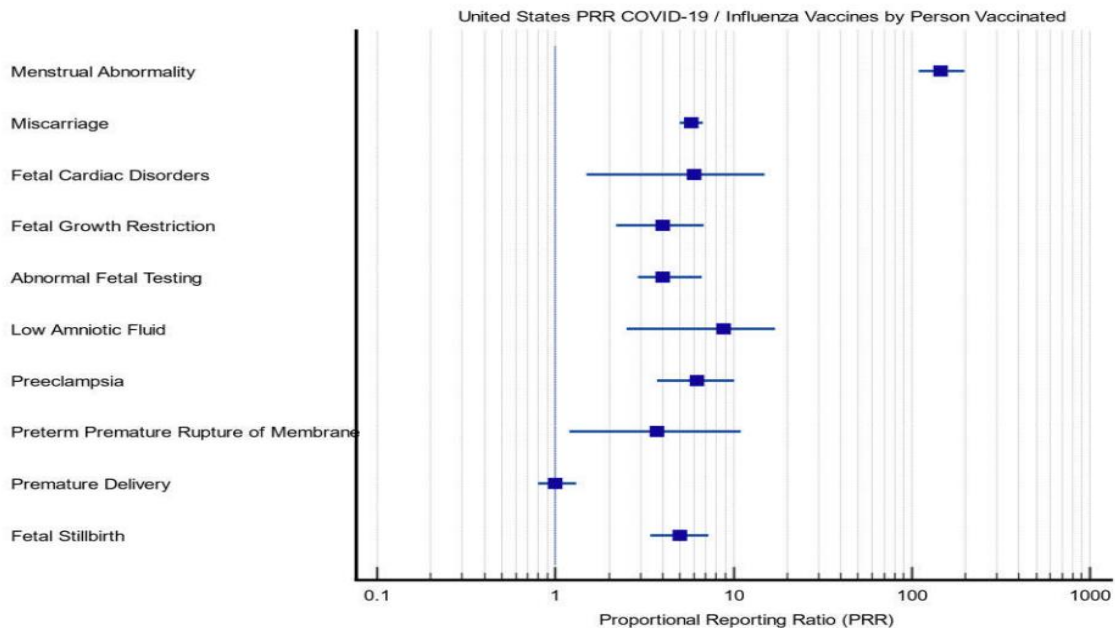


## Fetal Demise

The Nuremberg code requires that medical experiments on humans be preceded by animal studies to assess safety. Animal studies by Moderna submitted to the European regulators before the vaccine rollout showed evidence of birth defects, and neuro-muscular side effects [European Medicines Agency, 2021]<sup>1</sup>. No clinical trials were done on pregnant women before the release of these products.

In April 2021, a study appeared in the *NEJM* claiming no increased risk in miscarriage rates for pregnant women receiving the COVID-19 vaccine [Shimabukuro et al, 2021]<sup>2</sup>. “Here the authors’ calculated a 12.6% rate of spontaneous abortion using 104 as the numerator and 827 as the denominator. However, *this is a gross error* as spontaneous abortion refers to loss of the fetus during the first 20 weeks, and the 827 included 700 *third trimester pregnancy cases*. So, using 827 as a denominator is *erroneous and misleading*. The article fell short of any reasonable expectation of providing useful information concerning the risks to pregnant women and their babies. Accurate and reliable scientific data was not collected. Later attempts were made to retroactively change this number, but the 12.6% figure remains in the text” .... “The Pfizer registry summarizing the first two and a half months of widespread use of LNP/mRNA identified the statistically significant warning signal of increased adverse events and adverse events of special interest after LNP/mRNA therapy in women, and this warning signal was not publicized.” [Chandler, 2023]<sup>3</sup>, [Anon, 2021].<sup>4</sup>

The protocol agreed to by the CDC to evaluate adverse COVID-19 vaccination events relies on the proportional reporting ratio (PRR) which is the ratio of COVID-19 adverse events / Influenza vaccine adverse events by person vaccinated.



“A value greater than 1 implies that the AE (adverse event) is reported more frequently after the COVID-19 vaccines than after the Influenza vaccines. Note the log scale spanning multiple orders of magnitude, indicating a large effect across many different AE - all substantially greater

than 1. Data are reported as PRR with 95% confidence interval. Abnormal Menses 145, (CI 109-197); Miscarriage 6, (CI 5.0- 6.7), Fetal Malformation 2, (CI 0-5) (PRR cannot be calculated with zero); Fetal Cardiac Disorders 6, (CI 1.5- 15); Fetal Growth Restriction 4, (CI 2.2-6.8); Abnormal Fetal Testing 4, (CI 2.9-6.6); Low Amniotic Fluid Volume 8.8, (CI 2.5-17); Preeclampsia 6.2, (CI 3.7-10); and Stillbirth 5, (CI 3.4-7.2)” [Thorp, 2023]<sup>5</sup>.

At Lions Gate Hospital, coincident to the onset of the use of mRNA vaccines in pregnancy there has been an astronomical 27-fold increase in stillbirths:



“The US baseline rate of fetal death is 5.84 per 1000 births and has minimal variance. The US stillbirth rate dropped from the 2017-2019 aggregate of 5.83 to 5.74 in 2020 despite the COVID-19 caseload; COVID-19 infection clearly did not increase the rate of stillbirth in the US. Depicted here is the Whistleblower data taken directly from five healthcare workers (2 physicians and 3 doulas). Lions Gate Hospital in British Columbia, Canada experienced 13 stillbirths in just one 24-hour period. Because the rate was literally “off the charts” for one day, we used one week. Obviously, this underestimated the observed stillbirth rate at the Lions Gate Hospital at 160/1000 births. Assuming a similar standard deviation of about 0.5 stillbirth/1000 births, this observed surge is unfathomable at over 300 standard deviations (sigma) above baseline”. [Thorp, 2023].<sup>6</sup>

“Recent documents from the UK government state “In the context of supply under Regulation 174, it is considered that sufficient reassurance of safe use of the vaccine in pregnant women cannot be provided at the present time; however, use in women of childbearing potential could be supported provided healthcare professionals are advised to rule out known or suspected pregnancy prior to vaccination. Women who are breastfeeding should also not be vaccinated.” The World Council of Health has also called for a ban on the COVID-19 vaccines in pregnancy and lactation. Producers of the COVID-19 vaccines themselves report significant AE post-COVID-19 vaccination including 1,223 deaths in the first 90 days of the COVID-19 vaccine rollout (page 7). Specifically, 46% (124/270) of pregnant women in the first 90 days of rollout experienced AE and 81% (26/32) experienced miscarriage (page 12) [Pfizer, 2021]<sup>7</sup>. Additional data from Pfizer also recorded biodistribution of the vaccine contents into the bloodstream within

hours, crossing all physiologic barriers including the maternal placental-fetal barrier and the blood-brain barriers in both the mother and the fetus. This data, along with Schädlich et al. from 2012, documents a significant concentration of lipid nanoparticles in ovaries” [Thorp, 2023]<sup>8</sup>. The risk of germ cell mutations described earlier in this paper creates the possible risk of chimeric progeny and corruption of the human genome [Lindsay, 2023].<sup>9</sup>

The American Academy of Family Practice and the American College of Obstetrics and Gynecology recommend COVID-19 injections in pregnancy [Ramirez,2023]<sup>10</sup>, but from the data presented above it is clear that these products are abortifacients and that “an *IMMEDIATE cessation of the use of mRNA/LNP vaccines in pregnant women is mandatory until further research proves beyond doubt that they are safe to give to pregnant women*” [Chandler, 2022].<sup>11</sup>

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<sup>1</sup> European Medicines Agency. *Committee for Medicinal Products for Human Use (CHMP) Assessment Report COVID-19 Vaccine Moderna*. 2021.

<sup>2</sup> Shimabukuro, Tom T., et al. “Preliminary Findings of MRNA Covid-19 Vaccine Safety in Pregnant Persons.” *New England Journal of Medicine*, vol. 384, no. 24, 21 Apr. 2021, <https://doi.org/10.1056/nejmoa2104983>.

<sup>3</sup> Chandler, Robert. “Report 40: Data Do Not Support Safety of MRNA COVID Vaccination for Pregnant Women.” *DailyClout*, 16 Sept. 2022, [dailyclout.io/data-do-not-support-safety-of-mrna-covid-vaccination-for-pregnant-women/](https://dailyclout.io/data-do-not-support-safety-of-mrna-covid-vaccination-for-pregnant-women/). Accessed 13 Mar. 2023.

<sup>4</sup> Anon, “Correction to Preliminary Findings of MRNA Covid-19 Vaccine Safety in Pregnant Persons.” *New England Journal of Medicine*, vol. 385, 8 Sept. 2021, <https://doi.org/10.1056/nejmx210016>.

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<sup>5</sup> Thorp, James, et al. “COVID-19 Vaccines: The Impact on Pregnancy Outcomes and Menstrual Function.” *Journal of American Physicians and Surgeons*, vol. 28, 2023, [jpands.org/vol28no1/thorp.pdf](http://jpands.org/vol28no1/thorp.pdf).

<sup>6</sup> Thorp, James, et al. “COVID-19 Vaccines: The Impact on Pregnancy Outcomes and Menstrual Function.” *Journal of American Physicians and Surgeons*, vol. 28, 2023, [jpands.org/vol28no1/thorp.pdf](http://jpands.org/vol28no1/thorp.pdf).

<sup>7</sup> Pfizer. 5.3.6 CUMULATIVE ANALYSIS of POST-AUTHORIZATION ADVERSE EVENT REPORTS of PF-07302048 (BNT162B2) RECEIVED through 28-FEB-2021 Report Prepared By: Worldwide Safety Pfizer. 30 Apr. 2021.

<sup>8</sup> Thorp, James, et al. “COVID-19 Vaccines: The Impact on Pregnancy Outcomes and Menstrual Function.” *Journal of American Physicians and Surgeons*, vol. 28, 2023, [jpands.org/vol28no1/thorp.pdf](http://jpands.org/vol28no1/thorp.pdf).

<sup>9</sup> Lindsay, Janci. “Urgent Expert Hearing on Reports of DNA Contamination in mRNA Vaccines.” *Worldcouncilforhealth.org*, 3 Oct. 2023, [worldcouncilforhealth.org/multimedia/urgent-hearing-dna-contamination-mrna-vaccines/](http://worldcouncilforhealth.org/multimedia/urgent-hearing-dna-contamination-mrna-vaccines/).

<sup>10</sup> Ramírez, Sarah Inés. “Prenatal Care: An Evidence-Based Approach.” *American Family Physician*, vol. 108, no. 2, 1 Aug. 2023, pp. 139–150, [www.aafp.org/pubs/afp/issues/2023/0800/prenatal-care.html](http://www.aafp.org/pubs/afp/issues/2023/0800/prenatal-care.html).

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<sup>11</sup> Chandler, Robert. “Report 40: Data Do Not Support Safety of MRNA COVID Vaccination for Pregnant Women.” *DailyClout*, 16 Sept. 2022, [dailyclout.io/data-do-not-support-safety-of-mrna-covid-vaccination-for-pregnant-women/](https://dailyclout.io/data-do-not-support-safety-of-mrna-covid-vaccination-for-pregnant-women/). Accessed 13 Mar. 2023.