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Classical music for baby in womb

Share on PinterestBip. 200,000. 200,000. Bip.Are these small rhythmic bumps coming from your belly a two step, or are they malfunctioning? Malfunctioning babies in the womb is actually quite common and often completely harmless. As with other fetal movement, you can begin to notice them somewhere around the middle point of pregnancy. And saying the difference between malfunctioning and kicking is often easier than you might expect. Here's a look at what fetal glitches are, why they happen, and rare cases when you should be concerned. Plus, in case they're distracting you, we'll let you know if there's anything you can do to make them disappear. The malfunctioning baby has in the womb just as malfunctions you sometimes get: sudden, insoucious spasms of the diaphragm (the muscle between your lungs and your stomach). Sometimes they will last only a minute or two, but other times they can continue a little longer. Fetal malfunctions actually feel a lot like your own malfunctions. And once you've felt your baby has them, it's pretty easy to tell the difference between a glitch and a kick. Malfunctions tend to feel like a jerky or battering jump. They usually have a fairly regular rhythm, and you will feel them in the same part of your abdomen over and over. Stones can be jerky or jumpy too, but they won't have that beat often (unless your baby is practiced to be the best drummer ever). And since your baby is moving around in it, you may notice a chain of stones in different parts of your abdomen instead of in the exact same position over and over. In both cases, your abdomen can noticeably swell or jump along with a malfunction or kick. It's cool, isn't it? Experts do not fully understand why we hiccup, and the same happens with hiccup babies in the womb. But some suspect the glitch may be related to lung maturity. In other words, they are a sign that your child's body is getting ready for life in the outside world. A small person doing small hiccups can be kinda cute (or kinda lose focus, depending on your mood). But malfunctioning is something you should be concerned about? Most of the time, baby glitches are NBD – they are a normal reflex we all experience sometimes. Noting a frequent spelling glitch is nothing to worry about. However, pregnancy can sometimes be nerve-wracking. So if you think it will ease your mind, there's absolutely no reason you can't take it up with your health care provider. In rare cases, hiccups very often (every day or several times a day) can be a sign of umbilical cord compression utopian sedation, a rare complication when the blood or oxygen supply slows down or is cut off from the fetus. It can occur at the end of pregnancy or during childbirth, but there is no way to predict your risk or to prevent it. Umbilical cord problems can cause problems with the baby's heart rate and blood pressure and could potentially lead to brain damage still still life. If a baby's malfunction appears to occur much more often, contact your health care provider as soon as possible. You will probably start noting the baby's movement some time in your second trimester. That goes for hiccups as well as things like rocks or jabs. First-time mothers tend to notice sensations of about 20 weeks, while women who have been pregnant before may notice them earlier, about 16 weeks. You may notice the glitch more easily as you get closer to your due date. The bigger your baby is, the easier it is to see their movement and malfunctions from the outside. At some point, your entire abdomen may jerk or bounce back when they malfunction. But the frequency of malfunctions should not increase significantly when you are near the end of pregnancy. If so, you should call your health care provider. Does it seem like your baby's favorite time to move or malfunction is when you're trying to focus on work or fall asleep? You can't control when your baby can start hiccups... and sometimes it can be annoying. Unfortunately, just as with your own glitches, there is no proven way to prevent baby glitches (and you obviously can't give them a glass of water to drink upside down). There is no harm in changing your position. That can cause the baby to also have to move around, which can help the glitch to end. No dice? In that case, patience is probably your best bet. Most malfunctions disappear on their own within minutes. Malfunctioning babies in the womb may feel strange to you, but most of the time, they're perfectly normal. You can expect to feel them from time to time starting around the middle of your second trimester. There is no proven way to prevent baby glitches, but if they bother you, try to be patient. Your baby should give you a break after a few minutes. Finally, paying attention to the glitch seems to suddenly become more frequent, especially at the end of your pregnancy. This can be a sign of a dangerous complication. Share on PinterestCongrats! If you're reading this, it's very likely that there's a growing baby inside you – which many of you would have figured out. What you may still be wondering, however, is how this tenant lies in their new dig (aka your uterus). Are they cold upside down like a pudgy little bat? Sitting crisscross applesauce? Lying on your side? Since there are several locations your baby can take during pregnancy, we've put together this guide to help you figure out where they are and what that means for you two. The location of a lost baby in the uterus is called the presentation of the fetus. There are three main presentations of pregnancy Here's where things get interesting: Of those three key presentations, there are six fetal positions that babies usually take. Each fetal position will mean different things for your pregnancy and childbirth. The baby usually changes position throughout pregnancy, so The first trimester location may differ from the position they settled for the delivery date. So what does each position mean, and what does each location look like? Share on PinterestCephalic: Occipito-front Most Popular Fetal Placement and Ideal Location for Childbirth, called Before or Before occipito. (Occiput is Latin for the back of the head or skull.) This is when babies turn upside down towards your back with their chin tucked into their chests. The an advance position is ideal for a vaginal birth, because the narrowest part of the baby's head presses against your uterus, helping it open for delivery. This is also the best location for bones in the baby's head so that the baby can walk smoothly down your birth canal. Babies usually move into this position at 36 weeks but can sometimes do so as early as week 18 to 20.Share on PinterestCephalic: Occipito-sauM a baby can also take position after occipito, sometimes called sun up or back-to-back. Here the baby is upside down but facing forward, with their backs against you. Because babies can not tuck their chin down easily when faced with this way, the baby sometimes can not go down the pelvis smoothly. If a baby is still in the following position, your delivery may be longer and more painful and cause your return to pain. (Sorry to bring the bad news.) A baby in this position may require a caesarean birth or childbirth with help from force or vacuum. A healthcare provider can rotate a baby on its own during labor from a later position into a more optimal position for a vaginal birth. Share on PinterestBreechA baby's position, baby's head facing up, instead of facing down your pelvis. There are three types of breech positions: Frank breech: The baby's buttocks are closest to the birth canal, and their legs are pointing up.Complete breech: The baby's buttocks are closest to the birth canal, and their knees are bent (kind of like sitting cross-legged). Footling breech: One or both feet of the baby are pointed down and closest to the birth canal. Sometimes the baby is in breech position for most pregnancies but changes position in the last weeks. But 3 to 4 percent of babies born stay full-time in breech positions, which is not ideal for delivery. Problems that can occur with a bun position include:The uterus may not be wide open enough for the baby to pass through easily. The baby can become wedged into your pelvis. The umbilical cord can form a loop and cut off the blood supply or damage the baby during vaginal birth. If your baby doesn't turn on itself and your health care provider can't rotate the baby on its own, your provider may recommend a caesarean section. Share on PinterestTransverseIn this location, your baby is horizontal or tilted in your uterus, with their more likely position to come out first. Babies can lie in this way at times, but very rarely they stay in this position until the end of pregnancy. If your baby is in this position, your health care provider may try to re-locate the baby manually. If that is not possible, your provider will probably recommend a caesarean section. Your health care provider can often figure out where the baby is by feeling your belly with their hands (this is called Leopold's manly, if your provider is unsure, they will be able to see the location when you have the ultrasound. But you can find out where your baby is. Pay attention to the movements you feel, such as pushing from the elbows, knees and feet or feeling softer, tickling from the baby's hands. From these moves, you can get a sense of which way your baby is oriented. If your abdomen feels firm, you can feel the baby's back, which means the baby is in the front position. One suggestion that your baby is ahead is if you feel kicked under your ribs. I can do it. If your belly feels softer and your belly button is embedded rather than poking out, your baby may be in the back position. You will feel rocks in the middle of your abdomen. You can even see them happening! Remember, the baby changes position throughout the pregnancy! Even if your baby is sitting breech, back, or sideways early, they can settle into place before delivery. Usually, yes, you can change the position of the baby. The majority of babies will stabilize themselves before the 36th week of pregnancy. If your baby is following, they may also change positions during labor (due to contractions). If your baby is in a barrel or horizontal position, your healthcare provider can try an external cephalic version (ECV) after 37 weeks, applying gentle pressure to your abdomen to encourage the baby to move in the desired direction. Research shows that ECV is effective about half the time. While this method may sound simple, ECV is not a practice at home. It should only be tried by trained medical professionals in a setting where caesarean births can be performed if complications arise. It's unlikely, but it could be an ECV that can put a baby in distress or placenta damage. Fetal heart rate is monitored during ECVs, so your health care provider can watch out for emergencies. ECV should be more uncomfortable than painful. However, a small study suggests that an analgesic can help you if you are experiencing pain during surgery. Of course, there are plenty of popular tips and folk wisdom floating around about how to turn your baby on your own by sitting stand in different positions during pregnancy or labor. Unfortunately, there isn't really any research to back up these ideas. You may have heard that on your hands and knees during labor can help your baby move from the back position to the previous one, but a 2016 study found that it doesn't make a significant difference. (However, many women say getting on your hands and knees relieves pain during labor, perhaps because it puts less pressure on your back.) Some women with breech babies try other positioning, like reversing the whole body (lying upside down on an inclined table) or reversing the pelvic area (where you hold your knees up to your chest or wedge a cushion under your hips). The small studies that exist on this are not promising. A 2012 review of studies found that in most cases, the change in the position of pregnant women does not change the position of the baby. But these methods are not capable of causing any side effects, so it will not hurt to try. Some parents also try moxibustion, a practice of traditional Chinese medicine. This requires burning a plant called moxa (aka mugwort) on acupuncture points on the body that are thought to affect the uterus. There are not many clinical studies to support or resolyte its usefulness. It is important to talk to your health care provider about any strategies you are interested in trying during pregnancy or childbirth. They can give specific advice based on your body and condition to help you plan the safest, most comfortable birth possible. There are four common positions the baby has in the womb: front (head down, towards your back); back (head down, outward direction); breech (head up, legs can be in many different positions); horizontal (sideways). The previous location is ideal for giving birth as safely and comfortably as possible. The majority of babies will eventually settle into this position by the 36th week of pregnancy. If your baby is not in the previous position by week 36, your health care provider may attempt ECV to gently push the baby into an external position. The study does not support the effectiveness of any home-changing method of changing the baby's position. If your baby is still not in a position before you go into labor - especially if it is in a barrel or horizontal position - your healthcare provider may recommend a caesarean section to avoid possible complications from vaginal birth. Distribution.

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