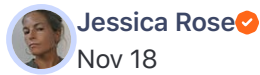


# Real time obstetrician/gynecologist's data on new patients and miscarriages for 2021 and 2022 (and now 2020 for baseline)

Direct from the horse's mouth...



411

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My contact is providing details on 2020 data. Here's one additional plot.

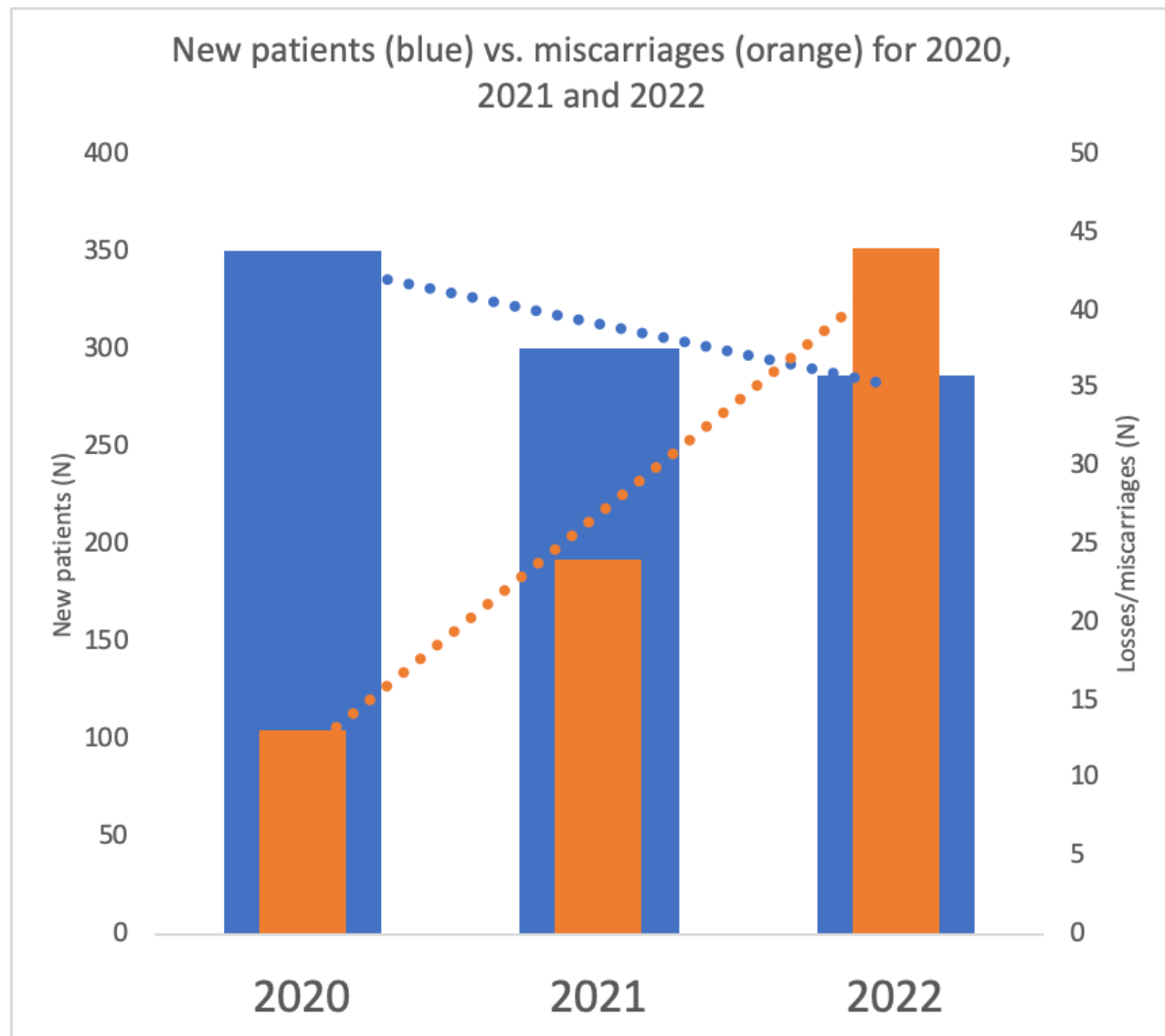


Figure i: New patients versus miscarriages for 2020, 2021 and 2022.

Here's some monthly data for 2020 for now. Let me know what else you want to see (Joel). :) I am double checking if that July 2020 data point is correct. It looks weird.

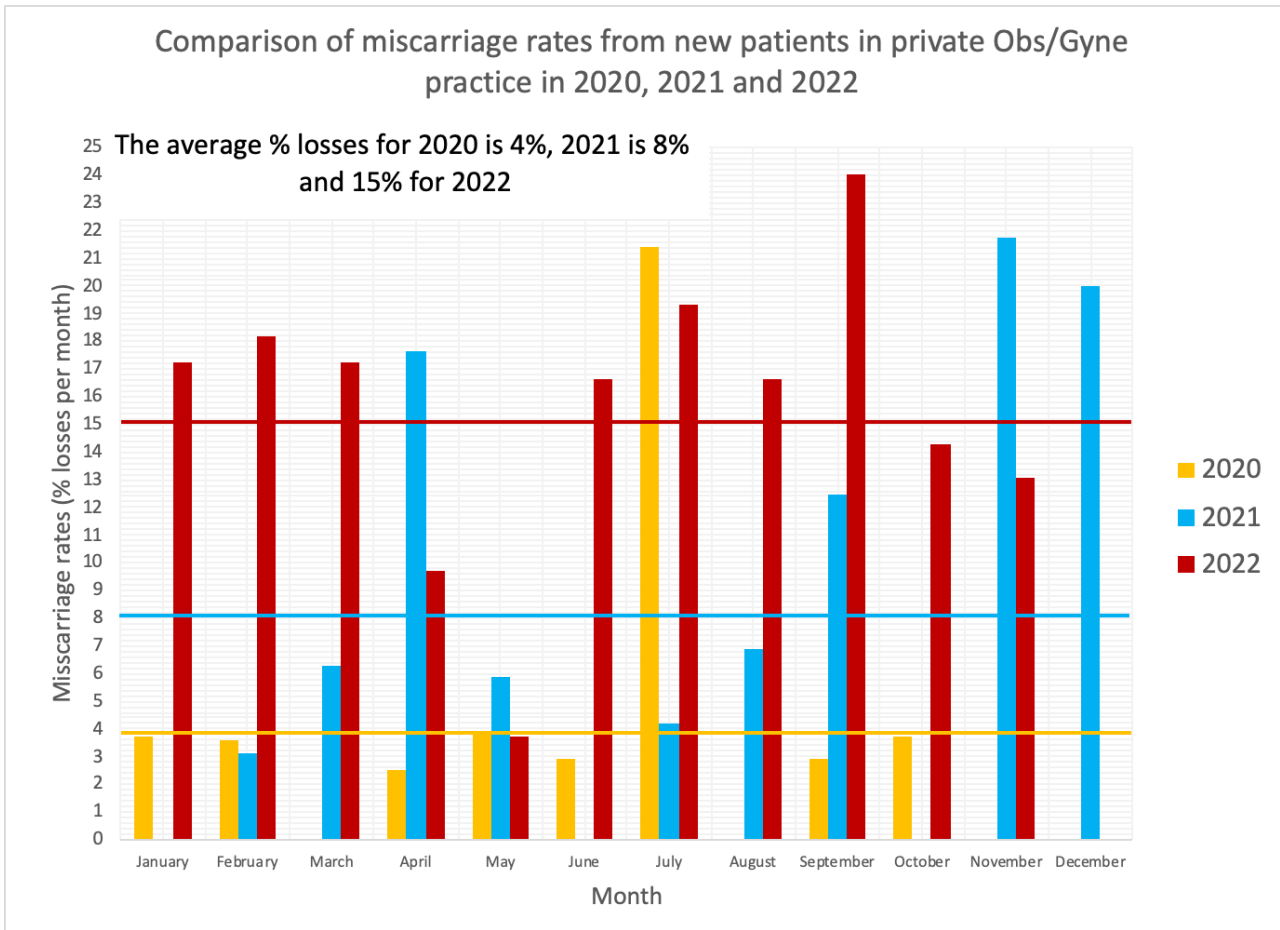
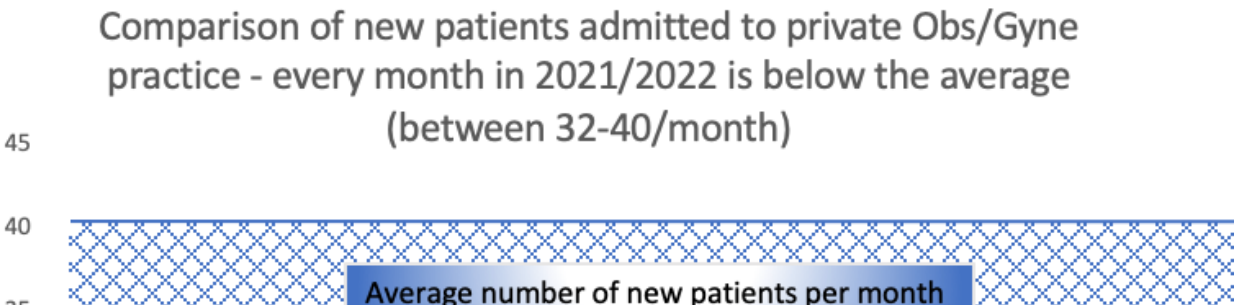


Figure ii: Comparison of miscarriage rates from new patients for 2020 through 2022.

I have been contacted by an obstetrician/gynecologist with some data they had been collecting for the past 2 years as part of their sacred duty in their practice. This person collected new patient data and miscarriage data and also has average rates for the past years.

This is what the data looks like.

First is a chart showing new patients per month for 2021 and 2022 when compared to the average number of new patients in 2020 which was between 32 and 40. For each month in both 2021 and 2022, the number of new patients falls below the average. <sup>1</sup>



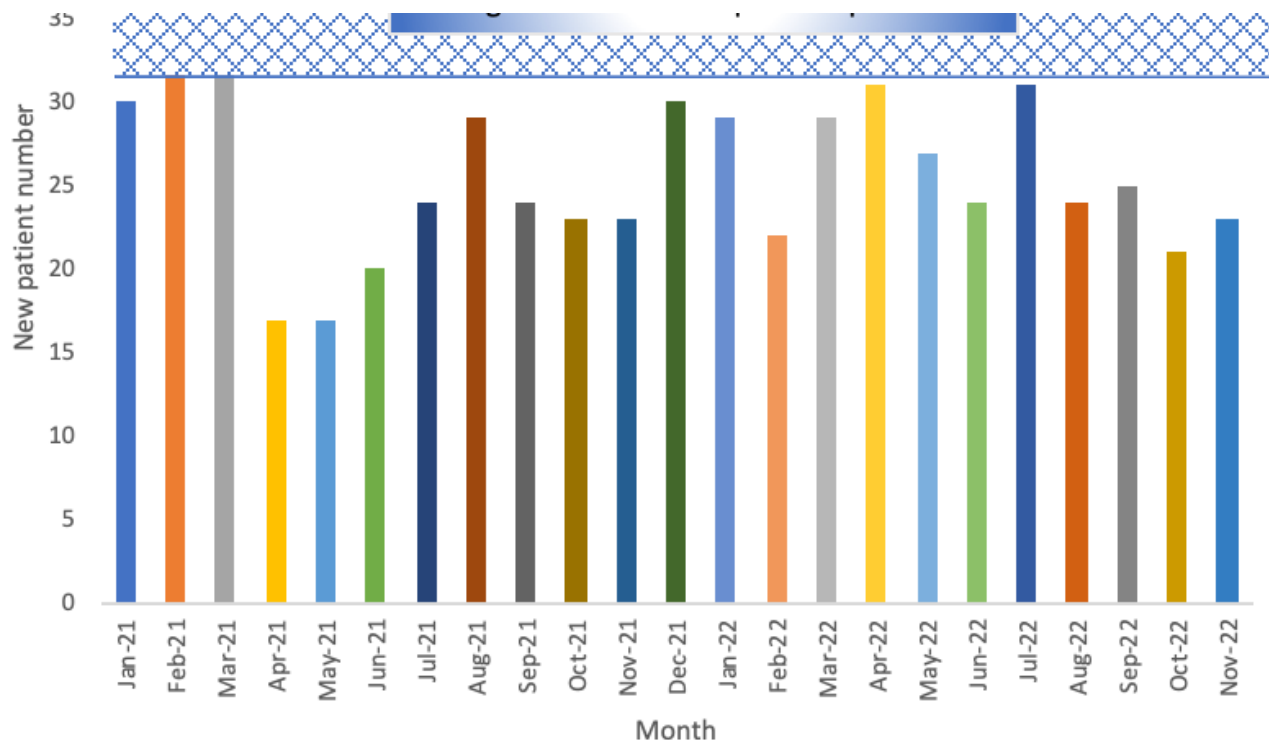
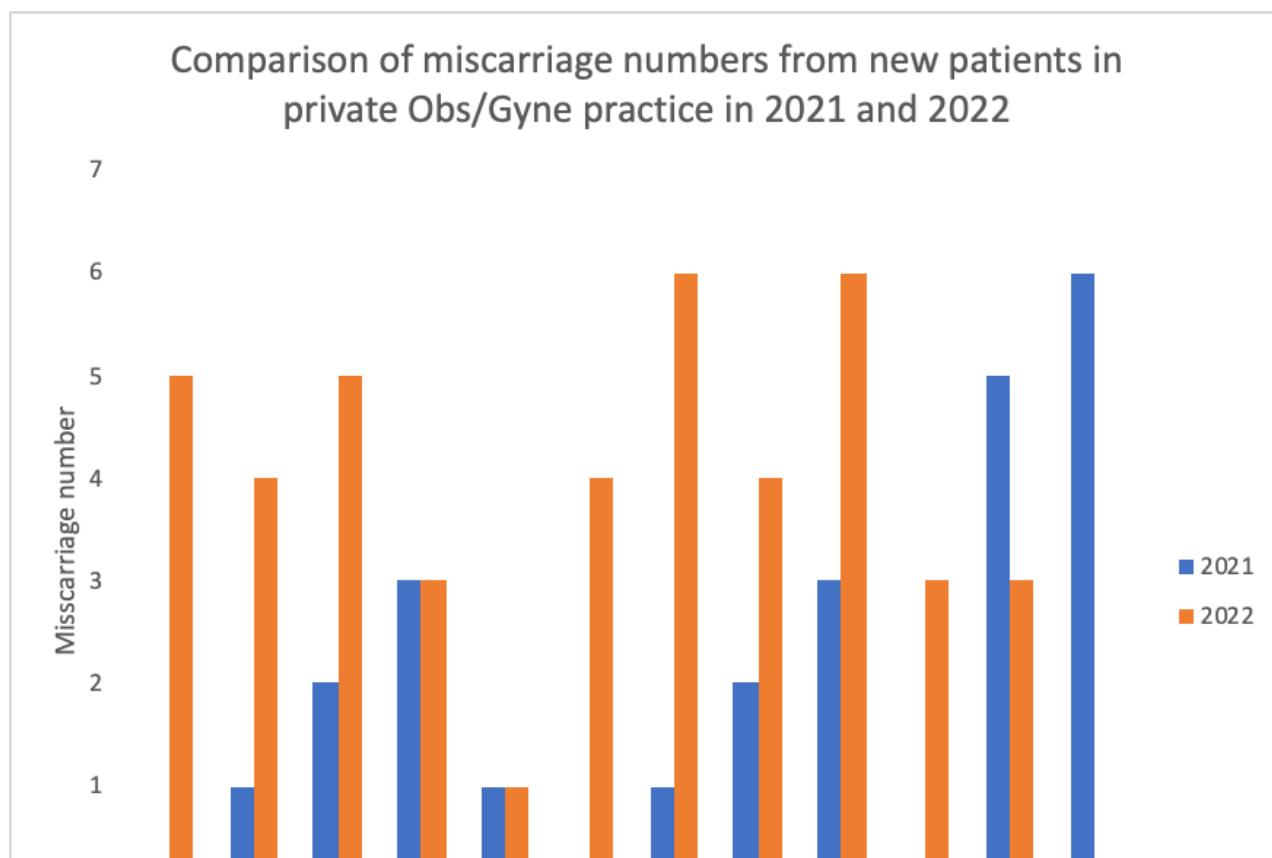


Figure 1: New patient data from an Obstetrician/Gynecologists's office for 2021 and 2022.

Now perhaps it could also be that women are choosing not to get pregnant because psychopaths are trying to make the world explode, but if that's the case, then why are we seeing more miscarriages as well as shown in Figure 2?



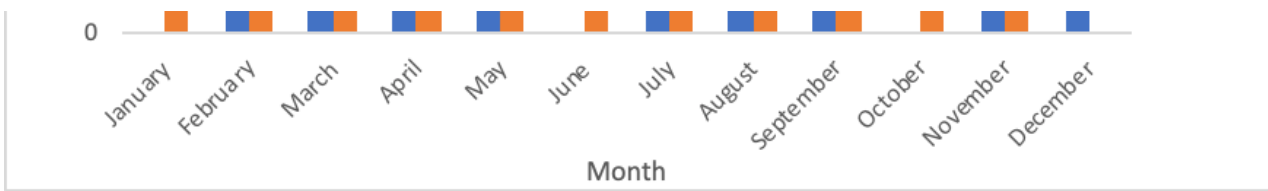


Figure 2: Miscarriage data from new patient data from an Obstetrician/Gynecologists's office for 2021 and 2022.

The numbers of miscarriages are higher for each month except for November 2021 (we don't have December data yet). The numbers are the same for April and May. Now these miscarriage numbers are the numbers of miscarriages per number of new patients per month so when we plot the rates, it becomes abundantly clear that the miscarriage rates are twice that in 2022 than they were for 2021 as shown in Figure 3 on average.

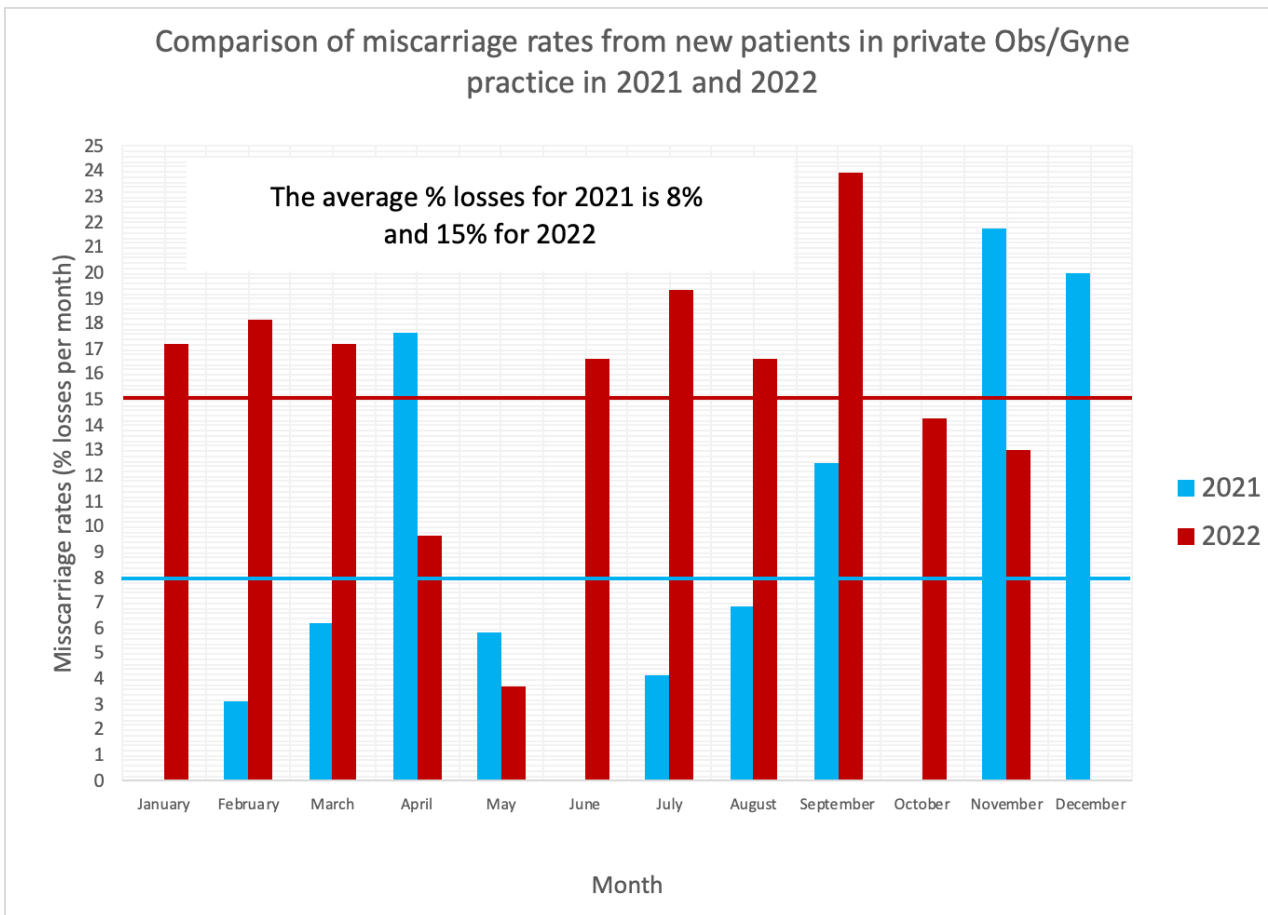


Figure 3: Miscarriage rates from new patient data from an Obstetrician/Gynecologists's office for 2021 and 2022.

If we only look at the December 2021 miscarriage rate and compare it to the 2022 rates, we get a clearer picture of what the miscarriage rates have been since the COVID-19 injectable products have been rolled out in the U.S. when compared to the average for 2021 (excluding December).

## Comparison of miscarriage rates from new patients in private Obs/Gyne practice through December 2021 to November 2022

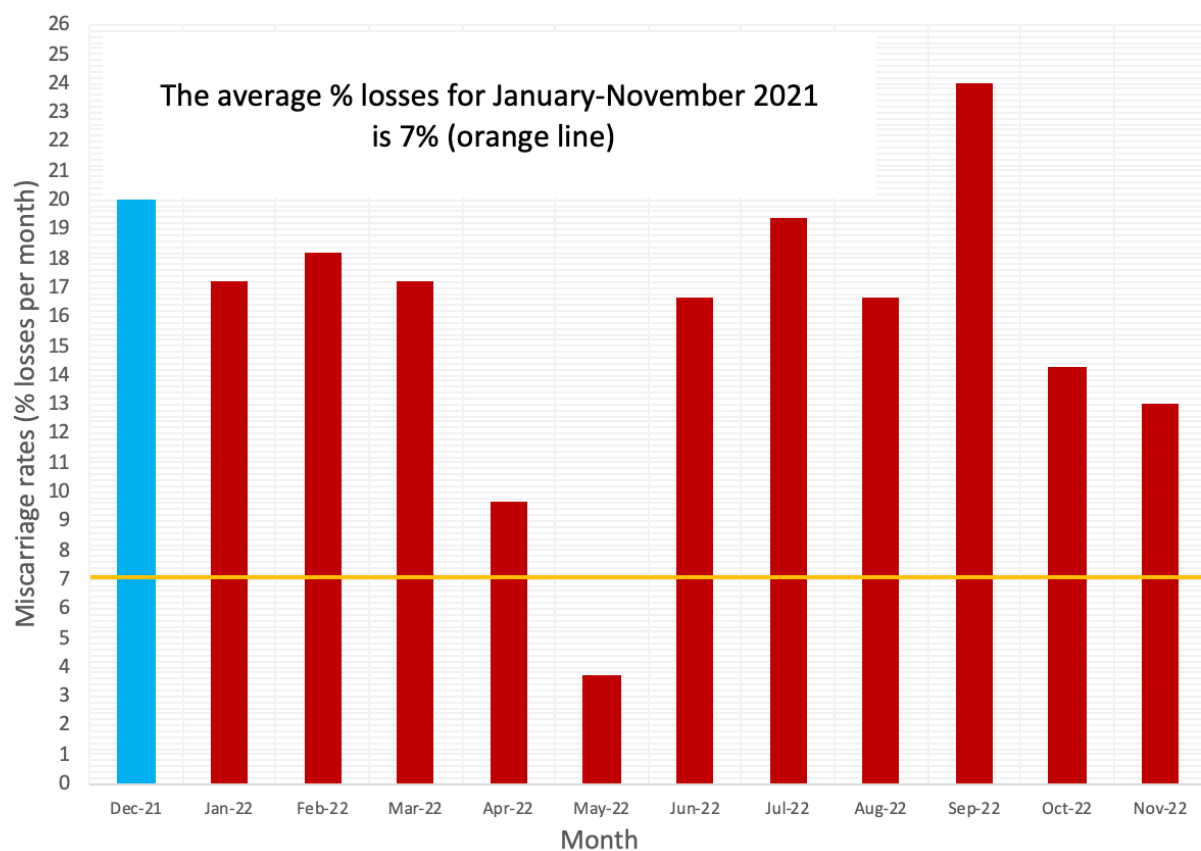


Figure 4: Miscarriage rates from new patient data from an Obstetrician/Gynecologists's office for December 2021 through to November 2022 with average for December-November 2021 shown (orange line).

So with just a few points of data, we get an unbiased assessment of the change in miscarriage rates in 2021 and 2022. It is pretty clear from this data that, for some reason, there are more miscarriages and fewer new moms to begin with in 2022.

Perhaps the most concise way to show the difference between 2021 and 2022 is by showing the cumulative losses (miscarriages) against the cumulative losses over cumulative new patients as shown in Figure 5.

## Cumulative losses vs. cumulative losses/cumulative new patients for 2021 and 2022

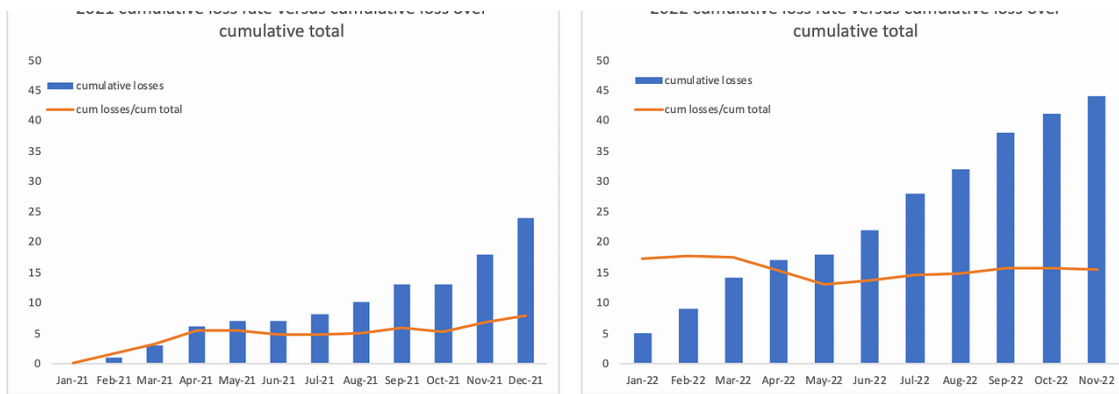


Figure 5: Cumulative losses compared to cumulative losses to cumulative new patients for 2021 and 2022.

By the way, I thought it appropriate to show everyone the current (09.09.22; 07.14.22; 10.27.22) product monographs with regard to the safety and efficacy of the Pfizer, Moderna and Janssen products in pregnant women. Oh and don't forget to register your data to the snake pit. You *cannot* make this shit up.

ABOUT THE REGISTRY COVID-19 VACCINES CONTACT US

**COVID-19 VACCINES INTERNATIONAL PREGNANCY EXPOSURE REGISTRY (C-VIPER)**

**? WTF ?**

**What is the C-VIPER?**

The C-VIPER is a research study that focuses on gathering information. We are asking women who were vaccinated against COVID-19 during pregnancy to answer questions about their pregnancy, their health, and their babies' health. Asking questions and collecting information from pregnant women themselves provides a unique perspective from other studies that rely on doctors or nurses to provide information about their pregnant patients.

The C-VIPER will ask questions about:

- Your background (such as your age and education level)
- Your pregnancy (such as your expected date of delivery, your weight at various time points and medications you are using)
- Your overall health (such as any pre-pregnancy medical conditions or pregnancy-related problems)
- Your COVID-19 vaccination

**SPIKEVAX™**  
Eli Lilly and Company  
Dispersion for intramuscular injection  
Multidose Vial, 0.20 mg / mL  
Multidose Vial, 0.10 mg / mL  
Active Immunizing Agent

**Date of Revision: July 14, 2022**

**7.1.1 Pregnant Women**

The safety and efficacy of SPIKEVAX in pregnant women have not yet been established.

There is a pregnancy exposure registry that monitors pregnancy outcomes in women exposed to SPIKEVAX during pregnancy. Women who are vaccinated with SPIKEVAX during pregnancy are encouraged to enroll in the registry by calling 1-866-MODERNA (1-866-663-3762).

**7.1.2 Breast-feeding**

It is unknown if SPIKEVAX is excreted in human milk. A risk to the newborns/infants cannot be excluded. The developmental and health benefits of breastfeeding should be considered along with the mother's clinical need for immunization against COVID-19.

**PRODUCT MONOGRAPH Date of Revision: October 27, 2022**  
INCLUDING PATIENT MEDICATION INFORMATION

**JCOVDEN™**  
COVID-19 VACCINE (Ad26.COV2-S [recombinant])

Suspension for intramuscular injection  
Multidose Vial, 5 × 10<sup>10</sup> virus particles/0.5 mL  
(contains 5 doses of 0.5 mL)  
Active Immunizing Agent

**Reproductive Health**  
No data are available on fertility in humans following the use of JCOVDEN.

**7.1 Special Populations**

**7.1.1 Pregnant Women**

The safety and efficacy of JCOVDEN in pregnant women have not yet been established.

There is a pregnancy exposure registry that monitors pregnancy outcomes in women exposed to JCOVDEN during pregnancy. Women who are vaccinated with JCOVDEN during pregnancy are encouraged to enroll in the registry by visiting <https://c-viper.pregistry.com>

**7.1.2 Breast-feeding**

It is not known whether the components of JCOVDEN or antibodies induced by JCOVDEN are excreted in human milk. Human data are not available to assess the impact of JCOVDEN on milk production or its effects on the breastfed child.

The developmental and health benefits of breastfeeding should be considered along with the mother's clinical need for immunization against COVID-19.

**PRODUCT MONOGRAPH**  
INCLUDING PATIENT MEDICATION INFORMATION

**Date of Revision: September 9, 2022** **COMIRNATY®**  
COVID-19 Vaccine, mRNA

**7.1 Special Populations**

**7.1.1 Pregnant Women**

The safety and efficacy of COMIRNATY in pregnant women have not yet been established.

Animal studies do not indicate direct or indirect harmful effects with respect to pregnancy, embryo/fetal development, parturition, or post-natal development (see **16 NON-CLINICAL TOXICOLOGY**).

**7.1.2 Breast-feeding**

It is unknown whether COMIRNATY is excreted in human milk. A risk to the newborns/infants cannot be excluded.

Figure 6: Product monographs for Pfizer, Moderna and Janssen.

1 This doesn't surprise me as people were forced into lockdowns, etc, which would explain the 2021 data. The 2022 data, this needs explaining, doesn't it. I moved this comment here because I don't think it's lockdowns. I think it's the injections.