

Reduction (f)or Reproduction

Workshop Report

21st-22nd May 2026



Introduction:

Obesity is a significant risk factor for male and female infertility and, even if conception is achieved, pregnancies complicated by obesity pose a major risk for mothers and infants and are associated with a range of complications and adverse events. Therefore, prospective parents are encouraged to achieve a healthy weight prior to conception but achieving and maintaining this in practice is extremely difficult due to environmental, lifestyle, health and economic factors. We live in an 'obesogenic' environment with ready access to cheap, energy dense foods and with a lack of access to active transport options or safe, affordable leisure time activity.

Whilst a healthy diet and increased activity have been the mainstay of weight management for decades, more recent surgical and pharmaceutical advancements have offered people living with obesity alternative approaches to support weight loss with proven efficacy and rapid results. Bariatric (obesity) surgery (e.g. gastric bypass or bands) and weight loss drugs (oral tablets or injectable GLP-1 Receptor Agonists such as Ozempic) are an attractive option for those of reproductive age wishing to increase their natural fertility and/ or ensure their eligibility for assisted reproduction. However, whilst they undoubtedly 'work' these drugs and techniques have NOT been developed with reproductive health in mind; there are significant safety concerns and a lack of data for longer term outcomes in people where medication/ surgery and pregnancy overlap.

A previous successful event, in 2017, resulted in the development of clinical guidelines for pregnancies after bariatric surgery, which were subsequently published and continue to be widely used and disseminated. Subsequently this workshop shifted attention, in line with the rapidly evolving weight-loss landscape, to incretin-based medications, employing a similar approach to the development of practical and impactful advice for researcher, clinicians and service users.



Workshop aims:

- Review the currently available evidence for incretin exposure and female reproductive health
- Discuss the remaining gaps in knowledge
- Map out the research needs and priorities and identify appropriate funders
- Develop a user-friendly guideline infographic to support the scoping review (written and submitted in advance of the workshop)
- Establish working groups and time lines for specific bid development and dissemination tasks
- Expand the team/ network and engage representatives of currently unrepresented levels, professions and experience.

Organisers:



Dr Kathryn Hart,
Registered Dietitian,
University of Surrey, UK



Prof Jill Shawe,
Midwife,
University of Plymouth, UK



Prof Roland Devlieger,
Maternal-fetal medicine,
KU Leuven, Belgium

Event themes:

Day 1

Day 1 focused on reviewing the evidence to help prime discussions for Day 2 around research needs and dissemination plans.

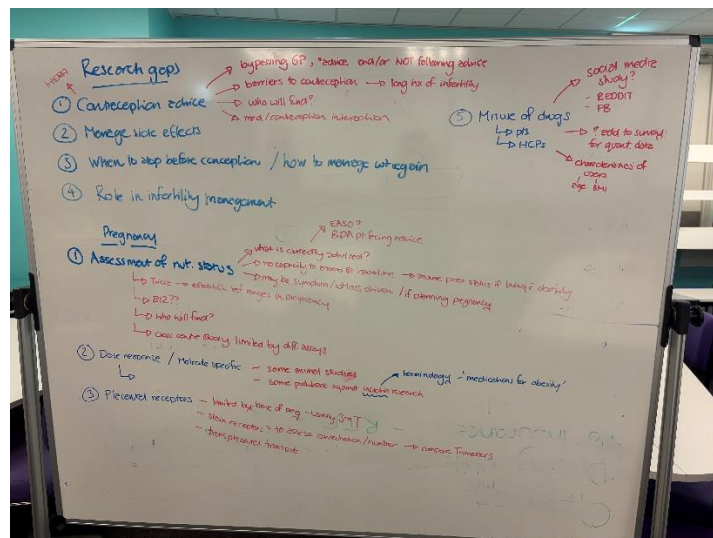
Kate Maslin (Plymouth) gave an update on the scoping review paper which has already been submitted and for which reviewer comments are awaited. She reported on the updated search which has been conducted, with help from Sinead Blowers, and highlighted a number of recent key studies published after our original search. Whilst it was agreed that these do not significantly change the conclusions drawn it may be necessary to more formally incorporate them into the review paper if requested by reviewers.



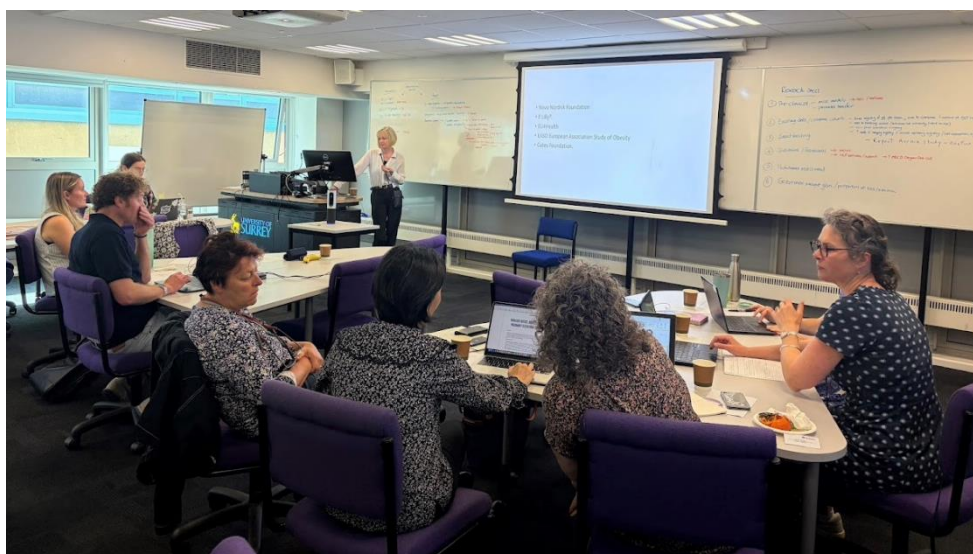
Katie Edwards (Plymouth), **Tricia Tan** (Imperial) and **Pauline Dunne** (Dublin) presented their respective studies in the field and **Kath Hart** and **Jill Shawe** summarised the work of other group members who could not be present (**Dr Martin Whyte** and

Prof Jon Pinkney).

Discussions moved on to identifying the key gaps in knowledge and practice that require support, both via more targeted publications and guidelines and new research. We brainstormed options and grouped according to themes as a starting point for the Day 2 discussions.



Day 2



[Prof Devlieger](#) (Leuven), [Dr Michael Ceulemans](#) (Leuven) and [Dr Pauline Dunne](#) (Dublin) joined us online from Belgium and Ireland respectively to discuss their work in the field. Prof Devlieger presented his plans for an infographic to accompany the scoping review and these were discussed as a group to consolidate the text and ensure the messages were clear.

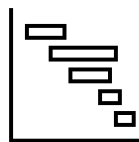
[Jill Shawe](#) (Plymouth) then gave a summary of potential funding streams and opportunities that we could target for this work and the group discussed short and longer term options.

The remainder of the day was spent refining the brainstorms from day 1 with regards to publication and dissemination plans and research gaps and potential projects. Specific actions were identified and noted to ensure accountability moving forward and, where possible, leads were identified for each proposed project or output. The group also discussed the additional expertise that would be good to bring into the group, including identifying specific named individuals who we would reach out to for further discussion and potential collaboration.

Key themes that emerged included:

- The opportunity to make better use of existing, routinely collected data but also the steps (and external buy-in) that were required to standardise this data, increase population coverage and allow access.
- The lack of support for and knowledge/ confidence amongst many health care professionals with regards to MFO use around conception, pregnancy and lactation and therefore the demand for practical guides for clinicians and service users using or planning to use medications for obesity (MFO) that focus on specific areas or sub-groups, e.g. pre-conception, pregnancy, lactation.

- The methodological and ethical challenges of researching exposure to MFO during lactation and the potential complexity of designing a study to address the knowledge gaps in this area.
- The need to address, through research and practical support, the potential rebound of weight and glycaemic control that are anticipated to occur if MFO are stopped pre-pregnancy and the evidence gaps with regards to the cost/ benefit of exposure versus weight regain and poor glycaemic control for fertility and subsequent maternal and foetal health.
- The lack of evidence and therefore guidance with regards to maternal, foetal or infant nutritional status during and after exposure to MFO, specifically in relation to key reproductive life stages.
- The variations and inequalities in access to MFO across the UK and the potential risks associated with use outside of the NHS.



Next steps – Plans

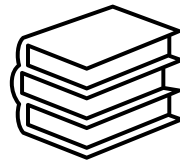
Short Term

- Formalise the group identity and expand the network to ensure it fully represents the field and all relevant stakeholders.
- Establish a regular online meeting schedule to maintain momentum and to allocate and monitor actions from the workshop (via shared Action tracker).
- Prepare and publish an infographic to accompany the scoping review.
- Continue to share funding opportunities and dissemination / networking activities (via shared Funding/ Dissemination trackers).

Longer term

- Co-ordinate standardised collection of routine data across a wider area (geographical and clinical) to support research and clinical practice.
- Develop new publications focused on specific groups and/ or outcomes, including:
 - [Pre-conception weight management \(combing info from MFO and bariatric surgery review to compare/ contrast alternative options with regards to efficacy and safety in pre-conception period\)](#)

- Congenital malformation risks associated with MFO exposure before or during pregnancy
- Update of bariatric surgery guidelines to recognise advancements in the field (or lack of).
- Employ agreed small working groups to work up grant plans in key areas of need, including:
 - Placental transfer of MFO
 - Breastmilk transfer of MFO
 - Pregnancy registry studies (for bariatric surgery and MFO exposure) including assessment and monitoring of nutritional status
 - Qualitative studies on service user and healthcare professional experiences



Next steps – outputs

Network identity and logistics

- Shared Google drive set up to share documents, publications and plans.
- Action tracker, dissemination tracker and funding list created (live shared documents).
- Identification of a potential service user/ person with lived experience to join the group.

Dissemination

- Scoping review progress updated – reviewers comments expected by end June 2026
- Workshop report prepared for publication on IAS website.
- Presentations secured at the following events to promote the group’s work:
 - Faculty of Health and Medicine Research Celebration (University of Surrey), 10th June 2026. Dr Hart. (see Appendix 1). “Incretin-based therapy in women and reproduction: A systematic scoping review and consensus guidelines for clinical practice”
 - Office for Health and Disparities/ NHS England, Preconception Health & Wellbeing: Spotlight on Healthy Weight, (online), 30th June, Dr K Maslin – “GLP1s use in preconception and pregnancy”

- World Congress in Fetal Medicine (Vienna), 1st July Prof Devlieger – “Maternal metabolic balancing: role of incretins”
- Annual meeting of the Flemish Obstetrics and Gynaecology Society, 20th November 2020, Dr D Ceulemans

Participant feedback



Participants were attracted to the event by the desire to address the “unanswered questions in relation to incretin based treatment and reproductive health” and to develop “future international collaboration on this attractive topic”.

They were impressed with the organisation, brochure and agenda and felt that the workshop had unanimously met their expectations:

“This was a great opportunity for networking and expanding knowledge”

“Very useful workshop for discussing what is known, gaps and planning for further research in this area. Networking very useful to help with generating realistic ideas for moving forward”

“Remote attendance so obviously difficult to network, but very happy that it was technically possible to join.”

Acknowledgements

Sponsors, helpers, and anyone deserving particular praise

We would like to thank the Institute of Advanced Studies at Surrey for their financial and logistical support, especially Mirela Dumic, and Louise Jones for her exceptional support with planning the event. Thanks to Katie Nicol for being our official note taker and photographer throughout the two days.

Appendix 1

Incretin-based therapy in women and reproduction: A systematic scoping review and consensus guidelines for clinical practice.

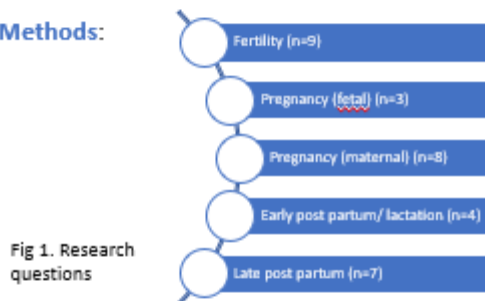
Maslin K, Shawe J, Blowers S, Ceulemans M, Hart K, Schoenmakers S, Rottenstreich A, Hopper H, Jensterle M, Flynn A, Siegelaar S, Bogaerts A, Douek I, Heslehurst N, Ceulemans D, Tan T, Pinkney J, Whyte M, Taheri S, Devlieger R.

Background: Pregnancy/ breastfeeding concurrent with incretin-based medications ('weight loss jabs') is currently contraindicated as the teratogenic risk is unknown.



Aim: To investigate potential risks and benefits of incretin-based medications in relation to preconception, pregnancy and postnatal health, and to propose expert guidelines for clinical practice.

Methods:



Results:

- Evidence identified for only 18/32 (56%) questions
- 1 to 4297 exposed pregnancies per study
- No studies reported ↑ congenital malformations

Discussion:

- Clinical practice recommendations:
 1. Contraception – agent and side-effect specific advice
 2. Fertility – prioritize therapy for women with ↑ metabolic burden/ fertility treatment eligibility needs. Nutrition support required to mitigate rebound weight gain once treatment is stopped pre-pregnancy.
 3. Pregnancy – do NOT deliberately continue use although no evidence for increased direct risk. Monitor GWG/ foetal growth in exposed pregnancies.
 4. Postpartum – incretin + breastfeeding NOT recommended

** Research gaps: - newer agents, user experiences, discontinuation wt/ glycaemic rebound, nutritional status (mother, foetus, infant), transfer across placenta/ into breastmilk.....

Submitted pending acceptance: email Kath for more details k.hart@surrey.ac.uk