Author’s response to reviews

Title: Glucose screening within six months postpartum among Chinese mothers with a history of gestational diabetes mellitus: A prospective cohort study

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Author’s response to reviews:

December 17, 2018
Dr. Shinya Matsuzaki,
Editor, BMC Pregnancy and Childbirth

Dear Dr. Shinya Matsuzaki,
Re: Glucose screening within six months postpartum among Chinese mothers with a history of gestational diabetes mellitus: A prospective cohort study (ID: PRCH-D-18-01159)

We are grateful to you and the reviewers for the helpful comments on the manuscript submitted. We have revised the manuscript according to your comments.

Comments from the editors and reviewers:
Reviewer 1: I believe this manuscript has been submitted before and advised for resubmission. The manuscript is now much improved. There are very minor grammatical mistakes that can easily be rectified.
Response: Many thanks for the comment. We have had the manuscript edited by a native English speaker.

Reviewer 2
1. For the measurement tool, the RC-CHBMS, it would be better to describe how the scores were calculated. The 5-point scale should be described if it was 0-4 or 1-5.
Response: Revised and highlighted in red in the manuscript. The 5-point scale is from 1 to 5.

2. In addition, is there any cutoff value for the scale? or if it can be reported in categories? The report in categories can be more understandable and meaningful than mean scores.
Response: There is no clear cut point for the scale. However, based on your suggestion, we dichotomised the scale using median according to a published paper (Shiomi H1, Nakagawa Y,
Morimoto T, Furukawa Y, Nakano A, Shirai S, Taniguchi R, Yamaji K, Nagao K, Suyama T, Mitsuoka H, Araki M, Takashima H, Mizoguchi T, Eisawa H, Sugiyama S, Kimura T; CREDO-Kyoto AMI investigators. Association of onset to balloon and door to balloon time with long term clinical outcome in patients with ST elevation acute myocardial infarction having primary percutaneous coronary intervention: observational study. BMJ. 2012 May 23;344:e3257) and reanalyzed the data in categories which made it more meaningful. The changes were highlighted in red in the manuscript and in Tables 3 and 4.

3. The authors might also want to interpret and discuss the minimal differences in the score, e.g., 0.2 difference, if this is meaningful in clinical practice or applications.
Response: Our new-co-author, Alex Wang, Medical Epidemiologist and Biostatistician suggested we dichotomise the scale and used high value to predict the screening compared to low value. The method and analysis were revised.

4. Is it possible that some women received screening at other hospital or clinics other than the study hospital? If so, the reported rate of follow up might be underestimated and rate of abnormal screening could vary in either direction. If so, this should be pointed out and added to the discussion.
Response: Yes, the reported screening results in the present study have included those who received screening at other hospitals or clinics other than the study hospital. We used an online postpartum glucose screening data sheet to collect information on postpartum glucose screening behaviour. The questions include: a postpartum glucose screening within 6 months postpartum (Yes or No), the name of hospital and date of the screening, and methods used to detect glucose abnormality. If a mother had the postpartum glucose screening in the study hospital, the results of glucose were retrieved from her medical record. If a mother received screening at another hospital or clinic, the screening results were obtained from the mother.

Reviewer 3: The manuscript was adequately revised but I have to agree with the concerns of reviewer 1. Selection bias might be a problem for a more general interpretation of the results of this study.
Response: We agree that there may be limited generalisability of the study findings, and we have discussed this as one of the limitations. On the other hand, we checked that the prevalence of GDM in the study hospital is similar to the average prevalence of GDM in mainland China. We also compared our findings with other studies and have discussed this within an international context. We are confident that our findings have wider implications for the healthcare professionals not only in mainland China, but also internationally.

Reviewer 4: This important cross-sectional descriptive study identifies factors that will better help to identify women with GDM who do not return for postpartum glucose testing. Identifying factors that place these women at higher risk for not following through with this recommendation will enable clinicians to target interventions to increase compliance. This study was executed well, and provides some interesting insights into how to address this problem. My only suggestion would be to obtain some assistance with grammar and syntax by a native English speaker. While overall, the English is very good, there are a few instances where things are not stated correctly, e.g., on page 13, line 9, it states "had a good glycemic control during their pregnancy." (there should not be "a" between "had" and "good": it should read, "had good
glycemic control during their pregnancy”.
Response: Thanks for the reviewers’ kind advice and we have had the manuscript edited by a native English speaker.