Pregnancy is beautiful and sacred. It confers hope on the family that brings new life into this world and to all of society. This is one of the many reasons we work so hard to protect the unborn and their mothers.

At this time, however, there is a real threat to the future of this world, that being to pregnant women and their unborn babies. A threat that very few are talking about or, perhaps more likely, they’re being censored from doing so.

We are all well acquainted with COVID-19 and surely have heard a great deal about the so-called vaccines that claim to fight and protect against it. Yet one thing that we have not heard nearly enough about, if at all, is the effects these vaccines are having on pregnant women and their babies.

If you have not yet heard, a brave Doctor by the name of James Thorpe is spearheading this discussion and going up against the American Board of Obstetrics and Gynecology, knowing well that his career, livelihood, name, and virtually everything is at stake. He is challenging the Board even though they already threatened doctors in the entire field: either they agree with the board’s pro-vaccination stance for pregnant, recently pregnant, and lactating women or they will be stigmatized as “misinformation” spreaders.

Dr. Thorpe is challenging them anyway.

According to Dr. Thorpe, “there have been more fetal deaths, fetal miscarriages and fetal malformations that have been reported to VAERS [Vaccine Adverse Event Reporting System] in just six or eight months than all the other vaccinations in pregnancies in the last 32 years... There are about a million births in the US per year, I estimate that about one-third of those births [are from pregnant women who] have been vaccinated in the last year [2021]. That comes up with a number of 300,000 and the fetal deaths that I projected were...
basically directly from VAERS data, and using Dr. Jessica Rose’s underreporting factor of 41 that comes up with easy 100,000 plus fetal deaths.”

Evidence supporting this view can be found in a paper by Brock and Thornley. This paper goes to show that the use of mRNA vaccines has increased the rate of spontaneous abortions, otherwise known as miscarriages, by seven to eight times the standard. Their paper comes after questioning the conclusions of another study that supports the use of mRNA vaccines in early pregnancy. That study has now been forced to make a correction after concerns were raised by other scientists. Sadly, it has now been incorporated into many international guidelines for vaccine use in pregnant women, including the CDC.

Despite the correction from that study they used to support vaccines for pregnant women, the CDC continues to recommend COVID-19 Vaccination “for people who are pregnant, breastfeeding, trying to get pregnant now, or might become pregnant in the future.” Additionally, to further substantiate their vaccine encouragement, they produced an assessment to show the effects that the virus can present when it infects pregnant women. However, that study’s most notable limitation is that the variables are limited to pregnant and non-pregnant women who have had the virus. It does not take into account vaccination status, an omission which can certainly be misleading now that we know that even vaccinated individuals can, in fact, be carriers of the China virus.

That CDC study, as well as numerous more papers that are available, lack that one very important vaccination status variable. This can be dangerously misleading, especially since scientists could be misidentifying what might actually be adverse vaccine ramifications as COVID infection side effects or fetal deaths instead. Yet, at the onset of the vaccine release, we saw organizations like the WHO recommending pregnant women not to get vaccinated due to the risks that might not outweigh the benefits. However, less than a week after this warning they reversed their position to be more closely aligned with the CDC’s already flawed stance.

As a result, an unsuspecting pregnant woman might see no other option than to get vaccinated thinking the effects of the virus present a greater risk to her and the child than getting vaccinated.

There is no hard evidence that these vaccines are safe for pregnant women, only speculation or worse in some cases, manipulated data. Pregnant and breastfeeding women were excluded from vaccine control trials; therefore, the safety of the vaccine for Authorized Emergency Use was only determined by no adverse pregnancy-related outcomes in
pregnant animal and offspring trials. This means that the data we currently have now about pregnant women who have had the COVID-19 vaccines comes from women who were left on their own at the onset of this pandemic to weigh the risks of getting the virus against the unknown safety risks of vaccination thereby making them the real experimental trials.

Sadly, we now know that in reality 4 out of 5 pregnant women who got the COVID-19 vaccines suffered miscarriages despite numerous studies that cited the study referenced above that was forced to make a correction after not accurately calculating a risk estimate for miscarriages. I am reminded of Stalin’s infamous words: “One death is a tragedy; one million is a statistic.”

Prof. Christian Perronne, a vaccine specialist and Former Vice President of the World Health Organization European Advisory Group of Experts in Immunization, who like many other doctors is now censored by the media for fighting for the truth, took part in public debates at an EU Parliamentary Hearing in Luxemburg last month calling for a suspension on these “experiment products that are not vaccines.” Prof. Perronne unfolds a number of issues surrounding this topic but emphasizes the shock and scandal it has been to give this product to pregnant women. This is some of what he had to say in his dialogue:

“When I see the scandal with pregnant women, normally it takes 10 years after definitive authorization, of commercial use, for [vaccines] to be authorized for pregnant women with enough hindsight...What shocks me is the absence of scientific studies on these decisions.”

The bottom line is that these so-called vaccines have not been proven to be safe for pregnant women and that doctors and research papers that aim to question the mainstream media and vaccine agenda are being ignored, silenced, and stigmatized as misinformation spreaders. We also cannot deny the fact that the only data we currently have on COVID-19 vaccines for pregnant women came after its authorization for Emergency Use, not beforehand in the trials, which left vulnerable women to be the real experimental trials.

Additionally, the overwhelming studies that do exist attempting to prove its safety or efficacy for pregnant women are not always all-encompassing or have or cite manipulated data. When it comes down to it, we now know that natural immunity works and is better than the vaccine, even Israeli Vaccine Chief Cyrille Cohen admits that and went as far as to say that we made a lot of mistakes handling this pandemic. In hindsight, massive efforts should have been made to discover early and safe treatments for pregnant women and the unborn. Research, doctors, and nurses substantiate this claim, but their voices are mute.