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Prenatal Care, American Style — A Trojan Horse for Harmful Interventions?

The U.S.'s disgraceful infant and maternal mortality rates — higher than in any other wealthy nation — raise questions about what to do — including fewer unsafe tests and vaccines — to lessen the risk of complications during delivery and postpartum.

By Children's Health Defense Team

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The United States' disgraceful [infant and maternal mortality rates](#) — higher than in any other wealthy nation — raise questions about what to do to lessen the risk of complications during delivery and postpartum.

In this regard, government health agencies often highlight the importance of [prenatal care](#).

In fact, increasing “early and adequate prenatal care” is a core objective of the U.S. Department of Health and Human Services' [Healthy People 2030](#) goal related to pregnancy and childbirth — an objective achieved for [three out of four](#) American women, with only 6% of women who give birth receiving [little or no prenatal care](#).

“Adequate,” in the U.S. context, means as many as [15 prenatal visits](#). But does this barrage of prenatal attention actually improve maternal and infant outcomes?

Or — as Harvard researchers implied in an article published in 2020, in the prestigious journal [Health Affairs](#) — is it counterproductive overkill?

In many [European nations](#), women may attend half as many prenatal visits, yet infant and maternal [mortality rates are far lower](#).

In 2016, researchers who assessed pregnancy outcomes by number of prenatal visits observed that while prenatal care “is widely accepted as an important public health intervention ... its efficacy remains largely [unstudied and unproven](#).”

In the cohort of low-risk Missouri women they studied, the women who received the most prenatal care were significantly more likely to end up with interventions such as induced labor and cesarean delivery, but “without improvement in neonatal outcomes.”

The researchers soberly concluded, “More [prenatal visits] may not necessarily mean better outcomes.”

What happens during prenatal visits?

Like a snowball rolling downhill, [prenatal care visits](#) in the high-tech American healthcare setting have accrued ever more tests, procedures and interventions.

Among other actions, the providers at these visits:

- Condone a whopping [5.2](#) radiation-emitting [ultrasounds per pregnancy](#), on average, versus 1.5 in the mid-1990s and 2.7 in the mid-2000s — irrespective of whether a woman is deemed [low-risk or high-risk](#).
- Expand ethically dicey and privacy-compromising [fetal genetic screening](#), which enthusiasts promise will soon include whole genome sequencing-based evaluation “that screens directly for [hundreds of conditions](#).”
- Put forth outdated and potentially risky [dietary](#) and [supplement](#) recommendations.
- Screen for group B streptococcus (group B strep or GBS), a bacterium that is a normal intestinal tract resident in many healthy people, and blanket-recommend antibiotic prophylaxis in any woman who tests “positive.”
- Administer [flu shots](#) in any trimester of pregnancy, plus third-trimester tetanus-diphtheria-pertussis (Tdap) vaccines and, since 2021, [COVID-19 injections](#) — despite zero evidence of safety during pregnancy for any of them — as well as pushing chickenpox and measles-mumps-rubella (MMR) [vaccines right after delivery](#).

As described in the following sections, all of these recommendations and measures come with generally undisclosed risks that raise questions about whether prenatal care, as delivered in the U.S., is anywhere close to as benign and beneficial as portrayed.

Ultrasound radiation ‘traumatizing’ for fetus

Few mothers-to-be understand that [prenatal ultrasound](#), originally developed for [military purposes](#), is based on [non-ionizing radiation](#).

According to author, researcher, educator and activist [Jeanice Barcelo](#), there are thousands of studies confirming that [non-ionizing radiation is harmful](#), “especially for children and developing babies in the womb” — an alarming fact considering that some women receive as many as 10 to 15 ultrasounds in one pregnancy!

Summarizing the research, Barcelo argues that ultrasound exposure is linked, in particular, to “mutated genetic development, neurodevelopmental delays, brain damage that can contribute to [autism](#), and reproductive effects that can lead to sterility.”

Barcelo and others also believe ultrasound is [traumatic for the fetus](#):

“[I]t’s been recorded at 120 decibels in the womb. That’s like being in a subway station when the trains are coming in. That’s how loud it is. And not only is it damaging for the ears, but it’s traumatizing.

“Babies will try to get away from it. They all start bouncing all over the place. A lot of mothers will tell you, they could tell that their babies were very disturbed by the ultrasound ...”

Damage from ultrasound radiation is “insidious,” because it can take “five, 10, 15 years for cancer to develop or any one of a number of radiation-induced diseases.”

Genetic screening — who wants to know?

Another Brave-New-World frontier that is now “well incorporated into prenatal care” is [genetic screening](#).

Writing in 2019 about emerging and “revolutionary” [whole-genome sequencing](#) (WGS) technologies — designed to go well beyond screening for a few conditions like Down syndrome to instead “flag a rapidly expanding list of the unborn’s potential genetic flaws” — the publication *Wired* cautioned that the innovations

“have outpaced the research community’s ability to assess both their clinical utility and their [impacts on society](#).”

No one has been more influential in making WGS available and publicly acceptable than Harvard geneticist and “molecular engineer” [George Church](#) — “godfather” of the Human Genome Project, co-founder of multiple genomics-focused companies, one-time close associate of [Jeffrey Epstein](#) and on record as describing as “feasible” the assembly of Neanderthal DNA into an embryo and implantation in a woman.

Church has been at the forefront of efforts to normalize [synthetic biology](#), [gene editing](#) and, ultimately, [transhumanism](#), and, as investigative journalist [Whitney Webb](#) reported, “has been accused of promoting eugenics as well as unethical human experimentation.”

Church’s [Veritas Genomics](#) company began offering WGS services for \$999 in 2016, arguing that “At this price point, there is no reason to use anything but the whole genome” — while remaining silent about what it means for a for-profit company to stockpile babies’ genetic blueprints and build a “[global marketplace](#) for genomic and healthcare data.”

In that marketplace, companies have managed to persuade at least 50% of their customers — including others besides pregnant women — to authorize retrieval of “[every piece of medical information](#) on them from every health care system they’ve been a part of,” including “electronic health records, medical imaging, lab reports, prescriptions.”

Even if one ignores the disturbing implications of a giant DNA database in the sky, researchers foresaw a decade ago the potential for prenatal WGS “to alter clinical practice in [undesirable ways](#)” — by changing “norms and expectations of pregnancy,” encouraging “genetic determinism” and “undermin[ing] children’s future autonomy by removing the option of not knowing their genetic information. ...”

Noting American parents’ propensity to go for “‘cutting-edge’ technologies, regardless of the technology’s demonstrated benefit,” the authors fretted that the “ambiguous and likely confusing” information generated by WGS might “result in an increase in pregnancy termination, as well as conflicts between parents and providers over whether the information should be distributed and how it should be acted on.”

As a preventive medicine expert interviewed by Wired put it in 2019, “Once you get the information [you can’t take it back](#).”

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Wrong-headed dietary recommendations

The U.S. Department of Health and Human Services Office on Women’s Health tells pregnant women to eat, among other things, “[foods low in saturated fat](#).”

Also recommended are 400 to 800 micrograms of synthetic folic acid — initially recommended only in the first trimester but now promoted throughout pregnancy and beyond — under the rationale of preventing folate deficiency associated with brain and spinal neural tube defects.

However, there is plenty of evidence that both recommendations warrant major reconsideration.

As extensively documented by the [Weston A. Price Foundation](#) — an organization dedicated to disseminating the research of nutrition pioneer Dr. Weston Price — saturated animal fats are in fact essential to helping humans “achieve perfect physical form and perfect health generation after generation.”

Modern “[fat-phobia](#),” the foundation observes, is supported “neither by the evidence of healthy traditional societies nor by the discoveries of modern science,” with animal fats in fact serving as an essential building block for [neurological development and brain function](#).

Already in the 1990s, researchers were questioning the wisdom of limiting animal products and animal fats in infancy and early childhood, and “speculated that half of the infants and children coming to [failure-to-thrive clinics](#) in the United States [were] receiving so-called healthy diets ... very low in energy and fat.”

Saturated fat is also [critical for fertility](#), with women who eat less saturated fat having less chance of becoming pregnant.

As for neural tube defects such as spina bifida, Massachusetts Institute of Technology scientist Stephanie Seneff, Ph.D., has discussed the potential [role of glyphosate](#), which [disrupts gut microbes](#) responsible for producing and synthesizing the natural folate (the molecule that synthetic folic acid is supposed to mimic) that babies especially need during the first trimester.

Seneff also suggested that “Making sure that pregnant women were well supplied with external folic acid” turned out to be convenient for Monsanto — manufacturer of [glyphosate-containing Roundup](#) — as it served to “mask” the likely influence of the “hidden environmental toxicant” on rising rates of spina bifida.

Unfortunately for babies, the synthetic folic acid that populates prenatal vitamins and many fortified foods is not interchangeable with natural folate and often lingers unmetabolized.

Under some circumstances, this unmetabolized excess “can have very [detrimental side effects](#),” including an [increased risk of autism](#).

Of note, there is also evidence linking the [synthetic vitamin A](#) in most prenatal vitamins to birth defects.

Group B strep antibiotics — where’s the value?

[Screening for group B strep](#) in late pregnancy assesses [GBS](#) “colonization,” but colonization actually has little value for predicting the “very small risk” of a newborn becoming ill.

This may be why, unlike the U.S., other countries such as the U.K. do not routinely screen for [GBS in pregnant women](#).

A 2003 article in Mothering Magazine outlined some of the problems associated with willy-nilly [administration of antibiotics](#) to the roughly one-third of pregnant women considered to be GBS “carriers.”

As confirmed by more recent research, these problems include:

- [No decrease in infection or deaths](#) among newborns whose mothers got antibiotics.
- [Failure to prevent](#) up to 30% of GBS infections.
- An increase in [antibiotic resistance](#) — and the rise of so-called “super-bugs” — causing much more difficult-to-treat infections in newborns and notably premature babies.

- A shift to other forms of blood infection (sepsis).
- An increase in newborn thrush and [yeast infections](#).

A growing body of research also suggests that antibiotics during pregnancy and their disturbance of the [baby's microbiome](#) can have “long-term metabolic consequences,” including setting the stage for [later obesity](#).

Recent research shows that [intervention with probiotics](#) may represent a viable and low-risk alternative to antibiotic prophylaxis for reducing GBS colonization.

However, [pharma](#) and the U.S. Food and Drug Administration have a different answer in mind. In early September, the agency said it would help [Pfizer fast-track a GBS vaccine](#) for pregnant women.

Moreover, they are trying to come up with “[serocorrelates of protection](#)” — that is, stand-in measures that substitute for patiently waiting to assess longer-term outcomes — with the aim of “facilitating” [early vaccine licensure](#).

Vaccination during pregnancy

A maternal GBS vaccine, if approved and recommended, would pile on top of the flu, Tdap and [COVID-19](#) shots already being given to pregnant women who are unaware of the [shots' many risks](#).

The Office on Women's Health — one of the government entities telling pregnant women to [get flu shots](#) — advises women to not eat [fish “with lots of mercury”](#) and “stay away” from mercury in general, but says nothing about the [mercury-containing thimerosal](#) in multi-dose influenza vaccine vials.

The evidence of the association between [pregnancy vaccines](#) and adverse outcomes such as miscarriage, preterm delivery, and neurodevelopmental disorders is, by now, irrefutable.

And so much more

American-style prenatal care, it turns out, is a mixed bag for mothers and babies.

Perhaps sensing that they and their babies may be in harm's way, women told survey researchers a couple of years ago that they would not mind having [fewer prenatal visits](#).

One competing model of care — the [telemedicine model](#) aggressively promoted over the past two-and-a-half years — is expected to grow to over \$130 billion by 2025.

Telemedicine comes with its own set of hidden dangers, however, such as more [Big Brother data collection](#), encroachment into intimate spaces via computer cameras and [wearable device tracking](#) of bodies and behaviors, and increased [cyber risks](#).

The answer, as advocates of [non-medicalized childbirth](#) have long argued, is for women to become more informed and dare to refuse care that does not serve their or their baby's interests.

This can be challenging. For example, one OB/GYN who acknowledges ultrasounds “aren't perfect” and may not always be necessary notes that doctors who “consider [fetal ultrasounds mandatory](#)” won't let women deliver at their facilities without them.

Discussing [interventions during childbirth](#), instructors at a Texas school of nursing wrote words in 2013 that are equally applicable to prenatal interventions: “Every intervention presents the possibility of untoward effects and additional risks that engender the need for more interventions with their own inherent risks.”

These realities, they noted, make it essential to ensure informed consent, alternative choices and “first do no harm” as a guiding principle.