Author’s response to reviews

Title: Change in prevalence of Gestational Diabetes and obstetric complications when applying IADPSG screening criteria in a Belgian French speaking University Hospital. A Retrospective cohort study

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Author’s response to reviews:

Dear all,

Thank you for reviewing our paper, we have found your comments very constructive

Reviewer1

The manuscript has improved very much, with more information and better English quality than before. There are very minor grammatical mistakes that can easily be rectified. Besides, the title of the tables are not clear, please clarify.

Thank you for the suggestions, we have rectified the language and modified the tables’ titles
Reviewer 2

I found this an interesting study. There are just a few minor word/spelling changes I could suggest. In the abstract, Methods section, line 2- ‘where’ change to ‘were’ Page 3 line 51- ‘mean’ change to ‘means’ page 4, line 12- this sentence could probably be better written. page 11, line 23- to this day ‘an' adequately etc. and 'has not been carried out' rather than 'has been carried out' page 12, line 21- leave out ‘is’

Thank you very much for your suggestions

Editor Comments:

1. Abstract should be more concise (e.g. it is not necessary to explain statistical methods in the abstract) and manuscript could be improved by English language editing.

Thank you for your suggestion, we have edited the abstract and went back to our language reviewer

2. Secondary outcomes: perinatal outcomes such as neonatal hypoglycaemia, transfer to NICU etc. as well as prevalence of shoulder dystocia should be included.

We have added shoulder dystocia, neonatal hypoglycemia, transfer to NICU and preterm birth.

3. What was the reason to exclude patients with complications such as preterm delivery and stillbirth?

We have not excluded preterm births, we have only excluded extremely preterm births <26 weeks. In our institution lung maturation is performed only at 24 weeks or more and between 24 and 26 weeks the course of action is decided by the obstetrician, the pediatrician and the parents after extensive counselling. This might influence outcomes as cesarean section and 5’ Apgar score. However, we agree with you that it does not impact our main outcome (GDM prevalence), hence we decided to redo the analysis including very early preterms. The problem ended up being moot since there were no deliveries in our cohort < 26 WG where the mother had completed GDM screening.

We chose to exclude stillbirths because in our institution we perform late term terminations of pregnancy, and those also would have influenced outcomes such as 5’ Apgar scores and their frequency is difficult to detect retrospectively since it is in our database not available the distinction between a stillbirth that is naturally occurring and a TOP. Once again you are right,
this should not impact GDM prevalence, so we redid the analysis including all stillborn. There were 15 cases in which stillborn were born from mothers who completed gdm screening, so we added them to the cohort.

4. Typos should be corrected (e.g. page 6 definition of normal weight).

Thank you for pointing this out

5. Prevalence of GDM was computed by an “exact” method. Please explain this method with more detail.

It is not the prevalence that is computed by exact method but the 95% CI. We added a reference to explain it

6. Significance level: two sided?

Yes

7. Table 1: Patients characteristics should be reported with more detail: family history of type 2 diabetes or history of GDM in previous pregnancy etc. is missing. If data is not available due to the retrospective study design this should be discussed as a limitation of this work.

We have some data, but they are unreliable so we chose not to report it, we added this limitation in the discussion

8. Discussion section should be rewritten clear and fluid. Possible advantages and disadvantages of the IADPSG approach should be discussed.

Thank you, we incorporated your suggestion

9. Appropriate visualisations of most important findings are missing.

Thank you, we incorporated your suggestion