woman in her due time (37-42 weeks) to be her buddy; when the woman delivers she calls her buddy to share the news with the class; buddy fixes new mother some food
2. Centering – students & yourself
3. Breathing Meditation
 - a. Breath awareness – teach about the breath during this time
 - b. Ujjayi
4. Asana
 - a. Warm up
 - i. Sukhasana (easy pose with neck & shoulder mobilization)
 - ii. Dandasana (Staff pose with ankle mobilization)
 - iii. Cakravakasana (wheel); marjariasana (table/cat) variations
 - iv. Gharbasana (modified child pose)
 - v. Cakravakasana (sunbird limb extension)
 - vi. Ardha Mandalasana (gate pose with shoulder mobilization)
 - vii. Ashwa Sanchalanasana (runner's lunge with bolster)
 - viii. Adho mukha svanasana (downward dog with bolster or rolled mat)
 - b. Standing poses
 - i. Tadasana (Mountain)
 - ii. Deviasana (Goddess)
 - iii. Uttanasana (forward bend with chair or 90° angle pose at wall)
 - iv. Utkatasana (Chair pose at wall)

Yoga, Pregnancy & Motherhood: Giving Birth to Conscious Beings

- v. Prasrita Padottanasana (wide leg forward bend with block or chair)
 - vi. Virabhadrasana I & II (modified hero's pose)
 - vii. Parsvottanasana (modified pyramid; hands on hips or with chair)
 - viii. Utthita Parsvakonasana (modified lateral angle)
 - ix. Trikonasana (modified triangle)
 - x. Utthita Hasta Padangustasana (hand to big toe with strap & wall support)
 - xi. Ardha Chandrasana (modified half moon both feet grounded with one or both arms extended)
- c. Flowing movement
- i. Breath of joy
 - ii. Ganesha arms
 - iii. Shoulder & hip mobilizations
 - iv. Goddess vinyasa with cross lateral stretch & circles
 - v. Side to side leg shakes
- d. Forward Bend
- i. Janu Sirsasana (head to knee with strap)
 - ii. Paschimottanasana (seated forward bend with strap)
 - iii. Triang mukha ekapada paschimottanasana (three faced forward bend with strap)
 - iv. Apanasana (modified knee to chest)
- e. Hip Openers
- i. Baddha konasana (bound angle/butterfly)
 - ii. Malasana (squat with bolster)
 - iii. Upavista konasana (seated angle)
 - iv. Mandukasana (frog with bolster)
 - v. Virasana (hero pose with bolster)
- f. Twists
- i. Baradvajasana (modified)
 - ii. Parivritta Prasrita Padottanasana (rotated wide leg forward bend with block)
 - iii. Jathara Parivartanasana (wide knee supine twist with bolster)
 - iv. Parivritta Upavista Konasana (modified twisted wide angle pose)
 - v. Parvritta Janusirsasana (modified rotated head to knee)
 - vi. Side lying with shoulder mobilization

Yoga, Pregnancy & Motherhood: Giving Birth to Conscious Beings

- g. Back Bend
 - i. Setubandhasana (supported bridge)

- h. Inversions
 - i. Virparita Karani (legs up the wall with bolster)

- i. Restorative
 - i. Supta Baddha Konasana (reclining butterfly semi-reclining with bolster)
 - ii. Supta Virasana (reclining hero pose with bolster)
 - iii. Forward bends with chair
 - iv. Savasana
 - v. Left side lying if appropriate
- 5. Closing
 - a. Taking tea together
 - i. Creating a sangha of caring and support
 - (1) Birth buddies – can form lasting friendships
 - ii. Sharing the journey
 - (1) Experience
 - (2) Resources – childbirth preparation classes, early parenting classes, doulas, PEPS
 - iii. Educational opportunity
 - (1) Planting seeds for further reflection
 - (2) Sharing information about conscious birthing