Supplementary material

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Table S1. Differential diagnosis between peripartum cardiomyopathy and pregnancy-related

myocardial infarction

	Peripartum cardiomyopathy	Pregnancy-related myocardial infarction
History	- No known cardiac disease,	- No known coronary artery
	- No symptoms prior to pregnancy	disease,
		- No symptoms prior to pregnancy
Symptoms	- Exertional/ resting shortness of	- Chest pain, epigastric pain
	breath, fatigue, ankle swelling,	- With/without radiation to jaw,
	orthopnea, paroxysmal nocturnal	neck, shoulders, arms
	dyspnea	
Onset	- The end of pregnancy or in the	- Acute onset during pregnancy or
	months following delivery (mostly	immediately after delivery
	in the month following delivery)	
ECG	- No specific changes	- Most frequently ST-segment
	- Possible abnormalities:	elevation,
	pathological Q-waves, QRS	- Less commonly ST depression,
	fragmentation, ST-T segment	pathological Q-waves, T-wave
	elevation or depression, T-wave	inversion, rarely tachyarrhythmia

	inversion, bundle branch block,	
	prolongation of QTc interval, left	
	ventricle hypertrophy signs, brady-	
	or tachyarrhythmia, atrial	
	fibrillation	
TTE/CMR	- Reduced LVEF <45%	- Regional wall motion
	- Increased LVEDV and LVESV	abnormalities,
	- Frequently co-existence of	- Ischemic myocardial scar
	functional mitral regurgitation and	
	right ventricular dysfunction	
	- Intracardiac thrombi	
Lab tests	- Elevated natriuretic peptides	- Elevated troponins
CA with/no	- Normal coronary arteries	- Spontaneous coronary artery
intravascular		dissection
imaging		- Atherosclerotic plaque
		rupture/dissection
		- Coronary thrombus without
		atherosclerosis
		- Coronary artery spasm

Abbreviations: CA, coronary angiography; CMR, cardiac magnetic resonance; ECG, electrocardiography; LVEDV, left ventricular end-diastolic volume; LVEF, left ventricular ejection fraction; LVESV, left ventricular end-systolic volume; TTE, transthoracic echocardiography

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