



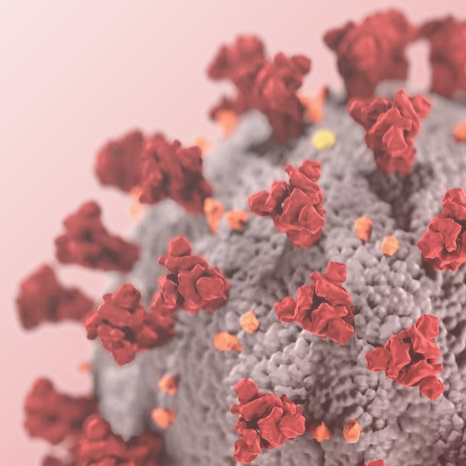
**UNDERSTANDING & TREATING
SPIKE PROTEIN-INDUCED DISEASES**

October 14-16, 2022 • Orlando, Florida

Characteristics & Management of Reproductive Issues in Women with Spike- Induced Disease

Presented By:

James A. Thorp MD



Speaker Conflicts of Interest

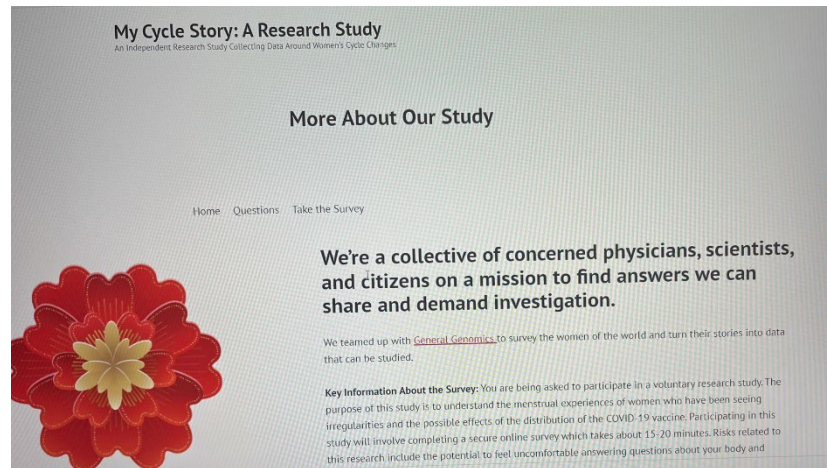
NONE for me. But what about...

- The stakeholders in the medical industrial complex aka the “CARTEL”?
- Editor in Chief of NEJM, Eric Rubin?
- Shimabukuro et al in NEJM pushing the C19 vax in pregnancy?
- Mehra et al in LANCET publishing completely falsified data demonizing hydroxychloroquine (HCQ)? – globally responsible for killing millions
- The 21 “advisors” aka charlatans voting to for the FDA to push the C19 shot in children?
- The CDC-FDA receive 46% of annual operating budget from vaccine profits from the pharmaceutical industry and from vaccine patent royalties?

Tiffany Parotto, CEO & Developer of MyCycleStory.com

An Independent Research Study Collecting Data Around Women's Cycle Changes

Tiffany Parotto, CEO President of [MyCycleStory.com](https://www.mycyclestory.com). Over more than 100 years, fewer than 40 cases of decidual cast shedding — during which the uterus' thick mucous lining is shed, intact — have been reported. But over a 7.5 month period in 2021, 292 women experienced it, raising questions about whether Covid-19 vaccines could be to blame.

A screenshot of the 'My Cycle Story: A Research Study' website. The page has a light gray background with a large, stylized red and yellow flower graphic on the left side. The text on the page includes the title 'My Cycle Story: A Research Study' with a subtitle 'An Independent Research Study Collecting Data Around Women's Cycle Changes'. Below this is a navigation menu with 'Home', 'Questions', and 'Take the Survey'. The main heading is 'More About Our Study'. The primary message reads: 'We're a collective of concerned physicians, scientists, and citizens on a mission to find answers we can share and demand investigation.' Below this, it states: 'We teamed up with [General Genomics](https://www.generalgenomics.com) to survey the women of the world and turn their stories into data that can be studied.' A 'Key Information About the Survey' section follows, explaining the study's purpose and risks.

My Cycle Story: A Research Study
An Independent Research Study Collecting Data Around Women's Cycle Changes

More About Our Study

Home Questions Take the Survey

We're a collective of concerned physicians, scientists, and citizens on a mission to find answers we can share and demand investigation.

We teamed up with [General Genomics](https://www.generalgenomics.com) to survey the women of the world and turn their stories into data that can be studied.

Key Information About the Survey: You are being asked to participate in a voluntary research study. The purpose of this study is to understand the menstrual experiences of women who have been seeing irregularities and the possible effects of the distribution of the COVID-19 vaccine. Participating in this study will involve completing a secure online survey which takes about 15-20 minutes. Risks related to this research include the potential to feel uncomfortable answering questions about your body and

Parotto T, Thorp JA, Hooker B, Mills PJ, Newman J, Murphy L, et al. COVID-19 and the surge in Decidual Cast Shedding. *G Med Sci.* 2022; 3(1): 107- 117. <https://www.doi.org/10.46766/thegms.pubheal.22041401>

Menstrual Irregularities and the COVID-19 Pandemic MyCycleStory.com (MCS) Part I: COVID-19 and the Surge in Decidual Cast Shedding (DCS)

Significant reporting of DCS via MCS with 294 in 7.5 months of 2021

Prior 109 years pre-pandemic < 40 reported in the medical literature

Usual associations: ectopic pregnancy, miscarriage, prolonged progesterone

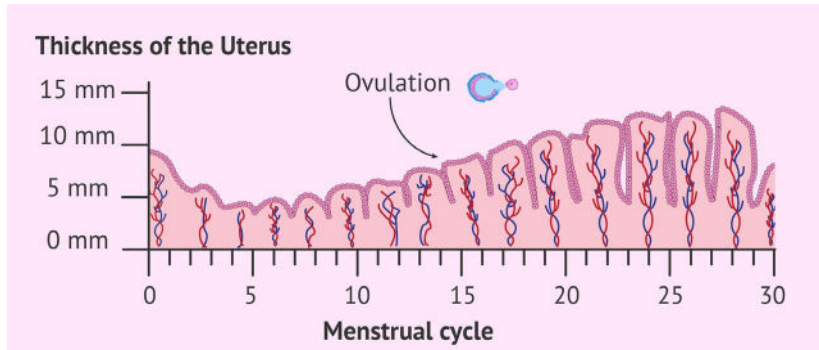
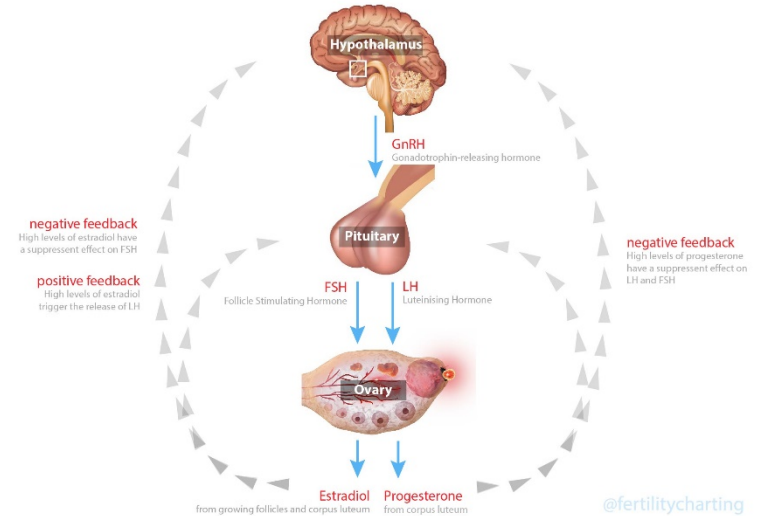
Causes of surge in pandemic???

[Parotto T](#), Thorp JA, Hooker B, et al. Gazette of Medical Sciences. 2022; 3(1):107-117. GETTR @ Jamesathorpm



Possible Causes of Abnormal Bleeding

1. Microvascular clotting at level of endometrium?
2. Ovarian inflammation from LNP's disrupting hormones?
3. Autoimmune reaction of [anti-syncytin antibodies](#) at endometrium?
4. Inflammatory assault from "vaxx" components at endometrium?
5. Spike protein assault from "vaxx"?
6. Hypothalamic-pituitary abnormalities / inflammation?
7. Other endocrine factors, thyroid, adrenal?



GETTR @ Jamesathorpmid



Potential Treatments for Severe Menstrual Abnormalities Associated with the COVID-19 Pandemic

- Non-steroidal anti-inflammatory meds (ibuprofen 600 mg PO Q 6 hours)
- Combined oral contraceptive pill (ethinylestradiol 30 ug / levonorgestrel 150 ug)
- Progestogens
- [Anti-fibrinolytic tranexamic acid](#) 3.9 to 4 g/day for 4-5 days
- [Danazol](#) 200 mg po q day
- Analogues of gonadotrophin releasing hormone ([GNRH agonists](#)).
- Levonorgestrel releasing IUD developed for contraception but is also effective in the treatment of dysfunctional uterine bleeding.
- Surgical treatment includes D&C, endometrial ablation, and hysterectomy.

[Maybin JA et al 2016.](#) [Whitaker L et al 2015.](#)

COVID-19 Vaccines and the Impact on Pregnancy Outcomes and Menstrual Function

James A Thorp MD ObGyn & Maternal Fetal Medicine, Gulf Breeze, FL

Claire Price, MSPAS, PA-C, Rome, GA

Michael P Deskevich, PhD Modeling and Simulation, Boulder, CO

Stewart Tankersley MD, Montgomery, AL

Albert Benavides BS, San Jose, CA

Megan D Redshaw JD, Palmyra, MO

Peter A. McCullough MD, MPH, Dallas, TX

COVID-19 Vaccines and the Impact on Pregnancy Outcomes and Menstrual Function

Objectives Assess rates of adverse events (AE) after COVID-19 vaccines experienced by women of reproductive age, focusing on pregnancy and menstruation, using data collected by the US Centers for Disease Control and Prevention (CDC) Vaccine Adverse Events Reporting System (VAERS) database.

Design Population based retrospective cohort study

Setting US and global entries in US Centers for Disease Control and Prevention (CDC) Vaccine Adverse Events Reporting System (VAERS)

Participants CDC VAERS entries from January 1, 1998 to June 30, 2022

Setting US and global entries in US Centers for Disease Control and Prevention (CDC) Vaccine Adverse Events Reporting System (VAERS)

Interventions None

Main Outcome Measures A proportional reporting ratio analysis is performed using data in the VAERS system comparing adverse events (AE) reported post COVID-19 vaccines with that of post-Influenza vaccines.

COVID-19 Vaccines and the Impact on Pregnancy Outcomes and Menstrual Function

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COVID-19 Vaccines and the Impact on Pregnancy Outcomes and Menstrual Function

Results COVID-19 vaccines, when compared to the Influenza vaccines are associated with a significant increase in AE with all **proportional reporting ratios of > 2.0**: menstrual abnormality, miscarriage, fetal chromosomal abnormalities, fetal malformation, fetal cystic hygroma, fetal cardiac disorders, fetal arrhythmia, fetal cardiac arrest, fetal vascular mal-perfusion, fetal growth abnormalities, fetal abnormal surveillance, fetal placental thrombosis, low amniotic fluid, and fetal death/stillbirth (all p values were much smaller than 0.05). When normalized by time-available, doses-given, or persons-received, all COVID-19 vaccine AE far exceed the safety signal on all recognized thresholds

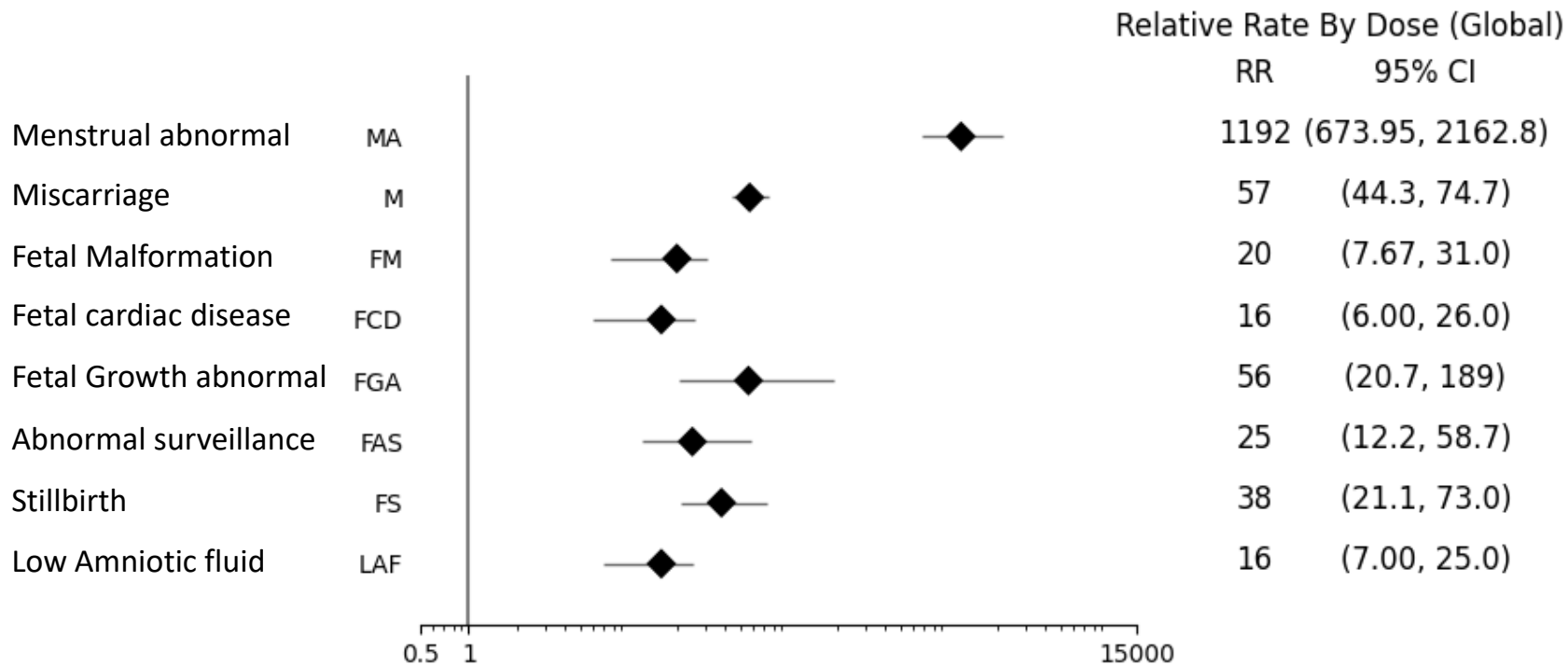
Conclusions Pregnancy and menstrual abnormalities are significantly more frequent following COVID-19 vaccinations than that of Influenza vaccinations. **A worldwide moratorium on the use of COVID-19 vaccines in pregnancy is advised until randomized prospective trials document safety in pregnancy and long-term follow-up in offspring**

Adverse Event	US Count of AE reports post Vaccine	US Rate of reported AE (count/Month)	US Rate of reported AE (count/billion doses)	US Rate of reported AE (count/billion people vaccinated)
Menstrual abnormality	6352 / 54	353 / 0.184	10700 / 16.4	24400 / 173
Miscarriage	1232 / 259	68.4 / 0.881	2070 / 78.5	4740 / 827
Fetal chromosomal abnormalities	7 / 0	0.389 / 0.00	11.7 / 0.00	26.9 / 0.00
Fetal malformation	2 / 1	0.111 / 0.00340	3.35 / 0.303	7.69 / 3.19
Fetal cystic hygroma	5 / 0	0.278 / 0.00	8.39 / 0.00	19.2 / 0.00
Fetal cardiac disorders	10 / 2	0.556 / 0.00680	16.8 / 0.606	38.5 / 6.39
Fetal arrhythmia	3 / 0	0.167 / 0.00	5.03 / 0.00	11.5 / 0.00
Fetal cardiac arrest	3 / 5	0.167 / 0.00	5.03 / 0.00	11.5 / 0.00
Fetal vascular mal-perfusion	5 / 0	0.278 / 0.00	8.39 / 0.00	19.2 / 0.00
Fetal growth abnormalities	59 / 20	3.28 / 0.0680	99.0 / 6.06	227 / 63.9
Fetal abnormal surveillance	125 / 36	6.94 / 0.122	210 / 10.9	481 / 115
Fetal placental thrombosis	5 / 0	0.278 / 0.00	8.39 / 0.00	19.2 / 0.00
Low amniotic fluid	11 / 1	0.611 / 0.00340	18.4 / 0.303	42.3 / 3.19
Fetal stillbirth	168 / 42	9.33 / 0.143	282 / 12.7	646 / 134

Adverse Event	Global Count of AE reports post Vaccine	Global Rate of reported AE (count/Month)	Global Rate of reported AE (count/billion doses)	Global Rate of reported AE (count/billion people vaccinated)
Menstrual abnormality	12843 / 65	714 / 0.221	1060 / 0.985	2460 / 8.43
Miscarriage	3338 / 325	185 / 1.11	277 / 4.92	638 / 42.2
Fetal chromosomal abnormalities	10 / 0	0.556 / 0.00	0.829 / 0.00	1.91 / 0.00
Fetal malformation	22 / 2	1.22 / 0.00680	1.82 / 0.0303	4.21 / 0.259
Fetal cystic hygroma	8 / 0	0.444 / 0.00	0.663 / 0.00	1.53 / 0.00
Fetal cardiac disorders	18 / 2	1.00 / 0.00680	1.49 / 0.0303	3.44 / 0.259
Fetal arrhythmia	5 / 0	0.278 / 0.00	0.414 / 0.00	0.956 / 0.00
Fetal cardiac arrest	20 / 0	1.11 / 0.00	1.66 / 0.00	3.82 / 0.00
Fetal vascular mal-perfusion	12 / 0	0.667 / 0.00	0.994 / 0.00	2.29 / 0.00
Fetal growth abnormalities	188 / 24	10.4 / 0.0816	15.6 / 0.364	35.9 / 3.11
Fetal abnormal surveillance	178 / 45	9.89 / 0.153	14.7 / 0.682	34.0 / 5.84
Fetal placental thrombosis	6 / 0	0.333 / 0.00	0.497 / 0.00	1.15 / 0.00
Fetal stillbirth	402 / 64	22.3 / 0.218	33.3 / 0.970	76.9 / 8.30

Adverse Event	Relative Rate (by time)	Relative Rate (by dose)	Relative Rate (by person vaccinated)
Menstrual abnormality	4257 [1589.1-12893] p = 0.0 2524 [894.57-6419.0] p = 0.0	1192 [673.95-2162.8] p = 0.0 738 [391.6-1584] p = 0.0	298 [223.0-406.0] p = 0.0 145 [108.6-197.4] p = 0.0
Miscarriage	177 [114.4-283.5] p = 0.0 83 [50.8-143] p = 0.0	57 [44.3-74.7] p = 0.0 27 [20.2-36.5] p = 0.0	15 [13.3-17.5] p = 0.0 6 [5.0-6.7] p = 0.0
Fetal chromosomal abnormalities	p= 0.00058 p= 0.0048	p = 0.00058 p = 0.0048	p = 0.00058 p = 0.0048
Fetal malformation	21 [10.0-32.0] p = 1.9 x 10 ⁻⁰⁷ 2 [0.0-5.0] p = 0.20	20 [7.67-31.0] p = 1.9x10 ⁻⁰⁷ 2 [0.0-5.0] p = 0.20	15 [4.50-30.0] p = 2.1 x 10 ⁻⁰⁶ 2 [0.0-5.0] p = 0.20
Fetal cystic hygroma	p=0.0024 p=0.020	p = 0.0024 p = 0.020	p = 0.0024 p = 0.020
Fetal cardiac disorders	17 [8.00-27.0] p = 2.6x10 ⁻⁰⁶ 10 [4.00-17.0] p = 0.00058	16 [6.00-26.0] p = 2.6x10 ⁻⁰⁶ 9 [3.0-16] p = 0.00058	12 [3.60-25.0] p = 2.7x10 ⁻⁰⁵ 6 [1.5-15] p = 0.0047
Fetal arrhythmia	p = 0.020 p= 0.088	p = 0.020 p = 0.088	P = 0.020 p = 0.088
Fetal cardiac arrest	p = 6.9 x 10 ⁻⁰⁷ p = 0.088	p = 6.9 x 1 0 ⁻⁰⁷ p = 0.088	p = 6.9 x 10 ⁻⁰⁷ p = 0.088
Fetal vascular mal-perfusion	p = 0.00015 p = 0.020	p = 0.00015 p = 0.020	p=0.00015 p=0.020
Fetal growth Abnormalities	126 [42.00-210.0] p = 0.0 43 [14.0-72.0] p = 0.0	56 [20.7-189] p = 0.0 22 [7.14-64.0] p = 0.0	12 [7.42-21.4] p=0.0 4 [2.2-6.8] p = 3.2 x 10 ⁻⁰⁷
Fetal abnormal surveillance	83 [26.9-193] p = 0.0 68 [21.6-140] p = 0.0	25 [12.2-58.7] p = 0.0 24 [10.1-63.0] p = 0.0	6 [4.1-9.0] p=0.0 4 [2.9-6.6] p=0.0
Fetal placental thrombosis	p = 0.0096 p = 0.020	p = 0.0096 p = 0.020	p = 0.0096 p = 0.020
Low amniotic fluid	17 [8.00-25.0] p = 5.1x10 ⁻⁰⁶ 11 [5.00-18.0] p = 0.00029	16 [7.00-25.0] p=5.1x10 ⁻⁰⁶ 11 [4.00-18.0] p=0.00029	14 [4.67-25.0] p= 5.1 x 10 ⁻⁰⁶ 9 [2.5-17] p = 0.00029
Fetal stillbirth	82 [26.5-184] p = 0.0 135 [48.25-412.0] p = 0.0	38 [21.1-73.0] p = 0.0 26 [12.2-60.0] p = 0.0	5 [3.4-7.2] p = 0.0 9 [6.9-13] p = 0.0

Figure 1. Global relative rates of AE reports after COVID-19 vaccines versus those after Influenza vaccines by dose given. A value greater than 1 implies that AE are reported more frequently after COVID-19 vaccination compared to Influenza vaccinations. Note the log scale spanning multiple orders of magnitude, indicating a large effect across many different AE - all substantially greater than 1.



32 Independent Sources Collaborating VAERS C19 Vax Injury

1. [UK government](#)
2. UK Yellow card
3. EMA EudraVigilliance
4. WHO VigiAccess
5. 61,000 dead millennials
6. OneAmerica Insurance
7. Lincoln insurance
8. 33 DEAD Canadian docs
9. Athletes dropping dead
10. All Cause mortality way up
11. Drs Palmer & Bhadki
12. Dr. Arne Burkhardt
13. Alexandra Latypova
14. Richard Hirschman embalmer
15. Canadian stillbirths
16. Birth rates down 10% globally
17. Dr Daniel Nagase, Canada
18. Dr. Peter McCullough
19. DMED US Military database Dr. Theresa Long
20. World Council for Health
21. Spiro Pantazatos MD MPH
22. [1,366 AE med journal publications in 15 months](#)
23. Costa Rica
24. Scandinavian Countries
25. Uruguay
26. Germany
27. Italy
28. Romania
29. Denmark
30. 78 countries in world have dropped mandates
31. Steve Kirsch formal questionnaire
32. [Pfizer 5.3.6 post-marketing analysis](#)

COVID-19 and the Unraveling of Experimental Medicine – Part III

Appendix 1. Subject-wise segregation of 1,366 references

COVID-19 Vaccine Published Complications Subject of Article(s)	Number of Publication(s)	Reference Numbers in the Hyperlink
Anaphylaxis	47	1 - 47
Antiphospholipid Antibodies	3	48 - 50
Arterial & Venous Thromboembolism	160	51 - 210
Arthritis	2	211 - 212
Auto-Immune Disorders	21	213 - 233
Autopsy Findings	11	234 - 244
Blood Disorders	10	245 - 254
Cancer	7	255 - 261
Cardiac Disease (Myocarditis / Pericarditis)	336	262 - 597
Cardiac Disease (other)	15	598 - 612
Dementia / Alzheimer's / Delirium	2	613 - 614
Encephalopathy & Neurological Injury	46	615 - 660
Eye Diseases	11	661 - 671
Facial Nerve Palsy	28	672 - 699
Gastroparesis	1	700
Guillain Barre Syndrome	51	701 - 751
Hearing Loss / Tinnitus	13	752 - 764
Hemolytic Uremic Syndrome	1	765
Hemorrhage	38	766 - 803

Appendix 1 Continued Below

Hemorrhage	38	766 - 803
Hepatitis	19	804 - 822
Immune and DNA Impacts	7	823 - 829
Kidney / Urinary Disorders	23	830 - 852
Lung Disease	3	853 - 855
Lymphadenopathy	60	856 - 915
Multiple Sclerosis	1	916
Muscle Disorders	5	917 - 921
Prion Disease	1	922
Radiation Recall Syndrome	5	923 - 927
Rhabdomyolysis	12	928 - 939
Seizure Disorder	6	940 - 945
Shoulder / Musculoskeletal / Bursitis	7	946 - 952
Skin Reactions	41	953 - 993
Thyroid Disease	33	994 - 1026
Vaccine-Induced Thrombotic Thrombocytopenia	209	1027 - 1235
Varicella Zoster (Shingles) / Herpes	27	1236 - 1262
Vasculitis	48	1263 - 1310
Miscellaneous	56	1311 - 1366
TOTAL	1366	1 - 1366

*Hyperlink to 1,366 references for COVID-19 vaccine associated complications:
<https://www.thegms.co/publichealth/pubheal-rw-22042302-references.pdf>

Thorp KE, Thorp JA, Thorp EM. COVID-19 and the Unraveling of Experimental Medicine - Part III. G Med Sci. 2022; 3(1):118-158. <https://www.doi.org/10.46766/thegms.pubheal.22042302>

Implications for Clinicians and Policy Makers

There is a precedent in medicine for halting vaccines with safety signals far less than what is observed with the COVID-19 vaccines. The swine flu vaccine was removed from market after 26 deaths and in the case of the rotavirus vaccine was removed after only a few non-lethal cases of intussusception. The authors of this study concur with the recommendations previously made by the UK government and the World Council for Health: **COVID-19 vaccines should not be used in pregnancy until long-term safety data are available.**

Assumptions at the outset of the COVID-19 pandemic erroneous. Pregnant women DO NOT appear to be greater risk for infectious complications. Pinelle recent large-scale study indicates that pregnant patients are at lower risk for mortality and severe outcomes than are non-pregnant patients. There is now even more evidence that early treatment of COVID-19 with vitamins, supplements and repurposed drugs are safe and effective especially when started early in the COVID-19 disease process.

UK Government Recommends Against C19 Vaccines in Pregnancy and Breastfeeding

Results of this study also align with recommendations from governments and nongovernmental organizations. Recent documents from the UK government state:

“In the context of supply under Regulation 174, it is considered that sufficient reassurance of safe use of the vaccine in pregnant women cannot be provided at the present time; however, use in women of childbearing potential could be supported provided healthcare professionals are advised to rule out known or suspected pregnancy prior to vaccination.”

[UK.gov Medicines & Healthcare products Regulatory Agency. https://www.gov.uk/government/publications/regulatory-approval-of-pfizer-biontech-vaccine-for-covid-19/summary-public-assessment-report-for-pfizerbiontech-covid-19-vaccine](https://www.gov.uk/government/publications/regulatory-approval-of-pfizer-biontech-vaccine-for-covid-19/summary-public-assessment-report-for-pfizerbiontech-covid-19-vaccine)

Reproductive Toxicology a Mandatory Requirement
“They Lied to the World” - Alexandra Latypova
Pharma, CDC & FDA Killed & Injured Millions of Innocent Victims
Epoch Times August 15, 2022

- mRNA & spike protein pass all barriers, dam to fetus
- Dams experienced toxicity during gestation at highest level of antigen detected
- Toxicity admitted: loss of fertility, inability to use hind limb, other effects
- Other toxicities & possible deaths waived off “non-mRNA 1273 related”

[Alexandra Latypova](#) GETTR @ Jamesathorpmd

Lethal Skeletal Dysplasias



GETTR @ Jamesathorpmid

1 Clinical photograph of the male fetus following termination

mRNA COVID-19 Vaccines in Human Breast Milk

JAMA Pediatrics. Published online September 26, 2022.

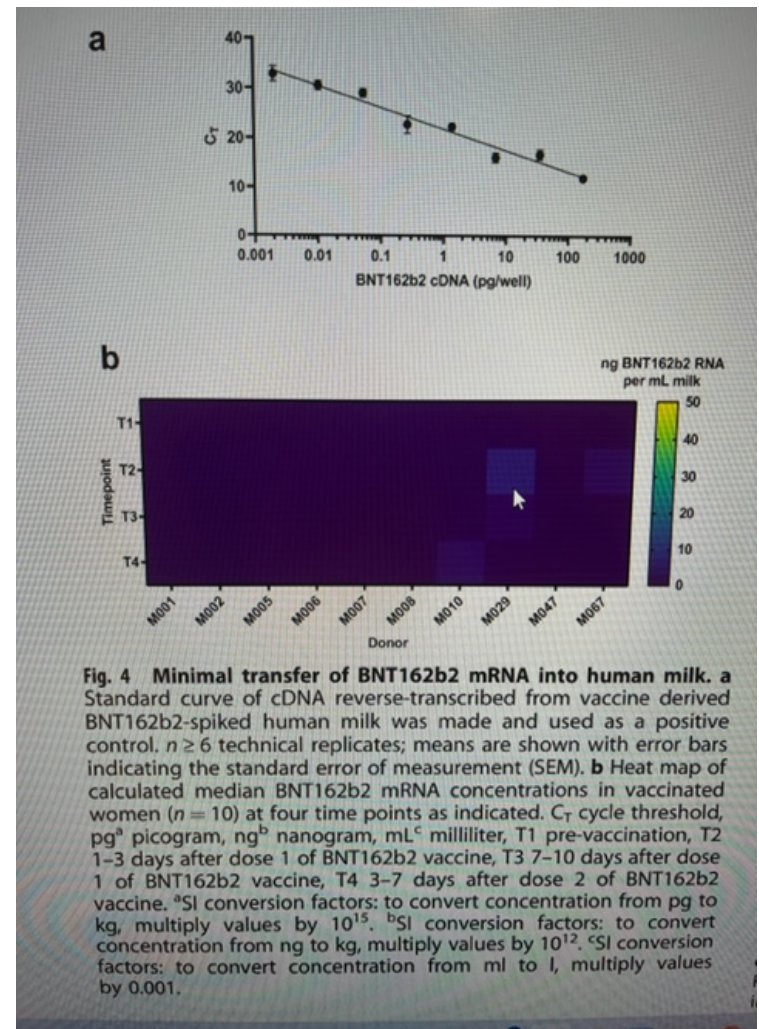
- 5 of 11 had mRNA from the vaccine in the breast milk
- The authors attempt to marginalize these findings, an egregious excuse for pushing the vaccine in pregnant and breast-feeding women
- I know of at LEAST three perfectly healthy newborns **NOW DEAD** after breast feeding in recently vaccinated mothers

[Hanna N, Heffes-Doon A, Lin X, et al. JAMA Pediatrics. September 26, 2022](#)

Codominant IgG and IgA Expression with Minimal Vaccine mRNA in Milk of BNT162 Vaccinees

[Jia Ming Low, Yue Gu, et al. Nature NPI Vaccines](#)
[August 19, 2021](#)

GETTR @JamesAthorpMD



Analysis of Vaccine Reactions After COVID-19 Vaccine Booster Doses Among Pregnant and Lactating **Individuals**

Survey data (as in V-safe) is dangerous and easily manipulated – often auto-populated

Selected population - over 50% were nurses and mainly white

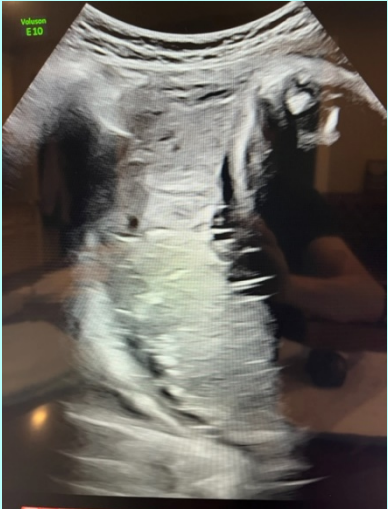
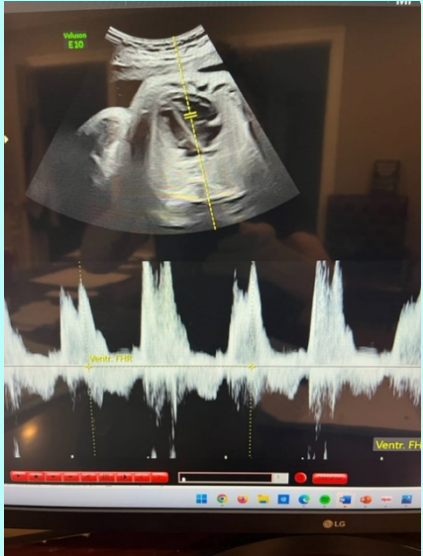
"Most pregnant (97.6%) and lactating (96.0%) individuals **reported** no obstetric or lactation concerns after vaccination. This is NOT consistent with the [Pfizer 5.3.6 post-marketing data](#)

No query into the health of the baby or change in feeding habits in the online survey

Of the 4% of lactating women who had problems, the problems were not listed or quantified

Conflict of Interest Disclosures: Kachikis & Englund affiliations with Pfizer, Merck, GlaxoSmithKline and AstraZeneca

[Kachikis A, Englund JA, Covelli I, et al.](#) JAMA Netw Open Sep 1, 2022

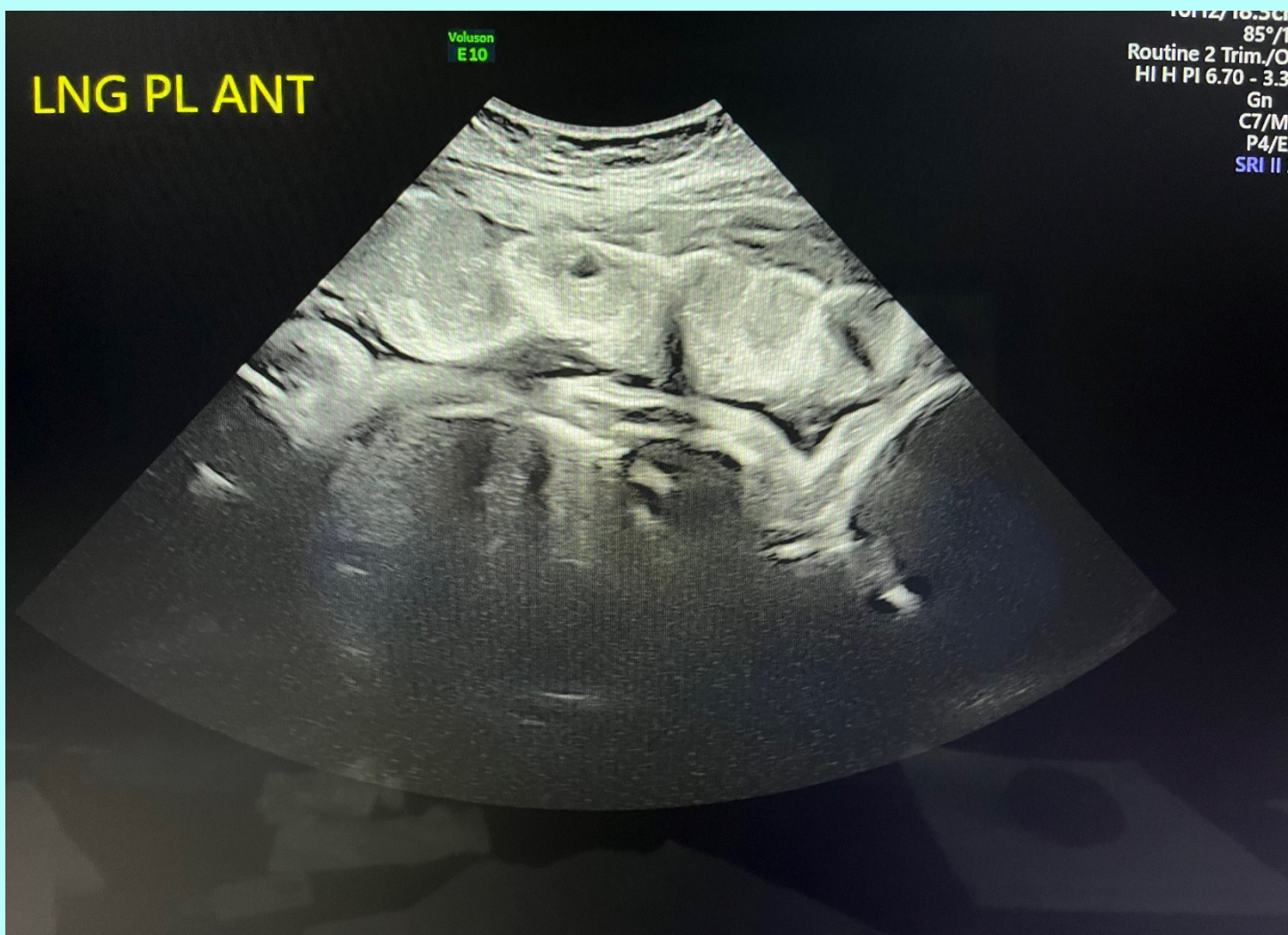


LNG PL ANT

32 yo G2 P0010 at
36 weeks gestation.

Pfizer vaxxed x 3
18 months prior
17 months prior
11 months prior

She has had 43
Vaccines listed on
her chart...



32 yo G2 P0010 at
36 weeks gestation.

Pfizer vaxxed x 3
18 months prior
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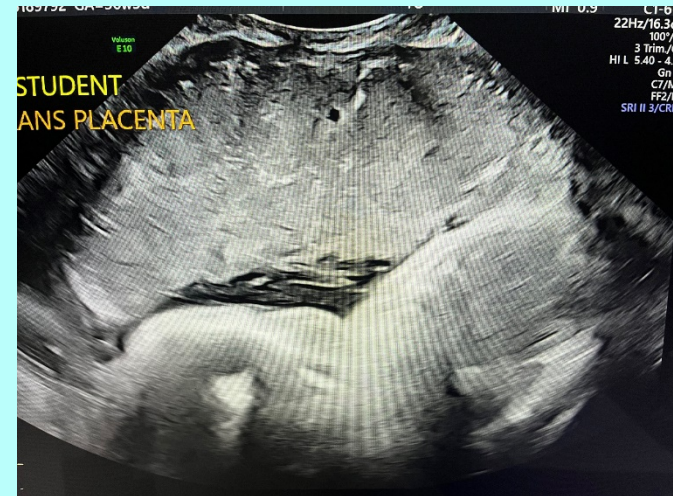
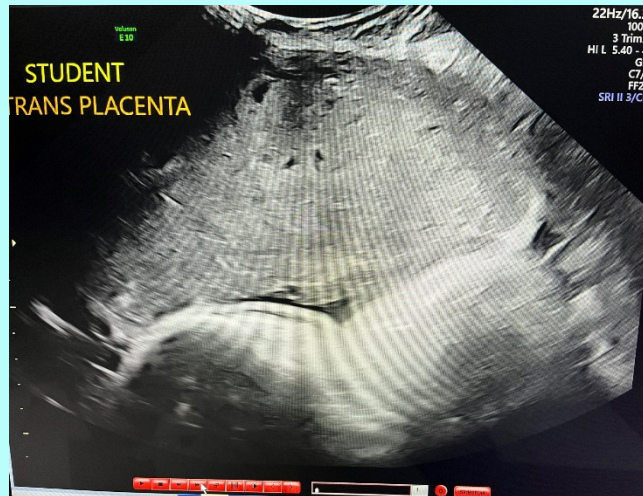
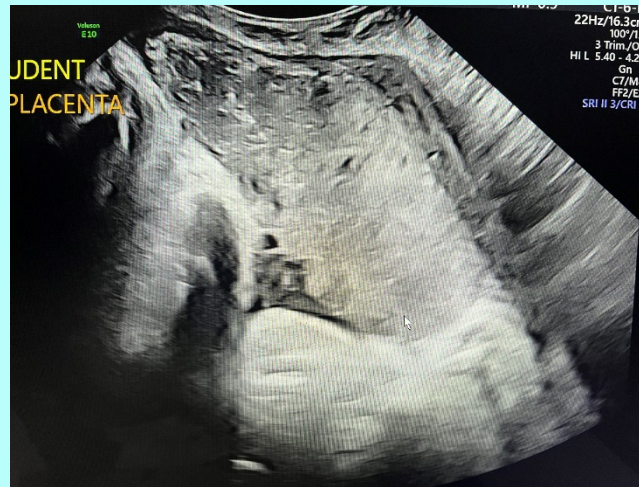
She has had 43
Vaccines listed on
her chart...

Vaccine	Admin Dates
Immunizations	
DPT	9/1/1997, 3/1/1994, 3/1/1993, 1/1/1993, 11/1/1992
FLU VACCINE QUAD IIV4 SPLIT 0.25 ML IM	9/13/2019
FLU VACCINE QUAD IIV4 SPLIT PF IM	10/6/2022, 9/13/2021, 9/11/2020
HEP A PEDS 2 DOSE	7/27/2010, 7/28/2009
HEP B VACCINE, PEDI/ADOL	7/1/1993, 11/1/1992, 10/1/1992
Human Papilloma Virus Vaccine	2/20/2008, 9/17/2007, 7/16/2007
INFLUENZA	9/13/2018, 9/13/2017, 9/13/2016, 9/13/2016, 9/11/2015, 10/1/2014, 9/15/2013, 9/15/2012, 9/20/2011, 9/15/2010
MENINGOCOCCAL MENINGITIS	7/16/2007
MENINGOCOCCAL CONJUGATE (MCV4P)	7/11/2013
MMR	9/23/1997, 12/13/1993
PFIZER SARS-COV-2 COVID-19 VACCINE 0.3ML	11/27/2021, 5/1/2021, 4/10/2021
POLIO IPV	9/1/1997, 3/1/1994, 1/1/1993, 11/1/1992
TD (ADULT), 5 LF TETANUS TOXOID, ADSORBED, PF	11/17/2017
TDAP	8/23/2022, 10/5/2020, 7/16/2007
VARICELLA	7/21/2008, 9/15/1995
Medications	
PPD	5/21/2012

35 yo G10 P4054
36 weeks/5 days
gestation

Pfizer vaxx

22 months ago
18 months ago
10 months ago



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THANK YOU

