



ESPS PEER REVIEW REPORT

Name of journal: World Journal of Diabetes

ESPS manuscript NO: 13410

Title: CHANGING TRENDS IN MANAGEMENT OF GESTATIONAL DIABETES MELLITUS

Reviewer code: 01424366

Science editor: Xue-Mei Gong

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CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> Existing	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> Existing	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

This is a well written and comprehensive overview of recent thinking around the prevention, diagnosis and treatment of gestational diabetes. I have a few suggestions for completeness, and a couple of places where perhaps more caution is needed. 1. Under prevention there is no mention of pre-pregnancy weight loss as a strategy. This is as important in some studies as is weight gain during pregnancy for development of GD. 2. The section of probiotics is rather high level. There are many different bacterial strains of probiotics. Which ones have been shown to be beneficial and which have not. Also, store bought probiotics sometimes have a very low live cell count. Some advice on selection of probiotic products might be useful. 3. Under diagnosis of GDM there is now a literature emerging on possible early biomarkers of risk of GD that can be detected in maternal blood, either peptides or metabolites. Mention of this and some examples as an emerging field would be useful as other reviews have not done this. 4. The various diagnostic guidelines from around the world are listed, but which would the author recommend, and why? 5. Under pump therapy, I think there are some publications on the best algorithms to use in GD for CGM (The Helen Murphy group in Cambridge). That is the cutting edge of pump development for this population. 6. I think there is more controversy about the use of metformin than comes through in the review with regard to effects on the fetus. There is some data that suggests that activation of the AMPK pathways in the fetus are associated with neural tube defects, but also some discussion about when AMPK signaling actually



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matures in fetal tissues. There is sufficient biology to merit some sense of caution though.



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<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		<input type="checkbox"/> Existing	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

COMMENTS TO AUTHORS

This manuscript provides an extensive review of the changing trends in gestational diabetes mellitus (GDM) management and discusses several aspects, including prevention, diagnosis, treatment, fatal surveillance, labour, and future prevention. I suggest the following modifications: 1.The author should address the grammar, usage, and overall readability of the manuscript. The manuscript would be much more likely to be accepted if it were easily read and understand. Therefore, I request that the author revise the text to fix the grammatical errors and improve the overall readability of the text.2.Please use only standard abbreviations. The authors should avoid the use of abbreviations as much as possible.3.First, in the introduction to this manuscript, an explicit definition of GDM should be provided. Second, the author has described the prevalence of GDM in excessive detail but has not sufficiently explained the maternal and fetal complications of this disease.4.Regarding the prevention of GDM, The author has introduced three aspects,--exercise, probiotic, and vitamin D, as important components of a lifestyle intervention. The author should also include information regarding the role of diet in GDM prevention. In addition, the author has not provided a description or definition of the prevention population, which includes either pre-pregnancy women alone or both pre-pregnancy and pregnant women.5.Various diagnostic criteria used in different countries worldwide have been listed; however, these should be further discussed rather than simply listed.6.In the last section of this manuscript, the present thesis was well summarized; however, the content of the manuscript



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would be more comprehensive if an outlook regarding future studies in this field were included.7.Some of the references do not seem very new.