

mRNA & Pregnancy: Infants Who Died Shortly After Delivery, Born to Mothers Who Were COVID-19 mRNA Vaccinated During Pregnancy!

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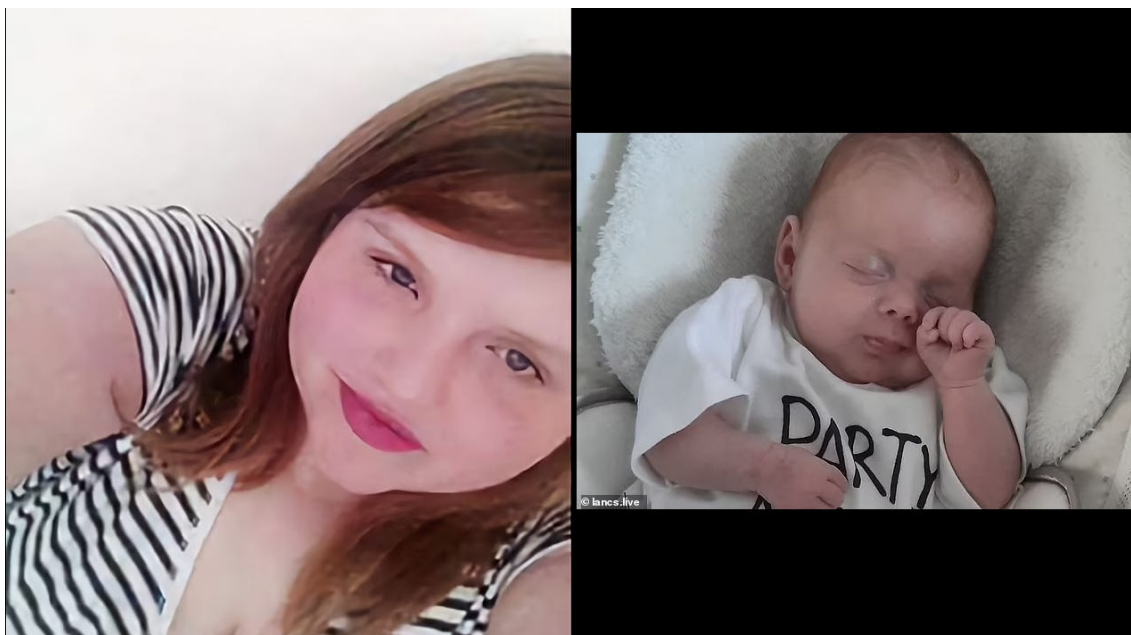
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Pregnant women who took toxic, experimental COVID-19 mRNA vaccines have been suffering all kinds of complications, from miscarriages, stillbirths to sudden deaths.

In this article, I will examine the sudden deaths of live-born infants of COVID-19 mRNA vaccinated mothers, who died shortly after birth.

CASE 1 - UK - Young mother Laura Barnes had fatal blood clots at 32 weeks of pregnancy. Her infant died at 2 months of age on July 30, 2022 of "unknown causes".



Young UK mother Laura Barnes developed blood clots at 32 weeks pregnancy which led to an emergency caesarean section and the birth of her baby Dexter Khan-Barnes. She died from the blood clots during delivery in April, 2022. ([click here](#))

Her prematurely born baby, Dexter, stayed in neonatal unit 6 weeks and was discharged home with dad.

Two months later, dad put baby down to sleep in bed next to his 14 month old brother. He woke up at 5am to find the baby's arms limp and eyes discolored. Despite being rushed to the hospital, baby Dexter was pronounced dead on July 30, 2022.

Coroner Richard Taylor said a post-mortem found no evidence of prior illness or injuries that could have contributed to Dexter's death, and no cause of death could be found.

Summing up the evidence, Mr Taylor said: 'In these circumstance, it is not possible to completely exclude accidental air obstruction as having caused to contributed to Dexter's death. As such, the cause of death remains unascertained.'

Key details:

- The young mother, Laura Barnes was COVID-19 vaccinated (the media uses unvaccinated deaths as propaganda, so when vaccine status is not reported, the deceased person was always COVID-19 vaccinated).
- Her mother told the court that Laura had "suffered a stroke in the months' prior to her death" ([click here](#)) (possibly due to clotting issues from her COVID-19 vaccines)
- Laura suffered fatal blood clots which forced an emergency caesarean at 32 weekspregnancy
- Baby spent 6 weeks in neonatal unit before being sent home (which is normal)
- Baby died 2 months later and no cause of death could be found. ([click here](#))

[CASE 2 \(VAERS 1051160\) - Pregnant mother had Pfizer dose on Feb.4, 2021 during 2nd trimester, and went into premature labor within 6 days. Live infant was delivered but died on Feb.10, 2021](#)

VAERS ID: 1051160 **Vaccinated:** 2021-02-04
VAERS Form: 2 **Onset:** 2021-02-04
Age: **Submitted:** 0000-00-00
Sex: Unknown **Entered:** 2021-02-24
Location: Foreign

Vaccination / Manufacturer (1 vaccine)	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EK4244 / UNK	- / OT

Administered by: Other **Purchased by:** ??
Symptoms: Premature baby, Maternal exposure during pregnancy

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2021-02-10

Permanent Disability? No

Recovered? No

Office Visit (V2.0)? No

ER or Office Visit (V1.0)? No

ER or ED Visit (V2.0)? No

Hospitalized? Yes, days: (blank)

Extended hospital stay? No

Previous Vaccinations:

Other Medications: FOLIC ACID

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC 'Split Type': GBPFIZER INC2021191405

Write-up: Labor premature maternal exposure during pregnancy; This is a spontaneous report from a contactable consumer. This is baby case created from the mother's case received from the Medicines Healthcare products Regulatory Agency (MHRA). Regulatory authority report number {GB-MHRA-WEBCOVID-202102101517193900}, Safety Report Unique Identifier GB-MHRA-ADR 24736001. This consumer reported information for both mother and baby. This is the baby report. Only this case is serious. A fetus patient of unspecified gender received BNT162B2 (PFIZER-BIONTECH) COVID-19 VACCINE, batch/lot number: EK4244, transplacental on 04Feb2021 at single dose for covid-19 immunization. The mother's medical history was not reported. The mother's concomitant medication included folic acid as folic acid supplementation. The patient's mother received BNT162B2 on 04Feb2021. The patient's mother was exposed to the medicine. Second-trimester (13-28 weeks) The patient's mother had premature labor. Live infant delivered but passed away on 10Feb2021. Case was reported as hospitalization condition. The patient died on 10Feb2021. It was not reported if an autopsy was performed. No follow-up attempts are possible. No further information is expected.; Sender's Comments: Linked Report(s) : GB-PFIZER INC-2021147096 mother case; Reported Cause(s) of Death: Labor premature

[CASE 3 \(VAERS 2130285\) - Pregnant mother had 1st Moderna dose on Jan.31, 2022, she went into premature labor 5 days later \(at 20 weeks pregnancy\) and baby died after delivery.](#)

VAERS ID: 2130285 Vaccinated: 2022-01-31
VAERS Form: 2 Onset: 2022-01-31
Age: Submitted: 0000-00-00
Sex: Male Entered: 2022-02-22
Location: Texas

Vaccination / Manufacturer (1 vaccine)	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	045L21A / 1	- / OT

Administered by: Unknown Purchased by: ??
Symptoms: Foetal heart rate, Foetal exposure during pregnancy, Premature baby death
Life Threatening? No
Birth Defect? No
Died? No
Permanent Disability? No
Recovered? No
Office Visit (V2.0)? No
ER or Office Visit (V1.0)? No
ER or ED Visit (V2.0)? No
Hospitalized? Yes, days: (blank)
Extended hospital stay? No
Previous Vaccinations:
Other Medications:
Current Illness:
Preexisting Conditions:
Allergies:

Diagnostic Lab Data: Test Date: 20220201; Test Name: fetal heart rate; Result Unstructured Data: 161beats per minute

CDC 'Split Type': USMODERNATX INC MOD20224

Write-up: The baby died after birth 5 days after first vaccine; Foetal exposure during pregnancy; This spontaneous case was reported by a consumer and describes the occurrence of PREMATURE BABY DEATH (The baby died after birth 5 days after first vaccine) in a male neonate of an unknown age exposed to mRNA-1273 (Moderna COVID-19 Vaccine) (batch no. 045L21A), while the mother received the product for COVID-19 vaccination. The occurrence of additional non-serious events is detailed below. MEDICAL HISTORY (Parent): On an unknown date patient had performed following tests. There was a vaginal bleeding. Patient blood pressure 117/76, pulse 80, respiration 18, oxygen saturation 99%, temperature 98.6 degree Fahrenheit. multiple sonographic images of the fetus and uterus were obtained using transabdominal technique, single viable intrauterine pregnancy was visualized. Treatment medication included metronidazole (Flagyl) 500 mg oral tablet and nitrofurantoin (Macrochantin) 100 mg oral capsule. The mother's past medical history included Maternal exposure during pregnancy. No Medical History information was reported. On 31-Jan-2022, the mother received first dose of mRNA-1273 (Moderna COVID-19 Vaccine) (unknown route) 1 dosage form. The mother's last menstrual period was on an unknown date and the estimated date of delivery was 27-Jun-2022. On 31-Jan-2022, the neonate was diagnosed with FOETAL EXPOSURE DURING PREGNANCY (Foetal exposure during pregnancy). The neonate was diagnosed with PREMATURE BABY DEATH (The baby died after birth 5 days after first vaccine). The Neonate was exposed to mRNA-1273 (Moderna COVID-19 Vaccine) during pregnancy. The delivery occurred on 05-Feb-2022, which was reported as Premature. For neonate 1, The outcome was reported as Pre-Term Birth NOS. The placenta is fundal, and evaluation is limited due to lack of amniotic fluid. No detectable amniotic fluid. The cervix contains a small amount of fluid, with a length of 6.6 cm. Fetal measurements: Biparietal diameter: 4.3 cm cm / 19 weeks 0 days. Abdominal circumference: 14.3 cm / 19 weeks 4 days. Femur length: 3 cm / 19 weeks 1 day. Composite gestational age: 19 weeks 1 day. On 31-Jan-2022, FOETAL EXPOSURE DURING PREGNANCY (Foetal exposure during pregnancy) had resolved. The neonate died on an unknown date. It is unknown if an autopsy was performed. DIAGNOSTIC RESULTS (normal ranges are provided in parenthesis if available): On 01-Feb-2022, Foetal heart rate: 161 beats per minute 161beats per minute. The action taken with mRNA-1273 (Moderna COVID-19 Vaccine) (Transplacental) was unknown. For mRNA-1273 (Moderna COVID-19 Vaccine) (Transplacental), the reporter did not provide any causality assessments. No concomitant and treatment medication details were provided. Delivery occurred at 20 weeks gestation 5 days after first shot. Company comment: This is a spontaneous case of fetal exposure during pregnancy at 19 weeks of gestation, for a male neonate who experienced serious unexpected event of premature baby death after mother's vaccination with the first dose of mRNA-1273. Patient's mother experienced diarrhea, leaking amniotic fluids and vaginal bleeding the same day after first dose of mRNA-1273. She visited the ER, an ultrasound was performed; single viable intrauterine gestation, marked oligohydramnios, trace fluid was seen within the cervical canal. The mother was diagnosed with Acute cystitis with hematuria and premature rupture of membranes. Five days later, she had contractions, went to the emergency room and had a premature delivery. The baby died on an unknown date with no further information available. Mother's acute cystitis and premature rupture of membrane could be confounders. The benefit-risk relationship of mRNA-1273 vaccine is not affected by this report. This case was linked to MOD-2022-486635 (Patient Link). Most recent FOLLOW-UP information incorporated above includes: On 17-Feb-2022: Significant Followup was received on 17-FEB-2022, and includes patient details and parent delivery notes information.; Sender's Comments: This is a spontaneous case of fetal exposure during pregnancy at 19 weeks of gestation, for a male neonate who experienced serious unexpected event of premature baby death after mother's vaccination with the first dose of mRNA-1273. Patient's mother experienced diarrhea, leaking amniotic fluids and vaginal bleeding the same day after first dose of mRNA-1273. She visited the ER, an ultrasound was performed; single viable intrauterine gestation, marked oligohydramnios, trace fluid was seen within the cervical canal. The mother was diagnosed with Acute cystitis with hematuria and premature rupture of membranes. Five days later, she had contractions, went to the emergency room and had a premature delivery. The baby died on an unknown date with no further information available. Mother's acute cystitis and premature rupture of membrane could be confounders. The benefit-risk relationship of mRNA-1273 vaccine is not affected by this report.

[CASE 4 \(VAERS 2212456\) - A pregnant woman had 1st Moderna mRNA dose at 22wk. 11 days later she went into premature labor and live twins were born. Both infants died within hours of delivery.](#)

VAERS ID: 2212456 Vaccinated: 2022-02-07
 VAERS Form: 2 Onset: 0000-00-00
 Age: Submitted: 0000-00-00
 Sex: Female Entered: 2022-04-02
 Location: Foreign

Vaccination / Manufacturer (1 vaccine)	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	091F21A / 1	- / OT

Administered by: Unknown Purchased by: ??

Symptoms: Death, Ultrasound scan, Microbiology test

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit (V2.0)? No

ER or Office Visit (V1.0)? No

ER or ED Visit (V2.0)? No

Hospitalized? Yes, days: (blank)

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data: Test Date: 20220218; Test Name: Microbiologie placenta / cordon / membrane; Result Unstructured Data: Rare Gram+ cocci in cytology. Culture recovering some colonies of P. Mirabilis; Test Date: 20220220; Test Name: Microbiologie placenta / cordon / membrane; Test Result: Positive; Result Unstructured Data: Cytology: many blood cells, absence of polynucleotides, non-existent flora. Positive culture for P. mirabilis and E. faecalis; Test Date: 20220220; Test Name: Microbiologie tissu pulmonaire droit du fœtus; Result Unstructured Data: Flora non-existent to cytology. Culture recovering P. putida; Test Name: Echographie; Result Unstructured Data: girl of 512g (34th percentile), morphology without particularity; Test Name: Ultrasonographie; Result Unstructured Data: Fetal cardiac activity

CDC 'Split Type': FRMODERNATX, INC.MOD20225

Write-up: Death NOS; This case was received via Regulatory Authority (Reference number: FR-AFSSAPS-NY20220965) on 30-Mar-2022 and was forwarded to Moderna on 30-Mar-2022. This regulatory authority case was reported by an other health care professional and describes the occurrence of DEATH in a 0-day-old female neonate exposed to mRNA-1273 (Spikevax) (batch no. 091F21A), while the mother received the product for COVID-19 vaccination. **MEDICAL HISTORY (Parent):** The mother's past medical history included Esophagitis, Appendectomy and Tonsillectomy & Adenoidectomy. No Medical History information was reported. On 07-Feb-2022, the mother received first dose of mRNA-1273 (Spikevax) (unknown route) 1 dosage form. The mother's last menstrual period was on 09-Sep-2021 and the estimated date of delivery was 16-Jun-2022. The neonate was diagnosed with DEATH (Death NOS). The mother gave birth to 2 neonates. The delivery occurred on an unknown date, which was reported as Premature. For neonate 1, The outcome was reported as Pre-term Birth w Complications. newborn died 3 h after birth in a context of premature delivery at 23SA. For neonate 2, The outcome was reported as Pre-Term Birth w Complications. The neonate died on 18-Feb-2022. The cause of death was not reported. It is unknown if an autopsy was performed. **DIAGNOSTIC RESULTS** (normal ranges are provided in parenthesis if available): On 18-Feb-2022, Microbiology test: Rare Gram+ cocci in cytology. Culture recovering some colonies of P. Mirabilis. On 20-Feb-2022, Microbiology test: positive (Positive) Cytology: many blood cells, absence of polynucleotides, non-existent flora. Positive culture for P. mirabilis and E. faecalis and Flora non-existent to cytology. Culture recovering P. putida. On an unknown date, Ultrasound scan: girl of 512g (34th percentile), morphology without particularity and fetal cardiac activity Fetal cardiac activity. For mRNA-1273 (Spikevax) (Transplacental), the reporter did not provide any causality assessments. No treatment medications were reported. No concomitant medications were reported. **Company Comment:** This regulatory case concerns a neonate of a 37 year old female, with no relevant medical history reported, who experienced the unexpected, fatal event of Death 3 hours after birth by premature delivery 10 days after the mother had received a dose of mRNA-1273. It is not known if an autopsy was performed. Cause of the death was not known. The benefit-risk relationship of mRNA-1273 vaccine is not affected by this report. The case was assessed as Serious as per Regulatory Authority report. This case was linked to FR-AFSSAPS-NY20220965, FR-AFSSAPS-NY20220963. Most recent FOLLOW-UP information incorporated above includes: On 30-Mar-2022: Live followup received on 30-march-2022 contains significant information -Age of patient and patient details were updated. Route of administration for the patient was updated. Reporter's Comments: sex newborn died 3 h after birth in a context of premature delivery at 23SA 11 days after a first vaccination of her mother with SPIKEVAX. Sender's Comments: This regulatory case concerns a neonate of a 37 year old female, with no relevant medical history reported, who experienced the unexpected, fatal event of Death 3 hours after birth by premature delivery 10 days after the mother had received a dose of mRNA-1273. It is not known if an autopsy was performed. Cause of the death was not known. The benefit-risk relationship of mRNA-1273 vaccine is not affected by this report. The case was assessed as Serious as per Regulatory Authority report. FR-AFSSAPS-NY20220965: FR-AFSSAPS-NY20220963; Reported Cause(s) of Death: Death NOS

[CASE 5 \(VAERS 2223076\): A pregnant woman was vaccinated with Moderna COVID-19 mRNA vaccine at 18wk and 22wk pregnancy. Her infant died of a rare heart tumor \(LV rhabdomyoma\). Forensic Pathologist requested VAERS reporting.](#)

VAERS ID: 2223076 Vaccinated: 0000-00-00
 VAERS Form: 2 Onset: 2022-02-10
 Age: Submitted: 0000-00-00
 Sex: Female Entered: 2022-04-08
 Location: Michigan

Vaccination / Manufacturer (1 vaccine)	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (MODERNA)) / MODERNA	- / UNK	- / -

Administered by: Unknown Purchased by: ??

Symptoms: Benign cardiac neoplasm, Death, Rhabdomyoma, Autopsy, Human rhinovirus test positive, Enterovirus test positive, Foetal exposure during pregnancy, Respiratory viral panel, SARS-CoV-2 test negative

Life Threatening? No

Birth Defect? No

Died? No

Permanent Disability? No

Recovered? No

Office Visit (V2.0)? No

ER or Office Visit (V1.0)? No

ER or ED Visit (V2.0)? No

Hospitalized? No

Previous Vaccinations:

Other Medications: None known

Current Illness: None known

Preexisting Conditions: None known

Allergies: None known

Diagnostic Lab Data: Full autopsy; negative COVID-19, negative respiratory panel, and positive Rhino/enterovirus

CDC 'Split Type':

Write-up: This infant died of a rare heart tumor (left ventricular rhabdomyoma). The mother was vaccinated during pregnancy. The Forensic Pathologist requested VAERS reporting as the mother was vaccinated during pregnancy at 18 wks and at 22 wks (Moderna). It is unclear if there is any correlation between vaccination and tumor development.

CASE 6 (VAERS 2156527) – 26 year old mother had 3rd Pfizer COVID-19 mRNA booster vaccine on Jan.17, 2022. Two days later she delivered a live male infant, 620g, that died at minute 40.

VAERS ID: 2156527 Vaccinated: 2022-01-17
 VAERS Form: 2 Onset: 2022-01-19
 Age: Submitted: 0000-00-00
 Sex: Male Entered: 2022-03-04
 Location: Foreign

Vaccination / Manufacturer (1 vaccine)	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FK0594 3	LA / OT

Administered by: Other Purchased by: ??

Symptoms: Death neonatal, Maternal exposure during pregnancy

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-01-19

Permanent Disability? No

Recovered? No

Office Visit (V2.0)? No

ER or Office Visit (V1.0)? No

ER or ED Visit (V2.0)? No

Hospitalized? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data:

CDC 'Split Type': FRPFIZER INC202200347371

Write-up: Maternal exposure during pregnancy, second trimester; born alive and then died at Minute 40; This is a spontaneous report received from contactable reporter (Consumer or other non HCP and Other HCP) from the Agency WEB. A neonate male patient was exposed to bnt162b2 (COMIRNATY) transplacental (mother's route: intramuscular) administered in arm left, administration date 17Jan2022, Lot number: FK0594) as dose 3 (booster) single for covid-19 immunisation. The mother of the patient was 26 years old at the time of vaccination. The mother's relevant medical history included: "sleeve" (unspecified if ongoing); "myopia" (unspecified if ongoing); "loss of 40 kg" (unspecified if ongoing); "laser for myopia", start date: 2019 (unspecified if ongoing); "early miscarriage at 6 weeks", start date: 2020 (unspecified if ongoing); "early miscarriage at 8 weeks" (unspecified if ongoing); "tonsillectomy" (unspecified if ongoing). The mother was 2 trimester pregnant at the event onset. The mother's concomitant medications were not reported. The mother's vaccination history included: Covid-19 vaccine (DOSE 1; MANUFACTURER UNKNOWN), for covid-19 immunization; Covid-19 vaccine (DOSE 2; MANUFACTURER UNKNOWN), for covid-19 immunization. The following information was reported: MATERNAL EXPOSURE DURING PREGNANCY (death) outcome "fatal", described as "Maternal exposure during pregnancy, second trimester"; DEATH NEONATAL (death) with onset 19Jan2022, outcome "fatal", described as "born alive and then died at Minute 40". The baby was delivered live birth (unspecified), delivery date 19Jan2022. The baby weighed 620 grams. The patient date of death was 19Jan2022. The reported cause of death was death neonatal. It was not reported if an autopsy was performed. Clinical course: Presentation: cephalic. Progress of the labour: marked by spontaneous rupture of the membranes + metrorrhagia. Spontaneous vaginal delivery at 6:35. Birth of a male child, born alive and then died at Minute 40, 620 g. No follow-up attempts are possible. No further information is expected.; Sender's Comments: Linked Report(s) : FR-PFIZER INC-202200311556 Master case; Reported Cause(s) of Death: death neonatal

CASE 7 (VAERS 2193296) – A 22wk pregnant woman had 1st Pfizer mRNA vaccine on July 6, 2021. 21 days later she had premature delivery by caesarean section at 25wk 3days of a

[live infant weighing 550 grams. At 13 days old, infant died on Aug.9, 2021 of "circulatory failure".](#)

VAERS ID: 2193296 Vaccinated: 2021-07-06
VAERS Form: 2 Onset: 2021-07-06
Age: Submitted: 0000-00-00
Sex: Female Entered: 2022-03-23
Location: Foreign

Vaccination / Manufacturer (1 vaccine)	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	FF4213 / 1	- / OT

Administered by: Other Purchased by: ??

Symptoms: Circulatory failure neonatal, Physical examination, Premature baby, Weight, Ultrasound foetal, Histology, Maternal exposure during pregnancy

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2021-08-09

Permanent Disability? No

Recovered? No

Office Visit (V2.0)? No

ER or Office Visit (V1.0)? No

ER or ED Visit (V2.0)? No

Hospitalized? Yes, days: 13

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data: Test Date: 20210727; Test Name: Placental histology; Result Unstructured Data: Test Result: Severe hypotrophy; Comments: - Small placenta marginata partially extrachorial, weighing 147 grams (normal value: 235 grams), measuring 13 x 10 x 1.5 centimetres; - Paracentral insertion of the umbilical cord which is 36 centimetres long; - Presence of two white central infarctions, measuring 0.5 and 1 centimetres; - Under the microscope, both infarctions are moderately recent and of the same age. Villi are very hypotrophic and very congestive. A few foci show an excess of nuclear syncytiotrophoblastic clusters. Very few avascular sclerotic villi were found. - Conclusion regarding the placenta (25.3 weeks): partially extrachorial placenta. Severe hypotrophy, 2 infarctions of the same age, villous vascular congestion and signs of hypoxia/villous ischaemia indicating severe vascular pathology.; Test Date: 20210727; Test Name: Physical examination; Result Unstructured Data: Test Result: Cephalic position; Comments: clear amniotic fluid, crying immediately. At 5 minutes of life: pink complexion, good tone, 95% saturation; Test Date: 20210726; Test Name: second trimester obstetrical ultrasound screening; Result Unstructured Data: Test Result: suspect serious hypotrophy; Comments: - Biometrics: Biparietal diameter: 64 millimetres (50th-90th percentile); Cranial perimeter: 227 millimetres (10th-50th percentile); Abdominal diameter 187 millimetres (3rd-10th percentile); Thigh bone 41 millimetres (3rd-10th percentile); Transverse cerebellar diameter 28 millimetres; foetal weight (Hadlock) 616 grams (+/-15%); Percentile calculated according to the French Foetal Ultrasound College intrauterine growth retardation (1st percentile). - Uterine Doppler ultrasound: Bilateral pathologic appearance; Presence of a bilateral notch; - Umbilical Doppler ultrasound: Aspect: zero diastole; - Cerebral Doppler ultrasound: The systolic peak of the middle cerebral artery gives a value of 34 centimetres/second, i.e. a multiple of median of 1.05. - Conclusions: the biometric examination makes it possible to suspect serious hypotrophy, requiring strict follow-up by a Doppler examination. The placenta is in the anterior position, its insertion is normal. Morphological examination did not reveal any malformative pathology. Foetal vitality is normal.; Test Date: 20210727; Test Name: weight; Result Unstructured Data: Test Result: 550; Comments: grams

CDC 'Split Type': FRPFIZER INC202200432041

Write-up: picture of circulatory failure, premature delivery by caesarean section at 25 weeks and 3 days of amenorrhoea; administered to a 22-week pregnant female; This is a spontaneous report received from a contactable reporter(s) (Physician) from the Regulatory Authority-WEB. A fetus female patient was exposed to bnt162b2 (COMIRNATY), transplacental (mother's route: intramuscular), administration date 06Jul2021 (Lot number: FF4213) as dose 1, single for covid-19 immunisation. The mother's relevant medical history included: "Pregnancy loss <20 weeks gestation", start date: Dec2020, stop date: Dec2020; "miscarriage <20 weeks of gestation", start date: Dec2020 (unspecified if ongoing), notes: 8 weeks. The mother had no concomitant medications. The following information was reported: CIRCULATORY FAILURE NEONATAL (death, hospitalization) with onset 09Aug2021, outcome "fatal", described as "picture of circulatory failure"; MATERNAL EXPOSURE DURING PREGNANCY (hospitalization) with onset 06Jul2021, outcome "unknown", described as "administered to a 22-week pregnant female"; PREMATURE BABY (hospitalization) with onset 27Jul2021, 13:12, outcome "unknown", described as "premature delivery by caesarean section at 25 weeks and 3 days of amenorrhoea". The patient was hospitalized for circulatory failure neonatal, maternal exposure during pregnancy, premature baby (start date: 27Jul2021, discharge date: 09Aug2021, hospitalization duration: 13 day(s)). The patient underwent the following laboratory tests and procedures: histology: (27Jul2021) severe hypotrophy, notes: - Small placenta marginata partially extrachorial, weighing 147 grams (normal value: 235 grams), measuring 13 x 10 x 1.5 centimetres; - Paracentral insertion of the umbilical cord which is 36 centimetres long; - Presence of two white central infarctions, measuring 0.5 and 1 centimetres; - Under the microscope, both infarctions are moderately recent and of the same age. Villi are very hypotrophic and very congestive. A few foci show an excess of nuclear syncytiotrophoblastic clusters. Very few avascular sclerotic villi were found. - Conclusion regarding the placenta (25.3 weeks): partially extrachorial placenta. Severe hypotrophy, 2 infarctions of the same age, villous vascular congestion and signs of hypoxia/villous ischaemia indicating severe vascular pathology; physical examination: (27Jul2021) cephalic position, notes: clear amniotic fluid, crying immediately. At 5 minutes of life: pink complexion, good tone, 95% saturation; ultrasound foetal: (26Jul2021) suspect serious hypotrophy, notes: - Biometrics: Biparietal diameter: 64 millimetres (50th-90th percentile); Cranial perimeter: 227 millimetres (10th-50th percentile); Abdominal diameter 187 millimetres (3rd-10th percentile); Thigh bone 41 millimetres (3rd-10th percentile); Transverse cerebellar diameter 28 millimetres; foetal weight (Hadlock) 616 grams (+/-15%); Percentile calculated according to the Foetal Ultrasound College intrauterine growth retardation (1st percentile). - Uterine Doppler ultrasound: Bilateral pathologic appearance; Presence of a bilateral notch; - Umbilical Doppler ultrasound: Aspect: zero diastole; - Cerebral Doppler ultrasound: The systolic peak of the middle cerebral artery gives a value of 34 centimetres/second, i.e. a multiple of median of 1.05. - Conclusions: the biometric examination makes it possible to suspect serious hypotrophy, requiring strict follow-up by a Doppler examination. The placenta is in the anterior position, its insertion is normal. Morphological examination did not reveal any malformative pathology. Foetal vitality is normal; weight: (27Jul2021) 550, notes: grams. The patient date of death was 09Aug2021. The reported cause of death was circulatory failure neonatal. Clinical courses: On 27Jul2021 at 13:12, childbirth by Caesarean section before labour at 25 weeks and 3 days of amenorrhoea (premature delivery). Birth of a female child weighing 550 grams. Transfer to the neonatal intensive care unit. On 09Aug2021, death of the child with a clinical picture of circulatory failure. No follow-up attempts are possible. No further information is expected.; Sender's Comments: Linked Report(s) : FR-PFIZER INC-202200398868 maternal/fetus case; Reported Cause(s) of Death: picture of circulatory failure

[CASE 8 \(VAERS 2227334\) - 32 year old pregnant woman in 2nd trimester took a 2nd Pfizer COVID-19 mRNA vaccine. Fetus stopped growing after Pfizer jab. She went into premature labor 40 days after vaccination, gave birth to a live infant which died at 3 days old.](#)

VAERS ID: 2227334 Vaccinated: 2021-12-30
VAERS Form: 2 Onset: 2021-12-30
Age: Submitted: 0000-00-00
Sex: Unknown Entered: 2022-04-12
Location: Foreign

Vaccination / Manufacturer (1 vaccine)	Lot / Dose	Site / Route
COVID19: COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	1F1024A / UNK	- / OT

Administered by: Other Purchased by: ??

Symptoms: Premature baby, Foetal growth restriction, Maternal exposure during pregnancy, Specialist consultation

Life Threatening? No

Birth Defect? No

Died? Yes

Date died: 2022-02-11

Permanent Disability? No

Recovered? No

Office Visit (V2.0)? No

ER or Office Visit (V1.0)? No

ER or ED Visit (V2.0)? No

Hospitalized? Yes, days: (blank)

Extended hospital stay? No

Previous Vaccinations:

Other Medications:

Current Illness:

Preexisting Conditions:

Allergies:

Diagnostic Lab Data: Test Date: 20211221; Test Name: gynecologist; Result Unstructured Data: Test Result: The child was at the optimum weight and height; Test Date: 20220118; Test Name: gynecologist; Result Unstructured Data: Test Result: the child was underweight and too small; Comments: The child was underweight and too small in regards to the week of pregnancy.

CDC 'Split Type': DEPFIZER INC202200543420

Write-up: This is a spontaneous report received from a non-contactable reporter (Consumer or other non HCP) from the Regulatory Authority-WEB. The reporter is the parent. A fetus patient was exposed to BNT162b2 (COMIRNATY), transplacental, administration details for the mother: on 30Dec2021 as dose number unknown single (Lot number: 1F1024A) for Covid-19 immunisation. The mother of the patient was 32 years old. The mother's relevant medical history included: "Pregnancy" (unspecified if ongoing); "Thrombocytopenia" (unspecified if ongoing), notes: congenital; "Hay fever" (unspecified if ongoing); "Penicillin allergy" (unspecified if ongoing). The mother was 2 trimester pregnant at the time of exposure to BNT162b2. The mother was 6 months pregnant at the event onset. The mother's concomitant medications were not reported. The mother's vaccination history included: Covid-19 vaccine (Dose 1, manufacturer unknown), for Covid-19 immunisation; Covid-19 vaccine (Dose 2, manufacturer unknown), for Covid-19 immunisation. The following information was reported: FOETAL GROWTH RESTRICTION (death, hospitalization) with onset 30Dec2021, outcome "fatal", PREMATURE BABY (death, hospitalization) with onset 08Feb2022, outcome "fatal" and all described as "From that point on, my child stopped growing in the womb. Up to that point everything was fine. There was a premature birth"; MATERNAL EXPOSURE DURING PREGNANCY (death, hospitalization) with onset 30Dec2021, outcome "fatal", described as "maternal exposure during pregnancy second trimester". The baby was delivered premature, delivery date 08Feb2022. The patient underwent the following laboratory tests and procedures: Specialist consultation: (21Dec2021) The child was at the optimum weight and height; (18Jan2022) the child was underweight and too small, notes: The child was underweight and too small in regards to the week of pregnancy. The patient date of death was 11Feb2022. Reported cause of death: "From that point on, my child stopped growing in the womb. Up to that point everything was fine. There was a premature birth.", "maternal exposure during pregnancy second trimester". It was not reported if an autopsy was performed. Clinical course: Congenital thrombocytopenia was examined before, during and after the pregnancy in the coagulation clinic and no abnormalities were found. "Since the vaccination, my child stopped growing in the womb. Up to that point everything was fine. This was determined during the prenatal examination at the gynecologist. The last examination before the vaccination took place on 21Dec2021. The child was at the optimum weight and height at that point. During the next examination on 18Jan2022, i.e. after the vaccination, it was determined that the child was underweight and too small in regards to the week of pregnancy. There was a premature birth on 08Feb2022 - 10 weeks too early. The child subsequently died on 11Feb2022". Relatedness of drug to reaction(s)/event by RA assessment is D. Unclassifiable. No follow-up attempts are possible. No further information is expected. Sender's Comments: Linked Report(s): DE-PEI-202200097141; DE-PFIZER INC-202200520130 mother case; Reported Cause(s) of Death: From that point on, my child stopped growing in the womb. Up to that point everything was fine. There was a premature birth; maternal exposure during pregnancy second trimester; From that point on, my child stopped growing in the womb.

My Take...

Were pregnant women warned about the risks of Pfizer and Moderna COVID-19 mRNA vaccines causing premature labor? NO.

Were pregnant women warned about the risks of Pfizer and Moderna mRNA vaccines causing infant deaths shortly after delivery? NO.

It is clear that both Pfizer and Moderna COVID-19 vaccines are causing premature labor. When the fetus is too premature (i.e. under 22 weeks), its chances of survival are low. By 24 weeks, chances of survival rise to 60-70%.

But what about infants of COVID-19 vaccinated mothers who die days, weeks or months after delivery?

Do these cases simply get buried as SIDS (sudden infant death syndrome)?

One of the sudden infant death cases described above had a very rare heart tumor (caused by mother's COVID-19 mRNA vaccines?)

But what about the case of 2 month old baby Dexter Khan-Barnes? His mother had blood

clots and died at 32 weeks pregnancy. Her baby then died at 2 months of age of “unknown causes”? Pathologist had no idea why baby died? That’s not acceptable.

I have written a substack about infants of COVID-19 vaccinated mothers coming down with myocarditis, two of them have died from it ([click here](#)).

mRNA vaccinated mothers deliver LNPs with COVID-19 spike protein mRNA to their unborn children through the placenta. The consequences of this were never studied by Pfizer or Moderna.

This trans-placental delivery of LNP/mRNA is causing miscarriages, stillbirths, premature labor and sudden deaths of newly born infants.

All of which are being ignored by the medical establishment.

Was baby Dexter producing COVID-19 mRNA vaccine spike protein? We will never know as the pathologist closed the case with the conclusion “cause of death unknown”.

*

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Dr. William Makis is a Canadian physician with expertise in Radiology, Oncology and Immunology. Governor General’s Medal, University of Toronto Scholar. Author of 100+ peer-reviewed medical publications.

The Worldwide Corona Crisis, Global Coup d'Etat Against Humanity

by Michel Chossudovsky

Michel Chossudovsky reviews in detail how this insidious project “destroys people’s lives”. He provides a comprehensive analysis of everything you need to know about the “pandemic” — from the medical dimensions to the economic and social repercussions, political underpinnings, and mental and psychological impacts.

“My objective as an author is to inform people worldwide and refute the official narrative which has been used as a justification to destabilize the economic and social fabric of entire countries, followed by the imposition of the “deadly” COVID-19 “vaccine”. This crisis affects humanity in its entirety: almost 8 billion people. We stand in solidarity with our fellow human beings and our children worldwide. Truth is a powerful instrument.”

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