Kimberly O. Biss, MD

- Educational
  - BA Biology, Mount Holyoke College, 1989
  - MD, Tufts U. School of Medicine, 1993
  - Surgical Internship, Emory School of Medicine, ’93-’94
  - OBGYN Residency, Bayfront Medical Center, St. Petersburg, FI, graduated 1998
- Professional
  - Private Practice, Bay Gynecological Associates, ‘98-’06
  - WomensCareFI, New Beginnings OBGYN, ‘07-present
  - Medical Leadership ‘06-’23 Orlando Health, Bayfront Hospital, last role Chief of Staff from ‘20-’23
  - Testified for Rep. Marjorie Taylor Greene and other members of Congress 11/2023
- I am speaking to you on my own behalf; I do not represent my employer nor the hospital of which I am on staff in good standing.

Pregnancy Drug Categories

Category	Interpretation	Details
A	Human studies show no risk	Adequate, well-controlled studies in pregnant women have not shown an increased risk of fetal abnormalities to the fetus in any trimester of pregnancy
B	No evidence of risk in studies	Animal studies have revealed no evidence of harm to the fetus, however, there are no adequate and well-controlled studies in pregnant women. OR Animal studies have shown an adverse effect, but adequate and well-controlled studies in pregnant women have failed to demonstrate a risk to the fetus in any trimester.
C	Risk cannot be ruled out	Animal studies have shown an adverse effect and there are no adequate and well-controlled studies in pregnant women. OR No animal studies have been conducted and there are no adequate and well-controlled studies in pregnant women.
D	Positive evidence of risk	Adequate well-controlled or observational studies in pregnant women have demonstrated a risk to the fetus. However, the benefits of therapy may outweigh the potential risk. For example, the drug may be acceptable if needed in a life-threatening situation or serious disease for which safer drugs cannot be used or are ineffective.
X	Contraindicated in pregnancy	Adequate well-controlled or observational studies in animals or pregnant women have demonstrated positive evidence of fetal abnormalities or risks. The use of the product is contraindicated in women who are or may become pregnant.

Thalidomide

- First marketed in 1957 in West Germany by Grunenthal Company for morning sickness
- 1961 danger signal:
  - Estimated 20k fetal deaths
  - Estimated 80k injured
    - Limb (Phocomelia) “flipper babies”, eye, urinary tract, heart problems
- Frances Kelsey (FDA) prevented entry into US market
- Currently approved for use for cancer and Leprosy
- None of the victims received any compensation

DES – Diethylstillbestrol

- Synthetic estrogen = Hormone Blocker
- Prescribed between 1938 -1970's to prevent miscarriages and PTL
  - Estimated *10 million* women exposed
- 1971 linked in utero exposure to:
  - Genital malignancies in women especially clear cell cervix carcinoma
  - Male genital malformations
    - Small penile size, undescended testes
  - Multi-generational – grand and great grand-children affected

TIME LINE For Use of mRNA Injections in Pregnant Women

- 12/11/2020 EUA granted based on Pfizer trial BNT162b2 results
- TRIAL -- Published NEJM 12/31/2020
  - 43448 Participants randomized to mRNA or placebo
    - 18198 mRNA arm – 8 C19 infection – Risk = 0.04%
    - 18325 placebo arm – 162 C19 infection – Risk 0.88%
    - "95% efficacy" was RRR
    - ARR was 0.84% (0.88-0.04); not reported as FDA requires
      - Reduction in MINOR symptoms was 0.84%
      - SEVERE symptoms reduced by 0.037% (never defined in the trial)
    - 119 people needed to be vaccinated to prevent a sore throat in 1 person
    - 2711 people needed to be vaccinated to prevent one severe case
- All participants in placebo arm were supposed to be followed for two years
  - Due to ethical reasons all provided with the vaccine
  - "This report does not address the prevention of Covid-19 in other populations, such as younger adolescents, children, and *pregnant* women." PREGNANT WOMEN NOT ENROLLED IN TRIALS"
- Whistleblower stated many in the mRNA arm developed symptoms of C19 but were not tested for it
- Six months after the trial more participants died in the mRNA arm
- Peer reviewed re-analysis of the trial data showed that one was more likely to suffer a severe AE if vaccinated than to be hospitalized for C19

TIME LINE For Use of mRNA Injections in Pregnant Women

- **12/31/2020** ACOG guidance: defer to ACIP's (Advisory Committee on Immunization Practices) guidelines (link to ACIP) -- First Responders in group 1
- **2/28/2021** Post marketing data (FOIA required to access) (post marketing link)
  - 12/1/2020 – 2/28/2021
    - 126,212,580 doses with 42,086 AEs and 1223 deaths
    - 270 pregnancy cases (238 cases with no outcome provided)
    - 26/32 miscarried = 81%
    - If the remaining 238 had not miscarried = 9.6% miscarriage rate (normal 5-6%)
- **4/16/2021** CDC Director Rochelle Walensky MD MPH and Eric Rubin PhD (NEJM audio link)
  - "Safe and effective in pregnant women"
- **4/2021** ACOG received 11 million dollars to market injections (FOIA'ed information)
- **6/2021** – NEJM Shimabukuro article VSAFE cohort 827 women
  - Safe, miscarriage rates 13% "normal" – actual > 82% (denominator should be 127)
- **7/30/2021** Official SMFM/ACOG statement (same today)
  - Vaccinate all women "thinking of getting pregnant, pregnant, or breast feeding."
- **8/2021** Comirnaty (Pfizer) (First to receive FDA approval) package insert states:
  - "[a]vailable data on COMIRNATY administered to pregnant women are insufficient to inform vaccine-associated risks in pregnancy"

Should I get a COVID-19 vaccine?

Yes, you should get a COVID-19 vaccine. The American College of Obstetricians and Gynecologists (ACOG) strongly recommends vaccination if you are pregnant, breastfeeding, or planning to get pregnant. The vaccines are effective at preventing infection, severe illness, and death from COVID-19, including from new variants.

Getting a vaccine during pregnancy could also help your newborn. When you get vaccinated, the antibodies made by your body may be passed to your fetus. These antibodies may help protect your baby from the virus after birth.

ACOG Pamphlet Link

Sample	Total Lipid concentration (µg lipid equivalent/g [or mL]) (males and females combined)							% of Administered Dose (males and females combined)						
	0.25 h	1 h	2 h	4 h	8 h	24 h	48 h	0.25 h	1 h	2 h	4 h	8 h	24 h	48 h
Lymph node (mandibular)	0.064	0.189	0.290	0.408	0.534	0.554	0.727	--	--	--	--	--	--	--
Lymph node (mesenteric)	0.050	0.146	0.530	0.489	0.689	0.985	1.37	--	--	--	--	--	--	--
Muscle	0.021	0.061	0.084	0.103	0.096	0.095	0.192	--	--	--	--	--	--	--
Ovaries (females)	0.104	1.34	1.64	2.34	3.09	5.24	12.3	0.001	0.009	0.008	0.016	0.025	0.037	0.095
Pancreas	0.081	0.207	0.414	0.380	0.294	0.358	0.599	0.003	0.007	0.014	0.015	0.015	0.011	0.019
Pituitary gland	0.339	0.645	0.868	0.854	0.405	0.478	0.694	0.000	0.001	0.001	0.001	0.000	0.000	0.001
Prostate (males)	0.061	0.091	0.128	0.157	0.150	0.183	0.170	0.001	0.001	0.002	0.003	0.003	0.004	0.003
Salivary glands	0.084	0.193	0.255	0.220	0.135	0.170	0.264	0.003	0.007	0.008	0.008	0.005	0.006	0.009
Skin	0.013	0.208	0.159	0.145	0.119	0.157	0.253	--	--	--	--	--	--	--
Small intestine	0.030	0.221	0.476	0.879	1.28	1.30	1.47	0.024	0.130	0.319	0.543	0.776	0.906	0.835
Spinal cord	0.043	0.097	0.169	0.250	0.106	0.085	0.112	0.001	0.002	0.002	0.003	0.001	0.001	0.001
Spleen	0.334	2.47	7.73	10.3	22.1	20.1	23.4	0.013	0.093	0.325	0.385	0.982	0.821	1.03
Stomach	0.017	0.065	0.115	0.144	0.268	0.152	0.215	0.006	0.019	0.034	0.030	0.040	0.037	0.039
Testes (males)	0.031	0.042	0.079	0.129	0.146	0.304	0.320	0.007	0.010	0.017	0.030	0.034	0.074	0.074
Thymus	0.088	0.243	0.340	0.335	0.196	0.207	0.331	0.004	0.007	0.010	0.012	0.008	0.007	0.008
Thyroid	0.155	0.536	0.842	0.851	0.544	0.578	1.00	0.000	0.001	0.001	0.001	0.001	0.001	0.001
Uterus (females)	0.043	0.203	0.305	0.140	0.287	0.289	0.456	0.002	0.011	0.015	0.008	0.016	0.018	0.022
Whole blood	1.97	4.37	5.40	3.05	1.31	0.909	0.420	--	--	--	--	--	--	--
Plasma	3.97	8.13	8.90	6.50	2.36	1.78	0.805	--	--	--	--	--	--	--
Blood:Plasma ratio[a]	0.815	0.515	0.550	0.510	0.555	0.530	0.540	--	--	--	--	--	--	--

SPERM

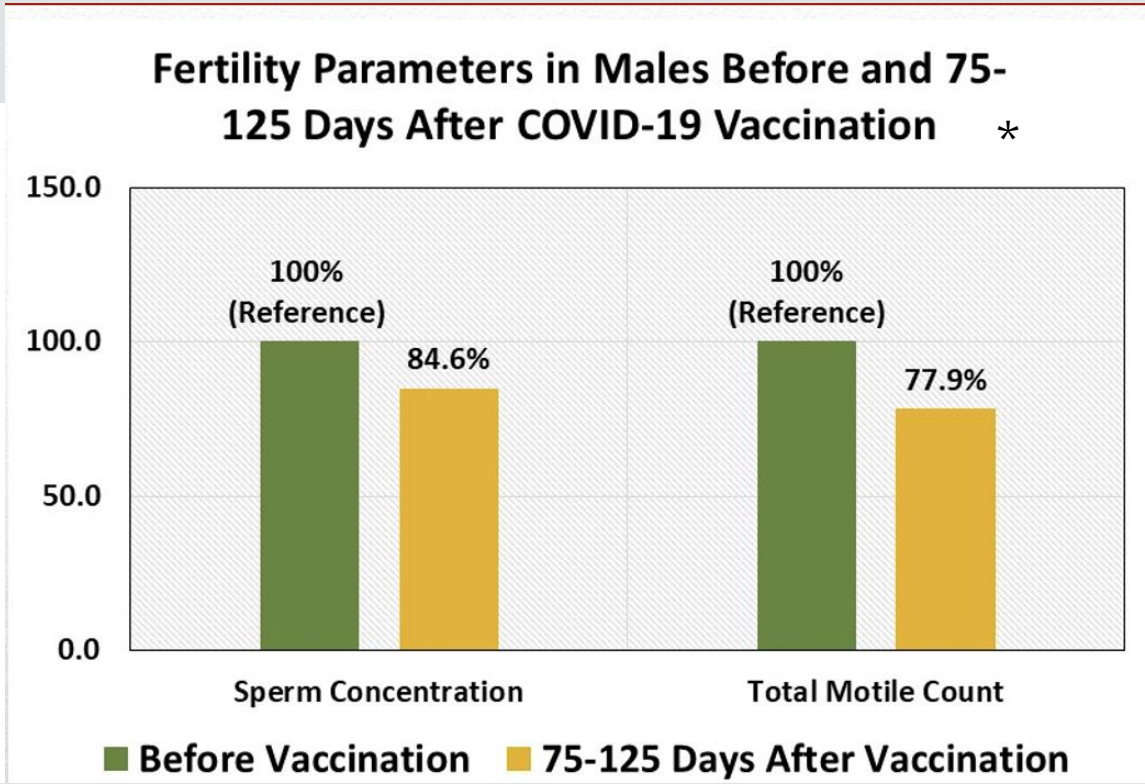
Multicenter Study > Andrology. 2022 Sep;10(6):1016-1022. doi: 10.1111/andr.13209.
Epub 2022 Jun 27.

Covid-19 vaccination BNT162b2 temporarily impairs semen concentration and total motile count among semen donors

Itai Gat [1 2 3], Alon Kedem [2 3 4], Michal Dviri [5], Ana Umanski [1], Matan Levi [4], Ariel Hourvitz [2 3], Micha Baum [3 6]

Affiliations + expand

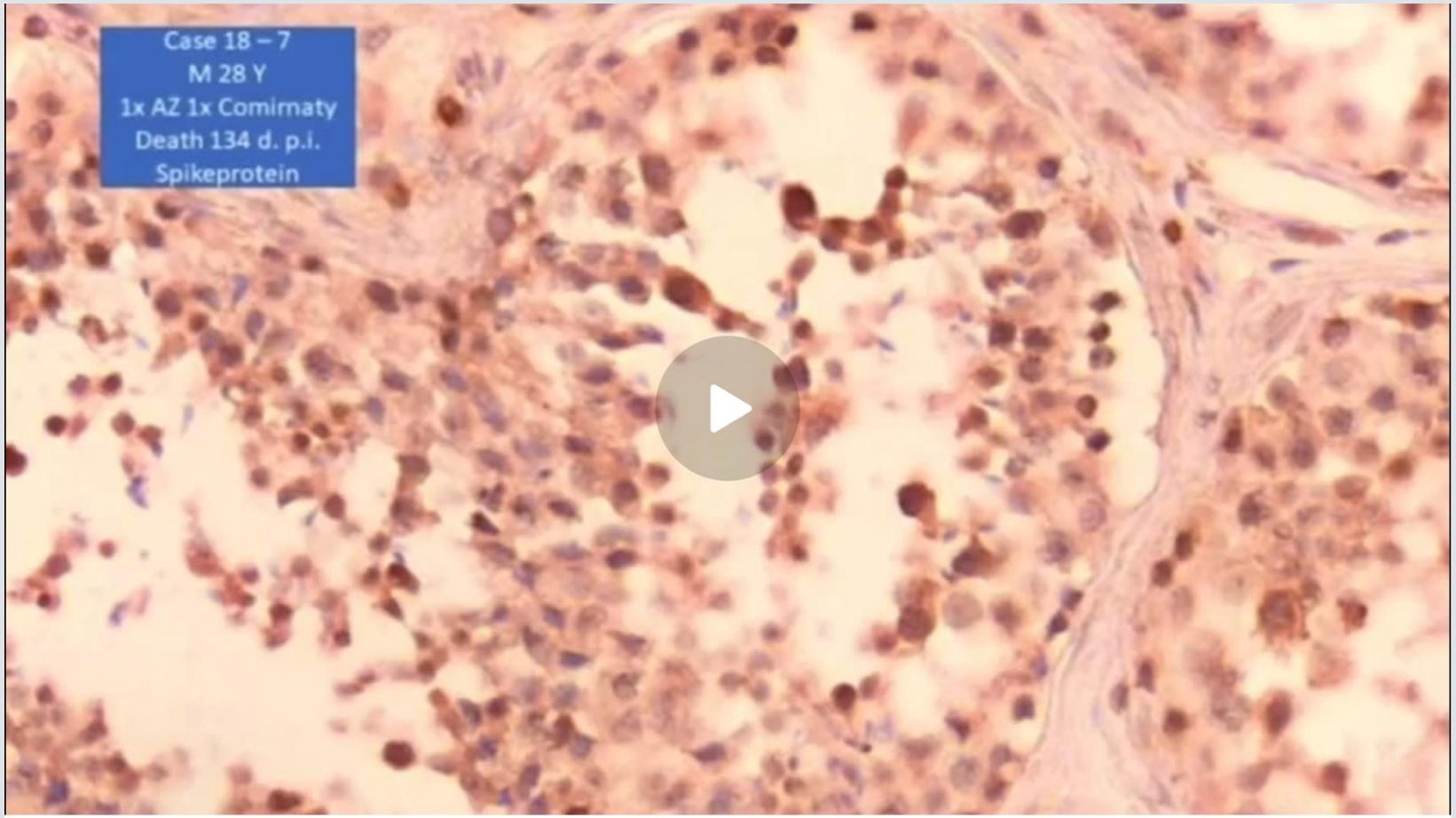
PMID: 35713410 PMCID: PMC9350322 DOI: 10.1111/andr.13209



- Andrology Unit at Shamir Medical Center in Tzrifin, Isreal
- Sperm concentration decreased by 15.4% 75-125 days after vaccination
- Total Motile Sperm count decreased by 22.1% 75-125 days after vaccination

* Brian S. Hooker, PhD, Chief Scientific Officer, Children's Health Defense
drbrianhooker@gmail.com

Post-Mortem Testes 134 days post Comirnaty Injection



Dr Arne Burkhardt Confirms Sperm Has Been Almost Entirely Replaced By Spike Proteins

Link: Dr. B Rumble

Breast Milk

September 26, 2022

Detection of Messenger RNA COVID-19 Vaccines in Human Breast Milk

Nazeeh Hanna, MD[1]; Ari Heffes-Doon, MD[1]; Xinhua Lin, PhD[2]; et al

≫ Author Affiliations | Article Information

JAMA Pediatr. 2022;176(12):1268-1270. doi:10.1001/jamapediatrics.2022.3581

Link: Nazeeh Article

Biodistribution of mRNA COVID-19 vaccines in human breast milk

SEPTEMBER 19, 2023

Nazeeh Hanna,[a,b,] Claudia Manzano De Mejia,[b] Ari Heffes-Doon,[a] Xinhua Lin,[b] Bishoy Botros,[b] Ellen Gurzenda,[b] Christie Clauss-Pascarelli,[c] and Amrita Nayak[a]*

[a]Division of Neonatology, Department of Pediatrics, NYU Langone Hospital—Long Island, New York University Grossman Long Island School of Medicine, 259 First Street, Mineola, NY 11501, USA

[b]Women and Children's Research Laboratory, New York University Grossman Long Island School of Medicine, 259 First Street, Mineola, NY 11501, USA

[c]Department of Pharmacy, NYU Langone Hospital—Long Island, New York University Grossman Long Island School of Medicine, 259 First Street, Mineola, NY 11501, USA

Nazeeh(2) Article Link

From the 4/26/2024 release of VAERS data:

Found 1,841 cases where Vaccine is COVID19 or COVID19-2 and Symptom is Breast feeding or Breast milk discolouration or Drug exposure via breast milk or Exposure during breast feeding or Exposure via breast milk or Intoxication by breast feeding or Maternal exposure during breast feeding or Neonatal insufficient breast milk syndrome

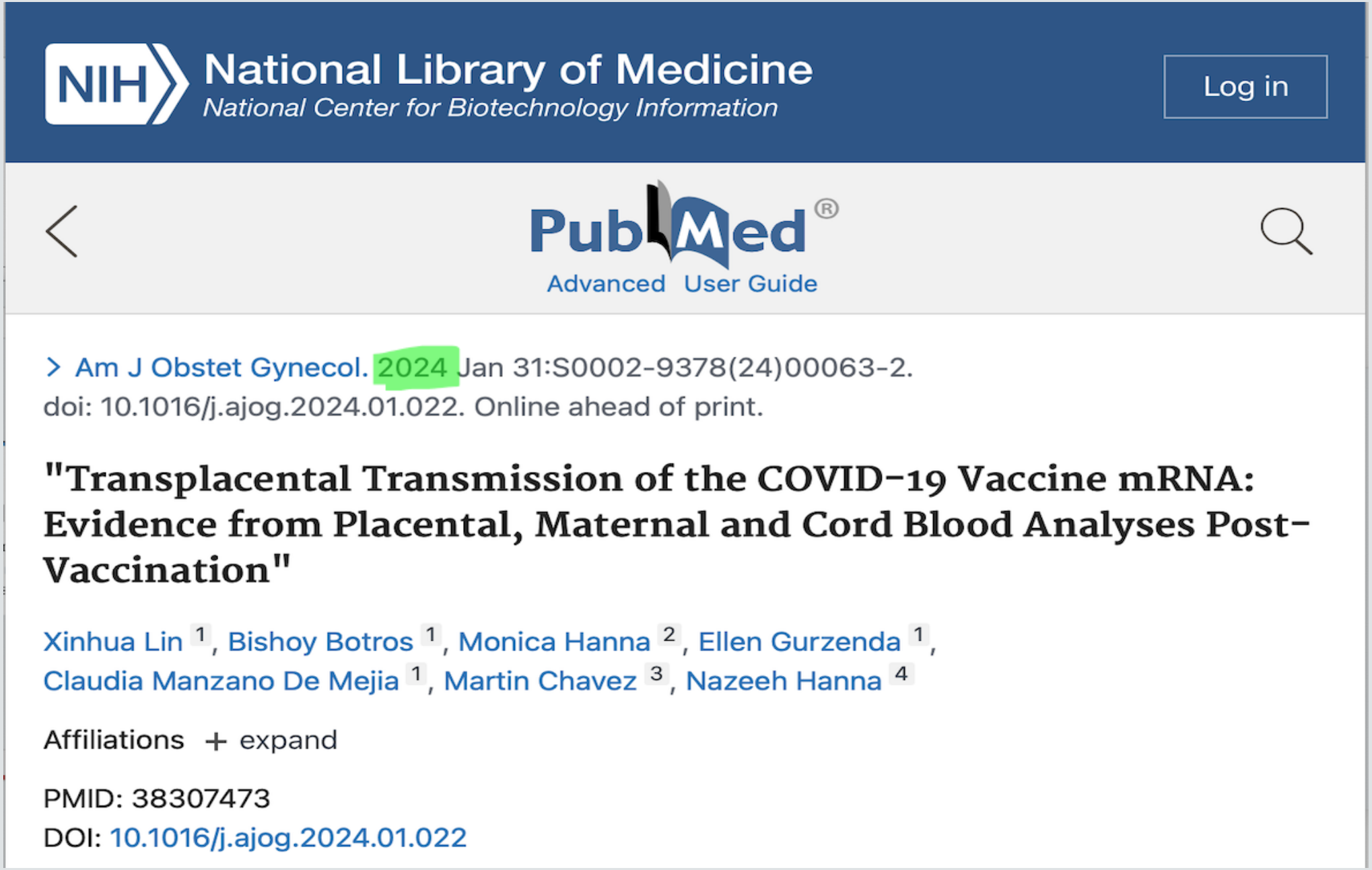
Government Disclaimer on use of this data

Table

Event Outcome	Count	Percent
Death	6	0.33%
Life Threatening	19	1.03%
Permanent Disability	75	4.07%
Birth Defect	11	0.6%
Hospitalized	107	5.81%
Hospitalized, Prolonged	4	0.22%
Emergency Doctor/Room	75	4.07%
Office Visit	182	9.89%
Recovered	531	28.84%
None of the Above	1,050	57.03%
TOTAL	† 2,060	† 111.9%

† Because VAERS cases can have multiple vaccinations, symptoms, and event outcomes, a single case can account for multiple entries in this table. This is why the Total Count is greater than 1,841 (the number of cases found), and the Total Percent is greater than 100.

LINK to VAERS BR DATA



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> Am J Obstet Gynecol. 2024 Jan 31:S0002-9378(24)00063-2.
doi: 10.1016/j.ajog.2024.01.022. Online ahead of print.

"Transplacental Transmission of the COVID-19 Vaccine mRNA: Evidence from Placental, Maternal and Cord Blood Analyses Post-Vaccination"

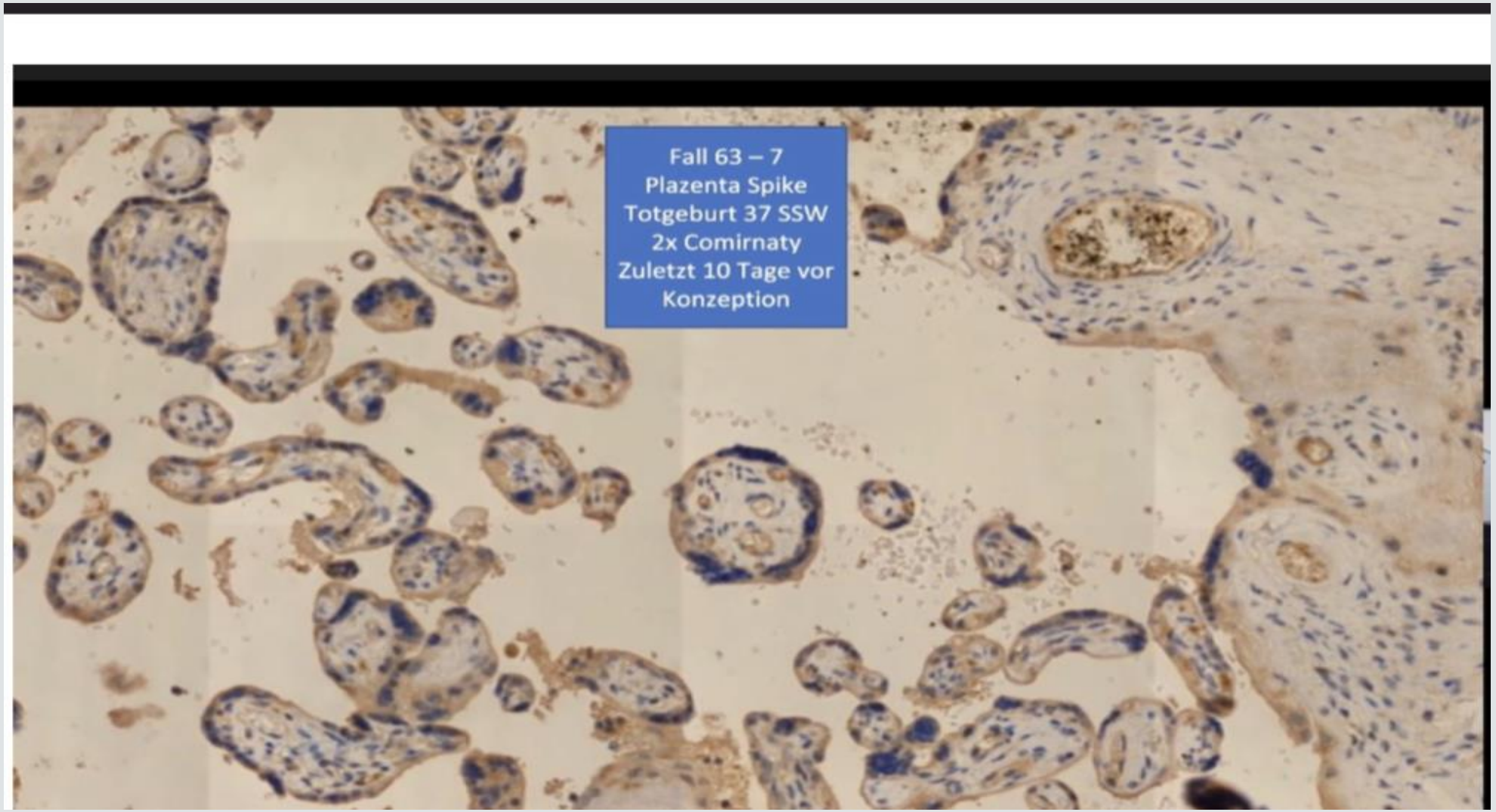
Xinhua Lin [1], Bishoy Botros [1], Monica Hanna [2], Ellen Gurzenda [1], Claudia Manzano De Mejia [1], Martin Chavez [3], Nazeeh Hanna [4]

Affiliations + expand

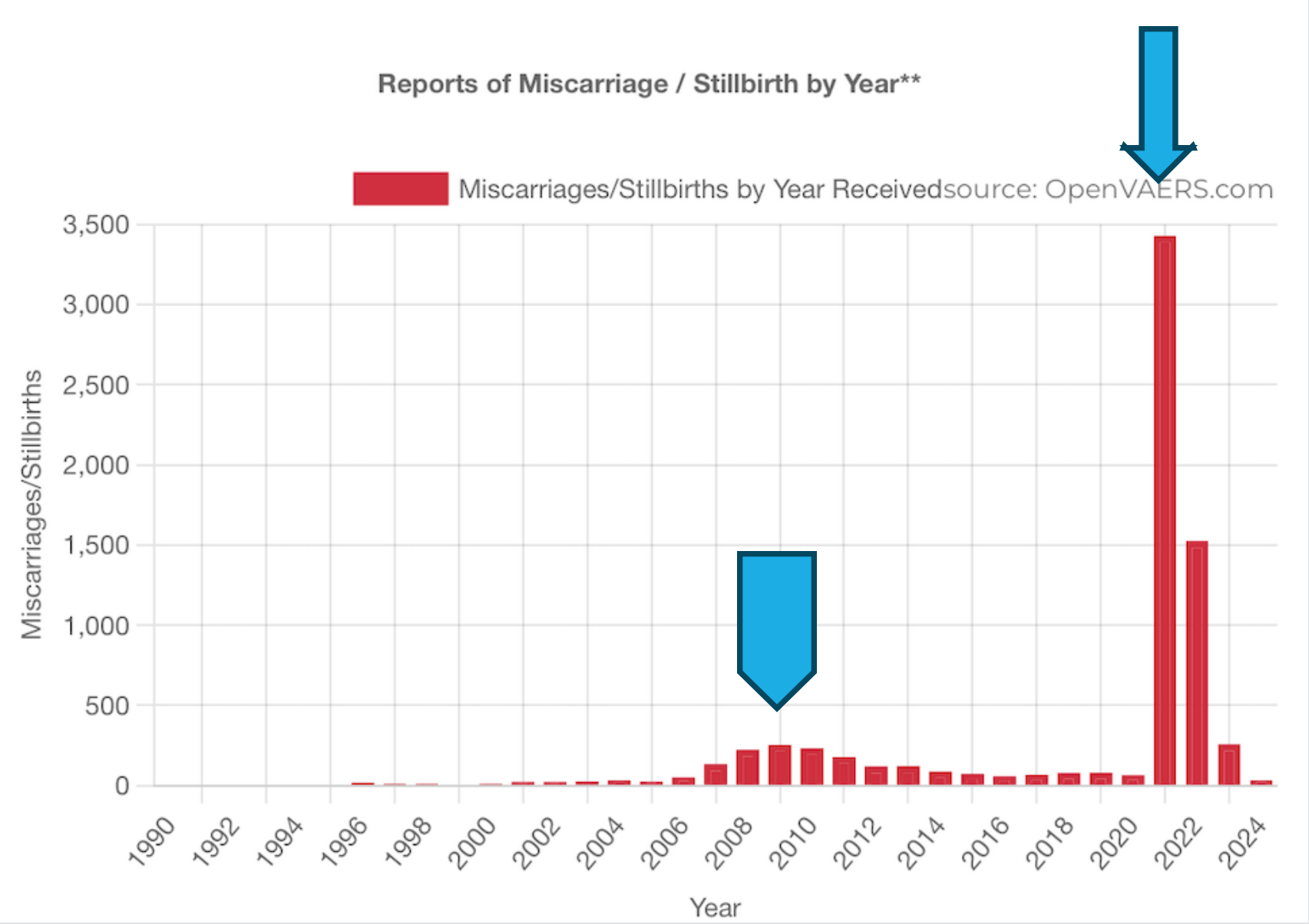
PMID: 38307473
DOI: 10.1016/j.ajog.2024.01.022

Link to Lin Study

Placenta



37 week stillbirth, patient received 2nd dose of Comirnaty 10 days prior to conception



Open VAERS data up to Feb 23, 2024

(2009-2010 H1N1, 2011 TDAP began)

Pfizer 5.3.6 Post-Marketing Dec 14, 2020 to Feb 28, 2021

270 pregnant mothers

238/270 had NO follow-up

124/270 (46%) with complications

25/32 with miscarriage also termed spontaneous abortion (SAB)

1/32 "missed abortion" also an SAB

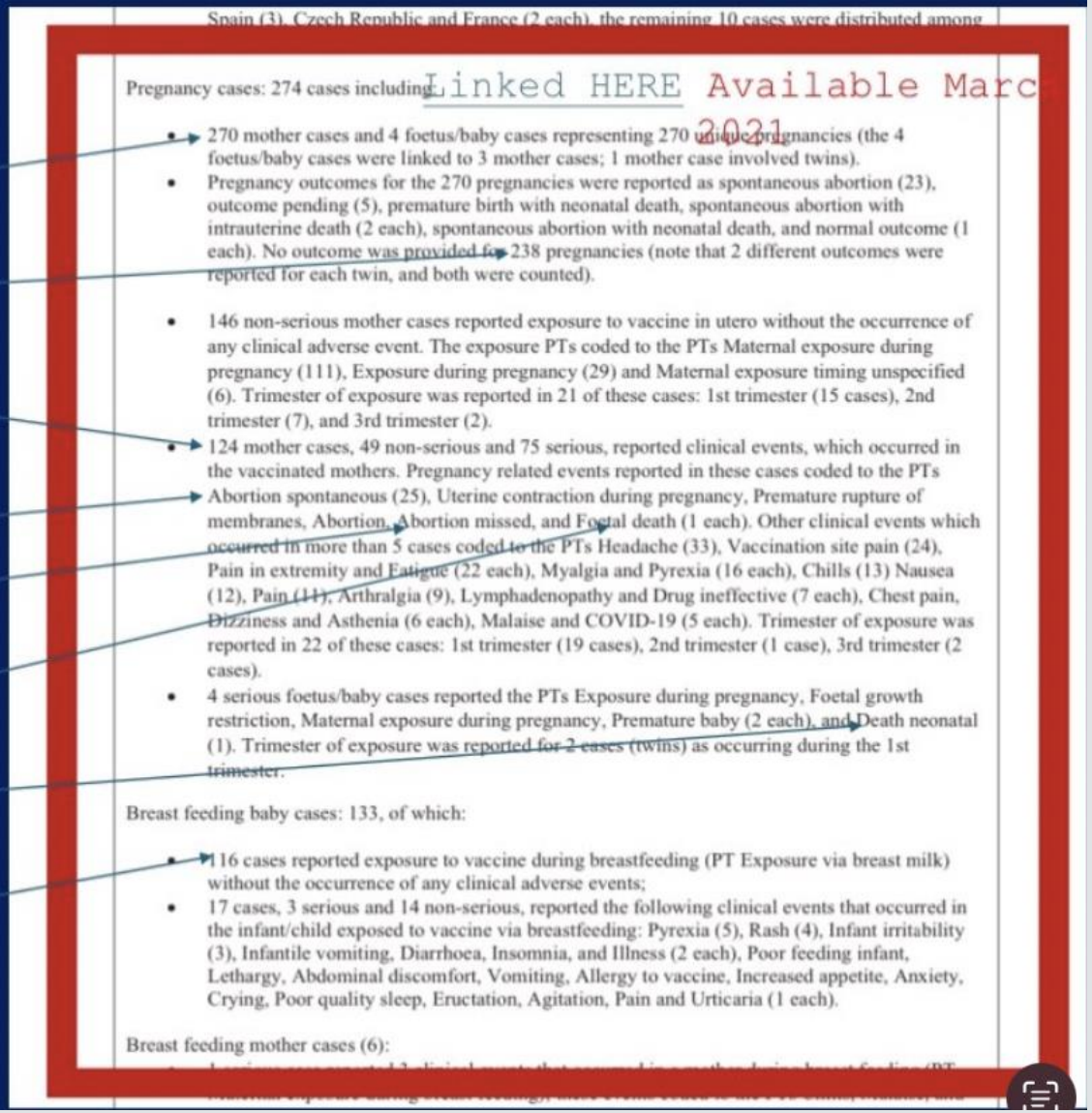
26/32 or 81% miscarriage rate (SAB)

1/32 fetal death (stillbirth) rate of 31/1000 with an expected rate of 5.8/1000 – 5X

1/32 neonatal death rate of 31/1000 with an expected rate of 3.9/1000 – 7.9 X

Breastfeeding complications in 17/116 or 14.7% of babies

The deadliest, most injurious drug ever rolled out in medicine & pushed in pregnancy



Spain (3), Czech Republic and France (2 each), the remaining 10 cases were distributed among

Linked HERE Available Marc 2021

Pregnancy cases: 274 cases including:

- 270 mother cases and 4 foetus/baby cases representing 270 unique pregnancies (the 4 foetus/baby cases were linked to 3 mother cases; 1 mother case involved twins).
- Pregnancy outcomes for the 270 pregnancies were reported as spontaneous abortion (23), outcome pending (5), premature birth with neonatal death, spontaneous abortion with intrauterine death (2 each), spontaneous abortion with neonatal death, and normal outcome (1 each). No outcome was provided for 238 pregnancies (note that 2 different outcomes were reported for each twin, and both were counted).

- 146 non-serious mother cases reported exposure to vaccine in utero without the occurrence of any clinical adverse event. The exposure PTs coded to the PTs Maternal exposure during pregnancy (111), Exposure during pregnancy (29) and Maternal exposure timing unspecified (6). Trimester of exposure was reported in 21 of these cases: 1st trimester (15 cases), 2nd trimester (7), and 3rd trimester (2).
- 124 mother cases, 49 non-serious and 75 serious, reported clinical events, which occurred in the vaccinated mothers. Pregnancy related events reported in these cases coded to the PTs Abortion spontaneous (25), Uterine contraction during pregnancy, Premature rupture of membranes, Abortion, Abortion missed, and Foetal death (1 each). Other clinical events which occurred in more than 5 cases coded to the PTs Headache (33), Vaccination site pain (24), Pain in extremity and Fatigue (22 each), Myalgia and Pyrexia (16 each), Chills (13) Nausea (12), Pain (11), Arthralgia (9), Lymphadenopathy and Drug ineffective (7 each), Chest pain, Dizziness and Asthenia (6 each), Malaise and COVID-19 (5 each). Trimester of exposure was reported in 22 of these cases: 1st trimester (19 cases), 2nd trimester (1 case), 3rd trimester (2 cases).
- 4 serious foetus/baby cases reported the PTs Exposure during pregnancy, Foetal growth restriction, Maternal exposure during pregnancy, Premature baby (2 each), and Death neonatal (1). Trimester of exposure was reported for 2 cases (twins) as occurring during the 1st trimester.

Breast feeding baby cases: 133, of which:

- 116 cases reported exposure to vaccine during breastfeeding (PT Exposure via breast milk) without the occurrence of any clinical adverse events;
- 17 cases, 3 serious and 14 non-serious, reported the following clinical events that occurred in the infant/child exposed to vaccine via breastfeeding: Pyrexia (5), Rash (4), Infant irritability (3), Infantile vomiting, Diarrhoea, Insomnia, and Illness (2 each), Poor feeding infant, Lethargy, Abdominal discomfort, Vomiting, Allergy to vaccine, Increased appetite, Anxiety, Crying, Poor quality sleep, Eructation, Agitation, Pain and Urticaria (1 each).

Breast feeding mother cases (6):

ORIGINAL ARTICLE

Preliminary Findings of mRNA Covid-19 Vaccine Safety in Pregnant Persons

Tom T. Shimabukuro, M.D., Shin Y. Kim, M.P.H., Tanya R. Myers, Ph.D., Pedro L. Moro, M.D., Titilope Oduyebo, M.D., Lakshmi Panagiotakopoulos, M.D., Paige L. Marquez, M.S.P.H., Christine K. Olson, M.D., Ruiling Liu, Ph.D., Karen T. Chang, Ph.D., Sascha R. Ellington, Ph.D., Veronica K. Burkel, M.P.H., et al., for the CDC v-safe COVID-19 Pregnancy Registry Team*

RESULTS

A total of 35,691 v-safe participants 16 to 54 years of age identified as pregnant. Injection-site pain was reported more frequently among pregnant persons than among nonpregnant women, whereas headache, myalgia, chills, and fever were reported less frequently. Among 3958 participants enrolled in the v-safe pregnancy registry, 827 had a completed pregnancy, of which 115 (13.9%) were pregnancy losses and 712 (86.1%) were live births (mostly among participants vaccinated in the third trimester). Adverse neonatal outcomes included preterm birth (in 9.4%) and small size for gestational age (in 3.2%); no neonatal deaths were reported. Although not directly comparable, calculated proportions of adverse pregnancy and neonatal outcomes in persons vaccinated against Covid-19 who had a completed pregnancy were similar to incidences reported in studies involving pregnant women that were conducted before the Covid-19 pandemic. Among 221 pregnancy-related adverse events reported to the VAERS, the most frequently reported event was spontaneous abortion (46 cases).

CONCLUSIONS

Preliminary findings did not show obvious safety signals among pregnant persons who received mRNA Covid-19 vaccines. However, more longitudinal follow-up, including follow-up of large numbers of women vaccinated earlier in pregnancy, is necessary to inform maternal, pregnancy, and infant outcomes.

Table 4:

< 20 weeks --104/827 = 12.6 %

Correct Denominator is 127

Actual Miscarriage Rate = 82%

Published June 2021

Shimabukuro Article Link

My Data Presented to Member of Congress 11/2023

UNACCEPTABLE JESSICA

Real time obstetrician/ gynecologist's data on new patients and miscarriages for 2021 and 2022 (and now 2020 for baseline)

Direct from the horse's mouth...

JESSICA ROSE

NOV 18, 2022 AT 9:02 AM

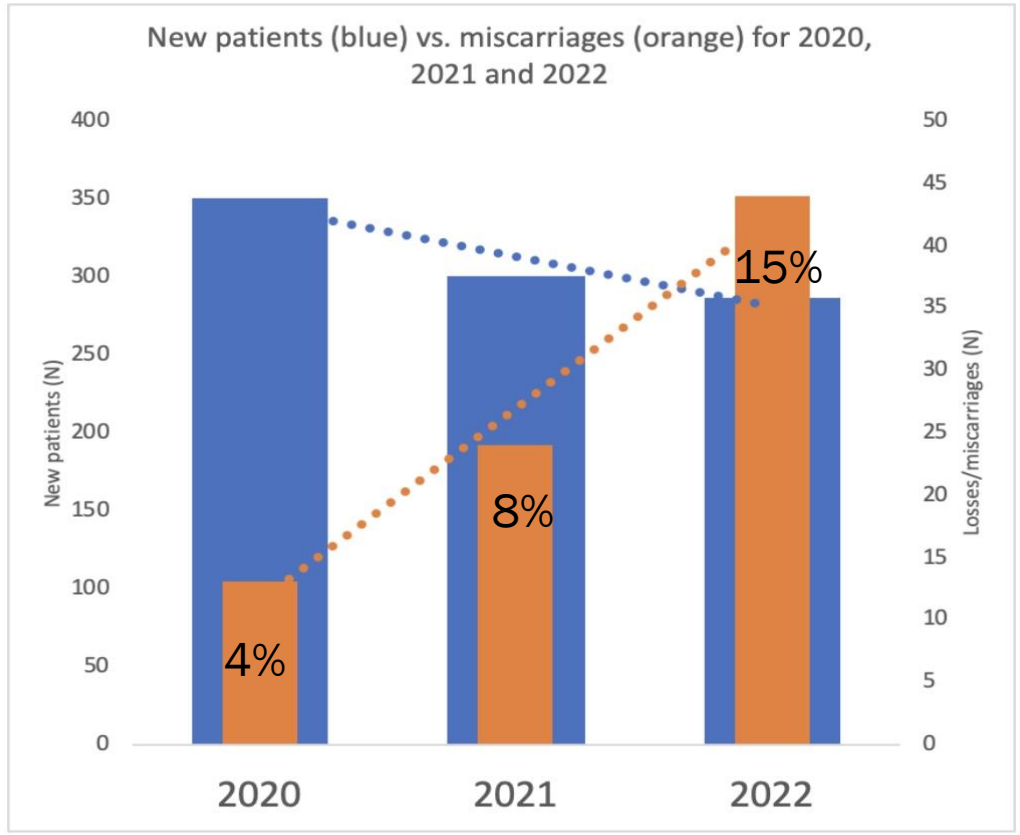


Figure i: New patients versus miscarriages for 2020, 2021 and 2022.

Rose Substack Link

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RESEARCH ARTICLE

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

- VAERS database queried for AEs from 1/1/1990 – 4/26/2024
  - 412 months for
    - Influenza vaccines
    - All vaccines (excluding Covid)
  - 40 months for the Covid-19 vaccines
  - 35 pregnancy-related AEs identified
- Statistics Used
  - PRRs (Proportional Reporting Ratios)
  - Fisher Exact and Chi-square analysis in cases where there were zero AEs in the comparison groups
  - All p values were <= 0.001 (significant if $p<0.05$)
- FDA guidelines
  - PRR >= 2 (lowest 5.37 / highest 175)
  - Chi-Square >=4 (lowest 28.9 / highest 148). Link to article

35 Adverse Events in VAERS

Miscarriage 3494/315/936	Stillbirth 477/68/175	Cervical Incompetence 10/2/9	Pre-eclampsia 147/26/96	Insufficient Breast Milk 10/0/0	Placental Calcifications 5/0/2	Placental Infarction 5/0/2
Placental Insufficiency 24/0/2	Placental Disorder 41/17/55	Placental Thrombosis 6/0/0	Placental Accreta 3/0/0	Placental Abruption 90/14/44	Reduced Amniotic Fluid 17/1/11	Chromosomal Abnormality 17/0/2
Fetal Growth Restriction 21/0/1	Fetal Heart Rate Abnormality 228/48/94	Fetal Cardiac Arrest 21/2/2	Fetal Cardiac Disorder 22/4/8	Fetal Malformation 40/2/8	Fetal Distress 18/6/27	Fetal Vascular Mal- perfusion 19/0/0
Fetal BPP Abnormality 4/0/0	Premature Delivery 404/142/356	Premature Rupture of the Membranes 114/14/53	Premature Labor 189/53/223	Neonatal Death 12/0/1	Neonatal Asphyxia 8/0/3	Neonatal Infection 5/0/4
Neonatal Resp. Distress 12/0/7	Neonatal RDS 12/0/23	Neonatal Seizure 7/0/6	Neonatal Hemorrhage 4/0/0	Neonatal Pneumonia 4/0/1	Fetal-Maternal Hemorrhage 7/1/1	Hemorrhage in Pregnancy 164/7/25

Adverse Event (AE)	C19 Vaccines over 40 Months vs Influenza Vaccines over 412 Months	C19 Vaccines over 40 Months vs All Other Vaccines over 412 Months
Miscarriage 3494/315/936	PRR 114 95% CI: 81-161 p<0.0001, z statistic 27.0	PRR 38.4 95% CI: 27-53.6 p<0.0001, z statistic 21.5
Stillbirth 477/68/175	PRR 72.3 95% CI: 47.8 – 109 p<0.0001, z statistic 20.4	PRR 28.1 95% CI: 19.4 – 40.6 p<0.0001, z statistic 13.0
Insufficient Breast Milk 10/0/0	Significantly increased in Covid-19 vs Influenza Vaccines Fishers Exact p < 0.000001 Chi-square 84.0	Significantly increased in Covid-19 vs All Other Vaccines Fishers Exact p < 0.00001 Chi-square 84.0

Possible mechanisms for Miscarriage:

- Dr. Yeadon and Dr. Sucharit Bhakdi
  - *Syncytiotrophoblast* layer develops day 7 after fertilization
  - Implants into endometrium
  - Secretes hcg (Human Chorionic Gonadotropin) –for production of progesterone
  - Contains proteins similar to spike protein
- Inflammation—LNPs and/or Spike?
  - Not ideal for fertilization or pregnancy in general
- Endocrine– ovary/testes/pituitary ?
  - Menstrual abnormalities
- Clotting (micro) – may be similar to those seen by embalmers
- Possible DNA integration
- Spike protein may bind to estrogen receptors
  - Link to JROSE substack Dec 2022

Other Issues Gynecology:

- Breast Cancer
- Abnormal Pap Smears increased 15%
- Infertility
- Abnormal Uterine Bleeding

Message Detail

Date: 7/13/2022 3:53:09 PM
Category:
Subject: Statement Regarding Misinformation and Disinformation and Medical Professionalism

Mark Unread

The American Board of Obstetrics and Gynecology (ABOG) issued a statement regarding Dissemination of COVID-19 Misinformation on September 27, 2021. The following statement reiterates and expands ABOG's position.

Patients rely on physicians to practice medicine based on fact-based scientific data. ABOG standards and policies for certification and maintenance of certification have clear expectations about medical professionalism and professional standing that physicians agree to as part of the certification process. Intentionally providing misinformation and disinformation that may harm patients or public health does not meet these agreed-upon standards and may be grounds for adverse action on an OB GYN's certification status.

Free speech is a right in our country, and medical providers may practice according to their conscience and religious, moral, and ethical values. Diplomates are not required to provide services that conflict with these values. Facts, science, and evidence-based medicine are critically important guides to OB GYN clinical practice. The dissemination of misinformation and disinformation not only involves COVID-19, but is a threat to the access to and the ability to provide legal and safe evidence-based comprehensive reproductive health care, including contraception and abortion. Opinions publicized by OB GYNs about COVID-19, reproductive health care, and abortion should reflect the specialty's commitment to scientific and clinical excellence and to the needs of our patients.

Misinformation and disinformation about contraception and abortion can create false narratives about essential safe practices in the specialty. In addition, false or misleading information from board-certified medical professionals can also be used to advocate for legislation, regulations, criminal code, and health policy. ABOG considers the dissemination of misinformation and disinformation that may threaten the health of the patients who place their trust in its diplomates to be a violation of medical professionalism.

ABOG will review reports of dissemination of misinformation and disinformation about COVID-19, reproductive health care, contraception, abortion, and other OB GYN practices that may harm the patients we serve or public health. Eligibility to gain or maintain ABOG certification may be lost if ABOG determines that diplomates do not meet the standards that they have agreed to meet and that the public deserves and expects.