

Peer Review File

Article information: <http://dx.doi.org/10.21037/ht-20-28>

Reviewer #1

Marked in PDF, can be provided upon request.

Reviewer #2

This is an important topic, and the content is relevant.

Comment 1: In its current state, it is not publishable without significant revision.

- Line 9: Change to encourage **or** discourage **done**
- Line 36: Add 'is' to information support **is** defined as **done**
- Appropriate in-text citations should be provided for all sentences in the introduction paragraph. E.g., the sentence "Emotional support refers to the offering of empathy, compassion, and genuine concern to support individuals' emotional needs such as connecting with someone, talking about stressors and concerns, and seeking reassurance" needs appropriate in-text citation. **done**
- Line 55: Are you trying to say that most apps are designed by researchers? Read Biviji et al. 2020. Factors Related to User Ratings and User Downloads of Mobile Apps for Maternal and Infant Health: Cross-Sectional Study. *JMIR mHealth and uHealth*, that states otherwise.
- **No, I am exactly trying to say what is mentioned in the article (Biviji et al. 2020). Please see the purpose section**
- Line 57: How are you defining good quality here? Is it related to the content? Or is it related to app developer type, i.e., whether the app is developed by healthcare professionals? Is it the absence of BCTs within the app content? Specify. **Please see the purpose section**
- Lines 57-58: The sentence- "that meet their expectations for social support and therefore are relegated to employ low-quality apps"- Confusing. Not sure what you mean here? Clarify what is 'good quality' and identify how there is a general paucity of good quality apps. Refer to paper Biviji et al. Content analysis of behavior change techniques in maternal and infant health apps. *Translational Behavioral Medicine*. **Please see the purpose section**
- Line 59: Change to encourage **or** discourage **done**
- Line 66: Change to parents **to** support their parenting in the first year? **done**
- Line 68: Change to encourage **or** discourage **done**
- Line 80: What do you mean by novelty of the topic? Does it refer to the fact that not much literature exists OR that it is specialized topic? **Please see the**

HT HEALTH TECHNOLOGY

PROMOTING HEALTH BY INTEGRATING MEDICAL ENGINEERING AND TECHNOLOGY
track changes

- Eligibility Criteria: Inclusion and exclusion criteria should be written separately. The information presented here should be graphically represented preferably as a flowchart. [See the eligibility criteria section. I have also added a figure \(flow chart\)](#)
- Characteristics of Included Studies: This should be under Results section. [done](#)
-
- Line 111: The sentence- “mHealth intervention that contained within an app” is an awkward sentence. Consider re-framing. [Please see the track changes](#)
- Lines 121-124: The numbers don't add up to 41. Please explain. [Please see the track changes](#)
- Line 127: Add the word ‘processes’ after dissemination. [done](#)
- Line 164: Replace ‘informational’ with ‘information’ [done](#)
- Line 169: Change to stay-**at**-home [done](#)
- Line 172: Change to stay-**at**-home [done](#)
- Line 185: Change to “infants **and** turning to apps” [done](#)
- Line 210: Change to “of all **the** nutritional concerns” [done](#)
- Line 257: I am not sure why the term ‘contemporary’ is used frequently in this paper. Is this term important in defining something? If yes, clarify in the introductory paragraphs. [I have mostly removed the term now it is only used three times.](#)
- Line 265: Typo, correct to ‘refugees’ [done](#)
- Line 287: Change to “improving control **and** ensuring” [done](#)
- Content Credibility: This para does not detail information related to app credibility. You talk about functionality and usability, which is different from credibility. [Please see the Content Credibility section](#)
- Line 330: Change to “found similar results **in** a review of literature” [done](#)
- Line 337: Change to “parenthood, **which** also indicated **that** managing the spousal relationships” [done](#)
- Line 348: Change to “small **sample** of fathers” [done](#)
- Implications for Practice: Need to talk about other implications such as the lack of guidelines for app development process, especially content development. Refer to articles mentioned above, i.e., Biviji et al, (2020) Factors related to user ratings and user downloads in MIH. *JMIR mHealth and uHealth*, that talks about larger number of apps being developed by non-healthcare developers. Other implications include lack of inclusion of behavior change techniques (BCTs) in maternal and infant health app content as indicated in Biviji et al. (2020), Content analysis of BCTs in MIH apps. *Translational Behavioral Medicine*. [Thank you for the suggestions. Biviji et al, \(2020\) is a](#)

HT HEALTH TECHNOLOGY

PROMOTING HEALTH BY INTEGRATING MEDICAL ENGINEERING AND TECHNOLOGY
good read. Thank you. These implications fit perfectly with the article you have highly recommended however I feel that the literature review did not speak to app development *process* and behavior change in that greater detail that it would fit the implications

- Line 387: Change to “circumstances that **have** given rise to.....that **encourage or discourage** parents’ use of quality of apps”. **done**
- Line 390: Change to “adopt**ing** digital mediums” **done**