October 23, 2013

Dear Editor,

Please find enclosed the edited manuscript in Word format: file name: 6216-edited (author revisions).doc.

Title: Prescribing Physical Activity to Prevent and Manage Gestational Diabetes

Author: Sheri R. Colberg, Kristin Castorino, Lois Jovanovič

Name of Journal: *World Journal of Diabetes*

ESPS Manuscript NO: 6216

The manuscript has been improved according to the suggestions of reviewers:

1. Revisions have been made according to the suggestions of the two reviewers:

Reviewer 1:

(1) A new table (Table 1) has been added to list contraindications to physical activity and warning signs for termination.

(2) The word "Example" has been added to the title and the text of Table 1 (now Table 2) to clarify that it is for illustration purposes. We also added descriptors, such as "low end of moderate intensity" and "high end of vigorous intensity" to make the ends of the range more understandable.

Reviewer 2:

(1) We have added "in the United States" to clarify the prevalence of 18% for GDM.

(2) "Causes of Gestational Diabetes" has been replaced with "Etiology of…" as suggested.

(3)The sentence "This state of insulin resistance causes the mother's insulin needs to go up as much as three or more times normal during pregnancy" has been simplified to start with "As a result, the mother's insulin…"

(4) The reviewer's comment was "On page 6 you have mentioned that not all studies proved that physical exercise is effective in the treatment or the prevention of GDM as proven by systematic review of RCTs, yet you still recommended exercise prescription. I believe you have to appraise the available evidence more critically to support your recommendation, e.g what is the methodological quality of the RCTs included in the review. Otherwise a systematic review of RCTs is the highest evidence in the hierarchy and as such does not support your conclusion or recommendation." However, our recommendations for exercise prescription are not based solely on the outcomes of a few systematic reviews of RCT or single ones. Rather, they are based on our clinical experience with women with GDM and the demonstrated effects of

physical activity on insulin action and physical fitness. The results of the few systematic reviews that have been done are problematic to interpret since so many modalities, intensities, and durations of exercise have been studied in various RCTs using women of varying body weights and GDM risk. For these reasons, we have chosen not to change the article as written in response to these comments as the overwhelming evidence is that physical activity is beneficial for all pregnant women.

(5) The sentence in question has been rephrased to the following for clarity: "Nevertheless, being active doing any type of activity did not necessarily prevent the need for supplemental insulin to manage blood glucose levels or change pregnancy outcomes."

(6) A reference has been added to "The most recent guidelines…"

(7) We have done the suggested language editing for "likely" and replaced it, as appropriate with "may" instead.

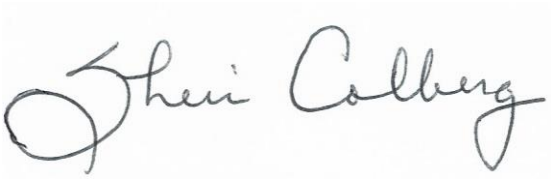
(8) "Intrauterine contractions"" has been removed, as suggested.

2. Author contributions have been stated.

3. The primary author's address has been updated to be more detailed.

Thank you again for giving us the opportunity to publish our manuscript in your journal.

Sincerely,



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