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CDC Officially Recommends COVID Jab for Pregnant Women

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Global Research, May 03, 2021
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Region: USA
Theme: Science and Medicine

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The U.S. Centers for Disease Control and Prevention is now recommending pregnant women to get the COVID-19 vaccine, based on preliminary postmarketing surveillance data

Postmarketing surveillance data are not a sufficient substitute for randomized placebo-controlled safety trials

All postmarketing surveillance data are preliminary, so it seems incredibly foolhardy to make a blanket recommendation for all pregnant women at this early stage. It's also based solely on voluntary self-reporting

As of February 28, 2021, the combined miscarriage and preterm birth rate (per V-Safe) was 23.3%. As of April 1, 2021, the miscarriage or premature birth rate (per VAERS) was 29%. So, it appears the rate of miscarriage and premature births is rising as more reports come in

These ratios are said to be comparable to the miscarriage rate normally seen among unvaccinated women, yet statistical data show 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

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The beyond conflicted U.S. Centers for Disease Control and Prevention has struck again: Pregnant women are now urged to get the COVID-19 gene manipulation jab, based on preliminary findings.

The postmarketing surveillance data, published in The New England Journal of Medicine,[1] found "no obvious safety signals" among the 35,691 pregnant women who got either the Moderna or Pfizer shots between December 14, 2020, and February 28, 2021. The women ranged in age from 16 to 54 years old. CDC director Dr. Rochelle Walensky issued a statement saying:[2]

> "No safety concerns were observed for people vaccinated in the third trimester or safety concerns for their babies. As such, CDC recommends pregnant people

> receive COVID-19 vaccines."

Can Self-Reported Data Be Trusted?

There is more than one reason to be suspicious of this green-lighting for pregnant women. First of all, as noted by Jeremy Hammond in a recent Tweet:[3]

> "This was NOT a randomized placebo-controlled trial. There is no data from clinical trials showing that it is safe for pregnant women to get a COVID-19 vaccine. Postmarketing surveillance is NOT a sufficient substitute for proper safety studies."

The authors themselves state that data on mRNA "vaccines" in pregnancy are limited, and that without longitudinal follow-up of large numbers of women, it's not possible to determine "maternal, pregnancy and infant outcomes."[4]

Secondly, all postmarketing surveillance data are preliminary, so it seems incredibly foolhardy to make a blanket recommendation for all pregnant women at this early stage. Thirdly, this data is solely based on voluntary self-reporting to one of two sources:

- The Vaccine Safe (V-Safe) After Vaccination Health Checker program,[5] a vaccine safety registry set up specifically for the monitoring of COVID-19 "vaccine" side effects
- The U.S. Vaccine Adverse Event Reporting System (VAERS)

By using voluntary self-reporting, we have no way of knowing how many side effects have gone unreported and cannot confirm that the data present an accurate picture. Historically, we know that voluntary reporting of vaccine side effects range from less than 1%[6,7] to a maximum of 10%,[8] so it's likely we're not getting the full story.

A hint that an enormous amount of data concerning pregnancy outcomes are being overlooked or hidden can be discerned by the fact that the paper only looked at 11% of the total number of pregnancies reported to V-Safe. While they state that a total of 35,691 pregnant women were included in the analysis, they actually only looked at 3,958 of them. Here's how the paper reads:[9]

> "A total of 35,691 v-safe participants 16 to 54 years of age identified as pregnant ... Among 3,958 participants enrolled in the v-safe pregnancy registry, 827 had a completed pregnancy, of which 115 (13.9%) resulted in a pregnancy loss and 712 (86.1%) resulted in a live birth (mostly among participants with vaccination in the third trimester)."

If there were 35,691 pregnant V-Safe participants, why are they looking at just 11% of them?

Experimentation of the Worst Kind

Giving pregnant women unlicensed COVID-19 gene therapies is reprehensibly irresponsible

experimental medicine, and to suggest that safety data are "piling up" is pure propaganda. Everything is still in the experimental stage and all data are preliminary. It'll take years to get a clearer picture of how these injections are affecting young women and their babies.

Pregnancy is a time during which experimentation is extremely hazardous, as you're not only dealing with potential repercussions for the mother but also for the child. Any number of things can go wrong when you introduce drugs, chemicals or foreign substances during fetal development.

The CDC has absolutely no way of gauging safety for pregnant women and babies as of yet, so to do so is reprehensible beyond words, in my opinion — especially seeing how women of childbearing age have virtually no risk of dying from COVID-19, their fatality risk being a mere 0.01%.[10]

Contrast this to the potential benefits of the vaccine. You can still contract the virus if immunized and you can still spread it to others.[11,12,13,14] All it is designed to do is lessen your symptoms if or when you get infected. Pregnant women simply do not need this vaccine, and therefore any risk is likely excessive. I have little doubt we'll end up with a second Nuremberg Trial over this at some point in the future.

Are These Miscarriage Ratios 'Normal'?

Getting back to the NEJM study, the authors report the following findings, based on data collected from VAERS and V-Safe:[15]

> "Among 3,958 participants enrolled in the v-safe pregnancy registry, 827 had a completed pregnancy, of which 115 (13.9%) resulted in a pregnancy loss and 712 (86.1%) resulted in a live birth (mostly among participants with vaccination in the third trimester). Adverse neonatal outcomes included preterm birth (in 9.4%) and small size for gestational age (in 3.2%); no neonatal deaths were reported.
>
> Although not directly comparable, calculated proportions of adverse pregnancy and neonatal outcomes in persons vaccinated against COVID-19 who had a completed pregnancy were similar to incidences reported in studies involving pregnant women that were conducted before the COVID-19 pandemic.
>
> Among 221 pregnancy-related adverse events reported to the VAERS, the most frequently reported event was spontaneous abortion (46 cases)."

So, in VAERS, the miscarriage rate was 20.8% (46 of 221 reports), and in V-Safe (looking at just 11% of pregnant participants), the miscarriage rate was 13.9% (115 of 827). Again, these data were reported between December 14, 2020, and February 28, 2021.

The combined miscarriage and preterm birth rate, per V-Safe, was 23.3% (13.9% + 9.4%). As of April 1, 2021, 379 VAERS reports[16] had been filed by pregnant women, 110 of which involved miscarriage or premature birth, giving us an updated rate of 29%. In other words, it appears the rate of miscarriage and premature births is rising as more reports come in.

According to the authors of the NEJM report, these ratios are comparable to the miscarriage

rate normally seen among unvaccinated women, while admitting that the data is "not directly comparable."

I find that dubious, seeing how sources[17] reviewing statistical data stress that 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.

And, while the NEJM study[18] report that 92.3% of spontaneous abortions occurred before 13 weeks of gestation, it specifies that very little is as yet known about the effects of the injections when given to women during the periconception period and the first and second trimesters, as "limited follow-up calls had been made at the time of this analysis."

Now, if the miscarriage rate is normally 5% and declining after Week 6, then miscarriage rates of 13.9%, 20.87% or 29% before Week 13 is clearly excessive. As for the preterm birth rate, 9.4% does appear relatively "normal" based on historical data, which in 2019 ranged from 7.28% to 18.8% depending on the region, with an average right around 10%.[19]

Time will tell whether that percentage will remain within the norms as the outcomes of pregnant women are entered into databases. If preterm birth rates do rise above the norm, then that too is a significant public health issue, as the impact of premature birth on society is enormous, averaging at $26.2 billion annually, as is.[20]

Toxicology Expert Calls for End to mRNA Experiment

The featured video below is the recording of a public comment by Janci Chunn Lindsay, Ph.D., director of toxicology and molecular biology for Toxicology Support Services LLC, given to the CDC Advisory Committee on Immunization Practices (ACIP), April 23, 2021.

Lindsay's expertise is analysis of pharmacological dose-responses, mechanistic biology and complex toxicity dynamics. In her comment, Lindsay describes how she aided the development of a vaccine that caused unintended autoimmune destruction and sterility in animals which, despite careful pre-analysis, had not been predicted.

She calls for an immediate halt to COVID-19 mRNA and DNA vaccines due to safety concerns on multiple fronts. She notes there is credible concern that they 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."

I've touched on this in previous articles, including "How COVID-19 Is Changing the Future of Vaccines" and "Pfizer Bullies Nations to Put Up Collateral for Lawsuits." Not a single study has disproven this hypothesis, Lindsey notes.

Another theory of how these injections might impair fertility can be found in a 2006 study,[21] which showed sperm can take up foreign mRNA, convert it into DNA, and release it as little pellets (plasmids) in the medium around the fertilized egg. The embryo then takes up these plasmids and carries them (sustains and clones them into many of the daughter cells) throughout its life, even passing them on to future generations.

It is possible that the pseudo-exosomes that are the mRNA contents would be perfect for supplying the sperm with mRNA for the spike protein. So, potentially, a vaccinated woman who gets pregnant with an embryo that can (via the sperms' plasmids) synthesize the spike protein according to the instructions in the vaccine, would have an immune capacity to attack that embryo because of the "foreign" protein it displays on its cells. This then would cause a miscarriage.

"We could potentially be sterilizing an entire generation," Lindsey warns. The fact that there have been live births following COVID-19 vaccination is not proof that these injections do not have a reproductive effect, she says.

Lindsay also points out that reports of menstrual irregularities and vaginal hemorrhaging in women who have received the injections number in the thousands,[22,23,24] and this too hints at reproductive effects.

I agree with her conclusion that we simply cannot inject children and women of childbearing age with these experimental technologies until more rigorous studies have been done and we have a better understanding of their mechanisms.

Rare Blood Clotting Disorders Being Reported

Lindsay also points out there have been hundreds of reports of rare blood clotting disorders following all COVID-19 "vaccines" among people with no underlying risk factors, including immune thrombocytopenia[25,26,27,28] (ITP), a rare autoimmune disease that causes your immune system to destroy your platelets (cells that help blood clot), resulting in hemorrhaging. Serious blood clots are also occurring at the same time.

Here, she points out the obvious: COVID-19 has been found to cause blood clotting disorders due to the virus' unique spike protein. The COVID-19 "vaccines" instruct your body to make that very spike protein. Why would one assume that this spike protein cannot have similar effects when produced by your own cells?

One hypothesis that has been presented is that platelet-antagonistic antibodies are being formed against the spike antigen.[29] Another novel hypothesis[30] is that the lipid-coated nanoparticles, which transport the mRNA, may be carrying that mRNA into the megakaryocytes in your bone marrow.

Megakaryocytes are cells that produce platelets. According to this hypothesis, once the mRNA enters your bone marrow, the megakaryocytes would then begin to express the SARS-CoV-2 spike protein, which would tag them for destruction by cytotoxic T-cells. As your platelets are destroyed, thrombocytopenia sets in.

Avoid This Risky Milk-Sharing Practice

Women who have received the COVID-19 jab are also making what I believe is a huge mistake by sharing breast milk in a misguided effort to inoculate unvaccinated mothers' babies. As reported by The New York Times:[31]

> "Multiple studies[32,33] show that there are antibodies in a vaccinated mother's milk. This has led some women to try to restart breastfeeding and others to

share milk with friends' children."

Again, there's scarcely any data on what these gene therapies might do to infants, which is reason alone not to experiment. So far, only one suspected case[34] of an infant dying has been attributed to breastfeeding. A 5-month-old infant died with a diagnosis of thrombotic thrombocytopenia purpura within days of his mother receiving her second dose of the Pfizer vaccine.[35,36]

But while fact checkers roundly dismiss the idea that the child could have developed thrombocytopenia from mRNA-contaminated breast milk,[37] it's important to realize they have no evidence for that. It's pure opinion.

At present, all we can confidently say is that short-term harmful effects of COVID-19 vaccines are being reported at a staggering rate, and that the long-term effects are completely unknown.

As of right now, we have no idea how or why the infant developed this rare blood disorder, but it would be premature and irresponsible to say that nursing children cannot be affected and that there is no risk at all. In addition to that lethal case, there are at least 20 other cases where children have had an adverse reaction to breast milk from a vaccinated mother.[38]

At present, all we can confidently say is that short-term harmful effects of COVID-19 vaccines are being reported at a staggering rate, and that the long-term effects are completely unknown.

In addition to the more immediate effects already discussed, there are mechanisms by which COVID-19 "vaccines" may actually worsen disease upon exposure to the wild virus, as detailed in "How COVID-19 Vaccine Can Destroy Your Immune System," "Will Vaccinated People Be More Vulnerable to Variants?" and several other articles.

As noted in a February 4, 2021, New England Journal of Medicine paper[39] reporting on the safety and effectiveness of the mRNA-1273 vaccine developed by Moderna, "Whether mRNA-1273 vaccination results in enhanced disease on exposure to the virus in the long term is unknown."

Report All COVID-19 Vaccine Side Effects

On the whole, injecting pregnant women with novel gene therapy technology that can trigger systemic inflammation, cardiac effects and bleeding disorders (among other things), violates both the Hippocratic Oath that admonishes doctors to "First, do no harm," and the precautionary principle that, historically, has governed health care for pregnant women.

In my view, this mass experiment is a humanitarian crime. That said, if you or someone you love — pregnant or not — has received a COVID-19 vaccine and are experiencing side effects, be sure to report it, preferably to all three of these locations.[40] As we move forward, it's absolutely crucial that people report their experiences with these vaccines, so that we can start getting a clearer idea of what their effects are.

1. If you live in the U.S., file a report on VAERS
2. Report the injury on VaxxTracker.com, which is a nongovernmental adverse event tracker (you can file anonymously if you like)
3. Report the injury on the Children's Health Defense website

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Notes

[1, 4, 9, 15, 18] NEJM April 21, 2021 DOI: 10.1056/NEJMoa2104983

[2] CNBC April 23, 2021

[3] Twitter Jeremy Hammond April 23, 2021

[5] CDC V-Safe

[6] AHRQ December 7, 2007

[7] The Vaccine Reaction January 9, 2020

[8] BMJ 2005;330:433

[10] Annals of Internal Medicine September 2, 2020 DOI: 10.7326/M20-5352

[11] Harvard Health March 25, 2021

[12] CDC April 2, 2021

[13] NBC Chicago April 8, 2021

[14] The Defender April 6, 2021

[16] The Defender April 9, 2021

[17] Medical News Today January 12, 2020

[19] CDC.gov Preterm births by state 2019

[20] March of Dimes, the Impact of Premature Birth on Society

[21] Molecular Reproduction and Development 73(10):1239-46

[22] MSN April 10, 2021

[23] UK Gov Yellow Card Report Unspecified Brand March 28, 2021 (PDF)

[24] Life Site News April 19, 2021

[25] Hopkins Medicine ITP

[26, 29] The Defender April 13, 2021

[27] The Defender February 9, 2021

[28] New York Times February 8, 2021, Updated February 10, 2021 (Archived)

[30] Medium March 19, 2021

[31] New York Times April 8, 2021 (Archived)

[32] Fox 4 April 7, 2021

[33] Healio April 19, 2021

[34, 35] Twitter Alex Berenson April 23, 2021

[36] Twitter VAERS detail

[37] USA Today April 9, 2021

[38] Medalerts.org 4/16/2021 VAERS data

[39] NEJM 2021; 384:403-416

[40] The Defender January 25, 2021

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