Table 2. Study characteristics.

Study	Area	Randomization	Type of	Number of	Technology assessed	Comparison	Clinical parameters			Satisfaction	
(Year)		method	Diabete	subjects	(intervention)	group	Glucose	HbA1c	Maternal	Neonatal	
			S	(I:C)			level				
			Mellitus								
Fallucca	Italy	Stratified block	Type 1	19	Modem transmission of BG <sup>c</sup> control	Routine care,			✓		
(1996)		randomization		(9:10)	with physician advice. Clinic visit	weekly visits					
[15]					every 2-4 weeks						
Wojcicki	Poland	not described	Type 1	32	Transmission of stored BG results	Routine care,	✓	✓	<b>√</b>		
(2001)				(17:15)	and information about insulin, diet	visits every 3					
[31]					over <i>modem</i> to a central hospital	weeks					
					computer, with diabetologist review						
					and phone call is needed to the						
					patient.						
Homko	USA	not described	GDM <sup>a</sup>	63	Provision of computers and	Routine care,	✓	✓	✓	✓	
(2007)				(34:29)	connection to a website to document	Trial log					
[29]					glucose values, transmit them at least	books					
[2]					3 times per week, and promote						
					communication between the patient						
					and diabetes team						
Dalfra	Italy	sequential	Type 1	32	Transmission of BG results via an	Routine care,		✓	✓	✓	

(TD 4		n		(45.45)	11	6 1 .1					
(Type 1;		allocation		(17:15)	audio tone transmitted down normal	fortnightly					
2009)					telephone receiver. Physicians	visits					
[21]					reviewed the results and transferred						
					messages via the same system with						
					SMS alerts when a new message was						
					available. Clinic visits once a month						
Dalfra	Italy	sequential	GDM <sup>a</sup>	203	Transmission of BG results via an	Routine care,		✓	✓	✓	
(GDM;		allocation		(88:115)	audio tone transmitted down normal	fortnightly					
2009)					telephone receiver. Physicians	visits					
[21]					reviewed the results and transferred						
[21]					messages via the same system with						
					SMS alerts when a new message was						
					available. Clinic visits once a month						
Perez-	Spain	not stated	GDM <sup>a</sup>	100	Cellular phone transmission of BG	Routine care,		✓	✓	✓	
Ferre				(50:50)	results via SMS sent once a week.	monthly visits					
(2010)					Results reviewed on a web based						
[30]					program by health professionals and						
					text messages sent.						
Homko	USA	adequate	GDM <sup>a</sup>	80	Internet and telephone transmission	Routine care,	✓		✓	✓	
(2012)		allocation		(40:40)	of BG data and messages from	trial log book,					
[28]		concealment			patients. Nurses check the results and	fortnightly					
رکان		methods			send text messages to patients. At						

					least weekly transmission.	visits				
Given	Ireland	Stratified block,	GDM <sup>b</sup>	50	Weekly review using telemedicine.	Routine care,	✓	✓	✓	<b> </b> ✓
(2015)		computer		(24:26)	Use of a telemedicine hub installed in	fortnightly				
[27]		generated			the patient's home that would send	visits				
[2,]		randomization			the last 7 days of readings to a central					
					server where accessed by a health					
					care provider. The staff contacted the					
					patients if changes were needed.					

<sup>a</sup>Carpenter and Coustan guideline.

<sup>b</sup>NICE 2008 guideline.

<sup>c</sup>BG: blood glucose.