Weighing In: How GLP-1s Fit into Your Pregnancy Plans

Thinking about pregnancy while also worrying about weight can feel stressful. You are not alone—about 6 in 10 women in the U.S. are overweight or have obesity. Talking about weight can be hard, but it is an important part of planning for a healthy pregnancy.

This blog will explain how weight can affect pregnancy, what GLP-1 medications are, and what we know so far about their use before and during pregnancy.

Why Is Managing Weight Before Pregnancy So Important?

Being overweight or having obesity increases the chance for several pregnancy-related problems, including:

- Miscarriage
- Birth defects
- Preterm delivery (before 37 weeks)
- Gestational diabetes
- High blood pressure during pregnancy
- Stillbirth
- Cesarean delivery
- Thromboembolic events (blood clots)

You can read more about obesity and pregnancy in our factsheet here:
https://mothertobaby.org/fact-sheets/obesity-pregnancy/

The good news is even a small weight loss—just 5–7% of your body weight—before pregnancy can improve health and pregnancy outcomes. Starting before you get pregnant is best. Some people do this through healthy eating and exercise, while others may need surgery or medication.

What Are GLP-1 Medications?

GLP-1s are medicines that act like a natural hormone in your body. They help control blood sugar, slow down digestion, and make you feel full longer. This can lead to weight loss. Most GLP-1s are given as shots. The best-known ones are liraglutide (Victoza®) and semaglutide (Ozempic®, Wegovy®, Rybelsus®). These are also the ones most studied in pregnancy so far.

Can I Use GLP-1s While Trying to Get Pregnant?

The current product labels recommend stopping GLP-1 medications at least 2 months before pregnancy. The time it takes the body to process medication is not the same for everyone. In healthy non-pregnant women, it can take up to 6 weeks, on average, for most of the GLP-1s to be gone from the body.

Stopping the medicine can sometimes cause weight gain, which can feel frustrating. Because of this, some people choose to continue until they know they are pregnant. It's best to talk with your healthcare provider about the risks and benefits for you.

What Do We Know About GLP-1s in Pregnancy?

Here's what research tells us so far:

- Studies including over 1,000 women exposed to GLP-1s during the first trimester have not shown an increased chance of birth defects.
- A study of 168 pregnancies with first-trimester exposure to GLP-1s did not show increased chance of miscarriage, preterm delivery, stillbirth, or SGA infants (small for gestational age-infants whose birth weight is below the 10^{th} percentile for their gestation age).

It's important to remember that every pregnancy has a baseline risk:

- Out of all babies born each year, about 3 out of 100 (3%) will have a birth defect
- 15 to 20 out of every 100 (15-20%) pregnancies end in miscarriage

These typically occur in the first trimester — whether or not medication is used.

Why Are GLP-1s Not Recommended During Pregnancy?

At this time, continuing GLP-1s after pregnancy is confirmed is not recommended for two main reasons:

- Weight loss during pregnancy is not advised. Losing weight while pregnant may increase the chances of having a baby with SGA, which can lead to complications such as:
    - Low oxygen levels
    - Low Apgar scores (grading system in newborns to define their wellbeing)
    - Meconium aspiration (breathing in the first bowel movement)
    - Hypoglycemia (low blood sugar)
    - Difficulty maintaining body temperature
    - Polycythemia (too many red blood cells)

- We lack research on GLP-1s in the second and third trimesters. Without research studies on the use in the second and third trimester, we don't know if use of GLP-1s could increase the chances of other pregnancy-related problems.

Finding the Path That's Right for You

Your journey is unique, and there's no simple answer. That's why it's so important to talk with your healthcare provider about the best way to approach weight management before pregnancy. As Dr. Sarah Obican so masterfully said in a previous Baby Blog post:

"Each of us are beautifully individual" — and our weight loss and pregnancy journeys are beautifully individual, too.

Final Thoughts

Whether you're already on a weight loss journey or just starting to think about pregnancy, you deserve support and trusted information. We're here to help you every step of the way.

Helpful Links:

Factsheets:

- Obesity and Pregnancy:https://mothertobaby.org/fact-sheets/obesity-pregnancy/
- Semaglutide: https://mothertobaby.org/fact-sheets/semaglutide/

Baby Blogs:

- Battling Obesity Ahead of Pregnancy is 'Beautifully Individual':https://mothertobaby.org/baby-blog/battling-obesity-ahead-of-pregnancy-is-beautifully-individual/

Podcasts:

- Ep. 84: GLP-1 Medications & Pregnancy: What We Know So Far: https://mothertobaby.org/podcast/ep-84-glp-1-medications-pregnancy-what-we-know-so-far/
- Ep. 64: Weight Loss and Ozempic in Pregnancy: https://mothertobaby.org/podcast/ep-64-weight-loss-and-ozempic-in-pregnancy/

Have questions about a specific medication or concern? Reach out to our MotherToBaby experts by phone, text, email or live chat at MotherToBaby.org.

Questions? Call 866.626.6847 | Text 855.999.3525 | Email or Chat at MotherToBaby.org.

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Atopic dermatitis, commonly known as eczema, is a condition that makes the skin itchy and inflamed and can cause red or darker colored patches during a flare-up. Symptoms can be mild, moderate, or severe and can come and go. If you are one of the many people who are pregnant and dealing with this itchy, inflamed skin issue, you are not alone. Atopic dermatitis is common in pregnancy. Over half of people with eczema develop symptoms for the first time during their pregnancy. Hormonal changes in pregnancy can make symptoms worse.

There are many ways your healthcare providers may treat your atopic dermatitis during pregnancy. Treatment may be topical (used on the skin) such as moisturizers and creams or systemic (medication taken by mouth or by injection). Information on specific medications can be found in our fact sheets at https://mothertobaby.org/fact-sheets/ or by contacting a MotherToBaby specialist at 866.626.6847.

Generally, the first line of treatment in pregnancy is topical because of the route of exposure. The developing baby is exposed to things in a pregnant woman's blood. When you take a medication by mouth or swallow something, we know that is very likely to enter the bloodstream, where it can then potentially cross the placenta and reach the baby. With most topical products, the skin serves as a good barrier, so it is not expected that a significant amount of the product would be able to enter the pregnant woman's blood where it can then reach the baby. This is especially true when the topical product is used on small areas of the body, used infrequently, or used on healthy (non-broken) skin.

If topical treatment is not working for you, fear not, there may be a glimmer of hope – light therapy.

Understanding Light Therapy:

Light therapy, also known as phototherapy, is a treatment option for atopic dermatitis that involves exposing the skin to ultraviolet (UV) light under controlled conditions. There are various types of light therapy including: narrowband (NBUVB), broadband (BBUVB), UVA, UVA1, full-spectrum light, saltwater bath plus UVB (balneophototherapy), psoralen

plus UVA (PUVA), and other forms of phototherapy. UV light is the same light that comes from the sun, and it is not radiation. This therapy aims to reduce inflammation and itchiness, ultimately improving the overall condition of the skin.

Light Therapy During Pregnancy:

While there's limited research on light therapy during pregnancy, it is not expected to increase the chance of pregnancy complications. Most of the types of light are not expected to be absorbed through the skin and reach the developing baby. However, while NBUVB and BBUVB phototherapy can be used during pregnancy, they may reduce folic acid levels. Folic acid is very important for baby's development especially in the first trimester of pregnancy. Make sure you talk with your healthcare provider about folic acid supplementation and monitoring folic acid levels if you do need to get phototherapy in the first trimester. You may find our factsheet on folic acid helpful here: https://mothertobaby.org/fact-sheets/folic-acid/. Additionally, psoralen plus ultraviolet A (PUVA) light therapy should be avoided during pregnancy due to increased chance of low birth weight (weighing less than 5 pounds, 8 ounces [2500 grams] at birth).

In order to learn more about how atopic dermatitis and light therapy may affect pregnancy, MotherToBaby is currently enrolling people who are pregnant in the Eczema & Pregnancy Study. You can make an impact on the health of future families today by joining the study. Learn more about the study here: https://mothertobaby.org/ongoing-study/eczema-moderate-to-severe-atopic-dermatitis/

Protecting the Skin:

Your healthcare provider may recommend using sunscreen for additional skin protection after light therapy. Sunscreen ingredients such as avobenzone, homosalate, octisalate, and octocrylene may be absorbed through the skin in small amounts with regular use, especially if they are used on large areas of the body. However, there is no proven increased risk to a pregnancy from using these ingredients. Mineral sunscreens contain zinc or titanium which are physical blocking agents and stay on top of the skin. That means they are not absorbed through the skin and are not expected to reach the developing baby. More information is available on our blog: https://mothertobaby.org/baby-blog/screening-your-sunscreen-during-pregnancy/

As with any medical treatment during pregnancy, it's essential to weigh the potential risks and benefits with your healthcare provider.

Things to Consider:

Before diving into light therapy, here are a few things to consider:

1. Consult Your Healthcare Provider: Always consult with your healthcare provider before starting any new treatment, especially during pregnancy. Your healthcare provider can help you assess potential risks and determine if light therapy, and what type of light therapy, is right for you.

2. Alternative Treatments: If light therapy isn't suitable for you during pregnancy, don't worry! There may be other treatment options available that can help manage your symptoms. Information on specific medications can be found in our fact sheets at https://mothertobaby.org/fact-sheets/ or by contacting a MotherToBaby specialist at 866.626.6847.

3. Consider Joining the MotherToBaby Eczema & Pregnancy Study: Are you interested in joining our community of expecting parents who are sharing their pregnancy journey with our study team? If you would like more information, visit https://mothertobaby.org/ongoing-study/eczema-moderate-to-severe-atopic-dermatitis/ or call 877-311-8972.

In Conclusion:

Atopic dermatitis can be challenging to manage, especially during pregnancy. However, light therapy offers a ray of hope for many people who are pregnant and struggling with this skin condition. Remember to always consult with your healthcare provider to determine the best course of action for you and your baby. You've got this!

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Katie recently reached out to us; she told us that she has lupus and has been taking hydroxychloroquine for years to successfully manage her lupus symptoms. Her concern? "I just found out I am pregnant and my rheumatologist was not sure if I can continue taking hydroxychloroquine during pregnancy. I am worried for my baby but I am also worried about stopping my lupus medication since it helps my symptoms so much. I haven't had a flare in over a year! I can

suffer through the flares if I have to, but I don't want to harm my baby. I don't know what to do.'

Katie's concerns about how to balance the management of her chronic health condition against her baby's health during pregnancy are not uncommon. Generally, the healthier a woman is during pregnancy, the better it is for both them and their baby. When taking medication during pregnancy, the risks and benefits of taking or not taking the medication should be carefully considered. More specifically, could the untreated condition cause more problems than taking the medication?

What is lupus and how could it affect a pregnancy?

Lupus, also known as systemic lupus erythematosus (SLE), is an autoimmune disease that affects many different parts of the body. The symptoms are variable; however, the kidneys, joints, and skin are commonly affected. It is very important for both the health of the pregnancy as well as the health of the woman who is pregnant to achieve optimal control of lupus and maintain that control without flares (relapses in symptoms) throughout the pregnancy. For those who are planning a pregnancy, it is generally advised that at least 6 months without flares reduces the chances of pregnancy-related problems.

Lupus, especially if not well controlled, can cause serious health complications for both the woman who is pregnant as well as the baby. These complications include nephritis (inflammation of the kidneys that causes difficulty filtering waste from the body) and blood conditions such as anemia (a condition in which you don't have enough healthy red blood cells to carry adequate amounts of oxygen to your body's tissues) and thrombocytopenia (a condition in which the blood does not clot as fast as it should, which can cause excess blood loss). Inflammation in the lungs, heart, or brain can also occur and cause serious health problems.

People who have lupus also have a higher chance to develop high blood pressure during pregnancy and preeclampsia (a pregnancy-related condition that has several symptoms including a dangerous rise in blood pressure). People with lupus, most often the ones who develop high blood pressure or other health problems, may also have a higher chance of having a baby with poor growth which can lead to late miscarriage and preterm delivery (delivery before week 37).

Rare complications for the baby may include being born with symptoms of lupus (called neonatal lupus erythematosus (NLE)). These may be temporary and often disappear by six months of age. NLE is mostly seen in children when the pregnant woman has anti-SSA and anti-SSB antibodies. The most serious complication of neonatal lupus is a heart rhythm problem called congenital heart block which can often be detected on ultrasound and may lead to health complications and death. If these antibodies are present, additional ultrasounds for the heart may be recommended.

Katie was surprised. 'I thought if I stopped my medications my flares would be painful and uncomfortable, but I never thought it could seriously affect my health or the health of my baby. Can you tell me more what is known about taking my lupus medication during pregnancy?'

So what do we know about lupus medications and pregnancy?

Many medications used to treat lupus are not thought to increase risks to a pregnancy over background chances that all pregnant individuals have. Medications work differently for different people. It is very important to talk with your healthcare providers before making any changes to how you take your medication. It is important to consider (with help of a rheumatologist) which medication works best to treat you. Regarding Katie's question, the Society of Maternal Fetal Medicine (SMFM) recommends continuing the use of hydroxychloroquine during pregnancy. This

recommendation is based on studies which did NOT show an increased risk for pregnancy related problems when hydroxychloroquine is used. Additionally, the studies showed a lower chance of lupus related problems during pregnancy when hydroxychloroquine is used.

There are many other medications such as steroids and biologics that lower the body's immune system (immunosuppressants) that can also be considered for use during pregnancy. However, certain medications for lupus are not recommended for use during pregnancy because they can increase the chance for birth defects and other pregnancy-related problems. SMFM recommends that methotrexate should be stopped 1-3 months before pregnancy and mycophenolate mofetil/mycophenolic acid should be stopped at least 6 weeks before attempting pregnancy. NSAIDs (non-steroidal anti-inflammatory drugs), such as ibuprofen, high dose aspirin, etc. are not recommended for use during pregnancy.

For information on specific medications make sure you talk with your healthcare provider or contact MotherToBaby and see our medication fact sheets at https://mothertobaby.org/fact-sheets/ . It is very important to talk with your healthcare providers before making any changes to how you take your medication.

Katie summarized the information she was given very well, 'It seems like making sure my lupus is well controlled will set both me and my baby up for the highest chance of being healthy. I feel much more comfortable continuing my medication knowing that with my own health, I am helping my baby to be healthy as well. I will talk with my healthcare providers to plan for monitoring both me and the pregnancy. Is there anything else I should know?'

Other info to know about lupus and pregnancy

It's not uncommon for new medications to be developed for the treatment of lupus. If there is one thing that these new medications have in common, it's that they very rarely have adequate, real-world data that describes whether the medication is safe to take during pregnancy. Pregnancy registries are the types of studies that give us this information, which is what allows us to provide risk assessments to people like Katie. That's why we suggest to any pregnant woman with lupus that they consider joining the pregnancy registry for the medication(s) they are taking if one exists. The U.S. Food and Drug Administration (FDA) maintains a list of ongoing pregnancy registry studies on their website. If you're planning a pregnancy or are already pregnant, now is a great time to find out more about the benefits of joining a lupus pregnancy study.

Women who are pregnant and have lupus will require some additional monitoring during pregnancy. They should be followed by their rheumatologist to make sure their symptoms are well controlled. Additional monitoring during pregnancy such as blood pressure checks, additional lab tests and additional ultrasounds may be recommended. Make sure you talk with your healthcare provider to discuss the management plan for your pregnancy.

Katie returned to MotherToBaby a few weeks later and told us she has been working together with her rheumatologist as well as her obstetric team including a high-risk pregnancy provider (also called Maternal Fetal Medicine (MFM) specialist) to make sure both her and her baby are as healthy as they possibly can be. 'I felt empowered by being informed, having all my healthcare providers in my corner and knowing that by taking care of myself, I am taking care of my baby too. Thank you, MotherToBaby!'.

For more information about lupus and pregnancy, including links to lupus-related MotherToBaby Fact Sheets, visit our lupus resources page at https://mothertobaby.org/pregnancy-breastfeeding-exposures/lupus/. You can also contact one of our information specialists for a no-cost risk assessment by visiting https://mothertobaby.org/contact/.

If you are pregnant and taking belimumab (Benlysta®) to treat SLE or lupus nephritis, please consider enrolling into our observational study. This study will give women with lupus better answers about how lupus and its management can affect a pregnancy and a developing baby. You will not be asked to take or change any medications, and you can participate from the comfort of your home.

LEARN MORE

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