ACOG Recommendations Address GLP-1 Safety Before, During, and After Pregnancy

Brittany Vargas
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With GLP-1 receptor agonist (GLP-1 RAs) use on the rise in reproductive age women, the American College of Obstetricians and Gynecologists (ACOG) has released new guidance on a growing challenge in obstetric care.

The document breaks down clinical recommendations and safety considerations for counseling patients who are planning pregnancy, become pregnant while taking GLP-1 medications, or wish to resume treatment while breastfeeding.

“In addition to getting prescriptions from their clinicians, these medications are now widely accessible through online providers and medical spas,” said Yvette LaCoursiere, MD, professor of obstetrics, gynecology, and reproductive sciences at the UC San Diego Health, who helped develop the guidelines. “This means the likelihood of exposure in pregnancy is heightened, and there isn’t enough data available at this point to know what effects the medication will have on the pregnancy or the fetus.”

Recommendations for Pregnancy and Breastfeeding

Before pregnancy. Patients should discontinue GLP-1 medications for weight management 1-2 months before attempting conception. To manage rebound weight gain, clinicians may consider an exercise prescription, a nutritionist referral, and behavioral counseling if patients need support beyond standard dietary and exercise regimens. Weight should be monitored carefully.

During pregnancy. Patients should not use the agents while pregnant. Recent systematic reviews and meta-analyses found no significant

Recent systematic reviews and meta-analyses found no significant increases in major birth defects, pregnancy loss, preterm birth, or other adverse outcomes following early exposure, but the evidence is insufficient to establish safety.

For patients who used GLP-1 medications before pregnancy, ACOG recommends counseling on nutrition, exercise, and hydration; evaluating for potential nutrient deficiencies; and considering referral to a dietitian. Clinicians should also screen for preeclampsia risk and initiate low-dose aspirin when indicated.

During breastfeeding. ACOG recommends individualized decision-making about GLP-1 use while breastfeeding. Preliminary studies suggest that little, if any, medication passes into breast milk, but potential effects on milk production, composition, and infant growth remain unknown.

If GLP-1 medications are used during breastfeeding, ACOG recommends closely monitoring infant weight gain. ACOG advises against their use while breastfeeding preterm infants or newborns. Drugs with shorter half-lives should be prioritized, and oral formulations should be avoided.

More Research Needed

The recommendations address questions that patients frequently raise in clinical practice, said Michael Solotke, MD, clinical assistant professor in the Department of Obstetrics and Gynecology at Northwestern University Feinberg School of Medicine in Chicago, who was not involved in developing the guidance.

Solotke said that while ACOG provides useful direction for clinicians, the document reveals significant gaps in the evidence.

“What stands out to me the most is how much we still need to learn about these medications before, during, and after pregnancy,” Solotke said.

Further research is needed to strengthen and refine the recommendations, he said.

According to ACOG, substantial additional research is needed to compare the drugs with the risks associated with obesity during pregnancy and excess gestational weight gain.

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“Such information is urgently needed given the growing interest in the potential role of GLP-1RAs for improving postpartum health,” the guideline authors wrote.

LaCoursiere and Solotke reported having no conflicts of interest.

Brittany Vargas is a journalist covering medicine, mental health, and wellness.

Credits
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