National Center for Biotechnology Information

Selskap

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Grunnlegger: Claude Pepper

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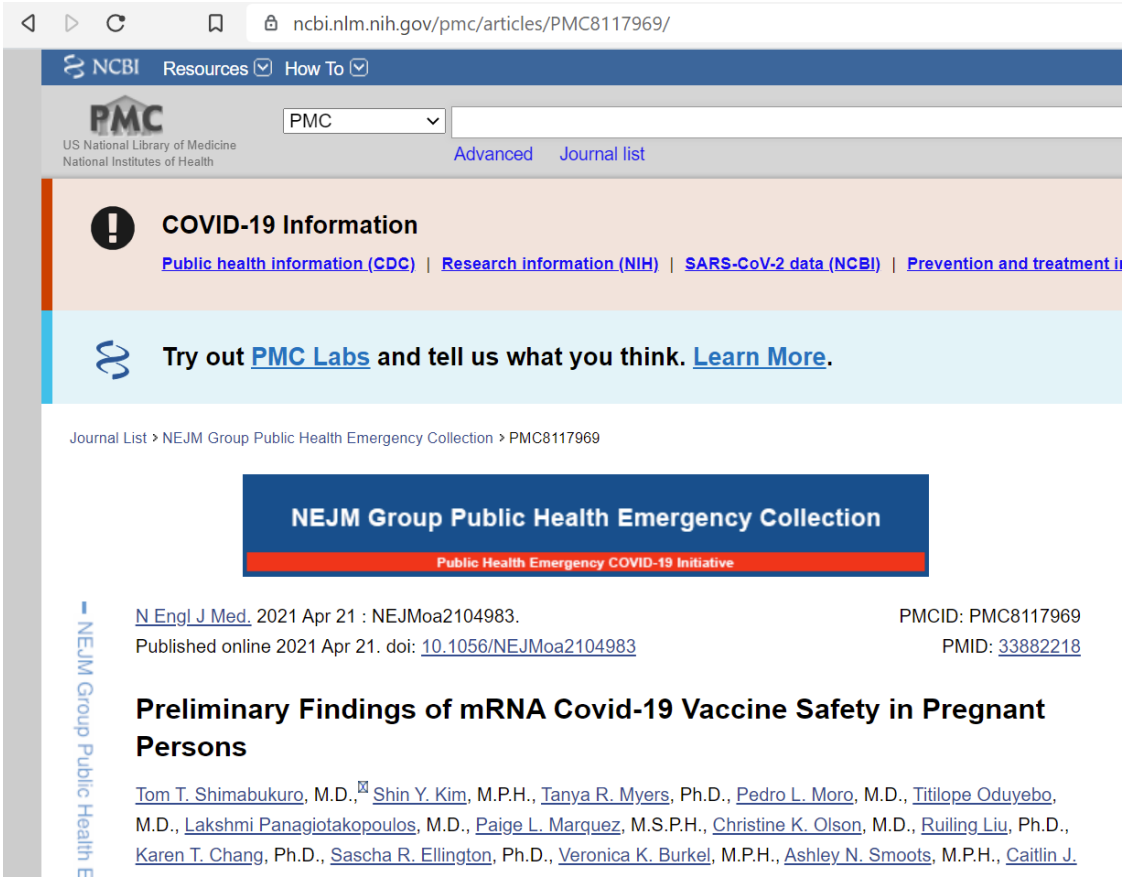

Table 4

Pregnancy Loss and Neonatal Outcomes in Published Studies and V-safe Pregnancy Registry Participants.

Participant-Reported Outcome	Published Incidence*	V-safe Pregnancy Registry†
	%	no./total no. (%)
Pregnancy loss among participants with a completed pregnancy		
Spontaneous abortion: <20 wk[15-17]	10–26	104/827 (12.6)‡
Stillbirth: ≥ 20 wk[18-20]	<1	1/725 (0.1)§
Neonatal outcome among live-born infants		
Preterm birth: <37 wk[21,22]	8–15	60/636 (9.4)¶
Small size for gestational age[23,24]‖	3.5	23/724 (3.2)
Congenital anomalies[25]**	3	16/724 (2.2)
Neonatal death[26]††	<1	0/724

1

3

*The populations from which these rates are derived are not matched to the current study population for age, race and ethnic group, or other demographic and clinical factors.

†Data on pregnancy loss are based on 827 participants in the v-safe pregnancy registry who received an mRNA Covid-19 vaccine (BNT162b2 [Pfizer–BioNTech] or mRNA-1273 [Moderna]) from December 14, 2020, to February 28, 2021, and who reported a completed pregnancy. A total of 700 participants (84.6%) received their first eligible dose in the third trimester. Data on neonatal outcomes are based on 724 live-born infants, including 12 sets of multiples.

‡A total of 96 of 104 spontaneous abortions (92.3%) occurred before 13 weeks of gestation.

§The denominator includes live-born infants and stillbirths.

¶The denominator includes only participants vaccinated before 37 weeks of gestation.

‖Small size for gestational age indicates a birthweight below the 10th percentile for gestational age and infant sex according to INTERGROWTH-21st growth standards (http://intergrowth21.ndog.ox.ac.uk). These standards draw from an international sample including both low-income and high-income countries but exclude children with coexisting conditions and malnutrition. They can be used as a standard for healthy children growing under optimal conditions.

**Values include only major congenital anomalies in accordance with the Metropolitan Atlanta Congenital Defects Program 6-Digit Code Defect List (www.cdc.gov/ncbddd/birthdefects/macdp.html); all pregnancies with major congenital anomalies were exposed to Covid-19 vaccines only in the third trimester of pregnancy (i.e., well after the period of organogenesis).

††Neonatal death indicates death within the first 28 days after delivery.

2

Punkt 1: Det er totalt 827 deltakere i studien.

Punkt 2: 700 av disse deltakerne fikk sin vaksinedose i sitt tredje semester av graviditet.

Punkt 3: 96 av 104 spontanaborter (miscarriage) kom før 13 uker inn i graviditeten.

Matte:

700-827 = 127 personer fikk vaksinedosen sin før sitt tredje semester.

Hvis vi antar at alle disse 127 personene fikk vaksinen i de første ukene av sin graviditet, er sjansen for å oppleve en spontanabort hvis man tar vaksinen i disse ukene, 96/127 = 0.7559 for en spontanabort.

Hvis denne antagelsen er feil, og vi sier at 110 av disse personene fikk vaksinen i de første ukene av sin graviditet, og 17 personer fikk vaksinen i området imellom de første 13 ukene, og tredje semester, er sjansen for spontanabort for vaksinering under tidlig graviditet, 96/110 = 0.8727.

Best case scenario, er sjansen for en spontanabort ved vaksinering i sitt første semester, 75%.

Tabelltolkning uten matte:

Sjansen for spontanabort er 12.6% ved vaksinering.

For referanse;

https://www.ncbi.nlm.nih.gov › pmc · Oversett denne siden

Spontaneous first trimester miscarriage rates per woman ...

av JS Cohain · 2017 · Sitert av 68 — The **spontaneous miscarriage** rate varies between from 10% to 20% where 10% refers to late recognition of pregnancy and 20% refers to ...

Abstract · Background · Results · Discussion

Ifølge tabelltolkning uten matte: vaksinering har ingen økt sjanse for spontanabort.

Tabelltolkning med matte: vaksinering har en enorm økende sjanse for spontanabort, hvis vaksinering skjer i tidlige faser av graviditet.