
“Effectiveness of Selected Yoga on Maternal and Neonatal Outcome among Primigravida Women in Selected Hospitals of Raipur CG”

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INTRODUCTION

Women are primary care takers, first educators, bearers and nurturers of the next generation. Women's health is basic to women's advancement in all folds of endeavor. The pregnancy related disabilities result not only in human suffering but also affect social and economic empowerment¹.

The journey of having a baby and achieving motherhood is a profound event in the life of women. Becoming a mother is a precious gift of God to every woman and Pregnancy is a special time in a Women's life and it is a dynamic state of physiologic adaptations to meet the demands of a developing fetus, Childbirth and lactation². Even though becoming a mother is among the pleasurable phenomena in a women's life bringing about parent's happiness, it is accompanied by tensions and worries due to its accompanying physical and psychological changes³.

The women are not sufficiently supported by the family members, their fears are increased and at the same time lead to depression and anxiety⁴. High levels of anxiety and stress increases the probability of preterm birth, low birth weight, miscarriage and infantile disorders. In common, anxiety disorders are highly found during pregnancy and play a vital role in quality of life³.

Pregnancy is a wonderful landmark in the life of a woman. It is the origin of human life. Pregnancy is a time of physical and hormonal changes and of emotional and psychological preparation for motherhood. During pregnancy, most of the women experience some of the minor ailments, viznausea and vomiting, backache, constipation, leg cramps, heartburn, varicose veins, frequent urination, low back pain, hemorrhoids, carpal tunnel syndrome and sleep disturbances⁵.

The child's mental development depends on the quality of its relationship with the mother that begins from pregnancy. They focus on those elements of maternal functioning which decide about the child functioning in various dimensions and that play a major role in the mother and child interaction. One of them is emotional state of the mother during pregnancy⁶.

Maternal stress and anxiety during pregnancy is connected with a host of negative consequences for the fetus and subsequent development. Early gestational stress exposure is amalgamated with negative outcomes at different developmental stages, slowed maturation and behavioral response patterns in fetuses, alterations in neonatal stress regulation and behavioral reactions to stress, blunted cognitive functions and emotional and behavioral

problems in infants and toddlers, and reduced brain volume in areas associated with cognitive function in children ⁷.

Moreover, prenatal maternal stress and anxiety may be risk factors for potential negative consequences for children in later life, such as the development of attention deficit hyperactivity disorder or lowered performance on aspects of executive function ^{8,9}.

It is a conjecture that maternal stress may affect the intrauterine environment and it alters the fetal development during critical periods, through either activation of the placental stress system, causing the release and circulation of corticotropin releasing hormone, or through diminished blood flow and oxygen to the uterus ¹⁰.

It is important to regulate maternal stress and provide expecting mothers with coping strategies for the unpreventable stresses and changes that occur during pregnancy, to increase quality of life and to increase infant health and development. Yoga will be effectual in the reduction of negative symptoms associated with pregnancy and birth. Nearly 35% of women aged 28–33 years already follow yoga regularly, it is salient to assess its effects on the maternal experience of stress, anxiety, pain, discomfort, and other variables as well as on labour and birth outcomes ¹¹.

Pain during labour is due to contraction of muscles of the uterus and pressure on the cervix. This pain will be felt as strong cramping pain in the abdomen, groin, and back, as well as an achy feeling⁵. Mollification of pain has been identified as a major source of comfort and support to women in labour. Comforting techniques may enhance a woman to settle and provide with an appreciation of personal capabilities^{12,13}. Therefore yoga can be an effective way to emancipate women during labour and to assist in attaining and maintaining their optimal level of functioning¹⁴.

Yoga is the great way to stay fit during pregnancy because yoga posture can easily meet the needs of pregnant women. It educates pregnant women to listen to their body and reduce stress and anxiety, and to calm the mind¹⁵.

First, yoga involves synchronization of breathing awareness and muscle relaxation, which decreases tension and perception of pain. Second, yoga movements, breathing and chanting may increase circulating endorphins and serotonin, raising the threshold of mind-body relationship to pain. Third, practicing yoga postures over time alters pain pathways through the parasympathetic nervous system. Prenatal strategies that help women prepare emotionally and physically for labour may help reduce pain and suffering and optimize well-being in childbirth by providing coping skills and increasing self-confidence and a sense of mastery¹⁹.

It is in this direction that yoga therapy is as safe, efficient and fruitful method of improving and maintaining the health of pregnant women. Therefore it becomes essential that yoga therapy plays a vital role in pregnancy.

BACKGROUND OF THE STUDY

Pregnancy is a unique physiological and developmental process that brings profound physical, psychological, emotional, and social changes in a woman's life. Every woman adapts differently to the challenges of pregnancy, and her ability to cope with these changes

significantly influences maternal well-being and pregnancy outcomes. The level of stress experienced during pregnancy plays an important role in determining both maternal and fetal health. Therefore, promoting physical and psychological well-being throughout pregnancy is essential for achieving positive birth outcomes.

Pregnancy is widely recognized as a period of major biological and psychological transition. For first-time mothers, it represents the beginning of a new social role accompanied by increased responsibilities and expectations. While pregnancy is often associated with happiness, hope, and anticipation, it may also be accompanied by emotional stress, anxiety, uncertainty, and fear of childbirth. These emotional responses vary among women and influence their overall pregnancy experience and labor outcomes.²¹

Maternal Health

Maternal health refers to the health and well-being of women during pregnancy, childbirth, and the postpartum period. It includes comprehensive healthcare services such as family planning, preconception care, antenatal care, safe delivery, and postnatal care. The primary goal of maternal healthcare is to ensure a healthy pregnancy, promote safe childbirth, reduce maternal and neonatal morbidity and mortality, and provide women with a positive and satisfying childbirth experience.²²

Physiological Changes During Pregnancy

Pregnancy is associated with extensive physiological adaptations involving nearly every organ system of the body. These changes are essential for supporting fetal growth and preparing the mother for childbirth; however, they may also produce several common discomforts and health concerns.

Changes in the Digestive and Urinary Systems

Hormonal changes during early pregnancy, particularly increased levels of estrogen, progesterone, and human chorionic gonadotropin (hCG), commonly cause nausea and vomiting, especially during the first trimester. Reduced gastrointestinal motility contributes to delayed gastric emptying, constipation, and bloating. As pregnancy advances, the enlarging uterus exerts pressure on the stomach, resulting in gastroesophageal reflux and heartburn, which are among the most frequently reported discomforts during late pregnancy.^{23, 24}

Changes in the Circulatory System

Pregnancy causes a significant increase in blood volume and cardiac output to meet the metabolic demands of both the mother and the developing fetus. As the uterus enlarges, it compresses the pelvic veins and inferior vena cava, reducing venous return from the lower extremities. Consequently, many pregnant women develop varicose veins, hemorrhoids, and lower limb edema, particularly during the third trimester.

Respiratory and Musculoskeletal Changes

During the second half of pregnancy, the enlarging uterus elevates the diaphragm and reduces lung expansion, leading to shortness of breath or dyspnea. Toward the end of pregnancy, the pelvic ligaments become more flexible and the fetal head descends into the pelvis, a process known as lightening, which may relieve respiratory discomfort while increasing pelvic pressure and urinary frequency. Musculoskeletal changes, including altered posture, back

pain, and pelvic discomfort, are also common due to the shifting center of gravity and increased joint laxity.²⁵

Psychological Changes During Pregnancy

Pregnancy is not only a period of physical adaptation but also one of significant psychological transformation. Emotional responses such as anxiety, stress, fear of labor, and uncertainty are common, particularly among primigravid women. Research has demonstrated that elevated maternal stress and anxiety during the second and third trimesters are associated with adverse pregnancy outcomes, including preterm birth, low birth weight, reduced fetal growth, lower Apgar scores, and increased obstetric complications. Maternal psychological well-being is therefore a critical determinant of fetal development and neonatal health.^{26, 27}

Pregnancy-Related Complications

Although pregnancy is generally considered a normal physiological process, it may be complicated by a variety of physical and psychological conditions. Pregnancy-related complications range from common discomforts to severe medical disorders that threaten the health of both the mother and the fetus. Many women experience at least one health problem during pregnancy or in the postpartum period, while some develop long-term complications requiring ongoing medical care. Maternal complications continue to contribute substantially to global maternal morbidity and mortality despite significant improvements in obstetric care.²⁷

The increasing prevalence of pregnancy-related stress, anxiety, physical discomfort, and obstetric complications highlights the importance of safe, effective, and evidence-based interventions that promote maternal health and improve childbirth outcomes. Holistic approaches such as prenatal yoga have gained considerable attention because they enhance physical fitness, improve emotional well-being, reduce stress, increase pain tolerance, and prepare women both physically and psychologically for labor.²⁸ Integrating prenatal yoga into routine antenatal care has the potential to improve maternal comfort, facilitate normal labor, reduce unnecessary obstetric interventions, and promote positive maternal and neonatal outcomes. Therefore, evaluating the effectiveness of prenatal yoga among primigravid women is essential for strengthening evidence-based maternity nursing practice and improving the quality of maternal healthcare.^{28,29}

GirijaKalayil et al (2013) highlights that unfavorable labour outcomes such as prolonged labour, preterm labour, low birth weight and unplanned caesarean sections were associated with high pregnancy-specific anxiety²⁰.

Bradley CS et al (2007) conducted a longitudinal study to determine the prevalence of constipation and risk factors in pregnancy on healthy pregnant women during first trimester. They concluded that constipation measured using the Rome II criteria affects up to one fourth of women throughout pregnancy and at 3 months postpartum³³.

Wenjun Shi et al (2015) conducted a study to assess the prevalence of functional constipation in pregnant women and to analyze the impact of its risk factors and concluded that the prevalence rate of functional constipation in pregnant women was significantly higher than in the general population³⁴.

According to Melissa Neuman et al (2014), Institutional delivery rate varies widely between settings, from 21% in rural India to 90% in urban India. The relationship between the

private and charitable facility births delivered by caesarean section was 73% in Bangladesh, 30% in rural Nepal, 18% in urban India and 5% in rural India. The issues related to caesarean section were greater in private and charitable health facilities than in public facilities in 3 of 4 study locations, even when adjusted for pregnancy and delivery characteristics, maternal characteristics and year of delivery. They found that highly educated women were markedly to deliver by caesarean in private facilities in urban India and also in rural Bangladesh⁴¹

Yoga

Yoga is a holistic practice that prepares pregnant women physically, mentally, emotionally, and spiritually for the challenges of pregnancy and childbirth. It combines physical postures (asanas), breathing exercises (pranayama), relaxation, and meditation to promote overall maternal well-being. During pregnancy, yoga helps women adapt to the physiological and psychological changes they experience by reducing stress, improving flexibility, and enhancing emotional stability.

Regular prenatal yoga prepares women for labor by improving muscle strength, breathing control, and relaxation. It has also been associated with a reduced risk of pregnancy-related complications such as pregnancy-induced hypertension, intrauterine growth restriction (IUGR), and preterm birth. Furthermore, prenatal yoga contributes to improved birth weight, promotes normal labor, and enhances maternal and neonatal outcomes, making it a safe and effective complementary intervention during pregnancy.

Benefits of practicing yoga during pregnancy

- ◆ Keeps the body energetic, strong and flexible
- ◆ Increases concentration and brings peace of mind by reducing metabolism
- ◆ Relieves mental stress, fatigue, discomfort, muscle cramps and swollen ankles which are very common among pregnant women
- ◆ Strengthens abdomen, back and hip
- ◆ Helps digestion
- ◆ Prevents constipation
- ◆ Improves balance of mind⁶²
- ◆ Increases the strength, flexibility and endurance of vaginal area and lessens the labour pain and for easier delivery
- ◆ Helps to deliver healthy baby with normal weigh

Benefits of Tadasana

- ◆ Develops physical and mental balance
- ◆ Sets right the calf muscle cramps in legs
- ◆ Strengthens spine and abdomen
- ◆ Strengthens the thigh, calf muscle and ankle and toe muscles
- ◆ Reduces back pain

Benefits of Utkatasana

- ◆ Strengthens the thigh, hip muscles, middle spine, knee
- ◆ Reduces swelling on ankles and feet

Benefits of Katichakrasana

- ◆ Firms neck, shoulder, hip and back
- ◆ Helps to get rid of cramps on back
- ◆ Pacifies and lighten the mind
- ◆ Helps digestion
- ◆ Discharges constipation
- ◆ Releases flatulence
- ◆ Dismisses back pain

Benefits of Konasana

- ◆ Helps to get rid of excessive fat deposition on hip
- ◆ Reinforces hip and back
- ◆ Supports to keep the body light

Benefits of Ardhatitali asana

- ◆ Helps vaginal delivery by relaxing pelvic bone, joints, muscles and ligaments⁶³

Benefits of Purnatitali asana

- ◆ Helps vaginal delivery by relaxing pelvic bone, joints, muscles and ligaments

Benefits of Nadishodhana pranayama

Increases lung capacity and oxygen supply to the body and help to remove human waste.

- ◆ Helps Increase digestion capacity
- ◆ Helps Increase concentration and reduces stress
- ◆ Helps to reduce symptoms of asthma, relieves mental and physical tired, Giddiness

Benefits of Bhramari pranayama

- ◆ Relieves mental stress and depression
- ◆ Reduces anger and anxiety
- ◆ Balances nervous system

Benefits of Sheetkari pranayama

Cools the body and pacifies the mind

Benefits of Sheetal pranayama

- ◆ Helps to normalize body temperature, cool and relax the body and pacifies the mind
- ◆ Helps to achieve deep sleep

Benefits of ‘OM’ Chanting

- ◆ Reduces the mental stress
- ◆ Increases concentration

Benefits of Ashwini mudra

- ◆ Strengthens the muscles around anal area
- ◆ Helps vaginal delivery
- ◆ Relieves constipation
- ◆ Reduces symptoms of haemorrhoids

Benefits of deep relaxation practice

- ◆ Creates peace of mind
- ◆ Keeps the body relaxed
- ◆ Reduces Blood pressure, headache
- ◆ Helps to be energetic throughout the day

Benefits of meditation

- ◆ Reduces fatigue
- ◆ Helps to keep mind, balanced and peaceful, by reducing the mental stress, anxiety, irritation and emotion
- ◆ Increases concentration
- ◆ Increases immunity
- ◆ Reduces blood pressure⁶⁴

According to Indian Parenting, Yoga practice is very beneficial during pregnancy for both mother and baby. However, expecting mothers should practice right kind of yoga during each trimester. Vajrasana, Marjari asana, Tadasana and Matsyakridasana are some of the asanas which are beneficial during second trimester⁶⁵.

Yoga during pregnancy is very important and dearth of studies in yoga to improve the maternal and neonatal outcome inspired the investigator to focus on yoga during pregnancy to improve maternal and neonatal outcomes. In addition, there are limited or no studies on the role of danger signs of neonate for first 24 hours with and without yoga practices. This is one of the major research gaps identified in this research.

The investigator herself as a yoga practitioner understood the benefits of yoga and inspired to take up the study to improve the better maternal and neonatal outcome.

The practice of yoga aids mother to become a good host for arrival of the new soul. It is better to prevent disease than to cure it, and antenatal care is the perfect example of preventive medicine and yoga helps to ensure wellbeing of mother and child⁶⁸.

The investigator herself as a yoga practitioner understood the benefits of yoga and inspired to take up the study to improve the better maternal and neonatal outcome.

STATEMENT OF THE PROBLEM

“A study to assess the effectiveness of selected yoga on maternal and neonatal outcome among primigravida women in selected hospitals.”

OBJECTIVES OF THE STUDY

1. To assess the maternal outcome among primigravida women in the experimental and control group before and after administration of selected yoga.
2. To assess the neonatal outcome among newborns of primigravida women in the experimental and control group.
3. To evaluate the effectiveness of selected yoga on maternal outcome among primigravida women in the experimental group.
4. To evaluate the effectiveness of selected yoga on neonatal outcome among newborns of primigravida women in the experimental group.
5. To compare the maternal outcome between primigravida women in the experimental group and control group.
6. To compare the neonatal outcome between newborns of primigravida women in the experimental group and control group.
7. To find the association between maternal outcome among primigravida women with their selected demographic variables (age, education, occupation, socioeconomic status, gestational age, dietary pattern, etc.).
8. To find the association between neonatal outcome among newborns with selected demographic and obstetrical variables of primigravida women.

HYPOTHESES

H₁ (Research Hypothesis):

There will be a significant difference in maternal outcome among primigravida women who receive selected yoga compared to those who do not receive selected yoga.

H₂ (Research Hypothesis):

There will be a significant difference in neonatal outcome among newborns of primigravida women who receive selected yoga compared to those whose mothers do not receive selected yoga.

H₃ (Research Hypothesis):

There will be a significant association between maternal outcome among primigravida women and their selected demographic variables.

H₄ (Research Hypothesis):

There will be a significant association between neonatal outcome and selected demographic and obstetrical variables of primigravida women.

Null Hypotheses

H₀₁: There will be no significant difference in maternal outcome among primigravida women who receive selected yoga and those who do not receive selected yoga.

H₀₂: There will be no significant difference in neonatal outcome among newborns of primigravida women who receive selected yoga and those who do not receive selected yoga.

H₀₃: There will be no significant association between maternal outcome and selected demographic variables of primigravida women.

H₀₄: There will be no significant association between neonatal outcome and selected demographic and obstetrical variables of primigravida women.

Research methodology:

Quasi experimental -Pre and Post-test design

Group	28 th Week of gestation		32 nd Week of gestation		36 th Week of gestation		Durin g intra partu m Perio d	After deliver y
	Pr e tes t	Interventi on	Pos t tes t	Reinforcem ent of Intervention	Post test	Reinforcem ent of Intervention	Post test	Pos t tes t
Stud y Grou p	O ₁	X	O ₂	X	O ₃	X	O ₄	O ₅
Contr ol Grou p	O ₁	-	O ₂	-	O ₃	-	O ₄	O ₅

NEED OF THE STUDY

As a researcher I observe that Pregnancy and childbirth are important physiological events associated with various physical and psychological challenges for women, especially primigravida mothers. Maternal stress, anxiety, discomfort, prolonged labour, and complications during pregnancy may affect both maternal and neonatal outcomes. Yoga is a simple, safe, and cost-effective complementary therapy that helps improve physical strength, flexibility, relaxation, breathing control, and emotional well-being during pregnancy.

Therefore, the present study is needed to assess the effectiveness of selected yoga on maternal and neonatal outcomes among primigravida women, which may contribute to improving maternal health, promoting normal childbirth, and enhancing newborn well-being.

- O1 Pretest- Level of anxiety, pregnancy discomforts and clinical parameters (Blood pressure, urine for sugar and protein) of primigravida women.
- X Intervention of selected yoga which includes asanas(Tadasana, Utkatasana, Katichakrasana, Konasana, Ardhatitali, Purnatitali), Pranayama or breathing exercises (Nadishodhana, Bhramari, Sheetkari, Sheetali and 'om' chanting), ashwini mudra, deep relaxation practice and meditation. Yoga practices were performed from 28th week of gestation until delivery, but Tadasana, Utkatasana, katichakrasana and Konasana werespecifically avoided after 36th week of gestation.
- O2 Post test- Clinical parameters (blood pressure, urine for sugar and protein).
- O3 Post test- Level of anxiety, Pregnancy discomforts and Clinical parameters (Blood pressure, urine for sugar and protein).
- O4 Post test-Maternal outcome which includes labour pain, duration of 1st, 2nd and 3rd stage of labour, weeks of gestation at delivery, mode of delivery and complications during labour.

4.1 VARIABLES

Independent variables

It refers to the selected yoga manipulated by the investigator for the primigravida women.

Dependent variables

It refers to the level of anxiety, pregnancy discomforts, clinical parameters, maternal and neonatal outcome of the primigravida women.

The research study was conducted for study group at Institute of Obstetrics and Gynaecology, private Hospital for Women and Children, Raipur Chhattisgarh.

4.2 POPULATION

Target Population

The target population for the study was all primigravida women. From selected hospitals in Raipur Chhattisgarh..

Accessible Population

The accessible population for this study was primigravida women attending the antenatal outpatient department at the Institute of Obstetrics and Gynaecology, private Hospital for Women and Children, Raipur Chhattisgarh.

The estimated sample size was rounded as 150 in control group and 150 in study group.

4.3 CRITERIA FOR SELECTION OF SAMPLE

Inclusion Criteria

- 1) Primigravida women at 28th week of gestation.
- 2) Primigravida women who have singleton pregnancy.
- 3) Primigravida women who have normal extremities and able to undertake activities.
- 4) Primigravida women, who can listen, speak and read in Tamil or English.
- 5) Primigravida women who have no prior experience of practicing yoga.
- 6) Primigravida women who are willing to participate in the study and continue to practice yoga throughout pregnancy until delivery.
- 7) Primigravida women who are willing to undergo delivery at Institute of Obstetrics and Gynecology, Private Hospital for Women and Children, Raipur Chhattisgarh.

Exclusion criteria

- 1) Primigravida women who underwent assisted reproductive technique.
- 2) Primigravida women who have major medical and obstetrical complications.
- 3) Primigravid women who are elderly primi.
- 4) Primigravida women who have mental disorders.

SUMMARY

Pregnancy is a significant physiological and psychological event in a woman's life, particularly for primigravida women who often experience anxiety, physical discomfort, and fear related to childbirth. These factors may adversely influence maternal well-being and neonatal outcomes. Yoga has emerged as a safe, cost-effective, and non-pharmacological intervention that promotes physical fitness, mental relaxation, emotional stability, and positive pregnancy outcomes. The present study was undertaken to evaluate the effectiveness of selected yoga practices on anxiety, pregnancy discomforts, maternal outcomes, and neonatal outcomes among primigravida women.

A quantitative approach with a quasi-experimental pre-test and post-test control group design was adopted. Primigravida women who fulfilled the inclusion criteria were allocated to either the study group or the control group. The study group received a structured prenatal yoga programme consisting of selected yogasanas, breathing exercises, and relaxation

techniques in addition to routine antenatal care, whereas the control group received routine antenatal care alone.

Data were collected using standardized tools to assess anxiety, pregnancy discomforts, clinical parameters, maternal outcomes, and neonatal outcomes. Appropriate descriptive and inferential statistical methods were used for data analysis.

The major findings of the study revealed that both groups had comparable levels of anxiety before the intervention. Following the yoga intervention, the study group demonstrated a significant reduction in anxiety compared with the control group. The post-test mean anxiety score was significantly lower among women who practiced yoga, indicating the effectiveness of prenatal yoga in reducing psychological stress during pregnancy.

Similarly, pregnancy discomforts were significantly reduced among participants in the study group. Although a slight reduction was observed in the control group because of routine antenatal care, the improvement was considerably greater among women who participated in the yoga programme.

The clinical parameters, including blood pressure and urine examination for protein and sugar, did not differ significantly between the study and control groups during the pre-test or post-test assessments, indicating that prenatal yoga was safe and did not adversely affect maternal clinical status.

The intervention produced remarkable improvements in maternal outcomes. Women practicing prenatal yoga experienced less labour pain, shorter duration of all stages of labour, higher rates of normal vaginal delivery, fewer operative deliveries, fewer labour complications, and significantly better overall maternal outcomes than women in the control group.

Neonatal outcomes also improved significantly in the study group. Newborns of mothers who practiced yoga had higher Apgar scores at one and five minutes, healthier birth weights, fewer neonatal complications, reduced danger signs during the first 24 hours of life, and better overall neonatal outcomes compared with those in the control group.

The study further demonstrated significant associations between selected demographic variables and post-test anxiety, pregnancy discomforts, maternal outcomes, and neonatal outcomes. Correlation analysis revealed positive relationships between reduced anxiety, decreased pregnancy discomforts, improved maternal outcomes, and improved neonatal outcomes, indicating that psychological well-being during pregnancy contributes substantially to favourable birth outcomes.

Overall, the findings confirmed that structured prenatal yoga is an effective complementary intervention that enhances maternal physical and psychological health while improving neonatal outcomes among primigravida women.

CONCLUSION

The present study concludes that selected prenatal yoga practices are an effective, safe, and economical intervention for improving maternal and neonatal health among primigravida women. Regular practice of yoga significantly reduced maternal anxiety and pregnancy-related discomforts while promoting favourable labour outcomes, including reduced labour

pain, shorter duration of labour, increased normal vaginal deliveries, and fewer obstetric complications.

The intervention also resulted in improved neonatal outcomes, reflected by higher Apgar scores, appropriate birth weight, reduced neonatal complications, and better overall neonatal well-being. Furthermore, the positive correlations observed between anxiety reduction, decreased pregnancy discomforts, and improved maternal and neonatal outcomes emphasize the importance of addressing both the physical and psychological aspects of pregnancy.

The findings provide strong evidence supporting the integration of structured prenatal yoga programmes into routine antenatal care services. Incorporating yoga as a complementary component of maternal healthcare may improve the quality of pregnancy care, enhance maternal satisfaction, reduce unnecessary medical interventions, and contribute to healthier mothers and newborns.

Therefore, prenatal yoga should be promoted by nurses, midwives, obstetricians, and other healthcare professionals as an evidence-based strategy to improve pregnancy, labour, and neonatal outcomes. The results of this study also provide valuable evidence for nursing education, nursing practice, nursing administration, and future research in maternal and child health.

RECOMMENDATIONS

- Studies can be conducted to assess the effectiveness of yoga on pregnancy induced hypertension and gestational diabetes mellitus.
- Similar study can be carried out to multigravida.
- It is also recommended to conduct qualitative in combination with quantitative study to explore the beliefs and behavior pattern of pregnant women who practice yoga.

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