Loutradis Dimitris

Professor, Director of
1st Department of Obstetrics
and Gynecology
School of Medicine
National and Kapodistrian
University of Athens

Editorial

Gestational diabetes mellitus (GDM) has long been framed as a temporary complication of pregnancy. However, the newest wave of research tells us that this lens is too narrow. GDM is not just a fleeting inconvenience—it is a signal of deeper metabolic vulnerability, with consequences that stretch well beyond delivery.

Rates of GDM are climbing worldwide, fueled by rising maternal age, increasing obesity, and changing population demographics. In some regions, the condition now affects nearly one in five pregnancies. This surge is not simply a statistical anomaly; it reflects the growing pressures modern lifestyles place on maternal health. Left unchecked, the trend threatens to amplify burdens on health systems already strained by chronic disease.

Too often, GDM is treated as a problem that resolves at birth. In reality, it casts a long shadow. Women who develop GDM face a markedly higher risk of progressing to type 2 diabetes within a decade. Their children, meanwhile, may encounter elevated risks of obesity, insulin resistance, and even neurodevelopmental challenges. Framing GDM as an isolated pregnancy issue minimizes its true scope—it is a predictor of future health across generations.

Traditional screening occurs midway through pregnancy, at 24–28 weeks. By then, opportunities for prevention have largely passed. Advances in diagnostics—from predictive blood biomarkers to machine learning models analyzing maternal body composition—offer the chance to identify high-risk women as early as the first trimester, or even before conception. Early detection could transform GDM care from late-stage management to proactive prevention.

Medical interventions matter, but prevention begins at the dinner table and in daily movement. Studies increasingly show that modest dietary shifts—higher fiber intake, reduced refined sugars, and even the inclusion of specific foods that improve insulin sensitivity—can lower GDM risk. Physical activity during pregnancy, when safe, also improves outcomes. These interventions are inexpensive, accessible, and culturally adaptable, making them powerful tools for public health.

To conclude, GDM is not just a pregnancy complication—it is a pivotal moment in the health journey of both mother and child. By shifting from reaction to prevention, from narrow treatment to a life-course perspective, we can reduce its burden and break cycles of metabolic disease across generations. In this issue, the article by Louri et al. proved that pre-pregnancy normal body weight and weight gain within the recommended limits is the key to reduce the incidence of GDM. Thus, it is time to adopt preventive strategies and treat GDM as the urgent public health priority it truly is.