The prevalence of gestational diabetes mellitus (GDM) is increasing across ethnic groups, and larger trends towards more sedentary lifestyles, richer diets, and older age at pregnancy suggest that prevalence will continue to rise. With the reach of this disease increasing, we need to better our understanding of the causes and implications of gestational diabetes diagnoses, management, and outcomes. Using Sampson’s (2013) findings that sociodemographic marginalization negatively impacted GDM management and outcomes as a basis, I conducted a “different type of epidemiology.” Virtual auditing was used to delve into the histories, geographies, and realities of six socially contrasting neighbourhoods in southeast Toronto to put health outcomes in context. I found substantial differences in the quality and quantity of health-promoting resources across the neighbourhoods, which may assist or constrain women managing gestational diabetes. Through a “different type of epidemiology,” this study bettered our understanding of how place-based conditions can get under the skin to influence women’s health.