

The Editor

World Journal of Diabetes

Baishideng Publishing Group Inc.

30 March 2015

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name: 13440-reviewfinal.doc).

Title: Gestational diabetes mellitus: challenges for different ethnic groups

Author: Lili Yuen, Vincent W Wong

Name of Journal: *World Journal of Diabetes*

ESPS Manuscript NO: 13440

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

- 1) Format has been updated
- 2) Revision has been made according to the suggestion of the reviewer (reviewer suggestions are noted in blue italics):

General comments:

-issues with grammar and grammatical tense throughout

We have fixed the grammar and text to be consistent throughout the

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-culturally insensitive word choice

We have changed the terminology to be neutral and culturally sensitive where possible

-abbreviations repeatedly defined eg. "Gestational diabetes mellitus (GDM), medical nutritional therapy (MNT)"

This has been rectified: we have only one abbreviation defined each – beginning with the abstract.

-some statements are missing references altogether

More references have been added to ensure all statements are verified.

-questionable use of the word "Latinas" in the paragraph on body mass index

This has been replaced by the word "Hispanic"

- Vaguely refers to "various ethnic backgrounds" throughout review. Statements like this are vague and lack impact

We have tried to be more specific in the review about the ethnicities we are speaking of, and made multiple changes to the flow of statements themselves

-article lacks cohesion and a main statement. What is the point the authors are trying to make? The main message seems to be that GDM diagnosis is vague and prescribed treatment is equally vague. Individual sections list findings and comparisons and a strong message never becomes clear.

We have now enforced a view that GDM needs to be ethnic specific and that understanding the impact that ethnicity has on outcome and treatment will provide better antenatal care. Changes have been made throughout the article and in the concluding statement addressing this issue

Specific comments:

Statements with ambiguous comparisons:

"Women from Asia with GDM have a higher incidence of abnormal post-partum glucose tolerance test and hence a higher risk of future development of type 2 diabetes mellitus."

Statement has been clarified

Are all these comparisons made to a "white" population and if so which one? Eastern European, Northern European, Russian, English, North American Caucasian? etc. Arguably, all these groups are genetically and culturally different.

This has been corrected to use of more ethnic specific and genetically specific populations.

Vague statements lacking impact:

“Understanding these differences may be critical in the delivery of optimal antenatal care for women from diverse ethnic backgrounds.”

We have changed the sentences before this statement to give significant impact to the sentence which is the conclusion of the abstract. Have also changed from “may” to “is”

Grammatical tense issues throughout document; inconsistent in tense.

Eg. “This review summarised...”

Changed to present grammatical tense is now consistent throughout the article.

Statements which don’t contribute to the argument for ethnic-specific care:

“GDM affects 1.4% to 12.3% of pregnancies depending on the populations tested and the diagnostic criteria used.”

Therefore, if the definition is changed, far fewer women have GDM and are in need of treatment.

Sentence is an introductory sentence and has been shorted and changed to “GDM has been reported to affect between 1.4% to 12.3% of pregnancies [2], and its prevalence is increasing and parallels the rising incidence of type 2 diabetes mellitus worldwide”. This is to lead in to the next sentence which explains risk factors for GDM, which include ethnicity.

Definitions of the word “ethnic” and its use within the article:

“In particular, ethnic groups considered high-risk include Hispanic, African-Americans, Native American, South or South East Asian, Pacific Islander and Indigenous Australian [5]. It is also recognised that women with GDM from various ethnic groups may differ with regards to perinatal and maternal outcomes.”

“Ethnicity has long been considered as a risk factor for GDM. From the Nurse’s Health Study with over 14,600 subjects, “non-white” ethnic populations were found to be at higher risk of developing GDM than the “white” population, with the Asian, Hispanic and African-American groups particularly vulnerable [16]” Other at-risk ethnic groups have been identified in the literature, in particular Aboriginal women in Australia, and Middle Eastern (Lebanese, Syrian, Iranian, Iraqi or Afghanistan) women and Pacific Islanders [2, 5, 17]

The definition of “ethnic” is a group of people with a common ancestry and/or culture. In the context of this review, ethnic is being used to denote any group that is not “white.” This is wrong for two reasons: 1, it contributes to the misuse of the word and reinforces stereotypes; 2, it erroneously lumps together all “white” people as an ethnic group.

For example, in the second paragraph ethnic populations are defined as “non-white” whereas the word “ethnic” is not used when describing “white” populations. “Middle Eastern” is broken down but “white” or “European” is not. This comes across as biased.

In terms of the use of the word “white”, we were merely using the same term as that which was used by the articles we were referencing, which was taken from large US based population studies and defined the word according to US Census ethnicity classifications. Nonetheless we have change the term to “US Caucasian” or changed the wording altogether where appropriate.

The following paragraph lacks coherence – jumps around from statement to statement without imparting a clear message:

“THE EFFECT OF ETHNICITIES ON THE PREVALENCE OF GDM”

This paragraph has been substantially changed. Please refer to revised manuscript.

Statements which are not specific to women with GDM and do not seem to add to the review:

“A recent review of 6 randomised controlled trials suggested that a diet higher in complex carbohydrate and fibre, low in simple sugar and saturated fat may be effective in preventing postprandial hyperglycaemia and avoid worsening insulin resistance.”^[32]

Sentence has been clarified to “A recent review of 6 randomised controlled trials in 250 women with GDM suggested that a diet higher in complex carbohydrate and fibre, low in simple sugar and saturated fat may be effective in preventing postprandial hyperglycaemia and avoid worsening insulin resistance and excess foetal growth”.

Poorly worded sentences, confusing:

“It is likely that women with GDM represents relative β -cell defects and possibly failure which is contributed or caused by insulin resistance”^[46]

Changed to: “GDM represents relative beta-cell dysfunction which is caused by insulin resistance, revealed in response to the metabolic stress experienced during pregnancy”.

Weak concluding paragraph:

The authors leave the reader with a vague and ambiguous idea of the definition of GDM and its major ethnic-specific differences. The final sentences lack a clear message:

“It is therefore important to appreciate these differences when managing women with GDM from various ethnic groups. More studies will needed to determine the optimal nutritional strategy to minimise peri-natal and post-partum adverse outcomes for these women”.

It is difficult for the reader to fully appreciate the differences and come to a conclusion about what should be done when there are no guidelines and a good argument has not been presented.

This has been substantially reworded and clarified. Please refer to review article.

3) References and typesetting were corrected

Thank you again for publishing our manuscript in the *World Journal of Diabetes*.

Sincerely yours,



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