Semaglutide

This sheet is about exposure to semaglutide in pregnancy and while breastfeeding. This information is based on available research studies. It should not take the place of medical care and advice from your healthcare provider.

What is semaglutide?

Semaglutide belongs to a class of medications known as glucagon-like peptide-1 (GLP-1) receptor agonists. It is available as an injection (given by shot) or by tablet (taken by mouth). The injectable form is sold under the brand names Ozempic® and Wegovy®. The tablet form is sold under the brand name Rybelsus®.

Rybelsus® and Ozempic® are used to control blood sugar in adults with type 2 diabetes. Wegovy® is used for weight loss. Weight loss is not recommended during pregnancy, and the product label for Wegovy® recommends that it not be used in pregnancy.

It is important to talk with your healthcare providers before making any changes to how you take your medication. Your healthcare providers can talk with you about the benefits of treating your condition and the risks of untreated illness during pregnancy.

Obesity and high/uncontrolled blood sugar can make it harder to get pregnant, and increase the chance of miscarriage, birth defects, or other pregnancy complications. MotherToBaby has fact sheets on diabetes here: https://mothertobaby.org/fact-sheets/type-1-and-type-2-diabetes/ and on obesity here: https://mothertobaby.org/fact-sheets/obesity-pregnancy/.

I am taking semaglutide, but I would like to stop taking it before getting pregnant. How long does the drug stay in my body?

The time it takes the body to metabolize (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 semaglutide to be gone from the body. The product labels for Ozempic®, Wegovy®, and Rybelsus® recommend women who are planning a pregnancy stop this medication 2 months before getting pregnant.

I take semaglutide. Can it make it harder for me to get pregnant?

It is not known if semaglutide can make it harder to get pregnant.

Does taking semaglutide increase the chance of miscarriage?

Miscarriage is common and can occur in any pregnancy for many different reasons. Studies have not been done in women to see if semaglutide can increase the chance of miscarriage. Animal studies have reported a higher chance of miscarriage; however, it is unclear if this finding was due to the medication or from weight loss. As there can be many causes of miscarriage, it is hard to know if the medication, the medical condition, or other factors are the cause of a miscarriage.

Does taking semaglutide increase the chance of birth defects?

Birth defects can happen in any pregnancy for different reasons. Out of all babies born each year, about 3 out of 100 (3%) will have a birth defect. We look at research studies to try to understand if an exposure, like semaglutide, might increase the chance of birth defects in a pregnancy. There are limited studies on semaglutide use in pregnancy. One case report involved a woman who took semaglutide for the first 3-4 weeks of pregnancy and gave birth to a child without any reported birth defects. In a study of 168 pregnant women using GLP-1s, including 51 who took semaglutide, no increased chance of birth defects was reported.

Does taking semaglutide in pregnancy increase the chance of other pregnancy-related problems?

Studies have not been done in humans to see if semaglutide can increase the chance of pregnancy-related problems such as preterm delivery (birth before week 37) or low birth weight (weighing less than 5 pounds, 8 ounces [2500 grams] at birth). Animal studies reported that offspring were smaller than usual when the parent was exposed to doses

of semaglutide higher than the dose used in humans. It is unclear if this was due to the medication, the weight loss, or other factors.

Does taking semaglutide in pregnancy affect future behavior or learning for the child?

Studies have not been done to see if semaglutide can increase the chance of behavior or learning issues for the child.

Breastfeeding while taking semaglutide:

There is limited information on the use of semaglutide while breastfeeding. Semaglutide is expected to get into breast milk in small amounts. In a study with 8 women who were breastfeeding, semaglutide was not detected in the breastmilk after injections of up to 1.0 mg per week. Semaglutide is not expected to cause side effects in the breastfed infant.

The product label for Rybelsus® recommends that women who are breastfeeding not use the tablet form of the medication. This is because there is no published data on the use of the oral form of semaglutide during breastfeeding. There is a theoretical (not proven) concern that using the tablet form could lead to higher levels of semaglutide in a nursing infant. However, the benefit of using Rybelsus® might outweigh possible risks. Your healthcare providers can talk with you about managing your condition while breastfeeding and what treatment is best for you. Be sure to talk to your healthcare provider about all your breastfeeding questions.

If a male takes semaglutide, could it affect fertility or increase the chance of birth defects?

Studies have not been done in men to see if semaglutide could affect a man's fertility (ability to get a woman pregnant) or increase the chance of birth defects. There were no changes in male fertility reported in one animal study using the dose of semaglutide that would be used in humans. In general, exposures that men have are unlikely to increase risks to a pregnancy. For more information, please see the MotherToBaby fact sheet Paternal Exposures at https://mothertobaby.org/fact-sheets/paternal-exposures-pregnancy/.

Please click here for references.

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