Peer Review File

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Reviewer A

This is a valuable study demonstrating a feasible intervention for improving identification of diabetes following gestational diabetes mellitus. My comments are below.

Comment 1: Line 119: It is not clear here and elsewhere how eligible participants ended up in the intervention or standard care. Were they randomized? If so, please state. Alternatively, was everyone offered the intervention and only those who accepted it ended up in the intervention group? If so, this is a really big point because it is likely that those who agree to be in a study behave differently than those who decline.

- Reply 1: We appreciate the reviewer's comments. This study was a cluster, prospective interventional study. Thus, from October 2018 through April 2019 all patients diagnosed with gestational diabetes were enrolled in standard follow-up screening while all patients diagnosed with gestational diabetes were enrolled in our dual program from May 2019 through December 2019.
- Changes in text: Line 110-113 added for clarity: "From October 2018 through April 2019, all patients diagnosed with gestational diabetes were enrolled in standard follow-up screening while all patients diagnosed with gestational diabetes were enrolled in our dual program from May 2019 through December 2019."

Comment 2: Lines 141-143: Same comment as above. Please clarify.

- Reply 2: We appreciate the reviewer's comments. We have updated the text accordingly

Comment 3: Lines 191-192: On a related note, I find the sentence about selection bias confusing. Did the participants receive other incentives or attention beyond what constituted the text-based intervention? If not, then I don't see why there would be selection bias. Or, did they self-select to participate in the intervention? If so, then selection bias would be a very plausible explanation for the higher follow-up rates. This issue of how participants were enrolled into the different study arms needs to be clarified and addressed.

- Reply 3: We appreciate the reviewer's comments. This was a cluster, prospective interventional study. Thus, all patients were included during the time period. However, although all patients were offered enrollment, not all

patients opted to participate. Selection bias refers to those patients who were more likely to participate were also more likely to comply with dual follow up program.

Comment 4: No information is provided on the status of individuals that completed 0, 1, or 2 FBG tests. This group makes up more than half the intervention group. In particular, those that did 1 or 2 FBG tests may have had results that would have been useful to know. Presumably 1 or 2 FBG tests are not going to have as high a performance as 3 FBG tests, but if they provide partial information and better follow-up than standard care, they could still be informative and useful.

Please address this issue in this figure (or in an additional figure or table) and in the text. If they decide to use this intervention, clinicians are going to need to know what to do with women who have results from 1 or 2 FBG tests, and this study is equipped to provide guidance, even if that guidance is not as clear-cut as that available for those who take 3 FBG tests.

- Reply 4: We appreciate the reviewer's commentary and we agree that 1 or 2 FBG test may have some clinical utility. However, this pilot program is not equipped to assess the test characteristics of one or two FBG values. Our electronic forms required three fasting values for submission. Thus, we do not have incomplete FBG values to comment on the utility or accuracy of one or two values. We are working to implement this program at our institution and further research is needed on this point. We appreciate the reviewer's attention to this detail.
- Changes in text: We have added a comment about future research of one or two FBG values: "Furthermore, additional research is needed to assess the clinical utility of one or two FBG values" Lines 198-200.

Comment 5: What are the discrimination thresholds that are varied? Are they the values chosen for the FBG cutoffs (e.g. >100)? Are they also based on number of "positive" FBG tests (e.g., 1 vs. 2). This is not clear from the figure and needs to be clarified.

- Reply 5: We appreciate the reviewer's attention to figure 2. The cut off of FBG <100 was chosen prior to the initiation of the study. The selected cuts offs are national guidelines used to define "impaired fasting glucose" and impaired glucose tolerance. All the positive FBG tests reference 3 FBG values, as clarified above.

Comment 6: The authors miss an important opportunity to address or correct the implication that successful continuity of care is primarily the responsibility or fault of patients of certain racial/ethnic groups (i.e., Non-Hispanic Blacks). There is a wealth of research on barriers to clinical care and follow-up that show that these barriers are experienced differentially by different racial/ethnic groups (recent example I found

with a simple search: “Black participants were significantly more likely to report a preventable adverse event attributable to poor care coordination than White participants, independent of demographic and clinical characteristics.”-- Medical Care. Volume 59, Issue 10, Pages 901 - 9061 October 2021 Racial Disparities in Preventable Adverse Events Attributed to Poor Care Coordination Reported in a National Study of Older US Adults).

- Reply 6: We appreciate the reviewer’s comment and reference. We reviewed the work cited by the reviewer, which describes that health infrastructure, not race/ethnicity, contributes to health disparities. Our study explores ways to improve current infrastructure systems to alleviate disparities in care. These aims are in accordance with the work cited by the reviewer. Healthcare personnel have a responsibility to explore ways of improving our current system. This study describes a potential screening option that can improve barriers to follow-up.

Comment 7: Line 71: Please define here the meaning of “follow-up”. My presumption is that it is the patient returning to the office and completing an OGTT, but it is not clear from the text.

- Reply 7: We appreciate the reviewer’s suggestion. We have included a definition of follow-up and continuity of care in the text.
- Changes in text: Lines 126-127: Follow-up was defined as having completed of 2hr OGTT screening or submitting all three FBG values.

Comment 8: Line 79: I think it would be important to add that telehealth screening increased follow-up and diagnosis of type 2 diabetes.

- Reply 8: We appreciate the reviewer’s recommendations. As the reviewer suggests, we stated that telehealth increases follow-up in our conclusion (lines 79-80: “Remote telehealth screening significantly increased follow-up with type 2 diabetes screening.”) However, we want to be cautious about making any false claims regarding our testing. We studied a novel screening method and cut-off that correlates with established testing. We do not want to claim that screening increased “diagnosis” of type 2 diabetes until further research is done.

Comment 9: Line 90: Suggest adding, “…four to fourteen percent of these individuals” to make it clear that those percentages refer to those with GDM rather than all pregnancies.

- Reply 9: We appreciate the reviewer’s recommendations and have updated the text accordingly.

- Changes in text: Lines 89-90: “Gestational diabetes mellitus (GDM) affects eight percent of all pregnancies in the United States [1, 2] and four to fourteen percent of individuals diagnosed with GDM will screen positive for type 2…”

Comment 10: Line 109: The abstract calls the study a “single-center interventional study” rather than “single-center prospective cohort study”. Please clarify and make the usages in the abstract and text consistent.

- Reply 10: We appreciate the reviewer’s suggestions and have updated the text accordingly
- Changes in text: Line 110-111: This was a single-center, cluster prospective interventional study of individuals diagnosed with GDM between October 2018 and December 2019.

Comment 11: Line 148: Please define what is meant by “compliant with dual screening”. My presumption is that they completed three FBG tests and then returned to the clinic for an OGTT, but it is not clear from the text.

- Reply 11: We appreciate the reviewer’s recommendation and have updated the text.
- Changes in text: Line 154-155: “99 individuals submitted all three FBG values and completed in-person 2hr OGTT screening.”

Comment 12: Line 154: For consistency and clarity, suggest adding a percentage in parentheses after “majority”.

- Reply 12: We thank the reviewer for their recommendation and have included a percentage in the text.
- Changes in text: Line 162 “The majority (78%) of patients…”

Comment 13: Line 165: See previous comment about defining “post-partum follow-up”.

- Reply 13: We again thank the reviewer for their recommendation. We have provided a definition of follow up in the text.
- Changes in text: Lines 126-127: Follow-up was defined as having completed of 2hr OGTT screening or submitting all three FBG values.

Comment 14: Lines 169-170: What are the numerators and denominators for these percentages? Please include.

- Reply 14: We appreciate the reviewer’s question. We have included all the numberators and denominators for the reported percentages
- Changes in text: Lines 173-184.

Comment 15: Lines 175-176: Looks like there is a word missing so that it should be "rates of follow-up".

- Reply 15: We thank the reviewer for their recommendation. We have updated the text accordingly
- Changes to text: Table 3 shows rates of follow-up by treatment group.

Comment 16: Lines 195-196: I realize that it is very common to have a sentence like this at the end of a Discussion, and it seems to me to be a bit of a throwaway sentence. However, I think it would help the readers to have more information on why a larger analysis is needed. What questions would it answer that are not answered by this study?

- Reply 16: We appreciate the reviewer's perspective. This was a pilot study of one center that used a pre-defined cutoff of 100. We propose a larger study that can statistically determine ideal cut-off values and can comment on the use of one or two FBG values.
- Changes to text: Lines 203-206: Furthermore, additional research is needed to assess the clinical utility of one or two FBG values. The present study utilized a pre-defined FBG cutoff 100mg/dL. A larger analysis of remote FBG screening utilizing various cutoffs is needed to establish an optimal cutoff value.

Comment 17: Figure 2: Why do the numbers in the three lowest boxes add up to 35 rather than 32? Also, in the figure caption please make it clear the definition of FBG (i.e., 3 FBG tests, I presume).

- Reply 17: We appreciate the reviewer's attention to this error. We have revisited our analysis and have updated the table with the correct values. It appears that the normal cohort (n=3) was double counted.
- Changes in text: figure 2 updated

Comment 18: Table 1: All the cells with categorical variables should have numbers in addition to percentages for consistency and to make it easier for the reader. Also, the P-value for insurance doesn't seem right. If everyone (N=239 and N=207) had values for insurance, then the P-value should be much lower (using an online calculator I got P=0.042 rather than P=0.50). Or perhaps that is a typo and should be P=0.05. In addition, there appears to be a typo in the row for Asian and column for Standard (should be 40 rather than 40 1—perhaps the 1 belongs inside the parentheses so that it is 16.8 rather than 6.8?).

- We sincerely appreciate the reviewer's attention to our table. We have updated all the categorical variables in the table in accordance with the reviewer's recommendations. We have also reviewed our statistical analysis and updated

the listed p values accordingly. The typo in the row for Asian was similarly updated.

- Changes to text: Figure 1

Comment 19: Table 2: Please define fasting blood glucose as test > 100 in at least 1 of 3 tests (which is what I presume you mean).

- We appreciate the reviewer's attention to our table. We have updated the table to reflect >100mg/dL in at least 1 of 3 tests.
- Changes to text: Figure 2: Table 2. Sensitivity analysis of fasting blood glucose compared to in-office 2hr OGTT postpartum using 100mg/dL cutoff in at least one of three values, N=99

Comment 20: Table 3: Please define continuity of care. Also, using consistent capitalization for race (i.e., either Black or black).

- We appreciate the reviewer's recommendation. We have updated the table to include a definition of follow up
- Changes to text: Follow-up was defined as having completed of 2hr OGTT screening or submitting all three FBG values.

Reviewer B

The authors conducted a study in which they compared remote postpartum diabetes screening with fasting plasma glucose tests to the clinical standard.

My main criticism of the paper is that I am not sure about the role mobile health played in the study. I think the manuscript requires a clearer description of the aim and the methods used to achieve this. Please refer to the attached document for my detailed comments.

Abstract and Keywords:

Comment 1. Methods: I think that the setting in which the study was performed (country/city) should be mentioned in the Methods section.

- Reply 1: We appreciate the reviewer's comment. We have updated the text to reflect the country/ city
- Changes in text: Lines 110-112: This was a single-center, cluster prospective interventional study of individuals diagnosed with GDM between October 2018 and December 2019 in Newark, Delaware, United States

Comment 2. Keywords: I think it would be good to add a keyword that relates to mobile health since the submission is to a mobile health journal.

- Reply 2: We appreciate the reviewer's comment and are in agreement. We have updated keywords
- Changes in text: Lines 83-84: diabetes mellitus, gestational diabetes, postpartum, pregnancy, screening, mobile, telehealth

Comment 3: I think that the aim of the study should be more clearly articulated. From my understanding, the study targeted type 2 diabetes screening in women with GDM after giving birth. However, in the Introduction (e.g., lines 102 and 105) "pregnant individuals" are mentioned. Hence, I first thought the tests would be performed during the pregnancy instead of postpartum. Additionally, I think that it should be more clearly stated if the main aim was to evaluate fasting blood glucose (FBG) versus oral glucose tolerance test (OGTT). In that case, I think that the journal is not the correct outlet for the article. If the focus was, however, to use mobile technology to remind women to take the test and report the results to their clinician, then the journal might be the correct choice, but the manuscript would require more details on the use of mobile technology. In the last sentence in the Introduction (lines 105/106), the authors mention the development of a mobile app. However, the app is nowhere else mentioned. It is not clear to me if the women used an app as part of the intervention or not. You use the term "text-based" throughout the manuscript. I think it would be helpful to state text message-based if you sent mobile text messages or app-based if participants used a mobile app.

- Reply 3: We appreciate the reviewer's comments. We agree that the use of terminology like, "pregnancy individuals" contributes to some confusion. We have updated the text to clarify that patients who were diagnosed with gestational diabetes were included in the postpartum period. The focus of this study was to use mobile technology to screen patients and report the results to their clinician. Thus, we believe this journal is an appropriate choice for this study. We utilized a mobile platform to record fasting blood sugars. Web-based form and a mobile application were available for download, depending on patient preference. Both mobile modalities were available.
- Changes in text: Line 107-108: We sought to develop a mobile application and web-based forms for reporting FBG values in the postpartum period.

Comment 4: Setting: I think it is important to mention the study setting, including the state or city and country in which the study was performed.

- Reply 4: We appreciate the reviewer's recommendation and have updated the text accordingly
- Changes in text: Lines 110-112: This was a single-center, cluster prospective interventional study of individuals diagnosed with GDM between October 2018 and December 2019 in Newark, Delaware, United States

Comment 5: 2. Lines 120/121: I assume that the study timeframe within which the data was collected was between the hospital admission for delivery and 12 weeks postpartum. If someone did not take any test (FBG or OGTT) within that timeframe, they were considered lost to follow-up. This is my interpretation, but I think it should be more clearly stated what is meant by lost to follow-up and the study timeframe.

- Reply 5: This is correct. We appreciate the reviewer's comments and interpretation of our manuscript, which are accurate. We believe that the current manuscript details this timeframe, but have included additional details to clarify this point.
- Changes in text: Lines 128-132: Reminder texts were sent each week until 12 weeks postpartum, at which point patients were considered lost to follow-up. All participants were encouraged to undergo type 2 diabetes screening with 2hr OGTT during the study period, regardless of FBG values. Follow-up was defined as having completed of 2hr OGTT screening or submitting all three FBG values within 12 weeks postpartum.

Comment 6: Group allocation: How were participants assigned to the intervention and control group? If randomization took place, how were participants randomized?

- We appreciate the reviewer's questions. This was not a randomized trial but rather a cluster, prospective trial. We have included details regarding participant assignments in accordance with the reviewer's recommendations.

- Changes in text: line 113-118: This was a single-center, cluster prospective interventional study of individuals diagnosed with GDM between October 2018 and December 2019 in Newark, Delaware, United States. From October 2018 through April 2019, all patients diagnosed with gestational diabetes were enrolled in standard follow-up screening while all patients diagnosed with gestational diabetes were enrolled in our dual program from May 2019 through December 2019.

Comment 7: Blinding: Was anyone blinded to the intervention?

- Reply 7: We appreciate the reviewer's question. No, the study was not blinded as this would not be feasible.

Comment 8: Outcome assessment: Was the staff who took the OGTT blinded to the intervention?

- Reply 8: At our institution, OGTT testing is performed at a laboratory setting and personnel are blinded to the intervention. We believe that blinding should not alter the results of plasma glucose values.

Comment 9: Sample size: Was there any sample size calculation before the study begin?

- Reply 9: We appreciate the reviewer's question. A post-hoc sample size calculation was not included in the statistical plan of this study. We sought to include all consecutive patients during the clustered time period. Typically, post-hoc sample size calculation are reserved for studies that did not find a statistical difference. We found that follow-up was significantly increased following our intervention. Therefore, a sample size calculation does not add value to this report.

Comment 10: Line 129: What does "(6)" mean?

- Reply 10: We appreciate the reviewer's attention to detail. We have updated the text to reflect the accurate reference.
- Changes in text: Line 139 "…equal to 100mg/dL are at risk for screening positive on 2hr OGTT [3]."

Comment 11: Intervention: I think it is necessary to describe the intervention in more detail. Especially, if the focus of the study was on mobile health use, the process of how women received messages and how they reported their FBG results should be described. Reading the manuscript, I cannot identify if women used a mobile app or if they received text messages on their phones. I think that is important information that is currently missing. Also, it would be nice to have examples, either some screenshots

of the app or the text messages that were sent to the women.

- Reply 11: We appreciate the reviewer's comments. Both web-based and mobile application platforms were available for patient use. This has been clarified in the manuscript. We appreciate the reviewer's recommendations and have included screenshots of the mobile platform for clarity.
- Changes in text: Line 126-131: Participants were given instructions on downloading the mobile application or using a web-based version. At six weeks postpartum, participants enrolled in remote screening received automated, electronic forms requesting FBG on three consecutive days. Reminder texts with links to the web-based platform were sent each week until 12 weeks postpartum, at which point patients were considered lost to follow-up.
- We have added an additional figure (figure 1) to this manuscript for clarity

Comment 12: Results: Table 1: a) Please revise the numbers for ethnicity. There are some mistakes.

- Reply 12: We appreciate the reviewer's recommendations and have revised the numbers for ethnicity
- Changes to text: Table 1

Comment 13: b) Please state for all values absolute and relative number and mean and standard deviation. Sometimes the absolute values and the standard deviation are missing.

- Reply 13: We appreciate the reviewer's suggestions and have included values in our table
- Changes to text: Table 1

Comment 14: c) For a non-US audience, I think it would be helpful to clarify insurance. Does "Medicaid" basically compare between insured vs. uninsured or private vs. state insurance?

- Reply 14: We appreciate the reviewer's suggestion. Medicaid refers to public, state insurance. We have updated our table to reflect this clarification.
- Changes to text: Table 1

Comment 15: d) GDM management: The terminology used is not clear to me. Do you mean with "oral hypoglycemia" oral drug treatment such as metformin? Do you mean with "combined" a combination of oral drugs and insulin or a combination of drug treatment and diet? Do those who received drug treatment also have a diet intervention (which I would assume)? If that is the case, maybe use "diet only".

- Reply 15: We appreciate the reviewer's comments. We have updated the table accordingly to reflect these recommendations.
- Changes to text: Table 1

Comment 16: e) I would recommend using consistently only one decimal place.

- Reply 16: We appreciate the reviewer's comments. We have updated the table accordingly to reflect these recommendations.
- Changes to text: Table 1-2

Comment 17: Tables 2 and 3: Is it correct that you showed the same tables twice (pages 14-16)?

- Reply 17: We appreciate the reviewer's attention to detail. We have deleted the duplicate table 3.

Comment 18: Please check for your figures that the captions are always below. I think that some text that is below the figures is either not necessary or better suited as part of the Methods. I would put the first sentence below figure 2 in the Methods and delete the second sentence. For figure 3, I would include the text explaining the area under the receiver operating characteristic curve in the Methods.

- Reply 18: We appreciate the reviewer's advice to improve our manuscript. We have updated the manuscript to include captions of figure 2 and 3.
- Changes to text: lines 164-165 "Figure 3 depicts the study protocol used to categorize fasting blood glucose results. Cut-offs were determined prior to participant recruitment"
- Changes to text: lines 177-182: Test characteristics were plotted on a receiver-operating curve as shown in figure 4. The area under the curve illustrates the diagnostic ability of fasting blood glucose as its discrimination threshold is varied. This particular receiver operating characteristic curve demonstrates that fasting blood glucose is an acceptable screening method for type 2 diabetes, with an area under the curve (AUC) of 0.93.

Comment 19: Discussion: Line 181: I don't understand why you use the references in this line. How are they referring to your statement?

- Reply 19: We appreciate the reviewer's comments. These references are similar articles that have used various screening tests with similar objectives to the present study. These references highlight the novelty of using fasting blood glucose.

Comment 20: Line 189: You state that the results are generalizable. I think it is important to mention the setting in which the study was performed, and then be more

specific to which settings the findings can be referred. US setting? High-income settings?

- Reply 20: We appreciate the reviewer's recommendation. We have included the setting of our study in the methods section in accordance with the reviewer's comments. We have also clarified the generalizability comment in our discussion
- Changes in text: Lines 215-216 "We find our study generalizable to a tertiary care, teaching hospital, as we included all individuals diagnosed with GDM."

Comment 21: 3. Line 190: You state that to your knowledge no other study has evaluated postpartum follow-up rates. Do you mean in combination with mobile-based FBG screening? Please clarify this because you provided yourselves references to studies that reported postpartum follow-up rates for diabetes screening.

- Reply 21: We appreciate the reviewer's clarifying remarks. We have included additional information in the manuscript. To clarify, the novelty of our study is the use of fasting blood glucose reported remotely.
- Changes to text: 216-218: To the best of our knowledge, no other study has evaluated postpartum follow-up rates using fasting capillary blood glucose through text-based, remote screening for T2DM

Comment 22: Comparison to other literature: How would you explain your results in comparison to other research stating that FBG is insufficiently sensitive? E.g., https://doi.org/10.2337/dc09-0900, https://doi.org/10.1371/journal.pone.0239720, and https://doi.org/10.1111/j.1464- 5491.2010.03001.x

- Reply 22: We appreciate the reviewer's comments and references. We have reviewed the cited literature and these references are specifically using fasting plasma glucose through venipuncture. Our study sought to assess fasting capillary blood glucose through self-administered finger-stick at home. Furthermore, studies listed here were performed 24–72 hours after delivery, prior to the normalization of pregnancy-related insulin resistance, which would explain poor correlation with OGTT and low sensitivity rates.

Reviewer C

Comment 1: There is a major critical element, which as a reviewer I struggled to discern. Given the paper title and conclusion, the authors suggest that the text based system is the screening test, whereas it can be argued that the test is in fact the home-based personal glucometry. The texting component is merely a method of relaying or sharing the data as duly reported in Line 106, which arguably, for its convenience, facilitates better uptake of post-partum screening. The mobile app/texting system vs. 2-hr OGTT test appear to be two things at odds with each other vis-à-vis purpose and function. If anything, the validation is on personal home-based glucometry with capillary blood analysis vs. office based 2hr-OGTT with venous drawn blood analysis (thus making the STARD framework relevant). Fasting levels cut-offs are the same as ACOG cut-offs and there is nothing novel or new that the authors are contributing here. Otherwise, it might be prudent to add a bit more information for clarity how the "intervention" (the test) is supposed to work.

- Reply 1: We appreciate the reviewer's perspective. While it is true that this study evaluates home-based glucometry with capillary blood analysis, this testing modality has not been studied in the postpartum period. Furthermore, home testing recorded through mobile modalities have not been used in the postpartum period. This study contributes to the current literature on T2DM screening following gestational diabetes and has piloted a novel way to maintain continuity of care with patients.

Comment 2: Russel et. al publication cited in Line 95...This a is an old publication. Please consider a more recent publication; even if despite changes in practice over the last 15 years, the epidemiological data on GDM hasn't changed much.

- Reply 2: We appreciate the reviewer's comments. We have updated the reference accordingly
- Changes to text: Zhou, T., Sun, D., Li, X., Heianza, Y., Nisa, H., Hu, G., Pei, X., Shang, X., and Qi, L., Prevalence and Trends in Gestational Diabetes Mellitus among Women in the United States, 2006–2016. Diabetes, 2018. 67(s1)

Comment 3: Line 121-122, "All participants were encouraged to undergo type 2 diabetes screening..." How was this done for each of the study groups and how frequently?

- Reply 3: We appreciate the reviewer's question. This comment in the manuscript refers to the study protocol which requires all participants to undergo standard of care 2hr OGTT. From October 2018 through April 2019, all patients diagnosed with gestational diabetes were enrolled in standard follow-up screening while all consecutive patients diagnosed with gestational

diabetes were enrolled in our dual program from May 2019 through December 2019.

Comment 4: There is a Dobson et al., publication cites at Line 129. Are the authors confident this Is an appropriate/the correct use of this reference here?

- Reply 4: We appreciate the reviewer's attention to our works cited. We have updated the text with the correct reference.
- Changes in text: "…100mg/dL are at risk for screening positive on 2hr OGTT [3]."

  Kitzmiller, J., ng-Kilduff, L., and Taslimi, M., Gestational diabetes after delivery. Short-term management and long-term risks. Diabetes Care, 2007. 30(suppl 2): p. S225-35.

Reviewer D

Comment 1: The title and the abstract show the exact scope of the study. The study was conducted properly and consisted of many essential items required in cohort studies. The size of the study population, study character and the precisely obtained examinations are undoubtful study strengths. Nevertheless, there are a few issues that need clarification. The study was made a little short, and the comparison to the literature could be made better.

- Reply 1: We are grateful for the reviewer's comments. We believe the manuscript is an appropriate length for this journal and its readership. The limited information on this topic allows for a succinct and thorough review of the literature. We are happy to include more details if the editor feels this is necessary, but we wanted to minimize the reader's burden.

Comment 2: The size of the study group is more significant than previously published articles. The introduction section is a very well-constructed part of the study. It includes the clarifications about the choice of the subject and the gup in the knowledge.

- Reply 2: We are grateful for the reviewer's comments.

Comment 3: The methodology is conducted correctly. The PI(E)CO question was entirely and clearly described, which makes the study repeatable. The study and control groups were chosen correctly. Nevertheless, the information about randomization of the included patients would be well seen.

- Reply 3: We thank the reviewer for their comments. We will take this opportunity to clarify that this was a cluster, prospective interventional study. We have included additional details in the manuscript.
- Changes in text: Line 110-113 added for clarity: "From October 2018 through April 2019, all patients diagnosed with gestational diabetes were enrolled in standard follow-up screening while all patients diagnosed with gestational diabetes were enrolled in our dual program from May 2019 through December 2019."

Comment 4: The statistical analysis was performed correctly, and the description of it is also done perfectly. However, clarification is needed by OGTT. Authors have written that OGTT was made with 50 g Glucose and 100 g glucose when the citied ACOG recommendations are mentioned about blood examination in 1-h and 2-h after giving 75 mg glucose. Please clarify why you have chosen other standards in your study. Moreover, the description of the diagnosis of GDM should be clarified in the study.

- Reply 4: We appreciate the reviewer's question. To clarify, this study included individuals diagnosed with gestational diabetes. The diagnosis of GDM was made based on two-step screening using a cut off of 135mg/dL for 1-hour 50-g OGTT and Carpenter and Coustan cut offs for 3-hour 100-g OGTT, per AOCG guidelines. This describes the inclusion criteria of participants. However, the diagnosis of T2DM in the postpartum period was made using a 75-g, 2-hour oral glucose tolerance test.

Comment 5: The diabetes societies worldwide are diagnosed with diabetes type 2 by at least two FBG greater than or equal to 126mg/dL. In the study, at least one result FBG greater than or equal to 126mg/dL. Please clarify why.

- Reply 5: We appreciate the reviewer's comments. We agree that T2DM is currently diagnosed using different criteria. The purpose of our study was to investigate the efficacy of using fasting capillary blood glucose for the diagnosis of T2DM as compared to the current standards. We believe that fasting capillary blood glucose may be an alternative.

Comment 6: The choosing process of the study population is related to a selection bias. Lack of women without phones seems to the exclusion of patients with the lowest income. This part of the study should be clarified.

- Reply 6: We appreciate the reviewer's comments. We agree that excluding women without smart phones may marginalize low-income communities. However, this project was a pilot "test-of-concept" study that did not utilize any funding source. Given the promising outcomes of this study, we have submitted applications for federal funding to provide patients with smartphone devices. We hope to include all patients in this program given our results.

Comment 7: There were a few solid advantages of the study, as a prospective character, perfect planned follow-up with sending the messages every week and preformation of multivariable logistic regression. Moreover, the considerable advantage of the study is its novel character, as the first study to validate a step-wise screening protocol for diabetes type 2 recognition postpartum.

- Reply 7: We appreciate the reviewer's comments and kinds words.

Comment 8: The discussion section should contain information that compares the current study with what is already known. This information is missed in the study. This section needs attention and should be done better. The reference list is too short and could be expanded in the discussion section.

- Reply 8: We appreciate the reviewer's recommendations. However, there is limited information on this topic. This is the firs study to use fasting capillary blood glucose through text-based, remote screening for T2DM. This is also the

first study to utilize bi-directional electronic forms to screen for T2DM. There is limited information on this topic. We are happy to include more details if the editor feels this is necessary, but we have summarized the current literature in this manuscript.

Comment 9: In my opinion, the discussed problem of diagnosis of postpartum diabetes type 2 is critical, underestimated, and impacts public health. Although the discussion section was not performed correctly and there were some methodological issues in the study, it should be appreciated, as the first study to validate a step-wise screening protocol for diabetes type 2 recognition postpartum, prospective character and the crucial influence on public health.

- Reply 9: We appreciate the reviewer's comments and kinds words