Reviewer's report

Title: Identifying acceptable postpartum intervention approaches to prevent type 2 diabetes in women with a history of gestational diabetes

Version: 1 Date: 26 November 2010

Reviewer: Catherine Kim

Reviewer's report:

The unique features of this report are: 1) unlike most focus group/qualitative analyses, it notes the denominator i.e. the number of women who were invited and actually able to attend, 2) potentially useful suggestions by the participants regarding preferences for lifestyle intervention, and 3) new information regarding what was not helpful, particularly lifestyle change advice from physicians. To my knowledge, the women's irritation at physician's advice is novel and should be noted.

These unique features should be emphasized.

Major Compulsory Revisions

From BMC: The author must respond to these before a decision on publication can be reached. For example, additional necessary experiments or controls, statistical mistakes, errors in interpretation.

1. Please see comments above. These unique features of the manuscript could be emphasized further in the abstract as well as the discussion.

-There apparently were multiple women with recent histories of GDM who wanted to attend the focus group, but simply couldn't. The implications for a) group interventions and b) lifestyle interventions, in general, should be discussed further. If women can't attend a single focus group, what does that portend for any lifestyle intervention, particularly group interventions such as were conducted in the Diabetes Prevention Program?

-"Lifestyle coach" was used by the women to mean an educator who would see them as an equal. However, this is a vague definition. How would a lifestyle coach differ from a nutritionist vs. a diabetes educator vs. a personal trainer vs. a guru? More detail or further characterization of what women desired would be helpful. Is it "optional?" rather than "compulsory?" Or perhaps the women themselves didn't know and couldn't say? If this is the case, it should be stated specifically.

-Several of the women definitely did NOT want a physician who "didn't know them" counseling about lifestyle. What does this imply for physician advice about lifestyle change and risk in this population and others. Should physicians not be discussing this issue, or should be physicians not be part of future interventions? Or is it that the manner in which such counseling is given counter-productive? This should also be expanded upon.
2. The investigators note that lifestyle intervention was equally effective in women with and without GDM. In fact, lifestyle intervention was more effective in older adults, whereas younger women (who tended to have higher BMI) had relatively greater success with metformin.

The investigators could expand on this. Given that their women had such a difficult time with lifestyle change, could a medication be more effective?

The authors themselves note that sociocultural contexts may be more important than individual-level determinants. What does this imply for an intervention? It seems to suggest that medication might be a good alternative. Lifestyle is certainly more appealing from a holistic sense, but if it cannot be achieved, would medication make more sense?

Did they solicit comments on this topic from their focus group participants? If not, it should be noted in the Discussion.

Minor Essential Revisions

The author can be trusted to make these. For example, missing labels on figures, the wrong use of a term, spelling mistakes.

None noted. Generally clearly written.

Discretionary Revisions

**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

'I declare that I have no competing interests'