

The Miscarriages are Real

New data from Israel confirms the increased risk of miscarriage with COVID vaccination



DR AH KAHN SYED

JUN 22, 2025



191



44



35

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This will be a short one today. I promise.

If you have been following the series of articles I have written on the (overly) complicated story of [calculating miscarriage rates](#) after any pharmaceutical is introduced to the pregnant population - but specifically the mRNA COVID vaccine you will know that the serious people in this space have contended that the miscarriage rate has approximately doubled.

I have been saying this since 2021, when the CDC released a really shitty and confusing study on the “V-safe registry” that didn’t tell us anything at all, but was to confuse people for 4 years. After seeing the twitter space bombarded with people who want to divert the narrative I wrote this two weeks ago.

"The Miscarriages are Glowing"

DR AH KAHN SYED • JUN 8

POISONING THE WELL

Discrediting a person or story by introducing a distorted exaggeration of the truth that is easily ridiculed, so that when the real story comes out it looks crazy or fake.

RIDICULED

Avid readers may be wondering why there has been a pause in this substack recently and the answer that I have been working on something significant that is taking a lot of work - and that means a lot of time. And this of course is not my main gig, so that work has to take a back seat.

[Read full story →](#)

Part of the reason to publish that is that it contains a list of the articles I have written on this very subject. I am confident that it will stand the test of time, outline who is poisoning the well and yet provide a consistent conclusion on the impact of the COVID vaccine rollout on miscarriage rates.

That is, miscarriage rates are around double what they should be.

The last article in the main series is this one:

A miscarriage of statistics: The thalidomide sequel

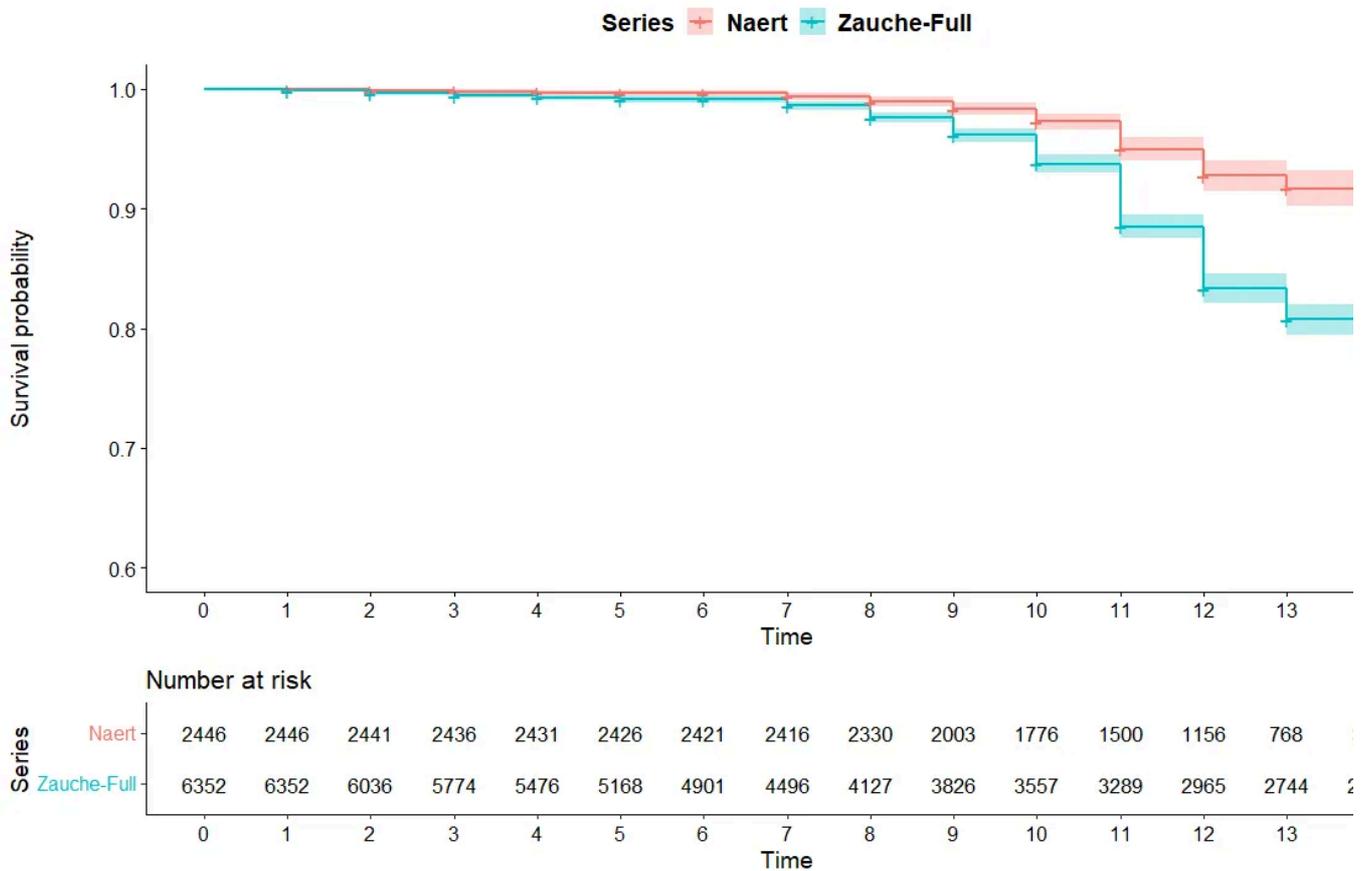
DR AH KAHN SYED • MARCH 30, 2023



This story is not going away, however much the pharma companies and the vaccination-in-pregnancy foot soldiers want it to. The recent revelations of #Placentagate scandal has brought it to a head, and we are going to keep gnawing away.

[Read full story →](#)

And the main finding from the analysis that was performed to write the article (which was complex and not found elsewhere) is here:



That chart is a type of “survival analysis” and I explained in the article that, although it was an inappropriate way of conducting comparisons of miscarriages - because it overestimates the miscarriage rate - if you used the same technique for both cohorts you will actually see the difference.

Instead, what the pharma companies do is that they use one method to overestimate the background miscarriage rate and another method to estimate the miscarriage rate when their drug is rolled out, so you don't notice that it is causing miscarriages.

Then, so that they can easily hide a miscarriage rate up to 20% and nobody will be on their eyelid they claim (like Viki Male here) that the normal background rate of miscarriage after a confirmed pregnancy was 20%.

It isn't.



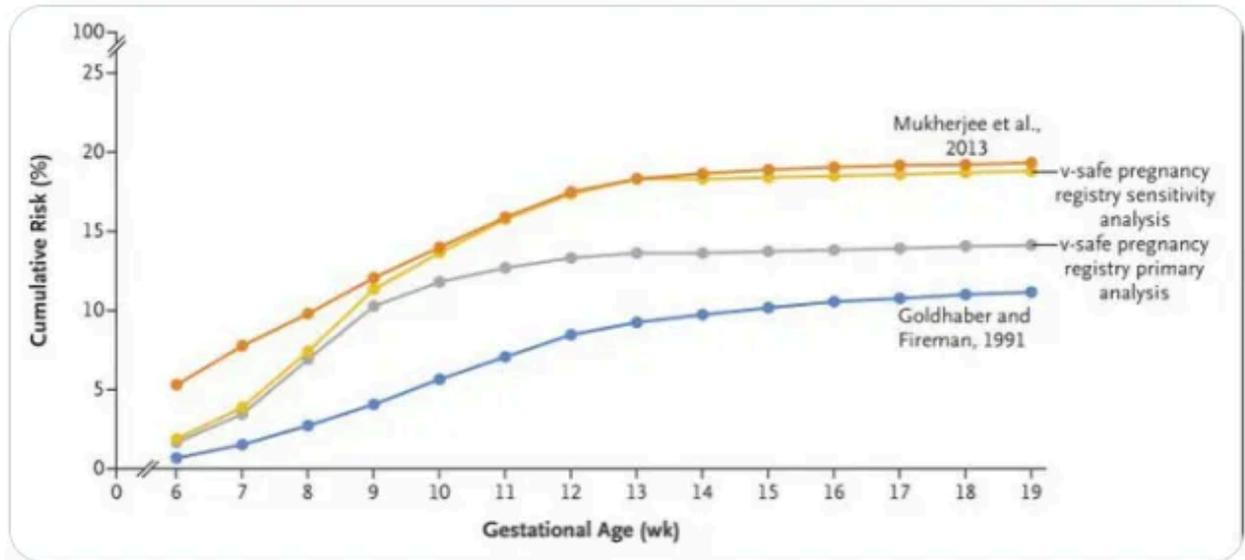
Viki Male

@VikiLovesFACS



The follow up time presented in Shimabukuro isn't sufficient to calculate any miscarriage rate. That's why the team returned to the dataset when a large cohort had been followed up to 20 weeks. They found the miscarriage rate in the normal range.

ncbi.nlm.nih.gov/pmc/articles/P...



5:37 AM · Mar 10, 2023 · 60.1K Views

In order to obfuscate, complicate and confuse, the pharma companies - and the minions who are [paid millions of dollars](#) to influence pregnant women and their doctors without declaring it...

May 11, 2023 • Updated September 25, 2023 › COVID › News

COVID

Leading OB–GYN Group Took \$11 Million From CDC to Push COVID Shots on Pregnant Women, Documents Reveal

The Centers for Disease Control and Prevention bankrolled the American College of Obstetricians and Gynecologists to the tune of \$11 million to promote COVID-19 vaccination as “safe and effective” for pregnant women, according to an investigation published this week by attorney Maggie Thorp.

by **Brenda Baletti, Ph.D.**

MAY 11, 2023 • UPDATED SEPTEMBER 25, 2023

...use data that is either confounded by multiple factors, or [totally unverifiable](#), to reinforce the idea that the COVID vaccines were perfectly harmless in pregnancy despite [failing animal studies](#).

Litter values:

- No significant effect on number of corpora lutea, number of implantations, post-implantation loss, live litter size ratio and mean fetal weight.
- Increased pre-implantation loss in BNT162b2 group *cf.* the concurrent control group, but within historical control data range.

Finding	Group				Historical control data range (WI[Han])
	Control	BNT162b1	BNT162b2	BNT162b3	
Pre-implantation loss: (mean %)	4.1	4.8	9.8*	8.0	2.6 – 13.8 ^a

* P<0.05 (Dunnett non-parametric 2 sided test); a: Historical data based on 27 studies including 568 pregnant rats (GD20: 562) not specified.

The original Pfizer animal studies for Comirnaty showed a doubling of fetal losses, note the “historical data” used to underplay the finding which was in a controlled trial and therefore shouldn’t have mentioned historical data.

So what’s new?

Well here we get to the new news, after I have been saying the same old old news for years.

A blockbuster new study has been [released by Josh Guetzkow and Retsef Levi](#) which blows the lid off the COVID vaccine miscarriage data. Note that these are not “friendly researchers”. Retsef Levi has [just been appointed](#) to the CDC’s ACIP committee and Josh is an [assistant professor in criminology](#).

And there has definitely been a crime committed.

You see, one of the main problems with the many reports that get pumped out by researchers - who are invariably linked to pharma companies either via research grants or direct payments - is that they cherry pick data that is unverifiable and shows what they want to show.

Such as this [recent paper](#), which has this doozy at the end in the “conflicts” section that most people don’t read.

CONFLICT OF INTEREST DISCLOSURES: Dr Sullivan reports paid consulting and/or advisory board participation from **CSL Seqirus, Evo Health, Moderna, Novavax, and Pfizer** but declares no nonfinancial competing interests. All other authors declare no financial or nonfinancial competing interests. Dr Muñoz is an investigator of pediatric studies of COVID-19 vaccines for **Pfizer and Moderna** and for a pediatric remdesivir study conducted by **Gilead Sciences, Inc**; serves as investigator on projects supported by a **National Institutes of Health (NIH) contract for a Vaccine Treatment and Evaluation Unit (VTEU)**; serves as member of the Data and Safety Monitoring Board (DSMB) for clinical trials conducted by **Pfizer, Moderna, Meissa Vaccines, Virometix, and the NIH**; and is a member of the American Academy of Pediatrics Committee of Infectious Diseases (COID), the **Immunization Expert Group of the American College of Obstetrics and Gynecology (ACOG)**, and Co-Chair of the **COVAX Maternal Immunization Working Group**. Dr Regan is supported by the **National Institute of Allergy and Infectious Diseases** of the NIH under award number R01AI169239 and serves on a **Data and Safety Monitoring Board for Moderna**. The remaining authors have indicated they have no conflicts of interest relevant to this article to disclose.

So they get away with selling junk - like telling us that the rate of birth defects did increase after the COVID vaccines when the [CDC data told us otherwise](#).

But now they are stuck, because Josh and Retsef have now published their data from Israel and they don’t have conflicts with the Pharma industry.

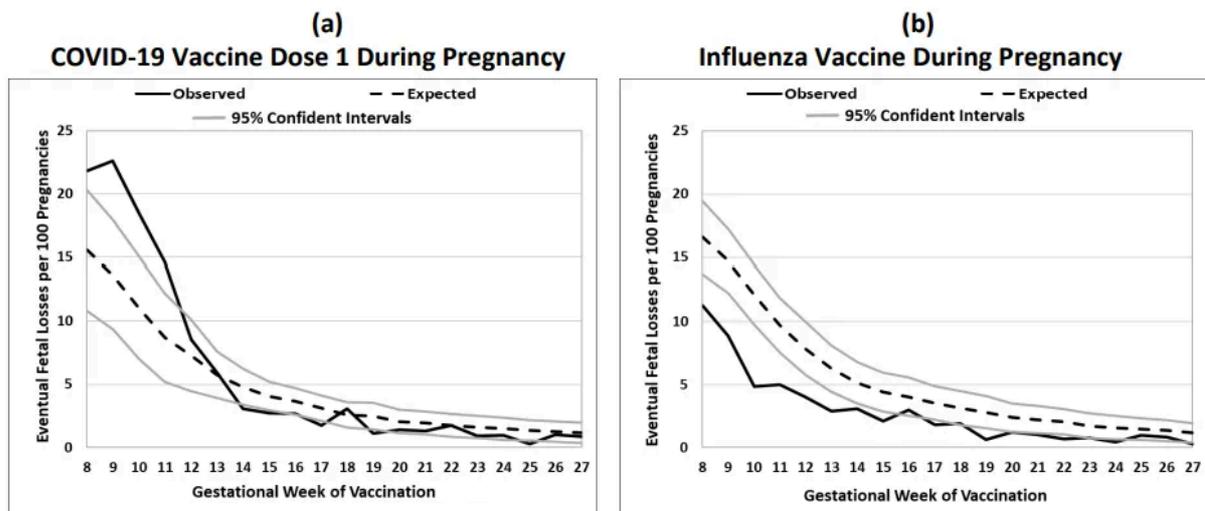
And their paper is a bombshell because it does one thing that nobody else has done compares to a directly **comparable cohort who had flu vaccines in pregnancy**.

And that cuts through all the confounders we normally see that complicate miscarriage risk assessments from observational data (such as women who smoke being less likely to take vaccines in pregnancy). The reason for that is because the **same type of person who will take a COVID vaccine in pregnancy will almost certainly be the type of person who will take a flu vaccine in pregnancy** - same age, smoking status, parity, obstetric history etc.

And what did it show?

Well, here's the chart from the paper

Figure 2. Observed-to-Expected Eventual Fetal Losses by Gestational Week of Vaccination among Women Vaccinated for COVID-19 or Influenza



And if you look carefully and spend some time you will see that the flu vaccine cohort has a “lower than expected” miscarriage risk and the COVID vaccine cohort has a “higher than expected” risk. The “expected” rates are similar.

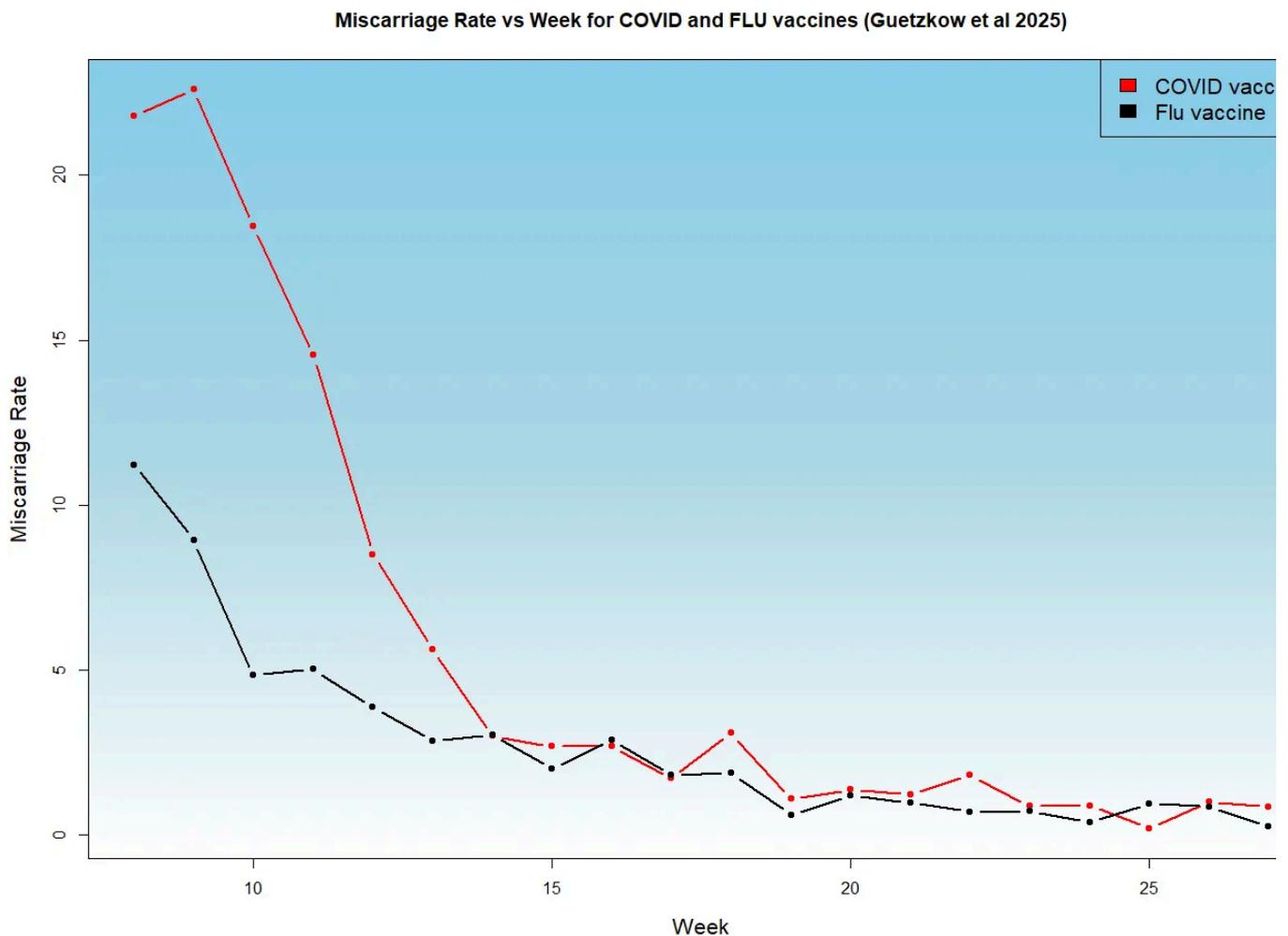
No biggie, obviously, because it's within the range of the “historical” rates, right?

Wrong. Of course you can't lower the miscarriage rate with a flu vaccine so what you are seeing is that the flu vaccine cohort represents the correct “baseline” to compare

the new vaccine to. The “expected” rate is higher because it represents a different group of people than those who would take a vaccine in pregnancy.

When you compare these two vaccine cohorts, which are comparable (unlike the many other papers that [we have discussed](#) previously), you get something much more dramatic.

And it’s even more obvious in colour, so here it is.



Miscarriage rates by week taken from Guetzkow et al and compared directly between COVID and Influenza vaccine arms

For the stats people this is a very statistically significant difference in rates of miscarriage (with a p-value of 0.00085)..

And guess how much that little blip in the COVID vaccine rates is compared to the vaccine?

Approximately double.

Like we've been telling you for over 2 years, in multiple articles with multiple data sources.

The miscarriage of medicine

DR AH KAHN SYED • FEBRUARY 28, 2023



I have had a number of questions on the subject of miscarriages this week because of a flurry of activity in this area, so I thought it best to put it all in substack. I hope it becomes a useful reference.

[Read full story](#) →

But don't worry, the TGA and MHRA and FDA are all over this. They've been monitoring the miscarriage rates in real time since the vaccine rollout started.

They have, haven't they?



Maryanne Demasi, reports

Pregnant women deserve better than "trust us" science

In medicine, few assurances carry more emotional weight—or greater responsibility—than the claim that something is "safe during pregnancy..."

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3 months ago · 143 likes · 30 comments · Maryanne Demasi, PhD



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marlon1492 marlon1492 Jun 22

♥ Liked by Dr Ah Kahn Syed

I'm sure others have probably said this before, but reading your article again this morning reminds me that most people think it's a bad idea to drink or smoke when pregnant but they think it's perfectly fine to get a shot when pregnant with no long-term data showing it's safe. Makes no sense.

♥ LIKE (23) 💬 REPLY

1 reply



Watch Dog Watch Dog Jun 22

♥ Liked by Dr Ah Kahn Syed

The people who were skeptical of the shots in the first place already have read about this. And it. The people who got all the shots and were absolute Buttheads about wanting to force the re people to get the shots, will never believe this because it was part and parcel of who they were were the smart ones. They were the ones that cared about everybody. They were the ones doin right thing. Now, if you present them evidence that that was wrong, it would really affect them mentally. So they're never going to believe it. You could present all the information and studies evidence that you want. The people who were the absolute jerks during the pandemic and got shots will never believe any of this.

♡ LIKE (19) 💬 REPLY

5 replies

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