8. SUMMARY & CONCLUSIONS

1. In this study, we evaluated the role of IAYT started at mid-gestation and continued until delivery on pregnancy outcomes.

2. We compared this group to a matched control group who were similar in patient characteristics, but performed walking exercise twice a day (standard obstetric advice).

3. The interventional group (IAYT) had statistically significant increase in their mean gestational age at delivery, decreased SGA [small for gestational age] babies, decreased incidence of idiopathic IUGR, PTD and IUGR associated with PIH.

4. The incidence of PIH and emergency cesarean sections tended to decrease but was statistically not significant.

5. The exact role of IAYT in improving pregnancy outcomes is unclear. Whether this represents a true causal effect or an association needs to be studied further.

6. We speculate that its actions are mediated by antagonizing the three postulated mechanisms of transfer of maternal stress to the fetus.

In conclusion, this study is the first to examine the effects of yoga in pregnancy and its outcomes. Yoga by its holistic approach to health is safe in pregnancy and leads to improved outcomes. Future studies should evaluate the relationship between pre-pregnancy stress and pregnancy stress, role of prenatal stress and fetal programming (Barker’s hypothesis) and the role of IAYT in these important long-term outcomes. Based on this pilot data, we advocate further randomized control trials to demonstrate the beneficial effects of IAYT on pregnancy outcomes like 1) birth weight, 2) surgical deliveries (CS) and 3) complications like PIH, IUGR and PTD.

This study supports the concept that, introduction of yoga into obstetrical practice provides a low cost, low risk intervention with benefit in pregnancy outcome and high patient compliance.