

Supplementary material

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Supplement to: LSK Law, LT Kwong, KH Siong, et al. Incidence, risk factors, and clinical outcomes of peripartum cardiomyopathy in Hong Kong. Hong Kong Med J 2025; Epub 27 Nov 2025. https://doi.org/10.12809/hkmj2512986.

Supplementary Table 1. Characteristics of women with genetic testing for peripartum cardiomyopathy

	Case 1	Case 2	Case 3
Age at delivery, y	36	41	37
Past medical	HBV carrier	HBV carrier; history	Gout; mild renal
history		of breast cancer with chemotherapy completed 8 years ago	impairment
Family history of cardiac disease	Mother had repeated admissions for congestive heart failure and arrhythmia; died at 59 years old	No	No
Hypertensive disorders of pregnancy	No	Yes	Yes
Gestational age at delivery, wk	36	38	35
Mode of delivery	Normal vaginal delivery	Instrumental delivery	Normal vaginal delivery
Timing of symptom onset	45 days after delivery	37 weeks of pregnancy	32 days after delivery
Timing of PPCM diagnosis	5 days after symptom onset	1 day after delivery	30 days after symptom onset
PPCM clinical presentation	SOB, orthopnoea, PND	SOB, orthopnoea	Cough, SOB, tachypnoea
Echocardiogram at presentation	LVEF 34%; severe MR; moderate TR; no RV dysfunction; dilated LA and LV; severe global	LVEF 20%; moderate to severe MR; dilated LA, RA, LV, and RV; global hypokinaemia	LVEF 17%; severe MR; impaired RV function; dilated heart chambers

hypokinesia

	nypokinesia			
Follow-up	1st-year echo:	9 months after	1st-year echo:	
echocardiograms/in	LVEF 43%	delivery:	LVEF 34%	
terventions	2nd-year echo:	decompensated	2nd-year echo:	
	LVEF 41%	congestive heart	LVEF 35%	
	Daily oral	failure with LV	3rd-year echo:	
	cardiac	thrombosis; required	LVEF 33%	
	medications	anticoagulation,	4th-year echo:	
	(captopril and	IABP, and LVAD	LVEF 35%	
	metoprolol)	15 months after	3 years after PPCM	
		delivery: heart	diagnosis: ICD	
		transplantation	implanted	
		2 years 8 months	Daily oral cardiac	
		post-transplant: stable	medications	
		graft function on	(bisoprolol,	
		regular oral	Entresto, and	
		immunosuppressants	frusemide)	
Dilated	Heterozygous	1. Heterozygous <i>TTN</i>	Heterozygous	
cardiomyopathy	FLNC	NM_001267550.1:	NEXN	
sequencing panel	NM_001458.5:	c.47391_47392delAA	NM_144573.3:	
test	c.850+1G>T	(likely pathogenic)*	c.1426G>C (variant	
	(likely		of uncertain	
	pathogenic)*	2. Heterozygous	significance)*	
		MYBPC3		
		NM_000256.3:		
		c.3653delG (likely		
		pathogenic)*		
Subsequent	No	No	4 years after	
pregnancies			delivery: TOP	
Length of follow-	51	47	48	
up, mo				
Clinical condition	NYHA	NYHA functional	NYHA functional	
at latest follow-up	functional class	class I	class II	
	I			
Abbreviations: echo = ecl	hocardiogram: HRV -	henatitis B virus IABP = in	tra-acrtic halloon numn	

Abbreviations: echo = echocardiogram; HBV = hepatitis B virus; IABP = intra-aortic balloon pump; ICD = implantable cardioverter-defibrillator; LA = left atrium; LV = left ventricle; LVAD = left ventricular assist device; LVEF = left ventricular ejection fraction; MR = mitral regurgitation; NYHA = New York Heart Association; PND = paroxysmal nocturnal dyspnoea; PPCM = peripartum cardiomyopathy; RA = right atrium; RV = right ventricle; RVEF = right ventricular

ejection fraction; SOB = shortness of breath; TOP = termination of pregnancy; TR = tricuspid regurgitation

^{*} According to the American College of Medical Genetics and Genomics recommendations on sequence variant classification, See reference 1

 $Supplementary \ Table \ 2. \ Univariable \ and \ multivariable \ logistic \ regression \ analyses \ concerning \ maternal \ risk \ factors \ for \ peripartum \ cardiomyopathy^*$

		Univariable analysis		Multivariable analysis†		
	Cases (n=30)	Controls (n=120)	OR (95% CI)	P value	Adjusted OR (95% CI)	P value
Maternal age (≥40 y)	5 (16.7%)	4 (3.3%)	5.80 (1.45-23.15)	0.016	4.05 (0.49-33.30)	0.193
Ethnicity			4.33 (0.83-22.66)	0.095		
Chinese	27 (90%)	117 (97.5%)				
Non-Chinese	3 (10%)	3 (2.5%)				
Marital status			0.48 (0.08-2.77)	0.345		
Unmarried	2 (6.7%)	4 (3.3%)				
Married	28 (93.3%)	116 (96.7%)				
Education level			0.40 (0.16-1.00)	0.060		
Secondary and	23 (76.7%)	68 (56.7%)				
lower						
Tertiary or above	7 (23.3%)	52 (43.3%)				
Smoking	6 (20%)	4 (3.3%)	7.25 (1.90-27.67)	0.005	2.92 (0.44-19.39)	0.266
Multiparity	16 (53.3%)	59 (49.2%)	1.18 (0.53-2.63)	0.683		
Multiple pregnancy	4 (13.3%)	5 (4.2%)	3.54 (0.89-14.09)	0.079		
Obesity (BMI ≥25	8 (26.7%)	28 (23.3%)	1.20 (0.48-2.98)	0.811		
kg/m ² at first						
antenatal visit)						
Hypertensive disorders of	17 (56.7%)	5 (4.2%)	30.08 (9.52-95.02)	< 0.001	38.00 (9.66-149.52)	< 0.001

pregnancy[‡]

1 0						
Pre-existing diabetes	0	1 (0.8%)	N/A	>0.99		
Gestational diabetes	4 (13.3%)	15 (12.5%)	1.08 (0.33-3.52)	>0.99		
Pre-existing thyroid	1 (3.3%)	4 (3.3%)	1.00 (0.11-9.29)	>0.99		
disease						
Asthma	1 (3.3%)	5 (4.2%)	0.79 (0.09-7.05)	>0.99		
Psychiatric disorder	5 (16.7%)	8 (6.7%)	2.80 (0.85-9.28)	0.137		
Antenatal anaemia	15 (50%)	13 (10.8%)	8.23 (3.29-20.62)	< 0.001	13.04 (3.72-45.70)	< 0.001
(Hb <10.5 g/dL)						

Abbreviations: 95% CI = 95% confidence interval; BMI = body mass index; Hb = haemoglobin; N/A = not applicable; OR = odds ratio

Reference

1. Richards S, Aziz N, Bale S, et al. Standards and guidelines for the interpretation of sequence variants: a joint consensus recommendation of the American College of Medical Genetics and Genomics and the Association for Molecular Pathology. Genet Med 2015;17:405-24.

^{*} Data are shown as No. (%), unless otherwise specified

[†] Variables with P<0.05 in univariable analyses were included in multivariable analysis

[‡] Hypertensive disorders of pregnancy include chronic hypertension, gestational hypertension, pre-eclampsia, and chronic hypertension with superimposed pre-eclampsia