Reviewer’s report

Title: PILOTING A mHEALTH INTERVENTION TO IMPROVE NEWBORN CARE AWARENESS AMONG RURAL CAMBODIAN MOTHERS: A FEASIBILITY STUDY

Version: 0 Date: 07 Mar 2017

Reviewer: Ciara Heavin

Reviewer's report:

This paper is well-written and flows logically. The objective of this paper was to understand the social/technical feasibility of an mHealth intervention among new mothers in Cambodia. Using interviews and survey techniques this study endeavours to understand the feasibility of this SMS based mobile health messaging service. This paper highlights that these mothers were positive about the availability of this service and the study indicates that 43 percent of mothers brought their young infants to a healthcare centre based on the messages they received.

I have identified a number of areas where more information or further clarification is required. The authors have a little more work to do in terms of providing more detail and a greater rationale for the research approach undertaken.

In addition, while this study shows that this cohort were had positive attitudes toward this mHealth intervention. The conclusion section needs to go beyond this to consider the opportunities for further studies in other demographic groups/regions and also in terms of the relevance and feasibility of similar types of mHealth interventions among other cohorts of 'patients'.

Some comments, questions, suggestions -

This paper requires thorough proof reading -

Each message is uses a different voice 18 of several respected village 'characters' such as a doctor, a midwife, a village health worker, another mother, 19 the village chief and an elderly grandmother. Given the novelty of mHealth programs, trained midwives at 20 the health facilities were chosen to be the 'gatekeepers' of access to the service.

Midwives from the target 21 area received a half day interactive, hands-on training on how to register eligible mothers before the pilot 22 was launched.

* Was this sufficient training? In our experience the more training the better
We designed the pilot intervention with sustainability in mind and a 24 conceptual framework was used to project future plans for the program that involved a model of self-funding 25 from Public Private Partnerships. This is the unique feature of the pilot as often these are implement without 26 a long-term goal in mind

* I have seen this suggested in many academic and white papers but I have never read a convincing plan to operationalise this. I would be keen understand (in greater detail) how this will be operationalised as this is one of the key challenges to scaling mHealth in developing countries.

All participating mothers who registered for the intervention gave their verbal consent to receive 5 the automated voice messages

* Is this ethically sound? Why not capture in paper based format? Was paper based informed consent received from the mothers in terms of their participation in this study?

* I found the voice messages very interesting. Who was involved in devising these messages? Were they tested ahead of the feasibility study? Do they follow existing guidelines? If so, which ones?

* I understand that these messages need to be very clear and direct. One observation is that the tone of these messages is quite negative.

Was any consideration given to more positive reinforcement, e.g. your baby is doing really well when they are……..If you are concerned that your baby is not doing these things, please visit a healthcare centre immediately.

* It would have been useful to understand a bit about the type of mobiles that these mothers have access to. Are they smartphones? Can they connect to the internet? Do they have access to more information about the child's status if necessary?

* The sampling strategy requires further clarification. Were all 455 participants engaged in the study or the 128 women selected for interview? This is unclear. Was there a control group i.e. a group of females that were not provided with the messages?

The study reports that 43% of mothers took their baby to a clinic because of the messages. It would be useful to understand the percentage of women who visit the clinic without receiving the messages. This would provide rich insights into the extent of the effect of the intervention on the behaviours of these females.
* The data collection instruments were not included in the paper. I would like to see these included as appendices.

It is not clear how this data was analysed. The authors need to be more explicit in their consideration of the data collection and analysis approach undertaken. How did they arrive at the technical/cultural/economic/contextual themes?

**Are the methods appropriate and well described?**
If not, please specify what is required in your comments to the authors.

No

**Does the work include the necessary controls?**
If not, please specify which controls are required in your comments to the authors.

No

**Are the conclusions drawn adequately supported by the data shown?**
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Yes

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Please indicate the quality of language in the manuscript:

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