We thank the editor and the reviewers for looking at our manuscript. Please see our responses in blue below. Thank you for your thorough reviews and your helpful suggestions.

Response to Editor

1. We have added the running title as suggested
2. Institutional review board document has been uploaded.
3. Consent statement has been included in the manuscript.
4. Conflicts of interest have been incorporated and relevant form uploaded.
5. Telephone and fax details have been added
6. Audio core tip file has been included as suggested
7. Article highlights have been included in line with the policy.

Reviewer #1: In table 2 the authors have shown a highly significant p value but the values are showing a different scenario: 3,357±591* 3,480±515 * 3,349±459 *P<0.001 I think they should double check the numbers, as there should be no difference here.

Response: *We thank the reviewer for reading our manuscript and the comment. We have looked at the analysis on SPSS again. The statistical test undertaken here is ANOVA to compare the difference in mean birth weight between the 3 groups of 2-hr PG (low vs. normal vs. high) and is shown below. Overall there was a significant difference in the mean birth weight in the analysis. However on Post Hoc tests there was a significant difference was only between the low 2-hr PG cohort compared to normal 2-hr PG (mean difference 122.9 with std error 50.3; P <0.015) (see analysis output below). There was no difference in the birth weight between low 2-hr PG and high 2-hr PG cohorts. This is already explained in the results section of the manuscript. We have now added a comment below to the table 2 in the manuscript to make this clear and also added a line in the last paragraph in the results section to clarify further.*

Oneway Descriptives

	N	Mean Birth Weight	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Minimum	Maximum
					Lower Bound	Upper Bound		
3.6-7.7	3066	3480.10	514.677	9.295	3461.87	3498.32	1920	5580
≤3.5	107	3357.18	591.268	57.160	3243.85	3470.50	1880	5720
≥7.8	364	3349.68	459.494	24.084	3302.32	3397.04	2240	5320
Total	3537	3462.96	513.495	8.634	3446.03	3479.88	1880	5720

ANOVA BirthWeight

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	6768782.853	2	3384391.426	12.922	.000
Within Groups	925594888.400	3534	261911.400		
Total	932363671.300	3536			

Post Hoc Tests **Multiple Comparisons** Dependent Variable: BirthWeight

(I) 2hr-PG	(J) 2hr-PG	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
3.6-7.7	≤3.5	122.919*	50.331	.015	24.24	221.60
	≥7.8	130.418*	28.372	.000	74.79	186.04
≤3.5	3.6-7.7	-122.919*	50.331	.015	-221.60	-24.24
	≥7.8	7.499	56.279	.894	-102.84	117.84
≥7.8	3.6-7.7	-130.418*	28.372	.000	-186.04	-74.79
	≤3.5	-7.499	56.279	.894	-117.84	102.84

*. The mean difference is significant at the 0.05 level.

Reviewer #2: A concise manuscript pinpointing the importance of fasting hypoglycemia and of hypoglycemia in response to OGTT as predictor of low birth weight (LBW) fetus. The analysis was carried out in a large cohort from an U.K. district hospital. The number of LBW newborns was however low, but was largely clustered in the cohort with hypoglycemia. Data are sound, although not new. I have only a few suggetions for improvement.

1. The authors are invited to discuss the limits of the study. The proportion of women who were potentially at risk was approximately half the number investigated, which opens the question of selection bias.
Response *We thank the reviewer for bringing this point. We felt that to explore the factors contributing to the low-birth weight we needed to exclude twin pregnancies and those with pre-term delivery (delivery before 37 weeks gestation) as both of these could affect the birth weight. We had the required demographic and full clinical data on 3,537 women amongst this which was the cohort we used. We confirm that we did not intentionally use any other selection criteria to identify this cohort. We have added the following to a sentence in the Methods / patient selection section – ' No other selection criteria were used however complete…...*

2. The lack of BMI in the records excludes the possible role of obesity as risk factor for LBW.
Response *We accept this limitation and have already acknowledged this limitation in the discussion.*

3. It would also be important to assess the role of hypoglycemia on newborns small for gestational age (SGA), i.e. the possibility that hypoglycemia also impacts on preterm infants.
Response *We thank the reviewer for this interesting comment. We did not have access to the data on neonatal hypoglycaemia on this cohort and we excluded the pre-term deliveries as indicated above.*

4. The effects of migration might be properly handled. The finding that women of Asian ethnic origin are more likely to have LBW babies should be eventually put in the context of first-generation or second-generation migration.
Response *Again we regret that we do not have information on whether the Asian ethnic origin women were first of second generation migration.*

5. Something is missed in the third paragraph before conclusion: "Maternal is associated increase in ….."?
Response *We apologise for this unintentional typo error and have amended the sentence.*