

TABLE

Descriptive and inferential statistics for catheter insertion outcomes by confounder subgroup and use of the stylette (continued)

Outcome and confounder subgroup	n	Overall	Treatment: stylette	Control: no stylette	P value ^a
History of vaginal delivery					
Yes	58	7/58 (12.1%)	3/30 (10.0%)	4/28 (14.3%)	
No	65	9/65 (13.8%)	4/32 (12.5%)	5/33 (15.2%)	
Cervical dilation					
Closed cervix (0 cm)	37	9/37 (24.3%)	4/20 (20.0%)	5/17 (29.4%)	
Open cervix (> 0 cm)	86	7/86 (8.1%)	3/42 (7.1%)	4/44 (9.1%)	
Resident year					
PGY 2	44	9/44 (20.5%)	4/22 (18.2%)	5/22 (22.7%)	
PGY 3	24	2/24 (8.3%)	1/14 (7.1%)	1/10 (10.0%)	
PGY 4	55	5/55 (9.1%)	2/26 (7.7%)	3/29 (10.3%)	

^a Significance level of Student *t* test for insertion time and pain level and Pearson's χ^2 test of independence for odds of insertion failure; *P* < .05 suggests difference between treatment and control groups; ^b Displayed measurements include median (interquartile range) insertion time in minutes for successful insertion attempts only, mean (95% confidence interval) patient pain level on a scale of 0–10, and number of insertion failures from total number of attempts (rate as percentage). The pain level of 1 successful attempt was inadvertently not recorded.

Forge et al. *Effects of stylette for Foley catheter placement. Am J Obstet Gynecol* 2016.

Acute feTal behavioral Response to prenatal Yoga: a single, blinded, randomized controlled trial (TRY yoga)

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Background

In 2012, yoga was practiced by 20 million Americans, of whom 82% were women. A recent literature review on prenatal yoga noted a reduction in some pregnancy complications (ie, preterm birth, lumbar pain, and growth restriction) in those who practiced yoga; to date, there is

no evidence on fetal response after yoga.

Objectives

We aimed to characterize the acute changes in maternal and fetal response to prenatal yoga exercises using common standardized tests to assess the well-being of the maternal-fetal unit.

Study Design

We conducted a single, blinded, randomized controlled trial. Uncomplicated pregnancies between 28 0/7 and 36 6/7 weeks with a non-anomalous singleton fetus of women

who did not smoke, use narcotics, or have prior experience with yoga were included. A computer-generated simple randomization sequence with a 1:1 allocation ratio was used to randomize participants into the yoga or control group. Women in the yoga group participated in a 1-time, 1 hour yoga class with a certified instructor who taught a pre-determined yoga sequence. In the control group, each participant attended a 1-time, 1 hour Power-Point presentation by an obstetrician on American Congress of Obstetricians and Gynecologists recommendations for exercise, nutrition,

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TABLE

Fetal heart rate and Doppler indices before and after intervention

Variable	Yoga (n =23)	Control (n =23)	P value ^a
Umbilical artery systolic to diastolic ratio			Group: .40 Time: .84 Interaction: .34
Before	2.9 ± 0.7	2.7 ± 0.5	
After	2.8 ± 0.5	2.8 ± 0.4	
Umbilical artery pulsatility index			Group: .42 Time: .34 Interaction: .53
Before	1.1 ± 0.2	1.1 ± 0.2	
After	1.1 ± 0.2	1.1 ± 0.2	
Umbilical artery resistance index			Group: .45 Time: .46 Interaction: .66
Before	0.7 ± 0.1	0.7 ± 0.1	
After	0.7 ± 0.1	0.7 ± 0.1	
Fetal heart rate (beats/min)			Group: .58 Time: .01 Interaction: .09
Before	136.5 ± 7.8	137.8 ± 11.7	
After	134.8 ± 9.0	130.9 ± 9.0	

Data are presented as mean ± SD.

^a Repeated-measures analysis of variance: main effects are for group (yoga vs control), time (before and after intervention), and group-by-time interaction.

Babbar et al. TRY yoga randomized controlled trial. *Am J Obstet Gynecol* 2016.

Results

Of the 52 women randomized, 46 (88%) completed the study. There was no clinically significant change in umbilical artery systolic to diastolic ratio ($P = .34$), pulsatility index ($P = .53$), or resistance index ($P = .66$) between the 2 groups before and after the intervention. Fetal and maternal heart rate, maternal blood pressure, and uterine artery Dopplers remained unchanged over time. When umbilical artery indices were individually compared with gestational age references, there was no difference between those who improved or worsened between the groups (Table).

Conclusion

There was no significant change in fetal blood flow acutely after performing yoga for the first time in pregnancy. Yoga can be recommended for low-risk women to begin during pregnancy. ■

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and obesity in pregnancy. All participants underwent pre- and postintervention testing, which consisted of umbilical and uterine artery Doppler ultrasound, nonstress testing, a biophysical profile, maternal blood pressure, and maternal heart rate. A board-certified maternal-fetal medicine specialist, at a different tertiary center, interpreted all nonstress tests and biophysical profile data and was blinded to group assignment and

pre- or postintervention testing. The primary outcome was a change in umbilical artery Doppler systolic to diastolic ratio. Sample size calculations indicated 19 women per group would be sufficient to detect this difference in Doppler indices (alpha, 0.05; power, 80%). Data were analyzed using a repeated-measures analysis of variance, a χ^2 , and a Fisher exact test. A value of $P < .05$ was considered significant.