Reviewer #1:

Scientific Quality: Grade C (Good)

Language Quality: Grade A (Priority publishing)

Conclusion: Accept (General priority)

Specific Comments to Authors: Thank you for sharing your article. The innovation of your study is that the relationship between the blood glucose control level in pregnant women with GDM and neonatal immune function was analyzed, which opens a new direction for predicting neonatal infectious pathology. The methods of data analysis are very clear, and the results are presented well. Thank you for a useful and important synopsis of this important topic. It is well written and I support it's publication.

Reply: Thank you for your approval and support

Reviewer #2:

Scientific Quality: Grade B (Very good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Minor revision

Specific Comments to Authors: This clinical study considers the correlation between GDM pregnant women and neonatal complications, and to analyze the impact of blood glucose control on the risk of neonatal infectious diseases. This study makes an additional contribution to studies which help to improve long-term abnormal glucose metabolism in GDM pregnant women affects the immune function of newborns. The study is set up correctly. The material studied allows to drawn the conclusions. The paper is written well, the Introduction give a good overview about the study background and the authors raised clearly the hypothesis of the study. The description of material studied is accurate. The aim of the study is fulfilled. The material studied is large enough and allows to drawn the conclusions. The Results are presented clearly and have been discussed well. The 6 tables and 1 figure give good overview about the results. The authors find that compared with GDM pregnant women who achieved glycemic control, the proportion of CD3+, CD4+, and CD8+T cells in peripheral blood and the ratio of CD4/CD8 cells in newborns from mothers who did not achieve glycemic control significantly decreased, while the white blood cell count, serum procalcitonin, and C-reactive protein levels significantly increased, and the neonatal infection rate significantly increased. However, the following point needs to be considered:

1. On page 4, you mentioned it needs large scale prospective controlled studies to validate whether glycemic control that does not conform to the standards in pregnant women with GDM decreases immune function in neonates and increases the incidence of neonatal infections. However, this study is retrospective and such a narrative is meaningless.

Reply: Thank you for the suggestion, we have made the revision.

However, there is still unclear whether glycemic control that does not conform to the standards in pregnant women with GDM decreases immune function in neonates and increases the incidence of neonatal infections.

2. Baseline data of GDM group and control group are the contents of the results and should not be placed in the method, and it should be presented in a table.

Reply: Thank you for the suggestion, we have made the revision.

Table 1 Comparison of baseline data in pregnant women with GDM between CGC and NCGC groups

Groups	Cases	Age (years)	BMI (kg/m^2)	Type of pregnant woman [Case/(%)]	
				Primipara	Multipara
CGC group	178	30.05±4.46	29.55±2.82	109 (61.24)	69 (38.76)
NCGC group	58	29.47±3.75	30.08±2.57	34 (56.90)	25 (43.10)
t/χ^2		0.893	1.270	0.344	
P		0.373	0.206	0.558	

Table 3 Comparison of blood glucose markers in pregnant women with GDM between CGC and NCGC groups

Groups	Cases	FPG (mmol/L)	P2h-PG (mmol/L)	$HbA1_C$（%）
CGC group	178	4.68±0.60	5.51±0.85	5.11±0.45
NCGC group	58	5.96±0.68	7.14±1.04	6.38±0.74
t/χ^2		13.645	11.979	15.691
P		<0.001	<0.001	<0.001