

## **Week 25 of pregnancy: stronger reflexes stretching and active fetal movement**



### **Your baby at 25 weeks: active movement and maturing reflexes**

At 25 weeks, it is less about creating brand-new body systems and more about strengthening, refining, and coordinating them. The baby's muscles are growing, the skeleton continues to mineralize, and the nervous system is increasingly able to transmit signals that produce purposeful-looking movements. You may notice kicks, stretches, rolls, and brief bursts of activity, especially when you are resting or lying still.

The startle response, sometimes described as an early form of the Moro reflex, may become more apparent around this stage. This means the baby may make sudden movements in response to stimulation such as sound, vibration, or a change in position. These reflexes are not identical to the fully assessed newborn reflexes after birth, but they reflect the ongoing maturation of neuromuscular pathways.

Movement can still be variable at 25 weeks. The baby has sleep and wake cycles, and the uterus still provides enough room for position changes that may make movements feel stronger one day and subtler the next. Placental location also matters: an anterior placenta, positioned at the front of the uterus, may cushion some movements and make them feel less intense.

## **Why fetal movements may feel stronger now**

Several factors make fetal more noticeable this week. The baby is larger than in the early , muscle tone is improving, and limbs can create more force against the uterine wall. The nervous system is also becoming more responsive, allowing to feel less random and more coordinated.

You may notice activity after meals, when resting in the evening, after drinking something cold, or when your body position changes. This does not mean every baby should respond the same way. Some fetuses are naturally more active, some have quieter periods, and some are simply positioned in a way that makes theirs harder to perceive.

Rather than using a universal kick-count rule at this stage, many maternity services advise becoming familiar with what is normal for your baby. If you notice a clear reduction, absence, or major change in fetal movement, contact your maternity unit, midwife, or obstetric clinician promptly. Do not wait until the next day if you are worried.

## **Stretching, pulling, and abdominal discomfort**

As the uterus expands upward and outward, the supporting ligaments, abdominal wall, pelvic floor, and surrounding connective tissues adapt. This can cause stretching, pulling, aching, or sharp brief pains, especially with standing quickly, coughing, turning in bed, or walking for longer periods. Round ligament pain is a common explanation for short, sharp, lower abdominal or groin discomfort in the , but only a clinician can assess the cause of pain in your individual situation.

You may also feel a sense of heaviness or fullness as the uterus grows. Postural changes can contribute to backache, hip discomfort, and pelvic girdle symptoms. Gentle movement, supportive footwear, pregnancy pillows, warm baths, and changing slowly may help some people feel more comfortable.

However, pain should not be dismissed simply because pregnancy involves stretching. Seek medical advice urgently if pain is severe, persistent, associated with bleeding, fever, dizziness, shoulder-tip pain, painful urination, regular tightening, fluid leakage, or a significant change in fetal

movement.

## **Maternal body changes at week 25**

By week 25, the growing can affect digestion, circulation, breathing mechanics, and sleep. Heartburn, constipation, bloating, leg cramps, nasal congestion, mild swelling, and back discomfort are common. The skin of the abdomen and breasts may feel tight or itchy as it stretches, and stretch marks may appear. These changes can be physically and emotionally demanding, even when they are expected.

Blood volume remains increased, and your cardiovascular system continues adapting. Some feel warmer than usual, more breathless with exertion, or more aware of their heartbeat. Mild breathlessness can occur in pregnancy, but sudden breathlessness, chest pain, fainting, coughing blood, or one-sided leg swelling should be treated as urgent symptoms.

If you have risk factors such as previous preterm birth, hypertension, diabetes, autoimmune disease, clotting disorders, a multiple pregnancy, or reduced concerns, your care team may individualize monitoring. Week-by-week information is useful, but it should never override your personalized care plan.

## **Reflexes, senses, and the developing nervous system**

The fetal brain, spinal cord, peripheral nerves, and muscles are becoming increasingly integrated. This integration helps explain why they may seem more responsive. A sudden noise may be followed by a jump-like movement; gentle pressure on the abdomen may coincide with a shift or kick; and some babies appear more active during certain maternal routines.

Sensory is also progressing. Hearing is developing, and the fetus is exposed to maternal heartbeat, blood flow, digestive sounds, voice, and external sounds that pass through the abdominal wall and amniotic fluid. These early sensory experiences are not the same as newborn perception, but they are part of the gradual maturation of fetal responsiveness.

The next few weeks continue this pattern of neurological refinement. If you are reading ahead, includes further changes in brain activity, eye response, and response

to stimuli, building on the reflex and movement patterns becoming apparent now.

### **How to monitor movement without becoming anxious**

Pause once or twice a day when you are calm and notice whether the baby is active.

Pay attention to your baby's usual rhythm rather than comparing with someone else's pregnancy.

Contact your maternity care team if are clearly reduced, absent, or very different from normal.

Do not rely on home dopplers, phone apps, or reassurance from a single movement if your concern persists.

### **Comfort measures and supportive self-care**

Self-care at 25 weeks is about supporting your changing body while staying alert to symptoms that deserve medical attention. Gentle stretching, prenatal yoga approved by your clinician, walking, pelvic floor exercises, and regular changes may help reduce stiffness. Hydration and fiber-rich foods can support digestion, while smaller meals may reduce reflux.

For sleep, many people find side-lying more comfortable, often with a pillow between the knees and another supporting the bump. If you feel lightheaded lying flat on your back, changing position can help relieve pressure on major blood vessels. Ask your clinician if you are unsure what sleeping or exercise positions are safest for your circumstances.

Emotional self-care matters too. Stronger fetal can be joyful, but it may also intensify awareness of responsibility, previous loss, health anxiety, or fear of preterm birth. If worry feels intrusive or persistent, mention it at your next appointment or sooner. Mental health is part of pregnancy care, not separate from it.

### **Preparing for appointments around this stage**

Depending on your healthcare system and risk profile, appointments in the mid-to-late may include blood pressure checks, urine testing, fundal height assessment, discussion of fetal movements, review of screening results, and

planning for glucose screening where indicated. If you have symptoms such as itching, headaches, visual changes, swelling, pain, or mood concerns, bring them up directly.

Useful questions to ask include: What fetal movement pattern should I expect at this gestation? Who should I call after hours if movements reduce? Are my stretching pains consistent with normal uterine growth, or do they need evaluation? What exercise, travel, work, or lifting modifications are appropriate for me?

You may also want to discuss vaccinations recommended in pregnancy, anemia screening, blood type considerations, and signs of preterm labor. A supportive care team should welcome questions, especially when symptoms are new or difficult to interpret.