

LETTERS

Prenatal Yoga and Depression During Pregnancy

To the Editor,

Antenatal major depression is a prevalent condition associated with a host of negative outcomes for mothers and their infants. Adequate treatment is critical, yet many pregnant women have concerns about taking antidepressants, the most widely available treatment. One recent study found, for example, that most pregnant women reported they would not take antidepressants, even if encouraged by their doctor (1). Although psychotherapy is often viewed as more acceptable, relatively few psychotherapies have been systematically evaluated for treatment of antenatal depression. Expanding treatment options that are both effective and acceptable to childbearing women is a priority.

Alternative or complementary therapies may appeal to pregnant women because they are often perceived as more natural, less stigmatizing, and less likely to have unfavorable side effects. Although the efficacy and safety of such treatments for antenatal depression is largely unknown, some researchers have begun to examine omega-3 fatty acid supplements, acupuncture, and bright light therapy, with encouraging results (2).

Prenatal yoga could represent another promising option for treating mild to moderate depressive symptoms during pregnancy. Yoga is a system of philosophy and practice aimed at improving mental, physical, and spiritual well-being by practicing specific postures, controlled breathing, and meditation. Prenatal yoga is particularly gentle in nature and emphasizes techniques to help women ease their labor and birth experience, build comfort with their changing body, and develop a strong bond with the infant. The positive focus inherent in yoga—enhancing well-being, rather than treating disorders—may appeal to those concerned with stigma of mental health treatments. As a nonverbal approach, yoga may also circumvent emotional barriers to psychotherapy experienced by some women who are uncomfortable openly discussing problems. Prenatal yoga is also relatively inexpensive and available.

Although no published research has addressed the efficacy of yoga as an intervention for antenatal depression, preliminary studies suggest that yoga may be effective for depression in general (3). Plausible mechanisms have been identified by which yoga may reduce depression, for example, by increasing physical activity level and promoting mindfulness. Furthermore, although not focused on reducing depression, trials of prenatal

yoga in nondepressed pregnant women have reported positive maternal and neonatal outcomes, such as reduced back pain, lower anxiety levels, decreased labor pain, higher birthweight babies, less intrauterine growth retardation, and fewer preterm deliveries compared with women who did not practice yoga (4).

Because prenatal yoga may benefit women with depression during pregnancy and could, in fact, be more appealing than some existing treatments, we believe future research is warranted to examine the feasibility of this approach. Before embarking on a larger-scale project to develop and test a yoga-based intervention, we first conducted a small, institutional review board-approved survey to assess the degree to which childbearing women with psychiatric disorders may be open to prenatal yoga.

Perinatal women from diverse racial, ethnic, and socioeconomic backgrounds were given a brief anonymous survey at intake at a psychiatric day hospital over an 11-month period. A standard definition of prenatal yoga was presented. Women were asked to indicate whether or not they would be interested in trying prenatal yoga, and to endorse reasons that might motivate them to do so from an eight-item checklist. Women also reported their status as pregnant or postpartum, previous history of yoga practice, and reason(s) for seeking psychiatric treatment. A formal assessment of symptoms was not included.

Of the 250 pregnant and postpartum women who completed the survey, a relatively large proportion, 83 percent ($n = 207$), reported interest in trying prenatal yoga. Among the 65 women seeking care specifically for antenatal depression, 57 (88%) expressed interest. Reducing stress, depression, and anxiety were some of most common reasons for interest in prenatal yoga, in addition to benefitting from exercise and increased flexibility. Most women who expressed interest in prenatal yoga had never participated in a single yoga class ($n = 128$; 62%), suggesting that this approach may be acceptable to those who are new to yoga practice.

This survey had some limitations (e.g., use of self-report, lack of inquiry about other alternative treatments), and could not predict how many women would ultimately enroll in a yoga-based intervention. Nonetheless, we found it notable that such a high proportion of women from this diverse patient base reported interest in taking prenatal yoga to ease their distress. Findings provide preliminary evidence that prenatal yoga is an acceptable and appealing strategy for reducing

depression during pregnancy, which is consistent with reports suggesting that it has become a popular practice among pregnant women in general, one often encouraged by prenatal care providers. Its popularity could reflect a growing interest in Eastern wellness practices (e.g., yoga, meditation). It is also consistent with recommendations from the medical community (e.g., American College of Obstetricians and Gynecologists) for pregnant women to regularly engage in safe, mild-moderate intensity physical activity during pregnancy.

Future research is needed to more clearly establish the acceptability and feasibility of a prenatal yoga intervention for pregnant women, and ultimately to determine whether it is a safe, effective approach for treating antenatal depression. Members of our team plan to initiate a series of studies to examine these questions. Development of a broader array of acceptable and effective treatment options for perinatal depression, such as yoga, is important in light of women's concerns about taking antidepressant medications. Some pregnant women may be more likely to engage in depression care during pregnancy if more acceptable treatment approaches are made available to them.

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“The Faceless Caesarean”

To the Editor,

Thank you for publishing a review of my book, *The Faceless Caesarean: Caesarean Mothers in Words and Photographs* (*Birth* 2010;37(2):175–176). Some additional information that was not mentioned in the English translation of the book may be of interest to readers.

To find cesarean mothers who would be willing to participate in the book, my colleagues and I persuaded newspapers to write articles promoting the project at no charge, and we posted announcements on notice boards and on the Internet. In this free publicity we told people that we wanted to make a book with cesarean mothers about their birth experiences, and that they should contact us no matter whether their birth had been “ein Traum oder ein Trauma” (a dream or a trauma). After the first newspaper article appeared online, my mailbox was full all the time. Every woman who wanted to participate and who completed a questionnaire was accepted. We were not selective in choosing participants. The women who wanted to tell their stories were those who felt excited about and strongly invested in their cesarean experience.

The women were photographed over a three-day period. They came from Salzburg and other cities in Austria and Germany, voluntarily, and traveling at their own expense. It was obvious that these 60 cesarean mothers were highly motivated to share with others their stories and willing to have their cesarean scars sensitively displayed in the book's photographs.

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