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## 648 cases of side effects were reported to the VAERS system on breastfed infants whose mothers received the Covid-19 vaccine

| 5704 צפיות [f](#) [🐦](#) [💬](#)

Real-Time Magazine analysis reveals a concerning issue almost no one talks about: serious side effects and deaths of breastfed infants whose mothers received the COVID-19 vaccine

20 2022 ספטמבר | [Ranit Feinberg](#) | [English](#)



Participated in the analysis of the reports: Shani Cohen, attorney Galit Potachnik and Shirley van der Veldt

- Despite the lack of clinical studies, and even animal safety studies, health authorities did not hesitate to give the green light to the administration of Pfizer's and Moderna's mRNA vaccines to pregnant and lactating women a few weeks after they themselves stated that they did not have such studies. In Israel, the MOH even made a U-turn in a record time of four days, when already on December 20 a recommendation was issued for pregnant and lactating women to get vaccinated. Nevertheless, the issue of vaccine safety for breastfed infants is hardly discussed.
- An analysis conducted by the Real-Time Magazine team reveals that at least 648 cases of side effects in infants vaccinated with the COVID-19 vaccines – most of them with the mRNA vaccines, including deaths and life-threatening side effects, have been reported to the US VAERS system.
- The most common serious events were life-threatening bleeding; anticholinergic syndrome; Liver problems; anaphylactic shock; neuroleptic syndrome; neurological side-effects such as convulsions or encephalitis; and Hypoglycemia. In most of the reported cases, several life-threatening side effects were recorded in the same baby.

*"I was breastfeeding my son at the time. I pumped within an hour of receiving the shot. My 5 month old son nursed the night following the shot and later ate the pumped milk that I acquired the same day of the shot. 11 days later he was found unresponsive during his nap at daycare. It is not clear how long he was unresponsive for until found by babysitter. He was immediately rushed to the hospital and doctors were able to get his heart beating again with excessive effort. Organ damage was extensive and he had no brain function, he did not recover. He passed away 13 days after I received the shot". The VAERS report says: "Died? No Recovered? No".*

This shocking description, a report by a mother who lost her baby, a five-month-old breastfed infant, 13 days after receiving the Pfizer COVID-19 vaccine and breastfeeding him, is taken from the VAERS system - the American Adverse Event Monitoring System (case number [1505306](#)).

As can be learned from the report, the mother received the vaccine on January 28, very shortly after the FDA recommended that pregnant and lactating women receive the COVID-19 vaccine. Alarming, this is not the only report of a baby being harmed or dying after being exposed to the mRNA vaccine through breastfeeding. In another chilling report (case number [1166062](#)) by a mother, dated March 17, 2021, a case of another breastfed baby, also five months old, who died just one day after his mother was vaccinated during a work day is described. The next day, March 18, 2021, the baby felt ill, developed a fever and a rash, refused to eat and cried non-stop. The write-up said:

*"Patient brought baby to local ER where assessments were performed, blood analysis revealed elevated liver enzymes. Infant was hospitalized but continued to decline and passed away. Diagnosis of TTP. No known allergies. No new exposures aside from the mother's vaccination the previous day".*

What was the cause of the two babies' deaths? Is it possible that their deaths were related to the fact that their mothers were vaccinated a few days earlier, and that they were exposed to the mRNA vaccine through

From the 9/9/2022 release of VAERS data:

**This is VAERS ID 1505306**

[Government Disclaimer on use of this data](#)

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**Case Details**

VAERS ID: [1505306](#) (external) Vaccinated: 2021-01-28  
 Form: Version 2.0 Onset: 2021-02-08  
 Age: 30.0 Days after vaccination: 11  
 Sex: Female Submitted: 0000-00-00  
 Location: New York Entered: 2021-07-27

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19 COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	EL3302/1	AR / IM

Administered by: Military Purchased by: ?  
 Symptoms: [Exposure via breast milk](#)  
 SMOs: Neonatal exposures via breast milk (narrow)  
 Life Threatening? No  
 Birth Defect? No  
 Died? No  
 Permanent Disability? No  
 Recovered? No  
 Office Visit? No  
 ER Visit? No  
 ER or Doctor Visit? No  
 Hospitalized? No  
 Previous Vaccinations:  
 Other Medications: None  
 Current Illness: None  
 Preexisting Conditions: None  
 Allergies: None  
 Diagnostic Lab Data: Autopsy was completed. Unofficial results said he was completely healthy. I have not seen official reports or findings yet. I haven't even seen an official death certificate with the cause of death yet, this is almost 6 months later.  
 CDC Split Type:  
 Write-up: I was breastfeeding my son at the time. I pumped within an hour of receiving the shot. My 5 month old son nursed the night following the shot and later ate the pumped milk that I acquired the same day of the shot. 11 days later he was found unresponsive during his nap at daycare. It is not clear how long he was unresponsive for until found by babysitter. He was immediately rushed to the hospital and doctors were able to get his heart beating again with excessive effort. Organ damage was extensive and he had no brain function. He did not recover. He passed away 13 days after I received the shot.

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**Case Details**

VAERS ID: [1166062](#) (external) Vaccinated: 2021-03-17  
 Form: Version 2.0 Onset: 2021-03-18  
 Age: 0.42 Days after vaccination: 1  
 Sex: Male Submitted: 0000-00-00  
 Location: Unknown Entered: 2021-04-04

Vaccination / Manufacturer	Lot / Dose	Site / Route
COVID19 COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 2	LA / SYR

Administered by: Work Purchased by: ?  
 Symptoms: [Death](#), [Diet refusal](#), [Emotional distress](#), [Exposure via breast milk](#), [Failure to thrive](#), [Hepatic enzyme increased](#), [Pyrexia](#), [Rash](#), [Thrombotic thrombocytopenic purpura](#)  
 SMOs: Liver related investigations, signs and symptoms (narrow). Anaphylactic reaction (broad). Haemorrhage terms (excl laboratory terms) (narrow). Neuroleptic malignant syndrome (broad). Anticholinergic syndrome (broad). Embolic and thrombotic events, arterial (narrow). Depression (excl suicide and self injury) (broad). Renovascular disorders (broad). Neonatal exposures via breast milk (narrow). Neonatal disorders (broad). Hypersensitivity (narrow). Drug reaction with eosinophilia and systemic symptoms syndrome (broad). Immune-mediated/autoimmune disorders (narrow)  
 Life Threatening? No  
 Birth Defect? No  
 Died? Yes  
 Date died: 2021-03-20  
 Days after onset: 2  
 Permanent Disability? No  
 Recovered? No  
 Office Visit? No  
 ER Visit? No  
 ER or Doctor Visit? Yes  
 Hospitalized? Yes, 2 days  
 Extended hospital stay? No  
 Previous Vaccinations:  
 Other Medications:  
 Current Illness:  
 Preexisting Conditions:  
 Allergies:  
 Diagnostic Lab Data:  
 CDC Split Type:  
 Write-up: Patient received second dose of Pfizer vaccine on March 17, 2020 while at work. March 18, 2020 her 5 month old breastfed infant developed a rash and within 24 hours was inconsolable, refusing to eat, and developed a fever. Patient brought baby to local ER where assessments were performed, blood analysis revealed elevated liver enzymes. Infant was hospitalized but continued to decline and passed away. Diagnosis of TTP. No known allergies. No new exposures aside from the mother's vaccination the previous day.

breastfeeding? Amazingly, although health authorities around the world began vaccinating breastfeeding women shortly after the FDA granted Pfizer the emergency permit, without having carried out studies in this sensitive population or even toxicity studies in animals, and even though more than a year and a half have passed since then and many millions of breastfeeding women around the world have already been vaccinated – the health implications of the mRNA vaccine on nursing babies are almost never considered

In order to try to get an answer to this question, even if only a partial one, Real Time Magazine conducted an analysis of the reports to the VAERS system on adverse events among nursing infants whose mothers were vaccinated. From the analysis, which is a continuation of the previous one we conducted on [VAERS reports on babies who were themselves vaccinated](#), it appears that the stories presented above represent a phenomenon with a very large scope. As mentioned, at the time the analysis was conducted, there were 648 reports registered in the VAERS system on babies who suffered adverse events after being exposed to COVID-19 vaccines through breastfeeding. In some cases, these are serious and even life-threatening adverse events, of which, 3 confirmed deaths have been reported, and in other cases, it is not clear what happened to the babies - did they recover, do they continue to suffer from health problems, or whether they died.

## Side effects in a variety of body systems

National Vaccine Information Center  
Your Health. Your Family. Your Choice.

MedAlerts.org

Search Results

From the 8/5/2022 release of VAERS data:

Found 648 cases where Vaccine is COVID19 and Symptom is Exposure via breast milk

Government Disclaimer on use of this data

Case Details

This is page 28 out of 65

For the purpose of the analysis, we initially performed a search through the system itself, using keywords such as Breastfeeding, Nursing, etc. In this search, 85 reports were displayed in the VAERS system. Surprisingly, an attempt to reach a result through a Google search led to [a VAERS page displaying 629 reports](#) of adverse events following exposure to COVID-19 vaccines through breastfeeding. During the process, the number of reported cases increased, and as mentioned, at the end of our data collection, on August 5, there were 648 reports. In view of the centrality of the mRNA vaccines, and the fact that this is a new technology, the analysis focused on these vaccines only.

After omitting reports of other types of COVID-19 vaccines, such as Jensen and AstraZeneca, 606 reports were identified, of which 435 were reports of side effects following the Pfizer vaccine and 171 reports following the Moderna vaccine. For the purpose of the analysis, the reports were placed and presented in an Excel table.

Our magazine team read each of the reports and analyzed them according to the types of side-effects and their seriousness, the time of their appearance after the vaccine, the duration of the side-effects, the ages and gender of the babies, and the manufacturer of the vaccine.

We analyzed both the data and information presented in the closed categories in each of the reports, and in the free text in which the case was described. Regarding reports that were not clear, the team members cross-examined them, to try to clarify the case. It should be noted that in some cases there was ambiguity and confusion in the case descriptions, in a large part of which the information is missing, such as the gender of the baby, its age, or the batch number – problems that can probably be attributed to the fact that the VAERS system is a self-reporting system. For example, in some cases it was not possible to clearly understand whether the mother was the one who experienced the side effect or her baby. It should also be noted that in several cases, when we returned to certain reports, we found that the report

had changed - usually, descriptions and side effects were added to the initial report. In several reports, parents expressed fear regarding the baby's side effects, and raised questions about the vaccine and other potential side effects.

The findings of the analysis indicate that the reports represent a variety of side effects in various body systems, with the age range of the nursing infants affected following



their mothers' vaccination being from the moment of birth to approximately 3 years of age. Some of the side effects were prolonged and life-threatening. Some babies experienced more than one side effect. In many cases it was reported that the baby did not recover and that the case could not be followed. In other cases it is noted that the patient was not included in the experiment.

### Serious Side-Effects

The analysis identified three definite reports of deaths (reports number [1505306](#); [1166062](#) [1712010](#)). As noted, in other cases it is not clear from the report whether the baby survived. For example, in one case (case number 1734541) a 28-day-old baby was exposed through breastfeeding to the second Pfizer vaccine dose that his mother received. 24 hours after the vaccine was given, the baby was in a state of anaphylactic shock, bradycardia (low heart rate), low blood oxygen saturation that made his skin appear blue, and respiratory collapse. The baby also suffered bleeding in the brain, with a brain scan showing blood clots. Since he was unable to nurse, they had to feed him through tubes. Although in the closed categories it was stated that he did not die - in the report itself it was stated that he did not recover.

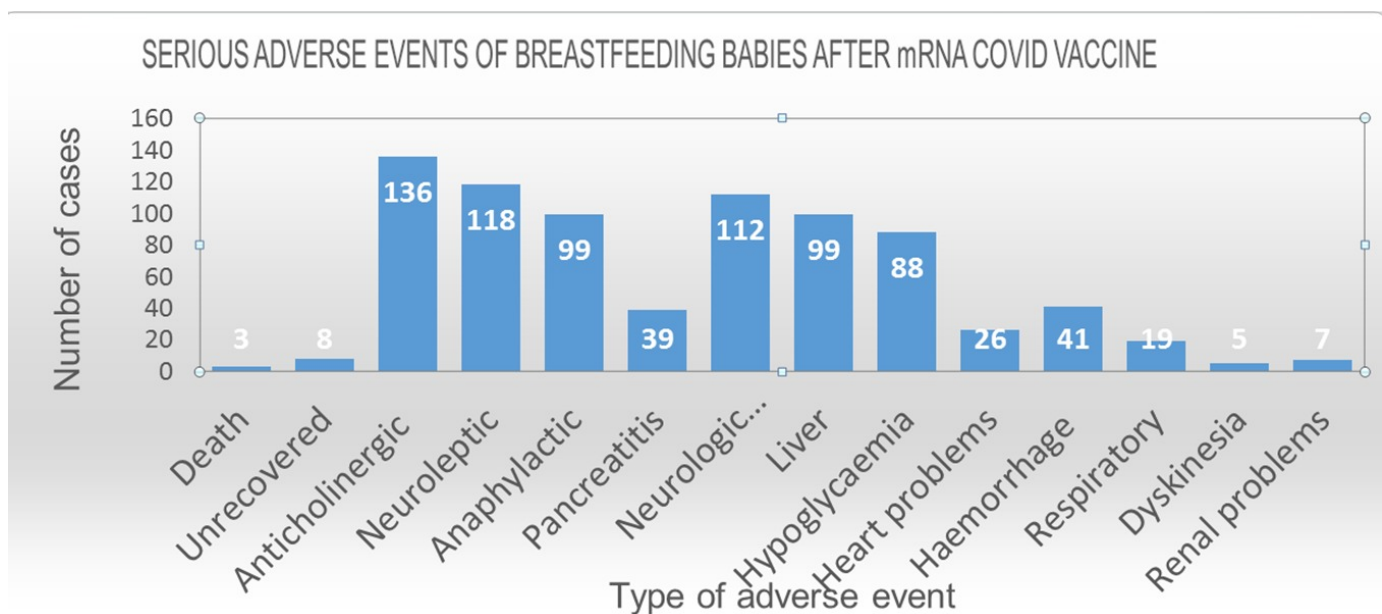
Some of the side effects identified in the reports were particularly common. As can be seen from the chart below, the most common serious side-effects were anticholinergic syndrome (136 reports); neuroleptic malignant syndrome (118 reports); neurological phenomena (112 reports); Liver damage (100 cases), anaphylactic shock (100 reports) and hypoglycemia (88 reports). This finding is similar, and in fact almost identical to the common side-effects identified in our previous analysis published in Real-Time

Magazine,  
of reports  
in 58  
infants  
who were  
themselves  
vaccinated  
- a  
similarity  
that  
reinforces  
the

Case Details			
VAERS ID: 1734541 <small>(external)</small>	Vaccinated:	2021-09-12	
Form: Version 2.0	Onset:	2021-09-13	
Age: 0.08	Days after vaccination:	1	
Sex: Male	Submitted:	0000-00-00	
Location: Unknown	Entered:	2021-09-25	
Vaccination / Manufacturer	Lot / Dose	Site / Route	
COVID19_COVID19 (COVID19 (PFIZER-BIONTECH)) / PFIZER/BIONTECH	- / 2	- / IM	
<small>Administered by: Unknown Purchased by: ?            Symptoms: Bradycardia, Cerebral cyst, Cerebral haematoma, Cerebral thrombosis, Choking, Cyanosis, Exposure via breast milk, Gastrointestinal tube insertion, Intensive care, Lethargy, Oxygen saturation decreased, Poor feeding infant, Suck-swallow breathing coordination disturbance, Ultrasound head abnormal            SMCs: Anaphylactic reaction (broad), Angioedema (broad), Haemorrhage terms (excl laboratory terms) (narrow), Arrhythmia related investigations, signs and symptoms (broad), Ischaemic central nervous system vascular conditions (narrow), Haemorrhagic central nervous system vascular conditions (narrow), Embolic and thrombotic events, vessel type unspecified and mixed arterial and venous (narrow), Acute central respiratory depression (broad), Noninfectious encephalitis (broad), Noninfectious encephalopathy/delirium (broad), Noninfectious meningitis (broad), Neonatal exposures via breast milk (narrow), Neonatal disorders (narrow), Hypotonic-hyporesponsive episode (broad), Hypersensitivity (broad), Respiratory failure (broad), Hypoglycaemia (broad), Infective pneumonia (broad)            Life Threatening? No            Birth Defect? No            Died? No            Permanent Disability? No            Recovered? No            Office Visit? No            ER Visit? No            ER or Doctor Visit? No            Hospitalized? No            Previous Vaccinations:            Other Medications: multivitamin            Current Illness:            Preexisting Conditions:            Allergies: NKDA            Diagnostic Lab Data: Head ultrasound.            CDC Split Type:            Write-up: Mother of infant received 2nd dose of Pfizer 9/21. Mother actively breast feeding infant. 24 hours after mother receiving 2nd vaccination, infant had significant bradycardia (drop in heart rate), desaturation ( low oxygen in the blood causing infant to turn blue). Infant was a previous 31 weeker adjusted to 35 weeks and discharge was pending at time mother received 2nd vaccination. After the initial episode, infant required a feeding tube due to feeding difficulties and lethargy. Infant was monitored in NICU with continued episodes of feeding difficulties associated with choking, inability to coordinate suck/swallow/breath, and bradycardic events. Head ultrasound was completed to show multiple cysts/hematomas (blood clots) present on the brain that were not present prior to vaccination. Infant was transferred to higher level of care for neurological evaluation. Due to absence of hematomas prior to vaccination and no evidence of head trauma, and the known vaccination side effects of potential blood clots; this shall be considered an adverse event.</small>			

likelihood of causal relations between these side-effects and the vaccine.

Additional adverse events identified in the present analysis of the nursing babies' reports include pancreatitis (39 reports); heart problems (26 reports); respiratory problems (19 reports); renal problems (7); and dyskinesia (movement disorders) (5).



Anticholinergic syndrome - the most common serious side-effect, which was identified in 136 of the reports, is anticholinergic syndrome - a syndrome resulting from a blockage of the binding sites of the neurotransmitter acetylcholine, which can lead, among other things, to coordination problems, an increase in body temperature, and an increase in heart rate to the point of collapse. This syndrome is well known among adults who take various medications, such as antipsychotics, antihistamines, etc., and is not considered life-threatening for them. However, in children and toddlers, the syndrome may rapidly deteriorate and require intensive care. In a study that examined the neurological effects of COVID-19 vaccines, [published](#) in January 2022 in Cureus, it was found that the Pfizer vaccine has the greatest risk of leading to this syndrome, with the risk increasing the lower the age of the vaccinated. The researchers hypothesized that the syndrome may be related to the fatty envelope in which the mRNA is found - which distinguishes Pfizer's vaccine from other COVID-19 vaccines, and perhaps therefore, the use of this vaccine increases the risk.

Neuroleptic malignant syndrome (NMS) – This syndrome, the second most common serious side-effect,

was identified in 118 reports. It is a life-threatening syndrome, which may manifest itself in an accelerated heart rate, an increase in liver enzymes, hypertension, epileptic convulsions, and more, and may involve the destruction of nerve cells in the brain to the point of brain death. It is usually caused after taking antipsychotic drugs. This side-effect was almost never documented in the literature in connection with the COVID-19 vaccine, but in November 2021, [an article](#) in the American Journal of Emergency Medicine documented a case description of a 74-year-old woman who developed the syndrome after taking the COVID-19 vaccine, and was hospitalized in the intensive care unit. The researchers warned that the activation of the immune system associated with these vaccines can have a huge impact on the elderly, and that awareness of neuroleptic malignant syndrome should be raised as a potential complication of the COVID-19 vaccines, and emergency room doctors should be provided "with the patient's vaccination history to properly diagnose this problem, and possible side effects others of this new one". In light of this case description, which is defined in the article as apparently rare, the finding from our analysis of reports of nursing infants in the VAERS system indicates one of two things: either the risk of this side-effect is particularly high in small babies, compared to the adult population, or the real risk of its prevalence is simply not documented.

Liver injury and anaphylactic shock - Regarding each of these side-effects, which appear to be the third most common ones in our analysis, 99 reports were identified. In light of the many cases of mysterious liver problems among children around the world published by health authorities and in the media, any case of liver damage must be examined seriously, especially when it comes to a relatively high incidence among nursing babies. From an animal study conducted by Pfizer itself, it appears that the lipid nanoparticles (LNPs), the ones that contain the mRNA code reserved for the cells to produce the spike protein, do not remain at the injection site, but penetrate the bloodstream and through it reach a variety of tissues and sites in the brain, including the liver. The research, called "Biodistribution Research", was defined by the company as confidential ("Pfizer confidential"), but was revealed a little over a year ago thanks to access granted by the Japanese Medicines Agency to a number of researchers. It should be noted that the study has been deleted from the web, but can be found in the [Internet Archive](#).

An anaphylactic shock is a life-threatening allergic condition that requires immediate treatment. It can damage the respiratory tract and cause dizziness, fainting, and even death.

Neurological side-effects such as convulsions, or inflammation of the brain (encephalitis) - 112 cases were identified. These side effects can cause serious damage to the brain.

Hypoglycemia – 88 cases of hypoglycemia were identified in the VAERS reports – a very low blood glucose level, a condition that in babies can quickly deteriorate into an irreversible condition and even death. Glucose is used in the process of cellular respiration. When brain cells are not supplied with glucose, this vital process is impaired and irreversible brain damage occurs. The relationship between the mRNA vaccines and hypoglycemia among diabetic patients treated with anti-diabetic drugs and/or insulin was documented by researchers in Western Saudi Arabia, and in a study registered in October 2021 on the American Federal Clinical Research website (the study has not yet been published), they are trying to examine the nature of this relationship. The researchers hypothesized that the preservative polyethylene glycol (PEG) contained in the mRNA vaccines may be the cause of the hypoglycemic effects.

Bleeding - 41 of the reports describe cases of bleeding, some in the stool or urine, some in vomiting and even bleeding from the eyes.

39 reports describe cases of pancreatitis - acute inflammation of the pancreas, which can cause fever,

rapid pulse, drop in blood pressure, and even respiratory failure and/or kidney failure. In addition to these serious effects, 26 cases of heart problems of varying seriousness have been reported among nursing babies, including heart rhythm disturbances, heart muscle enlargement, and a hole in the heart, as well as two cases of myocarditis and pericarditis.

Side-effects with mild and moderate degrees of severity

In addition to these serious side effects, the analysis of the reports also identified less serious symptoms, including vomiting, fatigue and sleeping disorders, diarrhea, nursing problems, refusal to eat, and even several cases of green milk or green feces. Although these side effects are seen as relatively minor problems that appear even after routine vaccinations, it is important to address them, as they can be symptoms of more serious problems. Also, 62 reports of rash were identified. In babies, this symptom can be considered mild and transient, yet in some cases, it can be a symptom of a life-threatening allergy.

## Why were the lessons from the thalidomide and the DES affairs not learned?

As noted, shortly after the FDA granted Pfizer the emergency permit for its COVID-19 mRNA vaccine, the world's health authorities reversed their previous decision not to recommend vaccinating pregnant and breastfeeding women, issued in early December. The original decision - not to recommend the vaccine to this vulnerable population, was based on the fact that pregnant and breastfeeding women were not included in the Pfizer and Moderna clinical studies, as can be learned, for example, from the Pfizer study protocol on the American federal clinical research website. In fact, to this day, the vaccine leaflet that appears on Pfizer's website, states: "It is not known whether COMIRNATY is excreted in human milk. Data are not available to assess the effects of COMIRNATY on the breastfed infant or on milk production/excretion".

Moreover,  
as several

### 8.2 Lactation

#### Risk Summary

It is not known whether COMIRNATY is excreted in human milk. Data are not available to assess the effects of COMIRNATY on the breastfed infant or on milk production/excretion. The developmental and health benefits of breastfeeding should be considered along with the mother's clinical need for COMIRNATY and any potential adverse effects on the breastfed child from COMIRNATY or from the underlying maternal condition. For preventive vaccines, the underlying maternal condition is susceptibility to disease prevented by the vaccine.

researchers have warned, the safety of the vaccine during breastfeeding has been lacking in evidence even in animal studies. For example, in the British government's official guidelines document regarding the COVID-19 vaccine, it was explicitly stated that the studies on the toxicity of the vaccine in animals were not completed at the time the vaccine received the Emergency Use Authorization (EUA), and that it is not known whether the mRNA vaccine has an effect on fertility, pregnancy or breastfeeding.

When it comes to new drugs, pregnant and lactating women are defined as one of the most vulnerable and sensitive populations. This is due to the potential effects of the drugs on the fetus and the baby. The case that shook the world and illustrated how dangerous a hasty approval of a drug could be in this vulnerable population, without studying its effects on pregnant/lactating women in proper clinical studies, is the thalidomide scandal. In October 1957, the German pharmaceutical company Grunenthal began



marketing  
the drug,  
which  
until then  
had been  
marketed  
as a  
sedative -  
as an over-  
the-  
counter  
medicine  
for  
pregnant  
women  
suffering  
from  
nausea.  
Patent  
usage  
rights  
were sold  
to

#### 4.6 Fertility, pregnancy and lactation

##### Pregnancy

There are no or limited amount of data from the use of COVID-19 mRNA Vaccine BNT162b2. Animal reproductive toxicity studies have not been completed. COVID-19 mRNA Vaccine BNT162b2 is not recommended during pregnancy.

For women of childbearing age, pregnancy should be excluded before vaccination. In addition, women of childbearing age should be advised to avoid pregnancy for at least 2 months after their second dose.

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##### Breast-feeding

It is unknown whether COVID-19 mRNA Vaccine BNT162b2 is excreted in human milk. A risk to the newborns/infants cannot be excluded. COVID-19 mRNA Vaccine BNT162b2 should not be used during breast-feeding.

##### Fertility

It is unknown whether COVID-19 mRNA Vaccine BNT162b2 has an impact on fertility.

manufacturers in various countries, including Canada, Great Britain, and also Israel. However, within a short time, more and more cases of babies being born with severe deformities, most of them in the limbs, including missing, short and deformed limbs, began to appear. Only in 1961, when it became clear beyond any doubt that birth defects were a side-effect of thalidomide, its distribution and marketing stopped. Following this affair, the European Medicines Administration changed its procedures, and it now requires teratogenicity testing of all medicines before marketing them. In the United States, thanks to Dr. Frances Kelsey, a physician who worked at the FDA, who insisted on not allowing the drug to be widely marketed, many injuries were avoided, and Dr. Kelsey was awarded the highest civilian honor by then-President John Kennedy.

Another case, which further emphasizes how critical it is to exercise extreme caution when it comes to vaccinating pregnant and lactating women, is the DES affair. DES (Diethylstilbestrol), a drug based on a synthetic estrogen manufactured by Eli Lilly, was given between 1938 and 1971 to pregnant women who had miscarriages or premature births, to prevent further miscarriages. At that time, it was believed that these problems could be caused by low levels of estrogen in the woman's body. The DES was administered to millions of women in the United States during this period.

Unlike thalidomide, no visible medical problems were observed in the babies after birth. Only years later, when they grew up, it became clear that the girls whose mothers took the drug during pregnancy had an increased risk of suffering from several types of cancer, including adenocarcinoma of the endometrium and breast cancer; structural changes in the reproductive system, difficulties in conceiving, ectopic



pregnancies, and other fertility and pregnancy problems. In 1971, the FDA advised doctors to stop prescribing the drug during pregnancy, DES was removed from the shelves and the issue was exposed to the public. The most important lesson from this affair was that the side effects of a drug that is taken during pregnancy may be discovered much later, only years later.

But it seems that all the lessons learned from the thalidomide and DES scandals were thrown away with the approval of the COVID-19 vaccines. As early as July 2021, the CDC announced that the Pfizer vaccine is safe for pregnant and lactating women. This, the CDC claimed, is based on "data from reporting systems" and based on "studies". However, none of the studies cited in the list of sources in the document tested the safety of the vaccine during breastfeeding. Although the list of 23 sources includes several studies that dealt with the effects of the vaccine during breastfeeding, these studies concentrated on the issue of effectiveness (measured by antibody levels in breast milk), but not to the safety of the vaccine for the nursing infant. Nevertheless, in August 2021, the CDC issued a press release in which Dr. Rochelle Walensky, head of the CDC, was quoted as saying that the vaccine is safe for pregnant and lactating women, and that the CDC encourages all pregnant and lactating women to get vaccinated.

In fact, most of the studies on breastfeeding mothers conducted to date were relatively small and

included a few dozen breastfeeding women, with most of them still focusing on the issue of effectiveness only, based on antibody levels in breast milk. For example, in a study [published](#) in January 2022 in *Frontiers in Immunology*, researchers from Singapore tested blood and milk samples from 35 nursing mothers. In addition to the antibodies, the researchers reported that they also detected low amounts of the whole mRNA in 71% of the mothers' blood samples, and in 13% of the breast milk samples, and for some also in their breast milk. According to them, "The presence of intact vaccine mRNA in both sample types in our study highlights the stability and persistence of the vaccine mRNA nanoparticle within the bloodstream which may lead to infrequent transfer into breastmilk". They also noted that the systemic spread of lipid nanoparticles from the mRNA envelope has already been previously demonstrated in animal studies.

In March 2021, a study conducted in collaboration with Tel Aviv University and Lis Hospital for Women and Maternity was [uploaded](#) to medRxiv. The study was conducted in January-February 2021, close to the launch of the COVID-19 vaccine rollout in Israel, and examined the antibody levels in the blood and breast milk at four-time points after the administration of the Pfizer vaccine. Yet, as it turns out, the study did not examine the safety of the vaccine or looked into side effects that appeared following vaccination in the infants or the mothers. Its sole purpose was to determine whether the COVID-19 vaccine is effective in creating antibodies in breast milk, and the qualities of these antibodies (that is, whether they are antibodies that can neutralize the virus). Moreover, the study included only ten lactating women.

In another study on 1,784 lactating women, published on [Pre-Prints](#), researchers from Singapore and Malaysia examined the effects of mRNA vaccines and compared them to those of vaccines not based on this technology. The research findings showed that 6.2% of the mothers (110 mothers) reported that they stopped breastfeeding, with the vast majority receiving mRNA vaccines (97.2%). The reasons for stopping breastfeeding were instruction or recommendation from medical professionals, or problems with breastfeeding such as a sharp decrease or fluctuations in milk supply.

Pfizer itself [announced](#) in February 2021 a clinical trial in pregnant and lactating women. However, the results of this study have not been published to date.

## **Israel was the first to vaccinate pregnant and lactating women**

Israel was the first country in the world to recommend vaccinating pregnant and lactating women, when the speed with which the Ministry of Health reversed the original recommendation, not to vaccinate this population, was surprising even on a global scale. On December 16, with the start of the vaccination rollout in Israel, the Ministry of Health issued an "[Information Sheet for Vaccination Against the New Corona Virus](#)", with the instruction that children under the age of 16, as well as pregnant and lactating women, should not be vaccinated. The explanation: "This, since the vaccine has not yet been tested on children under the age of 16 or on pregnant and lactating women".

Yet four  
days later,  
on  
December  
20, 2020,

it seems  
that  
science  
has  
advanced  
by leaps  
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as the  
Ministry of  
Health, in

## מי יכול לקבל את החיסון?

את החיסון יקבלו, בשלב הזה, בני 16 שנים ומעלה. זאת מאחר והחיסון טרם נבדק על ילדים מתחת לגיל 16 או על נשים הרות ומניקות.

1

Director of public health services  
Ministry of Health  
P.O.B 1176 Jerusalem 91010

ראש שירותי בריאות הציבור  
משרד הבריאות  
ת.ד 1176 ירושלים 91010



## מי לא יקבל את החיסון בשלב זה – ההנחיות נכון להיום הן:

1. מתחת לגיל 16
2. אנשים עם רקע של תגובה אלרגית חמורה מידידת לחיסון, תרופה או מזון כלשהו. הורית נגד זו חלה גם על כל מי שהונחה על ידי גורם רפואי להחזיק מזרק אפינפרין (אפיפן).
3. מחלימים מ COVID 19
4. נשים הרות ומניקות. (לגבי מצבים מיוחדים, בהם התועלת בחיסון עשויה להיות גבוהה, יש להתייעץ עם רופא).

collaboration with the Israeli Association of Obstetrics and Gynecology, issued new guidelines, according to which it is now recommended to vaccinate pregnant and lactating women.

Moreover, less than a month later, on January 18, 2021, the Ministry of Health, in collaboration with the National Council for Gynecology and Fertility, issued a position paper referring to the vaccination of pregnant and lactating women, and to the concerns of a link between vaccinations and fertility. The title under which the Ministry of Health chose to keep the document was: "Vaccination for women and false fears of harming fertility." This, even though the document itself explicitly states that "breastfeeding women were not included in the trials of the vaccine". On what basis, then, did the Ministry of Health and the Council for Gynecology and Fertility decide to call the legitimate concerns of the public "false concerns"? The position paper does not explain, but states that, despite the lack of information, their "experts on this subject do not see a risk to the newborn from the breastfeeding mother's vaccine and this is based on the accumulated experience of the use of vaccines against other viruses, the mechanism of action of the vaccine, the fact that there are no virus particles in the vaccine and the slim chance if any

that the vaccine can reach the mother's milk after its injection into the muscle".

Another month later, in February 2021, the Ministry of Health published a press release entitled "Dr. Greenfeld: Answers to Questions, Rumors and Fake News About the Vaccine", which included a video starring a family doctor from the Maccabi Health Fund,

www.health.gov.il

האיגוד הישראלי למיילדות וגינקולוגיה

חטיבת הבריאות

המועצה הלאומית לרפואת נשים, נאונטולוגיה ונגטיקה

The National Council for Obstetrics & Gynecology, Neonatology and Genetics

משרד הבריאות לחיים בריאים יותר

- \* אישור לאחד פאזה ראשונה ושניה (ללא צורך להגיש סיכום מחקר ואישור נפרד עבור כל שלב ושלב).
- \* גיוס נסיינים: היענות אדירה של עשרות אלפי נסיינים מתנדבים.
- \* היארעות גבוהה של המחלה באוכלוסייה - אפשרה להגיע לסיכום מחקר בזמן קצר.
- \* קידום לראש התור בסדר העדיפות של אישור מחקרים וטכנולוגיות חדשות ברשויות המפקחות, כמו ה-FDA.

**האם לחסן נשים הרות ?**

כאמור, הניסויים שנערכו על חיסון פיזור לא תוכננו לכלול נשים הרות ועל כן המידע על קבוצה זו מוגבל. בארה"ב, שם הוחל לאחרונה לחסן, קבעו הארגונים המקצועיים המובילים דוגמת ה-ACOG, CDC וארגונים אחרים ברפואת נשים ומיילדות, כי לאור מנגנון הפעולה של החיסון (שאינו גורם למחלה ואינו משנה את הקוד הגנטי של המאחסן) ובעקבות רמת התחלואה הגבוהה עם החיסון לנשים הרות מהמחלה, אין מניעה מחיסון נשים המתכננות הריון, נשים הרות או מניקות.

בבריטניה ובקנדה, בהעדר מידע מספק על נשים הרות/ מניקות, ההמלצה הינה שלא לחסן בתקופת ההיריון. במדינת ישראל, בשלב זה, ההמלצה הינה לאפשר לנשים הרות בסיכון גבוה להדבקה, דוגמת עובדות מערכת הרפואה ואחרות הנמצאות בסיכון גבוה למחלה קשה והחפצות בכך כמו נשים סוכרתיות, להתחסן תוך הכרת המגבלות שפורטו לעיל ובראשן המגבלות שהחיסון טרם נוסה על נשים הרות.

**האם לחסן נשים מניקות ?**

הניסויים שנערכו על חיסון פיזור לא תוכננו לכלול נשים מניקות ועל כן המידע על קבוצה זו אף הוא מוגבל. בארצות הברית, כאמור, אין מניעה מחיסון נשים מניקות. בבריטניה ובקנדה, בהעדר מידע מספק על נשים הרות/ מניקות ההמלצה הינה שלא לחסן בתקופת ההנקה.

**המלצתנו הינה לחסן נשים מניקות.**

**יש לציין, כי בקרב נשים חולות ההמלצה היא להמשיך ולהניק.**

**האם נדרשת בדיקת הריון לפני חיסון ?**

לא נדרשת בדיקת הריון טרם החיסון.

**האם ניתן לחסן נשים המתכננות הריון ?**

לאור רמת התחלואה והסיכון במחלת COVID 19 והעדר הוכחה לפגיעה, אין מניעה מחיסון נשים המתכננות הריון כמו זוגות המיועדים לטיפול הפריה חוץ גופית

**מה עושים במידה וניתן חיסון התברר כי האישה בהריון ?**

היות ואין צפי לפגיעה מהחיסון לאם ו/או לעובר בעקבות החיסון, הוא אינו מהווה התוויה להפסקת הריון.

**מה עושים במידה ולאחר המנה הראשונה של החיסון התברר הריון ?**

להמשיך את שרשרת החיסון.

**האם החיסון יכול לגרום להפלות ?**

נטען שיש דמיון מולקולרי בין הלבון הספייק, שכנגדו מכוון החיסון, לבין חלבונים העושים קישור של הסינסיציוטרופובלסט לקיר הרחם ובכך יכול לגרום לפגיעה בהתפתחות ותפקוד השיליה ולגרום להפלות. אבל - המבנה של החלבונים הללו אינו דומה כלל. בנוסף, לפחות אלפי נשים הרות חלו בקורונה ולא סבלו מהפלות.

encouraging vaccination, including for pregnant and lactating women, and "apparently refutes" concerns. In relation to concerns about vaccination during breastfeeding, the doctor reassures in the video: "Just today a nursing patient of mine approached me and asked me, 'Am I allowed to get vaccinated?'. I told her, 'Yes, absolutely, and it is even recommended. In an examination carried out by doctors specializing in neonatal medicine, it was found that there is no fear of any side effect from the vaccine" (minute 3:38).

As noted above, the current analysis is a continuation of the analysis of the reports in the VAERS system of babies who themselves received the mRNA vaccines. Similar to the previous analysis, the data emerging from the current analysis constitute a red light that requires an in-depth examination of the potential effects these vaccines may have on babies when exposed to them via breast milk. Despite the large number of side effects reports found in our analysis, including significant side effects, the issue has hardly been discussed, so it is possible that many parents who experienced health problems in their breastfed babies were not aware of the possibility of a connection to the mother's vaccine. Nevertheless, health authorities cannot claim that they did not know the data.

**המכון הלאומי לרפואת נשים, נאונטולוגיה וגנטיקה**  
**The National Council for Obstetrics & Gynecology, Neonatology and Genetics**

**החברה הישראלית ללידות וגינקולוגיה**  
**Israel Society of Obstetrics and Gynecology**

**החברת הנריאות**  
**חיים נריאות ישראלי**

ראוי לציין שמתחילת השימוש בחיסון לא נרשמה עלייה בשיעורי ההפלות או המומים העובריים למיניהם ולא היה בסיס כלשהו להנחה על מניעה אפשרית במרווחת האימה.

לעת הזאת, לאחר שניתנו כבר טילויני חיסונים בעולם, אין כל תיאור בספרות המדעית למניעה במרווח בעקבות החיסון לא של נשים ולא של גברים ובודאי שאין הוכחה למניעה וירידה במרווח של זוגות המנסים להרות. הקהילה המדעית שקבת ביסודיות את התפתחות מחלת סוכרת סבוגע החיסונים השלמי.

**מהו חסיכון מתחלאת בקורונה במהלך הריון?**  
 מחקרים שבוצעו בנושא עולה כי נשים הרות, ובמיוחד נשים עם סיכון גריאטרי ומחלות רקע, הנדבקות בקורונה במהלך הריון, מצויות בסיכון מוגבר בהשארה לנשים שאינן הרות. למתח סיבוכים נשימתיים חדורשים טיפול נמרץ ונרדך בהנשמה וכן הפרשת בקרישת הדם.  
 מסמאים ראשוניים מצביעים על כך שקיים סיכון ללידה מוקדמת או נרדך באפסו של הילוד.  
 לכן, מסולגה המועצה להשלים את שני החיסונים לפני התחלת טיפולי ריון ולפני הכניסה לתריון.

**המלצה**  
 נשים מניקות לא נכללו בניסויים של החיסון אולם המומים בנושא אינם רואים סיכון לילוד מחיסון האם המניקה וזאת על סמך הניסיון שהצטבר מהשימוש בחיסונים נד נגיפים אחרים, מנגנון הפעולה של החיסון, העובדה שאין כל חלקיקי נגיף בחיסון והסיכוי הקלוש אם בכלל שהחיסון יוכל להגיע אחרי הורקתו לשריר גם לחלב האם. יתר על כן, מאחר והחיסון נורם לאנגדנים נד המחלה אצל האם הרי שאם וכאשר יגיש המגדנים לילוד מחלב האם אוי הילוד גם הוא עשוי להיות מוגן מהמחלה.

**סיכום**

א. אין כל הוכחה שהחיסון נורם לירידה במרווח של הזוג. ההפך הוא הנכון, יתכן והחיסון אמיל עשוי להגן על ירידה במרווח הגבר שעולה להיות עקב מניעה דלקתית של הנגיף במערכת המין של הגבר.

ב. המועצה מסליצה על חיסון נשים הזוגת הנממאים ה או ניקקים לטיפולי ריון. זאת בעקבות הסיכון למחלה קשה יותר אצל נשים הרות עם סיכון יותר יותר ללידות מוקדמות מחד, והנדר כאמור עדידות או מנגנון ביולוגי אפשרי למניעה של החיסון במרווח.

ג. המועצה מסליצה לאפשר מוח חיסון לנשים הרות המשניינות בכך- במיוחד אם הן בסיכון לחשיפה לנגיף וא סוכלת מוחלת רקע המגבירות את הסיכון למחלה קשה. מוסלכי כי הדבר יעשה לאחר התייעצות וקבלת הסבר מרומא מוטל על מגבלות של המידע על בטיחות החיסון בעת החירון.  
 יש לדעת שחסיבה היחידה שבעת הזאת אין הסלגה נורפת לחיסון נשים הרות הינה העובדה שמחקרי הבטיחות של החיסון החריגו מלכתחילה נשים הרות ולכן לא הוכחה הבטיחות המלגה של החיסון בהקשר לנוק לתריון ואו לשבר המתפתח.

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## **Breaking: Leaked Video Reveals Serious Side-Effects Related to the Pfizer COVID-19 Vaccine Covered Up by the Israeli MOH**

The Israeli MOH had no adverse events reporting system for the entire year of 2021. They commissioned a research team to analyze the reports from a new system implemented on December 2021. A leaked video reveals that in June, the researchers presented serious findings to the MOH, that indicated long-term effects, including some not listed by Pfizer, and a causal relationship – so the Ministry published a manipulative report, and told the public that no new signal was found



## **"You violated the community rules": what is behind the increasing censorship policy of Facebook and Google?**

A lawsuit recently filed in the US accuses Biden officials of conspiring with Facebook, Twitter and YouTube to censor free speech. The lawsuit comes on the footsteps of an investigation launched by the BMJ into the "Fact Checkers" network operated by Facebook. What stands behind these companies censorship policy? Accumulating information points to enormous economic and political interests



## **Breaking: The Israeli MOH is hiding a study it conducted, showing a 2-4 times higher rate of adverse events reports following Pfizer COVID vaccine in kids aged 5-11 vs ages 12-17**

The study, commissioned by the MOH, also indicates new adverse events not reported in Pfizer's leaflet, and that some adverse events last more than a year. Despite being aware of these findings, the MOH is hiding them from the public and has recently authorized the booster dose for ages 5-11 and is preparing to approve the vaccine for infants



## **Breaking: 58 babies who received mRNA COVID-19 vaccines suffered life-threatening adverse events**

An analysis of VAERS reports shows that contrary to the FDA's briefing document claiming that the majority of adverse events in Pfizers' clinical trial were non-serious – at least 58 cases of life-threatening side effects in infants under 3 years old who received mRNA vaccines were reported. For some, it is unclear if they survived. It is also unclear why the infants were vaccinated, and whether they were part of the clinical trials. However, in the upcoming FDA meeting on Wednesday, the FDA will not be able to argue it did not know



## New Data From Ichilov Hospital: A drop in the number of live births starting 9 months after the beginning of vaccine rollout.

אודות צרו קשר נגישות

Faced with numerous reports of menstrual cycle disruptions following mRNA vaccination, health authorities have claimed that even if there is a rise in complaints, it's only temporary discomfort.

However, new data released by Ichilov show a drop in the number of live births, beginning exactly 9 months after the vaccine rollout began.

