The CONSORT-EHEALTH checklist is intended for authors of randomized trials evaluating web-based and Internet-based applications/interventions, including mobile interventions, electronic games (incl multiplayer games), social media, certain telehealth applications, and other interactive and/or networked electronic applications. Some of the items (e.g. all subitems under item 5 - description of the intervention) may also be applicable for other study designs.

The goal of the CONSORT EHEALTH checklist and guideline is to be a) a guide for reporting for authors of RCTs, b) to form a basis for appraisal of an ehealth trial (in terms of validity).

CONSORT-EHEALTH items/subitems are MANDATORY reporting items for studies published in the Journal of Medical Internet Research and other journals / scientific societies endorsing the checklist.

Items numbered 1., 2., 3., 4a., 4b etc are original CONSORT or CONSORT-NPT (non-pharmacologic treatment) items.

Items with Roman numerals (i., ii, iii, iv etc.) are CONSORT-EHEALTH extensions/clarifications.

As the CONSORT-EHEALTH checklist is still considered in a formative stage, we would ask that you also RATE ON A SCALE OF 1-5 how important/useful you feel each item is FOR THE PURPOSE OF THE CHECKLIST and reporting guideline (optional).

Mandatory reporting items are marked with a red *.

In the textboxes, either copy & paste the relevant sections from your manuscript into this form - please include any quotes from your manuscript in QUOTATION MARKS, or answer directly by providing additional information not in the manuscript, or elaborating on why the item was not relevant for this study.

YOUR ANSWERS WILL BE PUBLISHED AS A SUPPLEMENTARY FILE TO YOUR PUBLICATION IN JMIR AND ARE CONSIDERED PART OF YOUR PUBLICATION (IF ACCEPTED).

Please fill in these questions diligently. Information will not be copyedited, so please use proper spelling and grammar, use correct capitalization, and avoid abbreviations.

DO NOT FORGET TO SAVE AS PDF AND CLICK THE SUBMIT BUTTON SO YOUR ANSWERS ARE IN OUR DATABASE !!!

Citation Suggestion (if you append the pdf as Appendix we suggest to cite this paper in the caption):
Eysenbach G, CONSORT-EHEALTH Group
CONSORT-EHEALTH: Improving and Standardizing Evaluation Reports of Web-based and Mobile Health Interventions
J Med Internet Res 2011;13(4):e126
URL: http://www.jmir.org/2011/4/e126/
doi: 10.2196/jmir.1923
PMID: 22209829

*Required

Your name *
First Last
Esperanza Ng

Primary Affiliation (short), City, Country *
University of Toronto, Toronto, Canada

nuresp@nus.edu.sg

Your e-mail address *
abc@gmail.com
esperanzadebbyng@gmail.com

Title of your manuscript *
Evaluation of a Technology-Based Peer Support Intervention Program for Preventing Postnatal Depression: A Randomized Controlled Trial
Name of your App/Software/Intervention *
If there is a short and a long/alternate name, write the short name first and add the long name in brackets.

PIP (Peer-support Intervention Program)

Evaluated Version (if any)
e.g. "V1", "Release 2017-03-01", "Version 2.0.27913"

Your answer

Language(s) *
What language is the intervention/app in? If multiple languages are available, separate by comma (e.g. "English, French")

English

URL of your Intervention Website or App
e.g. a direct link to the mobile app on app in appstore (itunes, Google Play), or URL of the website. If the intervention is a DVD or hardware, you can also link to an Amazon page.

Your answer

URL of an image/screenshot (optional)
Your answer

Accessibility *
Can an enduser access the intervention presently?

- access is free and open
- access only for special usergroups, not open
- access is open to everyone, but requires payment/subscription/in-app purchases
- app/intervention no longer accessible
- Other:

Primary Medical Indication/Disease/Condition *
e.g. "Stress", "Diabetes", or define the target group in brackets after the condition, e.g. "Autism (Parents of children with)", "Alzheimers (Informal Caregivers of)"

Postnatal depression (Mothers at risk)

Primary Outcomes measured in trial *
comma-separated list of primary outcomes reported in the trial

Postnatal depression

Secondary/other outcomes
Are there any other outcomes the intervention is expected to affect?

postnatal anxiety, loneliness, perceived social support received
Recommended "Dose" *
What do the instructions for users say on how often the app should be used?

- Approximately Daily
- Approximately Weekly
- Approximately Monthly
- Approximately Yearly
- "as needed"
- Other:

Approx. Percentage of Users (starters) still using the app as recommended after 3 months *

- unknown / not evaluated
- 0-10%
- 11-20%
- 21-30%
- 31-40%
- 41-50%
- 51-60%
- 61-70%
- 71%-80%
- 81-90%
- 91-100%
- Other:

Overall, was the app/intervention effective? *

- yes: all primary outcomes were significantly better in intervention group vs control
- partly: SOME primary outcomes were significantly better in intervention group vs control
- no statistically significant difference between control and intervention
- potentially harmful: control was significantly better than intervention in one or more outcomes
- inconclusive: more research is needed
- Other:

Article Preparation Status/Stage *
At which stage in your article preparation are you currently (at the time you fill in this form)

- not submitted yet - in early draft status
- not submitted yet - in late draft status, just before submission
- submitted to a journal but not reviewed yet
- submitted to a journal and after receiving initial reviewer comments
- submitted to a journal and accepted, but not published yet
- published
- Other:
Journal *
If you already know where you will submit this paper (or if it is already submitted), please provide the journal name (if it is not JMIR, provide the journal name under "other")

- not submitted yet / unclear where I will submit this
- Journal of Medical Internet Research (JMIR)
- JMIR mHealth and UHealth
- JMIR Serious Games
- JMIR Mental Health
- JMIR Public Health
- JMIR Formative Research
- Other JMIR sister journal
- Other:

Is this a full powered effectiveness trial or a pilot/feasibility trial? *
- Pilot/feasibility
- Fully powered

Manuscript tracking number *
If this is a JMIR submission, please provide the manuscript tracking number under ‘other’ (The ms tracking number can be found in the submission acknowledgement email, or when you login as author in JMIR. If the paper is already published in JMIR, then the ms tracking number is the four-digit number at the end of the DOI, to be found at the bottom of each published article in JMIR)

- no ms number (yet) / not (yet) submitted to / published in JMIR
- Other:

TITLE AND ABSTRACT

1a) TITLE: Identification as a randomized trial in the title

1a) Does your paper address CONSORT item 1a? *
I.e. does the title contain the phrase "Randomized Controlled Trial"? (if not, explain the reason under 'other')

- yes
- Other:

1a-i) Identify the mode of delivery in the title
Identify the mode of delivery. Preferably use "web-based" and/or "mobile" and/or "electronic game" in the title. Avoid ambiguous terms like "online", "virtual", "interactive". Use "Internet-based" only if intervention includes non-web-based Internet components (e.g. email), use "computer-based" or "electronic" only if offline products are used. Use "virtual" only in the context of "virtual reality" (3-D worlds). Use "online" only in the context of "online support groups". Complement or substitute product names with broader terms for the class of products (such as "mobile" or "smart phone" instead of "iphone"), especially if the application runs on different platforms.

1 2 3 4 5
subitem not at all important

Does your paper address subitem 1a-i? *
Copy and paste relevant sections from manuscript title (include quotes in quotation marks "like this") to indicate direct quotes from your manuscript, or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Evaluation of a Technology-Based Peer Support Intervention Program for Preventing Postnatal Depression: A Randomized Controlled Trial
1a-ii) Non-web-based components or important co-interventions in title

Mention non-web-based components or important co-interventions in title, if any (e.g., “with telephone support”).

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| ○ | ○ | ○ | ○ | ○ | essential |

Does your paper address subitem 1a-ii?

Copy and paste relevant sections from manuscript title (include quotes in quotation marks “like this”) to indicate direct quotes from your manuscript, or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study.

Your answer

1a-iii) Primary condition or target group in the title

Mention primary condition or target group in the title, if any (e.g., “for children with Type I Diabetes”).

Example: A Web-based and Mobile Intervention with Telephone Support for Children with Type I Diabetes: Randomized Controlled Trial

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| ○ | ○ | ○ | ○ | ○ | essential |

Does your paper address subitem 1a-iii? *

Copy and paste relevant sections from manuscript title (include quotes in quotation marks “like this”) to indicate direct quotes from your manuscript, or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study.

Evaluation of a Technology-Based Peer Support Intervention Program for Preventing Postnatal Depression: A Randomized Controlled Trial

1b) ABSTRACT: Structured summary of trial design, methods, results, and conclusions

NPT extension: Description of experimental treatment, comparator, care providers, centers, and blinding status.

1b-i) Key features/functionality/components of the intervention and comparator in the METHODS section of the ABSTRACT

Mention key features/functionality/components of the intervention and comparator in the abstract. If possible, also mention theories and principles used for designing the site. Keep in mind the needs of systematic reviewers and indexers by including important synonyms. (Note: Only report in the abstract what the main paper is reporting. If this information is missing from the main body of text, consider adding it).

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| ○ | ○ | ○ | ○ | ○ | essential |

Does your paper address subitem 1b-i? *

Copy and paste relevant sections from the manuscript abstract (include quotes in quotation marks “like this”) to indicate direct quotes from your manuscript, or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study.

"The four-week long intervention included a weekly follow-up with a peer volunteer through phone calls or text messages. The intervention group received peer support in addition to the standard care offered by the hospital. The control group only received postnatal standard care."
1b-ii) Level of human involvement in the METHODS section of the ABSTRACT

Clarify the level of human involvement in the abstract, e.g., use phrases like "fully automated" vs. "therapist/nurse/care provider/physician-assisted" (mention number and expertise of providers involved, if any). (Note: Only report in the abstract what the main paper is reporting. If this information is missing from the main body of text, consider adding it).

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| subitem not at all important | o | o | o | o | essential |

Does your paper address subitem 1b-ii?

Copy and paste relevant sections from the manuscript abstract (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study.

Your answer

1b-iii) Open vs. closed, web-based (self-assessment) vs. face-to-face assessments in the METHODS section of the ABSTRACT

Mention how participants were recruited (online vs. offline), e.g., from an open access website or from a clinic or a closed online user group (closed user group trial), and clarify if this was a purely web-based trial, or there were face-to-face components (as part of the intervention or for assessment). Clearly say if outcomes were self-assessed through questionnaires (as common in web-based trials). Note: In traditional offline trials, an open trial (open-label trial) is a type of clinical trial in which both the researchers and participants know which treatment is being administered. To avoid confusion, use "blinded" or "unblinded" to indicated the level of blinding instead of "open", as "open" in web-based trials usually refers to "open access" (i.e. participants can self-enrol). (Note: Only report in the abstract what the main paper is reporting. If this information is missing from the main body of text, consider adding it).

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| subitem not at all important | o | o | o | o | essential |

Does your paper address subitem 1b-iii?

Copy and paste relevant sections from the manuscript abstract (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study.

Your answer

1b-iv) RESULTS section in abstract must contain use data

Report number of participants enrolled/assessed in each group, the use/uptake of the intervention (e.g., attrition/adherence metrics, use over time, number of logins etc.), in addition to primary/secondary outcomes. (Note: Only report in the abstract what the main paper is reporting. If this information is missing from the main body of text, consider adding it).

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| subitem not at all important | o | o | o | o | essential |

Does your paper address subitem 1b-iv?

Copy and paste relevant sections from the manuscript abstract (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study.

Your answer

1b-v) CONCLUSIONS/DISCUSSION in abstract for negative trials

Conclusions/Discussions in abstract for negative trials: Discuss the primary outcome - if the trial is negative (primary outcome not changed), and the intervention was not used, discuss whether negative results are attributable to lack of uptake and discuss reasons. (Note: Only report in the abstract what the main paper is reporting. If this information is missing from the main body of text, consider adding it).

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| subitem not at all important | o | o | o | o | essential |
INTRODUCTION

2a-ii) Scientific background, rationale: What is known about the (type of) system

Scientific background, rationale: What is known about the (type of) system that is the object of the study (be sure to discuss the use of similar systems for other conditions/diagnoses, if appropriate), motivation for the study, i.e. what are the reasons for and what is the context for this specific study, from which stakeholder viewpoint is the study performed, potential impact of findings [2]. Briefly justify the choice of the comparator.

Does your paper address subitem 2a-ii? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks “like this” to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study.

"As one of the leading causes of maternal morbidity [2], postnatal depression (PND) has an approximate global prevalence of 10% to 15%...Postnatal depression has garnered much attention due to its potential contribution to maternal mortality and its ripple effects on the family unit...Social support has long been proven to buffer stress and promote healthy psychological wellbeing...This suggests that a support system involving sharing with another experienced mother who has undergone similar situations can potentially meet mothers' needs in terms of empathy and having a non-judgmental listening ear."

1 2 3 4 5

subitem not at all important ○ ○ ○ ○ ○ essential
Numerous studies identified help-seeking barriers among women at risk of psychological issues, namely lack of knowledge, practical barriers (e.g. financial difficulties and work), and attitudinal barriers (e.g. stigma) [21,26,27]. In a conservative multi-racial country like Singapore, traditional views and homebound confinement practices serve as additional help-seeking barriers. Therefore, technology-based interventions are an ideal alternative to increase local women's accessibility to professional help and improve maternal outcomes [28,29]. With other advantages like improved healthcare accessibility, flexibility, individualized care, and privacy [30], many randomized controlled trials have begun adopting technology-based supportive interventions [31-34]. Most of the existing literature have established the effectiveness of various technology-based interventions on maternal outcomes [31-33]. A web-based study consisting of weekly online educational sessions and phone calls from a coach was shown to decrease the risk of PND in 90% of the mothers at six months postpartum [32]. Another recent study utilizing telephone-based support provided by midwives was found to be effective in reducing the risk of PND in at-risk women at eight and 12 weeks postpartum [33]. Similarly, a Canadian-based study [35] involving weekly telephone-based peer-support was also found to reduce the risk of PND and postnatal anxiety (PNA) among at-risk mothers at 12 and 24 weeks postpartum. Despite encouraging results on maternal outcomes, these studies were mainly conducted in Western countries [34-36], required a healthcare professional [34], did not sample at-risk mothers [34,36], or did not have their interventions administered immediately postpartum [35,36]. Additionally, Sjoberg and colleagues’ study [37] revealed that the new generation of mothers preferred online peer-support over face-to-face or online consultations with healthcare professionals. Therefore, there is a need to adopt a technology-based approach and paraprofessional peer support to effectively meet the desires of new generation mothers in Singapore.

The current study aims to examine the effectiveness of a technology-based peer-support intervention program (PIP) among mothers at risk of postnatal depression during the early postpartum period (three months postpartum). Secondary maternal outcomes examined were PNA, loneliness, and perceived social support. The hypothesis is that, compared to the control group, mothers in the intervention group will report significantly lower scores for PND, PNA, and loneliness and higher scores for perceived social support at 12 weeks postpartum.

The present study adopted a randomized-controlled, single-blinded, two-group pre-test and post-test design.
3b) Important changes to methods after trial commencement (such as eligibility criteria), with reasons

Does your paper address CONSORT subitem 3b? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

no changes were made

3b-i) Bug fixes, Downtimes, Content Changes

Bug fixes, Downtimes, Content Changes: ehealth systems are often dynamic systems. A description of changes to methods therefore also includes important changes made on the intervention or comparator during the trial (e.g., major bug fixes or changes in the functionality or content) (5-iii) and other "unexpected events" that may have influenced study design such as staff changes, system failures/downtimes, etc. [2].

Does your paper address subitem 3b-i?

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Your answer

4a) Eligibility criteria for participants

Does your paper address CONSORT subitem 4a? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"Peer volunteers inclusion criteria: i) mothers who were at least 21 years old, ii) proficient in verbal and written English, iii) delivered a healthy baby in the past, iv) had a self-reported history of and recovery from PND, v) had a mobile phone and were willing to share their number and call needy mothers as instructed by the research team, and vi) planned to stay in Singapore for the next six months after recruitment to administer the peer-support intervention. Peer volunteers were excluded if they had any physical or mental conditions that interfered with their ability to participate in the study.

Mothers at risk of PND were recruited from the postnatal wards of a local tertiary hospital immediately post-birth based on the following inclusion criteria: i) were at least 21 years old, ii) could read and speak English, iii) owned a mobile phone and were willing to share their number, iv) planned to stay in Singapore for three months post birth, v) delivered a healthy baby without birth defects and/or medical complications, and vi) had a baseline Edinburg Postnatal Depression Scores (EPDS) of more than or equal to nine. Mothers were excluded if i) they had a history of existing psychiatric illness, cognitive impairment, and/or major medical conditions that could interfere their abilities to participate in the study and/or ii) had a vacuum- or forceps-assisted delivery with a fourth-degree perineal tear."

4a-i) Computer / Internet literacy

Computer / Internet literacy is often an implicit "de facto" eligibility criterion - this should be explicitly clarified.

Does your paper address subitem 4a-i?

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Your answer
4a-ii) Open vs. closed, web-based vs. face-to-face assessments:
Open vs. closed, web-based vs. face-to-face assessments: Mention how participants were recruited (online vs. offline), e.g., from an open access website or from a clinic, and clarify if this was a purely web-based trial, or there were face-to-face components (as part of the intervention or for assessment), i.e., to what degree got the study team to know the participant. In online-only trials, clarify if participants were quasi-anonymous and whether having multiple identities was possible or whether technical or logistical measures (e.g., cookies, email confirmation, phone calls) were used to detect/prevent these.

```
subitem not at all important       1 2 3 4 5
essential
```

Does your paper address subitem 4a-ii? *
Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"Peer volunteers were recruited through a blasting of emails to the study venue's working community and by word of mouth...Mothers at risk of PND were recruited from the postnatal wards of a local tertiary hospital immediately post-birth."

4a-iii) Information giving during recruitment
Information given during recruitment. Specify how participants were briefed for recruitment and in the informed consent procedures (e.g., publish the informed consent documentation as appendix, see also item X26), as this information may have an effect on user self-selection, user expectation and may also bias results.

```
subitem not at all important       1 2 3 4 5
essential
```

Does your paper address subitem 4a-iii?
Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Your answer

4b) Settings and locations where the data were collected

Does your paper address CONSORT subitem 4b? *
Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"The study was conducted from May 2017 to May 2018 at a local tertiary hospital, National University Hospital, in Singapore."

4b-i) Report if outcomes were (self-)assessed through online questionnaires
Clearly report if outcomes were (self-)assessed through online questionnaires (as common in web-based trials) or otherwise.

```
subitem not at all important       1 2 3 4 5
essential
```

Does your paper address subitem 4b-i? *
Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"The demographic data of the mothers were collected at the baseline using a self-reported questionnaire. PND (primary outcome), PNA, loneliness, and perceived social support (secondary outcomes) were measured using a self-reported face-to-face questionnaire at the baseline and via web-based questionnaires at the fourth and twelfth week postpartum."
4b-ii) Report how institutional affiliations are displayed

Report how institutional affiliations are displayed to potential participants [on e-health media], as affiliations with prestigious hospitals or universities may affect volunteer rates, use, and reactions with regards to an intervention. (Not a required item – describe only if this may bias results)

| 1 | 2 | 3 | 4 | 5 | essential |
|---|---|---|---|---|-----------|
|   |   |   |   |   | subitem not at all important |

Does your paper address subitem 4b-ii?

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study.

Your answer

5) The interventions for each group with sufficient details to allow replication, including how and when they were actually administered

5-i) Mention names, credential, affiliations of the developers, sponsors, and owners

Mention names, credential, affiliations of the developers, sponsors, and owners [6] (if authors/evaluators are owners or developer of the software, this needs to be declared in a “Conflict of interest” section or mentioned elsewhere in the manuscript).

| 1 | 2 | 3 | 4 | 5 | essential |
|---|---|---|---|---|-----------|
|   |   |   |   |   | subitem not at all important |

Does your paper address subitem 5-i?

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study.

Your answer

5-ii) Describe the history/development process

Describe the history/development process of the application and previous formative evaluations (e.g., focus groups, usability testing), as these will have an impact on adoption/use rates and help with interpreting results.

| 1 | 2 | 3 | 4 | 5 | essential |
|---|---|---|---|---|-----------|
|   |   |   |   |   | subitem not at all important |

Does your paper address subitem 5-ii?

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study.

Your answer

5-iii) Revisions and updating

Revisions and updating. Clearly mention the date and/or version number of the application/intervention (and comparator, if applicable) evaluated, or describe whether the intervention underwent major changes during the evaluation process, or whether the development and/or content was "frozen" during the trial. Describe dynamic components such as news feeds or changing content which may have an impact on the replicability of the intervention (for unexpected events see item 3b).

| 1 | 2 | 3 | 4 | 5 | essential |
|---|---|---|---|---|-----------|
|   |   |   |   |   | subitem not at all important |

Does your paper address subitem 5-iii?

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study.

Your answer
### 5-iv) Quality assurance methods

Provide information on quality assurance methods to ensure accuracy and quality of information provided [1], if applicable.

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| subitem not at all important | | | | | essential |

**Does your paper address subitem 5-iv?**

Copy and paste relevant sections from the manuscript (include quotes in quotation marks “like this” to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study.

**Your answer**

### 5-v) Ensure replicability by publishing the source code, and/or providing screenshots/screen-capture video, and/or providing flowcharts of the algorithms used

Ensure replicability by publishing the source code, and/or providing screenshots/screen-capture video, and/or providing flowcharts of the algorithms used. Replicability (i.e., other researchers should in principle be able to replicate the study) is a hallmark of scientific reporting.

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| subitem not at all important | | | | | essential |

**Does your paper address subitem 5-v?**

Copy and paste relevant sections from the manuscript (include quotes in quotation marks “like this” to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study.

**Your answer**

### 5-vi) Digital preservation

Digital preservation: Provide the URL of the application, but as the intervention is likely to change or disappear over the course of the years; also make sure the intervention is archived (Internet Archive, webcitation.org, and/or publishing the source code or screenshots/videos alongside the article). As pages behind login screens cannot be archived, consider creating demo pages which are accessible without login.

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| subitem not at all important | | | | | essential |

**Does your paper address subitem 5-vi?**

Copy and paste relevant sections from the manuscript (include quotes in quotation marks “like this” to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study.

**Your answer**

### 5-vii) Access

Access: Describe how participants accessed the application, in what setting/context, if they had to pay (or were paid) or not, whether they had to be a member of specific group. If known, describe how participants obtained “access to the platform and Internet” [1]. To ensure access for editors/reviewers/readers, consider to provide a “backdoor” login account or demo mode for reviewers/readers to explore the application (also important for archiving purposes, see vi).

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| subitem not at all important | | | | | essential |

**Does your paper address subitem 5-vii?**

Copy and paste relevant sections from the manuscript (include quotes in quotation marks “like this” to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study.

**Your answer**

"The PIP intervention involved correspondence with a trained peer volunteer at least once a week (for four weeks) via phone calls, emails, or mobile communication applications (e.g. WhatsApp), depending on each mother’s preference and convenience."
5-viii) Mode of delivery, features/functionalities/components of the intervention and comparator, and the theoretical framework

Describe mode of delivery, features/functionalities/components of the intervention and comparator, and the theoretical framework [6] used to design them (instructional strategy [1], behaviour change techniques, persuasive features, etc., see e.g., [7, 8] for terminology). This includes an in-depth description of the content (including where it is coming from and who developed it) [1], whether and how it is tailored to individual circumstances and allows users to track their progress and receive feedback” [6]. This also includes a description of communication delivery channels and -- if computer-mediated communication is a component -- whether communication was synchronous or asynchronous [6]. It also includes information on presentation strategies [1], including page design principles, average amount of text on pages, presence of hyperlinks to other resources, etc. [1].

Does your paper address subitem 5-viii? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks “like this” to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"Mothers in the control group received standard routine postnatal care by the hospital, which included in-hospital care by obstetrician, nurses, and a lactation consultant. Post-hospital discharge, the only continuity of care provided was in the forms of appointments with obstetricians or neonatologists and breastfeeding hotline numbers. In addition to this standard postnatal care by the hospital, mothers in the intervention group received a technology-based peer support program for four weeks postpartum. Prior to the recruitment of postnatal mothers, the peer volunteers underwent a half-a-day training session by a psychiatrist on how to provide adequate social support. A training booklet was prepared and given to each peer volunteer for future references. The PIP intervention involved correspondence with a trained peer volunteer at least once a week (for four weeks) via phone calls, emails, or mobile communication applications (e.g. WhatsApp), depending on each mother’s preference and convenience. Peer volunteers were encouraged to keep a free text journal of their conversations, and the intensity and duration of each correspondence were recorded in an activity log."

5-ix) Describe use parameters

Describe use parameters (e.g., intended “doses” and optimal timing for use). Clarify what instructions or recommendations were given to the user, e.g., regarding timing, frequency, heaviness of use, if any, or was the intervention used ad libitum.

Does your paper address subitem 5-ix?

Copy and paste relevant sections from the manuscript (include quotes in quotation marks “like this” to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Your answer

5-x) Clarify the level of human involvement

Clarify the level of human involvement (care providers or health professionals, also technical assistance) in the e-intervention or as co-intervention (detail number and expertise of professionals involved, if any, as well as “type of assistance offered, the timing and frequency of the support, how it is initiated, and the medium by which the assistance is delivered”. It may be necessary to distinguish between the level of human involvement required for the trial, and the level of human involvement required for a routine application outside of a RCT setting (discuss under item 21 – generalizability).

Does your paper address subitem 5-x?

Copy and paste relevant sections from the manuscript (include quotes in quotation marks “like this” to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Your answer
5-xi) Report any prompts/reminders used

Report any prompts/reminders used: Clarify if there were prompts (letters, emails, phone calls, SMS) to use the application, what triggered them, frequency etc. It may be necessary to distinguish between the level of prompts/reminders required for the trial, and the level of prompts/reminders for a routine application outside of a RCT setting (discuss under item 21 – generalizability).

| subitem not at all important | 1 | 2 | 3 | 4 | 5 | essential |
|-----------------------------|---|---|---|---|---|-----------|

Does your paper address subitem 5-xi? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks “like this” to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study.

Follow up text messages were sent if participants forgot to reply the peer volunteers.

5-xii) Describe any co-interventions (incl. training/support)

Describe any co-interventions (incl. training/support): Clearly state any interventions that are provided in addition to the targeted eHealth intervention, as ehealth intervention may not be designed as stand-alone intervention. This includes training sessions and support [1]. It may be necessary to distinguish between the level of training required for the trial, and the level of training for a routine application outside of a RCT setting (discuss under item 21 – generalizability).

| subitem not at all important | 1 | 2 | 3 | 4 | 5 | essential |
|-----------------------------|---|---|---|---|---|-----------|

Does your paper address subitem 5-xii? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks “like this” to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study.

"Prior to the recruitment of postnatal mothers, the peer volunteers underwent a half-a-day training session by a psychiatrist on how to provide adequate social support. A training booklet was prepared and given to each peer volunteer for future references."

6a) Completely defined pre-specified primary and secondary outcome measures, including how and when they were assessed
Does your paper address CONSORT subitem 6a? *
Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study.

"The demographic data of the mothers were collected at the baseline using a self-reported questionnaire. PND (primary outcome), PNA, loneliness, and perceived social support (secondary outcomes) were measured using a self-reported face-to-face questionnaire at the baseline and via web-based questionnaires at the fourth and twelfth week postpartum. The internal consistency of each instrument was measured using Cronbach's alpha. PND was measured using the 10-item Edinburgh Postnatal Depression Scale (EPDS) [41]. The total score ranges from 0 to 30, with a higher score indicating a higher risk of PND. Based on previous trials [35,42], a recommended cut-off score of nine was used to screen mothers at risk of PND and a score of more than 13 as a probable diagnosis for PND. The internal consistencies at the baseline, four weeks postpartum, and 12 weeks postpartum were 0.59, 0.87, and 0.86, respectively.

The nine-item Patient Health Questionnaire (PHQ-9) [43] was extracted from the full PHQ used to diagnose and measure the severity of major depression. The total score ranges from 0 to 27, with a higher score indicating a higher severity of PND. The Cronbach's alpha values for this study were 0.83, 0.86, and 0.92 for baseline, four weeks, and 12 weeks postpartum.

The State-Trait Anxiety Inventory (STAI) [44], a 40-item questionnaire using a four-point Likert scale, was used to measure maternal anxiety. The total score ranges from 40 to 160, with a higher score suggesting a higher severity of anxiety. The STAI had high internal consistencies of 0.96, 0.97, and 0.98 for the baseline, four weeks postpartum, and 12 weeks postpartum, respectively.

Loneliness was measured using the 10-item University of California, Los Angeles Loneliness Scale (ULS) [45]. Items are rated on a four-point Likert scale, with the total score ranging from 10 to 40. A higher score represents a higher level of loneliness. The ULS had high internal consistencies of 0.96, 0.97, and 0.97 at the baseline, four weeks postpartum, and 12 weeks postpartum, respectively.

The Perceived Social Support for Parenting (PSSP) instrument developed by Leerkes and Crockenberg [46] was used to measure maternal satisfaction of the social support received from partners and others during the postpartum period. The instrument had a 5-point Likert scale and two 4-item subparts: i) social support received from partner and ii) social support received from others. The total score ranges from 5 to 40, with a higher score implying a higher level of satisfaction of the received social support. The Cronbach's alpha values for baseline, four weeks postpartum and 12 weeks postpartum were 0.93, 0.89, and 0.92. Detailed descriptions of the instruments can be found in the study protocol [39]."

6a-i) Online questionnaires: describe if they were validated for online use and apply CHERRIES items to describe how the questionnaires were designed/deployed
If outcomes were obtained through online questionnaires, describe if they were validated for online use and apply CHERRIES items to describe how the questionnaires were designed/deployed [9].

| subitem not at all important | 1 | 2 | 3 | 4 | 5 |
|-----------------------------|---|---|---|---|---|
| essential                   |   |   |   |   |   |

Does your paper address subitem 6a-i?
Copy and paste relevant sections from manuscript text

Your answer

6a-ii) Describe whether and how "use" (including intensity of use/dosage) was defined/measured/monitored
Describe whether and how "use" (including intensity of use/dosage) was defined/measured/monitored (logins, logfile analysis, etc.). Use/adoption metrics are important process outcomes that should be reported in any ehealth trial.

| subitem not at all important | 1 | 2 | 3 | 4 | 5 |
|-----------------------------|---|---|---|---|---|
| essential                   |   |   |   |   |   |
Does your paper address subitem 6a-ii?
Copy and paste relevant sections from manuscript text

Your answer

6a-iii) Describe whether, how, and when qualitative feedback from participants was obtained
Describe whether, how, and when qualitative feedback from participants was obtained (e.g., through emails, feedback forms, interviews, focus groups).

1 2 3 4 5
subitem not at all important ○ ○ ○ ○ ○ essential

Does your paper address subitem 6a-iii?
Copy and paste relevant sections from manuscript text

Your answer

6b) Any changes to trial outcomes after the trial commenced, with reasons

Does your paper address CONSORT subitem 6b? *
Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

No changes

7a) How sample size was determined

NPT: When applicable, details of whether and how the clustering by care providers or centers was addressed

7a-i) Describe whether and how expected attrition was taken into account when calculating the sample size
Describe whether and how expected attrition was taken into account when calculating the sample size.

1 2 3 4 5
subitem not at all important ○ ○ ○ ○ ○ essential

Does your paper address subitem 7a-i?
Copy and paste relevant sections from manuscript title (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Your answer

7b) When applicable, explanation of any interim analyses and stopping guidelines

Does your paper address CONSORT subitem 7b? *
Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

No interim analyses was done.

8a) Method used to generate the random allocation sequence

NPT: When applicable, how care providers were allocated to each trial group
Does your paper address CONSORT subitem 8a? *
Copy and paste relevant sections from the manuscript (include quotes in quotation marks “like this” to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study.

"Participants were randomized into two groups (69 couples in each group) using an opaque envelope containing non-duplicated numbers generated from a research randomizer" (stated in protocol)

8b) Type of randomisation; details of any restriction (such as blocking and block size)

Does your paper address CONSORT subitem 8b? *
Copy and paste relevant sections from the manuscript (include quotes in quotation marks “like this” to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study.

simple randomisation (in protocol)

9) Mechanism used to implement the random allocation sequence (such as sequentially numbered containers), describing any steps taken to conceal the sequence until interventions were assigned

Does your paper address CONSORT subitem 9? *
Copy and paste relevant sections from the manuscript (include quotes in quotation marks “like this” to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study.

"Participants were randomized into two groups (69 couples in each group) using an opaque envelope containing non-duplicated numbers generated from a research randomizer" (in protocol)

10) Who generated the random allocation sequence, who enrolled participants, and who assigned participants to interventions

Does your paper address CONSORT subitem 10? *
Copy and paste relevant sections from the manuscript (include quotes in quotation marks “like this” to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study.

"Random allocation sequence was generated by a research randomizer “ by the principal investigator, the first research assistant enrolled and assigned the participants to intervention"

11a) If done, who was blinded after assignment to interventions (for example, participants, care providers, those assessing outcomes) and how

NPT: Whether or not administering co-interventions were blinded to group assignment

11a-i) Specify who was blinded, and who wasn’t

Specify who was blinded, and who wasn’t. Usually, in web-based trials it is not possible to blind the participants [1, 3] (this should be clearly acknowledged), but it may be possible to blind outcome assessors, those doing data analysis or those administering co-interventions (if any).

| 1 | 2 | 3 | 4 | 5 | essential |
|---|---|---|---|---|----------|
|   |   |   |   |   |          |

Does your paper address subitem 11a-i.? *
Copy and paste relevant sections from the manuscript (include quotes in quotation marks “like this” to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study.

"The research assistant who was responsible for data collection was blinded to the group allocation of the participants."

https://docs.google.com/forms/d/e/1FAIpQLSfZBSUp1bwOc_OimqcS64RdfIvdmrTSkZQL2-3O8O9hrL5Sw/viewform?hl=en_US&formkey=dGlKd2
11a-ii) Discuss e.g., whether participants knew which intervention was the "intervention of interest" and which one was the "comparator"

Informed consent procedures (4a-ii) can create biases and certain expectations - discuss e.g., whether participants knew which intervention was the "intervention of interest" and which one was the "comparator".

- subitem not at all important
- essential

11b) If relevant, description of the similarity of interventions

(this item is usually not relevant for ehealth trials as it refers to similarity of a placebo or sham intervention to a active medication/intervention)

12a) Statistical methods used to compare groups for primary and secondary outcomes

NPT: When applicable, details of whether and how the clustering by care providers or centers was addressed

Does your paper address CONSORT subitem 12a?

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"All analyses were conducted using the IBM SPSS v24.0 with the statistical significance set at P<0.05. The analysis was performed on the intention-to-treat population. Descriptive statistics were presented as mean (SD) and n (%) for continuous and categorical variables, respectively. When normality and homogeneity assumptions were satisfied, the independent sample t-test was used to compare the differences of continuous variables between the two groups, or else the Mann-Whitney U test was used. Comparisons of categorical variables were performed using Chi-square or Fisher's exact test.

A linear mixed-effect model was used to compare the average means of PND, PNA, loneliness, and social support between groups across the baseline and at four weeks and 12 weeks postpartum."

12a-i) Imputation techniques to deal with attrition / missing values

Imputation techniques to deal with attrition / missing values: Not all participants will use the intervention/comparator as intended and attrition is typically high in ehealth trials. Specify how participants who did not use the application or dropped out from the trial were treated in the statistical analysis (a complete case analysis is strongly discouraged, and simple imputation techniques such as LOCF may also be problematic).
Does your paper address subitem 12a-i? *  
Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study.

Missing data will be replaced (assuming 10%) for intention-to-treat analysis. Both intention-to-treat analysis and per-protocol analysis will be conducted to compare any differences between groups.

12b) Methods for additional analyses, such as subgroup analyses and adjusted analyses

Does your paper address CONSORT subitem 12b? *  
Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study.

"A sensitivity analysis was conducted using the same model (linear mixed-effect), adjusting for age, ethnicity, marital status, antenatal class attendance, type of birth delivery, baby's gender, baby's birth order, maternity leave, and confinement period."

X26) REB/IRB Approval and Ethical Considerations [recommended as subheading under "Methods"] (not a CONSORT item)

X26-i) Comment on ethics committee approval

1 2 3 4 5

subitem not at all important ○ ○ ○ ○ ○ essential

Does your paper address subitem X26-i?

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study.

Your answer

x26-ii) Outline informed consent procedures

Outline informed consent procedures e.g., if consent was obtained offline or online (how? Checkbox, etc.?), and what information was provided (see 4a-ii). See [6] for some items to be included in informed consent documents.

1 2 3 4 5

subitem not at all important ○ ○ ○ ○ ○ essential

Does your paper address subitem X26-ii?

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study.

Your answer

X26-iii) Safety and security procedures

Safety and security procedures, incl. privacy considerations, and any steps taken to reduce the likelihood or detection of harm (e.g., education and training, availability of a hotline)

1 2 3 4 5

subitem not at all important ○ ○ ○ ○ ○ essential

Does your paper address subitem X26-iii?

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study.

Your answer
RESULTS

13a) For each group, the numbers of participants who were randomly assigned, received intended treatment, and were analysed for the primary outcome

NPT: The number of care providers or centers performing the intervention in each group and the number of patients treated by each care provider in each center

Does your paper address CONSORT subitem 13a? *
Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"A total of 138 mothers were recruited and randomized into the control (n=69) and intervention (n=69) groups...Follow-up assessments at four weeks postpartum were completed for all mothers in both the control (n=69) and intervention (n=69) groups. At 12 weeks postpartum, follow-up assessments were completed for 55 mothers from the intervention group (79.7%) and 58 mothers from the control group (84.1%). The overall attrition rate was 18.1%.

13b) For each group, losses and exclusions after randomisation, together with reasons

Does your paper address CONSORT subitem 13b? (NOTE: Preferably, this is shown in a CONSORT flow diagram) *
Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study in the CONSORT flowchart provided

13b-i) Attrition diagram
Strongly recommended: An attrition diagram (e.g., proportion of participants still logging in or using the intervention/comparator in each group plotted over time, similar to a survival curve) or other figures or tables demonstrating usage/dose/engagement.

Does your paper address subitem 13b-i? Copy and paste relevant sections from the manuscript or cite the figure number if applicable (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Your answer

14a) Dates defining the periods of recruitment and follow-up

Does your paper address CONSORT subitem 14a? *
Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"The study was conducted from May 2017 to May 2018 at a local tertiary hospital, National University Hospital, in Singapore.” Data collection took place immediately postpartum, 4 weeks postpartum, and 12 weeks postpartum.

14a-i) Indicate if critical “secular events” fell into the study period
Indicate if critical “secular events” fell into the study period, e.g., significant changes in Internet resources available or “changes in computer hardware or Internet delivery resources”

Does your paper address subitem 14a-i? Copy and paste relevant sections from the manuscript or cite the figure number if applicable (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Your answer
Does your paper address subitem 14a-i?
Copy and paste relevant sections from the manuscript (include quotes in quotation marks “like this” to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study.

Your answer

14b) Why the trial ended or was stopped (early)

Does your paper address CONSORT subitem 14b? *
Copy and paste relevant sections from the manuscript (include quotes in quotation marks “like this” to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study.

Not relevant

15) A table showing baseline demographic and clinical characteristics for each group

NPT: When applicable, a description of care providers (case volume, qualification, expertise, etc.) and centers (volume) in each group

Does your paper address CONSORT subitem 15? *
Copy and paste relevant sections from the manuscript (include quotes in quotation marks “like this” to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study.

reported in Table 1.

15-i) Report demographics associated with digital divide issues
In ehealth trials it is particularly important to report demographics associated with digital divide issues, such as age, education, gender, social-economic status, computer/Internet/ehealth literacy of the participants, if known.

Does your paper address subitem 15-i? *
Copy and paste relevant sections from the manuscript (include quotes in quotation marks “like this” to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study.

reported in Table 1.

16) For each group, number of participants (denominator) included in each analysis and whether the analysis was by original assigned groups

16-i) Report multiple “denominators” and provide definitions
Report multiple “denominators” and provide definitions: Report N's (and effect sizes) “across a range of study participation [and use] thresholds” [1], e.g., N exposed, N consented, N used more than x times, N used more than y weeks, N participants “used” the intervention/comparator at specific pre-defined time points of interest (in absolute and relative numbers per group). Always clearly define “use” of the intervention.

Does your paper address subitem 16-i? *
Copy and paste relevant sections from the manuscript (include quotes in quotation marks “like this” to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study.

*. Follow-up assessments at four weeks postpartum were completed for all mothers in both the control (n=69) and intervention (n=69) groups. At 12 weeks postpartum, follow-up assessments were completed for 55 mothers from the intervention group (79.7%) and 58 mothers from the control group (84.1%). The overall attrition rate was 18.1%.*
16-ii) Primary analysis should be intent-to-treat

Primary analysis should be intent-to-treat, secondary analyses could include comparing only "users", with the appropriate caveats that this is no longer a randomized sample (see 18-i).

Does your paper address subitem 16-ii?

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study.

Your answer

17a) For each primary and secondary outcome, results for each group, and the estimated effect size and its precision (such as 95% confidence interval)

Does your paper address CONSORT subitem 17a? *

Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study.

"The mean outcome scores of the intervention and control groups for each timepoint are summarized in Table 2. Based on literature and the level of significance, the outcome measures were adjusted for age, ethnicity, marital status, antenatal class attendance, type of birth delivery, baby's gender, baby's birth order, maternity leave, and confinement period. PND was measured using the EPDS and the PHQ. The mean EPDS scores from the baseline to 12 weeks postpartum were 9.9 (SD=0.4) for the intervention group and 10.4 (SD=0.4) for the control group. Overall, the intervention group had a lower mean EPDS score than the control group, with a statistically significant percentage change between groups at 12 weeks postpartum after adjustment (mean difference [d]=0.15; 95% confidence interval [CI]=-1.33, 1.64; P=.02).

Likewise for the PHQ scores, both groups had relatively low mean scores, with the intervention group scoring a lower mean of 5.8 (SD=0.5) than the control group (6.6, SD=0.5), but the percentage change difference for the PHQ scores from the baseline to 12 weeks postpartum was not statistically significant between the two groups even after adjustment (d=-0.31; 95% CI=-2.10, 1.48; P=0.19).

For the STAI scores, the intervention group had a lower mean of 78.8 (SD=2.4) than the control group's mean of 83.5 (SD=2.4). Despite the seemingly large difference in mean scores for the STAI, the percentage change difference between groups was not statistically significant (d=-2.47; 95% CI=-11.17, 6.24; P=0.09).

The mean ULS scores for the intervention and control groups from the baseline to 12 weeks postpartum were similarly high, with mean scores of 36.3 (SD=1.5) and 36.5 (SD=1.5), respectively. However, the change between groups was not statistically significant (d=-0.70; 95% CI=-5.54, 4.44; P=0.14).

The mean scores for perceived social support were high for both groups, with the control group having a slightly higher mean of 32.3 (SD=0.7) than the intervention group (31.1, SD=0.7). When comparing both groups, there was no statistically significant percentage change in scores from the baseline to 12 weeks postpartum (d=1.63; 95% CI=-4.15, 0.89; P=0.20).*

17a-i) Presentation of process outcomes such as metrics of use and intensity of use

In addition to primary/secondary (clinical) outcomes, the presentation of process outcomes such as metrics of use and intensity of use (dose, exposure) and their operational definitions is critical. This does not only refer to metrics of attrition (13-b) (often a binary variable), but also to more continuous exposure metrics such as “average session length”. These must be accompanied by a technical description how a metric like a “session” is defined (e.g., timeout after idle time) [1] (report under item 6a).

Does your paper address subitem 17a-i?
Does your paper address subitem 17a-i?
Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Your answer

17b) For binary outcomes, presentation of both absolute and relative effect sizes is recommended

Does your paper address CONSORT subitem 17b? *
Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

No binary outcomes.

18) Results of any other analyses performed, including subgroup analyses and adjusted analyses, distinguishing pre-specified from exploratory

Does your paper address CONSORT subitem 18? *
Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Only adjusted analyses were reported in the manuscript. Unadjusted analyses shown in the Tables.

18-i) Subgroup analysis of comparing only users
A subgroup analysis of comparing only users is not uncommon in ehealth trials, but if done, it must be stressed that this is a self-selected sample and no longer an unbiased sample from a randomized trial (see 16-iii).

1 2 3 4 5
subitem not at all important ○ ○ ○ ○ ○ essential

Does your paper address subitem 18-i?
Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Your answer

19) All important harms or unintended effects in each group
(for specific guidance see CONSORT for harms)

Does your paper address CONSORT subitem 19? *
Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

There were no harm or unintended effects

19-i) Include privacy breaches, technical problems
Include privacy breaches, technical problems. This does not only include physical "harm" to participants, but also incidents such as perceived or real privacy breaches [1], technical problems, and other unexpected/unintended incidents. "Unintended effects" also includes unintended positive effects [2].

1 2 3 4 5
subitem not at all important ○ ○ ○ ○ ○ essential
Does your paper address subitem 19-i?
Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Your answer

19-ii) Include qualitative feedback from participants or observations from staff/researchers
Include qualitative feedback from participants or observations from staff/researchers, if available, on strengths and shortcomings of the application, especially if they point to unintended/unexpected effects or uses. This includes (if available) reasons for why people did or did not use the application as intended by the developers.

1 2 3 4 5
subitem not at all important       essential

Does your paper address subitem 19-ii?
Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Your answer

**DISCUSSION**

22) Interpretation consistent with results, balancing benefits and harms, and considering other relevant evidence

NPT: In addition, take into account the choice of the comparator, lack of or partial blinding, and unequal expertise of care providers or centers in each group

22-i) Restate study questions and summarize the answers suggested by the data, starting with primary outcomes and process outcomes (use)
Restate study questions and summarize the answers suggested by the data, starting with primary outcomes and process outcomes (use).

1 2 3 4 5
subitem not at all important       essential

Does your paper address subitem 22-i? *
Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"The present study examined the effectiveness of a technology-based PIP among mothers at risk of PND. According to the score trend, the intervention group scored better than the control group for all maternal outcomes at both four and 12 weeks postpartum, but only the mean difference in the EPDS scores between groups was shown to be statistically significant. This suggests that, compared to mothers who only received routine hospital care, the PIP was generally effective in reducing the risks of PND, PNA, and loneliness and increasing perceived social support received by the end of 12 weeks postpartum."

22-ii) Highlight unanswered new questions, suggest future research
Highlight unanswered new questions, suggest future research.

1 2 3 4 5
subitem not at all important       essential
Does your paper address subitem 22-ii?
Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Your answer

20) Trial limitations, addressing sources of potential bias, imprecision, and, if relevant, multiplicity of analyses

20-i) Typical limitations in eHealth trials
Typical limitations in eHealth trials: Participants in eHealth trials are rarely blinded. EHealth trials often look at a multiplicity of outcomes, increasing risk for a Type I error. Discuss biases due to non-use of the intervention/usability issues, biases through informed consent procedures, unexpected events.

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| all important | | | | | essential |

Does your paper address subitem 20-i? *
Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

"However, a limitation of this study is that it was a single-site study, targeting only English-speaking mothers. Another limitation is that the intervention was only administered during the postpartum period. Additionally, maternal outcomes included in this study were limited and infant outcomes were lacking."

21) Generalisability (external validity, applicability) of the trial findings

NPT: External validity of the trial findings according to the intervention, comparators, patients, and care providers or centers involved in the trial

21-i) Generalisability to other populations
Generalisability to other populations: In particular, discuss generalisability to a general Internet population, outside of a RCT setting, and general patient population, including applicability of the study results for other organizations

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| all important | | | | | essential |

Does your paper address subitem 21-i? 
Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Your answer

21-ii) Discuss if there were elements in the RCT that would be different in a routine application setting
Discuss if there were elements in the RCT that would be different in a routine application setting (e.g., prompts/reminders, more human involvement, training sessions or other co-interventions) and what impact the omission of these elements could have on use, adoption, or outcomes if the intervention is applied outside of a RCT setting.

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| all important | | | | | essential |

Does your paper address subitem 21-ii? 
Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Your answer
OTHER INFORMATION

23) Registration number and name of trial registry

Does your paper address CONSORT subitem 23? *
Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Registration: ISRCTN14864807

24) Where the full trial protocol can be accessed, if available

Does your paper address CONSORT subitem 24? *
Cite a Multimedia Appendix, other reference, or copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Shorey S, Chee C, Chong Y-S, Ng ED, Lau Y, Dennis C-L. Evaluation of technology-based peer support intervention program for preventing postnatal depression: protocol for a randomized controlled trial. JMIR Res Protoc. 2018;7(3):e81. PMID: 29540338

25) Sources of funding and other support (such as supply of drugs), role of funders

Does your paper address CONSORT subitem 25? *
Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

National University Health System Collaborative Clinician Research grant (Ref No.: T1- NUHS O-CRG 2016 Oct. 22) for funding this study

X27) Conflicts of Interest (not a CONSORT item)

X27-i) State the relation of the study team towards the system being evaluated
In addition to the usual declaration of interests (financial or otherwise), also state the relation of the study team towards the system being evaluated, i.e., state if the authors/evaluators are distinct from or identical with the developers/sponsors of the intervention.

1 2 3 4 5

subitem not at all important ○ ○ ○ ○ ○ essential

Does your paper address subitem X27-i? 
Copy and paste relevant sections from the manuscript (include quotes in quotation marks "like this" to indicate direct quotes from your manuscript), or elaborate on this item by providing additional information not in the ms, or briefly explain why the item is not applicable/relevant for your study

Your answer

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○ yes, minor changes
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☐ yes
☐ no
☐ Other:

Any other comments or questions on CONSORT EHEALTH
Your answer

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