Reviewer’s report

Title: Risk factors associated with the development of postpartum diabetes in Japanese women with gestational diabetes

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Reviewer: Sara Meltzer

Reviewer's report:

The authors retrospectively assessed the risk and indicating risk factors in pregnancy for postpartum (PP) DM over the period from 2003-2014. There was 304/354 (86%) women who came for PP Testing. They indicate that those factors shown to be predictive in a recent meta-analysis apply to their population and provide risk ratios for important values for a Japanese population which may be very helpful, as there appear to be nuances of various ethnic risks.

It is very difficult to understand what the previous Japanese GDM diagnostic values were. The referenced journal - Acta Obstet Gynaecol Jpn 1984; 36: 2055- is not easy to access to help the reader to understand. It is not stated clearly if there was and still is universal screening of pregnant women or based on risk factors as in parts of Europe. Wasn't the glucose load 100g in Japan prior to the use of the IADPSG values? This easily explains the higher values on the pregnancy OGTT. To permit comparatives, I would suggest the authors indicate if screening was universal, at what time in the pregnancy, whether a glucose challenge test of 50 g was ever used or not and the number of grams of glucose in the standardized glucose load prior to the use of the IADPSG/WHO 2013 Hyperglycemia in pregnancy values.

What is the results using the 1 hour value - if it is equivalent to the 2 h value, maybe one day the glucose assessment for pregnancy could be fasting & 1 h? Saving time & money for pregnant women & the health systems. Was there a cutoff value for the 1h? In Japanese women, if the 2 h antepartum value is the highest risk, this may be important for future recommendations in Japan.

In Table 3, could they show more columns to allow comparisons of former Japanese diagnostic criteria vs IADPSG group for diabetes /no DM post partum to see if they appear different - at least for the reader to see the raw data? Leave the first 2columns with p values as is and add additional columns to the right for the other groups Jap values with or without GDM PP + IADPSG tested women with or without DM PP.

In the table 5&6 looking at comparative RR for PP DM & for predictability of DM, if the 1 h value was used, was the risk ratio done and non-significant? In fact, it would be excellent to include the fasting as well. It appears as if Asian populations have more risk indicated by post load - including all 3 OGTT values would underline this issue.
Overall, I think that this paper is well written and does provide useful information for a large & specific Japanese population.

**Are the methods appropriate and well described?**
If not, please specify what is required in your comments to the authors.

No

**Does the work include the necessary controls?**
If not, please specify which controls are required in your comments to the authors.

Yes

**Are the conclusions drawn adequately supported by the data shown?**
If not, please explain in your comments to the authors.

Yes

**Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review?**
If an additional statistical review is recommended, please specify what aspects require further assessment in your comments to the editors.

I recommend additional statistical review

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