



SDI Review Form 1.6

Journal Name:	<u>British Journal of Medicine and Medical Research</u>
Manuscript Number:	Ms_BJMMR_22624
Title of the Manuscript:	DIABETES IN PREGNANCY STUDY GROUP IN INDIA (DIPSI) – A NOVEL CRITERION TO DIAGNOSE GDM
Type of the Article	Original Research Article

General guideline for Peer Review process:

This journal's peer review policy states that **NO** manuscript should be rejected only on the basis of '**lack of Novelty**', provided the manuscript is scientifically robust and technically sound.

To know the complete guideline for Peer Review process, reviewers are requested to visit this link:

(<http://www.sciencedomain.org/page.php?id=sdi-general-editorial-policy#Peer-Review-Guideline>)



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PART 1: Review Comments

	Reviewer's comment	Author's comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
Compulsory REVISION comments	Authors of this study compared the diagnostic utility of WHO and DIPSI criteria for screening for gestational diabetes in Indian women. It is demonstrated that both methods give almost identical results in this population. The manuscript is in general well-written, however, there are some significant concerns 1) I am not convinced that DIPSI is anyhow superior to WHO criteria. What is the advantage of measuring blood glucose only once after oral load irrespective of previous meal? Measuring of fasting glucose is a standard first-step procedure in diagnosis of DM all over the world. If fasting glucose is elevated, there is no need to perform OGTT. So, I don't understand how DIPSI criteria could be superior to WHO criteria. 2) Line 42: this is not a prospective study because no follow-up observation was done. This is a cross-sectional study. 3) Line 120: it is stated that WHO criteria are "confusing". What is confusing in these criteria and how DIPSI criteria could be less confusing? It is also stated that WHO criteria do not give any information about perinatal outcome. Do DIPSI criteria give any information in this context? 4) It appears that equivalence of WHO and DIPSI criteria has been previously demonstrated by others. What are the really new findings of this	1. fasting and nonfasting is rational. A normal pregnant mother maintains euglycemia after glucose load or meal and a GDM mother shows exaggerated response after load. Reason 2 GDM is IGT (impaired glucose tolerant) outside pregnancy. Diabetes sets in 3 phases. 1. Plasma glucose with demonstrable insulin resistance (IR) normal insulin levels raised 2. IR worsens so that postprandial hyperglycemia develops despite increased insulin conc 3. IR doesn't change but declining secretion caused fasting hyperglycemia GDM is not full fledged diabetes. It is a phase diabetes. Reason 3. Acc to WHO criteria, 2 samples. fasting >126mg/dl 2hr>140mg/dl is GDM. Fasting value range is diagnostic of D.M not IGT or GDM. But 2hr value of DIPSI coincides with 2hr of WHO and diagnostic of GDM. so there is an inherent contradiction in WHO criteria. whether it is WHO OR DIPSI 2nd hr samples show same results and outcome. Q.2 preliminary cross sectional study. Q3 existing methods like ADA, IADSPG. WHO were confusing in methodology their normal ranges. these methods fit to American standards



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	specific study?	and not Indian. DIPSI is diabetes in pregnancy study group in india .there are studies about perinatal outcome like wahi etal study.franks etal study. Vijayalakshmi etal study. Q4. This DIPSI study is found to be useful in rural population, convenient to pregnant mothers. one of the riskfactors in GDM is increased BMI. but we found 70% of GDM cases have normal BMI .out of these 42% had a history of PCOS in our area.
<u>Minor</u> REVISION comments	1) Line 111: “HCS” should be explained”	1) Human chorionic somatomammotropin hormone or human placental lactogen.
<u>Optional/General</u> comments		