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| during pregnancy (n=19) | 1) Support self-management for BGC\(^a\)(n=14)  
2) Education (n=1)  
3) Behavior change for healthy lifestyle (n=4) | Blood glucose reading tracking  
Feedback on BGC\(^c\) readings  
Interaction with healthcare professionals  
PA\(^d\) and nutritional intake tracking | 2 apps developed using BC\(^c\) theory  
9/26 BCTs\(^s\) identified  
Range of techniques used in mHealth for self management of BGC\(^a\) (1-5) | Early development (n=11). Mixed methods studies to assess feasibility, usability and acceptability  
Later stage evaluation (n=13). Non-blinded RCT\(^a\) to measure impact of app use vs. standard care on clinical outcomes including glycaemic control. | Apps typically introduced at hospital setting, with a face-to-face training session for use from point of diagnosis to delivery |
| mHealth for use | Purpose | Key Features | Behaviour change theory and techniques | Study Design | Implementation |
| postpartum (n=6) | 1) Behavior change for prevention of T2DM\(^b\) (n=5)  
2) Education for lifestyle change (n=1) | PA\(^d\), nutritional intake and weight tracking  
Progress tracking and feedback  
Integrated rewards  
Social support via social media | 1 app developed with BC\(^c\) theory  
11/26 BCTs\(^i\) identified  
Range of techniques used in mHealth interventions for behaviour change for T2DM\(^b\) prevention (5-7) | Early development (n=3). Qualitative feedback on prototypes, mixed methods pilot studies  
Later stage evaluation (n=3). Non-blinded RCT\(^i\) to measure impact of app use on outcomes related to body weight and healthy behaviours. | Timing of use varied from delivery to 5 years postpartum. Limited information available on implementation setting |

Figure 2. Summary of scoping review main findings.
BGC blood glucose control
T2DM type 2 diabetes
BG blood glucose
PA physical activity
BC behavior change
BCT behavior change technique
RCT randomized control trial