

## COVID Jab mRNA Detected in Human Breastmilk

CDC director Rochelle Walensky continues to claim 'there's no bad time to get a COVID vaccine,' but this new study proves otherwise.

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*As recently as late September 2022, Centers for Disease Control and Prevention director **Dr. Rochelle Walensky** claimed it's perfectly safe for pregnant and nursing women, and those planning a pregnancy, to get the COVID jab. According to Walensky, "There's NO bad time to get a COVID vaccine"*

*Meanwhile, **Pfizer's data show the risk of miscarriage could be as high as 87.5%***

*Safety for nursing mothers was not evaluated in the initial clinical trials, and subsequent investigations have been scarce. In mid-July 2021, a small study found no trace of mRNA vaccine in breastmilk, but a September 2022 study did find mRNA in breastmilk for up to 48 hours post-jab*

*These studies did not analyze the breastmilk for the presence of spike protein. Even if the mRNA is only transferable during the first 48 hours post-jab, that does not mean it's safe to breastfeed thereafter. The breastmilk could potentially also transfer spike protein produced by the mother's body, and that production, we know, can continue for at least four months, and likely longer*

*Walensky also continues to claim the COVID shots have no adverse effects on fertility, even though birth rates have plummeted since the rollout of the shots, raising alarm across the world. A Pfizer-BioNTech rat study found the injection more than doubled the incidence of infertility*

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There is NO bad time to get a [#COVID19](#) vaccine. Whether you are thinking about having a baby, currently pregnant, recently delivered your baby, or are breastfeeding, it is safe for you to get vaccinated. Protect yourself and your growing family: <https://t.co/bfOV5VzBpq>. [pic.twitter.com/w40FqGV5TL](https://pic.twitter.com/w40FqGV5TL)

Despite mountains of evidence showing the COVID jabs are a lethal disaster that shouldn't be given to anyone, let alone pregnant women, Centers for Disease Control and Prevention director **Dr. Rochelle Walensky** continues to spread the death cult gospel, boldly claiming:<sup>1 2</sup>

“There's NO bad time to get a COVID vaccine. Whether you're thinking about having a baby, currently pregnant, recently delivered your baby, or are breastfeeding, it is safe for you to get vaccinated. Protect yourself and your growing family.”

In that same interview, Walensky also spoke out of both sides of her mouth when she added that pregnant women who develop COVID symptoms should get monoclonal antibodies to prevent severe infection. If that's the case, why do they need the mRNA jab, which we know doesn't prevent infection?

## Cover-Up

The fact that Walensky keeps insisting pregnant women get this experimental injection is beyond unconscionable. In her interview,<sup>3</sup> she insists the data supports it, but where is that data? They must be hidden somewhere, because the data that are actually available to the public tell a very different story.

Pfizer's own data show the risk of miscarriage could be as high as 87.5% — a shocking conclusion reviewed in an August 20, 2022, Substack article<sup>4</sup> by **Dr. Pierre Kory**.

Kory, after diving into one of the Pfizer data dumps, brought attention to Section 5.3.6, Page 12, of a document called “Cumulative Analysis of Post-Authorization Adverse Event Reports,” which states there were 270 pregnancies in vaccinated women during the first 12 weeks of the vaccine campaign.

No outcome was provided for 238 of those women, which leaves 32 pregnancies for which the outcome was reported. However, even for those 32, outcomes were only specified for 29: 26 ended in some form of miscarriage, two were premature births with neonatal death (meaning the babies died shortly after being born early), and one birth was normal.

Kory points out that the report is nebulous and unclear about the other three pregnancy outcomes, but were we to count those as live births, we're looking at 28 deaths out of 32 pregnancies, which means 87.5% of pregnant women (for whom they had data) lost their babies.

For the record, 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 criminally fraudulent. 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 malfeasance.

## 2021 — ‘No mRNA Found in Breastmilk’

I also sincerely doubt the FDA and CDC have corroborating data to support the COVID jab for

nursing mothers, seeing how that was not part of the initial clinical trials, and follow-up has been scarce.

In mid-July 2021, Reuters reported<sup>5</sup> that “no trace of mRNA vaccine” could be found in breastmilk, according to one small study.<sup>6</sup> Based on analysis of 13 breastmilk samples obtained from seven breastfeeding women who had received an mRNA COVID jab, the researchers concluded that while antibodies are known to pass from mother to child via breastmilk, no mRNA is transferred through this route. As reported by Reuters at the time:<sup>7</sup>

“The World Health Organization recommends that breastfeeding mothers be vaccinated against COVID-19 and does not advise stopping breastfeeding afterward.

Many mothers have declined vaccination or discontinued breastfeeding due to concern that the vaccine may alter breast milk. Writing in *JAMA Pediatrics*,<sup>8</sup> the authors of the new study said more data is needed to better estimate the vaccines’ effect on breastfeeding.

But the new results ‘strengthen current recommendations that the mRNA vaccines are safe in lactation, and that lactating individuals who receive the COVID vaccine should not stop breastfeeding,’ coauthor Dr. Stephanie Gaw of the University of California, San Francisco, said in a statement.”

## **2022 — mRNA Found in Breastmilk**

Fast-forward to September 22, 2022, and mRNA has been — you guessed it — detected in breastmilk or 48 hours post-jab. The study, also published in *JAMA Pediatrics*, notes:<sup>9</sup>

“The Centers for Disease Control and Prevention recommends offering the COVID-19 mRNA vaccines to breastfeeding individuals, although the possible passage of vaccine mRNAs in breast milk resulting in infants’ exposure at younger than 6 months was not investigated.

This study investigated whether the COVID-19 vaccine mRNA can be detected in the expressed breast milk (EBM) of lactating individuals receiving the vaccination within 6 months after delivery.”

Here, 11 lactating mothers were enrolled. The first breastmilk samples were collected before getting the shot, to establish a baseline control. Samples were then collected after receiving either the Moderna or Pfizer shots, for up to six months post-delivery. As explained by the authors:

“A total of 131 EBM [expressed breastmilk] samples were collected 1 hour to 5 days after vaccine administration. Extracellular vesicles (EVs) were isolated in EBM using sequential centrifugation, and the EV concentrations were determined by ZetaView (Analytik).

The presence of COVID-19 vaccine mRNA in different milk fractions (whole EBM, fat, cells, and supernatant EVs) was assayed using 2-step quantitative reverse transcriptase–polymerase chain reaction. The vaccine detection limit was 1 pg/mL of EBM.

Of 11 lactating individuals enrolled, trace amounts of BNT162b2 and mRNA-1273

COVID-19 mRNA vaccines were detected in 7 samples from 5 different participants at various times up to 45 hours postvaccination.

The mean (SD) yield of EVs isolated from EBM was 9.110 (5.010) particles/mL, and the mean (SD) particle size was 110.0 (3.0) nm. The vaccine mRNA appears in higher concentrations in the EVs than in whole milk. No vaccine mRNA was detected in prevaccination or postvaccination EBM samples beyond 48 hours of collection ...

The limitations of this study include the relatively small sample size and the lack of functional studies demonstrating whether detected vaccine mRNA is translationally active. Also, we did not test the possible cumulative vaccine mRNA exposure after frequent breastfeeding in infants.

We believe it is safe to breastfeed after maternal COVID-19 vaccination. However, caution is warranted about breastfeeding children younger than 6 months in the first 48 hours after maternal vaccination until more safety studies are conducted.

In addition, the potential interference of COVID-19 vaccine mRNA with the immune response to multiple routine vaccines given to infants during the first 6 months of age needs to be considered. It is critical that lactating individuals be included in future vaccination trials to better evaluate the effect of mRNA vaccines on lactation outcomes.”

## **Does Spike Protein Transfer Through Breastmilk?**

Now, it's important to keep in mind that mRNA and spike protein are two different things. The mRNA is what instructs your cells to produce the spike protein. When a mother breastfeeds in the days after her injection, she may be transferring the actual mRNA into her newborn infant, whose cells might then begin to produce spike protein.

However, this study did not analyze the breastmilk for the presence of spike protein. Even if the mRNA is only transferable during the first 48 hours post-jab, that does not mean it's safe to breastfeed thereafter.

The breastmilk could potentially also transfer spike protein produced by the mother's body, and that production, we know, can continue for at least four months, and likely longer.

## **Spike Antibodies Transfer and That Could Be a Bad Thing**

Studies<sup>10</sup> have shown SARS-CoV-2 antibodies, i.e., antibodies against the spike protein being produced by the COVID jab, do transfer through breastmilk, and contrary to popular belief, that may not be a good thing. Why?

Because it may trigger immune imprinting. As discussed in "[Original Antigenic Sin — The Hidden Danger of COVID Shots](#)," immune imprinting, also known as original antigenic sin, describes a process in which the first antibodies produced against a given virus starts to predominate, making antibodies against newer strains less and less effective at neutralizing the virus.<sup>11</sup>

In short, the fear is that repetitive boosting might make you less and less able to ward off new variants, and thus more prone to symptomatic infection. If a baby is exposed to anti-spike antibodies every day for months on end, will that render them more prone to infection

as the SARS-CoV-2 virus mutates? We don't know, but it's a concern that can't simply be dismissed with a shoulder shrug.

## Fertility Is Clearly Being Impacted

Walensky also continues to cling to the claim that the COVID shots have no adverse effects on fertility, even though real-world data from around the world are screaming that something has gone terribly wrong. Birth rates have plummeted since the rollout of the shots, raising alarm across the world.

In Germany, birth rates were 10% below the annual norm during the first quarter of 2022.12 Sweden was a 14% drop that same quarter.13 14 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."15

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%.16 17 18 Hungary saw a 20% drop in birth rate during January 2022, compared to January 2021.19

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 Gauge20 on Twitter comparing live birth data for 2021 and 2022 in a large number of countries.

Birth data 2022

	2021	2022	Chng	Mths	TFR 2015	TFR 2020	TFR 2021	TFR fcast
Ireland					1.87	1.63	1.72	
Finland	16,224	14,510	-10.6	4	1.65	1.37	1.46	1.30
Iceland	1,140	1,110	-2.6	3	1.81	1.72	1.82	1.73
Norway	13,726	12,869	-6.2	3	1.73	1.48	1.56	1.46
Sweden	28,127	26,644	-5.3	3	1.85	1.66	1.67	1.57
Denmark	15,148	14,296	-5.6	3	1.71	1.67	1.72	1.62
Germany	121,640	107,701	-11.5	2	1.50	1.53	1.57	
Austria					1.49	1.44	1.47	
Switzerland	20,077	18,288	-8.9	3	1.54	1.46	1.51	1.37
Netherlands	66,671	63,090	-6.3	4	1.66	1.55	1.62	1.50
Belgium	27,339	27,967	2.3	3	1.69	1.55	1.60	1.55
France	228,200	234,400	2.7	4	1.96	1.82	1.83	1.81
Portugal	18,343	18,972	3.4	3	1.31	1.40	1.34	1.25
Spain	77,209	79,895	3.6	3	1.33	1.19	1.20	1.16
Italy	94,461	90,798	-3.9	3	1.33	1.24	1.26	1.17
Greece	34,284	30,286	-11.7	5	1.33	1.27	1.42	1.28
Estonia	4,227	3,694	-12.6	4	1.58	1.58	1.59	1.43
Latvia	4,024	3,939	-2.1	3	1.71	1.55	1.54	1.54
Lithuania	7,113	6,576	-7.5	4	1.70	1.48	1.46	1.33
Poland*	82,200	77,500	-5.7	3	1.44	1.52	1.45	1.40
Czechia					1.67	1.71	1.83	
Slovakia	13,891	12,695	-8.6	3	1.40	1.59	1.62	1.52
Hungary	29,331	26,206	-10.7	4	1.44	1.56	1.59	1.44
Slovenia	4,431	4,092	-7.7	3	1.57	1.59	1.63	1.53
Croatia	9,033	8,654	-4.2	3	1.40	1.49	1.54	1.51
Serbia*	18,894	19,164	1.4	4	1.61	1.62	1.62	1.68
Romania	39,274	39,257	0.0	3	1.48	1.63	1.67	1.71
Bulgaria	12,641	12,393	-2.0	3	1.53	1.56	1.58	1.59
Moldova					1.88	1.62	1.56	
North Macedonia*	3,096	4,009	2.9	3	1.89	1.70	1.68	1.76
Montenegro	1,662	1,644	-1.1	3	1.74	1.75	1.75	1.75
Bosnia & Herzeg.					1.24	1.19	1.22	
Albania*	6,006	6,056	0.8	3	1.80	1.53	1.51	1.54
Russia	336,961	320,376	-4.9	3	1.78	1.51	1.52	1.49
Ukraine*	21,931	18,062	-17.6	1	1.63	1.34	1.28	
UK: England & Wales					1.82	1.58	1.61	
Northern Ireland	7,449	6,940	-6.8	4	1.96	1.71	1.82	1.71
Scotland	15,395	15,538	0.9	4	1.56	1.29	1.32	1.33

	2021	2022	Chng	Mths	TFR 2015	TFR 2020	TFR 2021	TFR fcast
USA					1.84	1.64	1.66	1.63
Australia					1.80	1.58	1.64	1.58
New Zealand	14,070	15,555	10.6	3	2.00	1.61	1.64	1.75
Puerto Rico					1.34	0.92	1.00	
Costa Rica	8,259	8,504	3.0	2	1.76	1.41	1.31	
Chile					1.80	1.38	1.22	
Kazakhstan	100,454	96,603	-4.8	3	2.73	3.13	3.29	
Uzbekistan	244,726	268,159	9.6	4	2.49	2.86	3.08	3.38
Kyrgyzstan	36,824	34,399	-4.0	3	3.19	3.01	3.04	
Georgia					2.30	1.97	1.95	
Armenia	8,618	8,098	-6.0	3	1.64	1.66	1.71	1.66
Azerbaijan	20,984	20,462	-2.5	2	2.12	1.69	1.53	
Iran	263,869	306,113	7.8	3	2.14	1.64	1.61	1.76
Egypt	168,000	185,300	10.3	1	3.68	2.93	2.82	
Israel	43,368	43,088	-0.6	3	3.09	2.90	2.99	2.94
Mongolia	24,000	19,200	-20.0	4	3.01	2.94	2.77	2.24
Japan	192,211	192,977	0.4	3	1.45	1.33	1.30	1.31
South Korea	70,170	68,177	-2.8	3	1.24	0.84	0.81	0.80
Taiwan	47,181	46,764	-0.9	4	1.18	0.99	0.93	0.84
Hong Kong	11,135	5,155	*	3	1.20	0.87	0.77	
Macao	1,173	1,178	0.4	3	1.14	0.89	0.81	0.81
Singapore	8,949	8,995	0.5	3	1.24	1.10	1.12	1.06
Thailand	209,791	191,670	-8.6	5	1.52	1.27	1.18	1.08
Malaysia					2.00	1.70	1.63	
Mauritius					1.36	1.46	1.40	
CA: British Columbia					1.38	1.18	1.20	
Quebec	19,550	19,200	-1.8	3	1.67	1.52	1.56	1.50

Forecasts based on selected subnational areas (experimental, treat data with caution):

	TFR 2015	TFR 2020	TFR 2021	TFR fcast
UK	1.80	1.56	1.59	1.54
Canada	1.60	1.40	1.43	1.37
Brazil	1.86	1.67	1.60	1.55
Argentina	2.35	1.57	1.53	1.62
China	1.75	1.28	1.16	1.08

Values in grey are based on developments in some subnational regions and are less reliable

This year, the TFR forecast for some countries will be calculated based on a comparison between 2020 and 2022

\* Corrected for unaccounted emigration

\* In HK, birth registration in February and March 2022 was inhibited

Mths: Number of months of data available, e.g. 3 means data from January to March

Chng: Percentage change compared to the same period one year earlier

2021 and 2022 data refer to the same period within the year

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Similar trends are seen in the U.S. as well, which Walensky ought to be well aware of.



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>21</sup>

## **Other Disturbing Evidence**

In addition to real-world data showing fertility is suddenly in freefall, there's scientific evidence suggesting [the shots could affect fertility](#) in both women and men.

“A Pfizer-BioNTech rat study found the injection more than doubled the incidence of infertility.”

For example, a Japanese biodistribution study for Pfizer's jab showed the spike protein from the shots accumulate in female ovaries and male testes,<sup>22 23</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>24</sup> found 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>25 26</sup>

We're also seeing a sudden uptick in infant mortality. The Exposé<sup>27</sup> recently highlighted data from Scotland, showing neonatal deaths in March 2022 were 119% higher above the annual norm.

Male fertility is also under attack by these bioweapons. Israeli research<sup>28 29</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 below, Amy Kelly, project director for the Daily Clout's Pfizer document analysis team, reviews this study and other post-jab male fertility concerns.<sup>30</sup>

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

As noted by Kory in his August 20, 2022, Substack article:<sup>31</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 ...

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,32 too many becoming disabled, too many pregnancies resulting in fetal or neonatal death ... 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."

At this point, it appears we're looking at a certain [depopulation event](#). The question then is, are you willing to accept the risks? Are you willing to risk your fertility, even if only temporarily? Are you willing to risk the life of your baby? Are you willing to risk your own? If not, the answer is simple. Don't take the jab, and if you've already taken one or two (or three), never take another.

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