

Reviewer #1:

Specific Comments to Authors: Dear Authors, I would like to thank you for this review on fetal programming of obesity and type 2 diabetes that is time demanding as the prevalence of obesity and type 2 diabetes are increasing globally. In this review, the authors tried to review all the factors that may contribute as a risk factor for the development of these non-communicable diseases. I have found that, the article is too big, there may have some break during reading this. So, I would request to reduce the volume if possible. For other correction, please see the attached file and correct accordingly.

We would like to thank reviewer 1 for the kind comments. We have responded to the request to reduce the volume, by reducing redundant words and unnecessary phrases, while preserving the peer-reviewed content, and made the corrections accordingly.

Reviewer #2:

Specific Comments to Authors: This review focuses on a review about the influence of three factors during pregnancy, prenatal and early life stages on the long-term life of infants and children and their relationship with the development of diabetes. The article begins with the idea of fetal programming based on the rapid rise in the incidence of type 2 diabetes in the younger generations (13-15 years). Then, the article illustrates through a series of studies that in utero exposure to maternal obesity may contribute to fetal susceptibility to obesity in later life. The susceptibility factors and potential mechanisms for the development of fetal obesity/diabetes are presented from three perspectives: maternal overnutrition, malnutrition, and diabetes, respectively. This is followed by a description of preventive measures for pregnant women in various situations. Although a part of the methods does not seem to be related to fetal programming/intrauterine environment, and part of it is still under further study. Interventions and methods for maternal avoidance of fetal obesity and diabetes mellitus are described in great detail throughout the text.

We thank reviewer 2 for the very positive feedback given, and appreciate your encouragement.

Reviewer #3:

Specific Comments to Authors: Thank you for the effort to increase the awareness to prenatal even preconceptional factors to fight against this epidemic. There are few typographic/grammar errors I recommend you to correct before publication. 1- Please prefer "fetal, fetus" or "foetal, foetus".. In manuscript both used in various sentences. 2- If fetal is preferred also "optimise" can be changed to "optimize". 3-

Apetite to appetite and melitus to mellitus in Figure 1a 4- Altertation to Alteration... glucotiocoid to glucocorticoid in Fig 1b. 5- type 2 diabetes >> type 2 diabetes mellitus in abstract. 6- Developing nations? should it be developing countries. ? 7- type 2 diabetes > may be type 2 diabetes mellitus (T2DM) (Line 48) 8- Sadly, someone dies from diabetes-related complications every 7 seconds at present (9) should begin.. "Unfortunately" instead of "sadly".. (Line 57) 9- GDM: indicate this abbreviation in first usage of gestational diabetes mellitus (Line 37) Sincerely

We thank reviewer 3 for the kind comments, and for pointing out a few typographic/grammar errors. We have gone through the manuscript again very carefully, and made all the suggested changes above.