

## PEER REVIEW HISTORY

BMJ Open publishes all reviews undertaken for accepted manuscripts. Reviewers are asked to complete a checklist review form (<http://bmjopen.bmj.com/site/about/resources/checklist.pdf>) and are provided with free text boxes to elaborate on their assessment. These free text comments are reproduced below.

## ARTICLE DETAILS

<b>TITLE (PROVISIONAL)</b>	The experiences of pregnant mothers using a social-media based antenatal support service during the COVID-19 lockdown in the UK: findings from a user survey.
<b>AUTHORS</b>	Chatwin, John; Butler, Danielle; Jones, Jude; James, Laura; Choucri, Lesley; McCarthy, Rose

## VERSION 1 – REVIEW

<b>REVIEWER</b>	Soo Downe University of Central Lancashire, UK
<b>REVIEW RETURNED</b>	16-Jun-2020

<b>GENERAL COMMENTS</b>	<p>This paper presents a fascinating snap shot of womens views and experiences of using a particular type of professionally supported social media intervention during pregnancy. The use of on-line health and social care resources is an important and currently under-researched topic. It is even more relevant in as the basis for novel health care provision during the COVID-19 pandemic. The authors are to be commended for the speed with which they ran, analysed, and reported the survey presented in the paper. However, I think there are some key aspects of the submission that will need to be addressed before it can be considered for publication:</p> <ol style="list-style-type: none"><li>1. The title suggests the paper will be about ways of maintaining on-line support; the objective in abstract talks about 'adaptation'; the objective in the text is about 'continuing to support' and the actual data collected are about womens views and experiences. These all need to be aligned, so that they are consistent</li><li>2. The use of an on-line survey is appropriate. However, all of the survey questions are framed to suggest that the experience of using the intervention is positive. Classic survey methodology would suggest that this framing is likely to lead to response bias (in favour of the intervention). This issue needs to be addressed as a significant limitation.</li><li>3. The authors report the 49% response rate as 'high'. While this may be so for population level marketing surveys, for research studies, 'high' rates are generally deemed to be over 70%. A rate that is lower than 50% means that more than half of those eligible did not respond. It is theoretically possible that either those particularly happy or particularly unhappy took the time to respond, meaning that the results cannot be generalised to the whole population of eligible women. The results are still of interest - but they need to be interpreted with a great deal of caution, and prefaced, for instance, as 'For respondents to this survey...' rather than 'For women using this intervention...'</li></ol>
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	<p>4. Another way of strengthening the claims made would be to compare the demographics of the responders to the non-responders. If there are such demographics available, and if they are similar for those who did and who didnt respond, then the claims made for the degree to which the findings might represent the whole population could be stronger.</p> <p>5. Im not sure about the value of using ranking to analyse the quantitative data. There is debate about whether Likert-type scales are actually ordinal or interval level data. In this case, and especially since the representativeness of the respondents isnt known, I would suggest that the data are best represented by 'n' and percentages.</p> <p>6. The data in the tables dont need to be repeated in the text (ie, the text doesnt need to say 'x% agreed' or 'x% disagreed' as that is already in the tables, if percentages are added). The text should be the analysis/synthesis of the data in the tables, not a description of them.</p> <p>7. It is always worth adding a short reflexive section to a paper that provides qualitative data. What were the views of the team about the intervention at the beginning of the study?. If all the co-authors think the intervention is a positive innovation, how did you ensure rigour in your analysis?. For instance, did you explicitly look for data that disconfirmed these views and beliefs, to ensure that your analysis took account of all the data available, and not just of data that met with your prior expectations?</p> <p>8. For the strengths and limitations bullet points, Im not sure whether the geographical location of the study is seen as a strength, or a limitation?</p> <p>9. The paper is rather longer than recommended by BMJ Open. I would suggest that the quote material could be reduced, and/or that it could be moved into a box, so that the body of the paper only includes the analysis/synthesis of the data. At least one quote is used twice - I suggest checking the paper to make sure every quote is only cited once.</p> <p>10. It might be worth checking the formatting style for tables for BMJ Open</p> <p>11. The references dont all seem to be complete</p> <p>12. It might also be worth checking the way abstracts are formatted and set out for BMJ Open. I think the heading 'intervention' should be used to describe the on-line antenatal support intervention, and not the survey (which is the study method). The setting is five (?) maternity Trusts in the North of England. The response rate (n=156) is not needed under the participants heading.</p> <p>13. Although the paper is generally well written, there are some turns of phrase that could be tightened up - for instance, 'any number of...'; 'roughly childbearing age...' and some sentences that start with 'And...' or that are split phrases (for example, 'It is in the context of an established... that we...'. Consider replacing with 'This analysis is presented in the context of...').</p> <p>In summary, I commend the authors for undertaking this sub-study, and I look forward to the results of the full study when it is finished. I hope they can amend this study, so that it can be reconsidered for publication in due course.</p>
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<b>REVIEWER</b>	Michael Robling Centre for Trials Research Cardiff University United Kingdom
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**GENERAL COMMENTS**

The study asks a relevant clinical question and has been undertaken to reflect the current pandemic about how an existing (established / experimental?) intervention may be supportive within that context. The paper is mostly clearly written and easy to read. The methods are straightforward and the data relatively modest in (ie its a five item survey and for the free-text item allows for little depth exploration of topics). The Results are unsurprising given the context but that is not a criticism. I have made specific suggestions regarding the Abstract and how results are used to justify Conclusions - hence the Review Checklist scoring above and which are addressable. There is a lack of detail under Methods and in particular, in Discussion, the study limitations. It is for this reason I suggest a major revision, although I do consider addressable.

**Abstract**

Interesting that the term 'non-essential' is used to set the scene for this paper. Some women may disagree about this. Maybe worth considering amending.

Intervention – surely the survey is the method rather than the intervention?

**Results**

Suggest adding in descriptives into Results section of abstract, which otherwise reveals little of what the survey found. It is not clear therefore how the Conclusions cited are based on the Results

**'Strengths and limitations'**

Some of the points should be briefly expanded to clarify whether and how the authors see them as strengths or weaknesses (eg participants being from North of England perhaps limiting generalisability ...)

**Background**

The Abstract describes an 'experimental ... intervention'. Later it is described (under Objective) as an 'established ... intervention'. So it's not quite clear at this point of the paper, whether this means there is a host research study from which this paper have been derived (rather than a service improvement) and whether it is a feasibility or pilot trial. It would be useful for this to be made clearer and include a citation for the study protocol if registered.

Authors write 'we present a qualitative analysis' but they should make it clearer that descriptive quantitative results are also being presented.

How were routine NHS services amended by COVID (which is therefore the relevant context for the study). A brief summary at this point would be useful. Was any change to the intervention made due to COVID?

**Methods**

Can the authors elaborate on how survey content was identified, and also whether there was any lay input? Suggest also describing in Methods the item domains.

	<p>There is no description of the study population eg eligibility criteria (either for the host study, and also whether any restrictions were relevant for the survey). This needs to be added.</p> <p>Does the membership 'of an active group' mean that some host study participants were not included in this sub-study?</p> <p>Can actual dates of survey availability be added (ie when were data collected)?</p> <p>Was this additional survey subject to a formal amendment by the NHS REC?</p> <p>Add in description of who undertook data analysis? Was the initial decision to categorise data as non-/related to COVID, driven by the data or by research design?</p> <p>The description of the key themes is better placed in Results</p> <p>Results</p> <p>The closed survey data can be all placed in one table for ease of reference rather than four separate tables and including percentages there. There is no need to repeat data already included in the tables within the text as well.</p> <p>Although a lot of quotes are included regarding the benefits of information provision – there is little detail about what actual information is being conferred.</p> <p>Were any of quoted extracts edited or are they are they as typed by survey respondents (there are no apparent spelling mistakes for example)?</p> <p>Discussion</p> <p>On what basis is the first sentence of the Discussion made –just because they are taking part in the host / this sub-study or for another reason?</p> <p>Can the authors more clearly link their statement: 'It appears that one effect of the Covid-19 response has been to greatly heighten the need for pregnant women – who are, like many other people, using the internet as a source of information to a much greater extent during the crisis – to become more selective over what they access' to Results?</p> <p>There is no assessment of either the study strengths or limitations included. The latter could include:</p> <p>The adequacy and validity of the four closed survey items used in, and for example that they are all positively framed in favour of the intervention.</p> <p>The impact of survey non-response on both quantitative and qualitative data collected – and for generalisability.</p>
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	<p>Lack of any socio-demographic or clinical data describing survey invitees and responders (including potentially relevant factors such as age, parity, weeks' gestation, study site).</p> <p>The apparent lack of public involvement in survey design or testing (or any quick piloting).</p> <p>The implications of other host study related factors that may affect study data such as applicable eligibility criteria, level of engagement with intervention.</p> <p>Any limitations in the analysis of free text data (eg assuring quality, double-coding, data saturation).</p>
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<b>REVIEWER</b>	Rhonda Bell University of Alberta
<b>REVIEW RETURNED</b>	10-Jul-2020

<b>GENERAL COMMENTS</b>	<p>This is a timely, well-written, and interesting description of how women use and appreciate a social media-based support intervention for pregnant women. The study examined how women changed their use of this intervention at the time that the COVID 19 lockdown was underway in the UK.</p> <p>The paper is highly descriptive but contributes important information about how women used this intervention. They also described how they felt about this approach to communicating with midwives and with other pregnant women during this time.</p> <p>The paper is clearly written and the results, while simple, provide a window into women's experiences during this time.</p> <p>My only comment is that it would be helpful to add a few sentences to your discussion about how you will incorporate this learning into the intervention as the lockdown lifts and people move to more social or medical interactions that are face to face.</p>
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### VERSION 1 – AUTHOR RESPONSE

Reviewer: 1

Reviewer Name: Soo Downe

Institution and Country: University of Central Lancashire, UK

Please state any competing interests or state 'None declared': None declared

This paper presents a fascinating snap shot of womens views and experiences of using a particular type of professionally supported social media intervention during pregnancy. The use of on-line health and social care resources is an important and currently under-researched topic. It is even more relevant in as the basis for novel health care provision during the COVID-19 pandemic. The authors are to be commended for the speed with which they ran, analysed, and reported the survey presented in the paper. However, I think there are some key aspects of the submission that will need to be addressed before it can be considered for publication:

1. The title suggests the paper will be about ways of maintaining on-line support; the objective in abstract talks about 'adaptation'; the objective in the text is about 'continuing to support' and the

actual data collected are about women's views and experiences. These all need to be aligned, so that they are consistent.

Response: The title, abstract and relevant parts of the article (including the objectives) have been re-written to clarify that the focus is primarily on the experiences of pregnant women using the service during the early stages of the lockdown. (See also, editor's requests and other reviewers comments.)

2. The use of an on-line survey is appropriate. However, all of the survey questions are framed to suggest that the experience of using the intervention is positive. Classic survey methodology would suggest that this framing is likely to lead to response bias (in favour of the intervention). This issue needs to be addressed as a significant limitation.

Response: This issue has now been included as a limitation in the 'strengths and limitations' section.

3. The authors report the 49% response rate as 'high'. While this may be so for population level marketing surveys, for research studies, 'high' rates are generally deemed to be over 70%. A rate that is lower than 50% means that more than half of those eligible did not respond. It is theoretically possible that either those particularly happy or particularly unhappy took the time to respond, meaning that the results cannot be generalised to the whole population of eligible women. The results are still of interest - but they need to be interpreted with a great deal of caution, and prefaced, for instance, as 'For respondents to this survey...' rather than 'For women using this intervention...'

Response: All instances where the problematic preface is used have been re-worded as suggested.

4. Another way of strengthening the claims made would be to compare the demographics of the responders to the non-responders. If there are such demographics available, and if they are similar for those who did and who didn't respond, then the claims made for the degree to which the findings might represent the whole population could be stronger.

Response: Yes, in hindsight more detailed demographic information would definitely have been useful to collect, but in order to keep the survey as short as possible and maximise the response rate, it was not included.

5. I'm not sure about the value of using ranking to analyse the quantitative data. There is debate about whether Likert-type scales are actually ordinal or interval level data. In this case, and especially since the representativeness of the respondents isn't known, I would suggest that the data are best represented by 'n' and percentages.

Response: The separate data tables have now been condensed into a single table that now includes percentages (see also Reviewer 2 suggestions on this).

6. The data in the tables don't need to be repeated in the text (ie, the text doesn't need to say 'x% agreed' or 'x% disagreed' as that is already in the tables, if percentages are added). The text should be the analysis/synthesis of the data in the tables, not a description of them.

Response: The repetitions of table data have been removed from the text.

7. It is always worth adding a short reflexive section to a paper that provides qualitative data. What were the views of the team about the intervention at the beginning of the study? If all the co-authors think the intervention is a positive innovation, how did you ensure rigour in your analysis? For instance, did you explicitly look for data that disconfirmed these views and beliefs, to ensure that your analysis took account of all the data available, and not just of data that met with your prior expectations?

Response: Yes, we considered adding another section about this but after addressing all of the other reviewer comments the article was becoming far too long (see also R1 point 9).

8. For the strengths and limitations bullet points, I'm not sure whether the geographical location of the study is seen as a strength, or a limitation?

Response: It was intended as a limitation. However, in the light of this and other reviewer / editor comments, the whole strengths and limitations section has now been re-written and this particular one has been removed.

9. The paper is rather longer than recommended by BMJ Open. I would suggest that the quote material could be reduced, and/or that it could be moved into a box, so that the body of the paper only includes the analysis/synthesis of the data. At least one quote is used twice - I suggest checking the paper to make sure every quote is only cited once.

Response: The article has now been extensively re-worked in order to bring the word count down, and as part of this the number of quotes used has been reduced.

10. It might be worth checking the formatting style for tables for BMJ Open

Response: Yes, the new combined data table is in line with BMJ formatting guidelines.

11. The references don't all seem to be complete

Response: All the references have now been re-checked.

12. It might also be worth checking the way abstracts are formatted and set out for BMJ Open. I think the heading 'intervention' should be used to describe the on-line antenatal support intervention, and not the survey (which is the study method). The setting is five (?) maternity Trusts in the North of England. The response rate (n=156) is not needed under the participants heading.

Response: The abstract has been re-written to conform to the BMJ open format (see also, R2s comments and Editor's requests).

13. Although the paper is generally well written, there are some turns of phrase that could be tightened up - for instance, 'any number of...'; 'roughly childbearing age...' and some sentences that start with 'And...' or that are split phrases (for example, 'It is in the context of an established... that we...'). Consider replacing with 'This analysis is presented in the context of...').

Response: We have tried to tighten up the revised version and have modified these and a number of other 'loose' sentences.

In summary, I commend the authors for undertaking this sub-study, and I look forward to the results of the full study when it is finished. I hope they can amend this study, so that it can be reconsidered for publication in due course.

Reviewer: 2

Reviewer Name: Michael Robling

Institution and Country: Centre for Trials Research, Cardiff University, United Kingdom

Please state any competing interests or state 'None declared': None declared

The study asks a relevant clinical question and has been undertaken to reflect the current pandemic about how an existing (established / experimental?) intervention may be supportive within that context. The paper is mostly clearly written and easy to read. The methods are straightforward and the data relatively modest in (ie its a five item survey and for the free-text item allows for little depth exploration of topics). The Results are unsurprising given the context but that is not a criticism. I have made specific suggestions regarding the Abstract and how results are used to justify Conclusions - hence the Review Checklist scoring above and which are addressable. There is a lack of detail under Methods and in particular, in Discussion, the study limitations. It is for this reason I suggest a major revision, although I do consider addressable.

## Abstract

Interesting that the term 'non-essential' is used to set the scene for this paper. Some women may disagree about this. Maybe worth considering amending.

Response: Yes, this has been changed to 'face-to-face', which may be more appropriate.

Intervention – surely the survey is the method rather than the intervention?

Response: Use of the word intervention has now been clarified throughout the article. There was some ambiguity about this in places, so Facemums is now referred to primarily as a service rather than an intervention.

## Results

Suggest adding in descriptives into Results section of abstract, which otherwise reveals little of what the survey found. It is not clear therefore how the Conclusions cited are based on the Results

Response: The abstract has been re-written (see also, reviewer 1 and editorial comments), and now more clearly reflects the structure of the study.

## 'Strengths and limitations'

Some of the points should be briefly expanded to clarify whether and how the authors see them as strengths or weaknesses (eg participants being from North of England perhaps limiting generalisability ...)

Response: The strengths and weaknesses section has been re-written (see also, Editor and R1 comments).

## Background

The Abstract describes an 'experimental ... intervention'. Later it is described (under Objective) as an 'established ... intervention'. So it's not quite clear at this point of the paper, whether this means there is a host research study from which this paper have been derived (rather than a service improvement) and whether it is a feasibility or pilot trial. It would be useful for this to be made clearer and include a citation for the study protocol if registered.

Response: These inconsistencies have been addressed in the re-written abstract and where relevant in the main text (particularly in section 3.1) For example, we have now clarified that although the FMs model is still developing (and might therefore be described as experimental), it has been operating in a number of Trusts for some time and could equally be seen as well-established.

Authors write 'we present a qualitative analysis' but they should make it clearer that descriptive quantitative results are also being presented. How were routine NHS services amended by COVID (which is therefore the relevant context for the study). A brief summary at this point would be useful. Was any change to the intervention made due to COVID?

Response: The qual/quant issue has been clarified. We have also included additional information on how COVID impacted on maternity services and described the adaptations that were made to the FMs service as a result. (New section 3.4)

## Methods

Can the authors elaborate on how survey content was identified, and also whether there was any lay input? Suggest also describing in Methods the item domains.

Response: Yes, we have now added detail on survey content and lay input to section 3.3.

There is no description of the study population eg eligibility criteria (either for the host study, and also whether any restrictions were relevant for the survey). This needs to be added.

Response: The eligibility criteria for the host study and the Covid study have now been added.



Does the membership 'of an active group' mean that some host study participants were not included in this sub-study?

Response: No, the FMs pilot was conducted in two waves, with the separate groups in a wave starting at the same time and closing 9 months later when all the members had given birth. When lockdown got underway, the wave 2 groups were active, so only members of these groups were included in the study.

Can actual dates of survey availability be added (ie when were data collected)?

Response: Yes, dates have been added to section 3.2.

Was this additional survey subject to a formal amendment by the NHS REC?

Response: No, a formal amendment was not required. The survey was undertaken as part of the ongoing service evaluation of FMs. This has been clarified in the ethical approval section.

Add in description of who undertook data analysis?

Response: Description added to section 3.5.

Was the initial decision to categorise data as non-/related to COVID, driven by the data or by research design?

Response: As a proportion of respondents provided free text responses that were not necessarily Covid specific (or were a little ambiguous), we needed to separate this more generic material out. This additional stage in the analysis was therefore driven by the data.

The description of the key themes is better placed in Results

Response: The key themes have been moved to the results section.

## Results

The closed survey data can be all placed in one table for ease of reference rather than four separate tables and including percentages there. There is no need to repeat data already included in the tables within the text as well.

Response: Yes (see also Reviewer 1 comments). The original four tables have now been condensed into a single table which includes percentages, and the text sections that repeated table contents have been removed.

Although a lot of quotes are included regarding the benefits of information provision – there is little detail about what actual information is being conferred. Were any of quoted extracts edited or are they as they are typed by survey respondents (there are no apparent spelling mistakes for example)?

Any significant edits, such as shortened sentences, omitted words etc. are indicated in the text using [square brackets]. A small number of typo and other small corrections have been made for clarity but are not highlighted.

## Discussion

On what basis is the first sentence of the Discussion made – just because they are taking part in the host / this sub-study or for another reason?

Response: This first paragraph has been re-written to clarify this point and now reads:

'We have argued elsewhere (16) that women who choose to engage with online services such as Facemums are likely to be very familiar with using social media and the internet as part of their everyday lives. Similarly, the mothers who responded to our survey did not start using this particular online service because of the current pandemic, and neither was it originally designed with this exceptional situation in mind.'

Can the authors more clearly link their statement: 'It appears that one effect of the Covid-19 response has been to greatly heighten the need for pregnant women – who are, like many other people, using the internet as a source of information to a much greater extent during the crisis – to become more selective over what they access' to Results?

Response: This paragraph has been re-written to make the link clearer, and additional references added.

There is no assessment of either the study strengths or limitations included. The latter could include:

- 1 The adequacy and validity of the four closed survey items used in, and for example that they are all positively framed in favour of the intervention.
- 2 The impact of survey non-response on both quantitative and qualitative data collected – and for generalisability.
- 3 Lack of any socio-demographic or clinical data describing survey invitees and responders (including potentially relevant factors such as age, parity, weeks' gestation, study site).
- 4 The apparent lack of public involvement in survey design or testing (or any quick piloting).
- 5 The implications of other host study related factors that may affect study data such as applicable eligibility criteria, level of engagement with intervention.
- 6 Any limitations in the analysis of free text data (eg assuring quality, double-coding, data saturation).

Response: The strengths and weaknesses section has been re-written and now includes a number of these points (1, 2 and 3). Points 4 and 5 are now addressed in the revised text – particularly in sections 3.4 and 3.5.

Reviewer: 3

Reviewer Name: Rhonda Bell

Institution and Country: University of Alberta, Canada

Please state any competing interests or state 'None declared': None

This is a timely, well-written, and interesting description of how women use and appreciate a social media-based support intervention for pregnant women. The study examined how women changed their use of this intervention at the time that the COVID 19 lockdown was underway in the UK.

The paper is highly descriptive but contributes important information about how women used this intervention. They also described how they felt about this approach to communicating with midwives and with other pregnant women during this time.

The paper is clearly written and the results, while simple, provide a window into women's experiences during this time.

My only comment is that it would be helpful to add a few sentences to your discussion about how you will incorporate this learning into the intervention as the lockdown lifts and people move to more social or medical interactions that are face to face.

Response: A short section has been added to the conclusion section covering this point. (See also reviewer 1s similar comment.)

#### VERSION 2 – REVIEW

<b>REVIEWER</b>	Soo Downe University of Central Lancashire UK
<b>REVIEW RETURNED</b>	21-Sep-2020
<b>GENERAL COMMENTS</b>	This is a much improved manuscript. I would be happy for it to be published, subject to the following minor changes:

	<p>1. Delete (n=156) from the design section of the abstract</p> <p>2. Consider replacing 'ideally positioned' to 'well positioned' in the abstract and the conclusion. The word 'ideal' suggests that this is The ideal (to the exclusion of others) which can't be justified for this paper as other online support approaches are not examined.</p> <p>3. Im still not sure that the table is formatted in the usual way for the BMJ - this may be an editorial decision</p> <p>4. The format of the references still needs some attention - some dates are in brackets, and others are not; some journals are in italics, some are not - some titles of publications are capitalised, others are not.</p> <p>Subject to these minor amendments, I think the paper is now well presented. Many congratulations to the authors.</p>
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<b>REVIEWER</b>	Michael Robling Centre for Trials Research Cardiff University Wales, UK
<b>REVIEW RETURNED</b>	25-Sep-2020

<b>GENERAL COMMENTS</b>	<p>I thank the authors for addressing my queries and amending where relevant.</p> <p>I have only three minor points:</p> <p>The last bullet (under Strengths &amp; Limitations) – I suggest it is not so much the sample size that will limit generalisability, but it is the moderate response rate (although actually its pretty good for online survey) and lack of socio-demographic data on respondents that makes it harder to generalise.</p> <p>Thanks for the clarification about how (respondent) typos were edited in now presenting extracts in the manuscript. Although this is minor consideration, I suggest you make it clear in Methods that you have done this because you are altering source data.</p> <p>The new text: The survey was launched 16th April 2020, approximately three weeks into the full UK lockdown. It remained open for a relatively short period (1 week) to enable analysis to be undertaken at speed and for it to remain relevant to the current context. – repeats some information presented in the preceding paragraph. This could be edited to reduce repetition.</p> <p>Thanks</p>
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## VERSION 2 – AUTHOR RESPONSE

(Responses under each reviewer point.)

Reviewer: 1  
Soo Downe  
University of Central Lancashire, UK

Please leave your comments for the authors below This is a much improved manuscript. I would be

happy for it to be published, subject to the following minor changes:

1. Delete (n=156) from the design section of the abstract

Response: this has been deleted.

2. Consider replacing 'ideally positioned' to 'well positioned' in the abstract and the conclusion. The word 'ideal' suggests that this is The ideal (to the exclusion of others) which can't be justified for this paper as other online support approaches are not examined.

Response: We agree. Well positioned now replaces ideally positioned.

3. I'm still not sure that the table is formatted in the usual way for the BMJ - this may be an editorial decision.

Response: Yes, the editorial comments made no reference to this, so we assume the new version is acceptable?

4. The format of the references still needs some attention - some dates are in brackets, and others are not; some journals are in italics, some are not - some titles of publications are capitalised, others are not.

Response: All the references have been re-checked and are now consistent.

Subject to these minor amendments, I think the paper is now well presented. Many congratulations to the authors.

Reviewer: 2

Michael Robling

Centre for Trials Research, Cardiff University, Wales, UK

Please leave your comments for the authors below I thank the authors for addressing my queries and amending where relevant.

I have only three minor points:

The last bullet (under Strengths & Limitations) – I suggest it is not so much the sample size that will limit generalisability, but it is the moderate response rate (although actually its pretty good for online survey) and lack of socio-demographic data on respondents that makes it harder to generalise.

Response: the final bullet point now reads: 'The moderate response rate and lack of socio-demographic data on respondents may limit the generalisability of the study.'

Thanks for the clarification about how (respondent) typos were edited in now presenting extracts in the manuscript. Although this is minor consideration, I suggest you make it clear in Methods that you have done this because you are altering source data.

Response: We've now added a sentence to the analysis section (3.5):

'For clarity, some of the respondent examples given in this article contain minor edits (for example, typo corrections). These are not marked. Any significant edits, such as shortened sections or the anonymising of names and places, are indicated using [square brackets]'

The new text: The survey was launched 16th April 2020, approximately three weeks into the full UK lockdown. It remained open for a relatively short period (1 week) to enable analysis to be undertaken at speed and for it to remain relevant to the current context. – repeats some information presented in

the preceding paragraph. This could be edited to reduce repetition. Thanks

Response: Yes, we've now edited these paragraphs to remove the repetition.