

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

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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<sup>th</sup> 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](https://www.MotherToBaby.org).**

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