



The Effect of Prenatal Yoga on Anxiety, Discomfort, and Labor Experience in Third-Trimester Pregnant Women: A Mixed-Methods Sequential Explanatory Study

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Track Record Article	Abstract
Revised: 19 July 2026 Accepted: 04 September 2026 Published: 26 September 2026 How to cite : Munawaroh, Damayanti, D. S., & Yuda, R. A. (2026). The Effect of Prenatal Yoga on Anxiety, Discomfort, and Labor Experience in Third-Trimester Pregnant Women: A Mixed-Methods Sequential Explanatory Study. <i>Contagion : Scientific Periodical of Public Health and Coastal Health</i>, 8(3), 201–215.	<i>A woman will experience physical and psychological changes during her pregnancy. Physical changes can cause discomfort, and psychological changes can cause anxiety. This study examined changes in anxiety and discomfort following prenatal yoga and explored childbirth experiences among third-trimester pregnant women. The study employed a mixed-methods sequential explanatory design. Quantitative data were collected through purposive sampling of 25 respondents who participated in four weekly 60-minute prenatal yoga sessions. Six participants were purposively selected from the quantitative sample for in-depth interviews. Data collection employed an anxiety questionnaire, the Hamilton Anxiety Rating Scale (HARS), and a discomfort questionnaire, followed by in-depth interviews with selected informants. Quantitative data were analyzed using the Wilcoxon signed-rank test, and qualitative data were analyzed using thematic analysis. The average anxiety before prenatal yoga was 12.8, and after prenatal yoga it was 3.64, with $P = 0.001$. The average discomfort before prenatal yoga was 3.76, and after prenatal yoga it was 0.92, with a P-value of 0.001. Participants generally reported reduced anxiety and discomfort after participating in prenatal yoga. Some participants described vaginal deliveries lasting 2 to 7 hours; participants who underwent cesarean section (CS) described feeling better prepared and reported easier recovery. Anxiety and pregnancy-related discomfort scores decreased after prenatal yoga, and interviewed participants described positive childbirth experiences. These findings should be interpreted in light of the one-group design.</i> Keywords: Prenatal Yoga, Anxiety, Discomfort, Labor Experience

INTRODUCTION

During pregnancy, women undergo physical and psychological changes. Physical changes can lead to discomforts such as lower back pain, leg cramps, and edema, while psychological changes may manifest as nausea and vomiting, sleep disturbances, mood swings, and anxiety. Lower back pain is a common complaint, affecting 40.5–50% of pregnant women. It is caused by both mechanical and hormonal factors. Addressing this issue is essential to minimize pregnancy complications and ensure a safer pregnancy (Hikmah et al., 2023; Salari et al., 2023).

Research in Iran found a 40.6% prevalence of generalized anxiety disorder and an 11.7% prevalence of fear of childbirth. In Nairobi, 26.9% of pregnant women were reported to experience antenatal depression and anxiety; meanwhile, in Indonesia, 37.2% of pregnant women experienced moderate to severe anxiety, and 62.8% experienced mild anxiety (Mulupi et al., 2025; Shariatpanahi et al., 2023; Sundari et al., 2023).

Untreated anxiety and discomfort during pregnancy can have negative effects on both the mother and the fetus. Preterm birth, low birth weight (LBW), and unpleasant pregnancy experiences are among the negative consequences of such anxiety and discomfort. Prenatal yoga can help expectant mothers better prepare themselves, both physically and mentally (Hikmah et al., 2023; Villar-Alises et al., 2023).

The core philosophy of prenatal yoga is the unification of mind, body, and spirit. Prenatal yoga practice aims to harmonize the physical, mental, and emotional well-being of expectant mothers, preparing them for a comfortable childbirth experience. Physical practice involves asanas, or poses, tailored to the specific needs of pregnant women. These poses focus on physical strengthening as well as the prevention or alleviation of pregnancy-related symptoms. Prenatal yoga poses are designed to help open the pelvis, strengthen the pelvic floor muscles, and increase joint flexibility, thereby facilitating labor. These poses can also help reduce back pain, swelling in the hands and feet, and limb cramps common complaints among pregnant women, particularly during the third trimester. Furthermore, prenatal yoga poses can help correct postural changes caused by an expanding abdomen. Meanwhile, the mental aspect of prenatal yoga involves focusing attention on the body and mind. Mental training in prenatal yoga is achieved through pranayama. Pranayama helps optimize oxygen supply to the fetus and soothe the mother's nervous system. The mind is trained to remain focused, thereby reducing excessive fear of pain and preventing overwhelming anxiety. The slow, mindful movements characteristic of prenatal yoga allow the mother to be fully present and connected with the fetus in the womb (Aprilia, 2024; Black et al., 2025).

Meditation is also used in prenatal yoga to support emotional balance; this study did not measure hormonal changes. Meditation can also develop intuition. This can help pregnant women to be more sensitive to their natural instincts and build confidence that their bodies are designed for natural childbirth (Aprilia, 2024; Black et al., 2025).

Thus, prenatal yoga can reduce anxiety and discomfort during pregnancy. Regular prenatal yoga practice can result in a more positive birth experience. Previous qualitative research has also explored pregnant women's experiences in antenatal yoga classes (Hobek Akarsu et al., 2022).



Figure 1. Conceptual Framework of the Effect of Prenatal Yoga on Anxiety, Discomfort, and Positive Labor Experience Among Third-Trimester Pregnant Women

Previous research has shown that prenatal yoga offers many benefits, including reducing anxiety, improving sleep quality, alleviating discomfort, and even shortening the first stage of labor. This evidence suggests that prenatal yoga is safe and appropriate for pregnant women and has even been recommended by professionals. However, this research remains fragmented. Most focus on single outcomes, such as discomfort and anxiety. Few studies have examined discomfort, anxiety, and childbirth experiences together. Furthermore, research remains limited to quantitative study designs (systematic reviews, quasi-experiments with small samples) and has not combined quantitative and qualitative (mixed-methods) studies. This mixed-methods study is needed to examine the subjective delivery experience, which cannot be measured quantitatively. With a sequential mixed-methods study design, it is hoped that it will be possible to measure the effects of prenatal yoga on anxiety, discomfort, and labor experiences, while exploring the labor experience to provide a more comprehensive understanding of prenatal yoga.

METHOD

This study employed a sequential explanatory research design. This approach was chosen to obtain a comprehensive picture, both statistically and based on respondents' subjective experiences. The study population consisted of third-trimester pregnant women attending

prenatal yoga classes at Nujuh Bulan Studio Bintaro and Nabeel Mom and Baby Treatment Bekasi between January and March 2025. Nujuh Bulan Studio Bintaro was selected as the first studio to offer prenatal yoga and other childbirth preparation classes on a large scale, with the expectation that it would yield the minimum required sample size; however, respondent attendance did not meet the expected regularity standards. Nabeel Mom and Baby Treatment Bekasi was chosen because it offered scheduled prenatal yoga classes, and the owner, an experienced midwife, could help encourage consistent attendance among respondents.

Participants were selected using a purposive sampling technique based on the following inclusion criteria: third-trimester pregnancy; attendance at a minimum of four prenatal yoga sessions (60 minutes per session); good maternal and fetal health as confirmed by a midwife or physician; and willingness to participate in the study. The sample size was calculated using the hypothesis test formula for the difference between the means of two paired groups, resulting in a figure of 19.8 respondents; the study ultimately enrolled 25 respondents to allow for potential non-compliance.

Data collection involved administering the Hamilton Anxiety Rating Scale (HARS) and a discomfort questionnaire. While the HARS scale demonstrates good validity and reliability, these metrics vary across populations; the Indonesian adaptation of the HARS scale has been reported to have a Cronbach's alpha of 0.756 and item validity (Pearson) ranging from 0.529 to 0.727 (Ramdan, 2018). Discomfort was measured using a 10-item questionnaire. This questionnaire utilized closed-ended questions with "yes" and "no" response options and covered common discomforts experienced by pregnant women. The questionnaire had previously undergone validity and reliability testing involving 30 pregnant women. The validity test results indicate that the 10 questions are valid, with calculated r-values exceeding 0.361, while the reliability test yielded an alpha value of 0.782. Quantitative data analysis employed the Wilcoxon test because the data were not normally distributed.

Six respondents from the quantitative sample were purposively selected as qualitative informants and interviewed using an interview guide. The interview guide was developed based on quantitative findings on the reasons and methods for regular prenatal yoga (4 sessions) to reduce anxiety and discomfort, as well as to explore the informants' childbirth experiences. Data analysis was conducted using thematic analysis (data reduction, data presentation, and conclusion drawing).

RESULTS

Based on Table 1, of the 25 respondents, the largest age group was reproductive (84%) and non-reproductive (16%). By education level, respondents had secondary education at 56% and tertiary education at 44%. Based on occupation, respondents were employed at 28% and unemployed at 72%. By parity, respondents were primigravida at 40% and multigravida at 60%.

Table 1. Characteristics of Third Trimester Pregnant Women Participating in Prenatal Yoga (n=25)

Variables	Frequency	Percentage
Age (years)		
Reproductive (20-35 years)	21	84
Non-reproductive (<20 or >35 years)	4	16
Education		
Secondary	14	56
Tertiary	11	44
Occupation		
Working	7	28
Not working	18	72
Parity		
Primigravida	10	40
Multigravida	15	60

Table 2. Characteristics of the Informants

No.	Initial	Code	Age	Education	Gravida	History of Previous Births	Information
1.	D	A1	30	Bachelor's Degree	2	Normal delivery	Prenatal Yoga Participant
2.	F	A2	33	Bachelor's Degree	1	-	Prenatal Yoga Participant
3.	O	A3	28	Master's Degree	1	-	Prenatal Yoga Participant
4.	M	A4	36	Master's Degree	2	CS	Prenatal Yoga Participant
5.	P	A5	28	Bachelor's Degree	1	-	Prenatal Yoga Participant
6.	V	A6	23	High School	2	Normal delivery	Prenatal Yoga Participant

Table 3. Frequency Distribution of Respondents Based on Anxiety Levels and Physical Discomfort of Mothers in Their Third Trimester Before and After Prenatal Yoga

Variables	Mean	Standard Deviation	Negative Ranks	Positive Ranks	Ties	P value
Level of anxiety						
Before	12.80	10.476	23	0	2	0.001
After	3.64	3.558				
Physical Discomfort						
Before	3.76	1.943	23	0	2	0.001
After	0.92	0.954				

The average anxiety level before Prenatal Yoga was 12.80 with a standard deviation of 10.476, and the average anxiety level after Prenatal Yoga was 3.64 with a standard deviation of 3.558. The Wilcoxon test results showed that 23 respondents experienced a decrease in anxiety levels, no respondents experienced an increase in anxiety levels, and 2 respondents had stable/unchanged anxiety levels. The analysis showed a significant difference in the anxiety levels of pregnant women before and after participating in prenatal yoga ($p=0.001$). Anxiety levels after participating in prenatal yoga were lower than before.

The average discomfort level in the third trimester before prenatal yoga was 3.76, with a standard deviation of 1.943, and the average discomfort level after prenatal yoga was 0.92, with a standard deviation of 0.954. Based on the Wilcoxon test, 23 respondents experienced a reduction in discomfort in the third trimester; no respondents experienced an increase in discomfort; and 2 respondents experienced persistent/unchanged discomfort. The analysis showed a significant difference in discomfort experienced by pregnant women in their third trimester before and after participating in prenatal yoga ($p=0.001$). Third-trimester discomfort experienced after participating in prenatal yoga was lower than before.

Table 4. Thematic Analysis Yielded Four Main Themes

Main Theme	Subtheme/Category	Description	Representative Quote (Thick Description)
Anxiety Before Childbirth	Fear of facing childbirth	Informants feel afraid for no apparent reason, especially before childbirth	"Yes, ma'am, I feel anxious. It seems like the closer I get to childbirth, the worse it feels. It's hard to sleep, my body feels weak, and sometimes I feel restless." (A5)
	Sleep disturbances & nightmares	Difficulty sleeping, frequent nightmares, restless thoughts.	"Even though I try to calm down, I still feel anxious. I have nightmares, I don't rest well, and sometimes I feel scared." (A2)
	Psychosomatic symptoms	Heart palpitations, dizziness, headaches, and muscle pain are related to anxiety.	"Sometimes I suddenly feel weak, my heart pounds, and I feel dizzy. It feels like I'm panicking." (A3)
Physical Discomfort During Pregnancy	Musculoskeletal pain	Back pain, leg cramps, and pelvic pain are common.	"For the past few days, I've been experiencing leg cramps, back pain, and pain in my pelvic area. I've only been feeling this for the past week." (A4)
	Gastrointestinal & respiratory complaints	Difficulty defecating, shortness of breath, and bloated stomach.	"I often have difficulty defecating, sometimes my stomach feels bloated, and my breathing becomes a little short." (A5)
	Feeling restricted	Restricted movement, easily tired, and irritable.	"My body feels really heavy, I get tired easily, and I'm also easily irritated." (A1)

Main Theme	Subtheme/ Category	Description	Representative Quote (Thick Description)
Positive Effects of Prenatal Yoga	Reduction in emotional anxiety	Informants are calmer, less prone to panic, and have clearer minds.	"Thank God, midwife. My anxiety has decreased after participating in yoga. It turns out that breathing exercises can make you calmer." (A1)
	Improved sleep quality	Informants fall asleep more easily and sleep more soundly.	"I used to have trouble sleeping and would wake up often, but after yoga I can sleep soundly." (A5)
	Reduction in physical complaints	Physical complaints such as back pain, leg cramps, and genital pain have decreased.	"Now my back doesn't hurt anymore, and I rarely get leg cramps. My body feels better." (A5)
Childbirth Experience After Yoga	Social support in yoga classes	Feeling supported by fellow pregnant women boosts confidence.	"In addition to the yoga movements, I feel like I'm not alone, and I can share with other pregnant women." (A2)
	Reported vaginal birth experience.	The informant described labor as fast and felt better able to manage contractions.	"The labor process was fast... the contractions were strong, but I was able to control my breathing. The baby was born at 8:16 p.m." (A1)
	Breathing techniques during labor	Yoga breathing exercises aid in the process of pushing.	"Breathing exercises really help during pushing, so you don't panic too much." (A3)
	Preparing for a Cesarean section (CS)	The informant reported feeling better prepared for surgery and perceived recovery as easier.	"Even though I ended up having a CS, I felt more prepared. The recovery was also easier, maybe because I had been practicing yoga." (A4)

Table 5. Integrating Quantitative and Qualitative Results

Variables/ Research Focus	Quantitative Results	Qualitative Findings (Themes & Subthemes)	Integration & Interpretation
Level of Anxiety	Before prenatal yoga: mean 12.8 (SD 10.48); after yoga: 3.64 (SD 3.56); $p = 0.001$ (Wilcoxon).	Theme 1: Anxiety before childbirth • Fear of facing childbirth • Sleep disorders & nightmares • Psychosomatic symptoms (heart palpitations, dizziness, muscle pain)	Quantitative findings showed a significant reduction in anxiety scores after practicing prenatal yoga. Qualitative findings also explained how prenatal yoga helps pregnant women manage their anxiety. Pregnant women described that breathing exercises, relaxation, and meditation during prenatal yoga can provide a sense of calm and help manage thoughts and emotional responses during pregnancy and childbirth. Pregnant women also reported improved sleep quality. Therefore, these qualitative findings expand on the quantitative findings that decreased anxiety is not only evident in changes in scores but also felt in daily life through improved sleep quality, calmness, and a reduction in psychosomatic symptoms. Prenatal yoga not only reduces anxiety scores but can also help pregnant women develop emotional regulation and prepare for childbirth.

Variables/ Research Focus	Quantitative Results	Qualitative Findings (Themes & Subthemes)	Integration & Interpretation
Physical Discomfort	Before prenatal yoga: mean 3.76 (SD 1.94); after yoga: 0.92 (SD 0.95); p = 0.001 (Wilcoxon).	Theme 2: Physical discomfort • Musculoskeletal pain (back, legs, pubic bone) • Gastrointestinal & respiratory complaints (difficulty defecating, shortness of breath) • Feeling restricted & easily fatigued	Quantitative findings indicate decreased discomfort after practicing prenatal yoga. Qualitative findings provide a more in-depth explanation of the changes pregnant women experience in their daily lives. Pregnant women reported reduced back pain, leg cramps, and shortness of breath. They also felt healthier and fitter. These findings indicate that changes in quantitative discomfort scores are reflected in pregnant women's subjective experiences, with a reduction in common physical complaints in the third trimester. Therefore, these qualitative findings expand on the quantitative findings, indicating that the benefits of prenatal yoga extend beyond reduced discomfort scores to an increased ability to cope with the physical changes of pregnancy. The stretching and relaxation performed during prenatal yoga help pregnant women feel more relaxed and comfortable and manage any physical complaints that arise. Prenatal yoga not only reduces discomfort scores but also helps mothers manage physical changes and increase comfort during pregnancy.
The Psychosocial Impact of Yoga	Not measured in numbers, but appearing as a positive side effect.	Theme 3: Positive effects of yoga • Reduction in emotional anxiety • Improvement in sleep quality • Social support from yoga classes	Qualitative findings extend the quantitative results by revealing psychosocial dimensions not fully reflected in anxiety scores. Quantitatively, prenatal yoga demonstrated a significant reduction in anxiety levels. Pregnant women's narratives indicated that these benefits were also felt through increased sense of community, social support, and emotional well-being during prenatal yoga. Interaction with other pregnant women provided an opportunity to share experiences, concerns, and strategies for coping with changes during pregnancy, making pregnant women feel less alone. The experience of community and social support during prenatal yoga may be a mechanism that helps pregnant women manage anxiety and increase emotional well-being. The integration of these two findings suggests that the effectiveness of prenatal yoga on anxiety and physical discomfort is not only statistically significant but also creates a social and emotional experience that supports mothers in navigating pregnancy more positively.

Variables/ Research Focus	Quantitative Results	Qualitative Findings (Themes & Subthemes)	Integration & Interpretation
Childbirth Experience	Not counted numerically (qualitative description). Participants described vaginal births lasting 2–7 hours; others underwent cesarean delivery.	Theme 4: Childbirth experience • Reported vaginal birth experiences • Breathing techniques help with pushing • Better preparation and recovery for Cesarean sections	The quantitative findings describe lower anxiety and discomfort scores after yoga; interviews provide participants' accounts of childbirth and recovery. The qualitative findings expand on the quantitative results, indicating that mothers not only experience psychological and physical changes but also feel more prepared, confident, and capable of facing the birth process. For mothers with vaginal deliveries, this experience is reflected in the perception that the labor process was faster and calmer. Participants who underwent cesarean delivery reported feeling fitter and perceived their recovery as easier. These accounts add context but do not establish whether yoga changed labor duration or recovery. Together, these data describe score changes during pregnancy and participants' accounts of feeling prepared for birth and recovery. Thus, the qualitative findings can expand the meaning of the quantitative results, beyond simply reflecting changes in scores to reflecting the actual experiences of pregnant women during labor and recovery.

DISCUSSION

Anxiety Levels Of Pregnant Women In Their Third Trimester Before And After Participating In Prenatal Yoga

Anxiety is an emotional state causing discomfort, characterized by psychological and physiological reactions. Anxiety disorders are common among pregnant women; 30.5% experience anxiety disorders, 47.7% experience pregnancy-related adjustment disorders, 40.6% experience generalized anxiety disorder, and 11.7% experience specific childbirth-related phobias. Sociodemographic factors, such as education and socioeconomic status, are also associated with anxiety. Furthermore, anxiety is linked to pregnancy-related conditions such as a history of complications, a history of mental health issues, low social support, and high stress levels (Dorland & W.A. Newman, 2012; Shariatpanahi et al., 2023; Val et al., 2025).

Anxiety in pregnant women is influenced by hormonal changes that affect physical and mental stability, potentially leading to irritability, heightened sensitivity, a short temper, and irrational behavior. If not properly managed, anxiety can lead to depression, necessitating serious attention. Various methods are employed to alleviate anxiety in pregnant women,

including pharmacological and non-pharmacological therapies. One non-pharmacological approach to reducing anxiety is prenatal yoga.

Regular and structured prenatal yoga can reduce anxiety and enhance the readiness of third-trimester pregnant women for childbirth. The majority of pregnant women (85%) consider physical activity and yoga effective ways to improve health and fitness, and they are interested in incorporating these activities to manage depressive symptoms. Half of the pregnant women who have participated in prenatal yoga recommend it, and 83.1% acknowledge its benefits. Barriers to participation include limited knowledge regarding prenatal yoga practices and cultural resistance (Black et al., 2025; Farhana et al., 2025). Prenatal yoga has been shown to reduce scores for anxiety, prenatal depression, anger, and sleep disturbances; lower cortisol levels; boost immunity; and improve neonatal outcomes. Therefore, prenatal yoga can be implemented as an accessible, affordable, and beneficial complementary therapy to reduce anxiety and depression among pregnant women (Astuti & Hadisaputro, 2019; Setiyarini et al., 2024).

Prenatal yoga needs to be practiced regularly to alleviate anxiety. In this study, four prenatal yoga sessions were conducted, each lasting 60 minutes. Classes were held weekly for four consecutive weeks to assess the impact of prenatal yoga on reducing anxiety scores. Qualitative data support these results by illustrating the subjective experiences of pregnant women, such as excessive fear of childbirth, sleep disturbances, and psychosomatic symptoms like heart palpitations or muscle pain. The statement "I often wake up at night due to nightmares about giving birth" reflects that anxiety is not merely a quantitative value but a psychological reality affecting quality of life. Integrating these findings confirms a gap in antenatal care services, where mental health aspects are often not prioritized. Although the Ministry of Health has integrated mental health screening into antenatal care, primary healthcare facilities such as community health centers and maternity clinics have not yet widely provided this service. Mental health screening for pregnant women is conducted three times: the first at initial contact in the first trimester, the second in the third trimester, and a final screening in the postpartum period. Some pregnant women with upper-middle socioeconomic status and higher levels of education are able to manage their anxiety through pregnancy empowerment classes, such as prenatal yoga (Kementerian Kesehatan RI, 2024; Shidhaye et al., 2021; Thrower et al., 2026).

Physical Discomfort Of Pregnant Women In Their Third Trimester Before And After Prenatal Yoga

Lower back pain is a common issue among pregnant women. Hormonal factors specifically the hormones relaxin and progesterone are among the causes. These hormones

loosen and increase the flexibility of ligaments and joints in preparation for childbirth; however, this can also destabilize other joints in the body, including those in the back, leading to pain. Beyond hormonal factors, lower back pain in pregnant women can stem from anatomical and physiological changes, such as weight gain and a shift in the body's center of gravity, which place pressure on the spine and alter posture (causing lordosis). These changes increase stress on the joints and spine, resulting in 60% of pregnant women experiencing lower back pain. Prenatal yoga practiced for 30 minutes per week can reduce the risk of third-trimester discomforts, such as hemorrhoids and shortness of breath. A qualitative study on pregnant women's experiences in prenatal yoga classes found that participation reduced physical discomfort and sleep disturbances and increased maternal readiness for childbirth (Chabibah & Rini, Kristiyanti, Wahyu, Ersila, Lia, Dwi Prafitri, Siti, 2024; Lola & Umairo, 2024; The American College of Obstetricians and Gynecologist, 2020).

Regular prenatal yoga has been shown to alleviate pregnancy-related discomfort. In this study, prenatal yoga sessions comprising breathing exercises and yoga poses were conducted once a week for four consecutive weeks, with each session lasting 60 minutes. The research demonstrates that regular prenatal yoga reduces both discomfort and anxiety during pregnancy. Pregnant women are advised to engage in 150 minutes of physical activity per week, such as swimming, walking, Pilates, yoga, pregnancy gymnastics, and Kegel exercises (The American College of Obstetricians and Gynecologist, 2020). Prenatal yoga can be practiced at maternity clinics under the guidance of certified midwives. During prenatal check-ups, if an expectant mother experiences discomfort, a midwife might recommend prenatal yoga to help alleviate it. Prenatal yoga is popular because its physical, mental, and spiritual practices combining bodily postures with breathing techniques are specifically tailored for pregnant women. Prenatal yoga offers greater benefits than walking alone. Other benefits include maintaining physical fitness, improving posture, enhancing balance and stability, reducing common pregnancy-related complaints, and supporting the labor process.

Prenatal yoga helps relax muscles, improve blood circulation, and stimulate the body to release endorphins. These hormones are naturally produced by the body to reduce pain and stress while boosting feelings of happiness. Endorphins are released during exercise, meditation, enjoyable activities, massage, and similar pursuits.

Qualitative research findings reinforce this data through accounts of daily experiences, such as the statement: "I used to feel uncomfortable in the evenings and had trouble sleeping, but after practicing yoga, my body feels better, and I can sleep soundly." Integrating these findings confirms that prenatal yoga has a tangible impact on the quality of life for pregnant

women. This is significant, given that physical discomfort often affects anxiety levels, sleep quality, and readiness for childbirth (Anggasari, 2021).

The Experience Of Pregnant Women In Their Third Trimester During Labor After Participating In Prenatal Yoga

Some informants experienced vaginal deliveries, while others underwent Cesarean sections (CS). Those who experienced vaginal deliveries reported deliveries lasting between 2 and 7 hours. This is reflected in the following statements:

“The labor process was fast... the contractions were strong, but I was able to control my breathing. The baby was born at 8:16 p.m.” (A1).

“Breathing exercises really help during pushing, so you don't panic too much.” (A3.)

Physically active women have a 61% likelihood of undergoing vaginal (normal) delivery, compared to 55% for inactive women. Prenatal yoga increases vaginal delivery rates, reduces the incidence of preterm birth and low birth weight (LBW), and shortens the duration of labor. Rates of spontaneous vaginal delivery are higher among pregnant women who practice prenatal yoga, and they experience lower pain intensity during the birthing process. Prenatal yoga can alleviate discomfort and support spontaneous vaginal delivery in primiparous women (Kuder et al., 2024; Rong et al., 2020; Walasik et al., 2020).

Informants who had a vaginal delivery described labor lasting 2–7 hours; without a comparison group, this study cannot determine whether yoga shortened labor. Some of the informants who experienced a Cesarean Section (CS) delivery process were informants with a history of previous CS deliveries, and informants who had gone through a normal delivery process but, during the journey, experienced an emergency condition so that they had to be referred to the hospital and received immediate management to perform a Cesarean Section (CS). This is reflected in the following informant's statement:

“Even though I ended up having a CS, I felt more prepared. The recovery was also easier, maybe because I had been practicing yoga.” (A4).

In general, informants who had cesarean sections (CS), whether planned due to a previous cesarean section or due to an emergency, described their recovery after cesarean section as easier. They felt their bodies were better prepared for labor and that they felt healthier and fitter. Some informants described breathing techniques learned in prenatal yoga as helpful during vaginal delivery. Practiced breathing is very useful during the pushing process in a natural birth.

According to participants, the benefits of yoga practice include managing pregnancy symptoms, positive perceptions of childbirth, confidence in natural childbirth, and managing

fear and pain during labor. Participants stated that prenatal yoga should be included in antenatal education (Hobek Akarsu et al., 2022). A study on the experiences of women with a fear of childbirth found that these women require support that addresses their existential concerns, enabling them to express and integrate their feelings, experiences, and expectations throughout pregnancy, labor, and the postpartum period (Wigert et al., 2020).

When viewed holistically, quantitative and qualitative results are highly consistent. Anxiety and discomfort scores decreased after the sessions, and participants described greater calm, improved sleep, and support from other pregnant women. Physiological mechanisms such as changes in cortisol or autonomic activity were not measured in this study.

CONCLUSION

Anxiety and physical discomfort scores were lower after four weekly prenatal yoga sessions among the 25 third-trimester participants. Interviews with six participants described feeling calmer, better prepared for childbirth, and supported by the yoga group. Some participants reported vaginal deliveries lasting 2–7 hours, while those who underwent cesarean delivery described their recovery as easier. Because this was a one-group study without a comparison group or objective measures of labor duration and recovery, these findings do not establish that prenatal yoga caused the score changes or improved birth outcomes. Further controlled studies are needed to assess its effects on labor and postpartum recovery.

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