|  |
| --- |
| Table 1. Study Characteristics |
| First author, year | Study design | N | Sample Characteristics | Intervention type | Intervention description | Control group/Alternative Intervention | Outcome measures | Results |
| Shorey et al. 2019 | RCT | 118 | Heterosexual married couples, 21 years or older, low-risk pregnancy, 28 weeks gestation | Telephone session + Mobile health app  | Routine care + 30 min telephone based antenatal educational session, 60 min postnatal educational session, mobile health app for 4 weeks postpartum | Routine perinatal care: antenatal checkups, optional educational classes, regular follow-ups | PES, parental bonding, PND, PNA, perceived social support, parenting satisfaction | Technology-based supportive educational parenting program is effective for improving parental bonding, PSE, perceived social support and parental satisfaction and for reducing PND and PNA.  |
| Kadivar et al. 2016 | Quasi Experimental | 80 | No known acute mental or physical diseases, newborns below 37 weeks gestation | Educational website | Mothers were asked to download educational content from the website for 10 days | Routine education provided by the NICU  | Parental Satisfaction (WBPL-Revised) | Parent satisfaction increased significantly following the intervention |
| Lorca-Cabrera 2019  | Systematic Review | 17 | Analyzed effectiveness of web-based and app-based health interventions concerning well-being of informal caregivers  | Web-based and app-based health interventions | Information about the illness, support resources, psychoeducation exercises, online social support | N/A | Effects on caregiver physical well-being, mental well-being, social well-being, and quality of life | Interventions imrpvoed the overall well-being of the caregivers, particularly by decreasing caregivers’ anxiety, depression symptoms and improving their sense of competence.  |
| Byrne et al. 2019 | RCT | 96 | Parent of 4-day-old infant 32-36 weeks gestation | Direct, video or written-pictorial instructional groups | Parents were taught proper infant handling through direct, video or written-pictorial instruction. | None | Competency assessment | Direct and video instruction produced significantly better performance than the written-pictorial group. No significant difference was found between direct and video instruction. |
| Dol et al. 2017 | Systematic Review |  | Primary caregivers of infants in the NICU | eHealth interventions (web-based, mobile app, video conferencing, SMS) | Interventions included communications, education, or a combination of both | No eHealth interventions or standard care | Acceptance, anxiety, parental confidence, financial impact, satisfaction, neonatal outcomes | High rates of parental acceptance (parents are willing to accept eHealth interventions) |
| Siani et al. 2017 | Scoping Review | 10 | Parents of NICU infants regarding eHealth utilization  | Videoconferencing apps and web-based education | Videoconferencing apps and web-based education for parents of NICU infants | N/A | Usability/feasibility, perceived benefits, neonatal health | Benefits of eHealth for parents included ease of use, higher confidence in infant care, satisfaction, and knowledge uptake |
| Choi & Bakken 2010 | Qualitative Study | 10 | Website for low-literate parents in the NICU | Website | Multimedia educational website using visual aids, voice-recorded text message | N/A | Users’ perception of ease of use and usefulness | Participants rated the website as easy to use and useful, visuals with text improved understanding |