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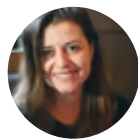
OBGYN reveals damning data on miscarriage and fertility rates in bombshell interview | Video



506



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sonia_elijah



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Journalist
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Author at Trial Site News |
Investigative journalist and
broadcaster
Feb. 17, 2023, 4:00 p.m.

By Sonia Elijah

I had the pleasure of interviewing [Dr Kim Biss](#), a practicing obstetrician and gynecologist from St. Petersburg, Florida, one of the very few OBGYNs speaking out against the COVID-19 vaccines for pregnant women. During the interview, she revealed damning data with regards to miscarriage and fertility rates seen at her practice, post mRNA vaccine roll-out.

The average month to month miscarriage rate in 2020 was 4%. In 2021, it jumped 7-8%, roughly doubling in 2022 to 15%. By December of that year, it reached 25%.

Data from her practice, also revealed how the number of registered newly pregnant patients have gone down year-to-year, which is a telling sign of the fertility rate. When asked if this phenomenon had anything to do with the novel mRNA shots- she was quick to respond, “Absolutely- this is global- we are seeing the birth rate down, globally.”

Dr Biss explained how the lipid nanoparticles (LPNs) encapsulating the mRNA are lipophilic (having an affinity for lipids) and the effect they have on the ovaries is unknown. Dr Biss went on to discuss Anti-Phospholipid Syndrome (an auto-immune condition where the body makes antibodies to certain phospholipids) which some of the [vaccine-injured](#) are suffering from.

The OBGYN pointed out the following alarming facts and raised some important questions:

- Pfizer and BioNTech knew early on that the mRNA shots did not stay in the deltoid muscle but travel all over the body.
- The mRNA shots cross the placenta to the foetus.
- The possibility the ovaries inside the female foetuses can absorb the vaccinal lipid nanoparticles from their vaccinated mothers.
- Based on this: **could there be a multi-generational issue with fertility?**

Dr Biss raised the argument that pregnant women were not at higher risk of hospitalization and mortality from COVID-19. This was observed first-hand from her practice, since 2020. Furthermore, a paper by [Pineles et al.](#), published in *Obstetrics and Gynecology Journal* in 2021 found *'a substantially lower rate of in-hospital mortality in pregnant patients than nonpregnant patients hospitalized with COVID-19 and viral pneumonia.'*

“There was no reason, in my opinion, to recommend our pregnant population get these injections, with something so new and not even studied properly on animals.”

She also discussed the major flaws in the pivotal study on pregnant women and mRNA COVID-19 vaccines, published in the *New England Journal of Medicine* in April 2021.

“If you took the number of women who miscarried in the first trimester and divided it by the appropriate denominator- this miscarriage rate was 80%!”

Dr Biss went on to reveal the shocking fact that the [American College of Obstetricians and Gynecologists](#) *received* substantial funding in 2021, the same year they strongly recommended the mRNA shots for pregnant women.

On doing further research, I found that [Pfizer](#) happened to be an ACOG Bronze level supporter in 2021.

COVID-19 Vaccine Injury

Comments (6)

What do you think?

0/3000

Publish

R

rogerknights

Feb. 18, 2023, 6:57 p.m.

How rare such heroes are. (Everyone else is a hero, as long as it's not High Noon.)

These effects are too big to cover up for long. When they are recognized and the tide turns, it could become a tsunami.

[Reply](#)

A

andissho2

Feb. 18, 2023, 6:59 p.m.

Spike has nothing to do in blood, whatever the source.

Especially „transfectious“ adenoviruses and PEG2k-medical-DEVICES have to be kept FAR away from pregnant women, fathers-and-mothers to be, and children.

I would like to know how well the fertility would recover from simple antiallergic therapy, standard H1- or MCAS style H1- H2- and IL6-Blockers. H1: +1: 1st Gen. in evening, barrier passing.

Or alternate medicine, I come to grasp is able to change the reality probably more profoundly than physiological standard interventions. If we would just be daring enough to explore.

Or the I-RECOVER protocol very well addressing many chronic inflamed states from all three major groups, MCAS (mast cell activation syndrome), MAS (monocyte activation) and auto-immune prevalent

individuals.

Still the epigenetic REPROGRAMMING the PEG2k-medical-device is doing can only be healed by interventions positively re-regulating the base settings of immunity back to pre-traumatic state. "reprograms .. in an inheritable fashion": <https://www.biorxiv.org/content/10.1101/2022.03.16.484616v2>
I only know of TCM energy build-up, Ayurveda karma cure and Russian information therapy and many energistic healing schools or traditions perhaps able to address this.

I do not understand the motivation of the elites to misuse these CoV injections as eugenical and sterilising tools, totally burning their karma, while it evokes unlimited potential of people to heal. The ethical way to population control is anticorruption policies and education, and stabilising life circumstances so children as a form of a pension scheme are not, well, misused any more.

Similarly...

An ethical vaccine (non-genocidal) would ONLY train immunity on the surface of the mucosa, and NOT evoke B-cell based antibodies for all viruses suspected or proven (as for all corona viruses since 40 years done) antibody dependant enhancement ADE-I and ADE-D, and antigenic sin.

And it is so easy as watch nature in all mammals how it is done: first, instinctively most social mammals retreat upon getting ill to protect others. We could contain bad virusus and keep them from spreading by effective topical antivirals, possible by diffusing inorganic antiseptics as gargle, spray or inhalation. Also by self-distribunting glycerine with something antiviral like Ivermectin 0.06% or cineol or any other essence added.

When feeling better, they come back and shed broken viruses in aerosols and droplets that donate pre-immunity to every member of the group they come in closer contact with.

Showing you need no booster or high antigen doses.

In field, just take some infectet's snot, sterilise with heat or inorganic antiseptics (diffusing and no possible resistances), and fill into some nasal spray.

Measure IgG and IgA on mucosa.

Spray to nose 4x a day 1 week.

Measure again.

How can this be done via a kickstarter trial?

Has anyone ideas how to measure IgA/G in a cheaper way? RTLAMP ?

[Reply](#)

K kwild

Feb. 18, 2023, 7:08 p.m.

An excellent interview. This doctor explains things very clearly in terms a lay person can easily understand. I appreciate her willingness to speak up in a situation where many doctors are staying silent out of fear. Thank you to both doctor and interviewer!

[Reply](#)

H **hardnews**
Feb. 18, 2023, 7:41 p.m.

The graph referred to showing the more shots the higher the risk of infection was done by the Cleveland Clinic.

[Reply](#)

K **kellygregg**
Feb. 19, 2023, 1:59 a.m.

The only way this data is going to be collected is through private OB clinics. They usually see pregnant patients early in pregnancy, and hence have a good denominator. They also are able to follow almost all their patients to the conclusion of the pregnancy, and hence have a good numerator.

The data is large private OB clinics is relatively easy to fish out. If several private clinics would evaluate their data, we could have tens of thousands of data points for the last 2-3 years. We would also know how many of these pregnant patients were vaccinated.

This is a rare opportunity to collect good data to answer this ongoing questions. I imagine it would only cost a couple million dollars to sent data collectors to these clinics and get good data. I also think there would be numerous clinics that would want to participate since it would be costing them almost nothing.

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