

VACCINATION DURING PREGNANCY

Brot úr bókini: A Parents Guide to Healthy Children

A Parents' Guide to Healthy Children

*From Preconception
to Early Childhood*



Children's
Health Defense 

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Vaccination During Pregnancy

Many women instinctively know that pregnancy is a time to be cautious about medications. A 2018 study showed that pregnant women's top concern about taking medications during pregnancy had to do with the drugs' potential [impact on fetal development](#).⁵³

Medical history validates women's innate caution and indicates that they cannot always count on healthcare providers and regulators to prioritize developmental safety. For example, for two of the 20th century's most infamous developmental toxicity [disasters](#),⁵⁴ the Food and Drug Administration (FDA) turned a blind eye for years or decades before halting them. Though the FDA never approved the late-1950s drug thalidomide, the agency allowed over 2.5 million doses to be administered to 20,000 pregnant women under cover of "clinical trials"; afterwards, the FDA acknowledged serious birth defects in just 17 babies—a figure hotly disputed by U.S. thalidomide victims—later admitting that the drug had adversely impacted "thousands of children" worldwide.⁵⁵ Meanwhile, the FDA approved diethylstilbestrol (DES) in 1947 but waited until 1971 to issue a soft-pedaled warning to pregnant women; DES caused multigenerational effects that persist to this day.

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Industry and regulators like to dismiss these incidents as ancient history, but modern medical websites for the public continue to furnish [long lists](#) of drugs with birth defect risks equal to or greater than thalidomide, including widely prescribed drugs for acne, hypertension, and depression.⁵⁶ These same sites also describe heavy metals such as lead and mercury as known developmental toxins, yet they tell women that flu shots (some of which contain mercury) are completely safe “any time during ... pregnancy.” Toxicologists [warn](#) that mercury toxicity is time-dependent as well as dose-dependent and that even tiny doses “may cause extensive adverse effects later in life.”⁵⁷

Why, then, does the Centers for Disease Control and Prevention (CDC) recommend vaccines for pregnant women, beginning with flu shots? Until around 2006, doctors and pregnant women largely ignored the agency’s recommendations, but that changed after the CDC stepped up its aggressive promotion of pregnancy flu shots. In [2011](#), CDC and medical trade organizations additionally began recommending that pregnant women get the Tdap vaccine (tetanus-diphtheria-acellular pertussis),⁵⁸ which, among other ingredients, contains neurotoxic [aluminum](#).⁵⁹ Following the 2011 recommendation, [Tdap coverage](#) in pregnancy increased substantially.⁶⁰ By [April 2020](#), three out of five pregnant women (61%) were receiving flu shots, and nearly that many (57%) were getting Tdap vaccines.⁶¹



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Leinkir nýttar á síðuni: [safety](#) two? [not known](#) [insert](#) [highest priority group](#) [prior to licensure](#) [admits](#) [position](#)



Proponents of maternal vaccination sometimes pay lip service to the need for an extra-high evidentiary bar for pregnancy vaccines—stating that they “must provide efficacy in decreasing morbidity for the pregnant woman, her fetus, and the neonate” and “demonstrate [safety](#) or lack of evidence of harm”⁶²—but the actual evidence base is flimsy. As its 2006 proof of flu shot safety during pregnancy, for example, CDC pointed to a grand total of [two](#) retrospective epidemiological studies of medical records—one published in 1973.⁶³ No prelicensure studies of Tdap safety during pregnancy were available when the CDC later recommended maternal Tdap shots. An archived package insert for one Tdap brand admitted, “It is also [not known](#) whether Adacel vaccine can cause fetal harm when administered to a pregnant woman or can affect reproduction capacity.”⁶⁴ The [insert](#) now omits that statement.⁶⁵

The World Health Organization (WHO), in 2013, acknowledged “the limited amount of clinical trial data on pregnant women,”⁶⁶ though a year earlier it had published a position paper identifying pregnant women “as the [highest priority group](#) for countries considering initiation or expansion of programmes for seasonal influenza vaccination.”⁶⁷ The FDA’s Center for Biologics Evaluation and Research (CBER)—which regulates vaccines and other biologics—says that researchers should assess developmental toxicity in animal models “[prior to licensure](#) of vaccines intended for maternal immunization”⁶⁸ but [admits](#), “lack of adverse effects on embryo/fetal development in an animal study does not necessarily imply absence of risk for humans.”⁶⁹ Still, the widely shared default [position](#) is that “there is no documented causal evidence of developmental or reproductive toxic effects in humans following the use of [any] approved vaccine.”⁷⁰

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Published reports point in the opposite direction, suggesting an increased risk of [miscarriages](#) and elevated risks of birth defects and [autism](#) in the offspring of mothers who received influenza vaccines during pregnancy (as described by Children’s Health Defense in [multiple articles](#)).^{71,72,73} Although Tdap evidence is still emerging, the WHO’s global [VigiBase](#) database (which currently collects reports of drug- and vaccine-related adverse events from 150 countries) provides some clues.⁷⁴ A search of the database’s public-facing platform, [VigiAccess](#),⁷⁵ indicates that over two-thirds (68%) of all adverse events reported to VigiBase for vaccines containing diphtheria, tetanus, and pertussis active ingredients have occurred since 2010, half (49%) have been in women, and 8% have been in the 18–44-year age group. Moreover, the [flu](#) and [Tdap](#) shots have never resulted in any statistically significant reduction in the outcomes they are supposed to influence.^{76,77}

In addition to influenza and Tdap vaccines, the CDC also recommends:

- [COVID-19 shots](#) for all pregnant women, as well as lactating women and women who are trying to get pregnant (or who “might become pregnant in the future”)⁷⁸
- [Five vaccines](#)—hepatitis A and B, meningococcal vaccines (ACWY or B), polio—depending on the pregnant woman’s “circumstances,” or based on “risk vs. benefit,” or “if otherwise indicated” or “if needed”⁷⁹
- Five potential travel vaccines

For several other vaccines, the CDC takes no position one way or another. In fact, there are only [four vaccines](#)—human papillomavirus (HPV), live influenza, measles-mumps-rubella (MMR), and varicella (chickenpox)—that the agency does not recommend for pregnant women at all.⁸⁰ Meanwhile, many more pregnancy vaccines are in the [pipeline](#).⁸¹

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Leinkir nýttar á síðuni: [assessment](#) [lipid nanoparticles](#) [poison](#) [intended](#) [not](#) [described](#) [miscarriage](#) [observations](#) [investigation](#) [spike](#) [show](#)

A 2017 [assessment](#) of titanium dioxide nanoparticles—a modern product included in many cosmetics and drugs—warned of the significant and potentially devastating effects of nanoparticle exposure on “millions of pregnant mothers and their offspring,”⁸² but there have been no comparable studies or warnings for nanoparticle-containing vaccines. In fact, [lipid nanoparticles](#) (LNPs)⁸³ are key components of the Pfizer and Moderna COVID-19 shots that the CDC continues to urge on pregnant women, despite evidence that the LNPs are “highly inflammatory,” lethal in animal models, and, in some scientists’ view, tantamount to “[poison](#).”⁸⁴ Increasingly, other vaccines also contain nanoparticulate ingredients (some [intended](#) and some [not](#)).^{85,86}

Medical experts have tried to sound the alarm about the COVID-19 shots’ impacts on pregnant women and their babies.

- One American OB-GYN [described](#) an “off-the-charts” rise in sudden fetal death⁸⁷—“way, way beyond” what the CDC ordinarily would consider a safety signal—as well as other adverse fetal outcomes (such as fetal malformation and fetal cardiac arrest) and significantly increased rates of [miscarriage](#) and menstrual abnormalities.⁸⁸
- In October 2022, a Florida-based OB-GYN shared [observations](#) on social media about a 50% decrease in new OB patients (suggesting infertility) and a 50% increased miscarriage rate in her practice, as well as substantial increases in abnormal pap smears and cervical malignancies.⁸⁹
- Around the same time, the Scottish government ordered an [investigation](#) into the “[spike](#) in newborn baby deaths” in 2021 and 2022—describing the increase as “larger than expected from chance alone.”^{90,91}

The bottom line, as available data [show](#), is that none of the vaccines promoted for pregnant women are safe for babies or their moms.⁹²

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