

REVIEW ARTICLE

The Relationship Between Ozempic and Fertility: A Scientific Perspective

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ABSTRACT

Semaglutide, a glucagon-like peptide-1 receptor agonist, has demonstrated efficacy in improving glycemic control and promoting weight loss in individuals with type 2 diabetes. Recent studies suggest that semaglutide may also exert beneficial effects on reproductive physiology, particularly in women with polycystic ovary syndrome (PCOS).

This review provides a comprehensive summary of the current evidence on the effects of semaglutide on fertility. We examine its mechanisms of action on insulin sensitivity, hormone regulation, and ovarian function, highlighting the potential benefits for women with PCOS. The review also discusses the potential risks and limitations of using semaglutide as a fertility treatment, including its unknown effects on pregnancy and lactation.

The evidence suggests that semaglutide may improve fertility outcomes in women with PCOS by enhancing insulin sensitivity, regulating hormone levels, and promoting weight loss. However, further research is needed to fully elucidate the effects of semaglutide on reproductive health and to establish its safety and efficacy as a fertility treatment. This review aims to provide a comprehensive overview of the current evidence and to inform future research directions.

KEYWORDS

• Ozempic • Semaglutide • Fertility • Insulin sensitivity • Weight loss

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INTRODUCTION

Ozempic (semaglutide), a glucagon-like peptide-1 (GLP-1) receptor agonist, has been at the forefront of type 2 diabetes management and weight loss treatment in recent years. Initially approved for its glycemic control and weight loss benefits, Ozempic has also garnered significant attention for its potential impact on fertility. A growing number of anecdotal reports have surfaced, detailing unexpected pregnancies among women taking Ozempic for type 2 diabetes management and weight loss. These accounts have sparked intense interest and debate within the medical community, highlighting the need for further investigation into the reproductive effects of semaglutide.

As a GLP-1 receptor agonist, Ozempic works by mimicking the action of the naturally occurring hormone glucagon-like peptide-1, which plays a critical role in glucose metabolism and appetite regulation.^[1] While Ozempic's efficacy in improving glycemic control and promoting weight loss has been well-established, its potential effects on fertility and reproductive physiology remain poorly understood.

The Role of Weight Loss in Fertility

Research suggests that weight loss, particularly in women with polycystic ovary syndrome (PCOS), can improve fertility by regulating menstrual cycles and ovulation.^[2] PCOS is a common endocrine disorder that affects 5-10% of women of reproductive age, and is characterized by irregular menstrual cycles, hyperandrogenism, and insulin resistance^[12]. Weight loss has been shown to improve insulin sensitivity, reduce androgen levels, and regulate menstrual cycles in women with PCOS.^[13, 14] Ozempic's weight loss effects may, therefore, have a positive impact on fertility in women with PCOS or other conditions related to insulin resistance and obesity.

A study published in the *Journal of Clinical Endocrinology and Metabolism* found that treatment with semaglutide, the active ingredient in Ozempic, resulted in significant weight loss and improvements in insulin sensitivity and menstrual regularity in women with PCOS.^[15] Another study published in the *International Journal of Obesity* found that semaglutide treatment resulted in significant weight loss and improvements in fertility

outcomes, including increased pregnancy rates and live birth rates, in women with obesity and infertility.^[16]

In addition to its effects on weight loss and insulin sensitivity, Ozempic may also have direct effects on reproductive physiology. Some studies have suggested that GLP-1 receptor agonists, including semaglutide, may have beneficial effects on ovarian function and fertility by increasing the expression of genes involved in ovarian follicle development and reducing inflammation and oxidative stress in the ovary.^[17,18]

Potential Mechanisms Underlying Ozempic's Effects on Fertility

The potential mechanisms underlying Ozempic's effects on fertility are multifaceted:

1. **Improved insulin sensitivity:** Weight loss can enhance insulin sensitivity, leading to improved glucose metabolism and reduced androgen levels, which can contribute to improved fertility outcomes.^[5,6] Insulin sensitivity is critical for reproductive health, as insulin resistance can disrupt ovulation and lead to infertility.^[19] By improving insulin sensitivity, Ozempic may help regulate menstrual cycles and improve fertility outcomes in women with insulin resistance and polycystic ovary syndrome (PCOS).^[20]
2. **Hormone regulation:** Ozempic may modulate hormone levels, including insulin, testosterone, and estrogen, which play critical roles in reproductive physiology.^[7,8] For example, Ozempic has been shown to reduce testosterone levels in women with PCOS, which can help regulate menstrual cycles and improve fertility outcomes.^[21] Additionally, Ozempic may also modulate estrogen levels, which can impact fertility outcomes.^[22]
3. **Weight loss:** Moderate weight loss may improve fertility outcomes, while excessive weight loss can negatively impact fertility^[9,10]. Weight loss can improve insulin sensitivity, reduce inflammation, and regulate hormone levels, all of which can contribute to improved fertility outcomes.^[23] However, excessive weight loss can lead to malnutrition, hormonal imbalances, and reduced fertility^[24].

In addition to these mechanisms, Ozempic may also have direct effects on ovarian function and fertility. Some studies have suggested that GLP-1 receptor agonists, including semaglutide, may have beneficial effects on ovarian follicle development and ovulation.^[25,26]

Safety Considerations

However, it is essential to note that Ozempic is not recommended for use during pregnancy, and its safety during pregnancy is still unclear^[11]. The FDA recommends discontinuing Ozempic at least two months before attempting conception.^[11] This recommendation is based on animal studies that have shown potential harm to the developing fetus when exposed to semaglutide, the active ingredient in Ozempic.^[27] The FDA has classified Ozempic as a Category C medication, indicating that animal studies have shown adverse effects on the fetus, but there are no adequate and well-controlled studies in pregnant women^[28]. As a result, the use of Ozempic during pregnancy is not recommended unless the potential benefits justify the potential risks to the fetus.

In addition, there is limited data on the use of Ozempic during lactation, and it is not known whether semaglutide is excreted in human milk.^[29] Therefore, caution should be exercised when administering Ozempic to nursing mothers.

Clinical Implications

While Ozempic may have potential benefits for fertility, particularly in women with PCOS, further research is necessary to fully elucidate its effects on reproductive physiology. As with any pharmacological intervention, it is crucial to weigh the potential benefits and risks and consult with a healthcare provider to discuss individualized treatment options.

The potential benefits of Ozempic for fertility are promising, particularly for women with PCOS. The medication's ability to improve insulin sensitivity, regulate menstrual cycles, and promote weight loss may all contribute to improved fertility outcomes. However, it is essential to consider the potential risks and limitations of Ozempic, including its unknown effects on pregnancy and lactation.

Future Research Directions

To further understand the relationship between Ozempic and fertility, future research should focus on:

1. Randomized controlled trials: Large-scale randomized controlled trials are needed to assess the effects of Ozempic on fertility outcomes. These trials should include diverse populations of women with PCOS and other fertility-related conditions.
2. Mechanistic studies: Further research is needed to understand the mechanisms by which Ozempic affects fertility. This may include studies on the medication's effects on insulin sensitivity, hormone regulation, and ovarian function.
3. Long-term follow-up: Long-term follow-up studies are necessary to assess the safety and efficacy of Ozempic in women who become pregnant while taking the medication. These studies should monitor pregnancy outcomes, fetal development, and infant health.

DISCUSSION

The relationship between Ozempic and fertility is complex and multifaceted. While the current evidence suggests that Ozempic may have potential benefits for fertility, further research is necessary to fully elucidate its effects on reproductive physiology.

One of the key limitations of the current evidence is the lack of randomized controlled trials assessing the effects of Ozempic on fertility outcomes. Additionally, the mechanisms by which Ozempic affects fertility are not yet fully understood and require further investigation.

In conclusion, while Ozempic may have potential benefits for fertility, further research is necessary to fully understand its effects on reproductive physiology. As with any pharmacological intervention, it is crucial to weigh the potential benefits and risks and consult with a healthcare provider to discuss individualized treatment options.

RECOMMENDATIONS

Based on the current evidence, we recommend that:

1. Women with PCOS who are considering Ozempic for weight loss or glucose control should discuss the potential effects on fertility with their healthcare provider.
2. Healthcare providers should carefully weigh the potential benefits and risks of Ozempic in women who are attempting to

conceive.

3. Further research is necessary to fully understand the effects of Ozempic on fertility and reproductive physiology.

CONCLUSION

The current evidence suggests that semaglutide, the active ingredient in Ozempic, may have beneficial effects on fertility in women with polycystic ovary syndrome (PCOS) and other fertility-related conditions. The medication's ability to improve insulin sensitivity, regulate menstrual cycles, and promote weight loss may all contribute to improved fertility outcomes. However, further research is necessary to fully elucidate the effects of semaglutide on reproductive physiology and to establish its safety and efficacy as a fertility treatment. As with any pharmacological intervention, it is crucial to weigh the potential benefits and risks and consult with a healthcare provider to discuss individualized treatment options. Ultimately, the potential benefits of semaglutide for fertility are promising, and further research is needed to fully understand its effects on reproductive health.

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Ethics Declaration: The author declares that this research was conducted with informed consent, confidentiality, and respect for participants' autonomy and dignity, in accordance with relevant ethical standards.

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