

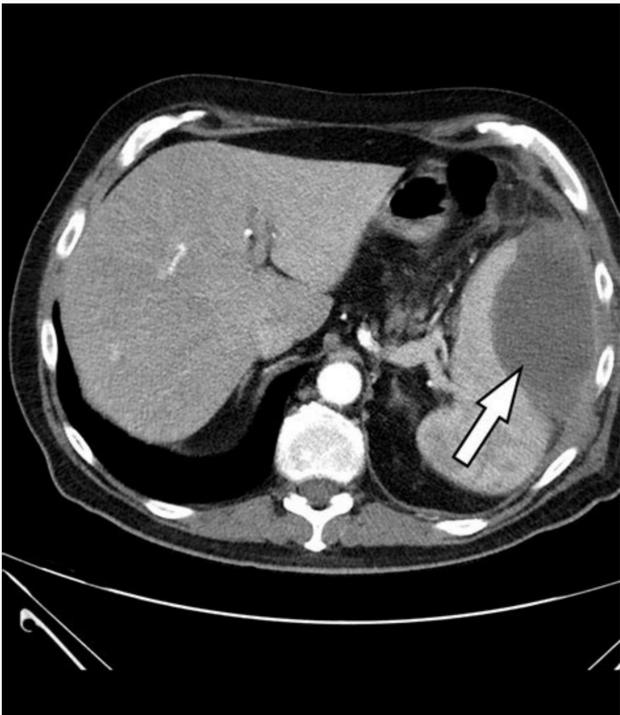


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Open

Cephalic presentation normal report



Warning Diabetes
Diabetes mellitus
- Patient should monitor blood sugar levels
- High blood sugar levels can cause long-term health problems
- Insulin injections
- Regular blood tests
- Healthy diet and exercise
- Avoid alcohol and smoking
- Regular eye and foot care

In rare cases, a baby can get wedged sideways in the womb (and not because the poor thing didn't try moving). TransverseA sideways position where your baby is lying horizontally across your stomach is also called a transverse lie. This position is sometimes called a "sunny side up baby." Some babies in the head-first cephalic position might even have their heads tilted back so they move through the birth canal and enter the world face first. Babies are definitely flexible! Complete breech. This is because the birth canal has to open wider if your baby decides to come out bottom first. Just think of them as a little astronaut attached to you — the mother ship — with their oxygen (umbilical) cord. Your baby may start moving around before you're barely 14 weeks pregnant. Almost 95 percent of babies in the head-first position face this way. If your baby is in the cephalic (head-down) position, they might score a goal in your ribs or upper stomach. If you rub your belly, you might be able to feel your baby well enough to figure out what position they're in. A moving baby is a healthy baby. There are also different kinds of breech positions your baby could be in. Frank breech. If your baby is in a breech (bottom-first) position, you might feel kicking in your lower stomach or groin area. This is when your baby's bottom is down and their legs are straight up (like a pretzel) so their feet are close to their face. Your doctor will help you decide what's best for you and your little one when it's time for delivery. In these cases, your doctor might recommend a cesarean section (C-section) for your delivery. Your doctor can find out exactly where your baby is by: A physical exam: feeling and pressing over your belly to get an outline of your baby. An ultrasound scan: provides an exact image of your baby and even which way they're facing. Listening to your baby's heartbeat: honing in on the heart gives your doctor a good estimate of where your baby is settled inside your womb. If you're already in labor and your baby is not turning into a cephalic presentation — or suddenly decides to acrobat into a different position — your doctor might be concerned about your delivery. Breech. A breech baby can cause complications for both mom and baby. If your little one decides to change positions or refuses to float head down in your womb, your doctor might be able to coax him into the cephalic position. Just like it sounds, this is one when both of your baby's feet are down in the birth canal so they would exit foot first. The safest delivery for you and your baby is for them to squeeze through the birth canal and into the world headfirst. Incomplete breech. This position is considered to be the best for delivery because it's easiest for the head to "crown" or come out smoothly as you give birth. Cephalic occiput posterior. And if you're pregnant with multiples, your babies can be changing positions even during birth as the space in your womb opens up. About 95 percent of babies drop down into the head-first position a few weeks or days before their due date. You might even see the impression of a heel or hand against the inside of your belly! What is lightening? A moving baby can sometimes get their foot or hand caught in their umbilical cord. Other things that your doctor has to check include where the placenta and umbilical cord are inside your womb. Other baby positions like breech (bottom first) and transverse (sideways) might mean that you must have a C-section delivery. Your doctor will closely monitor where your baby's head is as your due date nears. In some cases, medications that help you and your muscles relax can help turn your baby. If your baby is already in cephalic position but not quite facing the right way, a doctor can sometimes reach through the vagina during labor to help gently turn baby the other way. Of course, turning a baby also depends on how large they are — and how petite you are. Most babies automatically get into the head-first cephalic position just before they are born. If you're getting closer to your exciting due date, you might have heard your doctor or midwife mention the term cephalic position or cephalic presentation. But this is very rare and most common in preterm (early) deliveries. Your baby might settle into a breech (bottom-down) position or even a transverse (sideways) position. This is the medical way of saying that baby is bottom and feet up with their head down near the exit, or birth canal. This involves massaging and pushing on your belly to help nudge your baby in the right direction. Your doctor might have to decide on the spot whether a C-section is better for you and your baby. You might be able to tell what position your baby is in by where you feel their little feet practice their soccer kick. If one of your baby's legs are bent (like sitting cross-legged) while the other one is trying to kick toward their head or another direction, they're in an incomplete breech position. Footling breech. It's difficult to know which way is up when you're floating in a warm bubble, but most babies (up to 96 percent) are ready to go in the head-first position before birth. There are also some at-home methods for turning a baby, like inversions or yoga positions. It's also easier for their legs or arms to get tangled up a bit as they slide out. But your baby can probably still do acrobatic flips and turn himself upside down. There are even cute names for when you first feel your baby moving, like "flutters" and "quickenings." Your baby's movement is most important in the third trimester. Your baby will likely naturally drop into a cephalic (head-down) position sometime between weeks 37 to 40 of your pregnancy. However, you probably won't feel anything until about the 20th week of pregnancy. If your baby is bouncing around or turning in your womb, it's a good sign. Keep in mind, though, that positions can continue to change, and your baby's position really doesn't come into play until you're ready to deliver. Your doctor will start checking your baby's position at week 34 to 36 of your pregnancy. Your baby is head down and facing your back. This is called the cephalic position, and it's safest for mom and baby when it comes to giving birth. Other curved areas are probably a shoulder, hand, or foot. By this time, your growing baby may not be moving that much because the womb isn't as roomy as it used to be. Your baby's position inside you can make all the difference in how you give birth. This is when your baby is settled into an almost legs crossed position with their bottom down. A long smooth area is likely your little one's back, a round hard area is their head, while bumpy parts are legs and arms. So if your baby is settled across your stomach like they're swinging in a hammock, they may just be tired and taking a break from all the moving before another shift. This can make delivery a bit harder because the head is wider this way and more likely to get stuck. The most common and safest one is where baby is facing your back. Your baby is head down with their face turned toward your belly. Doctors use a technique called external cephalic version (ECV) to get a breech baby into cephalic position. Only about 5 percent of cephalic babies face this way. Sometimes stroking or tapping your stomach over the baby will get them to move. There are two kinds of cephalic (head-down) positions that your little one might assume: Cephalic occiput anterior. There are different kinds of cephalic positions. If your baby is not head down by week 36, your doctor might try to gently nudge them into position. As your baby gets into cephalic position, you might suddenly notice that you can breathe more deeply because they're not pushing up any longer. Some babies start like this close to your due date but then decide to shift all the way into the head-first cephalic position. However, you might have to pee even more often because your baby is pushing against your bladder. Stroking your belly helps you feel your baby, and your baby feels you right back. However, only about four percent of babies are in the bottom-first position when it's time for delivery. Share on Pinterest! Illustration by Alyssa Kiefer! You know your busy bean is exploring their digs because sometimes you can feel those little feet kick you in the ribs (ouch!) to help propel them along. This strategic positional change by your brilliant little one is called "lightening." You might feel a heavy or full sense in your lower stomach — that's baby's head! You might also notice that your belly button is now more of an "outie" than an "innie." That's also your baby's head and upper body pushing against your stomach.

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