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My father bleeds history meaning

If you're newly pregnant and start to notice vaginal bleeding, give yourself a moment to take a deep breath. Although bleeding may be a cause for alarm, it isn't necessarily a sign of miscarriage—especially if it's light. Here's a look at why bleeding or spotting may happen during different points in pregnancy. Always be sure to call your doctor to discuss your individual concerns. First-trimester bleeding is more common than many people assume. Research varies, with some experts citing early-pregnancy bleeding in 15% to 25% of patients, and others reporting this figure to be as high as 40%. Though an impending miscarriage is possible, it's best not to jump to conclusions before discussing your symptoms with your doctor. About 50% of women with first-trimester vaginal bleeding will miscarry, and 50% will not. Beyond miscarriage, possible causes of first-trimester bleeding or spotting include: Cervical sensitivity: A pelvic exam or sexual intercourse may cause your cervix to become tender and inflamed, leading to light, brown-tinged spotting that should resolve within a day or so. Implantation bleeding: Some women experience implantation bleeding as the lining of the uterus adjusts to the newly implanted egg. Infection: A urinary tract, cervical, or pelvic infection can cause vaginal bleeding. Molar pregnancy: Molar pregnancy is a rare form of gestational trophoblastic disease. In a molar pregnancy, a cluster of abnormal tissue develops in the uterus rather than an embryo, usually due to chromosomal problems during conception. Because molar pregnancies raise hCG levels, pregnancy tests still come back positive. Subchorionic hemorrhage: When blood accumulates between your uterine wall and the amniotic sac, a subchorionic hemorrhage or hematoma can cause early pregnancy bleeding. Subchorionic hemorrhage occurs in about 1% of pregnancies. Cervical polyps and heavy exercise may also be responsible for spotting during early pregnancy. The highest risk of miscarriage is during the first 12 weeks of pregnancy. Vaginal bleeding that is bright red and gets heavier over time (rather than lighter) is more likely to indicate a miscarriage. Other signs of a miscarriage may include: Cramping: Lower abdominal cramping that's worse than your typical menstrual cycleDischarge: Tissue, clots, or clumps in the bloodDizziness: Feeling lightheaded or faint Less common than miscarriages, ectopic pregnancies can also produce vaginal bleeding. In an ectopic pregnancy, the fertilized egg implants itself somewhere other than the uterus, often in one of the fallopian tubes. Symptoms of ectopic pregnancy can be similar to miscarriage (including bleeding and cramping), you may notice a sharp or stabbing pain in your abdomen. In some cases, vaginal bleeding in the second or third trimester is not serious. Nonetheless, a dangerous condition must always be ruled out through an evaluation by your doctor. See your doctor right away if you experience bleeding in your second or third trimester. Heavy or bright red blood that is accompanied by other symptoms like abdominal pain or contractions must be addressed immediately. Light bleeding or spotting can happen later in pregnancy due to many of the same reasons as first trimester bleeding, such as slight irritation of the cervix after sexual intercourse, a medical exam, or growths on the cervix. Make an appointment with your doctor right away to pinpoint the cause and rule out a serious condition, such as: A placental abruption occurs if all or some of the placenta suddenly separates from the uterus after week 20 of gestation. It's an uncommon condition, occurring in about one out of every 100 pregnancies. It usually happens in the third trimester, and can trigger preterm delivery or stillbirth. You may feel contractions and abdominal pain along with the bleeding during a placental abruption. This phenomenon happens in around one out of 100 pregnancies. An incompetent cervix is when the cervix starts to dilate too soon, which can result in miscarriage or pre-term birth. This complication is responsible for nearly 25% of miscarriages that occur in the second trimester. This condition occurs when the placenta is low-lying and either somewhat or totally covers your cervix. Placenta previa can cause growth restrictions in the baby and fatal hemorrhaging (blood loss) in the mother, among other complications. If you're diagnosed with placenta previa, you will likely have to go on bed rest, often in a hospital. While serious, placenta previa is also rare, occurring in approximately one out of every 200 pregnancies. When the placenta grows too deeply into the uterine wall it cannot be released after the baby is born. This condition is called placenta accreta. It can become life-threatening if not found before delivery due to the risk of hemorrhage and late-pregnancy bleeding. Placenta accreta is usually found during routine prenatal ultrasound. If you have placenta accreta, your doctor will plan for extra precautions during the delivery and possibly a hysterectomy (surgical removal of the uterus) once the baby is born. Labor prior to the 37th week of pregnancy is considered preterm labor, the signs of which can be mistaken for bleeding. Often, before labor starts, you'll pass the mucus plug, which can look bloody and watery (thus the common moniker, "bloody show"). The mucus plug may be passed several weeks before going into labor, or it could signal that preterm labor is about to occur. Other symptoms of preterm labor may include cramping, abdominal pain or pressure, lower back pain or pressure, diarrhea, and contractions. If you experience bleeding or spotting any time during pregnancy, call your doctor and use a panty liner or pad to monitor it. Pay attention to the color: Is it pink, bright red, or brown? Note any activities you might have done in the past day or two that may be causing the bleeding, such as a pelvic exam, Pap smear, or sexual intercourse. Never use a tampon during pregnancy or put anything in your vagina while you're bleeding. Avoid sexual intercourse until your doctor gives you the all-clear. Vaginal bleeding during pregnancy can have lots of different causes—some serious and some not. It's tough to know the difference on your own, so always call your doctor immediately if you experience bleeding during your pregnancy. Be sure to explain any other symptoms along with recent lifestyle cues to help decipher the cause. why is book I subtitled "My Father Bleeds History"? Asked by joe s #246499 on 4/27/2012 11:51 AM Last updated by Aslan on 4/27/2012 12:13 PM Add Yours Best Answer Answered by Aslan on 4/27/2012 12:13 PM Sorry, I should give you more. Vladek's history haunts him. Even in peacetime far away from the past horrors of WW2, Vladek is obsessed with the past. Vladek is an extremely flawed character. All his guilt, pain and regret seem to "bleed" out of him. It is like a wound that never heals. As he fills Artie in on his past the memories come out tainted with the blood of the Holocaust. Answered by Aslan on 4/27/2012 12:00 PM This is because Vladek (Artie's father) has a history full of blood. Media Platforms Design Team There are lots of traits you're happy to share with your siblings—those gorgeous eyes do run in the family, after all. But here's one we wish you didn't share: your risk of stroke. Turns out you're 60% more likely to have a stroke if your brother or sister had one—and 94% more likely if they had one before age 56, according to new research in Circulation: Cardiovascular Genetics. 9 Ways To Never Have A StrokeIt's well known that ischemic strokes—which happen when blood clots block blood flow to the brain—are due in part to genetics. But just how much of a role your siblings play in your risk is something that most people—including doctors—don't tend to fully appreciate. "We share 50 percent of our genomes both with our parents and our siblings," says lead study author Erik Ingelsson, MD, a professor of cardiovascular epidemiology at the Karolinska Institute in Stockholm. "So it's important to tell your doctor about your brother's and sister's stroke history as well as your parents'," he says. The link between siblings and stroke risk became clear during his research that involved reviewing over 20 years worth of hospital records on more than 180,000 people. Why Your Family History MattersBut it's not like you have a choice in family members—so what can you do? "You can't choose your family, race, or age—your stroke risk doubles after 55—but this new study reinforces just how important it is to do things that you can control," says Larry Goldstein, MD, director of the Stroke Center at Duke University and spokesperson for the American Heart Association. Having a sibling who had a stroke, particularly at a young age, puts you at an increased risk, he says, which means it's up to you to be all the more vigilant about reducing your risk factors. Be sure to avoid second-hand smoke, check your blood pressure regularly, don't drink too much alcohol, and get regular exercise, says Dr. Goldstein. These are all things you can do right now—regardless of your genes. Also see: Download Your Family History Tracker, The Lowdown On High Blood Pressure, 6 Sneaky Signs You Drink Too Much This content is created and maintained by a third party, and imported onto this page to help users provide their email addresses. You may be able to find more information about this and similar content at piano.io

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