Reviewer’s report

Title: From screening to postpartum follow-up - the determinants and barriers for gestational diabetes mellitus (GDM) services, a review

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Reviewer: Kaberi Dasgupta

Reviewer’s report:

General comments:
This paper is a narrative review on a very interesting but broad subject, and as such does not appear to adhere to the submission requirements of this journal (“The journal does not generally consider narrative review articles”).

The objective is stated as: “to map out the determinants and barriers to implementing effective and integrated public health initiatives to address screening, diagnosis, treatment and postpartum care for GDM based on a review of published studies on the subject.”

While this is an interesting objective, it is far too broad for a single paper. As a result, there is virtually no analysis of the quality of any individual paper and no in-depth discussion of findings. Instead, unfortunately, the paper reads like an inventory of facts.

Further, it is not clear if the time frame examined is well-aligned with the overall objectives. For example, in 2002, in Canada, it was acceptable not to screen for GDM (Berger et al. J Obstet Gynaecol Can. 2002 Nov;24(11):894-912.). This could importantly impact practitioner and patient practices.

From a systematic review perspective, there are important methodological gaps. Normally, it is recommended that at least three citation indices be searched in order to perform a comprehensive systematic review. The time period considered should be indicated in the abstract, as well as an indication of search terms. Some of this information is provided in the Methods in the main body of the abstract. In terms of Methods, there is a lack of information on procedures: who selected the studies (i.e., 1 reviewer? Two? Method of resolution of disagreements?), was there a study quality tool used/adapted, was there a study quality/data abstraction form used? Please see the PRISMA guidelines for further details on recommended methods for conducting systematic reviews (http://www.prisma-statement.org/). The following paper may also be useful:


As previously stated, because of the broad subject area that the authors propose to address, there are several elements that are missing: access to a dietitian,
access to a kinesiologist, access to blood glucose testing. Curiously, the discussion focuses on postpartum diabetes screening although GDM screening, diagnosis, and treatment are indicated as the main focus of the paper in the Introduction.

We recommend a number of smaller, more in-depth papers rather than attempting to synthesize a vast literature into a single paper: e.g., GDM screening and diabetes screening post-delivery (access to care), one on adherence to GDM treatment (insulin, pills, lifestyle changes) and one on lifestyle modification post-delivery (individuals determinants, perception of barriers and facilitators).

**Level of interest:** An article of limited interest

**Quality of written English:** Needs some language corrections before being published

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

**Declaration of competing interests:**

No competing interests