Reviewer’s report

Title: The Short-Term Economic Burden of Gestational Diabetes Mellitus in Italy.

Version: 0 Date: 11 Jul 2017

Reviewer: DONALD DUDLEY

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The paper by Meregaglia, et al, is a cost analysis of diabetes care in Italy. Several issues need to be addressed:

1. Line 85: How much of the change in the incidence of GDM in Italy is due to changes in diagnostic criteria.

2. Line 90: I believe they mean "short term" rather than "short run" in this sentence. But more importantly, how is "short term" defined? Over what time frame?

3. Lines 111-121: A significant problem with the paper is that all of the neonatal costs are estimates. Are there any other proxy numbers that can used to identify infants of GDM mothers so that these costs can be more accurate?

4. Lines 123-124: Are these true costs or are these charges? If costs, please note how these costs are determined. Also, the authors should state clearly that these are true costs and not charges. These terms are often used interchangeably and they are clearly different.

5. Table 1: Women with GDM were more likely to be older than 35. Are costs of genetic screening/diagnosis included in the model?

6. Table 1: Women with GDM were more likely to be obese. Were the costs of obesity itself also factored into the model?

7. Line 164: In the introduction, the authors note that some women are recommended to undergo screening at 16-18 weeks, but they only included women screened at 28 weeks. Cannot the number of women who would recommended to have the earlier screening be factored into the model?

8. Lines 166-169: What proportion of women in Italy are completely compliant with the number of glucose determinations during their pregnancies? Couldn't this be estimated and factored into the model?

9. Line 170: Only aspart was factored into the model. What about other types? Could these have not been estimated?

10. Table 2: Glucometers are listed as free of charge. Surely this costs someone something.
11. Table 2: If the number of finger sticks is 4/day in women with GDM on insulin, they authors state total number of test strips to be 198. How was this number derived?

12. Table 2: Shouldn't "gynecologic visit" be "obstetrical visit"?

13. Table 4: What about medical legal costs from shoulder dystocia? Is this a problem in Italy as in other countries?

14. Line 277: "GMD" should be "GDM".

15. Line 284: Are oral hypoglycemic agents used in Italy for women with GDM? Shouldn't this be factored into the model?

16. Lines 300-306: The authors report on other costs analyses. How is their analysis different or better than the other reports?

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

Yes

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

No

**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.

Not relevant to this manuscript

**Quality of written English**
Please indicate the quality of language in the manuscript:

Acceptable

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