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 out of 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. 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 natural hormones 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 to date.

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 adults, it can take up to 6 weeks, on average, for most of the GLP-1s to be gone from the body.

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

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

Here is what the research tells us so far:

- Studies including over 4,000 women exposed to GLP-1s during the first trimester have not shown an increased chance of birth defects or miscarriages.
- The chance of other pregnancy-related problems, such as stillbirth, preterm delivery (birth before week 37) or low birth weight (weighing less than 5 pounds, 8 ounces [2500 grams] at birth) was also not increased with first trimester exposure to GLP-1s.

It is 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 will end in miscarriage.

Birth defects and miscarriages 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 2 main reasons:

- Weight loss during pregnancy is not advised. Losing weight while pregnant might increase the chances of having a baby that is small for gestational age (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 do not know if GLP-1s increase the chances of other pregnancy-related problems.

Finding the Path That is Right for You

Your journey is unique, and there is no simple answer. That is why it is important to talk with your healthcare providers about the best way to approach weight management before pregnancy. As Dr. Sarah Obican, a board-certified obstetrician/gynecologist specializing in Maternal-Fetal Medicine in Florida, so masterfully said in our ***Battling Obesity Ahead of Pregnancy*** blog, “Each of us are beautifully individual” — and our weight loss and pregnancy journeys are beautifully individual, too.”

Final Thoughts

Whether you are already on a weight loss journey or just starting to think about pregnancy, you deserve support and trusted information. We are 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/
- Tirzepatide: https://mothertobaby.org/fact-sheets/tirzepatide/

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. 64: Weight Loss and Ozempic in Pregnancy: https://mothertobaby.org/podcast/ep-64-weight-loss-and-ozempic-in-pregnancy/

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/

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

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