

COVID mRNA Vaccines and Pregnancy: Congenital Malformations Caused by Pfizer & Moderna COVID-19 mRNA Vaccines

Malformations of the heart, brain, limbs, abdomen and more horror stories.

By <u>Dr. William Makis</u> Global Research, June 18, 2023 <u>COVID Intel</u> 17 June 2023 Theme: Science and Medicine

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Pfizer and Moderna didn't do any studies in pregnant women (Dr. Tina Peers):



Click here to view the video

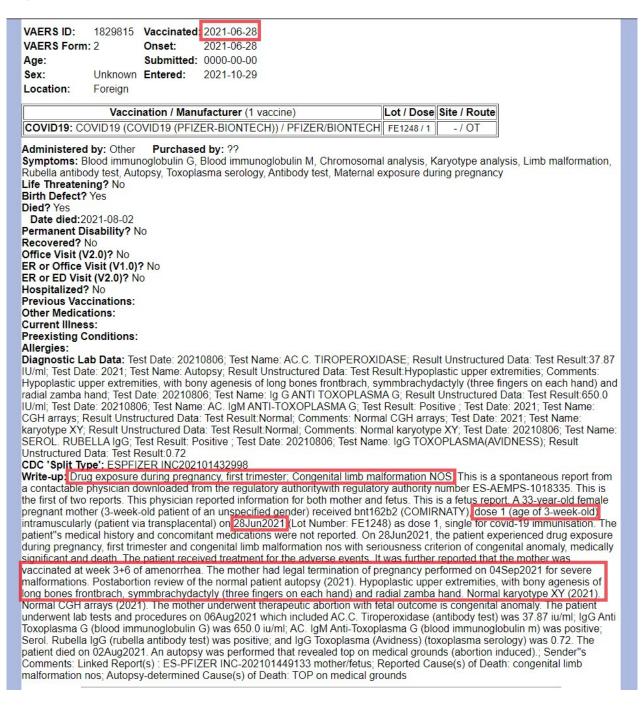
What types of congenital malformations do Pfizer and Moderna cause?

We don't hear much about this topic so I felt it would be interesting to take a deeper dive into the types of congenital malformations that have been documented with Pfizer and Moderna COVID-19 mRNA vaccines.

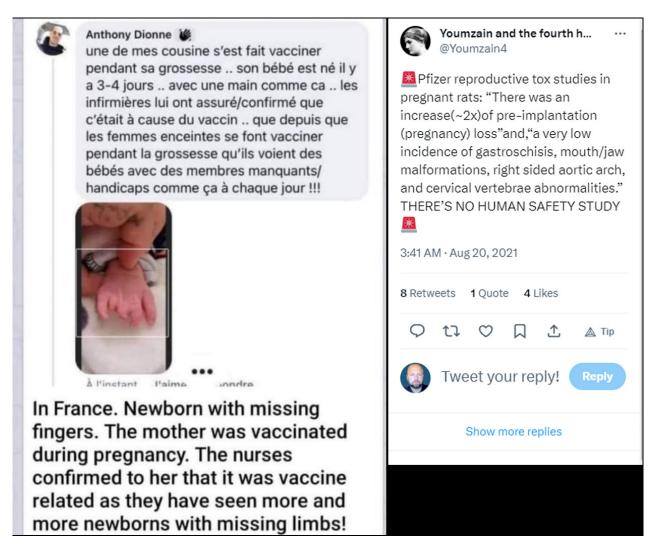
I would like to thank Substack author "WelcomeTheEagle88" for his work on finding these VAERS reports, please check out his substack, he has done some incredible work (<u>click here</u>)

<u>CASE 1 (VAERS 1829815)</u> – 33-year-old pregnant woman took 1st Pfizer dose at 3wk6d of pregnancy, fetus developed congenital limb malformations

Vaccinated on Jun. 28, 2021, abortion on Sep. 4, 2021 for severe limb malformations: hypoplastic upper extremities, bony agenesis of long bones, symmbrachydactyly – three fingers on each hand, radial zamba hand.



A similar case posted by Anthony Dionne on Twitter:



What is radial zamba hand?



Figure 5. Radial clubhand. The hand is skewed, the forearm is very short and there is no thumb.

<u>CASE 2 (VAERS 1895184)</u> – A pregnant woman had 2nd Pfizer dose on Aug. 23, 2021 at 4wk, Oct. 23, 2021 U/S showed CNS malformations (missing brain tissue, hydrocephalus). The fetus died at an unknown date.

VAERS ID:	1859184	Vaccinated:	: 2021-08-23	
VAERS Form:	2	Onset:	2021-08-23	
Age:		Submitted:	0000-00-00	
Sex:	Unknown	Entered:	2021-11-10	
Location:	Foreign			
	Vacair	ation / Man	ufacturer (1 vaccine)	Lot / Dose Site / Route
COVID19: CO			ER-BIONTECH)) / PFIZER/BION	
	ongenital co cy, Materna ng? No Yes 00-00-00 sability? No sisit (V1.0)? (V2.0)? No inations: ions:	al exposure d o ? No		/drocephalus, Ultrasound scan, Foetal exposure
malformation se Test Result:CN CDC 'Split Typ Write-up: Fetu: Pregnancy, first contactable phy regulatory auth This is the fetus (COMIRNATY), mmunization. vaccine include 1, single for CC was vaccinated batient was dia pregnancy at the underwent lab in malformation al serious for fatal n 2021 due to ophysician state attempts are po Sender''s Comr	een as mis S malforma e': DKPFI2 s with CNS t trimester; vsician. Thi ority numb s report. Or via transp the fetus p d BNT162 VID-19 im with the si gnosed wit e first trime ests and p md hydroce CNS conge d that it wa sysible; info ments: Link ngenital an	sing brain tiss ation and hyd ZER INC2021 malformatio Fetal exposu s is the secon er DK-DKMA hy this case is lacental route atient medica B2 (COMIRN munization. T econd dose. h CNS conce ester, and exi rocedures on ophalus. CNS and resulting s unknown if ormation about ked Report(s) iomaly; fetal e	sue; Test Date: 20211023; Test N lrocephalus; Comments: 1st trime 101540717 n. Accurate diagnosis is not know ure during pregnancy, first trimest nd of two reports. The first report -WBS-0090592. This physician re is serious. A fetus patient of an ure on 23Aug2021 (Batch/Lot Num al history and concomitant medica IATY), intramuscular on an unsper The mother had her last menstrua On 25Aug2021, the mother had a enital anomaly due to 1 trimester perienced CNS malformation but 1 23Oct2021 which included first fir malformation seen as missing b in birth defect or congenital anon y, the precise date of death was there was a causal relation betw ut lot/batch number cannot be ob : DK-PFIZER INC-20210153105	an; Result Unstructured Data: Test Result:CNS lame: Ultrasound scan; Result Unstructured Data ester wn; hydrocephalus; Maternal Exposure During ter; This is a spontaneous report from a . is downloaded from the Regulatory Authority, eported information for both mother and foetus. nspecified gender received BNT162B2 ber: Unknown) as dose 2, single for COVID-19 ation was not reported. The mother's historical ecified date (Batch/Lot Number: Unknown) as dos al period on 28Jul2021. On 23Aug2021, the mother a positive pregnancy test. On 23Oct2021, the fetu scan. The patient had fetal exposure during accurate diagnosis was not known. The patient trimester ultrasound scan that showed CNS rain tissue. The adverse events were reported as naly. The fetus patient died on an unspecified dat not reported. An autopsy was not performed. The teen the events and BNT162B2. No follow-up tained. No further information is expected.; 66 maternal/fetus case; Reported Cause(s) of trimester; maternal exposure during pregnancy,

<u>CASE 3 (VAERS 1969351)</u> – 36 year old mother had 2nd Pfizer jab Jun. 17, 2021 at 1wk of pregnancy. U/S on Jul. 29, 2021 showed cardiac malformation, fetus died Aug. 6, 2021, patient had abortion.

VAERS ID:	1969351	Vaccinated:	. 2021-06-17
AERS Form	n: 2	Onset:	2021-07-29
Age:		Submitted:	0000-00-00
Sex:	Unknown	Entered:	2021-12-22
ocation:	Foreign		
	Vacai	ation / Monu	facturer (1 version)
			Ifacturer (1 vaccine) Lot / Dose Site / Route ER-BIONTECH)) / PFIZER/BIONTECH FD0168 / 2 -/ OT
	d by: Other	Purchase	
		e congenital,	Ultrasound scan, Cardiac disorder, Maternal exposure during pregnancy
ife Threater			
Died? Yes	ries		
Date died:	000 00 00		
	Disability?	0	
ecovered?	-	0	
ffice Visit (
	Visit (V1.0)	No.	
	sit (V2.0)? N		
ospitalized		-	
	ccinations:		
ther Medic	ations:		
urrent Illne	SS:		
reexisting	Conditions:		
llergies:			
			0729; Test Name: ultrasound; Result Unstructured Data: Test Result:cardiac malformation in the ultrasound: Result Unstructured Data: Test Result:revealing the death of the fetus
		FR INC2021	
/rite-up Ma	aternal expos	ure during pr	egnancy, first trimester; Heart malformation; heart defect; This is a spontaneous report receive
om contacta	able reporter	s) (Consume	r or other non-HCP and Other HCP) from the Regulatory Authority. Regulatory number: FR-
FSSAPS-PO	C20215309 (Regulatory A	uthority). A fetus patient was exposed to bnt162b2 (COMIRNATY), transplacental (mother"s ro
			un2021 (Lot number: FD0168) as dose 2, single for covid-19 immunisation. The mother of the
			relevant medical history included: "3 gestations 2 deliveries" (unspecified if ongoing); "3
estations 2 (ongoing). Date of last menstrual period of the mother: 04Jun2021. The mother was 1 weeks
		posure to bnt	162b2. The mother was 8 weeks pregnant at the event onset. The mother is expected to delive
ne baby(s) o			r"s concomitant medications were not reported. Vaccination history included: Covid-19 vaccine
ne baby(s) o lose 1, MAN	UFACTURE	R UNKNOW	N), for COVID-19 immunisation. The mother's vaccination history included: Covid-19 vaccine
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<u>CASE 4 (VAERS 2027338)</u> – Pregnant woman had 1st Moderna dose at 2wk pregnancy, fetus developed cardiac malformations – transposition of great arteries and tricuspid valve incompetence, baby was born and died at 3 months old.

VAERS ID: 2027338 V
VAERS Form: 2 C
Age: S
Sex: Male E
Location: Florida
Vaccination / Ma
COVID19: COVID19 (COV
Administered by: Unknow

<u>CASE 5 (VAERS 2003908)</u> – A pregnant woman had 2nd Pfizer dose at 10 days of pregnancy. Ultrasound at 21 weeks showed univentricular heart, aorta hypoplasia. Doctors decide "heart disease not accessible to full repair) – medical termination of pregnancy at 24 weeks.

VAERS Form Age: Sex:	-		2021-06-28
-	:2	Onset:	2021-11-16
Sex:		Submitted:	
		Entered:	2022-01-05
Location:	Foreign		
	Vaccir	nation / Manu	facturer (1 vaccine) Lot / Dose Site / Route
COVID19: CO	OVID19 (CC	VID19 (PFIZ	ER-BIONTECH)) / PFIZER/BIONTECH EX7823 2 - / OT
Administered		Purchase	
			Ultrasound scan, Univentricular heart, Aorta hypoplasia, Investigation, Maternal
exposure durir		cy	
Life Threaten			
Birth Defect? Died? Yes	res		
Date died:20	021-11-01		
Permanent Di		lo	
Recovered? N			
Office Visit (V			
ER or Office			
ER or ED Visi		0	
Hospitalized? Previous Vac			
Other Medica			
Current Illnes			
Preexisting C	onditions:		
Allergies:			
			nio-caudal length; Result Unstructured Data: Test Result:68.8mm; Comments: At 13
			PP-A test; Result Unstructured Data: Test Result:0.58MoM; Test Name: ultrasound; does not find any malformation; Test Name: ultrasound; Result Unstructured Data:
Test Result: se			udes not lind any manormation, test name, utilasound, Result onstructured Data.
CDC 'Split Ty			01866226
Write-up: Mat	ernal expos	ure during pre	egnancy-first trimester; Single ventricle; Aorta hypoplasia; congenital anomaly of
heart; This is a	a spontaneo	us report rece	eived from a contactable reporter(s) (Physician) from the Regulatory Authority.
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heart; This is a Regulatory nur administration period of the n 21 weeks preg medical history (Dose 1), adm WATERNAL E: exposure durir putcome "fatal butcome "fatal 16Nov2021, or The fetal outco 38.8mm, notes defects. The p heart, aorta hy medical termin cardio of the si and ejection put CONCLUSION pregnancy at 2 pregnancy. No	a spontaneo mber: FR-A date 28Jun nother: 18Ju gnant at the y and conco inistration d XPOSURE ng pregnand ", described utcome "fata ome is cong s: At 13 ame iatient date of poplasia. It hation of pre ingle left ve ort narrow. I N: Serious fa 24 weeks, in o follow-up a	us report rece ESSAPS-AN/ 2021 (Lot nur in2021. The r event onset. omitant medicci ate: 21May20 DURING PRI cy-first trimest d as "Single vi d as "Single vi d as "Aorta hy al", described enital anomal enorrhea wee of death was was not repo gnancy multion theart disease etal heart defent a patient wh ttempts are p	eived from a contactable reporter(s) (Physician) from the Regulatory Authority. 20214738. A fetus patient was exposed to bnt162b2 (COMIRNATY), transplacental, nber: EX7823) as dose 2 single for covid-19 immunisation. Date of last menstrual nother was 10 days pregnant at the time of exposure to bnt162b2. The mother was The mother is expected to deliver one baby(s) on 25Mar2022. The mother's releval ations were not reported. The mother's vaccination history included: Comirnaty 021, for COVID-19 immunisation. The following information was reported: EGNANCY (death, congenital anomaly), outcome "fatal", described as "Maternal er"; UNIVENTRICULAR HEART (death, congenital anomaly) with onset 16Nov202 entricle"; AORTA HYPOPLASIA (death, congenital anomaly) with onset 16Nov2021 poplasia"; HEART DISEASE CONGENITAL (death, congenital anomaly) with onset as "congenital anomaly of heart". The pregnancy resulted in therapeutic abortion. y. The patient underwent the following laboratory tests and procedures: investigatio ks + 4; 0.58mom; ultrasound scan: does not find any malformation; severe heart Nov2021. The reported cause of death was heart disease congenital, univentricular rted if an autopsy was performed. Clinical course: Cardiopediatrician opinion in disciplinary cadre meeting (23Nov21) at 24 amenorrhea weeks + 3: severe complex th a single atrioventricular valve, hypoplasia of the aorta with subaortic conal septu not accessible to full repair. Medical termination of pregnancy in November 2021.

<u>CASE 6 (VAERS 2067674)</u> – A pregnant woman had 1st Moderna COVID-19 mRNA vaccine on Aug. 15, 2021, at 3wk3d of pregnancy. Fetus developed malformations of the brain – agenesis of corpus callosum, asymmetrical and lack of brain structures, absence of septum pellucidum and fusion of the thalami, atresia of the 3rd ventricle.

Age:	1:2	Submitted	0000-00-00		
Sex:	Linknown	Entered:	2022-01-27		
Location:	Foreign	Lintereu.	2022-01-21		
		Manufacture			Site / Route
COVID19: C	JVID19 (CC	VID19 (MOL	DERNA)) / MODER	NA - 1	- / OT
dministered			ased by: ??		
		orain damage			
ife Threater					
)ied? Yes	Tes				
Date died:0	000-00-00				
ermanent D		0			
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office Visit (
R or Office					
R or ED Vis lospitalized		0			
revious Vac					
ther Medica					
urrent Illne					
reexisting (onditions:	Medical Histe	ory/Concurrent Co	nditions: Mater	nal exposure during pregnancy
llergies:					
iagnostic L					
			NC.MOD20224	(h	-liter This superformance and super-
					ality; This spontaneous case was reported by a
					AGE (Fusion of thalami (atresia of the third who received mRNA-1273 (COVID 19 Vaccine
Inderna) for	COVID-19	accination M		(Parent): On (23-AUG-2021 had a positive pregnancy test. On 1
					les, diabetes tests were performed and were
					v included Maternal exposure during pregnancy of
5-Aug-2021	On 15-Aug	-2021, the pa	tient received first	dose of mRNA	-1273 (COVID 19 Vaccine Moderna)
					ienced CONGENITAL BRAIN DAMAGE (Fusion of
					iteria death and congenital anomaly). The reporte
					lack of brain structures, fusion of thalami (atresia
					lum. It is unknown if an autopsy was performed. T ental) was unknown. For mRNA-1273 (COVID 19
					sality assessments. No concomitant and treatment
					n 31/21/2021. Gestational period at exposure was
					ing a foetus patient of unknown gender with
					vaccine during pregnancy at 3 weeks 3 days age (
					brain damage (agenesis of the corpus callosum,
					idum, and fusion of the thalami (atresia of the thir
entricle)). In	e event con	genital brain	damage (agenesis	of the corpus of	callosum, asymmetrical and lack of brain structure the third ventricle)) exact occurrence unknown bu
					gnostic and laboratories procedures were done w
					psitive, AFP: 162.6 ng/mL, serodiagnosis for
					L. No reported treatment information. The outcom
					asymmetrical and lack of brain structures, absen-
f the septum	pellucidum,	, and fusion o	of the thalami (atres	sia of the third v	ventricle)) was fatal. The remarkable results of
					mL, serodiagnosis for toxoplasmosis specific IgG
					mRNA-1273 vaccine is not affected by this report.
					se MOD-2022-454735 for details regarding the ch
					s: On 21-Jan-2022: Follow up received on 21-JAN added, country updated. On 21-Jan-2022:
					dated.; Sender''s Comments: This is a spontaneo
					rnal medical history of maternal exposure to mRN
					experienced the unexpected, serious event of
LI J VALUITE					al and lack of brain structures, absence of the
	an aamago	(agenesis of i	the corpus canosa	n, asymmetrica	and lack of brain structures, absence of the
ongenital bra eptum pelluc	idum, and fu	usion of the th	halami (atresia of t	he third ventric	le)). The event congenital brain damage (agenesi
ongenital bra eptum pelluc f the corpus	idum, and fu callosum, as	usion of the the symmetrical a	halami (atresia of t and lack of brain st	he third ventric ructures, abser	le)). The event congenital brain damage (agenesing of the septum pellucidum, and fusion of the
ongenital bra eptum pelluc f the corpus nalami (atres	idum, and fu callosum, as ia of the thir	usion of the the symmetrical a d ventricle)) e	halami (atresia of t and lack of brain st exact occurrence u	he third ventric ructures, abser nknown but co	le)). The event congenital brain damage (agenesing of the septum pellucidum, and fusion of the nfirmed approximately by the end of the fifth monimum of the section of t
ongenital bra eptum pelluc f the corpus nalami (atres f pregnancy.	idum, and fo callosum, as ia of the thir Diagnostic	usion of the the symmetrical a d ventricle)) e and laborator	halami (atresia of t and lack of brain st exact occurrence u ries procedures we	he third ventric ructures, abser nknown but co re done with re	le)). The event congenital brain damage (agenesing of the septum pellucidum, and fusion of the nfirmed approximately by the end of the fifth monimarkable results of serodiagnosis for rubella
ongenital bra eptum pelluc f the corpus halami (atres f pregnancy. pecific IgG: 7	idum, and fr callosum, as ia of the thir Diagnostic 76 IU/mL pos	usion of the th symmetrical a d ventricle)) e and laborator sitive, AFP: 1	halami (atresia of t and lack of brain st exact occurrence u ries procedures we 62.6 ng/mL, serod	he third ventric ructures, abser inknown but co re done with re iagnosis for tox	le)). The event congenital brain damage (agenesing of the septum pellucidum, and fusion of the nfirmed approximately by the end of the fifth monitemarkable results of serodiagnosis for rubella coplasmosis specific IgG: 137 IU/mL positive, fasting of the section of the sect
ongenital bra eptum pelluc of the corpus halami (atres of pregnancy. pecific IgG: 7 lycemia 0.98	idum, and fu callosum, as ia of the thir Diagnostic 76 IU/mL pos g/L. No rep	usion of the the symmetrical a rd ventricle)) e and laborator sitive, AFP: 1 ported treatme	halami (atresia of t and lack of brain st exact occurrence u ries procedures we 62.6 ng/mL, serod ent information. Th	he third ventric ructures, abser nknown but co re done with re iagnosis for tox e outcome of th	le)). The event congenital brain damage (agenesis nee of the septum pellucidum, and fusion of the nfirmed approximately by the end of the fifth mont emarkable results of serodiagnosis for rubella coplasmosis specific IgG: 137 IU/mL positive, fasti ne event congenital brain damage (agenesis of the
congenital bra ceptum pelluc of the corpus halami (atres of pregnancy. pecific IgG: 7 plycemia 0.98 corpus callosi	idum, and fi callosum, as ia of the thir Diagnostic 76 IU/mL po g/L. No rep um, asymme	usion of the the symmetrical a d ventricle)) e and laborator sitive, AFP: 1 ported treatme etrical and lac	halami (atresia of t and lack of brain st exact occurrence u ries procedures we 62.6 ng/mL, serod ent information. Th ck of brain structure	he third ventricl ructures, abser nknown but co re done with re iagnosis for tox e outcome of th es, absence of	le)). The event congenital brain damage (agenesis nee of the septum pellucidum, and fusion of the nfirmed approximately by the end of the fifth mont emarkable results of serodiagnosis for rubella coplasmosis specific IgG: 137 IU/mL positive, fasti ne event congenital brain damage (agenesis of the the septum pellucidum, and fusion of the thalami
ongenital bra eptum pelluc of the corpus halami (atres f pregnancy. pecific IgG: 7 llycemia 0.98 orpus callosi atresia of the	idum, and fu callosum, as ia of the thir Diagnostic 76 IU/mL pos g/L. No rep um, asymme third ventric	usion of the th symmetrical a d ventricle)) e and laborator sitive, AFP: 1 ported treatme etrical and lac cle)) was fatal	halami (atresia of t and lack of brain st exact occurrence u ries procedures we 62.6 ng/mL, serod ent information. Th ck of brain structure I. The remarkable	he third ventricl ructures, abser nknown but co re done with re iagnosis for tox e outcome of th es, absence of results of serod	le)). The event congenital brain damage (agenesi- nce of the septum pellucidum, and fusion of the nfirmed approximately by the end of the fifth mont emarkable results of serodiagnosis for rubella coplasmosis specific IgG: 137 IU/mL positive, fasti- ne event congenital brain damage (agenesis of the the septum pellucidum, and fusion of the thalami liagnosis for rubella specific IgG: 76 IU/mL positive
congenital bra congenital bra of the corpus halami (atres of pregnancy. pecific IgG. plycemia 0.98 corpus callosu atresia of the AFP: 162.6 ng	idum, and fu callosum, as ia of the thir Diagnostic 6 IU/mL pos g/L. No rep um, asymme third ventric g/mL, serodi	usion of the th symmetrical a d ventricle)) e and laborator sitive, AFP: 1 oorted treatme etrical and lac cle)) was fatal iagnosis for to	halami (atresia of t and lack of brain st exact occurrence u ries procedures we 62.6 ng/mL, serod ent information. Th ck of brain structure I. The remarkable i oxoplasmosis spec	he third ventricl ructures, abser nknown but co re done with re iagnosis for tox e outcome of the es, absence of results of serod ific IgG: 137 IU	(a) The event congenital brain damage (agenesing of the septum pellucidum, and fusion of the nfirmed approximately by the end of the fifth monimarkable results of serodiagnosis for rubella coplasmosis specific IgG: 137 IU/mL positive, fasting event congenital brain damage (agenesis of the septum pellucidum, and fusion of the thalami liagnosis for rubella specific IgG: 76 IU/mL positive/mL positive remain confounders. The benefit-risk function of the septime remain confounders. The benefit-risk function of the septime remain confounders.
congenital bra congenital bra cont the corpus halami (atres of pregnancy. corpus callosu corpus callosu atresia of the AFP: 162.6 ng elationship of	idum, and fu callosum, as ia of the thir Diagnostic (G IU/mL po g/L. No rep um, asymme third ventric g/mL, serodi f mRNA-127	usion of the th symmetrical a d ventricle)) e and laborator sitive, AFP: 1 borted treatme detrical and lac cle)) was fatal iagnosis for to 73 vaccine is	halami (atresia of t and lack of brain st exact occurrence u ries procedures we 62.6 ng/mL, serod ent information. Th ck of brain structure I. The remarkable i oxoplasmosis spec not affected by this	he third ventrict ructures, abser nknown but co re done with re iagnosis for tox e outcome of the es, absence of results of serod ific IgG: 137 IU a report.; Repor	le)). The event congenital brain damage (agenesing of the septum pellucidum, and fusion of the nfirmed approximately by the end of the fifth monimarkable results of serodiagnosis for rubella coplasmosis specific IgG: 137 IU/mL positive, fasting event congenital brain damage (agenesis of the septum pellucidum, and fusion of the thalami liagnosis for rubella specific IgG: 76 IU/mL positive

CASE 7 (VAERS 2106393) – A 39 year old woman had 2nd Pfizer dose on Jul. 28, 2021 and became pregnant 2 months later in Oct. 2021. At 1st ultrasound, fetus had congenital heart malformation and she needed a medical termination of pregnancy in Dec. 2021.

			0004 07 00				
VAERS ID:		Vaccinated:					
VAERS Form:	2	Onset:	0000-00-00				
Age:		Submitted:					
Sex:		Entered:	2022-02-12				
Location:	Foreign						
			ifacturer (1 vacci	and the second se		Site / Route	
COVID19: CO	VID19 (CC	VID19 (PFIZ	ER-BIONTECH))	PFIZER BIONTECH	UNKNOWN 2	- / OT	
Life Threateni Birth Defect? Died? Yes Date died:20 Permanent Dis Recovered? N Office Visit (V2 ER or Office V ER or ED Visit Hospitalized? Previous Vacc Other Medicat Current Illness Preexisting Co Allergies: Diagnostic La CDC 'Split Typ Write-up: Mate contactable rep AFSSAPS-NC2 28Jul2021 (Lot Date of last me were not report information was described as "N outcome "fatal" Following the 2 became pregna medical termina- termination of presulted in elec malformation was congenital. It w number cannot	eart diseasing? No Yes (21-12-01 sability? No sability? No isit (V1.0)? (V2.0)? No isit (V1.0)? (V2.0)? No isit (V1.0)? (V2.0)? No inations: ions: ions: ions: ionditions: b Data: Tes be': FRPFI2 ernal expos porter(s) (C 20220555 number: U nstrual per ed. The mo is reported: Maternal ex vise secorted: Maternal ex vise secorted: Maternal ex pregnancy, tive termini, as detecte as not repo be obtained	No o st Name: ultra ZER INC2022 ure before pri onsumer) fror A fetus patien Inknown) as c iod of the mo other''s vaccir MATERNAL sposure before a s''Heart ma dose, pfizer, ie pain subsid gnancy. She she still didn'' ation. The patien orted if an aute d. The patien	Ultrasound scan, asound; Result Un 200216482 egnancy; Heart m m a regulatory aut it was exposed to dose 2, single for of ther: Oct2021. Th exposure pain lation history inclu EXPOSURE BEF e pregnancy"; HE, alformation". Onse very severe pain led. At the first ult was vaccinated M t have my period. tient underwent th t date of death wa opsy was perform information is exp	alformation; This is a thority. The reporter is bnt162b2 (COMIRNA covid-19 immunisation e mother's relevant m ided: Comirnaty (dose ORE PREGNANCY (or ART DISEASE CONG et date of pregnancy 2 in the lower abdomen rasound, a heart malfo loderna, 3rd dose, at to Death due to the effe e following laboratory is Dec2021. The report red. No follow-up attent	Result:heart r spontaneous the parent. R TY), transplac . The mother edical history e 1), for covid- leath, congen ENITAL (deat months after for 2 months, prmation was he end of Dea ct in Decemb tests and pro ted cause of npts are poss mments: Linke	malformation was detected report received from a legulatory number: FR- cental, administration date of the patient was 39 year- or and concomitant medication and concomitant medication of the patient was 39 year- or and concomitant medication of the patient was heart medication of the patient was heart disease wible; information about lot/b ad Report(s) : PFIZER INC-	ons wing al", er. a hea

<u>CASE 8 (VAERS 2195334)</u> – A pregnant woman had Pfizer jabs at 3wk4d and 6wk5d, and had medical termination of pregnancy at 26wk as fetus had congenital heart anomaly – congentical tricuspid valve atresia, ventricular septal defect, brachydactyly.

VAERS Form		Vaccinated: Onset:	2021-08-02			
	1. 2		0000-00-00			
Age: Sex:	Mala		2022-03-24			
Sex: Location:	Male Foreign	Entered:	2022-03-24			
Location.	Foreign					
	Vaco	ination / Man	ufacturer (1 vaccine)	Lot / D	ose Site / Route	
COVID19: C	OVID19 (0	OVID19 (PFIZ	ZER-BIONTECH)) / PFIZEF	R/BIONTECH FG9428	/2 -/ OT	
dministere	d bur Otho	r Purchase	ad by: 00			
aministere	a by: Othe	entonatel corre	een, Ultrasound scan, Venti	icular contal defect. (Congonital tricusni	d value atracia
vitogonatic		antenatal SCIE	uman chorionic gonadotrop	icular septar derect, t	during program	u valve allesia,
		vesugation, nu	uman chononic gonadotrop	in, maternal exposure	e during pregnancy	, brachydactyly
ife Threater						
	ries					
ied? Yes	0000 04 00					
Date died:						
ermanent [
		IZER INC202				
			alangy; Congenital ventricu			
			menorrhea + 4 days and at			
			orter(s) (Physician) from th			
			s exposed to bnt162b2 (CC			
			le and transplacental, admi			: FE2707) as dose
	ouid 10 im		a masth a fla valay ant madia			
				al history included: "b		
ngoing); "Rh	n positive"	unspecified if	ongoing); "smoking: no" (ur	nspecified if ongoing)	"parity 1" (unspec	cified if ongoing),
ngoing); "Rh otes: Previo	n positive" us pregnar	unspecified if icies: Gestatio	ongoing); "smoking: no" (u n 2. Parity 1, live birth on 2	nspecified if ongoing) 020. Gestational age	"parity 1" (unspec 41 week of amend	; ified if ongoing), prrhea + 0 day. Bir
ngoing); "Rh otes: Previo	n positive" us pregnar	unspecified if icies: Gestatio	ongoing); "smoking: no" (ur	nspecified if ongoing) 020. Gestational age	"parity 1" (unspec 41 week of amend	; ified if ongoing), prrhea + 0 day. Bir
ngoing); "Rh otes: Previo veight 3650g	n positive" (us pregnar). Date of la	unspecified if ncies: Gestatio ast menstrual p	ongoing); "smoking: no" (u n 2. Parity 1, live birth on 2	nspecified if ongoing) 020. Gestational age 2021. The mother was	"parity 1" (unspec 41 week of ameno 1 trimester pregn	; ified if ongoing), orrhea + 0 day. Bir ant at the time of
ngoing); "Rh otes: Previo reight 3650g xposure to b	n positive" (us pregnar). Date of la ont162b2. T	unspecified if ncies: Gestatio ist menstrual p The mother wa	ongoing); "smoking: no" (u n 2. Parity 1, live birth on 2 period of the mother: 08Jul2	nspecified if ongoing) 020. Gestational age 2021. The mother was event onset. The mot	"parity 1" (unspec 41 week of amend a 1 trimester pregn her is expected to	cified if ongoing), orrhea + 0 day. Bir ant at the time of deliver one
ngoing); "Rh otes: Previo veight 3650g xposure to b aby(s). The XPOSURE	n positive" (us pregnar). Date of la ont162b2. 1 mother"s c DURING F	unspecified if ncies: Gestatio ist menstrual p he mother wa oncomitant me REGNANCY (ongoing); "smoking: no" (ur n 2. Parity 1, live birth on 2 period of the mother: 08Jul2 s 3 weeks pregnant at the edications were not reporte (death) outcome "fatal", des	nspecified if ongoing) 020. Gestational age 2021. The mother was event onset. The moth d. The following inform scribed as "COMIRNA	"parity 1" (unspect 41 week of amence 51 trimester pregn her is expected to nation was reported TY vaccine at 3 w	ified if ongoing), prrhea + 0 day. Bir ant at the time of deliver one ed: MATERNAL eeks of
ongoing); "Rh notes: Previo veight 3650g exposure to b aby(s). The EXPOSURE	n positive" (us pregnar). Date of la ont162b2. 1 mother"s c DURING F	unspecified if ncies: Gestatio ist menstrual p he mother wa oncomitant me REGNANCY (ongoing); "smoking: no" (ur n 2. Parity 1, live birth on 2 period of the mother: 08Jul2 s 3 weeks pregnant at the edications were not reporte (death) outcome "fatal", des	nspecified if ongoing) 020. Gestational age 2021. The mother was event onset. The moth d. The following inform scribed as "COMIRNA	"parity 1" (unspect 41 week of amence 51 trimester pregn her is expected to nation was reported TY vaccine at 3 w	ified if ongoing), orrhea + 0 day. Biri ant at the time of deliver one ed: MATERNAL eeks of
ingoing); "Rh notes: Previo veight 3650g exposure to b baby(s). The EXPOSURE imenorrhea	n positive" (us pregnar). Date of la ont162b2. 1 mother"s c DURING F + 4 days ar	unspecified if incies: Gestation ist menstrual p the mother wa oncomitant me REGNANCY (ind at 6 weeks	ongoing); "smoking: no" (ur n 2. Parity 1, live birth on 2 period of the mother: 08Jul2 s 3 weeks pregnant at the edications were not reporte (death) outcome "fatal", des of amenorrhea + 5 days"	nspecified if ongoing) 020. Gestational age 2021. The mother was event onset. The moth d. The following inform scribed as "COMIRNA (ENTRICULAR SEPT	"parity 1" (unspect 41 week of amence 51 trimester pregn her is expected to nation was reported TY vaccine at 3 w AL DEFECT ideat	ified if ongoing), orrhea + 0 day. Bir ant at the time of deliver one ed: MATERNAL eeks of h. congenital
ngoing); "Rh notes: Previo veight 3650g exposure to b baby(s). The EXPOSURE menorrhea anomaly), ou	n positive" (us pregnar). Date of la ont162b2. 1 mother"s c DURING F + 4 days ar tcome "fata	unspecified if ncies: Gestatio ist menstrual p The mother wa oncomitant me REGNANCY (nd at 6 weeks (all", described a	ongoing); "smoking: no" (ur n 2. Parity 1, live birth on 2 period of the mother: 08Jul2 s 3 weeks pregnant at the edications were not reporte (death) outcome "fatal", des of amenorrhea + 5 days" v as "Congenital ventricular s	nspecified if ongoing) 020. Gestational age 2021. The mother was event onset. The moth d. The following inform scribed as "COMIRNA (ENTRICULAR SEPT eptal defect"; CONG	"parity 1" (unspect 41 week of amend 51 trimester pregn her is expected to nation was reported TY vaccine at 3 w AL DEFECT ideat NITAL TRICUSPI	ified if ongoing), orrhea + 0 day. Birl ant at the time of deliver one ed: MATERNAL eeks of h, congenital D VALVE ATRESI/
ngoing); "Rh notes: Previo veight 3650g exposure to k baby(s). The EXPOSURE menorrhea nomaly), ou death, conge	n positive" (us pregnar). Date of la pott162b2. 1 mother"s c DURING F + 4 days ar tcome "fata enital anom	unspecified if ncies: Gestatio ist menstrual p The mother wa oncomitant me (REGNANCY (d at 6 weeks al", described a ialy), outcome	ongoing); "smoking: no" (ur n 2. Parity 1, live birth on 2 period of the mother: 08Jul2 s 3 weeks pregnant at the edications were not reporte (death) outcome "fatal", des of amenorrhea + 5 days" of as "Congenital ventricular s "fatal", described as "Cong	nspecified if ongoing) 020. Gestational age 021. The mother was event onset. The moth d. The following inform cribed as "COMIRN/ 'ENTRICULAR SEPT eptal defect"; CONGE enital tricuspid valve	"parity 1" (unspec 41 week of amenc at trimester pregn her is expected to nation was reported TY vaccine at 3 w AL DEFECT deat NITAL TRICUSPI atresia"; BRACHY	ified if ongoing), orrhea + 0 day. Birl ant at the time of deliver one ed: MATERNAL eeks of h. congenital D VALVE ATRESI/ DACTYLY
ingoing); "Rh lotes: Previo veight 3650g exposure to to baby(s). The EXPOSURE imenorrhea inomaly), ou death, conge congenital a	n positive" (us pregnar). Date of la pot162b2. T mother"s c DURING F + 4 days ar tcome "fata enital anom nomaly, me	unspecified if ncies: Gestatio ist menstrual p The mother wa oncomitant me (REGNANCY (nd at 6 weeks all", described a alaly), outcome edically signific	ongoing); "smoking: no" (ur n 2. Parity 1, live birth on 2 period of the mother: 08Jul2 s 3 weeks pregnant at the edications were not reporte (death) outcome "fatal", des of amenorrhea + 5 days" v as "Congenital ventricular s	nspecified if ongoing) 020. Gestational age 2021. The mother was event onset. The moth d. The following inforn scribed as "COMIRN/ 'ENTRICULAR SEPT eptal defect"; CONGE enital tricuspid valve described as "no 5th f	"parity 1" (unspec 41 week of amend a 1 trimester pregn her is expected to nation was reported TY vaccine at 3 w AL DEFECT deat NITAL TRICUSPI atresia", BRACHY inger brachymeso	ified if ongoing), orrhea + 0 day. Birl ant at the time of deliver one ed: MATERNAL eeks of h. congenital D VALVE ATRESI/ DACTYLY phalangy". The

CASE 9 (VAERS 2195640) – Pregnant woman had Pfizer vaccines at 2wk (Aug. 11, 2021) and 4mo (Dec. 01, 2021) of pregnancy. Elective medical termination of pregnancy 16 days after 2nd Pfizer dose due to congenital CNS anomaly – corpus callosum agenesis.

/AERS ID: 2195640 Vaccinated: 2021-12-01
/AERS Form: 2 Onset: 2021-12-17
Age: Submitted: 0000-00-00
Sex: Unknown Entered: 2022-03-24
Location: Foreign
Vaccination / Manufacturer (1 vaccine) Lot / Dose Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH -/2 -/ OT
Administered by: Other Purchased by: 22
symptoms: Congenital central nervous system anomaly. Ultrasound scan, Maternal exposure during pregnancy
ife Threatening? No
Birth Defect? Yes
Died? Yes
Date died:0000-00-00
Permanent Disability? No
Recovered? No
Office Visit (V2.0)? No
R or Office Visit (V1.0)? No
R or ED Visit (V2.0)? No
lospitalized? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:
Diagnostic Lab Data: Test Date: 20211217; Test Name: structural ultrasound examination; Result Unstructured Data: Tes
Result:Corpus callosum agenesis
DC 'Split Type': NLPFIZER INC202200399112
Vrite-up: Vaccination during pregnancy; In fetus of patient: corpus callosum agenesis: This is a spontaneous report
eceived from a contactable reporter(s) (Physician) from the Regulatory Authority-WEB. Regulatory number: NL-LRB-
0796529. A fetus patient was exposed to bnt162b2 (COMIRNATY), transplacental, administration date 01Dec2021
Batch/Lot number: unknown) as dose 2, single and transplacental, administration date 11Aug2021 (Batch/Lot number:
inknown) as dose 1, single for covid-19 immunisation. The mother's relevant medical history included: "Maternal vaccine
xposure", start date: 01Aug2021, stop date: 01Aug2021. The mother is expected to deliver one baby(s). The mother's
oncomitant medications were not reported. The following information was reported: CONGENITAL CENTRAL NERVOUS
YSTEM ANOMALY (death, congenital anomaly, medically significant) with onset 17Dec2021, outcome "fatal", described a In fetus of patient: corpus callosum agenesis"; MATERNAL EXPOSURE DURING PREGNANCY (death, congenital
nomaly, medically significant), outcome "fatal", described as "Vaccination during pregnancy". The pregnancy resulted in lective termination. The patient underwent the following laboratory tests and procedures: ultrasound scan: (17Dec2021)
orpus callosum agenesis. The patient date of death was unknown. The reported cause of death was congenital central
ervous system anomaly. Clinical Information: This serious spontaneous report from a physician concerns a foetus,
inknown sex, who was diagnosed with corpus callosum agenesis (congenital anomaly), during the ultrasound at a
regnancy duration of 20 weeks. The mother was vaccinated at a pregnancy duration of about 2 weeks and at a pregnanc
luration of about 4 months. The pregnancy was terminated. Vaccines: 11Aug2021 and 01Dec2021 (both Pfizer). Diagnosis
s ultrasound made after referral from 20 weeks structural ultrasound examination. Outcome of pregnancy: termination of
regnancy. BSN available: yes. Mother had no Previous COVID-19 infection. No follow-up attempts are possible;
normation about lot/batch number cannot be obtained. No further information is expected.; Sender's Comments: Linked
Report(s) : NL-PFIZER INC-202200405353 Mother/child case; Reported Cause(s) of Death: Corpus callosum agenesis

<u>CASE 10 (VAERS 2272573)</u> – Pregnant woman had 1st Moderna dose on April 16, 2021, 7 months later fetus was diagnosed with congenital CNS anomaly – corpus callosum agenesis, and stillbirth on Nov. 2, 2021.

<u>CASE 11 (VAERS 2259562)</u> – Pregnant woman had 1st dose of Pfizer on Mar. 7, 2021 at 14wk of pregnancy and 2nd dose on Mar. 28, 2021. Fetus died in Jan. 2022 due to congenital defects – exomphalos (omphalocele with liver and intestines) and tricuspid regurgitation.

Age: Submitted: 0000-00-00 Sex: Unknown Entered: 2022-04-30 Location: Foreign Vaccination / Manufacturer (1 vaccine) COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTEC Administered by: Other Purchased by: ?? Symptoms: Exomphalos, Tricuspid valve incompetence, Foetal death, Mate Life Threatening? No Birth Defect? Yes Died? Yes Date died:0000-00-00 Permanent Disability? No Recovered? No Office Visit (V2.0)? No ER or Office Visit (V1.0)? No ER or Office Visit (V2.0)? No Hood Hood Hood Hood Hood Hood Hood Hoo	
Location: Foreign Vaccination / Manufacturer (1 vaccine) COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTEC Administered by: Other Purchased by: ?? Symptoms: Exomphalos, Tricuspid valve incompetence, Foetal death, Mate Life Threatening? No Birth Defect? Yes Diade died:0000-00-00 Permanent Disability? No Recovered? No Office Visit (V2.0)? No Ex or ED Visit (V2.0)? No Previous Vaccinations: Other Medications: Previous Vaccinations: Other Medications: Prevexisting Conditions: Allergies: Diagnostic Lab Data: Diagnostic Lab Data: CDC 'Split Type': ROPFIZER INC202200618489 Write-up: Maternal Exposure During Pregnancy; death; severe omphalocelereport received from contactable reporter(s) (Physician) from the RA-WEB.	CH ET7205/2 -/ OT
Vaccination / Manufacturer (1 vaccine) COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTEC Administered by: Other Purchased by: ?? Symptoms: Exomphalos, Tricuspid valve incompetence, Foetal death, Mate Life Threatening? No Birth Defect? Yes Dide? Yes Date died:0000-00-00 Permanent Disability? No Recovered? No Office Visit (V1.0)? No R or Office Visit (V1.0)? No Exercise Conditions: Other Medications: Diagnostic Lab Data: Diagnostic Lab Data: DC 'Split Type': ROPFIZER INC202200618489 Write-up: Maternal Exposure During Pregnancy; death; severe omphalocelereport received from contactable reporter(s) (Physician) from the RA-WEB.	CH ET7205/2 -/ OT
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTEC Administered by: Other Purchased by: ?? Symptoms: Exomphalos, Tricuspid valve incompetence, Foetal death, Mate life Threatening? No Birth Defect? Yes Died? Yes Date died:0000-00-00 Permanent Disability? No Recovered? No Office Visit (V2.0)? No ER or Office Visit (V1.0)? No ER or ED Visit (V2.0)? No Hospitalized? No Previous Vaccinations: Other Medications: Current Illness: Preexisting Conditions: Allergies: Diagnostic Lab Data: CDC 'Split Type': ROPFIZER INC202200618489 Write-up: Maternal Exposure During Pregnancy; death; severe omphalocele report received from contactable reporter(s) (Physician) from the RA-WEB. F	CH ET7205/2 -/ OT
Administered by: Other Purchased by: ?? Symptoms: Exomphalos, Tricuspid valve incompetence, Foetal death, Mate ife Threatening? No Birth Defect? Yes Died? Yes Date died:0000-00-00 Permanent Disability? No Recovered? No Office Visit (V2.0)? No ER or Office Visit (V1.0)? No ER or ED Visit (V2.0)? No Hospitalized? No Previous Vaccinations: Other Medications: Current Illness: Preexisting Conditions: Allergies: Diagnostic Lab Data: CDC 'Split Type': ROPFIZER INC202200618489 Write-up: Maternal Exposure During Pregnancy; death; severe omphalocele report received from contactable reporter(s) (Physician) from the RA-WEB. F	
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ife Threatening? No Birth Defect? Yes Date died:0000-00-00 Permanent Disability? No Recovered? No Office Visit (V2.0)? No R or Office Visit (V1.0)? No R or ED Visit (V2.0)? No Rospitalized? No Previous Vaccinations: Other Medications: Durrent Illness: Preexisting Conditions: Wilergies: Diagnostic Lab Data: DC 'Split Type': ROPFIZER INC202200618489 Vrite-up: Maternal Exposure During Pregnancy; death; severe omphalocele eport received from contactable reporter(s) (Physician) from the RA-WEB. F	ernal exposure during pregnancy
Birth Defect? Yes Died? Yes Date died:0000-00-00 Permanent Disability? No Recovered? No Office Visit (V2.0)? No ER or Office Visit (V1.0)? No ER or ED Visit (V2.0)? No Aspitalized? No Previous Vaccinations: Other Medications: Other Medications: Current Illness: Preexisting Conditions: Allergies: Diagnostic Lab Data: CDC 'Split Type': ROPFIZER INC202200618489 Write-up: Maternal Exposure During Pregnancy; death; severe omphalocele eport received from contactable reporter(s) (Physician) from the RA-WEB. F	
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Date died:0000-00-00 Permanent Disability? No Recovered? No Office Visit (V2.0)? No ER or Office Visit (V1.0)? No ER or ED Visit (V2.0)? No Asspitalized? No Previous Vaccinations: Other Medications: Other Medications: Current Illness: Preexisting Conditions: Allergies: Diagnostic Lab Data: CDC 'Split Type': ROPFIZER INC202200618489 Vrite-up: Maternal Exposure During Pregnancy; death; severe omphalocele eport received from contactable reporter(s) (Physician) from the RA-WEB. F	
Permanent Disability? No Recovered? No Office Visit (V2.0)? No ER or Office Visit (V1.0)? No ER or ED Visit (V2.0)? No Hospitalized? No Previous Vaccinations: Other Medications: Other Medications: Current Illness: Preexisting Conditions: Allergies: Diagnostic Lab Data: CDC 'Split Type': ROPFIZER INC202200618489 Write-up: Maternal Exposure During Pregnancy; death; severe omphalocele eport received from contactable reporter(s) (Physician) from the RA-WEB. F	
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PCOV16267 A 14 week old nationt received BNL162b2 (COMIDNALY) (
number: EP2166) and on <mark>28Mar2021 as dose 2,</mark> 30 ug single (Lot number: I	
mmunisation. The patient"s relevant medical history was not reported. Then	
nother"s past drug history included: Comirnaty, start date: 07Mar2021, stop Comirnaty, <u>start date: 28Mar2021, stop date: 28M</u> ar2021, for COVID-19 imn	
eported: TRICUSPID VALVE INCOMPETENCE death, concenital anomaly	
putcome "fatal", described as "Tricuspid regurgitation"; EXOMPHALOS (dea	
vith onset 07Jan2022, outcome "fatal", described as "severe omphalocele";	
vith onset 17Jan2022, outcome "fatal", described as "death"; MATERNAL E	
nedically significant), outcome "fatal". The patient date of death was unknow	
Additional information: 2 pregnancies with normal evolution, brought to term	
pregnant for the 3rd time with a 13 w old evolutive pregnancy, estimated dat	
Iltrasound, at 13w, the patient was announced that the fetus presented a se	
a possible an <u>euploid anomaly. On 13-Jan-2022, the patient underwent for a</u>	
confirmed the major abdominal wall defect (omphalocele that included the liv	socona opinion ana ovana invostigation, that

My Take...

Pregnant women who were exposed to Pfizer or Moderna COVID-19 mRNA vaccines in the first trimester, were at risk of their fetus developing congenital malformations:

- of the brain (missing or abnormal structures, agenesis, atresia, etc)
- of the heart (abnormal structures valve atresia or insufficiency, transposition of vessels, univentricle, ventricular septal defect, aorta hypoplasia, etc)
- of the abdominal wall (exomphalos)
- of the limbs (hypoplasia, bony agenesis, missing fingers, radial zamba hand, etc)

Not "safe in pregnancy" by any measure.

The reality is that women were lied to by their family doctors and by their obstetricians/gynecologists and were not informed about the risks of congenital malformations that could be caused by Pfizer or Moderna COVID-19 mRNA vaccines.

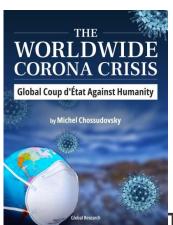
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Dr. William Makis is a Canadian physician with expertise in Radiology, Oncology and Immunology. Governor General's Medal, University of Toronto Scholar. Author of 100+ peer-reviewed medical publications.

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The Worldwide Corona Crisis, Global Coup d'Etat

Against Humanity

by Michel Chossudovsky

Michel Chossudovsky reviews in detail how this insidious project "destroys people's lives". He provides a comprehensive analysis of everything you need to know about the "pandemic" — from the medical dimensions to the economic and social repercussions, political underpinnings, and mental and psychological impacts.

"My objective as an author is to inform people worldwide and refute the official narrative which has been used as a justification to destabilize the economic and social fabric of entire countries, followed by the imposition of the "deadly" COVID-19 "vaccine". This crisis affects humanity in its entirety: almost 8 billion people. We stand in solidarity with our fellow human beings and our children worldwide. Truth is a powerful instrument."

ISBN: 978-0-9879389-3-0, **Year:** 2022, PDF Ebook, **Pages**: 164, 15 Chapters

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