



NEWS

Thousands of reports of menstrual irregularities, reproductive dysfunction following COVID vaccines

While the media have focused on blood clots, the UK has registered another phenomenon taking place after coronavirus vaccines.

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SHUTTERSTOCK

By Celeste McGovern

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April 19, 2021 (LifeSiteNews) – Thousands of women around the world are reporting disrupted menstrual cycles after receiving injections of COVID-19 vaccines.

The U.K.'s government vaccine adverse event system has collected more 2,200 reports of reproductive disorders after coronavirus injections, including excessive or absent menstrual bleeding, delayed menstruation, vaginal hemorrhaging, miscarriages, and stillbirths.

In the U.K., the Yellow Card adverse event reporting system includes 2,233 reports of "reproductive and breast disorders" after reception of AstraZeneca and Pfizer vaccines.

The U.K. Yellow Card program reports 1,465 reactions involving reproductive systems as well as 19 "spontaneous abortions" (miscarriages), five premature labors, and two stillbirths in association with the AstraZeneca vaccine as of April 5.

The reports include:

- 255 cases of abnormal uterine bleeding
- 242 reports of unusual breast pain and swelling
- 182 women who experienced absent or delayed menstruation
- 175 cases of heavy menstrual bleeding
- 165 cases of vaginal hemorrhaging
- 55 reports of genital swelling, lesions, rashes or ulcerations
- 19 cases of postmenopausal hemorrhaging
- 12 cases of premature or "artificial" menopause

Another 768 reports of "reproductive and breast disorders" have been reported for Pfizer's coronavirus vaccine in the U.K., as well as 42 "spontaneous abortions," five premature labor onsets, and two stillbirths. These include:

- 265 reports of breast changes, including 22 reports of breast cancer and 177 reports of breast pain
- 134 cases of irregular menstrual bleeding
- 127 reports of absent or light menstruation
- 92 cases of heavy bleeding
- 73 cases of vaginal hemorrhaging
- 5 reports of postmenopausal hemorrhaging
- 5 cases of premature or 'artificial' menopause

Male reproductive disorders are fewer, but 75 Yellow Card reports on AstraZeneca's vaccine include 63 erectile dysfunction reactions, 50 cases of testicular pain, 11 cases of scrotal pain and swelling, and three reports of haematospermia, or blood in sperm.

Pfizer's Yellow Card includes 22 reports of testicular and scrotal pain and 21 counts of sexual dysfunction.

None of the Yellow Card reports reveal details about the individuals who experienced the side effects. However, 32-year-old Lorri Emmily Lowe of the U.K. said she felt cramping three days after receiving AstraZeneca's vaccine in February.

"I also had a completely unusable arm for 24 hours," she told LifeSiteNews. "It was excruciating and I was pretty much bed-bound just because of the arm. I had to laugh like a mad person for strange pain."

Lowe said she felt "out of sorts" for about three days but what worried her most was that her menstrual cycle that had been predictably "perfect" for 10 years (not including pregnancies) suddenly vanished.

She had a strange "spotting" episode that she has never had in her life before and her period was five days late. "I'm never late. I've been consistent for many, many years," she said, and when it did come on it was "super heavy and lasted eight days."

Lowe's cycle has returned to normal now but is quite heavy. "I do not see how out of the six years since I've birthed a baby, that was the one month my cycle decided to go haywire."

The U.S. Vaccine Adverse Event Reporting System (VAERS) documents similar reproductive complications.

"My period has always been regular. Expected period was to begin on 02/22/2021 (after second vaccine dose) and bleeding did not occur," a 25-year-old woman from Pennsylvania, who received both doses of Moderna's vaccine, reported to the system, which is run by the U.S. Centers for Disease Control and Prevention.

One VAERS report describes a 51-year-old woman from Georgia who received a first dose of Pfizer's vaccine in January and within three days developed a blood rash (petechiae) on her ankles that gradually spread to her knees. She was admitted to the hospital five days after her vaccine with vaginal bleeding and anemia. She was diagnosed with Disseminated Intravascular Coagulation, a blood clotting disorder, which led to her worsening liver function, painful leg swelling, and purple discoloration. She died February 11. **[VAERS ID 1032163-1]**

Write-up: Patient received dose #1 of COVID-19 vaccine on 1/16/21. Within 3 days, she developed petechiae up to ankles, later rising up to her knees. Pt admitted to hospital on 2/6/21 for symptomatic anemia 2/2 vaginal bleeding. Patient received 4 units FFP, 4 units PRBC, 1 unit cryoprecipitate, and vitamin K 5 mg IV. Also started on medroxyprogesterone 20 mg PO TID. Alectinib d/c'd due to worsening liver function. Evaluated by OB/GYN and Hematology. Diagnosed with DIC. Patient with worsening bilateral lower extremity edema and purpura with pain and weakness. Palliative care consulted. Patient passed away on 2/11.

A 48-year-old woman from Texas received a first dose of Moderna's COVID-19 vaccine in January and 13 days later was hospitalized with heavy vaginal bleeding and a critically low platelet count. **[VAERS ID 0958885-1]**

Write-up: The patient was seen in my office on 1/19/21 with complaint of heavy vaginal bleeding. A CBC was obtained which revealed an H/H of 12.2/36.1 and a platelet count of 1 (not 1K, but 1 platelet!) and this was confirmed on smear review. She was immediately sent to the Hospital ED and repeat CBC confirmed the critically low platelet count. She is currently hospitalized and she has received platelet transfusions but her platelet count is still critically low. She is also receiving steroids and immunoglobulin and is under the care of MD (Heme/Onc)

VAERS also includes 26 reports of miscarriage or other “fetal demise” events after COVID vaccinations.

A 40-year-old pregnant physician from California described a patient’s first dose of Pfizer’s vaccine as a “lethal event for the fetus” that led to her delivering the baby stillborn six days later. **[VAERS ID 958755]**

Write-up: Pt was 18 weeks pregnant at the time of the vaccine. Second pregnancy. Pt is a physician. Pregnancy was entirely normal up to that time. On 1/18/2021, she began to have heavy vaginal bleeding probably due to a placental abruption and subsequently delivered at 18 weeks. Baby was stillborn. Ultrasound done 1/15/2021 normal. Lethal event for the fetus. The patient did well.

“Something insulted this placenta to lead to fetal demise,” read another VAERS report on a 24-year-old woman who began bleeding two weeks after receiving a first dose of Pfizer’s COVID vaccine in February. **[VAERS ID 1074788]**

Write-up: At 8 weeks pregnancy (2 weeks after first shot) started bleeding and had a subchorionic hematoma. By 10 week subchorionic hematoma resolved. Received second shot and of Feb. 1 week later, at 12 weeks pregnancy , fetus had no heart beat! It measured normal size (as expected) and limited normal first trimester anatomy by ultrasound. But NO heart beat. Something insulted this placenta to lead to fetal demise.

In most cases, deaths of unborn babies were recorded only as “life-threatening” or as “hospitalizations” for the mother, as in the case of a 35-year-old Ohio woman. The woman lost her baby after she was vaccinated with a first dose of Moderna’s COVID vaccine on the same day that an ultrasound and genetic screening showed the 20-week-old baby to be in good health. **[VAERS ID 1033412]**

Write-up: 20 weeks gestation at time of vaccine administration. Saw OB that morning (1/12/21), normal exam and fetal heart rate. Normal anatomy scan 1/8/21, normal genetic screening. Fetal demise noted at 24 week OB visit on 2/9/21, stillborn baby delivered 2/12/21.

Moderna and Pfizer did not immediately reply to questions about their vaccine and fertility. “It has been incorrectly suggested that COVID-19 vaccines will cause infertility because of a shared amino acid sequence in the spike protein of SARS-CoV-2 and a placental protein,” Jerica Pitts, a Pfizer representative, claimed in an email to the Associated Press in December, however. “The sequence, however, is too short to plausibly give rise to autoimmunity.”

Animal studies to investigate the cross reaction of spike protein targeting COVID vaccines with Syncytin-1 have not been conducted to determine if autoimmunity can arise or not.

— Article continues below Petition —

Fertility-disrupting ingredient in AstraZeneca coronavirus vaccine also present in HPV, flu shots

No mechanism to explain disrupted menstrual cycles or reproductive organ pain in males and females has been offered and public discussion of the reproductive reports has been minimal. However, polysorbate 80, a chemical that has exhibited delayed ovarian toxicity to rat ovaries at all injected doses tested over a tenfold range is an ingredient in AstraZeneca’s COVID vaccine, along with other vaccines including for influenza and HPV.

Concerns have been raised in the past about these vaccines’ impact on reproductive abilities. An Australian case study in the *British Medical Journal* described a 16-year-old girl whose regular menstruation ceased after receiving HPV vaccines and she was diagnosed with premature ovarian failure.

In 2014, Australian doctors published a case series of more teens who had entered premature menopause — a phenomenon they described as ordinarily “so rare as to be also unknown.” They raised troubling questions about some HPV vaccine ingredients’ documented risks to fertility including Polysorbate-80, cited serious deficiencies in preliminary vaccine trials and concluded that further research was “urgently required.”

Between 2006 and 2014, VAERS cited 48 cases of ovarian damage associated with autoimmune reactions in HPV vaccine recipients. Between 2006 and May 2018, VAERS catalogued reports of spontaneous abortion (256 cases), amenorrhea (172 cases), and irregular menstruation (172 cases).

A 2020 study of adverse event reports in VAERS reported a statistically significant association between the quadrivalent HPV vaccine (Gardasil) and premature ovarian insufficiency, including amenorrhea, irregular menstruation, and premature menopause.

Like the U.S. Vaccine Adverse Event Reporting System (VAERS), the U.K. Yellow Card program collects voluntary reports and does not prove causal connection between the vaccination and the reported symptom. As a voluntary system, however, it tends to capture

only a fraction of adverse events. A Harvard Pilgrim Healthcare study found that fewer than 1 percent of vaccine adverse events are reported to VAERS, which means that the actual numbers of adverse reactions to vaccines are one to two orders of magnitude higher.

Former Pfizer VP's warning of potential impact on fertility

In December, former Pfizer allergist and immunologist Michael Yeadon and German lung specialist Wolfgang Wodarg wrote a petition to the European Medicines Agency (EMA) in which they suggested that any vaccine against coronavirus spike protein, if it were to cross react with a similar human protein called Syncitin-1 in placental tissue, could result in loss of pregnancy and continued sterility in women who developed an autoimmune response to Syncytin-1 as a result of vaccination.

“There is no indication whether antibodies against spike proteins of SARS viruses would also act like anti-Syncytin-1 antibodies. However, if this were to be the case this would then also prevent the formation of a placenta which would result in vaccinated women essentially becoming infertile,” the doctors wrote in their urgent letter to the EMA.

Since pregnant and breastfeeding women were excluded from vaccine trials and women of childbearing age were included only if they were using pharmaceutical contraception, the letter added: “This means that it could take a relatively long time before a noticeable number of cases of postvaccination infertility could be observed.”

UK Government: ‘Insufficient evidence to recommend routine use of COVID-19 vaccines during pregnancy’

The menstrual side effects are getting traction on social media where hundreds of women have reported odd symptoms or gone looking for answers about their menstrual irregularities in the wake of receiving coronavirus vaccines. Sharon McGlinchey Seymour posted publicly on a COVID-19 vaccine side effects Facebook page that her obstetrician told her that she was seeing “lots” of women with complaints of uncommon hemorrhaging.

Sharon McGlinchey Seymour asked a question ?

March 17 at 7:03 PM ·

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UPDATE ...

Gp ended up sending me to A&E then onto the ward gynaecologist/surgeon told me lots women coming forward with vaginal bleeding / hemmoraging . She even asked why I would have a vaccine I don't need . I asked if she had been vaccinated she said we are offered it we don't need to take what does this say when surgeons are refusing the vaccine

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I have I've been menopausal for 30 months. Had my astra zeneca vaccine at 12pm Saturday. Woke to heavy vaginal bleeding at 6am Sunday. Has anyone experienced this ?

AstraZeneca

Dr. Kate Clancy, an associate professor at the University of Illinois, tweeted in February that she had been hearing of women who were having heavy periods after their shots. “I’m a week and a half out from dose 1 of Moderna, got my period maybe a day or so early, and am gushing like I’m in my 20s again,” she said.

Another woman who said she will be 65 in July replied that she started menstruating after the shot “fairly heavy.”

In Israel, the Health Ministry reported that it had received 13 reports of women with heavy and irregular menstrual bleeding by mid-February, though women under age 45 had not been eligible to receive the vaccine until the end of January.

The Health Ministry said that Pfizer, whose vaccine was in circulation in Israel, had not reported any menstrual irregularities in its vaccine’s clinical trials.

Media relations officer Fiona Cookson of AstraZeneca in the U.K. said the company does not have a formal response about the reproductive complaints and that the U.K. Government Medicines and Healthcare products Regulatory Agency (MHRA) would be responsible for monitoring and oversight of such side effects, rather than the vaccine manufacturer.

The Yellow Card reporting website states that 20.6 million first doses and one million second doses of AstraZeneca’s vaccine were distributed in the U.K. by April 5.

Moderna and Pfizer did not immediately reply to questions about reproductive side effects of their vaccines.

The U.K. Green Book, described as a “vital guide for public health professionals administering vaccines in the UK,” does not mention menstruation except for to say that “routine questioning about last menstrual period and/or pregnancy testing is not required before offering the vaccine.”

“As with most pharmaceutical products, specific clinical trials of COVID-19 vaccine in pregnancy have not been carried out,” according to the vaccine Green Book. As with other vaccines, no investigation of long-term effects on fertility or cancer is required for licensing or emergency use authorization of vaccinations.

The U.K. Green Book states that “developmental and reproductivity testing of the Pfizer BioNTech, Moderna and AstraZeneca vaccines in animals have not raised any concerns” and vaccines that use adenovirus vectors, similar to those used in the AstraZeneca COVID-19 vaccine, have been widely used to vaccinate women against Ebola” and “form trials of these vaccines in pregnancy are due to proceed.”

“Although the available data do not indicate any harm to pregnancy, there is insufficient evidence to recommend routine use of COVID-19 vaccines during pregnancy,” according to the government booklet. Yet the standard of practice has been to recommend the vaccine if it is thought that its benefits would outweigh its risks.

It's 'lunacy to get this experimental vaccine if you're a young female'

Dr. Simone Gold of America’s Frontline Doctors has stressed the experimental nature of the vaccines, which have been granted Emergency Use Authorization only by the U.S. Food and Drug Administration, and are still undergoing phase III clinical trials.

“We know that the survivability rate [from COVID-19] for women of child-bearing age, as well as children, is exceedingly high at over 99.98% per the CDC even without treatment, and certainly without a new and unproven biological agent that is still only available under an Emergency Use Authorization (EUA) as an investigational treatment.,” Gold said in an emailed statement to LifeSiteNews. Using simple logic for a risk assessment would make the decision to give any of the COVID experimental vaccines to a pregnant woman extraordinarily reckless.”

While a year ago, women who were pregnant or planned on conceiving were hesitant to eat tuna because of its mercury content or to take a Tylenol, now they are being badgered into taking experimental injections.

“The desire to get pregnant is overwhelming. It's not something that can be replaced by something else. It's not something you can mess around with,” Gold told Michelle Malkin in an interview in February. “The cascade of events that has to go on in the human body to get pregnant and to maintain a pregnancy throughout is incredibly complicated and that's why historically doctors and scientists have always excluded pregnant women from clinical trials because we don't know all the details of what we don't know.”

“It's lunacy to get this experimental vaccine if you're a young female,” Gold said. “I would flat-out forbid any young female from getting this vaccine and it's very unethical for any physician to offer this to any young female.”

LifeSiteNews has produced an extensive COVID-19 vaccines resources page. View it here.
