Weight Loss Medications and Nutrition – Topic of the Month

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Glucagon-like peptide-1 (GLP-1) medications have become increasingly common for the treatment of type 2 diabetes and chronic weight management. As their use increases, WIC staff may encounter participants who are currently taking a GLP-1 medication, have taken one in the past, or have questions about these medications. This Topic of the Month focuses on what you need to know that may support WIC participants taking a GLP-1 medication.



What are GLP-1 medications?

GLP-1 receptor agonist medications were created to mimic a naturally occurring hormone, GLP-1, that is released by the body after eating to help regulate blood sugar and support metabolic health. It works by triggering insulin release, slowing down digestion, and signaling the brain to promote fullness and satiety. Some of the replacement medications act on GLP-1 alone, while others act on GLP-1 along with another hormone pathway.

Because these medications may decrease appetite and increase feelings of fullness, some people may eat considerably less while taking them. Gastrointestinal side effects such as nausea, vomiting, diarrhea, constipation, and abdominal discomfort may also affect a person's ability or desire to eat.

Examples of these medications include semaglutide and/or tirzepatide, although participants may be more familiar with brand names such as Wegovy, Ozempic, Zepbound, or Mounjaro. Depending on the

specific medication, they may be prescribed for type 2 diabetes, chronic weight management, or other approved health conditions.

Nutritional considerations

Adequate nutrition remains important while taking GLP-1 medications. Reduced appetite, smaller portions, changes in eating patterns, and gastrointestinal symptoms can make it more difficult for some individuals to meet their nutritional needs. Nutrition counseling can focus on maintaining a balanced eating pattern and choosing nutrient-dense foods when appetite is reduced.

Important areas to consider include:

- **Protein:** Regularly including protein-containing foods can help participants meet nutritional needs and support maintenance of lean body mass.
- **Fruits and vegetables:** Fruits and vegetables provide vitamins, minerals, and fiber. When appetite is reduced, participants can identify fruits and vegetables they tolerate and enjoy.
- **Whole grains and fiber:** Whole grains, fruits, vegetables, beans, and lentils provide dietary fiber. Fiber and adequate fluid intake may also help support bowel regularity.
- **Hydration:** Nausea, vomiting, or diarrhea can contribute to dehydration. Encourage participants to drink water and other fluids regularly throughout the day as tolerated.
- **Overall diet quality:** When participants are eating smaller amounts of food, choosing a variety of nutrient-dense foods can help maximize the nutrition they receive from meals and snacks.

Managing common nutrition-related concerns

Gastrointestinal symptoms are among the most common side effects associated with GLP-1 medications. Participants experiencing side effects should discuss them with the healthcare provider managing their medication.

For mild symptoms, participants may find it helpful to:

- Eat smaller meals and snacks rather than large meals.
- Eat slowly and stop eating when comfortably full.
- Drink fluids throughout the day.
- Choose foods that are tolerated well during periods of nausea.
- Limit foods that appear to worsen symptoms, such as very high-fat or heavily seasoned foods.
- Gradually increase fiber along with adequate fluid intake when addressing constipation.

Persistent vomiting, inability to maintain adequate food or fluid intake, severe abdominal symptoms, or other significant concerns should be referred to the participant's healthcare provider.

Considerations during pregnancy

Weight-loss medications are not recommended during pregnancy. Participants who are pregnant, think they may be pregnant, or are planning a pregnancy should discuss GLP-1 medication use with their healthcare provider.

- The American College of Obstetricians and Gynecologists recommends tapering off GLP-1 medications two months before becoming pregnant or breastfeeding due to lack of controlled human safety data.
- When participants discontinue GLP-1 medication, the metabolic effect causing a decreased appetite can rebound quickly. The rapid hormonal shift, at a time when the body is already changing, can increase the risks of high maternal weight gain and pregnancy complications.

Nutrition counseling during pregnancy should continue to emphasize adequate nutrient intake, appropriate pregnancy weight gain, and meeting the nutritional needs of both the pregnant participant and developing baby.

WIC staff should avoid advising participants to start, stop, or change prescribed medication. Instead, staff can encourage participants to contact the healthcare provider who manages the medication and continue providing nutrition support within the WIC scope of practice.

Considerations during breastfeeding and postpartum

The postpartum period may bring additional nutritional needs, particularly for participants who are breastfeeding. Participants using or considering a GLP-1 medication during the postpartum period should discuss the medication with their healthcare provider.

WIC staff can support postpartum participants by asking about appetite, eating patterns, hydration, breastfeeding, and any difficulties meeting nutritional needs. Counseling should be individualized and centered on the participant's nutritional needs and breastfeeding goals.

WIC's role

WIC staff can play an important role in supporting participants who use GLP-1 medications. WIC staff do not prescribe or manage these medications, but they can help participants maintain nutritious eating patterns and identify concerns that may require additional medical care.

Nutrition counseling should remain participant-centered and nonjudgmental. Avoid assumptions about why a participant is using a GLP-1 medication or focusing counseling exclusively on body weight.

Staff can:

- Ask how the medication has affected appetite, meals, and snacks.
- Ask about nausea, constipation, vomiting, diarrhea, or other symptoms affecting food intake.
- Help participants identify nutrient-dense WIC foods they enjoy and tolerate.

- Encourage regular physical activity and hydration.
- Help participants develop realistic meal and snack ideas when appetite is low.
- Encourage participants to discuss medication-specific questions or significant side effects with their healthcare provider.
- Discuss simple ways to include lean protein, fiber-rich fruits and vegetables, whole grains, and other nutrient-rich foods.

WIC-allowed high-protein foods

- Eggs
- Beans, peas, and lentils
- Peanut butter or Sun butter
- Tuna or salmon
- Regular, lactose free or goat milk or soy beverage
- Yogurt
- Cheese
- Tofu, when included in the participant's food package

WIC-allowed fiber-rich foods

- Fruits
- Vegetables
- Beans and lentils
- Whole grain bread
- Brown rice or wild rice
- Oatmeal and other whole grain cereals
- Whole wheat pasta and tortillas

Participants experiencing nausea or other gastrointestinal symptoms may tolerate foods differently. Encourage participants to choose foods that work for them rather than following a one-size-fits-all eating plan.

Tips for WIC staff counseling participants

- **Start with open-ended questions:** Ask, “Can you tell me about any changes in your appetite you have noticed since starting the medication?” or “What has eating been like for you lately?”
- **Focus on nutrition rather than weight alone:** Discuss how participants can nourish their bodies even when appetite is lower.
    - **Explore realistic meal and snack portion sizes:** Encourage participants experiencing early fullness to eat smaller portions or snacks more frequently.
    - **Encourage variety:** When possible, include foods from multiple food groups throughout the day to help participants obtain a range of nutrients.
- **Make WIC foods work for the participant:** Identify foods already included in the participant's WIC benefits that fit their preferences, culture, schedule, and current appetite.

- **Know when to refer:** Questions about medication dosing, stopping medication, pregnancy safety, significant side effects, or other medical concerns should be directed to the participant's healthcare provider.

Practice exercise for staff

GLP-1 medications can change appetite and eating patterns, creating new considerations for nutrition counseling. WIC staff can help participants identify practical ways to meet nutritional needs while staying within the WIC scope of practice.

Consider these questions alone, with a coworker, or with a group:

- A participant tells you they rarely feel hungry since starting a GLP-1 medication. What questions could you ask to better understand their current eating pattern?
- What WIC foods could you suggest to someone who is struggling to include enough protein throughout the day?
- How could you help a participant experiencing constipation identify fiber-containing WIC foods and ways to increase fluid intake?
- What would you say if a pregnant participant tells you they are currently taking GLP-1 medication?
- Which concerns would require referral to the participant's healthcare provider?

Resources

- Nutritional priorities to support GLP-1 therapy for obesity: A joint Advisory from the American College of Lifestyle Medicine, the American Society for Nutrition, the Obesity Medicine Association, and The Obesity Society. (Obesity (Silver Spring). May 20, 2025)
- GLP-1s: Implications for Nutritional Status and Metabolic Health Outcomes (National Institutes of Health. April 24, 2026)
- Obesity in Pregnancy (The American College of Obstetricians and Gynecologists (ACOG). June 2021)
- ACOG Releases New Guidance on the Use of GLP-1s in Pregnancy and Lactation (ACOG. Oct. 23, 2026)
- WIC Foods (MDH WIC)
- Using WIC Foods (MDH WIC)

References – complete listing of hyperlinks

Nutritional priorities to support GLP-1 therapy for obesity: A joint Advisory from the American College of Lifestyle Medicine, the American Society for Nutrition, the Obesity Medicine Association, and The Obesity Society (https://pmc.ncbi.nlm.nih.gov/articles/PMC12304835/)

GLP-1s: Implications for Nutritional Status and Metabolic Health Outcomes (https://grants.nih.gov/funding/find-a-fit-for-your-research/highlighted-topics/60)

Obesity in Pregnancy (https://starlegacyfoundation.org/wp-content/uploads/ACOG-2021-Obesity-in-Pregnancy.pdf)

ACOG Releases New Guidance on the Use of GLP-1s in Pregnancy and Lactation (https://www.acog.org/news/2026/10/acog-releases-new-guidance-on-use-of-glp-1s-in-pregnancy-lactation/)

WIC Foods (https://www.health.state.mn.us/people/wic/foods)

Using WIC Foods (https://www.health.state.mn.us/people/wic/localagency/benefithelp.html#tips)

Minnesota Department of Health - WIC Program, 625 Robert St N, PO BOX 64975, ST PAUL, MN 55164-0975; 1-800-657-3942, **health.wic@state.mn.us**, **www.health.state.mn.us**; to obtain this information in a different format, call: 1-800-657-3942.

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