BREAKING - Peer-Reviewed Study Confirms mRNA Injections Cross the Placenta and Reach the Fetus

Intramuscular mRNA-1273 injection rapidly crosses the placenta within one hour, accumulates in fetal organs, translates into Spike protein, and persists in fetal tissues aft birth.

NICOLAS HULSCHER, MPH
FEB 19, 2025

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by **Nicolas Hulscher, MPH**

The study titled, **mRNA-1273 is placenta-permeable and immunogenic in the fetu** has just been accepted for publication after successful peer-review in journal *Molec Therapy Nucleic Acids:*

> **Abstract**
>
> **… In this study, mRNA-1273 intramuscularly given to pregnant mice rapidly circulated in maternal blood and crossed the placenta within one hour to sprea in fetal circulation.** Although spike mRNA in fetal circulation faded away withir 6 hours, it could **accumulate in fetal tissues, mainly the liver and get translated into spike protein**. Transplacental mRNA-1273 proved immunogenic in the fetus as postnatally equipped with anti-spike IgM, paternal allotypic anti-spike IgG_{2a} heightened anti-spike cellular immunity. Gestationally administered, mRNA-127 had a dose-dependent effect on its transplacental transfer and immunogenicity i the fetuses, with higher mRNA-1273 doses leading to increased transplacental mRNA-1273 passage and greater serum titers of endogenous anti-spike IgM/IgG generated by the fetuses. Thus, gestationally maternal mRNA-1273 vaccination

> might endow the newborns with not only passive but also active anti-spike immunity.

Molecular Therapy
Nucleic Acids
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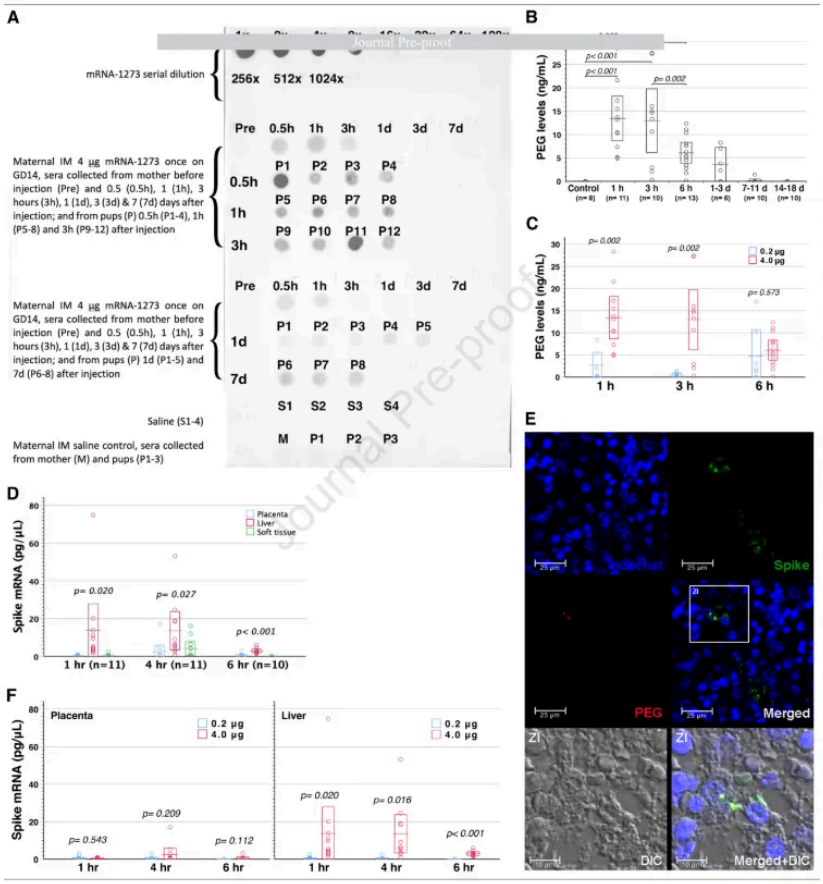
In Press, Journal Pre-proof What's this?

Original Article

mRNA-1273 is placenta-permeable and immunogenic in the fetus

Jeng-Chang Chen [1 2], Mei-Hua Hsu [3 4], Rei-Lin Kuo [5 6 7], Li-Ting Wang [6], Ming-Ling Kuo [7 8], Li-Yun Tseng [9], Hsueh-Ling Chang [9], Cheng-Hsun Chiu [3 4]



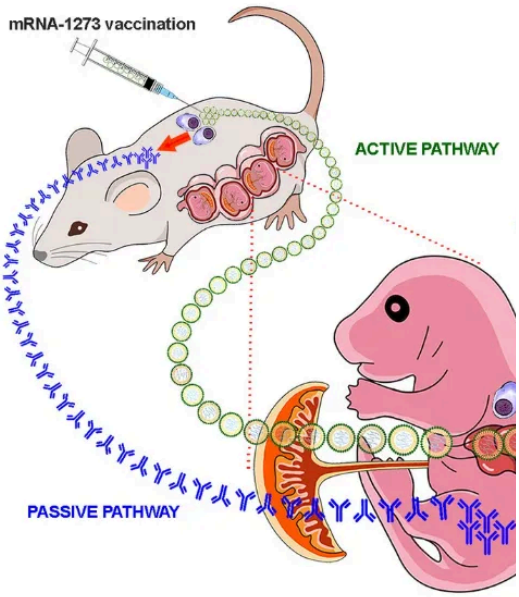


Figure 1. Transplacental mRNA-1273 transfer after maternal mRNA-1273 vaccination during pregnancy. (A) GD14 FVB/N mothers, intramuscularly (IM) vaccinated with a single-dose mRNA-1273 of 4.0 μg, were subjected to serum collection before vaccination (Pre), and at indicated time points of 0.5-3 hours (h) and 1-7 days (d) after injection. Their pups were delivered for serum sampling at the same time points. Immunodot blot assay demonstrated transplacental PEGylated LNP transfer. **(B)** ELISA disclosed that fetal sera contained significantly higher PEG levels at the time points of 1 h, 3 h, and 6 h after maternal mRNA-1273 vaccination than those with maternal saline injection (Control, ANOVA with LSD multiple comparison). A significant decrease of serum PEG levels occurred between 3 h and 6 h. Although PEG remained measurable in certain pups of groups 1-3 d and 7-11 d, their mean levels did not differ from that of saline controls. On days 14-18, PEG was completely absent in all neonatal sera, identical to saline controls. **(C)** At the time points of 1 h and 3 h following maternal vaccination, 4.0 μg mRNA-1273 led to higher PEG levels in fetal sera than a dose of 0.2 μg. **(D)** Spike mRNA in fetal placenta, liver and soft tissue was quantified by RT-PCR after maternal 4 μg mRNA-1273 vaccination (Dams 234, 235 and 236 in Table S1). Spike mRNA levels of "(-)" and "< 0.021" were input as "0" and "0.021", respectively in building this chart. Spike mRNA significantly dominated in fetal liver of groups 1, 4 and 6 hr. (ANOVA with LSD multiple comparison) **(E)** Immunostaining disclosed intracellular PEGylated LNPs and spike protein in fetal liver 6 hours after maternal 4.0 μg mRNA-1273 vaccination. DIC: differential interference contrast. ZI: zoom-in. **(F)** At the time points of 1, 4 and 6 hours after maternal mRNA-1273 vaccination, levels of spike mRNA in fetal placentas did not differ between 4.0 and 0.2 μg mRNA-1273 used to vaccinate the dams (Tables S1-2), whereas 4.0 μg mRNA-1273 led to significantly greater spike mRNA accumulation in fetal livers than 0.2 ug mRNA-1273.

Here are the key findings:

- **Rapid Placental Transfer**: The study demonstrated that **mRNA-1273 crosses tl placenta within one hour** of maternal vaccination in a mouse model.

- **Accumulation in Fetal Organs**: The **mRNA and its lipid nanoparticle (LNP) carriers were detected in fetal blood and tissues (mainly liver)**, where they persisted beyond initial clearance from maternal circulation.
- **mRNA Translation into Spike Protein in the Fetus**: Fetal tissues **actively translated the vaccine mRNA into Spike protein**, raising concerns about unintended immune responses or long-term biological effects.
- **Persistence in Fetal Liver and Spleen**: mRNA **remained in fetal liver and splee for at least three weeks postnatally.**

This study provides the first in vivo confirmation that mRNA injections cross the placenta, directly reaching the fetus. It also helps explain why these genetic injectic pose such serious risks to pregnant women and their unborn children:

The Risks of COVID-19 "Vaccination" During Pregnancy: Evidence of Harm to Mothers and Developing Babies

NICOLAS HULSCHER, MPH • JAN 21

Zohreh Heidary [1], Omid Kohandel Gargari [2], Majid Zaki-Dizaji [3], Arman Shafiee [2], Haniyeh Fathi [2], Roya Saeednejad [4], Marjan Ghaemi [1], Sedigheh Hantoushzadeh [1*]

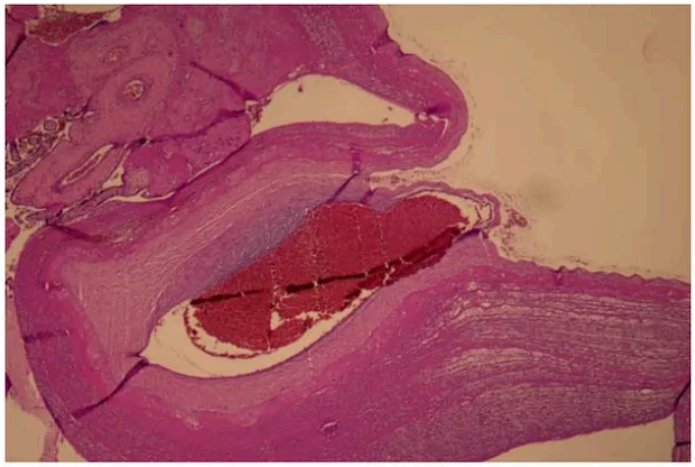


Figure 1. Histopathological examination showing massive subchorionic thrombosis in placenta

Table 2. Placenta histopathological findings of included patients

Patient	Histopathological findings	Level of spike antibody	
		Maternal	Neona
1	None	>100	>10(
2	None	54.10	79.8(
3	Massive subchorionic thrombosis	2.00	3.00
4	None	>100	>10(
5	None	>100	>10(
6	Decidual arteriopathy	25.30	44.1(
7	None	>100	>10(
8	Decidual arthropathy	16.70	36.6(
9	None	62.20	92.4(
10	None	18.10	25.9(
11	None	42.20	97.8(
12	None	>100	>10(
13	Chronic histiocytic intervillositis	>100	>10(
14	None	>100	>10(
15	None	25.20	31.9(
16	None	37.20	>10(
17	None	>100	>10(
18	None	20.00	24.2(
19	None	>100	>10(

by Nicolas Hulscher, MPH

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BREAKING: Peer-Reviewed Study Identifies Seriou Safety Signals for 37 Adverse Events Following COVID-19 'Vaccination' in Pregnant Women

NICOLAS HULSCHER, MPH • FEB 11

Are COVID-19 Vaccines in Pregnancy as Safe and Effective as the Medical Industrial Complex Claim? Part I

JAMES A. THORP * ALBERT BENAVIDES MAGGIE M. THORP DANIEL C. MCDYER KIMBERLY O. BISS JULIE A. THREET PETER A. MCCULLOUGH

PEER REVIEWED, CLINICAL RESEARCH, SCIENCE 02/08/2025 v6.2019-2025

Results: The CDC/FDA's safety signals were breached for all 37 AEs follow COVID-19 vaccination in pregnancy including miscarriage, chromosomal abnormalities, fetal malformations, cervical insufficiency, fetal arrhythmia, h in pregnancy, premature labor/delivery, preeclampsia, preterm rupture of m placental abnormalities, fetal growth restriction, stillbirth, newborn asphyxia newborn death. All p values were ≤ 0.001 with the majority being <0.00000

Conclusions: We found unacceptably high breaches in safety signals for 37 COVID-19 vaccination in pregnant women. An immediate global moratori COVID-19 vaccination during pregnancy is warranted. The United States government, medical organizations, hospitals, and pharmaceutical companie misled and/or deceived the public regarding the safety of COVID-19 vaccin pregnancy. The promotion of the COVID-19 vaccines in pregnancy by Th American College of Obstetricians and Gynecologists (ACOG), The Ameri of Obstetrics & Gynecology (ABOG), and The Society for Maternal Fetal M (SMFM) must cease immediately.

Figure 1. Depicted are three separate pregnant women's ultrasound images in the third trimester documenting the classic features that have been noted after COVID-19 vaccines administered during pregnancy. Many of these findings are consistent with the multiple pregnancy adverse events related to COVID-19 vaccines in pregnancy in this report including placental calcifications, placental insufficiency, placental infarction, placental thrombosis, placental accreta, placental disorders,

by Nicolas Hulscher, MPH

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The current CDC guidelines, which state that "COVID-19 vaccination during pregnancy is safe and effective," should be IMMEDIATELY revoked. Our regulator agencies have committed a grave disservice to future generations. The widespread fetal uptake of mRNA through maternal injection introduces unknown and potenti catastrophic consequences for human development and immune function. The long term risks of in utero exposure remain unstudied, yet these experimental injections were recklessly pushed onto pregnant women without adequate safety data.

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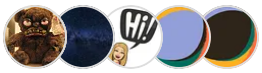

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RosannaPolito RosannaPolito 20h

Ban it and stop endangering the unborn. That's it!

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TriTorch Out Here On the Perimeter 20h *Edited*

The premeditated method of mass miscarriages that Pfizer found during their trials are starting t become clear:

Kansas - in conjunction of 5 other states - is suing Pfizer for Veterinarian CEO Bourla's lying abou COVID-19 injection's safety & effectiveness with regard to mass miscarriages, myocarditis &

pericarditis, death, along with beefy claims that it would stop transmission when they never even for it. Watch: https://substack.com/@tritorch/note/c-90337943 [4:39mins]

Out of 238 pregnancies, Pfizer found in their trials that 28 had a spontaneous abortion after gett vaccine. 75 had serious clinical events: https://tritorch.com/merciless/!PfizerVaccinePregnancySideEffectsAbortions.png [image]

In addition 1223 people died in the trial after taking it with over 40k Adverse Events: https://tritorch.com/adverseEvents.png [image]

This is pfizer's own data, and is why they are currently being sued by 5 states for lying about it. B real culprit is the FDA who KNEW about this in advance, approved the killshots anyway, and then to help Pfizer hide the catastrophic data for 75 years the result of which killed and maimed count

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