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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January is Birth Defects Prevention Month, and it's a great time to remind ourselves that there are several things that pregnant women can do to reduce their chance of having a baby with a birth defect. Our 5 tips for preventing birth defects include:

- Book a visit with your healthcare provider before stopping or starting any medicine.
- Be sure to take 400 micrograms (mcg) of folic acid every day.
- Before you get pregnant, try to reach a healthy weight.
- Become up to date with all vaccines, including the flu shot.
- Boost your health by avoiding harmful substances during pregnancy, such as alcohol, tobacco, and other drugs.

Top 5 Tips for Preventing Birth Defects

Reviewing this list of tips reminded me of a call I answered last month as a Teratogen Information Specialist at MotherToBaby North Texas. The woman calling, Beatriz, was upset and concerned. She had just found out that she was about five weeks pregnant. As she suffers from chronic migraine headaches, Beatriz was taking Valproic Acid, a medication that has been shown to be effective in preventing migraines. Beatriz had done a little research on her own and knew that there could be an increased risk for birth defects in women taking this medication while pregnant. She went on to explain that she had been planning to become pregnant, and was trying to do everything right, including reaching a healthy body weight, getting her flu shot a couple of months ago, and taking her daily vitamin with folic acid. But… as often happens, Beatriz got pregnant earlier than she had planned. Hence her panic and many questions!

Tip #1: Talk to Your Healthcare Provider

I explained to Beatriz that I often talk with women in these types of situations. So I started by reminding Beatriz that with every pregnancy there is a small 3-5% background chance for having a baby with a birth defect. As Beatriz had learned from her own research, taking Valproic Acid in the first part of a pregnancy increases the risk for spina bifida by 1-2%. Spina bifida is a birth defect that occurs when a baby's spine and spinal cord don't form properly. Upon hearing this confirming information, Beatriz immediately stated that she would stop taking her medication to take away this possible increased risk. I responded that it is always best to talk with your healthcare provider before stopping or starting any medications during pregnancy. They know you and your pregnancy best, and can give you personalized advice, not just general information. I told Beatriz that before making any changes to her medication, she really needs to discuss with her healthcare provider the benefits of taking the medication versus the risk to staying on the medication.

Tip #2: Folic Acid

Beatriz mentioned she has been taking a daily prenatal vitamin with folic acid as she knew that she was planning to get pregnant. Folic acid is the lab-made form of the vitamin folate (vitamin B9). Folate is necessary for making and maintaining healthy cells in your body. Taking recommended amounts of folic acid has been shown to reduce the percentage of babies born with birth defects, including spina bifida, a birth defect that occurs when a baby's spine and spinal cord don't form properly. Starting at least one month before pregnancy, the recommended daily amount of folic acid is 400 micrograms (mcg), or 0.4 milligrams (mg). During pregnancy, the recommended daily amount is 600-800 mcg. Many daily and prenatal vitamins already contain the required amount of folic acid. Beatriz checked the vitamin she had been taking and saw that it did contain 800 mcg of folic acid.

Tip #3: Healthy Weight

While planning to become pregnant, Beatriz has also mentioned that she been eating a better diet and had started an exercise program. She was happy to report to me that she has lost 25 pounds over the past six months and is now at a healthy body weight. Now that Beatriz knows she is pregnant, she can continue an exercise program that is appropriate for pregnancy. I told Beatriz she might want to chat with her healthcare provider and ask any questions she may have about appropriate exercise during pregnancy, such as walking and swimming.

Tip #4: Vaccines

I asked Beatriz about vaccinations, and she said she is up-to-date on all her vaccines, including having received her flu vaccine earlier this fall. It is recommended that women who are pregnant (whether in their first, second, or third trimester) or planning to become pregnant get the seasonal flu shot given by injection. The flu shot is a dead, inactive vaccine and there is not a known increased risk for birth defects or other pregnancy problems. Beatriz also mentioned that she plans to talk with her healthcare provider about getting the pertussis vaccine (known as TDaP), as this vaccine can help protect her baby from whooping cough, a potentially serious illness for babies.

Tip #5: Harmful Substances

Beatriz also reported to me that she had already stopped drinking alcohol as she knew there is not a known safe level of alcohol use when pregnant, and she also did not use any tobacco or other drugs. These are critical steps in preparing for a healthy pregnancy, as outlined in another one of our blogs.

After reviewing all of this information with Beatriz, she stated that she would call her healthcare provider in the morning to discuss whether she should stop taking Valporic Acid and determine if there any alternative treatments for her migraines that might be safer in pregnancy. Beatriz was happy to hear that she was well prepared for her pregnancy, having already successfully completed 4 of the 5 recommended tips. Even though Beatriz became pregnant a few months earlier than she had wanted to, she was now excited and thrilled to be pregnant.

So what's the takeaway from Beatriz's story? There are things you can do to prepare yourself for a healthy pregnancy and to decrease the chance of having a baby with a birth defect. So if you are pregnant or planning to become pregnant, do yourself and your baby a favor and review the 5 tips. And as always, if you have any questions about an exposure during pregnancy – such as a medication, supplement, vaccine, or recreational substance – our MotherToBaby specialists are here to help!

Recommended Fact Sheets
Abatacept (Orencia®)
ACE Inhibitors
Acetaminophen (Paracetamol)

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