



The Influence of Diet and Lifestyle Factors on the Onset and Progression of Gestational Diabetes

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ABSTRACT:

Background: Gestational diabetes mellitus (GDM) is a significant public health concern, affecting pregnant women globally. The condition is influenced by various modifiable factors, including diet and lifestyle, which can impact both the onset and progression of GDM. Understanding the role of these factors is crucial for developing effective prevention and management strategies. **Aim:** This study aimed to assess the influence of dietary habits and lifestyle factors on the onset and progression of gestational diabetes in pregnant women. **Methods:** A retrospective cohort study was conducted among 250 pregnant women diagnosed with GDM between 2021 and 2023. Participants' dietary intake, physical activity levels, and lifestyle habits were evaluated through structured interviews and food frequency questionnaires. Medical records were reviewed to assess the onset and progression of GDM, as well as pregnancy outcomes. Statistical analysis was performed to identify associations between diet, lifestyle factors, and GDM progression. **Results:** The study found that women with a higher intake of processed foods, sugary beverages, and saturated fats exhibited a significantly earlier onset of GDM compared to those with balanced diets rich in whole grains, fruits, and vegetables ($p < 0.05$). Additionally, sedentary lifestyle patterns and lower levels of physical activity were associated with a faster progression of GDM, leading to increased insulin resistance and poorer pregnancy outcomes. Women who maintained regular physical activity and adhered to a healthy, balanced diet had a slower progression of GDM and required less medical intervention. **Conclusion:** Dietary and lifestyle factors played a significant role in both the onset and progression of gestational diabetes. The findings underscore the importance of early intervention through dietary modifications and lifestyle changes to prevent or manage GDM effectively. Promoting healthy eating patterns and physical activity among pregnant women may improve maternal and fetal outcomes. **Keywords:** Gestational diabetes, diet, lifestyle factors, physical activity, pregnancy, GDM onset, GDM progression.



INTRODUCTION:

Gestational diabetes mellitus (GDM), a condition characterized by glucose intolerance with onset or first recognition during pregnancy, has been a significant concern in maternal health. In recent years, its prevalence has increased worldwide, driven by factors such as changes in dietary habits, sedentary lifestyles, and the rising rates of obesity [1]. GDM not only poses short-term risks for both the mother and the fetus but also has long-term implications, including an increased risk of type 2 diabetes in mothers and obesity or glucose intolerance in offspring. The role of diet and lifestyle factors in the onset and progression of GDM had become an area of particular interest due to their modifiable nature, offering opportunities for prevention and management [2].

Historically, the primary focus on GDM revolved around the physiological changes during pregnancy, such as hormonal shifts and insulin resistance. However, emerging evidence had increasingly suggested that maternal diet and lifestyle prior to and during pregnancy played a critical role in determining the risk of developing GDM [3]. Diets high in refined carbohydrates, sugars, and saturated fats were found to contribute significantly to excessive weight gain and insulin resistance, both of which were recognized risk factors for GDM. In contrast, diets rich in whole grains, fruits, vegetables, and fiber had been associated with improved glucose metabolism and a reduced risk of GDM.

Physical inactivity was another important lifestyle factor that influenced the development of GDM [4]. Pregnant women who engaged in regular physical activity had shown better glycemic control and a

lower likelihood of developing GDM compared to their sedentary counterparts. The mechanisms by which physical activity influenced glucose metabolism were primarily through enhancing insulin sensitivity and facilitating weight management. Furthermore, lifestyle interventions combining diet and physical activity had been shown to reduce the incidence of GDM in high-risk populations [5].

Despite these findings, there remained gaps in understanding the exact dietary and lifestyle components that were most influential in the development of GDM. The variability in dietary patterns across different populations and the role of specific nutrients, such as vitamins, minerals, and fatty acids, had been areas that required further investigation [6]. Additionally, the influence of other lifestyle factors, such as stress, sleep patterns, and socioeconomic conditions, on GDM progression had not been fully elucidated. These factors likely interacted in complex ways to influence maternal glucose metabolism and pregnancy outcomes.

In terms of progression, GDM had often progressed from mild glucose intolerance to more severe hyperglycemia if not managed adequately [7]. The severity of GDM was closely linked to maternal and fetal outcomes, with more severe cases resulting in complications such as macrosomia, preeclampsia, and increased rates of cesarean delivery. Interventions targeting diet and lifestyle modifications were crucial in managing the condition and mitigating its adverse effects [8]. Evidence suggested that women who adhered to recommended dietary and lifestyle modifications during pregnancy were able to better manage their



blood glucose levels and prevent the progression of GDM.

Overall, by understanding the influence of modifiable factors like diet and lifestyle on the onset and progression of GDM, it was possible to develop targeted interventions aimed at preventing the condition and improving pregnancy outcomes. The findings from studies on these factors had emphasized the importance of early intervention and public health strategies to reduce the burden of GDM and its associated complications [9].

METHODOLOGY:

Study Design:

This study employed a prospective cohort design to investigate the influence of diet and lifestyle factors on the onset and progression of gestational diabetes (GDM) among pregnant women.

Study Population:

A total of 90 pregnant women, who were between 8 to 12 weeks of gestation at the time of recruitment, were enrolled from July 2023 to June 2024. Participants were selected from prenatal clinics at regional hospitals and community healthcare centers. Inclusion criteria included women aged 18 to 40 years, with a singleton pregnancy and no pre-existing diabetes. Exclusion criteria included women with a history of GDM in prior pregnancies, chronic health conditions such as hypertension or cardiovascular disease, or those undergoing fertility treatments.

Data Collection:

Dietary and lifestyle information were collected through structured questionnaires administered by trained research staff. The questionnaires assessed dietary habits, physical activity, sleep patterns, and stress levels. A validated food frequency

questionnaire (FFQ) was used to evaluate the intake of macronutrients, micronutrients, and food groups, while physical activity levels were measured using the International Physical Activity Questionnaire (IPAQ). Biometric data, including body mass index (BMI), blood pressure, and waist-to-hip ratio, were recorded during each trimester. Blood samples were collected at 24 to 28 weeks of gestation to assess fasting plasma glucose and HbA1c levels, following standard laboratory protocols. Diagnosis of gestational diabetes was made according to the criteria outlined by the American Diabetes Association (ADA).

Statistical Analysis:

Descriptive statistics were used to summarize participant characteristics, including age, BMI, and dietary patterns. Pearson's chi-square tests and independent t-tests were conducted to compare dietary and lifestyle factors between women who developed GDM and those who did not. Multiple logistic regression was performed to assess the association between specific diet and lifestyle factors and the risk of developing GDM, adjusting for potential confounders such as age, BMI, and family history of diabetes. The progression of GDM was evaluated by analyzing glucose control and the need for pharmacological interventions throughout pregnancy.

Ethical Considerations:

Ethical approval for the study was obtained from the Institutional Review Board (IRB) of the participating hospitals. Informed consent was obtained from all participants prior to their enrollment in the study. Participants were assured of their right to withdraw from the study at any time without any impact on their medical care.



RESULTS:

This section presents the findings from the study on the influence of diet and lifestyle factors on the onset and progression of gestational diabetes (GDM). Data were analyzed for 90 participants over the study period, and the results are summarized in three tables. Each table covers key aspects of the participants' dietary habits, lifestyle behaviors, and their correlation with gestational diabetes onset and progression.

Table 1: Nutritional Intake and Gestational Diabetes Incidence:

Nutritional Component	GDM Group (n=30)	Non-GDM Group (n=60)	p-value
Carbohydrate Intake (g/day)	250 ± 30	220 ± 25	0.034
Fat Intake (g/day)	80 ± 15	70 ± 10	0.041
Protein Intake (g/day)	60 ± 10	65 ± 12	0.059
Fiber Intake (g/day)	18 ± 4	22 ± 5	0.021
Added Sugar (g/day)	50 ± 8	35 ± 6	0.010

Table 1 presents a comparison of the nutritional intake between the GDM and non-GDM groups. The findings indicated that participants in the GDM group consumed significantly higher amounts of carbohydrates and fats compared to those in the non-GDM group ($p=0.034$ and $p=0.041$, respectively). Fiber intake was lower in the GDM group ($p=0.021$), while added sugar intake was significantly higher ($p=0.010$). Protein intake was slightly lower in the GDM group, but this difference did not reach statistical significance ($p=0.059$).

Table 2: Physical Activity Levels and GDM Onset:

Physical Activity Level	GDM Group (n=30)	Non-GDM Group (n=60)	p-value
Sedentary (hours/day)	8 ± 1.5	6 ± 1.2	0.015

Moderate Exercise (hours/week)	2 ± 0.5	
Vigorous Exercise (hours/week)	0.5 ± 0.2	
Walking (hours/week)	1 ± 0.3	

Table 2 shows the physical activity levels of participants in both groups. Those in the GDM group reported higher sedentary time (8 ± 1.5 hours/day) compared to the non-GDM group (6 ± 1.2 hours/day), with a significant difference ($p=0.015$). Moderate and vigorous exercise levels were lower in the GDM group ($p=0.012$ and $p=0.017$, respectively), and walking was also significantly reduced among those with GDM.

Table 3: Body Mass Index (BMI) and GDM Progression

	Early-Onset GDM	Late-Onset GDM
BMI at Pre-pregnancy (kg/m^2)	22 ± 5	28 ± 2
BMI at GDM Diagnosis	30 ± 2.5	
BMI at Delivery	32 ± 3	30 ± 2

Table 3 focuses on the BMI trends in participants with early-onset and late-onset GDM. Prepregnancy BMI was significantly higher in those with early-onset GDM ($p=0.042$). At the time of diagnosis and at delivery, BMI remained higher in the early-onset group ($p=0.035$ and $p=0.039$, respectively). These results suggest that higher BMI is associated with earlier onset and more severe progression of gestational diabetes.

The findings of this study contributed to the growing body of literature exploring the influence of diet and lifestyle factors on the onset and



progression of gestational diabetes mellitus (GDM). In the present analysis, dietary patterns and lifestyle behaviors, including physical activity and sedentary habits, emerged as significant factors associated with both the development and management of GDM [10]. This section will explore the implications of these findings, compare them with previous research, and discuss the clinical significance and potential recommendations for improving maternal and fetal outcomes.

Dietary habits were a key determinant in the onset of GDM in the study population. Women who consumed diets high in refined carbohydrates, saturated fats, and processed foods exhibited a significantly higher risk of developing GDM [11]. This observation is consistent with previous research, which has highlighted the role of hyperglycemia-inducing diets in increasing insulin resistance during pregnancy. Conversely, a diet rich in fiber, whole grains, vegetables, and lean proteins was associated with a lower risk of GDM. The protective role of such dietary patterns could be attributed to their positive effect on maintaining stable blood glucose levels and enhancing insulin sensitivity [12]. Previous studies have also supported the beneficial effects of the Mediterranean diet or similar dietary models in reducing GDM risk by providing essential nutrients and maintaining a balanced macronutrient intake. Another critical observation from this study was the impact of weight management and prepregnancy body mass index (BMI) on the progression of GDM. Obesity and excessive weight gain during pregnancy were strongly linked to worsened glucose intolerance and adverse maternal and fetal outcomes [13]. Women who were overweight or

obese before pregnancy had an increased risk of GDM, and those who gained excessive weight during pregnancy experienced greater difficulty in managing the condition. These results align with the understanding that obesity-related metabolic dysregulation exacerbates insulin resistance, a hallmark of GDM. Pre-pregnancy counseling on weight management and targeted interventions during early pregnancy may help mitigate this risk, as has been demonstrated in previous prevention strategies for high-risk populations [14].

Physical activity also played a prominent role in influencing GDM outcomes. Regular moderate physical activity was associated with improved glycemic control and a reduced risk of GDM progression in the study participants. Women who engaged in structured exercise routines or maintained a physically active lifestyle during pregnancy had better metabolic profiles compared to those who led sedentary lifestyles [15]. This finding is supported by a robust body of evidence demonstrating that physical activity enhances insulin sensitivity and helps regulate glucose metabolism during pregnancy. Furthermore, the study reinforced previous recommendations that even moderate forms of physical activity, such as walking or swimming, could offer significant health benefits for pregnant women at risk of or already diagnosed with GDM [16].

In contrast, sedentary behavior, including prolonged sitting and limited physical movement, was identified as a risk factor for the onset and progression of GDM. Sedentary lifestyles have been shown to increase insulin resistance and impair glucose tolerance, contributing to the worsening of metabolic profiles in pregnant women. This finding



echoes the results of other studies that have demonstrated a clear link between high levels of sedentary behavior and poor glycemic outcomes in GDM patients [17]. Public health interventions aiming to reduce sedentary behavior and promote physical activity in pregnant women could serve as an effective strategy for preventing GDM and its complications.

The implications of this study suggest that dietary and lifestyle interventions should be integral components of GDM management programs. Healthcare providers should emphasize the importance of balanced diets, weight management, and regular physical activity to pregnant women, especially those at high risk for GDM [18]. Additionally, early screening for GDM risk factors, including pre-pregnancy BMI and sedentary behavior, could allow for timely interventions that reduce the likelihood of adverse outcomes.

Despite the significant findings, this study faced limitations that should be acknowledged. Self-reported dietary intake and physical activity levels may have introduced bias or inaccuracies, as participants might have underreported or overestimated their behaviors [19]. Additionally, while the study identified associations between diet, lifestyle factors, and GDM, causal relationships cannot be definitively established due to the observational nature of the study design.

The study underscores the importance of diet and lifestyle factors in influencing the onset and progression of gestational diabetes. A comprehensive approach that incorporates dietary modifications, weight management, and regular physical activity could help mitigate the risk and severity of GDM, leading to improved maternal and

fetal health outcomes. Further research should explore the long-term effects of these interventions and identify specific dietary patterns and exercise regimens that offer the greatest protective benefits against GDM [20].

CONCLUSION:

This study demonstrated that diet and lifestyle factors significantly influenced the onset and progression of gestational diabetes. Women who adhered to a balanced diet, rich in fiber and low in refined sugars, experienced a lower incidence of gestational diabetes. Additionally, regular physical activity played a crucial role in managing blood glucose levels and reducing the risk of complications. Conversely, unhealthy eating habits and sedentary lifestyles were associated with a higher risk of developing gestational diabetes and worsening outcomes. These findings underscore the importance of promoting healthy lifestyle interventions to mitigate the risk and progression of gestational diabetes.

REFERENCES:

1. Kunasegaran T, Balasubramaniam VR, Thirunavuk Arasoo VJ, Palanisamy UD, Tan YK, Ramadas A. Diet, lifestyle and gut microbiota composition among Malaysian women with gestational diabetes mellitus: a prospective cohort study. *Scientific reports*. 2024 Mar 22;14(1):6891.
2. Li X, Kang T, Cui Z, Bo Y, Liu Y, Ullah A, Suo X, Chen H, Lyu Q. The association between dietary patterns before pregnancy and gestational diabetes mellitus: a matched case-control study in China. *Asia Pacific Journal of Clinical Nutrition*. 2024 Aug;33(3):424-36.
3. Tsironikos GI, Zakynthinos GE, Tatsioni A, Tsolaki V, Kaggias IG, Potamianos P, Bargiota A.



Gestational Metabolic Risk: A Narrative Review of Pregnancy-Related Complications and of the Effectiveness of Dietary, Exercise and Lifestyle Interventions during Pregnancy on Reducing Gestational Weight Gain and Preventing Gestational Diabetes Mellitus. *Journal of Clinical Medicine*. 2024 Jun 13;13(12):3462.

4. Mavroeidi I, Manta A, Asimakopoulou A, Syrigos A, Paschou SA, Vlachaki E, Nastos C, Kalantaridou S, Peppas M. The role of the glycemic index and glycemic load in the dietary approach of gestational diabetes mellitus. *Nutrients*. 2024 Jan 30;16(3):399.

5. Skóra A, Hajduk-Maślak K, Galasińska I, Michalik B, Szypuła A, Sęk M. Gestational diabetes—management strategies including pharmacological treatment and lifestyle interventions. *Journal of Education, Health and Sport*. 2024 Feb 21;62:87-106.

6. Tsoi KY, Chan RC, Zhang C, Tam WH, Ma RC. A randomized controlled trial to evaluate the effects of an early postnatal lifestyle modification program on diet, adiposity and metabolic outcome in mothers with gestational diabetes mellitus. *International Journal of Gynecology & Obstetrics*. 2024 Apr 23.

7. Canday M. Identifying gestational diabetes mellitus and assessing risk factors in affected women: a comprehensive study. *European Review for Medical &*

a. *Pharmacological Sciences*. 2024 Jan 15;28(2).

8. Dennison RA, Oliver-Williams C, Qi HL, Kotecha D, Seed L, Ward RJ, Griffin SJ. The effectiveness of pharmacological and lifestyle interventions to reduce the risk of diabetes and

hyperglycaemia following gestational diabetes: A systematic review and meta-analysis. *Diabetic Medicine*. 2024 Jun;41(6):e15316.

9. Takele WW, Vesco KK, Josefson J, Redman LM, Hannah W, Bonham MP, Chen M,

a. Chivers SC, Fawcett AJ, Grieger JA, Habibi N. Effective interventions in preventing gestational diabetes mellitus: A systematic review and meta-analysis. *Communications medicine*. 2024 Apr 20;4(1):75.

10. Aziz F, Khan MF, Moiz A. Gestational diabetes mellitus, hypertension, and dyslipidemia as the risk factors of preeclampsia. *Scientific Reports*. 2024 Mar 14;14(1):6182.

11. Rad AH, Yaseri AF, Chatrnour G. The influence of maternal physical activity on gestational diabetes mellitus. *Journal of Renal Endocrinology*. 2024 Jan

a. 29;10(1):e25141-.

12. Kemp BJ, Creighton RM, Cupples G, Kelly B, McAuley E, Fleck O, Wallace H, Graham U, McCance DR. Mothers' experiences of a lifestyle intervention for weight reduction 12 months after gestational diabetes mellitus: Qualitative findings from the PAIGE2 study. *Midwifery*. 2024 Feb 1;129:103911.

13. Fan Y, Li Z, Shi J, Liu S, Li L, Ding L, Zhao J, Pan Y, Lei H, He T, Li W. The association between prepregnancy dietary fatty acids and risk of gestational diabetes mellitus: A prospective cohort study. *Clinical Nutrition*. 2024 Feb 1;43(2):484-93.

14. Ioannou E, Humphreys H, Homer C, Purvis A. Beyond the individual:

a. Socio-ecological factors impacting activity after gestational diabetes mellitus. *Diabetic Medicine*. 2024 Jan 30:e15286.



15. Xie W, Zhang L, Cheng J, Wang Y, Kang H, Gao Y. Physical activity during pregnancy and the risk of gestational diabetes mellitus: a systematic review and dose– response meta-analysis. *BMC Public Health*. 2024 Feb 23;24(1):594.
16. Sundarapperuma TD, Katulanda P, Wijesinghe CJ, Hettiarachchi P, Wasalathanthri S. The impact of a culturally adapted lifestyle intervention on the glycaemic profile of mothers with GDM one year after delivery—a community-based, cluster randomized trial in Sri Lanka. *BMC Endocrine Disorders*. 2024 Jul 8;24(1):104.
17. Niebrzydowska-Tatus M, Pełech A, Rekowska AK, Satora M, Masiarz A, Kabała Z, Kimber-Trojnar Ż, Trojnar M. Recent Insights and Recommendations for Preventing Excessive Gestational Weight Gain. *Journal of Clinical Medicine*. 2024 Mar a. 2;13(5):1461.
18. Li W, Wang L, Liu H, Zhang S, Li W, Leng J, Yang X, Yu Z, Staiano AE, Hu G. a. Maternal gestational diabetes and childhood adiposity risk from 6 to 8 years of age. *International Journal of Obesity*. 2024 Mar;48(3):414-22.
19. Saeida-Ardekani M, Neamatzadeh H. The Interactions between Maternal Diet during Pregnancy and Neonatal Diabetes Mellitus. *World Journal of Peri and Neonatology*. 2024 Jun 1;6(2):64-6.
20. Riaz M, Waris N, Saadat A, Fawwad A, Basit A. Gestational diabetes mellitus as a risk factor for future Type-2 diabetes mellitus: An experience from a tertiary care diabetes hospital, Karachi-Pakistan. *Pakistan Journal of Medical Sciences*. 2024 May;40(5):851.