COVID-19 Vaccinations and Pregnancy Outcomes

James A Thorp, MD

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It is difficult to conceive of a more egregious breach of medical ethics by the government-controlled, medical-industrial complex than the systematic promotion of COVID-19 vaccination to pregnant women—thereby, through transplacental transfer [1], effectively vaccinating their unborn and newborn children. This campaign was not accidental. It was calculated. Pregnant women were targeted deliberately for two reasons:

1. Women are the primary decision-makers in healthcare across the human lifespan—a known marketing principle.

2. Pregnant women are the most vulnerable patients. If they could be convinced that the vaccination was safe and effective, it would imply that it was safe and effective for everyone.

From the outset of the pandemic, this vaccination campaign was never grounded in biological science but rather in behavioral "science"—specifically, manipulating public perception through influence, fear, and persuasion. The federal government outsourced much of this psychological operation to NGOs, which disseminated emotionally charged and misleading messaging. These entities falsely assured pregnant women that the vaccines were proven safe and essential for maternal, fetal, and newborn health, even though early evidence indicated quite the opposite [2]. Pregnancy itself was protective against COVID-19-related maternal mortality.[3]

Dr. Jay Winsten, an Initiative Director at Harvard's School of Public Health [4], described the government's vaccine marketing approach in a 2020 CBS News interview. He explained that the strategy was to 'go for the low-hanging fruit—those easiest to pick and harvest [5].' That 'fruit,' tragically, were pregnant mothers.

Emphasizing the importance of leveraging local influence to promote vaccination, Winsten stated:

> "People trust their doctors, their nurses, their pastors, their own social networks. That's very, very different from a distant figure. And these can be local celebrities as well. If you're in the Boston market, you want Patriots players who have gotten the shot and come from different ethnic and racial backgrounds, who have tremendous followings" [4,5].

This deception was institutionalized in the now-infamous Shimabukuro study [6], published on April 21, 2021, in the digital version of the New England Journal of Medicine. The authors claimed a miscarriage rate of 12.6%, but the raw data revealed an 82% miscarriage rate in women vaccinated during the first trimester. This is consistent with the 81% miscarriage rate noted in the Pfizer 5.3.6 post-market data and is discussed in detail below. These figures mirror the effects of chemical abortion drugs such as RU-486. Also in the same journal, on the same day, an Op-Ed appeared by CDC Director Dr. Rochelle Walensky and Journal Editor-in-Chief Eric Rubin [7]. Both of these publications [6,7] were riddled with conflicts of interest and deliberate misrepresentations intended to coerce pregnant women into taking the vaccine.

This study [6] covered only 10 weeks (December 14, 2020, to February 28, 2021), even though pregnancy lasts 40 weeks. Ideally, the study should have been conducted over a much longer timeframe—such as a full year. However, amid rising vaccine hesitancy, April 21, 2021, was chosen as the publication date for both articles [6,7] in *The New England Journal of Medicine* (NEJM), seemingly to promote COVID-19 vaccination during pregnancy and curb the rising vaccine hesitancy in the Spring of 2021.

The study [6] relied on a voluntary, smartphone-based data collection system called V-safe, which is highly inaccurate and prone to sample bias and data manipulation. Since its publication, attorney Aaron Siri has written extensively about alleged corruption, data manipulation, and misconduct associated with the V-safe system [8]. The CDC and FDA refused to release the full V-safe data, requiring Siri to obtain portions through litigation. Siri has since published a 10-part series alleging corruption, data manipulation, and potential fraud related to the system.

In hindsight, the Shimabukuro article appears to be unreliable considering Siri's revelations [8], and it was arguably written with intentional obfuscation and bias, with the apparent goal of promoting COVID-19 vaccination in the Spring of 2021 when vaccine hesitancy was rising.

One cannot forget the infamous statement made by the Editor-in-Chief of *The New England Journal of Medicine* (NEJM), Dr. Eric Rubin, on October 26, 2021. As a member of the FDA's Vaccines and Related Biological Products Advisory Committee, Rubin was discussing whether to authorize Pfizer's COVID-19 vaccine for children aged 5 to 11 [9]. Rubin stated:

> *"We're never going to learn about how safe the vaccine is unless we start giving it. That's just the way it goes."*

Investigators have also uncovered what appears to be a potential money laundering scheme involving the U.S. Department of Health and Human Services (HHS) and the Centers for Disease Control and Prevention (CDC), funneling funds through the Massachusetts Department of Public Health to the Massachusetts Medical Society (MMS), the owners of NEJM [10,11]. On July 1, 2019, the HHS/CDC awarded a $67.1 million federal cooperative agreement grant to the Massachusetts Department of Public Health, with the funding period extending through June 30, 2025 [10,11].

The Massachusetts Department of Public Health subsequently issued 21 subawards to various influential public and private health and civic organizations—including the Massachusetts Medical Society [10,11]. The MMS received over $426,000 between 2019 and 2020 for "public health and medical emergency preparedness projects."

Coincidentally, NEJM Editor-in-Chief Eric Rubin and Managing Editor Stephen Morrissey hosted then-CDC Director Rochelle Walensky to publish their endorsement of COVID-19 vaccination during pregnancy [7] on the same day that the Shimabukuro article was published—April 21, 2021 [6].

In the Shimabukuro study, all 21 authors were federal employees with a vested interest in promoting COVID-19 vaccines. The lead author, Dr. Tom Shimabukuro, has been involved with the FDA since 2010 and served as a lead member of the FDA's Vaccine Safety Committee. These serious conflicts of interest, in and of themselves, should have disqualified the study from publication. This is plain and simple disinformation and cannot be dismissed as accidental.

Of the 21 named authors, 8 were physicians, including 3 OB-GYN specialists and others with public health and epidemiology expertise. It is inconceivable that an error of this magnitude could have escaped the scrutiny of such a highly credentialed group. Furthermore, how could such flaws have gone unnoticed by the NEJM editorial staff and peer reviewers—unless intentionally overlooked [12]?

The *New England Journal of Medicine*, often seen as the flagship publication of the medical-industrial complex, has taken a strongly pro-vaccine stance that can hardly be described as objective. Shimabukuro's thinly veiled attempt to downplay the risks of COVID-19 vaccines and reduce vaccine hesitancy represents yet another research scandal—laden with conflicts of interest and an apparent intent to mislead [13]. Between 2020 and 2022, pharmaceutical companies paid $1.06 billion to reviewers at leading medical journals, including NEJM, JAMA, and BMJ [14,15]. The integrity of the peer-review process had been fundamentally corrupted.

Subsequent studies have also claimed that COVID-19 vaccines are safe and effective during pregnancy and have been extensively reviewed and rebuked by respected researchers [2]. Many of these flawed publications are fundamentally compromised by serious conflicts of interest—ranging from biased funding sources and institutional mandates to the authors' employment affiliations and even threats to their medical licenses and board certifications.

At least six studies demonstrate breaches of safety signals regarding the use of COVID-19 vaccines during pregnancy [2,16-20]. Of these, three originate from the CDC/FDA/VAERS [2,9,11,16,17], and two were conducted by Pfizer [15,18]. These are reviewed below in more detail.

Researchers/Authors who have published findings opposing the use of COVID-19 vaccines during pregnancy consistently report having no academic, financial, or governmental conflicts of interest. Unlike the corrupt journal authors, many of these righteous researchers have faced persecution, censorship, and threats to their medical licenses and board certifications for presenting data that contradict the prevailing government and pharmaceutical industry narratives.

February 28, 2021: Pfizer's 5.3.6 Post Market Surveillance Analysis Completed

The Pfizer 5.3.6 legally mandated post-market analysis [16] documents the COVID-19 vaccines as the most injurious and lethal medical product ever released, reporting 42,086 adverse events (AEs)—including 1,223 deaths—within just 10 weeks (see page 7). This equates to an "injure-to-kill" ratio of 33.4.

Page 12 of Pfizer's report [16] highlights multiple concerning pregnancy-related outcomes:

- A miscarriage rate of 81% (26 out of 32 cases, with 238 out of 270 cases lacking follow-up),
- A five-fold increase in stillbirth rates—from an expected 5.8 per 1,000 to 31 per 1,000 (1 in 32),
- An eight-fold increase in neonatal death rates—from an expected 3.9 per 1,000 to 31 per 1,000 (1 in 32),
- There is a 13% incidence (17 out of 133 cases) of breastfeeding complications among newborns whose mothers received the COVID-19 vaccine during pregnancy.

These breastfeeding complications appear significantly higher than any rate reported in existing literature known to the author. Although this Pfizer document does not include a control group for direct comparison, several of the reported AEs seem serious and beyond the scope of normal breastfeeding experiences. These include but are not limited to: "*pyrexia (5), rash (4), infant irritability (3), infantile vomiting (2), diarrhea (2), insomnia (2), illness (2), lethargy (1), abdominal discomfort (1), vomiting (1), eructation (1), agitation (1),* and *urticaria (1)".*

Notably, Pfizer and the FDA sought to withhold the release of these post-market adverse event analyses for 55 to 75 years [21,22].

January 12, 2022: The American Board of Obstetrics and Gynecology (ABOG) Put on Notice Regarding the Unacceptable Breaches in VAERS Safety Signals

The American Board of Obstetrics and Gynecology (ABOG) published its "Statement Regarding Dissemination of COVID-19 Misinformation" on September 27, 2021 [23]. A senior constituent and former ABOG examiner (James A. Thorp MD) personally raised concerns with ABOG's Executive Director, Dr. George Wendel, regarding the organization's unprecedented threats to

60,000 OB/GYN physicians. ABOG had pressured physicians to recommend untested, experimental COVID-19 vaccines during pregnancy, warning that failure to comply could result in the loss of medical licenses and board certifications. In response, this board-certified OB/GYN and maternal-fetal medicine physician (James A. Thorp MD) authored a 98-page open letter to ABOG, published publicly on January 12, 2022 [17]. The Letter specifically addressed unacceptable breaches in safety signals reported in the VAERS system, bringing these concerns directly to the attention of ABOG's senior officers and examiners. Under a section titled *"The VAERS Data Has Signaled Warnings That Can No Longer Be Ignored"* (page 12), the Letter detailed alarming reports of deaths, fetal malformations, and pregnancy losses associated with the COVID-19 vaccines. The Letter also cited numerous additional concerns and included references to 1,019 peer-reviewed medical journal articles—published within 12 months of the vaccine rollout—documenting severe injuries and deaths after COVID-19 vaccinations [17]. As of June 12, 2024, 42 months after the rollout began, that number has grown to 3,580 such studies [24]. Despite these documented concerns, ABOG neither responded to the Letter nor reversed its position. Nonetheless, the organization continued recertifying this physician (James A Thorp MD) in 2022, 2023, 2024, and again in 2025.

Many expressed concerns regarding the potential of the mRNA-based vaccines to be reversed-transcribed into the human genome, including germ cells of men and women, potentially creating a genetic alteration in offspring. As such, this would not just be an epigenetic multigenerational catastrophe as in the case of diethylstilbestrol (DES) – it could have permanent consequences for the future of the human genome. Why was this not investigated before human experimentation? A strong case can be made that pushing novel COVID-19 vaccines in pregnancy is the most significant ethical breach in the history of medicine [25,26].

Alarmingly, Aldén and colleagues demonstrated in February 2022 that vaccine mRNA is reverse transcribed into human liver cells *in vitro* [27]. Additionally, two separate studies. one in 2022 [28] and another in 2023 [29], both led by Hanna and colleagues—showed that intact vaccine mRNA is excreted into human breast milk, potentially exposing nursing infants to vaccine components during breastfeeding. These findings raise serious concerns about whether COVID-19 mRNA is being reverse-transcribed into the human genome. In early 2024, the *American*

Journal of Obstetrics and Gynecology published a study by Lin and colleagues [1] documenting the transplacental transmission of COVID-19 vaccine mRNA into fetal blood. The study also showed that this mRNA remains bioactive, resulting in spike protein expression in both the placenta and the decidua. This discovery may help explain several pregnancy-related adverse events, including those involving placental abnormalities visible on ultrasound [2]. The bioactivity of vaccine mRNA in the decidua could also partially account for menstrual irregularities and infertility.

The findings by Lin and colleagues [1] validate the warnings issued more than three years earlier—in January 2022—by a dissenting maternal-fetal medicine physician (James A Thorp MD), who publicly addressed the American Board of Obstetrics and Gynecology (ABOG) in an open letter [17]. Notably, the lipid nanoparticles in the vaccine were intentionally designed to cross the placenta and enter fetal circulation.

Recent findings indicate substantial contamination of the degradation-resistant mRNA COVID-19 vaccines with plasmid DNA. In the case of the Pfizer product, this contamination includes the SV40 promoter-enhancer/origin of replication sequence—a known cancer-causing element. Several credible laboratories have independently replicated these findings [30–34]. Microbiologist Kevin McKernan was the first to identify DNA contamination in Pfizer and Moderna COVID-19 vaccines, including the presence of SV40—a cancer-promoting genetic sequence—in Pfizer's formulation. This discovery prompted the World Council for Health (WCH) to convene an *Urgent Expert Healing Conference* on October 9, 2023 [35]. The following day, WCH released a press statement titled: *"World Council for Health Expert Panel Finds Cancer-Promoting DNA Contamination in COVID-19 Vaccines: International expert panel concludes that COVID vaccines are contaminated with foreign DNA and that SV40, a cancer-promoting genetic sequence, has been found in the vaccines"* [35]. On October 24, 2024, McKernan reported the presence of high levels of the SV40 sequence, along with other plasmid DNA, in biopsies taken from a vaccinated cancer patient [36,37]. The implications of this contamination for public health are profound. Both adults and children—particularly those whose mothers were vaccinated during pregnancy—could be at risk. Any integration of foreign

DNA into the human genome carries the potential to cause cellular transformation, cancer, and genetic abnormalities in pregnant women, the unborn, and the newborn.

April 2023: VAERS Analysis of Adverse Events (AEs) in Pregnant and Menstruating Women

In a prior publication, Thorp and colleagues [18] compared 18 adverse events (AEs) reported over 18 months following COVID-19 vaccination to those reported after influenza vaccination over 282 months. The analysis used proportional reporting ratios (PRRs), calculated based on three variables: AEs per unit of time, AEs per inoculation, and AEs per individual vaccinated [18].

The study identified 17 obstetrical AEs and one AE related to menstrual abnormalities. All 18 events showed significant breaches in the CDC/FDA safety signal threshold of PRR ≥ 2. Notable PRRs based on time included:

- Menstrual abnormalities: 4,257
- Miscarriage: 177
- Fetal malformation: 21
- Preeclampsia: 83
- Preterm delivery: 32.3
- Low amniotic fluid volume: 17
- Abnormal fetal surveillance: 83
- Stillbirth: 135

The above AEs had *p*-values of less than one in a million, indicating [deleted extreme] statistical significance.

July 2023 Pfizer's: Randomized, Double-Blind, Placebo-Controlled Clinical Trial in Pregnant Women, COVID-19 vaccine versus Placebo

Also consistent with the present study's findings is Pfizer's Phase 2/3 clinical trial titled *"A Randomized, Double-Blind, Placebo-Controlled Clinical Trial in Pregnant Women: COVID-19 Vaccine versus Placebo."* This trial was completed in July 2022; the results were released in July 2023. The study was significantly underpowered, enrolling only 324 pregnant women—161 randomized to receive the COVID-19 vaccine and 163 to receive a placebo [19]. Moreover, the

trial's first inclusion criterium selected the lowest-possible risk pregnant population: "healthy women ≥18 years of age who are between 24 0/7 and 34 0/7 weeks' gestation on the day of planned vaccination, with an uncomplicated, singleton pregnancy, who are at no known increased risk for complications." Choosing entry criteria with the lowest possible risk and the vaccine given in a narrow time frame is inconsistent with the claims that it is safe for any woman before, during, or after pregnancy. This design fails to address vaccination risk of miscarriage or other complications prior to 24 weeks. Nor can this study design be extrapolated to any other population outside this highly selected low-risk population. For example, this study would not be applicable to any pregnant women with obesity, hypertension, diabetes, asthma, multiple gestations, a history of premature labor, or a myriad of other pre-existing medical or obstetrical conditions. Despite these design flaws, the study reported at least eight serious newborn outcomes among those whose mothers received the COVID-19 vaccine:

1. A 100% increase in low Apgar scores (indicating depressed newborns);
2. A substantial increase in meconium aspiration syndrome;
3. An 80% increase in neonatal jaundice;
4. A 70% increase in congenital malformations;
5. A 220% increase in atrial septal defects;
6. A substantial increase in fetal growth restriction;
7. A 200% increase in congenital nevi; and
8. A 310% increase in congenital anomalies with developmental delays at 6 months of age.

How many women would have agreed to receive a COVID-19 vaccine during pregnancy if their OB/GYNs had fully informed them of these eight outcomes from Pfizer's Phase 2/3 clinical trial? It seems unlikely that many would have consented—particularly if given the honest, transparent information required under the Nuremberg Code of Ethics.

February 8, 2025: Are COVID-19 Vaccines in Pregnancy as Safe and Effective as the Medical Industrial Complex Claim?

Using the CDC / FDA / VAERS, Thorp and colleagues assessed 37 different AEs in pregnancy, 27 before delivery, and 10 in the newborn after delivery [2,10]. The time period included 412 months for all vaccines except COVID-19 vaccines, having been used for only 40 of the 412 months (December 1, 2020, to April 26, 2024). Proportional reporting ratios (PRR) by time compared AEs after COVID-19 vaccination to those after influenza vaccination and after all other vaccine products administered to pregnant women. The CDC/FDA's safety signals were breached for all 37 AEs following COVID-19 vaccination in pregnancy, including miscarriage, chromosomal abnormalities, fetal malformations, cervical insufficiency, fetal arrhythmia, hemorrhage in pregnancy, premature labor/delivery, preeclampsia, preterm rupture of membranes, placental abnormalities, fetal growth restriction, stillbirth, newborn asphyxia, and newborn death. All p values were ≤ 0.001, with the majority being <0.000001. The authors concluded that there were unacceptably high breaches in safety signals for 37 AEs after COVID-19 vaccination in pregnant women. An immediate global moratorium on COVID-19 vaccination during pregnancy is warranted. The United States government, medical organizations, hospitals, and pharmaceutical companies have misled and/or deceived the public regarding the safety of COVID-19 vaccination in pregnancy. The promotion of the COVID-19 vaccines in pregnancy by The American College of Obstetricians and Gynecologists (ACOG), The American Board of Obstetrics & Gynecology (ABOG), and The Society for Maternal-Fetal Medicine (SMFM) must cease immediately.

Impact of mRNA and Inactivated COVID-19 Vaccines on Ovarian Reserve

A recent study dated March 24, 2025, conducted by Karaman [37], as reported in THE DEFENDER [38] by Michael Nevradakis, Ph.D,

> "*This study is the first to evaluate the effects of mRNA and inactivated COVID-19 vaccines on ovarian follicles and ovarian reserve in a rat model. The findings demonstrate that both vaccines, particularly the mRNA vaccine, are associated with a*

reduction in ovarian reserve, characterized by depletion of the primordial follicle pool and increased follicular loss via apoptosis throughout folliculogenesis. However, these results should be interpreted cautiously, as preclinical models cannot be directly extrapolated to human reproductive health. Further longitudinal studies in human populations, including assessments of AMH levels and antral follicle counts, are necessary to validate these observations and determine their clinical significance."

In short, the study suggests the mRNA Covid-19 vaccine:

1. causes the destruction of 60% of eggs in the ovaries of rats; and,
2. crosses the placenta into the fetus of pregnant mice within the first hour of vaccination, and sometime later into the liver, where the spike protein continues to replicate.

These findings are consistent with previous studies by Pfizer Australia Pty Ltd [39], Brohi [40], and Schädlich [41] and my experience of over 40 years.

In conclusion, there must be an immediate moratorium on the use of all COVID-19 vaccines. This product is NOT safe for human use, let alone the most vulnerable patients, pregnant women, preborn, and newborns.

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