Lipid Nanoparticles, mRNA, PEG Assault Natural Conception, Gestation, and Birth

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The wonderous biologic process of reproduction is the most natural and profound aspect of human biology. Over the millennia, all organisms have developed methods of reproduction that are self-sustaining and robust. We rely upon these principles in obstetrics to allow for the most natural birth possible while providing safety for mother and child.

The purpose of hospitalization, Caesarean section, fetal monitoring, forms of assisted delivery, and neonatal units is to provide a safe environment to avoid complications for a short time before family life begins at home. That is the reason why obstetrics does not allow novel or experimental drugs or injections of any type into routine care. Only the oldest and tried and true products that we have a well-established and tested safety profile in pregnancy are allowed.

The CDC recommends a month or two BEFORE pregnancy to update the measles, mumps, and rubella (MMR) vaccine if these have not been previously administered. During pregnancy, there are only two vaccines recommended: inactivated flu vaccine (the injection, not the live nasal flu vaccine) and the Tdap (tetanus, diphtheria, and pertussis) vaccine.[1]

None of these illnesses are frequent or hazardous to young women in the era of antibiotics and treatment. Thus one could make the case to avoid any allergic reactions or complications by deferring on these shots around the time of pregnancy. The choice is

always elective and between the patient and the doctor.

The COVID-19 vaccine manufacturers with the US FDA excluded pregnant women and women of childbearing potential from being studied in randomized trials because of maternal-fetal risks with lipid nanoparticles, mRNA, and PEG. It is strict regulatory practice, that when a group is excluded from the registrational randomized trials of a new product, that group is also prohibited from taking or using that medicine in practice for obvious safety reasons. That consideration is always applied to pregnancy without exception.

Early in the campaign, the COVID-19 vaccines were declared “Pregnancy Category X” in a publication led by Dr. McCullough and fetal loss expert Dr. Raphael Stricker.[2] Despite this warning, the CDC/FDA COVID-19 vaccination program violated that regulatory standard and, at first gently and later with much force, strongly encouraged pregnant women to take risks and accept one of the COVID-19 vaccines. Brock et al. have demonstrated a 7-8-fold increased risk of stillbirth after COVID-19 vaccination.[3]

With FDA warnings for heart damage, blood clots, neurological damage, and severe allergic reactions, one can imagine if the scope of information were restricted to that provided by the US FDA alone, a reasonable woman and her husband would decline an experimental injection. Now consider the entire database with > 1000 peer-reviewed or preprint server publications on COVID-19 vaccine complications, side-effects, injuries, disabilities, and deaths; one can see what an extraordinary danger looms over our mothers and future children.

Inextricably, the American College of Obstetrics and Gynecology, for the first time in its history, officially endorses the unproven experimental COVID-19 vaccination in women.[4] The outcomes of pregnant women who contract COVID-19 respiratory illness were somewhat better than non-pregnant women with the legacy variants.[5]

In published studies of rare hospitalized and even more rare fatal cases of COVID-19, the common determinant is the lack of or inadequate early prehospital treatment. Because pregnancy is a robust state of immunity, most women with COVID-19 require no treatment. Most labor and delivery departments have had steady rates of routine test positivity ~13.5% for many months during the pandemic.[6]

High-risk women presenting with severe symptoms can be safely treated during pregnancy with virucidal nasal washes, nutraceuticals and supplements, hydroxychloroquine, ivermectin, azithromycin, inhaled budesonide, oral prednisone, aspirin, and low-molecular-weight heparin.[7] Anecdotal reports of monoclonal antibody administration have been successful as well.

All hospitalized cases published to date have failed to execute and report on comprehensive treatment before the hospital.

We have a long-interview format for this show with Dr. James A. Thorp, a board-certified OB/GYN who gives an important analysis on pregnancy and COVID-19, treatments, and vaccination.[8]

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References:

[1] https://www.cdc.gov/vaccinesafety/concerns/vaccines-during-pregnancy.html#:~:text=CDC%20recommends%20getting%20the%20flu,though%2C%20can%20still%20be%20beneficial.

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