



By March 2021 Pfizer And FDA Knew Covid Injections Were Lethal for Unborn Babies

Description



We previously published an article describing the shocking revelation that 82% – 97% of women either suffered a miscarriage or suffered the loss of their newborn child following Covid injections according to documents the US Food and Drug Administration (“FDA”) reviewed BEFORE issuing emergency use authorisation for Pfizer-BioNTech’s Covid “vaccine.”

According to the documents Pfizer submitted in their request for FDA approval, of the 270 pregnant women who had an injection, “no outcome was provided for 238 of the pregnancies.” In other words, Pfizer had no idea what happened in 238 of the pregnancies. Of the 29 known outcomes, Pfizer noted that only 1 was “normal” and 28 resulted in the death of the baby. That means 97% of all known outcomes of Covid “vaccination” during pregnancy resulted in the loss of a child.

Dr. Byram Bridle, an Associate Professor of Viral Immunology in the Department of Pathobiology at the University of Guelph, Canada – who wants to help his fellow scientists in making sure that this science gets widely distributed throughout the world – wrote his assessment of these shocking revelations in an article.

“This is for the sake of ‘fully informed consent’, something that regulatory agencies, public health officials and too many physicians seem to have abandoned over the past couple of years,” he wrote.

Below are excerpts from Dr. Bridle’s article ‘*Of 29 Pregnant Women That Had Received Pfizer’s COVID-19 Inoculation, Only One Had a Baby That Lived*’, read the full article [HERE](#).

By Dr. Byram Bridle

I am in shock.

The highest quality data for assessing a novel medical product are derived from clinical studies. This is because these types of experiments in people are typically well-controlled and include what is known as ‘active monitoring’; there is follow-up to assess safety and efficacy. This is why the clinical testing

phases should never be compromised. With this in mind, let's explore a stunning set of data that Pfizer provided to the FDA.

The FDA had requested 75 years to release the documents that they reviewed from Pfizer prior to issuing emergency use authorisation for the Pfizer-BioNTech BNT162b mRNA 'vaccine' (Comirnaty). However, a judge overruled this and issued a court order that the documents be released in large monthly instalments.

Amongst the May documents is a shocking set of data. The data were accumulated up until 28 February 2021. Notably, on page 9, safety concerns based on the US Pharmacovigilance Plan included "missing information" on "Use in Pregnancy and lactation". Here are the data that were available at that time regarding outcomes in pregnant women that had received Pfizer's Covid-19 inoculation; this is quoted from the top of Table 6:

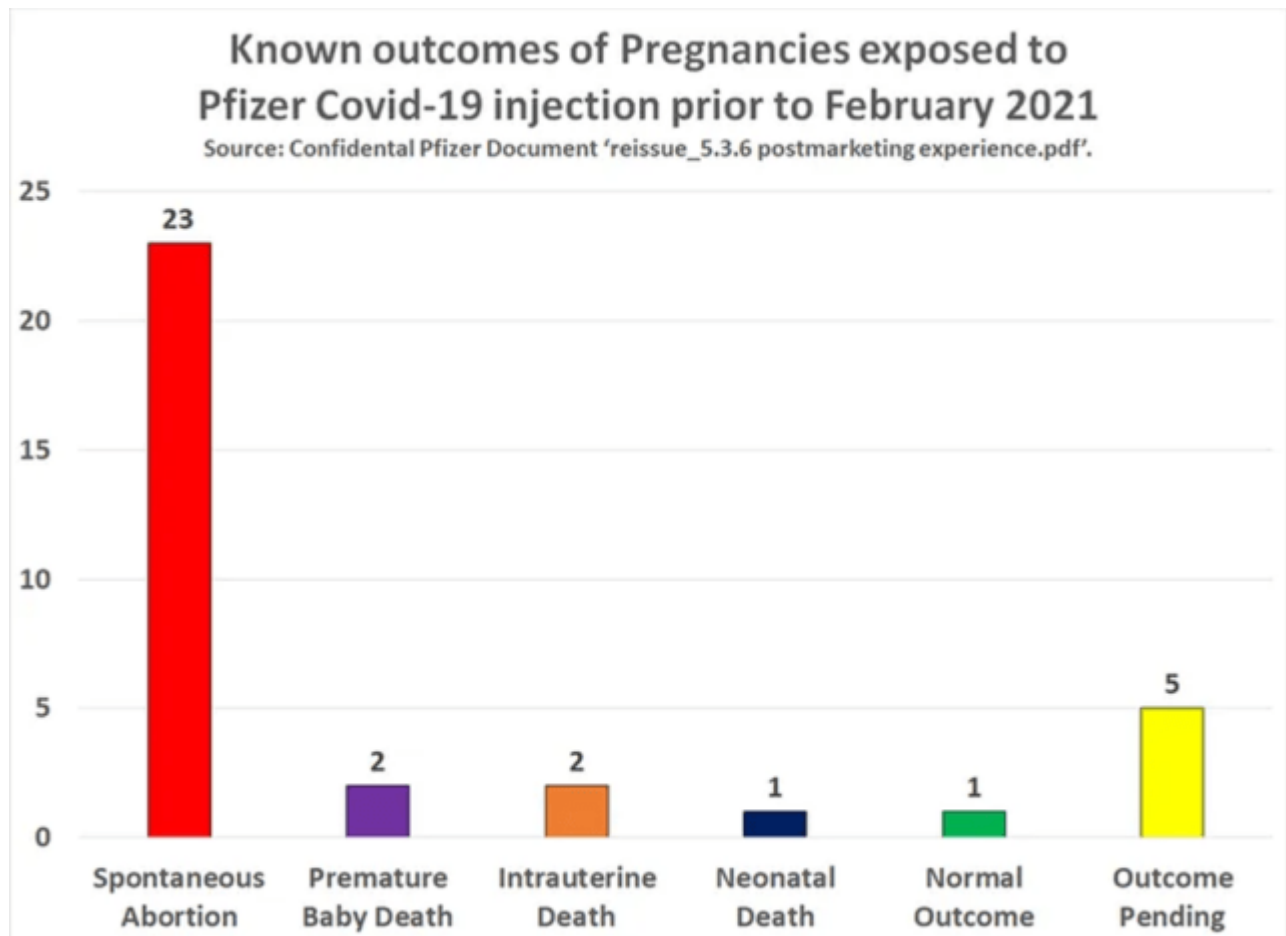
Pregnancy cases: 274 cases including:

- 270 mother cases and 4 foetus/baby cases representing 270 unique pregnancies (the 4 foetus/baby cases were linked to 3 mother cases; 1 mother case involved twins).
- Pregnancy outcomes for the 270 pregnancies were reported as spontaneous abortion (23), outcome pending (5), premature birth with neonatal death, spontaneous abortion with intrauterine death (2 each), spontaneous abortion with neonatal death, and normal outcome (1 each). No outcome was provided for 238 pregnancies (note that 2 different outcomes were reported for each twin, and both were counted).

[*BNT162b2 5.3.6 Cumulative Analysis of Post-authorization Adverse Event Reports, Page 12, Table 6*](#)

Apparently, outcomes will never be known for 88% (238/270) of the pregnancies. Why was the follow-up rate on these cases so abysmal?

[The Exposé] has a great graph on their website that summarises the results from cases for which follow-up data were available:



[Confidential Pfizer Docs. reveal 90% of Covid Vaccinated Pregnant Women lost their Baby; but Pfizer claimed: “No safety signals emerged”](#), The Exposé, 9 May 2022

It appears that data would be available for five of the pregnancies, but these outcomes were still unknown at the time that Pfizer’s document was written. As such, there are solid data available from 29 pregnancies. One out of 29 of these pregnancies resulted in a “normal” outcome. This means that 28 out of the 29 babies died! That is a 97% death rate.

I don’t care which trustworthy data set you look at to determine a ‘background’ death rate, none of them come close to 97%. Spontaneous abortions are more common than many people appreciate, but, again, they are nowhere near the rate in this study.

Even in the case of the “normal outcome,” this means there was an apparently healthy baby. However, one cannot be certain that the outcome was “normal” until the baby has had all of their physiological systems fully mature, which means early adulthood.

I have looked at Pfizer’s pre-clinical reproductive toxicity data and they are fatally flawed. Issues included “vaccinating” the females only; apparently, it was forgotten that “it takes two to tango.” Also, the rodent models that were used express the low-affinity version of the receptor for the spike protein encoded by the “vaccines.” People express the high-affinity receptor. This means the rodent models aren’t capable of revealing toxicities that might be associated with the spike protein. In short, the pre-clinical studies could provide no assurance whatsoever that Pfizer’s “vaccine” would be safe in the

context of pregnancy. Now there is proof that data were in the hands of regulatory agencies that suggested the potential for a 97% fatality rate for babies from “vaccinated” women. These “real-world” studies should never have been authorised based on the data presented here.

Many countries have pushed Pfizer’s Covid “vaccine” on pregnant women, often via mandates. This was been done with the full blessing of their societies for obstetrics and gynaecology. A 97% death rate among babies from pregnant mothers that were “vaccinated” is appalling. And this was from Pfizer’s own clinical trial data. This suggests a massive breakdown in the health regulatory process. The public, whom health regulatory agencies are to be serving, should demand accountability from these government-run institutions. Are obstetricians and gynaecologists going to continue to make these recommendations with these data in hand?

If I were a regulatory scientist assessing the pregnancy outcome data from Pfizer, there is no way that I would ever have supported the use of their inoculation in pregnant women. And I would never have allowed “real-world” data from flawed studies to replace proper pre-clinical and clinical trials. Nor would I remain silent about this knowledge. Regulators who know better need to start speaking up.

Couples experiencing pregnancies or who wish to do so must make it their own responsibility to educate themselves to facilitate fully informed consent. Too many obstetricians and gynaecologists are either too superficially trained in the immunological sub-discipline of vaccinology or are too afraid of contradicting a narrative for which dissent is punished.

If you or your baby have experienced any issues post-inoculation, please report these to your physician. They are obligated to submit an adverse event report, without opining on whether or not they think it might or might not be related. The accumulation of these reports is the only way scientists can help identify safety signals during a public rollout of a novel medical product.

by Rhoda Wilson

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