Gestational Diabetes Is Becoming the New Normal in Pregnancy

Analysis by Dr. Joseph Mercola | February 07, 2026

STORY AT-A-GLANCE

- Gestational diabetes rates climbed every single year in the U.S. from 2016 through 2024, turning what was once uncommon into a routine metabolic stress test that many pregnancies now fail
- The condition reflects years of declining metabolic health before conception, not a sudden problem that starts during pregnancy
- Certain racial and ethnic groups face far higher rates, showing that environment, access, and long-standing metabolic strain shape risk well before prenatal care begins
- Diets low in usable energy and high in seed oils, along with toxic exposures and inactivity, weaken insulin signaling and set the stage for blood sugar breakdown
- Restoring cellular energy, removing seed oils, reducing environmental toxins, optimizing vitamin D through sunlight, and moving daily strengthen glucose control and lower long-term risks for both mother and child

By the time most women learn they have gestational diabetes, the metabolic breakdown has been building for years — often without a single symptom. The diagnosis comes during pregnancy, but the roots reach much further back. It's a warning that the systems responsible for managing blood sugar are already under pressure.

Left unaddressed, the consequences extend far beyond the nine months of pregnancy. Risks increase for serious complications during delivery and for long-term metabolic disease later in life, while children face higher odds of carrying that burden forward. That pattern makes gestational diabetes less about a single nine-month window and more about what happened metabolically in the years leading up to conception.

U.S. data now show this issue has moved well beyond the margins. Research published in JAMA Internal Medicine by Northwestern Medicine researchers analyzed millions of U.S. births and documented uninterrupted increases in gestational diabetes across nearly a decade.[1]

The steady climb, without pauses or reversals, signals a broad shift in baseline health rather than isolated failures in prenatal care. This is no longer a rare complication — it's become a routine metabolic stress test that a growing number of pregnancies fail.

Even more telling, the burden doesn't fall evenly. Some racial and ethnic groups face far higher rates, underscoring how environment, access to health care, and long-standing health patterns shape risk well before pregnancy begins. That context reframes the conversation away from short-term fixes and toward the metabolic groundwork that sets the stage for pregnancy outcomes.

A Nationwide Trend That Refuses to Slow

The study analyzed more than 12 million U.S. birth records to track gestational diabetes trends from 2016 through 2024 using data from the National Center for Health Statistics.[2] This type of research captures what happens in real life, not in a tightly controlled lab. These findings reflect everyday pregnancies across the U.S., not a narrow or idealized group.

By limiting the analysis to first singleton births, the researchers reduced confounding from prior pregnancy history, which often skews diabetes risk. This shows how often gestational diabetes appears in otherwise uncomplicated pregnancies. It also highlights that this diagnosis increasingly affects people without a long medical history.

- **Rates rose every single year, with no pauses or reversals —** Gestational diabetes increased from 58 cases per 1,000 births in 2016 to 79 per 1,000 births in 2024, a 36% rise over nine years. There was no plateau, even during periods of heightened health awareness. This means the risk environment worsened steadily rather than fluctuating with short-term events.

- **The increase continued straight through the COVID-19 pandemic —** The upward trend persisted during and after the pandemic years, confirming that gestational diabetes didn't decline when lifestyles temporarily changed. Many people assume pandemic disruptions explain recent health shifts. Instead, the data show a deeper and longer-running metabolic problem that predates those years and continues afterward.

- **Large differences appeared across racial and ethnic groups, not just overall averages —** In 2024, rates reached 137 per 1,000 births among American Indian and Alaska Native women, 131 per 1,000 among Asian women, and 126 per 1,000 among Native Hawaiian and Pacific Islander women. Hispanic women experienced 85 per 1,000 births, compared with 71 among White women and 67 among Black women.

  These communities often face higher exposure to environmental toxins, greater food deserts limiting access to whole foods, chronic stress from systemic inequities, and health care systems that underserve their specific needs — all factors that compound metabolic strain over years. Understanding this pattern helps everyone see that prevention needs to start long before the pregnancy test turns positive.

  Senior author Dr. Nilay Shah also noted that populations with the highest rates often remain underrepresented in health research, which limits understanding of why their risk stays elevated. This explains why one-size-fits-all advice fails. You benefit when data reveal where knowledge gaps exist, rather than pretending all groups respond the same way.

- **Researchers linked the trend to worsening metabolic health before pregnancy begins —** Shah explained that "less healthful diets, less exercise, more obesity" among young adults likely drive the rising rates of diabetes during pregnancy.

  This framing shifts responsibility upstream, away from pregnancy alone. It reinforces that gestational diabetes reflects years of metabolic strain — the cumulative stress on your body's systems for processing food into energy — rather than a sudden pregnancy-specific issue.

- **Current prevention strategies don't work as intended —** Gestational diabetes has increased for more than a decade, signaling that existing approaches fail to reverse the trend. This is a call to reassess how metabolic health gets addressed long before conception. By documenting nearly 15 years of uninterrupted growth when combined with earlier data, the study positions gestational diabetes as a marker of population-level metabolic decline.

How to Address the Real Drivers of Gestational Diabetes

The good news is that gestational diabetes responds to upstream intervention. This condition doesn't start during pregnancy. It builds quietly for years as metabolic stress accumulates, insulin signaling weakens, and environmental exposures interfere with normal glucose control. Insulin is the hormone that unlocks your cells so glucose can enter and be used for energy.

When cells stop responding properly to insulin's signal — a problem called insulin resistance — glucose builds up in your bloodstream instead of fueling your body. This is the core breakdown behind gestational diabetes. When you work on the causes early, blood sugar regulation becomes more resilient, pregnancy places less strain on your system, and long-term risks for you and your child drop sharply. Ideally, begin these changes at least six to 12 months before conception.

1. **Restore cellular energy so blood sugar stays stable —** Your mitochondria — the energy-producing structures inside each cell — need adequate fuel to function. When they're starved or damaged, cells can't process glucose efficiently, forcing your body to pump out more insulin to compensate. Your cells handle glucose best when they have enough fuel to produce energy efficiently.

   For most adults, that means adequate carbohydrates rather than restriction. A daily target of roughly 250 grams of carbohydrates supports glucose handling and lowers stress hormones. This may seem counterintuitive if you've heard that carbohydrates raise blood sugar.

   But chronically restricting carbohydrates elevates stress hormones like cortisol, which actually impairs insulin sensitivity over time. Adequate carbohydrate intake supports thyroid function and metabolic rate, both of which help your cells process glucose efficiently.

   Stable energy reduces the metabolic pressure that drives insulin resistance before pregnancy even begins. I recommend starting with whole fruits and white rice — these are easier to digest, especially if your gut is damaged. Gradually add root vegetables, then legumes and well-tolerated whole grains if your gut is healthy.

2. **Remove seed oils and processed foods that disrupt insulin signaling —** Linoleic acid (LA) from seed oils interferes with mitochondrial energy production and worsens glucose control. When LA accumulates in cell membranes, it makes mitochondria less efficient at burning fuel, which impairs your cells' ability to take up glucose normally. Reduce this burden by eliminating packaged foods and avoiding restaurants that cook with seed oils, which is most of them.

   The main seed oils to avoid are soybean, corn, canola, cottonseed, sunflower, safflower, and grapeseed oil. Check ingredient labels — these appear in most packaged foods, salad dressings, and take-out foods. Use traditional fats instead, such as grass fed butter, ghee, or tallow. This change reduces inflammatory byproducts that force your body to overproduce insulin.

3. **Reduce toxic exposures that interfere with hormones and glucose metabolism —** Everyday chemicals raise gestational diabetes risk by disrupting hormonal balance.[3] You can help protect glucose regulation by avoiding plastic food containers, choosing phthalate-free personal care products, and minimizing packaged foods.

   Lead exposure also impairs glucose tolerance — your body's ability to handle incoming sugar without blood levels spiking — even at low levels. Filtering your drinking water, using a high-quality air purifier, and avoiding old paint and contaminated dust lowers this hidden metabolic stress that accumulates long before pregnancy.

4. **Use sunlight to optimize vitamin D and metabolic resilience —** Vitamin D plays a direct role in glucose control and pregnancy outcomes. Sun exposure remains the most effective way to raise levels, but timing matters. I recommend avoiding high-intensity, mid-day sun exposure until you've been off seed oils for at least six months, as the LA stored in your skin increases your risk of sun damage.

   During the transition period, aim for daily morning or late afternoon sun exposure when UV intensity is lower. After six months off seed oils, you can gradually increase mid-day exposure as tolerated. Over time, getting adequate daily sunlight supports vitamin D status, cellular energy production, and insulin sensitivity. If sunlight remains limited, vitamin D3 supplementation works best when balanced with magnesium and vitamin K2.

   These helper nutrients allow your body to absorb and direct vitamin D properly, while also reducing the dose you need to maintain healthy levels.[4] Instead of guessing, check your vitamin D levels with a simple blood test at least twice a year. Aim for 60 to 80 ng/mL (150 to 200 nmol/L).

5. **Move daily to improve insulin sensitivity and weight regulation —** Regular movement trains your cells to respond to insulin instead of resisting it. Walking, swimming, and gentle strength work improve glucose handling without exhausting

your system. Moderate activity, such as a one-hour walk daily, lowers insulin resistance and supports a healthy body composition.

Even modest weight reduction before pregnancy sharply lowers the chance that blood sugar control breaks down later. These steps give you leverage where it matters most: the metabolic foundation you build in the years before conception determines whether pregnancy strains your system — or your system rises to meet it.

FAQs About Gestational Diabetes

Q: What is gestational diabetes, and why does it matter beyond pregnancy?

A: Gestational diabetes is elevated blood sugar first identified during pregnancy. It matters because it reflects underlying metabolic dysfunction that often begins years earlier and raises long-term risks for Type 2 diabetes, cardiovascular disease, and metabolic problems in children.

Q: Why are gestational diabetes rates rising every year in the U.S.?

A: National data show uninterrupted increases from 2016 through 2024, which researchers link to declining metabolic health in younger adults. Less nourishing diets, reduced physical activity, rising obesity, and environmental exposures all contribute to worsening insulin resistance before pregnancy begins.

Q: Who faces the highest risk of gestational diabetes?

A: Rates are highest among American Indian and Alaska Native, Asian, and Native Hawaiian or Pacific Islander women. These disparities highlight how environment, access to care, and long-standing health patterns shape risk well before pregnancy,

not individual behavior alone.

Q: How does diet influence gestational diabetes risk?

A: Adequate healthy carbohydrates support stable cellular energy and reduce insulin stress, while seed oils and ultraprocessed foods disrupt glucose regulation. Diets centered on whole foods, traditional fats, and easily digestible carbohydrate sources improve insulin sensitivity before pregnancy.

Q: What are the most effective steps to lower risk before pregnancy?

A: Addressing root causes matters most. Restoring cellular energy, eliminating seed oils, reducing toxic exposures, optimizing vitamin D through sunlight, and moving daily all strengthen insulin sensitivity and lower the metabolic burden that leads to gestational diabetes.

Sources and References

- [1] JAMA Internal Medicine December 29, 2025
- [2] Northwestern Now January 6, 2026
- [3] Diabetol Metab Syndr. 2024 Apr 26;16:95
- [4] GrassrootsHealth March 10, 2020