

FPIN's Help Desk Answers

Effects of Prenatal Yoga on Labor Pain

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Clinical Question

Does prenatal yoga reduce labor pain?

Evidence-Based Answer

Participation in a prenatal yoga program may help reduce labor pain, but reported effects vary from modest to moderate. (Strength of Recommendation: B; based on two moderate-quality randomized controlled trials [RCTs].)

Evidence Summary

A 2017 RCT ($n = 60$) studied the effects of a prenatal yoga program on labor pain vs. usual care among Iranian primigravida women 18 to 35 years of age.¹ Participants had no prior experience with yoga. Those with high-risk complications during pregnancy or delivery, including nonelective cesarean, were excluded. The intervention included a one-hour supervised yoga class conducted three times per week between 26 and 37 weeks' gestation. Classes included five components: yoga asana (physical postures), chanting, breath awareness, meditation, and yoga nidra (yogic sleep). Participants were asked to perform daily yoga exercises and received weekly telephone calls to measure compliance. Labor pain and discomfort were measured using a 10-point visual analog scale at cervical dilation of 3 to 4 cm, then two hours later, then two hours after the second measurement. The yoga group had lower mean labor pain scores initially, and the difference increased throughout labor (2.6 vs. 3.6; $P = .01$ for the initial measurement; 3.6 vs. 6.0; $P < .001$ for the second measurement; and 3.9 vs. 8.4; $P < .001$ for the final measurement). There was no significant difference in use of analgesics between groups. There were no reported harms. The study was limited by lack of blinding, small sample size, narrow study population, and lack of reported compliance with the intervention.

A 2008 RCT ($n = 74$) evaluated the effects of a prenatal yoga program on labor pain vs. usual care among Thai primigravida women 18 years and older who were receiving regular antenatal care.² Participants had no prior experience with yoga. Women with high-risk complications were excluded. The intervention included six one-hour yoga sessions between 26 and 37 weeks' gestation. Sessions included basic pregnancy education, yoga asana, chanting, breath awareness, meditation, and a guided deep relaxation. Participants were asked to practice at home at least three times per week. Patient-reported labor pain was measured on a 100-point visual analog scale, and investigator-observed pain behaviors during labor were collected using a pain behavioral observation scale with scores ranging from 5 to 15 (lower scores indicate more perceived pain). Investigators collected data at three two-hour intervals after the onset of active labor. The yoga group had slightly lower pain scores (mean differences of 6.1, 4.7, and 4.6) and slightly lower pain behavior scores. There was no significant difference in use of analgesics between groups. There were no reported harms. The study was limited by lack of blinding, small sample size, unexplained attrition, narrow study population, unclear adherence to home practice, and lack of external validity of scores.

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References

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2. Chuntharapat S, Petpichetchian W, Hatthakut U. Yoga during pregnancy: effects on maternal comfort, labor pain and birth outcomes. *Complement Ther Clin Pract*. 2008;14(2):105-115. ■

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