

THE RELATIONSHIP BETWEEN EXCESSIVE SUGAR AND FAT INTAKE AND GESTATIONAL DIABETES MELLITUS

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Gestational diabetes mellitus (GDM) is a condition characterized by hyperglycemia first diagnosed during pregnancy, which increases the risk of both short- and long-term complications for the mother and child. In recent years, the prevalence of GDM and pregnancy-related hyperglycemia has been increasing worldwide. According to the International Diabetes Federation (IDF) 2024 report, approximately one in six live births ($\approx 15\text{--}16\%$) is affected by some form of hyperglycemia during pregnancy, with the majority of these cases attributable to GDM.

Global epidemiological assessments indicate that the prevalence of GDM varies by economic development level: $12\text{--}15\%$ in low-income countries, approximately 9% in middle-income countries, and about 14% in high-income nations. These estimates are based on the standardized diagnostic criteria developed by the International Association of Diabetes and Pregnancy Study Groups (IADPSG).

At the regional level, the burden of GDM remains significant. In Uzbekistan, epidemiological surveys and health reports indicate a GDM prevalence ranging between 9% and 12% . For instance, a national pilot study conducted across six regions reported a prevalence rate of 9.47% . GDM is associated not only with perinatal complications (such as macrosomia, cesarean delivery, and neonatal hypoglycemia) but also with long-term metabolic consequences — for the mother (an increased risk of type 2 diabetes and cardiovascular diseases) and for the child (a higher likelihood of obesity and type 2 diabetes later in life).

The pathophysiology of GDM is primarily based on the physiological insulin-resistant state of pregnancy. Placental hormones — including human placental lactogen (hPL), progesterone, estrogen, and other mediators — reduce insulin sensitivity during the later stages of pregnancy. In most women, this condition is compensated by enhanced β -cell insulin secretion; however, when this compensatory mechanism is insufficient, gestational diabetes develops.

Currently, leading organizations such as IADPSG, WHO, and ADA recommend assessing GDM between 24–28 weeks of gestation using the oral glucose tolerance test (OGTT). This approach underlines the clinical importance of GDM and the necessity of early detection and management.

Dietary habits have a substantial impact on the risk of gestational diabetes. In particular, added sugar intake and the consumption of sugar-sweetened beverages (SSB) have been consistently identified as risk factors. For example, according to data from the Nurses' Health Study II,

women who consumed five or more servings of sugar-sweetened cola per week prior to pregnancy had a 22% higher risk of developing GDM (RR = 1.22; 95% CI: 1.01–1.47).

Broader epidemiological evidence also shows that sugar-sweetened beverages and diets with a high glycemic load increase the risk of metabolic diseases, including type 2 diabetes, which aligns mechanistically with the pathogenesis of GDM. Recent reviews emphasize that “unhealthy diets” — characterized by refined grains, added sugars, and processed high-fat foods — increase the risk of GDM, whereas the Mediterranean diet or diets rich in vegetables, fruits, whole grains, and healthy fats can reduce the risk.

Regarding fat intake, the evidence remains somewhat complex. Several studies suggest that high consumption of saturated fats and fat-rich diets increases the risk of GDM, while replacing saturated fats with unsaturated (plant-based) fats may reduce this risk. Other recent investigations, however, have not found a strong association between total carbohydrate or total fat intake and GDM, though a link between protein proportion and GDM risk has been observed. This highlights the importance of evaluating the quality and source of macronutrients rather than quantity alone.

In conclusion, current scientific evidence supports limiting added sugars and sugar-sweetened beverages, reducing the consumption of refined and saturated fat-rich foods, and promoting balanced, nutrient-dense dietary patterns — particularly those based on fruits, vegetables, whole grains, nuts, fish, and olive oil — as effective strategies for preventing gestational diabetes mellitus.

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