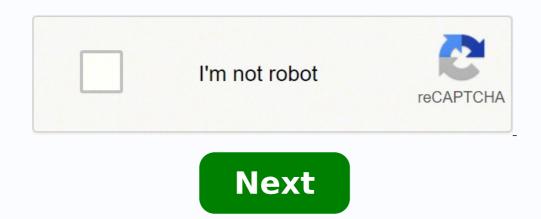
## Options futures and other derivatives 10th edition by john c. hull



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The days 14 and 15 May, Christieà ¢ S New York will offer articles of the deceased collection John C. Whitehead as the highlight of their auctions â € œ-«Impressionist and modern.» Ninety pieces of the collection will be presented in the evening sale of May 14; Works on paper and additional paintings will be offered on May 15. The former president of Goldman Sachs. Whitehead held himself as an undersecretary of state during the Reagan administration and later as president of the Bank of the Federal Reserve of New York. To build your collection. Whitehead worked closely with the New York Art Marcarante Achim Moeller for more than 30 years. The best lots of the night sale are the Portrait de Beatrice Hastings of Modigliani of 1916, estimated at \$ 7 million. Millions. Click to see more outstanding sales. For more information visit Christies.com. \* AC or No to C Since webmd files March 5, 2001 - When Cheryl entered labor with his First son, everything seemed to be good. But things changed when the baby fell down the delivery channel in a strange angle, and began to show signs of anguish. "His head of her was crowning, but they just could not take her out," recalls Cheryl. Was the solution? An emergency cesarean. Luckily, both Cheryl and the baby came from her healthy experience. But even with the joy of a new son, she admits that she still had a feeling of loss. "It was as if my body had failed me." She said that, based on her's medical history, Cheryl (she asked her not to use her surname) was a good candidate to try childbirth. The possibility that Cheryl will need a cesarean again But I was willing to try. "It was very important to me," he says. «I «To give my body the opportunity to do what was designed to do ". For decades, the old adage" Once a Caesarean, always a Caesarean ", quite, was accepted as a medical fact, and those who had previously given birth in such a way. They were routinely programmed for "elective" C sections when they handed over to subsequent children. Then, in the 1980s, women, doctors and insurance companies began to question the validity of this practice. Soon, a growing number of women began to choose the vaginal birth after the Caesarean (VBAC). But as elective sections C fell out of favor and more women tried vBAC, complications, such as the uterus rupture, where the uterus repture, where the uterus rupture, where rupture, where the uterus rupture rupture rupture, where rupture rupture rupture, where rupture rupture rupture But a recent review of 15 previous studies, carried out in the last decade, suggests that low-risk mothers did not need to agonize so much by the decision. The review, published in the novem BER 2000 Number of the American Journal of Obstetrics and Gynecology, "was motivated by the growing controversy over a question that we had believed was resolved," says Ellen Mozurkewich, MD, a member of the division of maternal-fetal medicine at the University of Michigan Health System, and co-author of the analysis. "There seems to be significant benefits for the mother of a work trial," says Mozurkewich WebMD. "But there can also be a small and greater risk for the baby." In the review, researchers from the University of Michigan and Theorem and Michigan and trials resulted in uterine rupture versus two in 1,000 (0.2%) For elective caesarean repeats. However, if uterine rupture occurs, it may be - The baby should be born by emergency cesarean in approximately 18 minutes to avoid neurological damage or even death. The review also suggests that, although the relative risk is not as high as that of uterine rupture, there is an increased risk of fetal mortality for the labor group (approximately six cases out of 1,000 were 0.3%). Due to these risks, women can opt for elective ceuses, thinking that they are safer. «The media can dissuade women from VBAC when they mention the risk of uterine rupture. The risk must be presented in context, "says Jean C. Hundley, MD, from Womenkind OB / Gyn Associates of Mercy Hospital in Baltimore. «Elective cesacties are not exempt from risks either. It is a major surgery. "Complications related to the use of anesthesia, infection, accidental perforation of other structures such as the intestine or bladder and the uncontrolled blood of blood due to the cutting of an uterine artery are all possibilities. With elective cesaeau. As the study indicates, women considered in the low-risk group have a success rate from 60% to 80% with VBAC, says Michael D. Randell, MD, Facog, Obstetrician and Gynecologist at Atlanta Northside Hospital. If a woman had its initial cessation due to a one-time problem â € "as the position of the baby (feet first, for example) or the previous placenta (where the placenta obstructs the cervical opening) â € œ Your chances of having a successful VBAC is not for everyone, warns Randell. If a woman has a very narrow pelvis, any medical or obstrial complication that prevents vaginal delivery, or has had a "classical" cesarean where the utero was cut and descended in front of it (have in account that the scar direction on the skin does not predict exactly that of the uterior, and one The surgical report is highly recommended to confirm such a detail), a VBAC is not recommended. In the last instance, the decision is based on the weighting weight and the benefits, says Randell, and every case is unique. Women who consider VBAC should also recognize the possibility that in spite of the work trial, they may have to have another caesarean. For these women, says Mozurkewich, recovery can take longer and be associated with a higher risk of infection and other complications than with an elective C. "If she has the baby vaginally, her recovery will be shorter, but if she has a failed work trial, she will face recovery both from work and from the caesarea." Just as a woman has the right to choose VBAC if she is medically appropriate, she also has the right to reject it, says Randell. Some women just don't feel comfortable with the risks, says Randell. Others prefer to schedule the baby's arrival, fear the vaginal delivery, or have had a previous Caesarean and want to go with the known. Similarly, if a woman is not a good candidate for VBAC, your doctor may refuse. "The goal is to have a healthy baby and a safe delivery, by any method," Hundley says. "That's the most important thing." When Cheryl entered into labor with her second child, thought crosses her mind that she might still need another Caesarean. But after a brief job and 45 minutes of pushing, your daughter was born vaginally without any problems. "I'd recommend VBAC to anyone who wants to try," she says. "I'd pick it again in a minute." Michele BloomQuist is an independent writer based on Prairie brush, Wash. Born by elective caesarean, in the days before VBAC. © 2001 WebMD, Inc. All rights reserved. reserved.

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