

May 20,2014

Dear Editor,

Please find enclosed the edited manuscript in Word format (file name 10061-edited.doc)

Title: Utility of an HbA1C at the first prenatal visit

Authors: Lisa E. Moore, Diana Clokey,

Name of Journal: World Journal of Obstetrics and Gynecology

ESPS Manuscript NO: 10061

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

Revisions have been made as suggested by the editor:

1. ESPS columns have been designated as a Clinical Trials Study
2. A Core tip summary has been included
3. References have been placed in square brackets throughout the text
4. Comments have been added to the end of the paper
5. DOI and PMID numbers added in the bibliography

Response to the Reviewers:

1. The purpose of the study was to evaluate the utility of the HbA1C at the first prenatal visit in the management of patients. One of the benefits of using the A1C is the identification of patients with unknown but preexisting diabetes. Therefore patient with unknown diabetes were not excluded from evaluation precisely because one of the goals of the study was to look at how many patients with preexisting diabetes were identified by this method. Incidentally, in our study 16 patients or 5% had preexisting diabetes and 15 of those 16 patient required medication. Obtaining an early HbA1C allowed early intervention with diet and medication .
2. Diagnosis of GDM was varied. This was because, despite the protocol, providers recognized that patients with an Hb A1c > 5.7% were likely to need medication. This again demonstrates the validity of the HbA1c at the first visit. Indication for medication was standardized and all patients participated in the same protocol for medication management. As stated in the paper, If 20% of values were abnormal for 2 weeks, patients were started on medication. The first line treatment was glyburide but patients who failed to achieve euglycemia on glyburide were advanced to insulin in a standard fashion.
3. HbE is found in patients of Thai, Caombodian, Vietnamese and Laotian descent. No patient with these ethnicities were included in the study. There were 4 Asian patients who identified themselves as Chinese. Due to the low frequency of these ethnic groups in our population, it is unlikely that the presence of HbE is a significant source of bias in our results.

4. All uses of A1C was changed to Hb A1C
5. The title is changed to "The Utility of an HbA1C at the first prenatal visit"
6. Logistic regression was used to calculate odds ratios as cited in the results section.;
Group 1 was 220x more likely to require medication than group 3 (95%CI = 26.9->999 P<.0001)
Group 2 was 26X more likely to require medication than group 3 (95%CI = 12.5-54.3. P<.0001)
7. Table 1 :BMI at the time that the HbA1C was obtained (i.e. at the first prenatal visit)
8. I have added table 2 which shows number of patients for each group diagnosed with GDM and how many required medication . Evaluation of pregnancy outcomes was not a goal of our study and so outcome data was not included. Statistical analysis was performed on the use of medication as cited in #6 above.