

# Why the COVID Jab Should Be Banned for Pregnant Women

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✓ Fact Checked

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## STORY AT-A-GLANCE

- › Since the rollout of the experimental COVID shots, U.S. health officials have adamantly claimed the shots are safe for pregnant women and their unborn babies
- › Meanwhile, now-released Pfizer court-ordered, released data – which the Food and Drug Administration wanted to hide for 75 years – reveal the miscarriage rate among women whose pregnancy outcomes were known was 87.5%. The true rate may be higher or lower, as Pfizer did not record or report pregnancy outcomes for 238 of the 274 women known to be pregnant during the trial
- › A CDC-sponsored study that was widely used to support the claim that the shot is safe during pregnancy misreported the data. The actual miscarriage rate in that paper was 82%
- › As of August 12, 2022, the U.S. Vaccine Adverse Event Reporting (VAERS) database listed 4,941 miscarriages post-COVID jab. For comparison, the fetal death reports for all other vaccines reported to VAERS in the last 30 years is 2,239
- › Israeli research found the Pfizer COVID jab impairs male fertility for three months after each dose, dropping sperm concentration by 15.4% and total motile count by 22.1%, compared to baseline

Since the rollout of the experimental COVID shots, U.S. health officials have adamantly claimed the shots are safe for pregnant women, and have been urging all pregnant women to get the jab “to protect themselves and their babies.” To this day, the U.S. Centers for Disease Control and Prevention recommends the COVID shot for:<sup>1</sup>

*“... people who are pregnant, breastfeeding, trying to get pregnant now, or might become pregnant in the future.”*

The CDC further recommends:<sup>2</sup>

*“People who are pregnant should stay up to date with their COVID-19 vaccines, including getting a COVID-19 booster when it’s time to get one.”*

And claims:<sup>3</sup>

*“Evidence continues to build showing that:*

- *COVID-19 vaccination during pregnancy is safe and effective.*
- *There is currently no evidence that any vaccines, including COVID-19 vaccines, cause fertility problems in women or men.”*

All the while, they’ve had Pfizer data showing the shots cause shocking rates of miscarriage which, adding insult to injury, have been blatantly miscategorized as a “recovered/resolved” adverse effect.<sup>4</sup> Who in their right mind would consider DEATH a resolved side effect unless they had a depopulation agenda in mind all along?

I don’t see how this could be described as anything but a criminal cover-up. The only reason we know any of this is because U.S. District Judge Mark Pittman ordered the U.S. Food and Drug Administration to release Pfizer documents at a rate of 55,000 pages per month. The FDA and Pfizer had asked to release the documents at a pace of 500 pages per month, which meant it would take 75 years to disclose them all.<sup>5</sup>

## **Criminal Cover-Up**

Dr. Naomi Wolf recently reported that an analysis of Pfizer data revealed 44% of the women in the trial suffered miscarriages.<sup>6</sup> That statistic turns out to have been the result of a miscalculation,<sup>7</sup> as Pfizer listed the miscarriages in two separate columns, resulting in them being counted twice.

We've repeatedly found Pfizer's data collection and reporting to be all over the place, and seemingly on purpose, to make hazards more difficult to ascertain. Wolf admitted the error and took down the original report. However, while fact checkers are gloating over the perceived victory, there's plenty of other evidence in the Pfizer material to demonstrate these shots should be banned for all time.

In an August 20, 2022, Substack article, Dr. Pierre Kory addressed other, "absolutely horrifying," findings on miscarriages found in the Pfizer data dumps:<sup>8</sup>

*"... let's do a dive on just one page of the many thousands. See below, Section 5.3.6, Page 12 of the document called 'Cumulative Analysis of Post-Authorization Adverse Event Reports.'*

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5.3.6 Cumulative Analysis of Post-authorization Adverse Event Reports

**Table 6. Description of Missing Information**

Topic	Description
<b>Missing Information</b>	<b>Post Authorization Cases Evaluation (cumulative to 28 Feb 2021) Total Number of Cases in the Reporting Period (N=42086)</b>
Use in Pregnancy and lactation	<ul style="list-style-type: none"> <li>• Number of cases: 413* (0.98% of the total PM dataset); 84 serious and 329 non-serious;</li> <li>• Country of incidence: US (205), UK (64), Canada (31), Germany (30), Poland (13), Israel (11); Italy (9), Portugal (8), Mexico (6), Estonia, Hungary and Ireland, (5 each), Romania (4), Spain (3), Czech Republic and France (2 each), the remaining 10 cases were distributed among 10 other countries.</li> </ul> <p>Pregnancy cases: 274 cases including:</p> <ul style="list-style-type: none"> <li>• 270 mother cases and 4 foetus/baby cases representing 270 unique pregnancies (the 4 foetus/baby cases were linked to 3 mother cases; 1 mother case involved twins).</li> <li>• Pregnancy outcomes for the 270 pregnancies were reported as spontaneous abortion (23), outcome pending (5), premature birth with neonatal death, spontaneous abortion with intrauterine death (2 each), spontaneous abortion with neonatal death, and normal outcome (1 each). No outcome was provided for 238 pregnancies (note that 2 different outcomes were reported for each twin, and both were counted).</li> <li>• 146 non-serious mother cases reported exposure to vaccine in utero without the occurrence of any clinical adverse event. The exposure PTs coded to the PTs Maternal exposure during pregnancy (111), Exposure during pregnancy (29) and Maternal exposure timing unspecified (6). Trimester of exposure was reported in 21 of these cases: 1st trimester (15 cases), 2nd trimester (7), and 3rd trimester (2).</li> <li>• 124 mother cases, 49 non-serious and 75 serious, reported clinical events, which occurred in the vaccinated mothers. Pregnancy related events reported in these cases coded to the PTs Abortion spontaneous (25), Uterine contraction during pregnancy, Premature rupture of membranes, Abortion, Abortion missed, and Foetal death (1 each). Other clinical events which occurred in more than 5 cases coded to the PTs Headache (33), Vaccination site pain (24), Pain in extremity and Fatigue (22 each), Myalgia and Pyrexia (16 each), Chills (13) Nausea (12), Pain (11), Arthralgia (9), Lymphadenopathy and Drug ineffective (7 each), Chest pain, Dizziness and Asthenia (6 each), Malaise and COVID-19 (5 each). Trimester of exposure was reported in 22 of these cases: 1st trimester (19 cases), 2nd trimester (1 case), 3rd trimester (2 cases)</li> </ul>

**Looking at the first bullet under the header: *Pregnancy cases: 274 cases including:***

*In this paragraph, at first read, it is just a list of adverse events and numbers, detailed in a way that is confusing at best, and obfuscating at worst. I think it is the latter because, if you do some simple arithmetic trying to parse that paragraph, you end up with this:*

*270 pregnancies were reported in vaccinated women during the first 12 weeks of the vaccine campaign. In 238 of them, 'no outcome was provided.' So, they only knew the outcome of 32 pregnancies reported. What happened in those 32 pregnancies they followed up on?*

*My hands are literally trembling as I write this, but here goes. In these 32 pregnancies, there were:*

- *23 spontaneous abortions*
- *2 spontaneous abortions with intra-uterine death*
  - *So, 25 of the 32 pregnancies with known outcomes resulted in a miscarriage, a rate of 78%. Note that miscarriage normally occurs in only 12-15% of pregnancies*
- *2 premature births with neonatal death*
- *1 spontaneous abortion with neonatal death*
- *1 normal outcome*

*Note that this only adds up to 29 known outcomes, but then they note that 'two different outcomes were reported for each twin' and then they talk about 'fetus/baby cases as separate from mother cases.' I have no idea how to interpret this explanation of outcomes, so it may have been one or two less (or more) deaths then.*

*So, of the 32 pregnancies they knew the outcome of, 87.5% resulted in the death of the fetus or neonate. Burying this data in the way and not alerting the world to what they found, is criminal activity ...”*

To be perfectly clear, the failure to record and report the outcomes of 238 out of 274 pregnancies during a drug trial is simply unheard of. It’s shockingly unethical. And the fact that both the Food and Drug Administration and the CDC accepted this, and claim there’s “no evidence” of harm to pregnant women and their babies is proof positive of reprehensible maleficence.

There’s no fixing what’s gone wrong at the FDA and CDC. Their credibility with the public is ruined beyond any possible recovery. The CDC can review and reorganize itself all it wants, but it changes nothing. They are, to this day, urging pregnant women to take a shot that they KNOW will cause babies to die. Calling it a dystopia of epic proportions is a profoundly serious understatement.

## **CDC-Sponsored Study Also Tried to Hide Data**

Need more evidence? How about the fact that the CDC-sponsored study<sup>9</sup> published in The New England Journal of Medicine (NEJM) in April 2021 – which was widely used to support the U.S. recommendation for pregnant women to get injected – also **obfuscated data to hide a shockingly elevated miscarriage rate.**

According to this paper, the miscarriage rate within the first 20 weeks of pregnancy was 12.5%, which is only slightly above the normal average of 10%. (Looking at statistical data, the risk of miscarriage drops from an overall, average risk rate of 21.3% for the duration of the pregnancy as a whole, to just 5% between Weeks 6 and 7, all the way down to 1% between Weeks 14 and 20.<sup>10</sup>)

However, there’s a distinct problem with this calculation, as highlighted by Drs. Ira Bernstein, Sanja Jovanovic and Deann McLeod, HBS, of Toronto. In a May 28, 2021, letter to the editor, they pointed out that:<sup>11</sup>

*“In table 4, the authors report a rate of spontaneous abortions <20 weeks (SA) of 12.5% (104 abortions/827 completed pregnancies). However, this rate should be based on the number of women who were at risk of an SA due to vaccine receipt and should exclude the 700 women who were vaccinated in their third-trimester (104/127 = 82%).”*

In other words, when you exclude women who got the shot in their third trimester (since the third trimester is after week 20 and therefore should not be counted when determining miscarriage rate among those injected before week 20), the miscarriage rate is 82%. (The errors in that NEJM article were also reviewed in a Science, Public Health Policy and the Law paper<sup>12</sup> published in November 2021.)

Of those 104 miscarriages, 96 of them occurred before 13 weeks of gestation, which strongly suggests that getting a COVID shot during the first trimester is an absolute recipe for disaster. So, here was yet another attempt to hide the fact that more than 8 in 10 pregnancies may be terminated as a result of the jab.

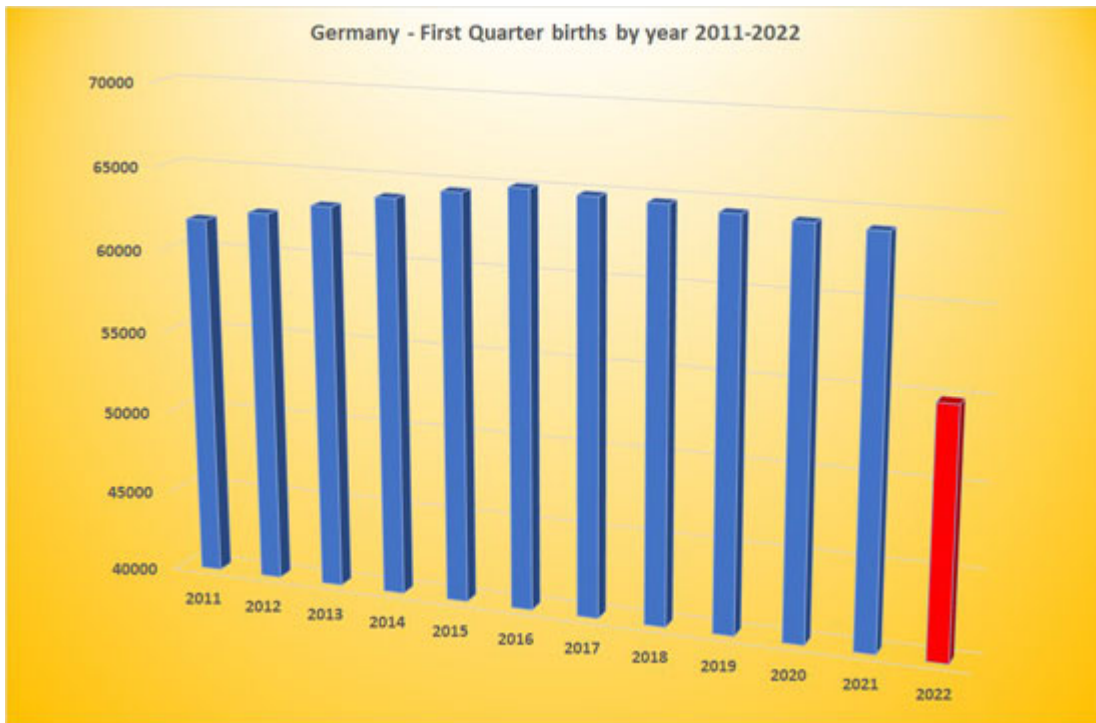
As of August 12, 2022, the U.S. Vaccine Adverse Event Reporting (VAERS) database listed 4,941 miscarriages post-COVID jab.<sup>13</sup> For comparison, the fetal death reports for all other vaccines reported to VAERS in the last 30 years is 2,239.<sup>14</sup>

## **Birth Rates Are Suddenly Plummeting Worldwide**

In addition to miscarriages, we’re also looking at abruptly plummeting birth rates, suggesting the COVID jabs are having an adverse impact on future fertility as well.

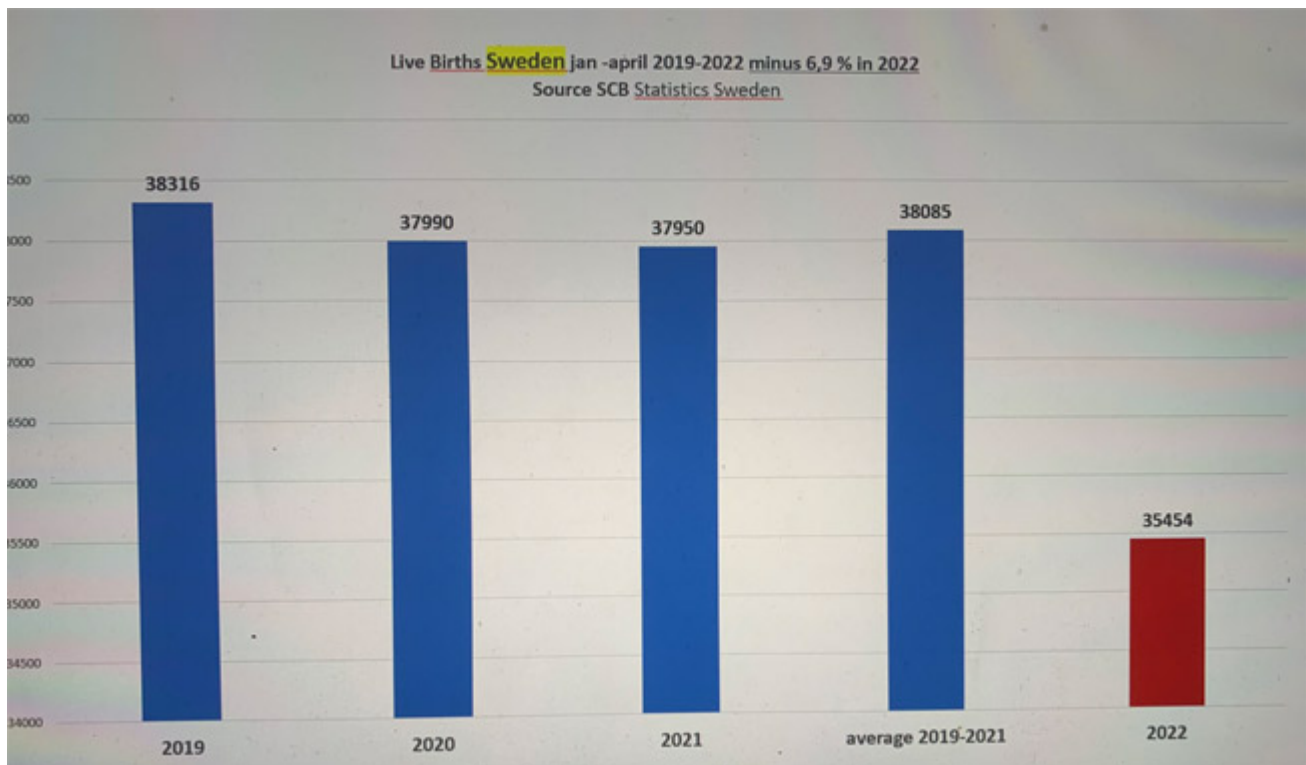
*“They are large drops, and they are occurring, almost like clockwork, approximately 9 months after pregnant women around the world started to be vaccinated,” Kory notes.<sup>15</sup>*

For example, Germany recently released data showing a 10% decline in birth rate during the first quarter of 2022.<sup>16</sup>



The live birth rate graph for Sweden looks much the same, with a 14% drop:<sup>17,18</sup>

According to Gunnar Anderson, a Swedish professor in demographics at Stockholm University, "We have never seen anything like this before, that the bottom just falls out in just one quarter."<sup>19</sup>



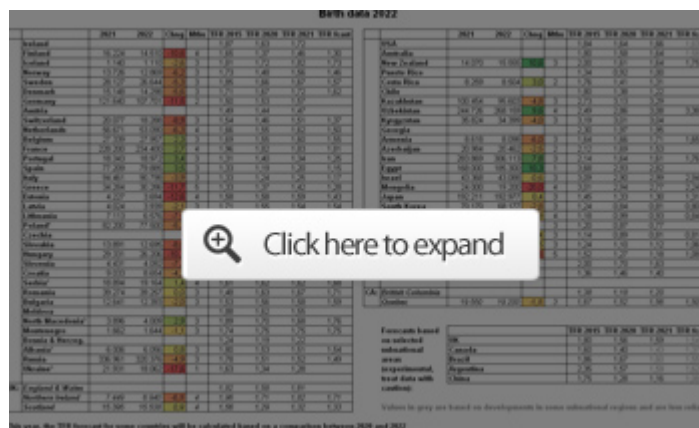


Between January and April 2022, Switzerland's birth rate was 15% lower than expected, the U.K.'s was down by 10% and Taiwan's was down 23%.<sup>20,21,22</sup> In Hungary, MP Dúró Dóra has expressed concern about a 20% drop in birth rate during January 2022, compared to January 2021.<sup>23</sup>

The U.S. is also showing signs of a drop in live births. Provisional data from North Dakota show a 10% decline in February 2022, 13% reduction in March and an 11% reduction in April, compared to the corresponding months in 2021.<sup>24</sup>

**“ In the five countries with the highest COVID job uptake, fertility has dropped by an average of 15.2%, whereas the five countries with the lowest COVID job uptake have seen an average reduction of just 4.66%. ”**

In a July 5, 2022, Counter Signal article, Mike Campbell reported that in the five countries with the highest COVID job uptake, fertility has dropped by an average of 15.2%, whereas the five countries with the lowest COVID job uptake have seen an average reduction of just 4.66%. Below is a chart from Birth Gauge<sup>25</sup> on Twitter comparing live birth data for 2021 and 2022 in a large number of countries.





High rates of **menstrual irregularities post-jab** are also a warning sign that reproductive capacity may be impacted. As of August 12, 2022, there were 31,443 VAERS reports of menstrual disorders.<sup>26</sup>

Changes include heavier and more painful periods<sup>27</sup> and changes in menses length, as well as unexpected breakthrough bleeding or spotting among women on long-acting contraception or those who are postmenopausal and haven't had a period in years or even decades.<sup>28</sup>

Health officials have tried to brush off the reports, but a study published in *Obstetrics & Gynecology* – funded by the National Institute of Child Health and Human Development (NICHD) and the National Institutes of Health's Office of Research on Women's Health – confirmed an association between menstrual cycle length and COVID-19 shots.<sup>29</sup>

According to the authors, it's possible that the immune response created by the mRNA shots affect the hypothalamic-pituitary-ovarian axis, which plays a well-known role in the timing of a woman's cycle:<sup>30</sup>

*“Our findings for individuals who received two doses in a single cycle supports this hypothesis. Given the dosing schedule of the mRNA COVID-19 vaccines in the United States (21 days for Pfizer and 28 days for Moderna), an individual receiving two doses in a single cycle would have received the first dose in the early follicular phase.*

*Cycle length variability results from events leading to the recruitment and maturation of the dominant follicle during the follicular phase ...”*

## **Other Disturbing Evidence**

A Japanese biodistribution study for Pfizer's jab also showed the COVID spike protein from the shots accumulate in female ovaries and male testes,<sup>31,32</sup> and there's credible concern that the **COVID jabs will cross-react with syncytin** (a retroviral envelope protein) and reproductive genes in sperm, ova and placenta in ways that may impair fertility and reproductive outcomes.

A Pfizer-BioNTech rat study<sup>33</sup> revealed the injection more than doubled the incidence of preimplantation loss (i.e., the risk of infertility), and led to mouth/jaw malformations, gastroschisis (a birth defect of the abdominal wall) and abnormalities in the right-sided aortic arch and cervical vertebrae.<sup>34,35</sup> As noted by The Exposé:

*“With this being the case, how on earth have medicine regulators around the world managed to state in their official guidance that ‘Animal studies do not indicate direct or indirect harmful effects with respect to pregnancy’? And how have they managed to state ‘It is unknown whether the Pfizer vaccine has an impact on fertility’?*

*The truth of the matter is that they actively chose to cover it up. We know this thanks to a Freedom of Information (FOI) request<sup>36</sup> made to the Australian Government Department of Health Therapeutic Goods Administration (TGA).”*

You can read more about that in The Exposé’s July 19, 2022, article, “FOIA Reveals Pfizer & Medicine Regulators Hid Dangers of COVID Vaccination During Pregnancy After Study Found It Increases Risk of Birth Defects & Infertility.”<sup>37</sup>

We’re also seeing a sudden uptick in infant mortality. The Exposé<sup>38</sup> highlighted data from Scotland, showing neonatal deaths were 119% higher above the annual norm in March 2022.

## **COVID Jab Affects Male Fertility Too**

Male fertility is also under attack by these bioweapons. Israeli research<sup>39,40</sup> published in the journal *Andrology* found the Pfizer COVID jab temporarily but significantly impairs male fertility, dropping sperm concentration by 15.4% and total motile count by 22.1%, compared to baseline pre-jab.

Both eventually recovered, some three months after the last jab, but if you destroy a man’s sperm for three months every time he gets a COVID shot, you’re significantly reducing the probability of him fathering a child for a good part of any given year and the stats reviewed above support this.

Remember, the mRNA shots are recommended at three-month intervals for the original series, and boosters are now being recommended at varying intervals thereafter. In the video above, Amy Kelly, project director for the Daily Clout's Pfizer document analysis team, reviews this study and other post-jab male fertility concerns.<sup>41</sup>

## **End the COVID Shots Now, Before It's Too Late to Recover**

In October 2021, when the FDA was voting on whether to authorize the COVID jab for children aged 5 through 11, Dr. Eric Rubin, an FDA advisory panel member, Harvard professor and editor-in-chief of the NEJM, stated:<sup>42</sup>

*"We're never going to learn about how safe this vaccine is unless we start giving it. That's just the way it goes ... And I do think we should vote to approve it."*

So, in this and other instances, they've openly admitted that anyone who takes the jab is part of an experiment. Yet at the same time, the FDA and CDC have insisted that the jabs are perfectly safe — all while in possession of data showing they're anything but! In conclusion, I agree with Kory, who writes:<sup>43</sup>

*"... when a new medicine or device is introduced, you must first assume any adverse effects or deaths reported to be related to the intervention until proven otherwise. That is what I am doing here.*

*We must assume the vaccines are impacting fertility unless some other provable or credible explanations for a sudden drop in month to month birth rates. So stop the shots until you can prove they are not ...*

*Too many young people dying,<sup>44</sup> too many becoming disabled, too many pregnancies resulting in fetal or neonatal death as above, and now we find out that if we continue with this vaccine obsession, they will not be replaced. This is a humanitarian catastrophe heaped atop the one caused by dangerous gain-of-function research.*

***When will the world wake up to this rapidly unfolding horror? For those of us who know what is going on, it is hard not to feel helpless as we are forced to watch increasingly apparent and widespread needless death. But we will continue to try to get these truths out despite the massive censorship and propaganda overwhelming the globe.***

***We have a moral and ethical obligation and take that responsibility seriously no matter what befalls us. Stop the vaccines, now. And if we can't stop them, we must try to convince everyone we know to no longer agree to get vaccinated. Their lives and our future depend on it."***

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