

## **Review comments and Rebuttal**

### ***Reviewer #1:***

Specific Comments to Authors: It was a pleasure to review this manuscript. This is an interesting paper. The purpose of this paper was to offer a comprehensive evaluation of CGM metrics specifically tailored for pregnancies impacted by type 1 diabetes mellitus. There may be differences in key indicators such as TIR, TAR and TBR when using CGM between singleton pregnancies and multiple pregnancies with type 1 diabetes. In further studies, data on singleton and multiple pregnancies need to be looked at.

### ***Answer:***

Thank you for your insightful comments and positive feedback on our manuscript. We acknowledge the importance of the reviewer's point regarding the potential differences in CGM metrics, such as Time in Range (TIR), Time Above Range (TAR), and Time Below Range (TBR), between singleton and multiple pregnancies in women with type 1 diabetes mellitus.

As noted, the current glucose targets and recommendations for multiple pregnancies are indeed extrapolated from data on singleton pregnancies, primarily due to the limited evidence available specifically for multiple pregnancies. Moreover, there is a significant gap in the literature regarding CGM metrics in multiple pregnancies with type 1 diabetes. This gap is primarily due to the lack of outcome studies specifically addressing CGM metrics in this population. Our review, therefore, focused on the available evidence, which predominantly pertains to singleton pregnancies.

However, we have now added a new sentence to acknowledge this in the marked revision of the paper.

### ***Editor's comments***

Many thanks for the editors' comments. The pictures are created by the authors and ppt slides of the same are enclosed.

## **JOURNAL EDITORIAL BOARD COMMENTS TO AUTHORS**

The manuscript of "Continuous glucose monitoring metrics in pregnancy with type 1 diabetes mellitus" by Jeeyavudeen M.S. et al. aims to critically analyze the continuous glucose monitoring (CGM) technology for the management of type 1 diabetes during pregnancy to broaden the understanding of readers worldwide. The manuscript as a whole and all its sections are well written and structured. The review is relevant, interesting and contributes to the systematization of new approaches to T1DM management in pregnancy. There are only two limitations that deserve further attention from the authors. Comments: Figure 1: All abbreviations must be deciphered in the legend to the figure. It would be nice if the authors highlighted their own contributions to the management of T1DM.

***Answer:***

We have now added the abbreviation expansions and a paragraph after the author contributions in the draft to address the editors' suggestions.