# EFFECT OF YOGA ON WELL-BEING AMONG PREGNANT WOMAN: AN EMPIRICAL RESEARCH

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## ABSTRACT
**Background**: A woman's life is incomplete without experiencing the joys and challenges of pregnancy and childbirth. There are now a wide range of obstetric devices available thanks to improvements in science, technology and administration. Physical and mental strain are reflected in pregnancy, which has a major effect on a woman's capacity to perform routine tasks and on her overall health-related quality of life. Pregnant women are frequently depressed. Due to its relatively modest exercise intensity, yoga appears to be safer for pregnant women to engage in for the purpose of alleviating depression than other physical activities. Yogic self-mastery is a method of physical and mental self-mastery that aids in achieving optimal functioning harmony in body and mind.
**Objective**: This empirical research paper aims to examine the effects of yoga on the mental and psychological well-being of pregnant women during, and after their pregnancies (postpartum).
**Method**: Primary and Secondary data is used for the analysis. For primary data questionnaire method is used and for secondary data Clinical databases, such as "Scopus, PubMed, Medlib, Web of Science, Psych Info, and Cochrane Library, as well as Google Scholar," are used to gather the information.
**Results**: Pregnant women, as well as the general population, can benefit from Yoga's comprehensive approach to treatment, which helps to alleviate stress and avoid pregnancy-related diseases.
**Conclusion**: Complementary therapies such as yoga have been found to be effective in preventing depression among some age and disease groups. Yoga can help to reduce stress and regulate hormone levels, which can help to prevent intrauterine growth restriction, premature birth, and pregnancy-induced hypertension, among other issues.
**Keywords:** Yoga, Pregnancy, stress, postpartum, postpartum depression etc.

## INTRODUCTION
When a woman is pregnant, childbirth is one of the most significant events in her life. There are now a wide range of obstetric devices available thanks to improvements in science, technology and administration. It has saved many lives thanks to the systematic use of these technology in prenatal health programmes. Pregnancy complications remain a mystery, despite much research. Because of this, women are more likely to have a variety of lifestyle- and stress-related, pregnancy-related issues.
Pregnant women are frequently depressed. Due to its relatively modest exercise intensity, yoga appears to be safer for pregnant women to engage in for the purpose of alleviating depression than other physical activities. Pregnancy-related mental illnesses including depression and anxiety are not only prevalent, they can be dangerous to the mother and the unborn child. Depression during pregnancy is more common than depression after childbirth. Pregnancy-related depression affects approximately 12 percent of women globally. Several causes, including physical or hormonal changes, and anxiety about delivery or the fetus's prognosis, can lead to various mental problems during pregnancy. Depression has also been linked to low birth weight, premature labour, and intrauterine foetal development restriction. It appears that most women with prenatal depression are reluctant to receive counselling. This is a sad reality.

Changes in a woman's mind and body occur throughout the postpartum period. This time period can bring on a variety of mild to severe mental health issues, including postpartum depression for some women. After giving birth, many women suffer from postpartum depression, which is one of the most prevalent and significant medical conditions. It was previously estimated that 10 to 15 percent of new mothers suffer from postpartum depression. Postpartum depression has been more common during the last few decades. A study found that one in every four new mothers suffers from postpartum depression. Symptoms of postpartum depression include sorrow, anhedonia, impatience, rage, and a diminished sense of self-worth. 'Postpartum depression' Pregnancy-related stress can cause it. Placental oestrogen and progesterone levels rapidly decline after delivery, as well as the hypothalamus-pituitary-adrenal axis. Mother and baby may be affected by postpartum depression issues. Additionally, postpartum depression can have a detrimental influence on a mother's social relationships and the emotional bond she has with her newborn.

Pregnancy-related mental health disorders require a multidisciplinary approach to treatment. As well as relying on her family, a pregnant lady must also take care of herself and eat a nutritious diet to ensure a happy experience. The Vedic text prescribes one such tried-and-true technique. Ahara (food), vihara (lifestyle), and vichara (thought process) are all included in these instructions, which are meant for pregnant women. As well, diet has a big impact. It's for this reason that this research focuses on the emotional and psychological issues that pregnant women confront, and how yoga can help them.

## RESEARCH OBJECTIVE

The primary aim of this literature review is to study the impact of yoga on mental/psychological health of pregnant women during and after pregnancy (postpartum).

## RESEARCH METHODOLOGY

Descriptive and exploratory research designs are adopted for the purpose of the study. The data collected is collected using self-structured questionnaire from 120 pregnant women in Udaipur region and analyzed in order to achieve the research's purposes. The questionnaire is subjected to a variety of statistical procedures and analyses, including "descriptive statistics," "frequency distribution," "ANOVA," "cross tab," "chi square test," Cronbach's alpha reliability test was used to assess the reliability of data acquired through complete questionnaires.

Also for secondary data collection Clinical databases, such as "Scopus, PubMed, Medlib, Web of Science, Psych Info, and Cochrane Library, as well as Google Scholar," are used to gather the information.

There have been numerous studies on the use of yoga to alleviate depression in women who are pregnant or have recently given birth. Clinical databases such as "Scopus, PubMed, Medlib, Web of Science, Psych Info, and Cochrane Library, as well as Google Scholar" were searched, as were other electronic databases. "Yoga, pregnancy OR pregnant, depression OR anxiety" are some of the keywords used to search for relevant articles. Title/abstract screening was used to find relevant papers, followed by full-text screening to corroborate the findings.

## REVIEW OF LITERATURE

### Pregnancy and Stress

Pregnancy, as a stage in a woman's life, has a significant impact on her ability to carry out everyday chores, as well as on her general health-related quality of life, reflecting physical and emotional stress. The goal of prenatal medical care is to achieve a favourable outcome for both the mother and the infant in terms of health-related functional status.

**Xian Xie (2019)** studied that In the absence of social support, postpartum depression is more likely to occur. Postpartum depression symptoms may be exacerbated by a woman's conventional female role. "A lack of social support during the third trimester of pregnancy was linked to greater depressive symptoms six months after delivery, but this relationship was dependent on the level of endorsement of the traditional female role during pregnancy, according to data from a longitudinal study of 210 adult Mexican women (20–44 years old, Mage = 29.50 years, SD = 6.34). Postpartum depression symptoms were more common in women who had more social support during pregnancy".

**Silva MMJ et al. (2017**) conducted a study on 209 pregnant women in Brazil that included a gestational anamnesis, interpersonal relationships, life-changing habits, and pre-existing conditions. The Hospital Anxiety Scale was used in the study. A form and a subscale of the Hospital Anxiety Scale were used in a cross-sectional and co-relational study. The study found that 26.8% of pregnant women experienced anxiety, and that it was more prevalent in the third trimester. "A previous miscarriage risk associated with preterm birth (p=0.05), maternal desire to become pregnant (p=0.01), the number of abortions (p=0.02), and the number of cigarettes smoked per day (p=0.00) were also found to be statistically associated with anxiety in the study". During pregnancy, the study found that anxiety was quite common.

**Krishna Priyambada et al. (2017**) conducted a study to examine the prenatal anxiety that covered all three trimesters. This study included all of the women who came to the antenatal outpatient department for prenatal care. An observational study was conducted. Socio-demographic data was used to conduct the statistical analysis. This research made use of the Hospital Anxiety and Depression Scale. 27.8 percent, 40.8 percent, and 31.4 percent of 169 pregnant women reported feeling anxious during the first, second, and third trimesters, respectively. The third trimester of pregnancy was found to have the highest level of anxiety, according to an independent t test.

**Kavitha Nagandla et al. (2016**) conducted a cross-sectional study on expectant women who visited two prenatal clinics. DASS-21, a scale for measuring depression, anxiety, and stress, was used to gauge the prevalence of prevalent mental illnesses. Pregnant women were screened twice, once between the 16th and 22nd week of their pregnancy and again between the 34th and 36th week. A systematic questionnaire was used to gather data on the women's obstetrical and socio-demographic factors. For pregnant women who tested positive for common mental disorders, a clinical assessment was conducted. Anxiety, stress, and depression during the second and third trimesters affected 23.6 percent and 24.7 percent, respectively, of the 288 participants. The most common mental health issues were found to be anxiety (18.8%), depression (6.9%), and stress (4.2%)". One-third, 23%, and 8.5% of people were found to have adjustment disorder, anxiety spectrum conditions, and major depression illness, respectively, in the Mini international neuropsychiatric interview (MINI). There was no significant difference in the onset of common mental disorders between the second and third trimesters (p>0.05). A link was found between socio-demographic factors and mental health disorders, such as low socioeconomic status (p0.02), partner violence (p0.002), a lack of family support (p0.028), and obstetrics factors such as an unplanned pregnancy (p0.01). "Depression, anxiety, and stress were found to be linked to both foetal and postpartum risks, as well as to socioeconomic status".

**Wolfe, & Davies(2003**) claim that there was a lack of evidence-based practise and guidelines for exercising during pregnancy prior, and antenatal exercises mostly focused on pelvic floor muscles or adopted a symptom-specific approach. A series of revisions, from 1994 through 2002, to the original "Exercise During Pregnancy" rules published in 1985 resulted in less stringent but generally accepted evidence-based proofs that were less restrictive. Exercise during pregnancy standards in Canada stress the need of creating healthy lifestyle habits, such as eating and exercising.

An Indian study conducted by **Jayasudha (2013**) found that women who regularly exercised before labour had better labour outcomes than those who did not. It has been well studied how prenatal workouts affect

the health and well-being of expectant mothers. Increases cardiovascular fitness, reduces urine incontinence and lower back pain, reduces depression, and helps women with gestational diabetes mellitus manage weight gain.

**Khatri et al. (2013**) studied that moderate physical activity is safe for pregnant women and should be incorporated into their daily routines. In most studies, exercise has been shown to improve labour outcomes, with individuals in the study group having a shorter labour time than those who did not exercise. A paucity of research exists on the effects of prenatal exercise and strength training on musculoskeletal problems in pregnant women, despite the fact that numerous studies have examined the effects of both prenatal exercise and strength training separately.

**Schetter& Tanner(2012)** found that life events, as well as financial and social challenges, might lead to stress during pregnancy. The hypothalamus pituitary adrenal cortex system (HPA axis) and the sympathetic and parasympathetic nerve systems, as well as the adrenal medulla system, are all stimulated when pregnant women are exposed to stress.. A number of hormones are released into the bloodstream: CRH, ACTH, cortisol, and adrenaline are only a few of them. Varied people have different ways of perceiving and responding to stress. A person's genetics, personality, previous stress experiences, social support, and other coping mechanisms all have a role in the level of stress response. Some maternal psychological disorders may have an impact on pregnancy complications and poor foetal growth in women.

**Van Bussel, Spitz and Demyttenaere (2006)** women who are anxious throughout pregnancy and the postpartum period are more likely to acquire a common mental health problem.

According **to Shakya et.al. (2008**) stress during pregnancy affects anything from 6 percent to 52.9 percent of women in impoverished nations.

**Preti&Miotto** (2005) studied that pregnant women from low-socioeconomic level and under-educated groups are more likely to be stressed. A woman's stress and unsaid emotions might lead to complications such as intrauterine growth restriction (IUGR), preterm labour, and preeclampsia.

**Babu and Sundari** (2012) examined the impact of pregnancy-related stress on a woman's ability to meet her daily duties. Because of this, she may have a hard time adjusting to the pregnancy and childbirth. Stress can harm a baby' cognitive and brain development if it is present throughout pregnancy at a critical moment. A mother's ability to bond with her unborn child may be compromised if she experiences stress or emotional changes during her pregnancy, increasing her chances of developing preeclampsia, gestational diabetes, IUGR, and premature birth. Numerous studies have connected preterm birth to stress during pregnancy.

**Woods & Gavin (2010**) Even though stress is a major source of mental and physical health problems, it is an unavoidable aspect of life. When the body's pulse rate and blood pressure rise as a result of being exposed to a stressful scenario, the fight or flight response is initiated. When it comes to stress, 78 percent of pregnant women reported low to moderate stress, with only 6 percent reporting extreme psychosocial distress. Women in their pregnancies often experience high levels of stress due to a variety of factors, including a lack of financial resources, poor working conditions, the demands of family life, and the strains of personal relationships.

## PREGNANCY AND YOGA

**Satyapriya M et al. (2013)** which included 96 women in their 20th week of pregnancy, was a prospective randomised control trial. From the 20th to the 36th weeks of pregnancy, 51 women in the yoga group and 45 women in the control group practised integrated yoga for one hour each day. According to the researchers, yoga can help alleviate symptoms of worry, melancholy, and discomfort that are common during pregnancy.

**Mona Khalajzadeh et al. (2012)** indicated that pregnant women's anxiety, movement limits, and specific situations of physical and mental health concerns could all be alleviated by yoga. In the second and third trimester of pregnancy, yoga has a favourable effect on pregnant women and can help alleviate their anxiety.

In a randomised controlled experiment**, Marc I et al (2011)** compared mind-body therapies to a control group with pregnant women of any age at any period from conception to one month after birth. In addition to autogenic training, hypnosis and biofeedback, mind-body therapies include auto-suggestion, meditation, prayer and tai-chi. They came to the conclusion that prenatal anxiety can be alleviated with the use of mind-body interventions.

**Baddoe AE et al. (2009)** examined on 16 healthy pregnant nulliparous women who were carrying singletons between 12 and 32 weeks gestation at the time of admission, women who practised mindful yoga in their second trimester reported significant decreases in physical pain from baseline to post-yoga intervention, in contrast to women in their third trimester who experienced higher levels of discomfort. Third-trimester pregnant women have significant decreases in both reported stress and trait anxiety.

**Smith et al (2008)** observed that Dhyana, or meditation, is practised at the end of yoga practise and allows the mother to clear her thoughts and focus on what she is feeling within. Meditation 104 results in a decrease in tension, anxiety, and depression.

**Satyapriya et al. (2009)** studied that while pregnancy is seen as an exciting new chapter, it is also a time of great risk and hardship since a woman's ability to withstand the bodily changes that occur during pregnancy is not always guaranteed to be strong enough. Maternal anxiety, stress, and depression are reduced as a result of a better quality of life. As with the fatalistic repercussions of a foetus, a child's destiny may be affected by the folies. Folies can be compared to Preterm and post-term deliveries, as well as abnormalities of the foetus, are more likely when prenatal stress levels are elevated. As recently as five years ago these units could successfully carry out regular childbirths with minimal pain or discomfort for the expectant mother. Sterilized trends are now being adhered to as a precarious connected risk since any form of labour activity is now considered to be damaging conduct. The usage of crammed furniture and a slew of technology has changed labour structures in the twenty-first century, resulting in an unwelcome infant entering the pelvis. When the woman is leaning backwards, the spine of the foetus is more difficult to pass through the pelvis, making labour more painful for both the mother and the foetus. Doctors are now proposing safety and preventive measures for the execution of workouts due to new research with favourable qualities, which is a good thing. Prenatal Kegal exercises are recommended because of the mix of hormonal and physical stimulants that contribute to the discomfort, one of which is a lack of pelvic muscle flexibility. People's ability to work is hindered by emotional disorders. Oxygen deprivation in the female reproductive system exacerbates the discomforts of pregnancy.

**Sun et al. (2010)** Numerous styles of yoga exist, but those that are particularly taxing, such as Bikram or Ashtanga, should be avoided by pregnant women due to the risk of hyperthermia. Less aerated blood flows to the womb when you exercise while pregnant, allowing for more oxygenated blood to reach other organs. Therefore, the body must be adequately hydrated and checked to ensure that vitals remain within the restricted zone, so that the foetus may obtain the required oxygen through the blood. This is essential. Certain positions should be avoided or modified by pregnant women if they are experiencing discomfort at any stage of their pregnancy. It has been lauded by "Sivananda" for the women who have embraced yoga as a path of personal transformation.

**Babbar et al.( 2016 )**noted that Prenatal yoga cannot be considered a general type of exercise, despite the fact that it raises the heart rate. In this technique, the entire body is gently stretched and smoothed. As a result of yoga's systematic posture forms, practitioners are able to focus better on their practise. Yoga poses during childbirth improve strength, flexibility, balance, and deep breathing.

**Jackson et al. (1995)**Prenatal yoga can help decrease leg cramps and joint swelling, , since it increases blood flow to the body. Strengthening of the back's supporting muscles alleviates or completely eliminates back pain. Even though being pregnant might increase a woman's fatigue, daily yoga practise can help reduce this and other pregnancy-related discomforts. It's normal for pregnant women to suffer from sleeplessness. Yoga has been shown to improve sleep quality, minimise mood swings, reduce psychiatric illness, and even prevent weight gain, according to recent studies. A great deal of physical preparation is required for the labour and delivery procedure. For pregnant women, yoga is an excellent approach to increase the stamina and strength necessary for childbirth. A bigger placenta can sometimes be the result of increased foetal growth stimulated by physical exercise. Yoga is suggested by Alderman et al. for improving and preserving one's physical health, according to their findings. Yoga also has an effect on the hypothalamic-pituitary-adrenal system and the sympathetic nervous system.

**Wang et al. (2005)**promotes a state of physical equilibrium. In addition to calming the nervous system, deep breathing also has a direct impact on the body's ability to fight off sickness. Pregnancy-related back pain was the most common reason for doctors in 2005 to offer either medication or yoga to their patients. The use of gravity in a good way in yoga helps to lessen the pain of childbirth. Pregnant women who do rhythmic yoga activities might alleviate respiratory issues. Good body shape and training can increase a woman's flexibility, which is a requirement for giving birth. A woman's health and ability to lose weight after giving birth may be jeopardised if she gains more than the recommended 25 to 35 pounds (the usual weight gain for a pregnant woman). Pregnancy can cause the centre of equilibrium to change, increasing the risk of falling. The popular image of yoga depicts the mind in its waking and subconscious phases. Being able to care for the soul of another person fills women with joy and compassion. With prenatal yoga, expectant mothers are encouraged to focus on their mental and emotional well-being in order to prepare for childbirth. According to a number of upcoming research, prenatal yoga may reduce the risk of preterm labour, pregnancy-induced hypertension, and intrauterine growth restriction. For the sake of both mother and foetus, consistent physical activity of at least 30 minutes every day is required.

**Sun &Kuo (2010)** proposed that stress management alternatives for pregnant women include pharmaceutical and non-pharmacological treatments, as well as physical treatments. Women who are pregnant need a strategy of boosting muscle tone that is safe and effective. Yoga facilitates birthing by improving posture, muscle tone, and the strength of the pelvic floor muscles.

**Bhavanani (2014)** claims that A As a method of physical and mental self-mastery, yoga can help people achieve the highest level of functional harmony between their bodies and minds. It is derived from the Sankrit word "Yuj," which means oneness. Yoga, according to the Bhagavad-Gita, is a "skill in action." In today's world, it's imperative to practise yoga if you want to be healthy and happy. As a means of getting there, one should work on honing their skills across the board.

Stress during pregnancy has been linked to poor pregnancy outcomes in both animals and humans, according to research. Both the mother and the foetus are subject to physical and psychological stress during pregnancy. Despite the abundance of data linking stresses in pregnancy to foetal development and delivery outcomes, few published studies have investigated the efficacy of therapies given during pregnancy to reduce stress and allow for more relaxation.

## THE PSYCHOLOGICAL EFFECTS OF YOGA

a. In recent years, researchers in the United States and elsewhere have focused their attention on postpartum women's mental health. According to a study on Hungarians, roughly 12 to 16 percent of pregnant women are at risk for postpartum depression. Serum hydrocortisone levels in pregnant women are linked to depression. An increased risk of low birth weight is associated with prolonged

elevations in serum hydrocortisone levels. Postpartum women's mental health should be monitored throughout the pregnancy, according to the American Academy of Obstetrics and Gynecology. If you're suffering from serious mental health issues, you should seek non-drug treatment as soon as possible.

b. Yoga is one of the world's oldest and most traditional ways of health maintenance. Instead of emphasizing the physical benefits of a workout, yoga aims to bring the mind and body into greater balance. While the physical and mental aspects of the practitioner can be exercised and relaxed during a yoga practise, the movements and asanas of a yoga practise are slow and gentle, allowing for an individual's practise to be tailored to their specific needs and circumstances. Postpartum women's specific physical needs can also be met through the practise of yoga, which combines asanas, awareness, and breathing to play to its own initiative. Meditation is woven into every aspect of yoga practise. Meditation can help people focus their attention on beautiful things, eliminate redundant inner thoughts, release stress, alleviate weariness, and alleviate melancholy feelings by guiding them to focus on beautiful things.

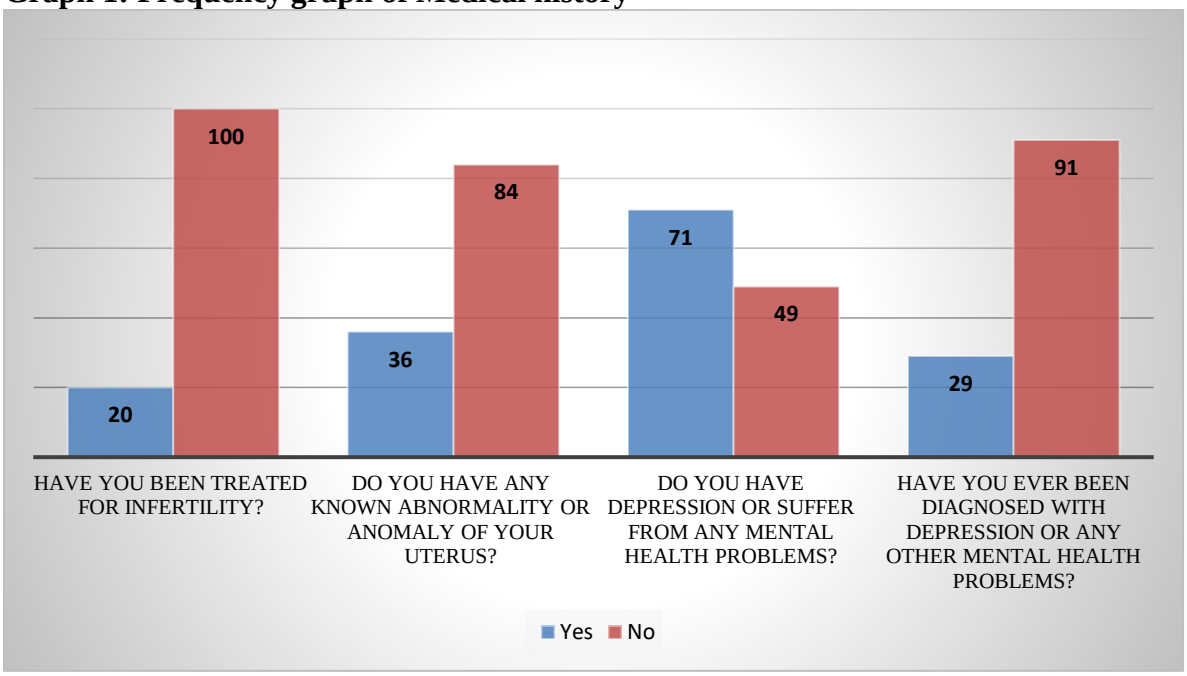
c. One possible physiological mechanism by which yoga can cure postpartum depression is as follows: first, individuals with depression have hypothalamic, pituitary, and adrenal (HPA) axis problems, as well as high levels of cortisol. a controlled study found that the HPA axis' stress response was reduced, as was the blood plasma cortisol level, indicating that yoga may be able to alleviate stress, which in turn could lessen depressive symptoms and treat depression. Second, research have shown that yoga can control neurotransmitters, despite the fact that the regulatory mechanism is unclear. Several neurotransmitters, including norepinephrine, serotonin, and dopamine, have been implicated in the onset of depression. Yoga has been shown to have a positive impact on depression by increasing the levels of GABA and dopamine in the brain. For patients with depression, aberrant sleep structures, such as increased REM sleep intensity and decreased sleep depth, are frequently observed in the course of their sleep cycle. Yoga can help chronic insomnia sufferers and the elderly get a better night's sleep. Because of this, it is believed that yoga can help alleviate the symptoms of depression in those who practise it.

## DATA ANALYSIS

**Table 1: Frequency table of Medical history**

| Problem | Yes | No |
|---|---|---|
| Have you been treated for infertility? | **20** | **100** |
| Do you have any known abnormality or anomaly of your uterus? | 36 | 84 |
| Do you have depression or suffer from any mental health problems? | 71 | 49 |
| Have you ever been diagnosed with depression or any other mental health problems? | 29 | 91 |

**Graph 1: Frequency graph of Medical history**

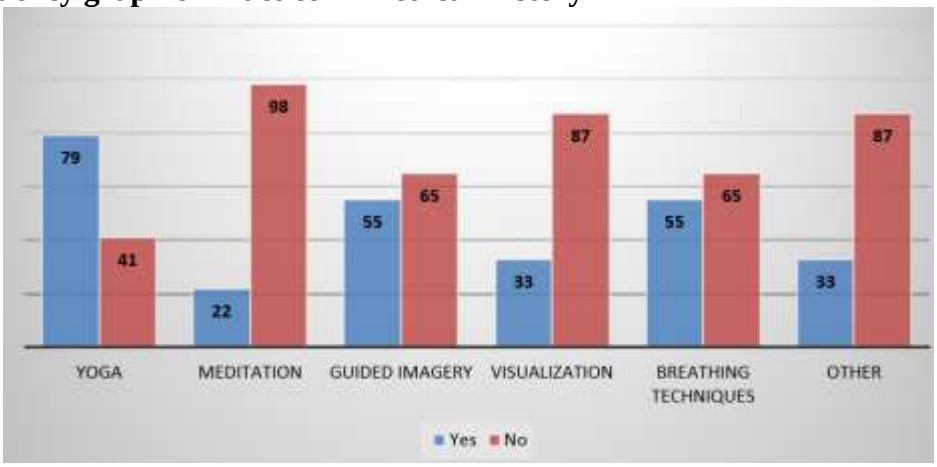



When respondents were asked about their medical problems the responses collected are tabulated as shown above. From the data it can be seen that most of the respondents said no when asked about have you been treated for infertility, do you have any known abnormality or anomaly of your uterus and have you ever been diagnosed with depression or any other mental health problems. However, when asked Do you have depression or suffer from any mental health problems? Their response is yes.

**Table 2: Frequency table of Practice in Medical History**

| Practices | Yes | No |
|---|---|---|
| Yoga | 79 | 41 |
| Meditation | 22 | 98 |
| Guided Imagery | 55 | 65 |
| Visualization | 33 | 87 |
| Breathing techniques | 55 | 65 |
| Other | 33 | 87 |

**Graph 2: Frequency graph of Practice in Medical History**

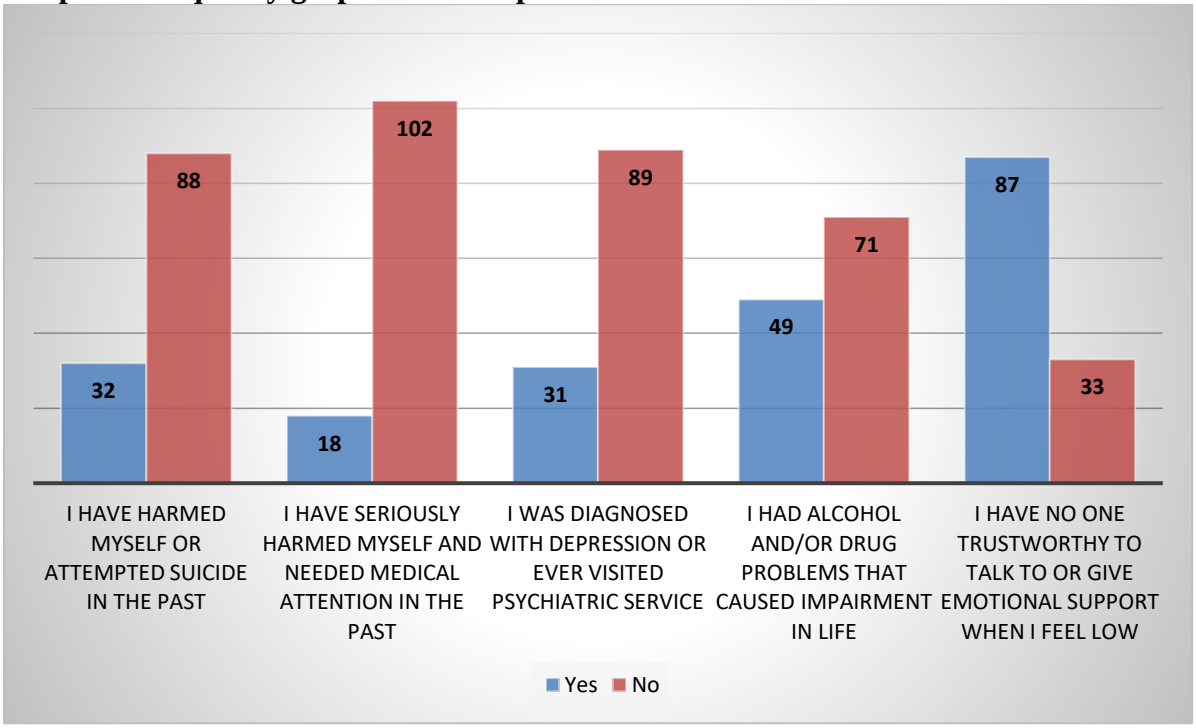


Further when respondents were asked about Do you practice any of the medical practice, the results are shown above. From the results it can be stated that respondents have not practices yoga. However, they have found practicing meditation, guided imagery, visualization and breathing techniques. Thus pregnant women are required to make aware about the benefits of yoga and thus should be motivated to practice yoga for solving their pelvic pain and mental health issues.

**Table 3: Frequency table of Life Experiences of Mental Health**

| Practices | Yes | No |
|---|---|---|
| I have harmed myself or attempted suicide in the past | 32 | 88 |
| I have seriously harmed myself and needed medical attention in the past | 18 | 102 |
| I was diagnosed with depression or ever visited psychiatric service | 31 | 89 |
| I had alcohol and/or drug problems that caused impairment in life | 49 | 71 |
| I have no one trustworthy to talk to or give emotional support when I feel low | 87 | 33 |

**Graph 3: Frequency graph of Life Experiences of Mental Health**




When respondents were asked about their life experiences the responses collected are given above. From the data it can be viewed that most of the respondents have harmed themselves or attempted suicide in the past, have seriously harmed themselves and needed medical attention in the past, was diagnosed with depression or ever visited psychiatric service and had alcohol and/or drug problems that caused impairment in life. However, for question I have no one trustworthy to talk to or give emotional support when I feel low most of the respondents stated no. This implies that they always have someone trustworthy to talk to or give emotional support when they feel low.

## CONCLUSION

Stress is a complex scenario that is a hereditarily set pattern of human physiology's response to a stressful circumstance. The factors of awareness suggest that a person's persistent stress response reflects individual

variances in behaviour, as well as physical strength and general physical conditions. The experience of pregnancy and childbirth has an impact on a woman's function as a mother.

Pregnancy-related mood swings can exacerbate feelings of anxiety, depression, and stress in women. Women who are pregnant can benefit from taking prenatal yoga as a prophylactic step. With prenatal yoga, expectant mothers can improve their nervous system's ability to reduce cortisol levels and boost their mood. Happy thoughts, less tension and less despair can be found when you are in a good mood. As a result, pregnant women's self-reliance and willingness to undergo labour till the puerperium can be enhanced. a new study has found that the physical and emotional health of pregnant women is often compromised. A new study shows that prenatal yoga is beneficial for pregnant women's mental well-being as well as their physical health. Pregnant women who are depressed or anxious can benefit from yoga, according to the most recent research. Yoga was beneficial in lowering depression and anxiety in pregnant women with depression, but not in those without depression, according to the results of subgroup analyses. Changes during pregnancy affect not only musculoskeletal structures, but also psychological and social components, which can last well into the postnatal period and have an impact on women's quality of life. As a result, there is a strong case to be made for evaluating the impact of antenatal exercise and education on pregnancy-induced musculoskeletal complaints and health-related quality of life.

**SUGGESTIONS:**

1. Yoga should be recommended and promoted by healthcare facilities to raise awareness of its health advantages.
2. For pregnant women who are depressed, we recommended them to seek professional counselling.
3. Patients should talk to their doctor about whether or not yoga is the best treatment for them.

**LIMITATIONS:**

Following are some limitations in this study.

1. The variation among articles could be explained by the use of a variety of self-reported methods to determine the degree of depression or anxiety.
2. Study results are too reliant on secondary data.
3. Depression and anxiety are difficult to quantify.
4. There was a wide range of yoga styles represented in the publications, which may have contributed to the disparity in outcomes in terms of its impact on depression.
5. The efficacy of prenatal yoga in the treatment of depression during pregnancy should be studied further in papers with high-level data (such as randomised controlled trials) that use a consistent control group.

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