



The Effect of Prenatal Yoga on Physical Health of Third Trimester Pregnant Women: A Scoping Review

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Revised: 05 July 2026 Accepted: 18 August 2026 Published: 27 September 2026 How to cite : Ratnasari, D., Suwarsa, O., Lesmana, R., Tarawan, V. M., Pramatirta, A. Y., Susiarno, H., & Adnani, Q. E. S. (2026). The Effect of Prenatal Yoga on Physical Health of Third Trimester Pregnant Women: A Scoping Review. <i>Contagion: Scientific Periodical Journal of Public Health and Coastal Health</i>, 8(3), 500–516.	<i>Low back pain is commonly encountered in the later stages of pregnancy, being experienced by about half to two-thirds of pregnant women and possibly restricting normal activities and everyday functioning. This scoping review aimed to identify evidence on the effects of prenatal yoga on physical health in women in the third trimester of pregnancy. It was conducted in line with the PRISMA-ScR guidelines. A search of PubMed, ScienceDirect, and Google Scholar was performed for studies published between 2019 and 2025. This search resulted in 138 records. After removing duplicates, screening titles and abstracts, and reviewing full texts, seven studies met the eligibility criteria and were included in the review. The selection of studies and the extraction of data were each carried out by two reviewers. The studies included in the review employed a variety of research designs, such as randomized controlled trials, quasi-experimental studies, and pre-experimental studies. In genera, the outcomes suggested that prenatal yoga had a beneficial effect on a range of maternal health outcomes. It was associated with a decreased prevalence of low back pain, an improvement in the quality of sleep assessed by the Pittsburgh Sleep Quality Index, better balance, and increased general well-being. Moreover, all the studies identified a reduction in both anxiety and pain levels. There were no adverse effects related to prenatal yoga observed in any of the papers, which means that it can be considered a safe non-pharmacological approach for pregnant women. In summary, it can be concluded that prenatal yoga has the potential to bring about some positive changes to the physical health of women in the late pregnancy stage, particularly by decreasing musculoskeletal discomfort. At the same time, variability in study design and different intervention protocols needs further investigation through randomized controlled trials.</i> Keywords: Prenatal Yoga, Pregnancy, Third Trimester, Low Back Pain, Musculoskeletal Pain, Non-Pharmacological Intervention.

INTRODUCTION

Due to numerous physiological and biomechanical changes that happen by the third trimester, discomfort becomes almost the norm, which consists of low back pain, pelvic pain, cramping, poor balance, fatigue, and disrupted sleep, which are able to influence daily activities and quality of life. The cause of the mentioned problems lies in the increased mechanical load on the lumbar spine and pelvis, as well as hormonal changes that lead to stretching of the ligaments and joint instability. (American College of Obstetricians and Gynecologists, 2020; World Health Organization, 2020).

Indeed, 50 to 70 percent of pregnant women experience low back pain during their pregnancies, which tends to worsen over time as the due date approaches. Since it is usually left untreated, it does not necessarily go away after birth but continues influencing the woman during the postpartum period (Dydyk & Conermann, 2022; Salari & Mohammadi, 2023).

Since there are some concerns regarding the safety of the fetus, the guidelines suggest that in case of musculoskeletal problems in pregnant women, clinicians should prefer using non-pharmacological strategies of treatment (Kwon et al., 2020; Villar et al., 2023). Prenatal yoga is one such strategy, as it unites postures, breathing exercises, relaxation, and mindfulness, which may help in improving flexibility, postural stability, autonomic regulation, circulation, and the body's response to stress (Azward et al., 2021; Lin et al., 2022).

There is quite a lot of evidence available proving that prenatal yoga improves back pain, sleep, balance, well-being, and anxiety levels. At the same time, the literature is not homogeneous because of differences in the protocols, study design, outcome measures, and participants, which makes it hard to compare results of various studies or to come up with any standardized guidelines. Besides, different healthcare systems and cultures should be considered (Dydyk et al., 2022; et al., 2023).

A scoping review appeared to be a proper choice in this situation, as instead of trying to pool effect sizes, we can find out what kind of evidence exists and which outcomes are the most commonly studied, as well as what gaps there are. Consequently, the purpose of this scoping review is to critically analyze and summarize the evidence base regarding the effects of prenatal yoga on physical health in the third trimester, to find out which outcomes have been researched the most often, to provide a synthesis of results of different types of studies, and to point out the shortcomings in the methodology of the evidence base, which will be useful for future research and clinical practice and maternity care.

METHOD

PIO Framework

The scoping review was done following the approach of the Joanna Briggs Institute and was reported in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) methodology framework. The process of conducting a scoping review comprised several stages, including literature search, study selection and inclusion, data extraction, critical appraisal of the studies, and evidence synthesis.

The research question for the scoping review was developed using the PIO approach and can be formulated as follows: What effects does prenatal yoga have on physical health in the third trimester of pregnancy?

Table 1. PIO Framework

P (Population)	I (Intervention)	O (Outcome)
Pregnant women in the third trimester	Prenatal yoga intervention programs (standard prenatal yoga and modified yoga interventions)	Physical health outcomes such as low back pain, musculoskeletal pain, sleep quality, balance, physical function, and well-being of mother

Identification of Relevant Article

All papers addressing maternal health and complementary interventions in biomedical, clinical, physical, and multidisciplinary literature were searched for using three electronic databases: PubMed, ScienceDirect, and Google Scholar. PubMed was chosen for having a large number of MeSH-indexed biomedical literature, whereas ScienceDirect provides access to thousands of health sciences journals.

Multidisciplinary research was covered by Google Scholar as well. Scopus, Web of Science, CINAHL, and Embase were excluded from analysis mainly because of the absence of institutional database subscriptions. Secondly, no additional information could be gained from those databases. Nonetheless, the potential effect of such limitation was diminished by the use of both controlled vocabulary and free text words for all selected databases. Moreover, manual review of all included studies' references was conducted in order to identify potential missed publications. Thus, however, the probability of missing some potentially eligible publications due to the inaccessibility of some databases has to be taken into account while assessing the findings.

Published between 2019 and 2025, English studies involving human participants were eligible only if they presented original quantitative data. Review articles, conference abstracts, editorials, dissertations, and unpublished studies were not considered. The search strategy included the use of MeSH descriptors, if available, and keywords for free text, as well as appropriate use of Boolean operators. The main search strategy was the following: ("Prenatal Yoga" OR "Yoga During Pregnancy") AND ("Pregnant Women") AND ("Low Back Pain" OR "Sleep Quality" OR "SleepQuality" OR "Physical Health" OR "Balance" OR " Maternal Well-Being"). Relevant indexing of selected databases demanded custom-tailored search terms for each particular database. The detailed search strategy can be seen in Supplementary Table S1.

Article Selection Process

Selection of studies meeting inclusion criteria was carried out using PRISMA-ScR guidelines. First, the papers were reviewed by two reviewers familiar with the inclusion criteria

solely on the basis of their titles and abstracts. When one reviewer marked a study saying, "This one is a keeper," while another one responded, "Not that one again?" the study was retained until consensus was achieved by discussing between the two reviewers.

In order to assess the degree of agreement between two reviewers, Cohen's kappa (κ) was calculated right after the process of title and abstract review was finished. The full text of the manuscripts that cleared the initial screen was assessed once more by both reviewers independently. The same criteria were used for this round of assessment as before, and the disagreements that may occur in this phase were resolved by discussion between the two reviewers.

All in all, there were three phases in the process of selecting the articles: title, abstract, and full text. - Only seven studies met the criteria. Also, a JBI critical appraisal of these, matched to each study design, was performed. There were seven groups; the designs used in them were randomized controlled trials, quasi-experiments, and pre-experiments. Thus, one can see that the evidence is quite diverse in terms of methodology. The entire process of study selection was carried out using the Rayyan systematic review software tool. The study selection process was performed systematically in accordance with PRISMA-ScR.

The titles and abstracts of all articles were independently screened by two reviewers according to the established criteria in order to minimize any possible biases; disagreements in this matter were settled by discussion. There are two main sources of errors in the process of study selection for this review: errors due to human involvement during the selection criterion assessment and data extraction and computer-related errors in the course of performing database search queries. In order to minimize each of these factors, the following measures have been taken: an independent assessment of titles and abstracts of some studies was performed by a third reviewer whose results were compared to those of the first two reviewers. Likewise, some of the studies' data extraction was performed independently by a fourth reviewer who compared his/her results to those of the original reviewers.

Those studies that were selected through the process of database and hand searching, and only their titles and abstracts were available, were verified solely according to whether they correspond to the selection criteria in either the title or abstract section. This process is only a very rough idea of what is written in the full papers.

On the other hand, those that were found in the course of database and hand searching, and the full texts as well as the titles and abstracts of the studies that were available and retrieved, were initially assessed in terms of whether they met the selection criteria by the two reviewers. Their decisions were recorded in spreadsheets, and a list of all candidate studies was

compiled as a result. After that, both reviewers and perhaps a third one, who may be involved in the next step of resolving disagreements, but not necessarily at the consensus stage, performed the full-text review of these candidate studies. Decisions of all three reviewers concerning these candidates were also recorded in the spreadsheet in order to form a final list of studies that would be retained.

Three stages in the analysis of the articles were observed: the title, the abstract, and the full text of the articles. Only seven of the articles managed to pass all three stages of evaluation.

In addition, all seven articles were appraised using the JBI critical appraisal checklist that is used to analyze the quality of a study. The studies that were obtained varied a great deal from each other, and some were randomized controlled trials while the others were quasi-experiments and pre-experiments.

Eligibility Criteria

Table 2. Inclusion and Exclusion Criteria

Inclusion Criteria	Exclusion Criteria
1. Experimental or quasi-experimental studies (including RCTs, pilot studies, and pre-post designs)	1. Review articles, editorials, or studies without quantitative data
2. Studies involving pregnant women, particularly in the third trimester	2. Studies focusing solely on psychological outcomes
3. Studies examining prenatal yoga as the primary intervention	3. Studies involving high-risk pregnancies
4. Studies reporting physical health outcomes (e.g., back pain, flexibility, muscle strength, sleep quality, blood circulation)	4. Studies not aligned with the research objective
5. Published between 2019 and 2025	5. Incomplete or inaccessible full-text articles

Only those articles written in the English language were selected in order to maintain uniformity in interpretation and due to the limitation in translating articles. The reader should be aware that this is one of the limitations of the study that might have resulted in missing out on relevant studies that were not published in the English language.

Data Charting and Extraction

In total., 138 articles were obtained from PubMed (n=47), ScienceDirect (n=38), and Google Scholar (n=53). All records were imported into Rayyan for further screening and organization. The software identified 36 duplicate records that were further checked manually and defined as records having identical title, author(s), year, journal., and DOI. This left us with 102 articles for title and abstract screening.

Two independent reviewers conducted the data extraction process using a specially prepared data-charting form including the first author's name, publication year, country, study design, participants' characteristics, sample size, intervention, control group, outcome measures, main findings, and methodological limitations.

At the stage of title and abstract screening, 73 records were rejected because they were not written in English; hence, 29 articles were taken to the stage of full-text analysis.

The full-text analysis eliminated another 22 records, of which eight were reviews; four of them were high-risk pregnancy-related; five were purely psychological results; and five of them were without full-text access. Finally, seven articles moved forward to the eligibility assessment step, which was independently reviewed by both reviewers, but their conflicts were resolved through discussion.

Seven studies met all the inclusion criteria and became part of the final synthesis. Thus, these seven studies represent the current evidence on how prenatal yoga impacts the physical health of pregnant women in the third trimester of pregnancy. Figure 1 depicts the whole selection process with the description of exclusion reasons for each stage.

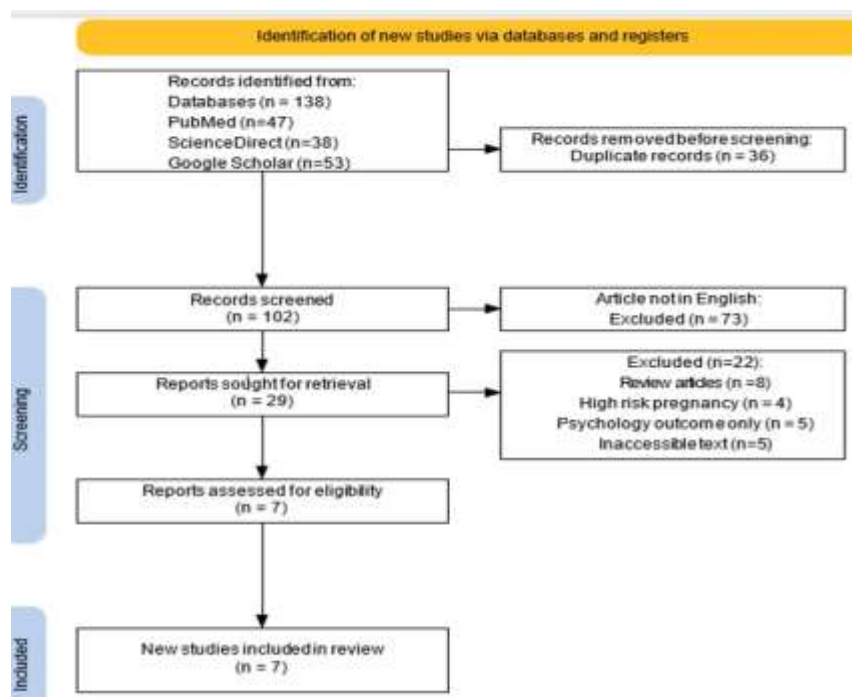


Figure 1. PRISMA Flowchart

Figure 1. PRISMA Flowchart records identified ($n = 138$), duplicates removed ($n = 36$), records screened ($n = 102$), full-text articles assessed ($n = 29$), articles excluded with reasons ($n = 22$), and studies included in the final synthesis ($n = 7$).

Critical Appraisal

Table 3. Critical Appraisal

Article Code	Research Design	Appraisal Tool Used	Key Methodological Strengths	Reporting Limitations Identified
S1	Randomized Controlled Pilot	JB1 RCT	Randomized allocation; multiple outcome	Small sample size; pilot design limits generalizability

Article Code	Research Design	Appraisal Tool Used	Key Methodological Strengths	Reporting Limitations Identified
	Study (Holden et al., 2019)		measures; control group included	
S2	Pre-Experimental / Pre-Post Test (Azward et al., 2021)	JB1 Quasi-Experimental	Clear outcome measurement (PSQI); standardized intervention protocol	No control group; single-group design
S3	Quasi-Experimental / Pre-Post Test (Geawanty & Novita, 2021)	JB1 Quasi-Experimental	Pre-post design with defined population; appropriate statistical testing	Absence of control group; potential selection bias
S4	Quasi-Experimental (Franisia et al., 2022)	JB1 Quasi-Experimental	Clearly defined clinical setting; standardized pain scale used	Limited sample size; single-site study
S5	Clinical Study / Experimental (Pujiastuti et al., 2023)	JB1 Quasi-Experimental	Specific population (primigravida); modified yoga protocol described	Blinding not reported; potential performance bias
S6	Pilot Randomized Controlled Trial (Shidhayee et al., 2023)	JB1 RCT	Randomized design; feasibility outcomes explicitly addressed; multi-domain outcomes	Pilot-stage limitations; small sample
S7	Randomized Controlled Trial (Shete et al., 2023)	JB1 RCT	Robust RCT design; control group; psychological health tools validated	Blinding of participants is not feasible given the nature of the yoga intervention

Data Synthesis

Considering the wide variety of designs of the included studies, different protocols of prenatal yoga, durations of intervention, different measurement tools, and participants' diversity, quantitative meta-analysis did not make any sense. Therefore, the results were synthesized narratively by groups depending on the main outcomes measured: low back pain, sleep quality, balance, maternal well-being, and psychological outcomes. Registration of the systematic review wasn't prospectively conducted; however, the JBI and PRISMA-ScR guidelines were strictly followed.

RESULTS

Table 4. Characteristics of Included Studies

No	Author / Year	Study Design	Sample	Intervention	Outcome	Findings
1	Holden et al. (2019)	Randomized Controlled Pilot Study	Pregnant women in the second and third trimesters	Prenatal yoga (8 weeks)	Back pain, balance, maternal well-being	Prenatal yoga significantly reduced back pain and improved balance and maternal well-being.
2	Azward et al. (2021)	Pre-Experimental (Pre-Post Test)	Pregnant women in the third trimester	Prenatal yoga exercise	Sleep quality	Prenatal yoga was found to markedly enhance sleep quality in women during the third trimester of pregnancy.
3	Geawanty & Novita (2021)	Quasi-Experimental (Pre-Post Test)	Pregnant women in the third trimester	Prenatal yoga	Low back pain	A statistically significant change in back pain was observed following the prenatal yoga intervention compared to baseline levels.
4	Franisia et al. (2022)	Quasi-Experimental	Third-trimester pregnant women at Depok Clinic	Prenatal yoga	Back pain	Prenatal yoga proved effective in lowering the intensity of back pain among women in their third trimester of pregnancy.
5	Pujiastuti et al. (2023)	Clinical Study (Experimental)	Primigravida women	Modified Iyengar Yoga	Anxiety and pain	A modified Iyengar yoga program was shown to significantly alleviate both anxiety and pain in primigravida women.
6	Shidhaye et al. (2023)	Pilot Randomized Controlled Trial	Pregnant women during the COVID-19 pandemic	Yoga program (Yoga-M2)	Maternal mental health and immune function	Yoga was found to be feasible and well accepted, with initial evidence indicating beneficial effects on maternal mental health and immune function.

No	Author / Year	Study Design	Sample	Intervention	Outcome	Findings
7	Shete et al. (2023)	Randomized Controlled Trial (YOGESTA)	Pregnant women	Mind-body yoga practice (YOGESTA)	Psychological health	The YOGESTA yoga intervention successfully preserved and enhanced psychological well-being among pregnant women in comparison to the control group.

Seven studies have been identified by this review. Selection criteria for including studies in the analysis are summarized in Table 4. The selection process is presented in the PRISMA-ScR flow diagram (see Figure 1). All selected articles have been published within the period 2019-2023, which reflects the increasing attention paid to researching the benefits of yoga practices in pregnant women. Geographically, the selected studies have been published in the USA, Indonesia, and India, indicating the increasing interest in the implementation of yoga practices in different healthcare settings and cultures.

Methodologically, four studies used randomized/pilot randomized controlled trials, two studies used quasi-experimental pre-post designs, and one study used a pre-experimental design (Azward et al., 2021). In spite of different methodological approaches in each study, all of them reported positive outcomes in at least one aspect of maternal health. It should be noted that RCT design can be preferred due to the possibility of minimizing bias, while others require more scrupulous consideration due to certain limitations.

It should be noted that in most of the studies, pregnant women in the third trimester of pregnancy were enrolled. Only in one study were women in the second and third trimesters enrolled, and in another one only primigravida women who had the intervention until late pregnancy were included. Those two studies were selected due to the relevance of the results to third-trimester physical well-being.

As far as interventions themselves are concerned, they were quite different from each other. The interventions included prenatal yoga, modified Iyengar yoga, the yoga M2 program, the Yogesta mind-body protocol, and so on. The duration varied from single sessions to an 8-week course.



Figure 2. Year Classification

In the majority of studies, the study sample mainly consisted of mothers in their third trimesters; however, some studies included both second and third trimesters and specifically primigravida women (Pujiastuti et al., 2023).

Various types of prenatal yoga were conducted, including traditional and modified prenatal yoga, for example, Iyengar yoga, as well as more comprehensive mind-body yoga programs, such as YOGESTA and Yoga-M2. In most cases, the duration of intervention varied from one session to an 8-week-long program (Shidhaye et al., 2023).

Overall Evidence Synthesis

Five out of seven studies suggested that prenatal yoga had a statistically significant effect on a physical health measure. Also, two studies found improvements in psychological health and immunity parameters.

Three out of seven studies consistently found decreased low back pain; one study demonstrated improvements in sleep quality assessed with the help of the Pittsburgh Sleep Quality Index (PSQI), and another study found reduced anxiety and pain after modified Iyengar yoga.

Due to the presence of high variability in the design of studies, intervention protocol, duration of the intervention, outcome measurements, and characteristics of participants, a quantitative meta-analysis was not applicable. Consequently, the results were synthesized qualitatively in order to follow the scoping review objectives.

Although the review primarily focused on the physical health outcomes, two out of five articles examined psychological health outcomes along with the physical health outcomes using multidimensional approaches to maternal health. They were chosen as additional support for prenatal yoga since psychological health outcomes were measured along with physical health outcomes and not separately and are regarded as additional evidence of prenatal yoga efficacy. Neither of the papers considered intervention fidelity, meaning how faithfully the intervention was conducted. As a result, although all of the effects observed are positive, there may be some differences in implementation of the interventions, which should be taken into consideration.

Flexibility, muscle strength, and circulation were mentioned as the potential effects in the PIO statement; however, the studies analyzed here do not assess flexibility and circulation. The actual effects are low back pain, sleep quality, balance, maternal well-being, pain perception, anxiety, psychological health, and immune system functioning.

Findings

Table 5. Findings

Study	Intervention	Main Outcomes Assessed	Main Effect of Prenatal Yoga	Conclusion
Holden et al. (2019)	Prenatal yoga (8 weeks)	Low back pain, balance, maternal well-being	A significant decrease in low back pain; enhancement of balance and maternal well-being	Positive effect
Azward et al. (2021)	Prenatal yoga exercise	Sleep quality	A significant increase in the quality of sleep (PSQI)	Positive effect
Geawanty & Novita (2021)	Prenatal yoga	Low back pain	A significant decrease in low back pain intensity after the intervention	Positive effect
Franisia et al. (2022)	Prenatal yoga	Low back pain	Decrease in backache problems among women during the third trimester of pregnancy.	Positive effect
Pujiastuti et al. (2023)	Modified Iyengar Yoga	Pain and anxiety	Significant reductions in pain perception and anxiety levels	Positive effect
Shidhayee et al. (2023)	Yoga-M2 Program	Mental health, immune function	Improved maternal mental health, immune function, and intervention feasibility	Positive effect
Shete et al. (2023)	YOGESTA Mind-Body Yoga	Psychological health	Improved psychological health compared with the control group	Positive effect

Prenatal yoga is associated with positive changes across many dimensions: physically, the effects include relief of low back pain, improvement of sleep quality, balance, and well-being; psychologically, prenatal yoga helps to decrease anxiety, improves mental health and pain perception, and enhances immune system functioning. Although different methods of conducting prenatal yoga and measuring outcomes were used in the studies, all the results obtained by the included studies showed positive effects without adverse ones associated with the yoga.

Regarding back pain, three studies analyzed the effect of prenatal yoga on low back pain in the third trimester of pregnancy and revealed a statistically significant reduction in it (Franisia et al., 2022; Geawanty et al., 2021; Holden et al., 2019). Along with reduction of pain, Holden et al. (2019) found improvements in balance and well-being in their randomized pilot study.

Azward et al. (2021) conducted a pre-experimental study of the effects of prenatal yoga on the sleep quality of third-trimester pregnant women and discovered a significant improvement in PSQI scores. On pain and anxiety: Pujiastuti et al. (2023) demonstrated that

Iyengar yoga with modifications significantly reduced anxiety and pain in primigravida women and thus highlighted the physical and psychological benefits of prenatal yoga practice, especially among first-time pregnant women.

The other two studies by Shidhaye et al. (2023) and Shete et al. (2023) focused on psychological and immunological effects of prenatal yoga. In particular, Shidhaye et al. (2023) proved the feasibility and preliminary efficacy of the Yoga-M2 intervention for improving the maternal psychological state and immune response. At the same time, Shete et al. (2023) revealed that the YOGESTA mind-body yoga can positively impact the level of psychological health in pregnant women, in comparison with the control group. Notably, no adverse effects from prenatal yoga have been reported in any of the seven included studies, proving the safety of this intervention.

All things considered, there is consistent evidence on prenatal yoga as a safe non-pharmacological intervention that can help improve several health outcomes among pregnant women, including low back pain, sleep quality, balance, and well-being. Moreover, there were no reported yoga-related adverse events in any of the included studies. Yet, it is necessary to interpret the findings taking into consideration methodological heterogeneity, small sample sizes, variations in yoga protocols, and lack of intervention fidelity assessment among included studies.

DISCUSSION

Thus, this scoping review suggests that prenatal yoga is related to improved physical and psychological health outcomes in the third trimester of pregnancy. Still, the results have to be interpreted cautiously because of methodological limitations of included studies that prevent reaching causal conclusions.

Back Pain

Low back pain was the outcome that had been most frequently measured and reported as significantly improved after prenatal yoga interventions. All three included studies have demonstrated the reduction of low back pain in women (Calatayud et al., 2022; Dydyk et al., 2022; Shiri et al., 2023). The biological plausibility of this outcome can be explained by the ability of prenatal yoga to reduce musculoskeletal discomfort through improvement of posture, flexibility, spinal alignment, and core stability, compensating for biomechanical load in late pregnancy. However, most of these studies were quasi- or pre-experimental without proper control groups (Franisia et al., 2022; Geawanty et al., 2021; Holden et al., 2019).

Clinical Significance

The concept of statistical significance was quite popular in the literature; however, few studies have explored whether these benefits fulfilled the MCID criteria. It is still unknown to what extent these benefits can be clinically important (American College of Obstetricians and Gynecologists, 2020). It is crucial to report in future studies not only statistical significance but also clinically important effect sizes (Corrigan et al., 2022; Lin et al., 2022).

Sleep Quality

Findings related to sleep quality provided by Azward et al. (2021) are consistent with the scientific evidence of yoga efficacy in improving sleep thanks to breathing and relaxation exercises, increasing parasympathetic activation. The issue of poor sleep quality is quite frequent among pregnant women in the third trimester, and thus yoga can be used as a safe non-pharmacological alternative; however, due to the fact that these results come from one uncontrolled pre-experimental study, further controlled research is required.

Comparison with Other Non-Pharmacological Interventions

Prenatal yoga can be considered a type of combined exercise, breathing, and relaxation, which is helpful as an alternative method in treating musculoskeletal pain. While, due to the holistic approach, this practice can bring some psychological benefits as well, it has not been proven yet; therefore, RCTs conducted specifically to investigate both the effectiveness of the intervention and its cost-effectiveness are needed.

Psychological Health and Anxiety

Although physical effects were the focus of this paper, most of the studies analyzed here are devoted to psychological improvement. In a paper by Pujiastuti et al. (2023), it is stated that there is a reduction in anxiety and pain through participating in the modified Iyengar yoga program. The results from Shidhaye et al. (2023) on the level of agreement on using yoga were extremely high.

The findings by Shidhaye (2023), who showed that there are other positive impacts on mental health, indicate that prenatal yoga can benefit the mind and body using mind-body mechanisms. From these four studies by Corrigan et al. (2022), Gupta et al. (2022), Villar et al. (2023), and Martinez et al. (2023), which took place in different settings with different methods, we can conclude that the results were similar.

That means that even with the increased psychological distress during the third trimester, it is beneficial to have prenatal yoga because it reduces the level of physical pain and helps to change the perception of this pain and stress psychologically.

Cultural Context The fact that even cultural and healthcare contexts of these countries did not change the direction of the findings is an important point for all these papers.

The obvious reason for this is due to the differences in cultural beliefs, availability of professional instructors, and health literacy standards in antenatal care; therefore, there seems to be a need for contextual strategies.

Safety and Acceptability

There were no side effects noted during yoga exercises, which is similar to earlier studies that had found yoga exercises to be safe if they were carried out under the right supervision and tailored to fit the gestational period (Kwon et al., 2020; Mert et al., 2024; Mooventhana, 2021; Ribeiro et al., 2022). High acceptability of the prenatal yoga exercise among the participants in the Shidhaye et al. (2023) pilot RCT means that prenatal yoga exercises are practicable and effective both in their conventional form and adaptation.

Heterogeneity of Prenatal Yoga Intervention

The clear weakness in all these studies is the heterogeneity of style, structure, and components of the yoga intervention being employed.

Implication for Clinical Practice

It is evident from this review that the use of prenatal yoga exercise as an intervention measure is practicable when combined with other prenatal care practices. For the implementation of the findings from this review, there will be a need to come up with guidelines for its practice and also the involvement of yoga practitioners. Monitoring the impact of the intervention over time via follow-ups will be the most appropriate way to evaluate the effect of prenatal yoga after the birth of the baby.

Limitations of the Review

There are some limitations that accompany this review. First and foremost, we conducted the literature search up to April 1, 2025, which is the end of the 2025 publication period and may have excluded any studies that came afterwards. Secondly, no grey literature was included in the search, and our research is primarily based on peer-reviewed journals, which may cause publication bias. Lastly, all the included studies were not designed to check any adverse effects of prenatal yoga; the absence of any adverse effects does not imply safety.

Reflection of the Scoping Review

The usage of scoping review methodology turned out to be an effective approach for summarizing the wide variety of findings regarding prenatal yoga interventions and identifying knowledge gaps in this field. When there are more high-quality, larger randomized trials with clear intervention protocols, future reviews will be more helpful in presenting the evidence.

CONCLUSION

This study, using a scoping review approach, revealed that prenatal yoga is able to improve maternal outcomes in pregnant women, especially in the third trimester. It turned out that by using prenatal yoga, some women are less troubled by the lower back pain (LP) they had during pregnancy. Additionally, it improved their sleep quality, balance, and overall well-being and reduced their mental discomfort (anxiety and pain). There is quite good concordance in the reports in this field, with the majority of studies being non-random experimental and having different designs and measurements. Therefore, there should be a certain level of caution when interpreting the results. However, considering the negative effects associated with the method are relatively small, it may be regarded as a safe and non-pharmacological way of supplementing antenatal care delivered by certified and skilled practitioners. The scientists working in the field of prenatal care should devote their efforts to carrying out high-quality randomized controlled trials with an adequate number of subjects in each group and common measures of interventions and outcomes used during post-delivery follow-up.

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