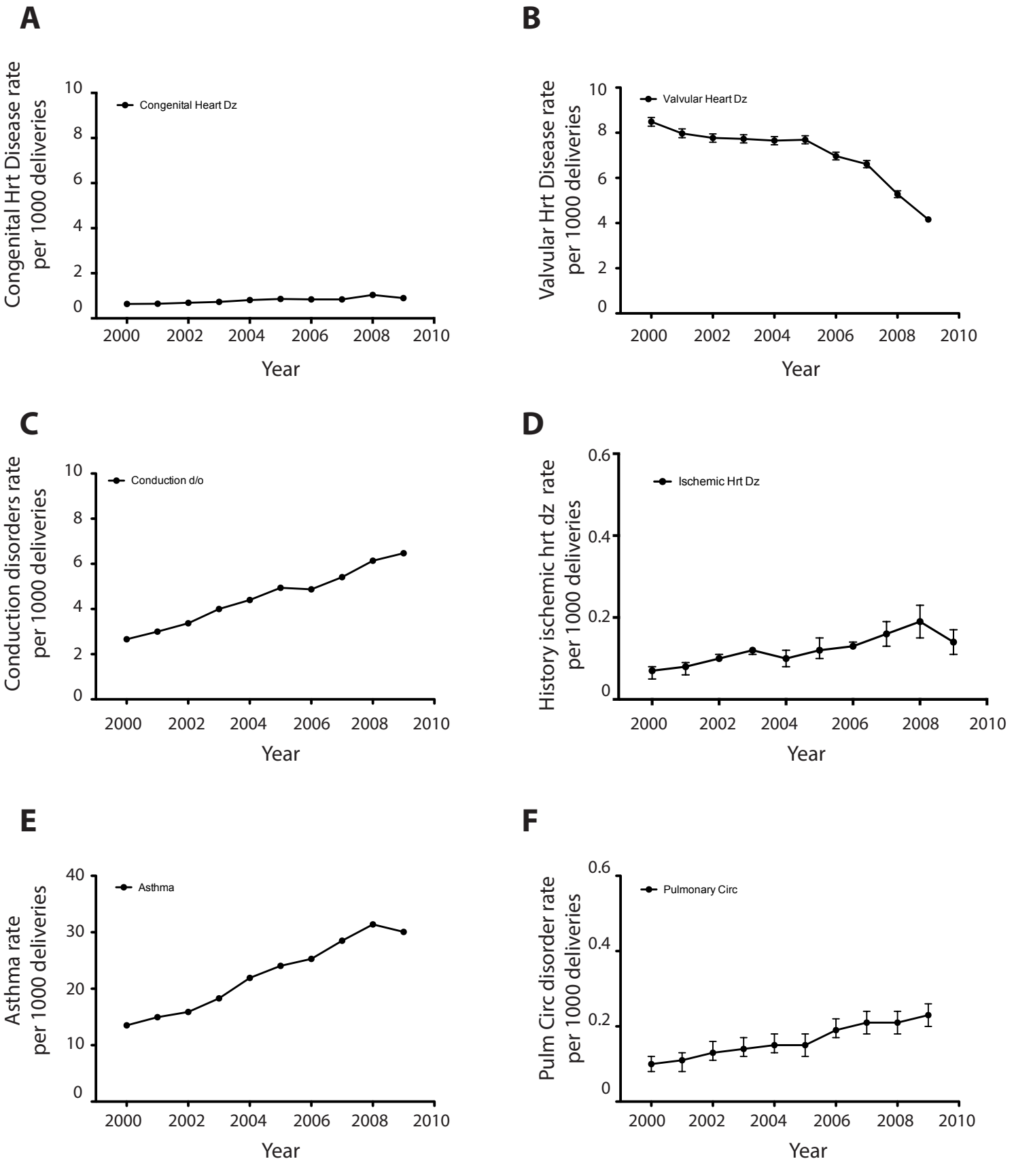
Figure S1

Trends in the prevalence of pre-existing medical conditions and obstetric conditions at delivery admissions, the 2000 – 2009 Nationwide Inpatient Sample (n = 43,226,239). See Table S2 for linear regression results. (Abbreviations: APS=antiphospholipid antibody syndrome, DM=diabetes, FGR=fetal growth restriction, GDM=gestational diabetes, HTN=hypertension, IUFD=intrauterine fetal demise, Prex=preeclampsia, Rheum Arth=rheumatoid arthritis, SLE=systemic lupus erythematosus)



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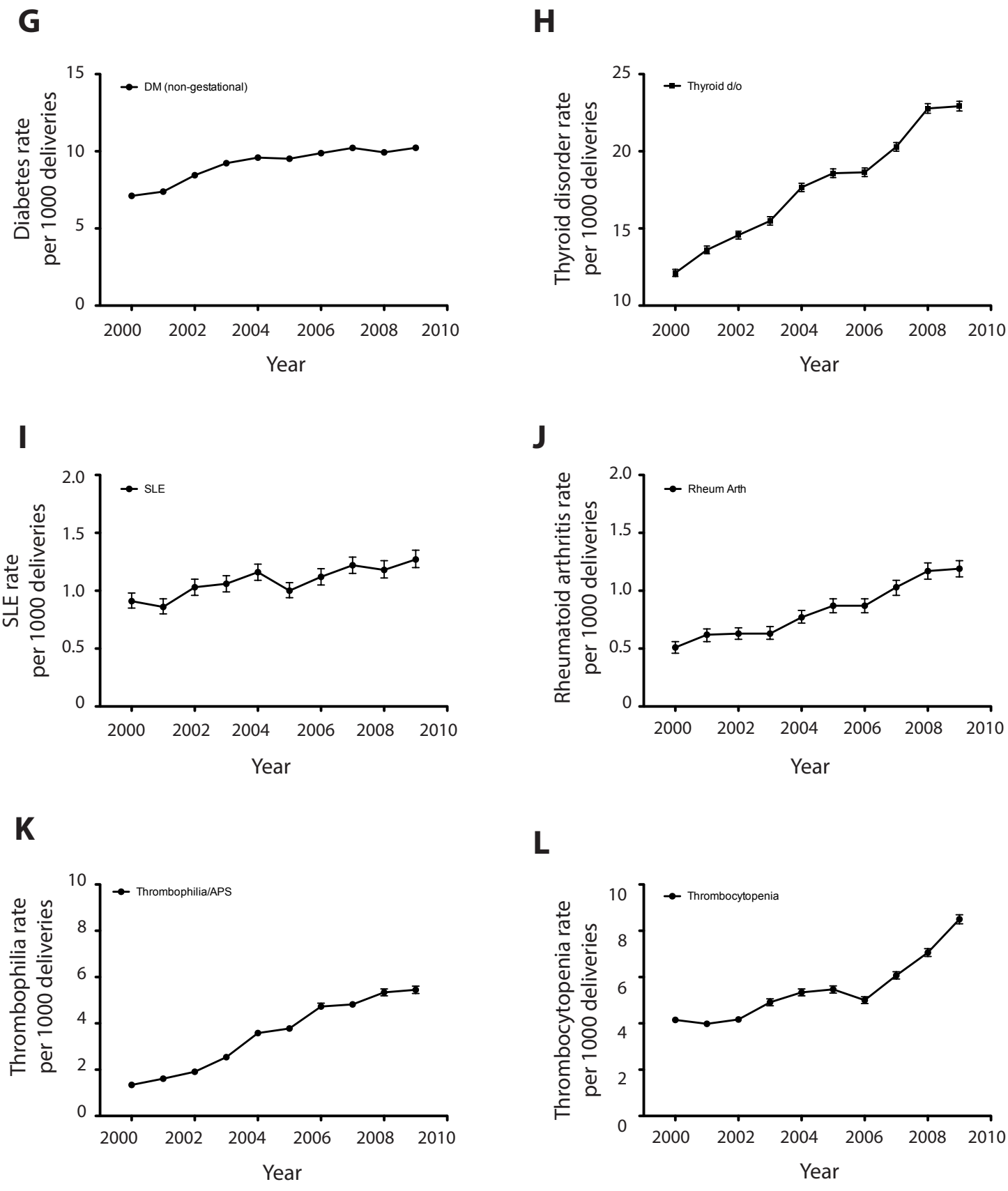

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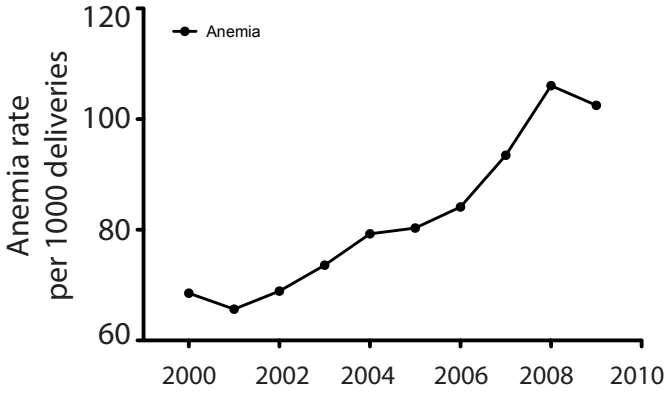

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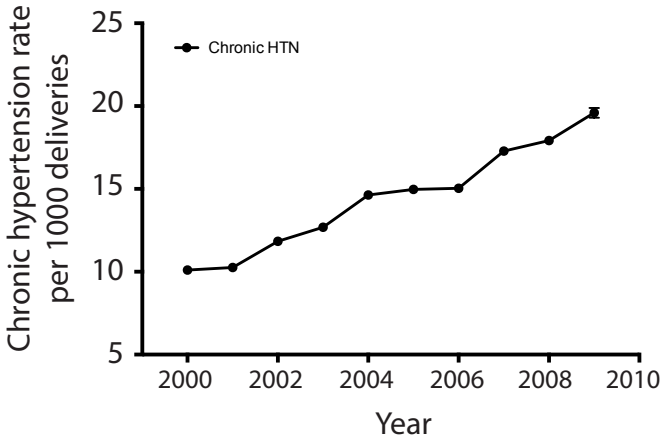

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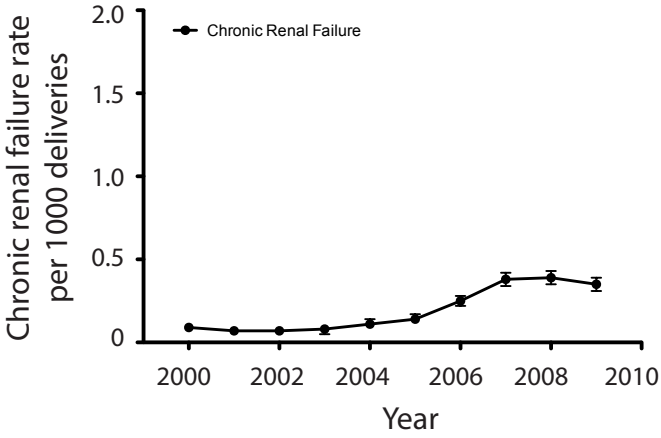

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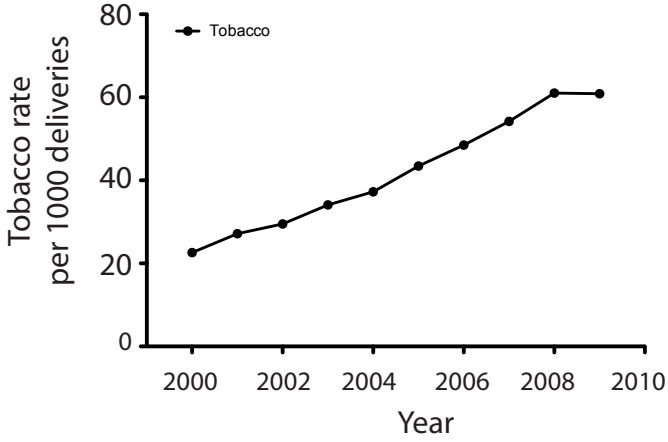

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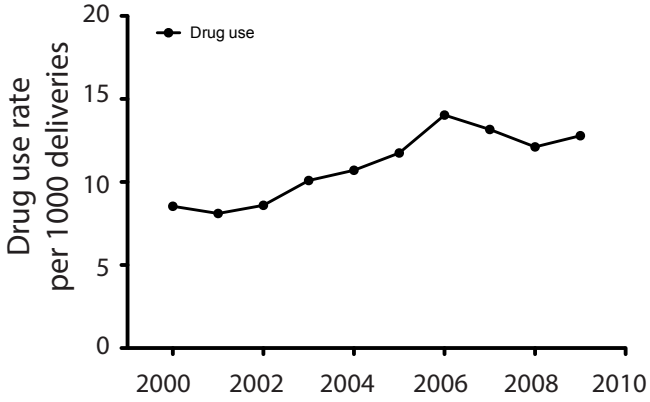

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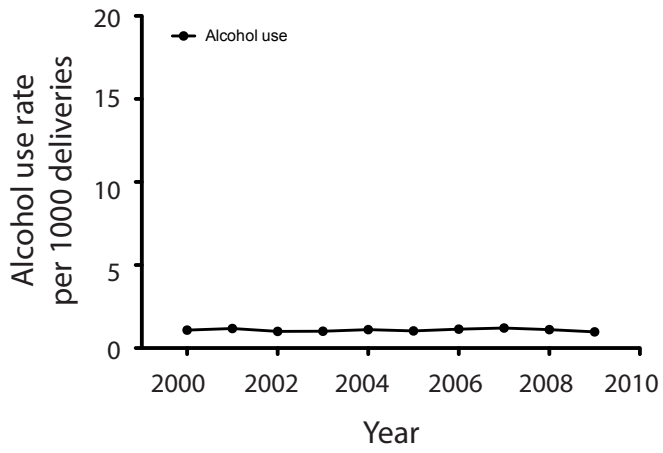

Figure S1 continued

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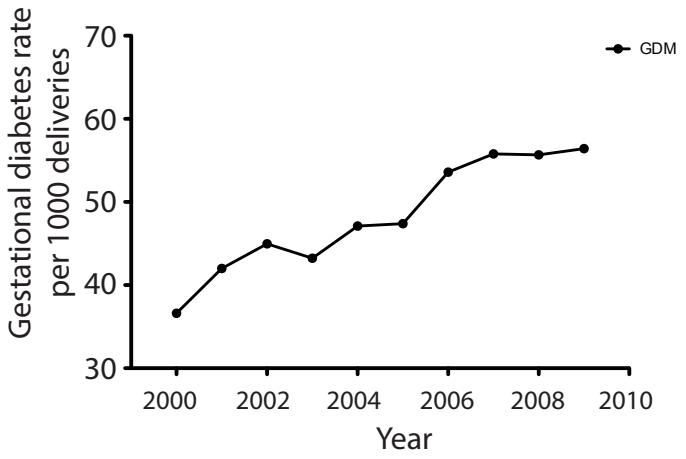

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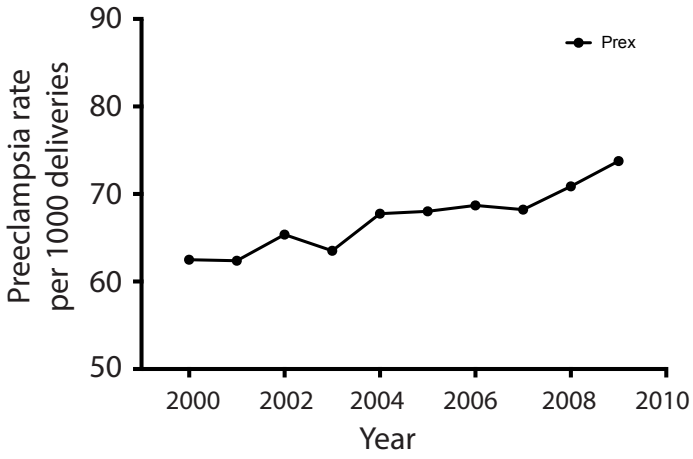

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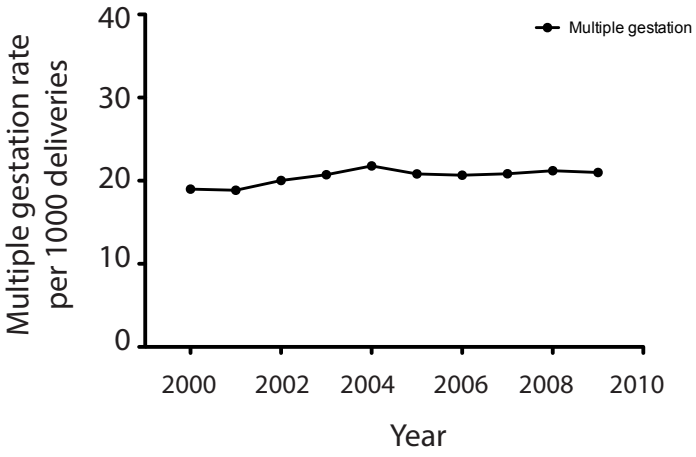

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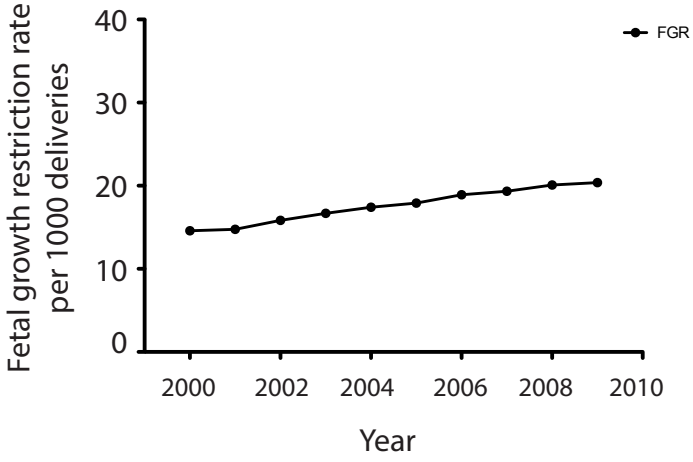

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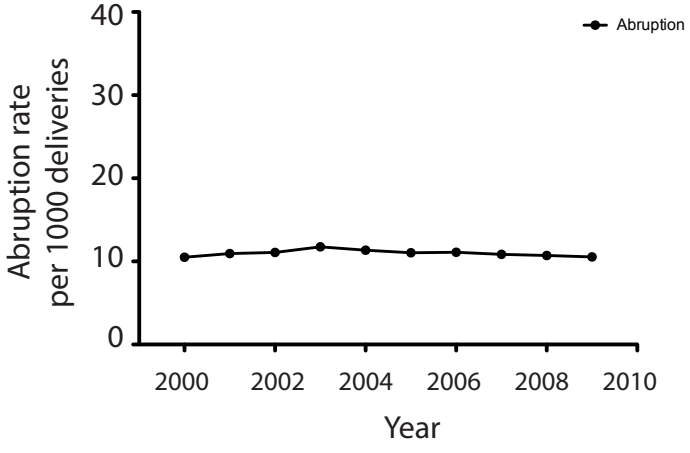

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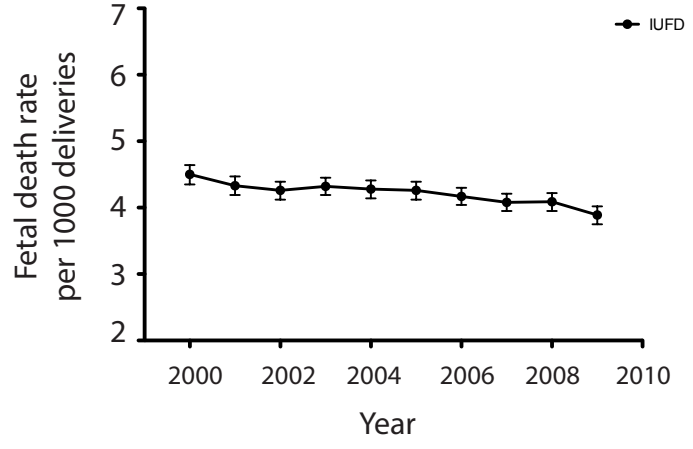
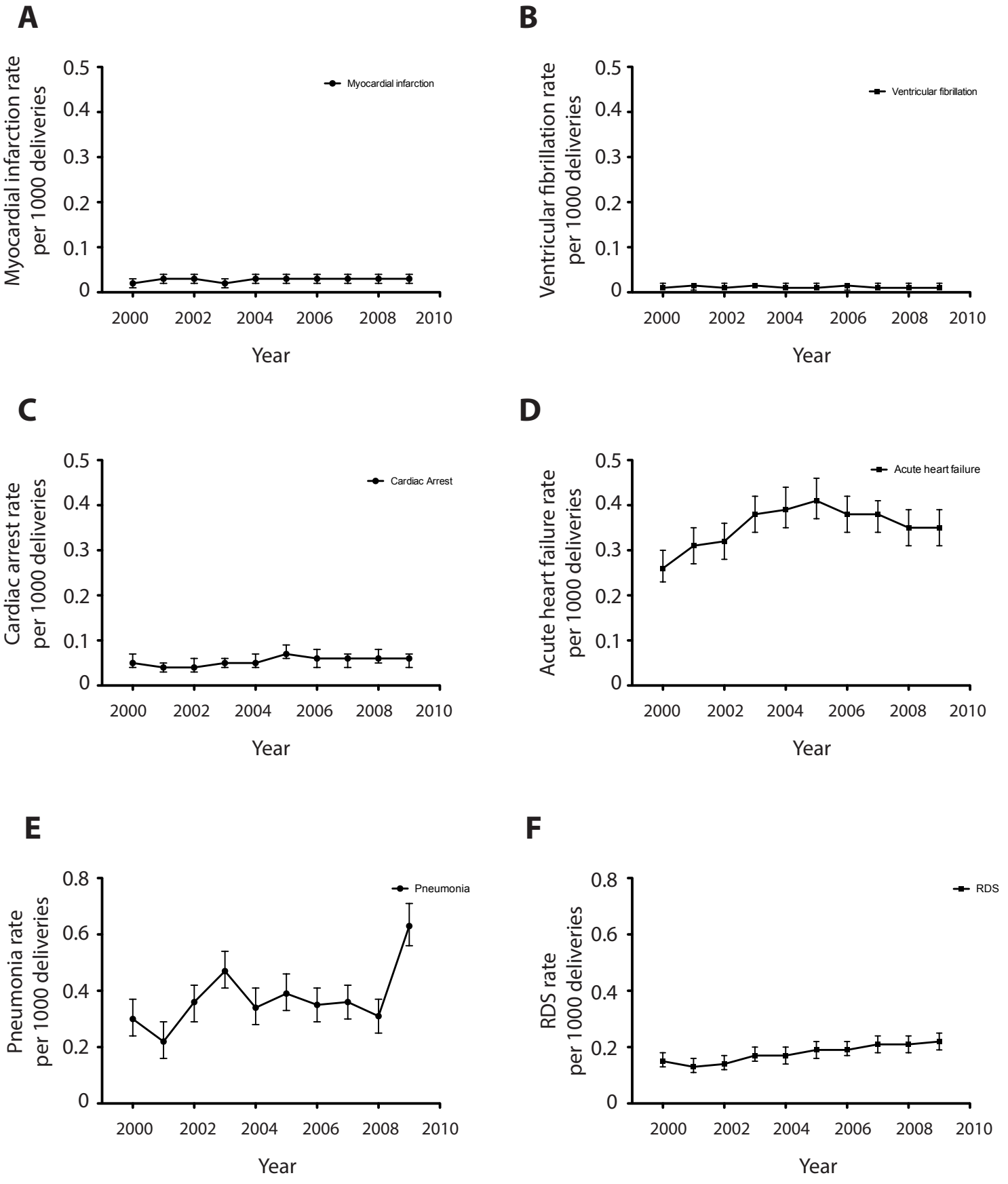


Figure S2

Trends in the incidence of medical events and complications occurring at delivery admissions, the 2000 – 2009 Nationwide Inpatient Sample (n = 43,226,239). See Table S3 for linear regression results. (Abbreviations: CVA=cerebral vascular accident, DVT=deep vein thrombosis, PP=postpartum, RDS=respiratory distress syndrome)



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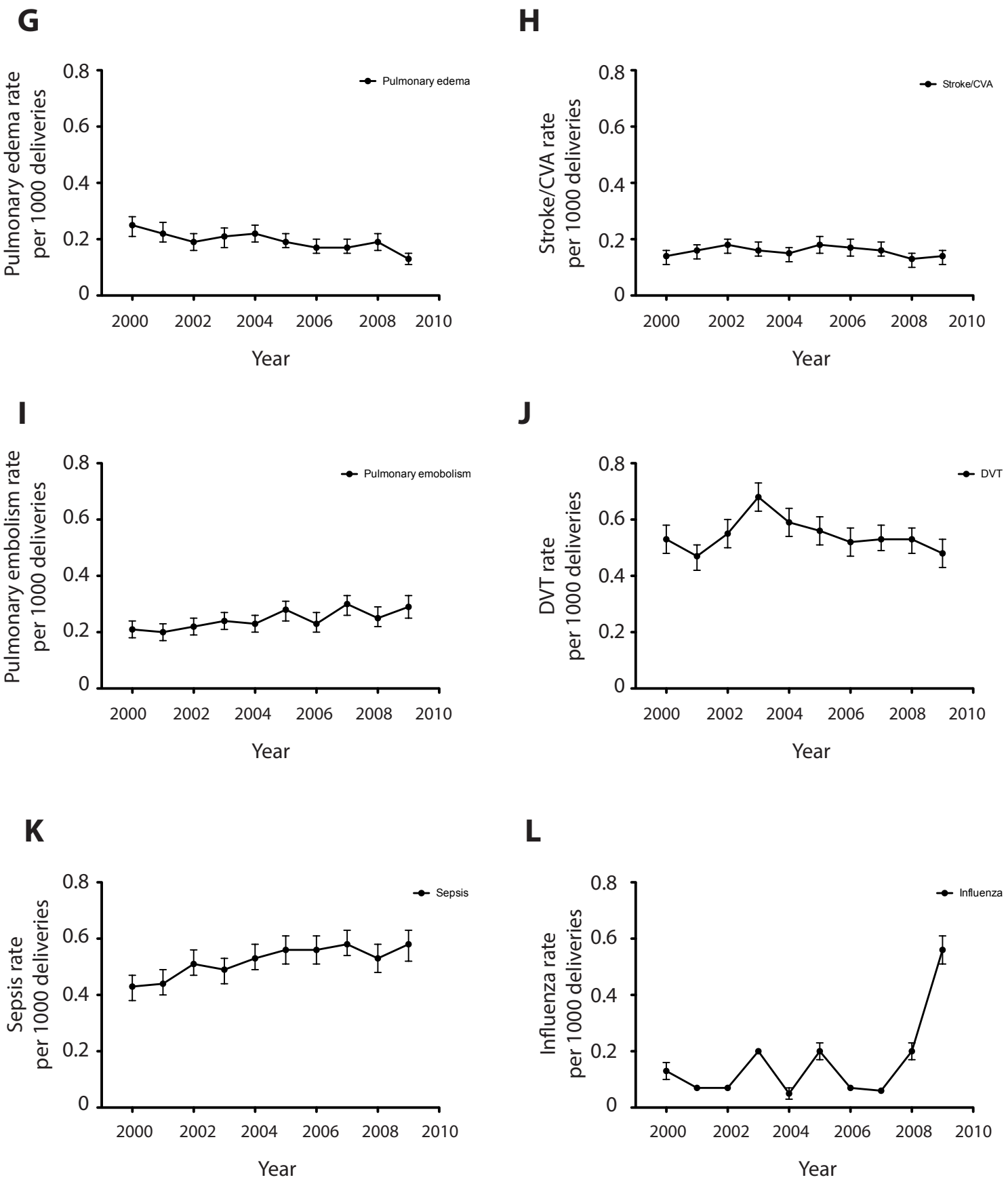

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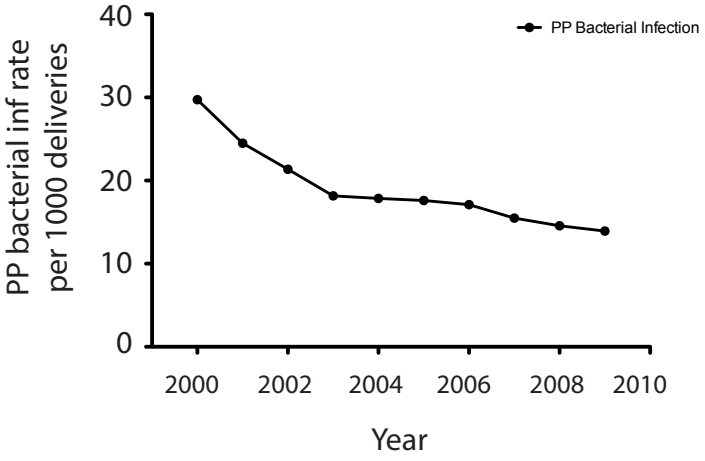

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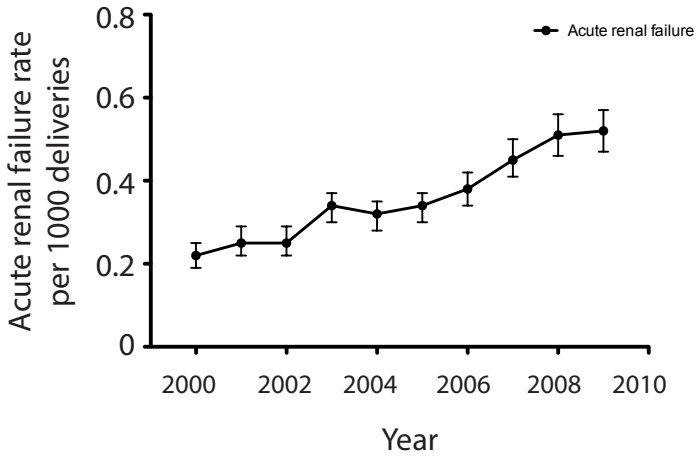
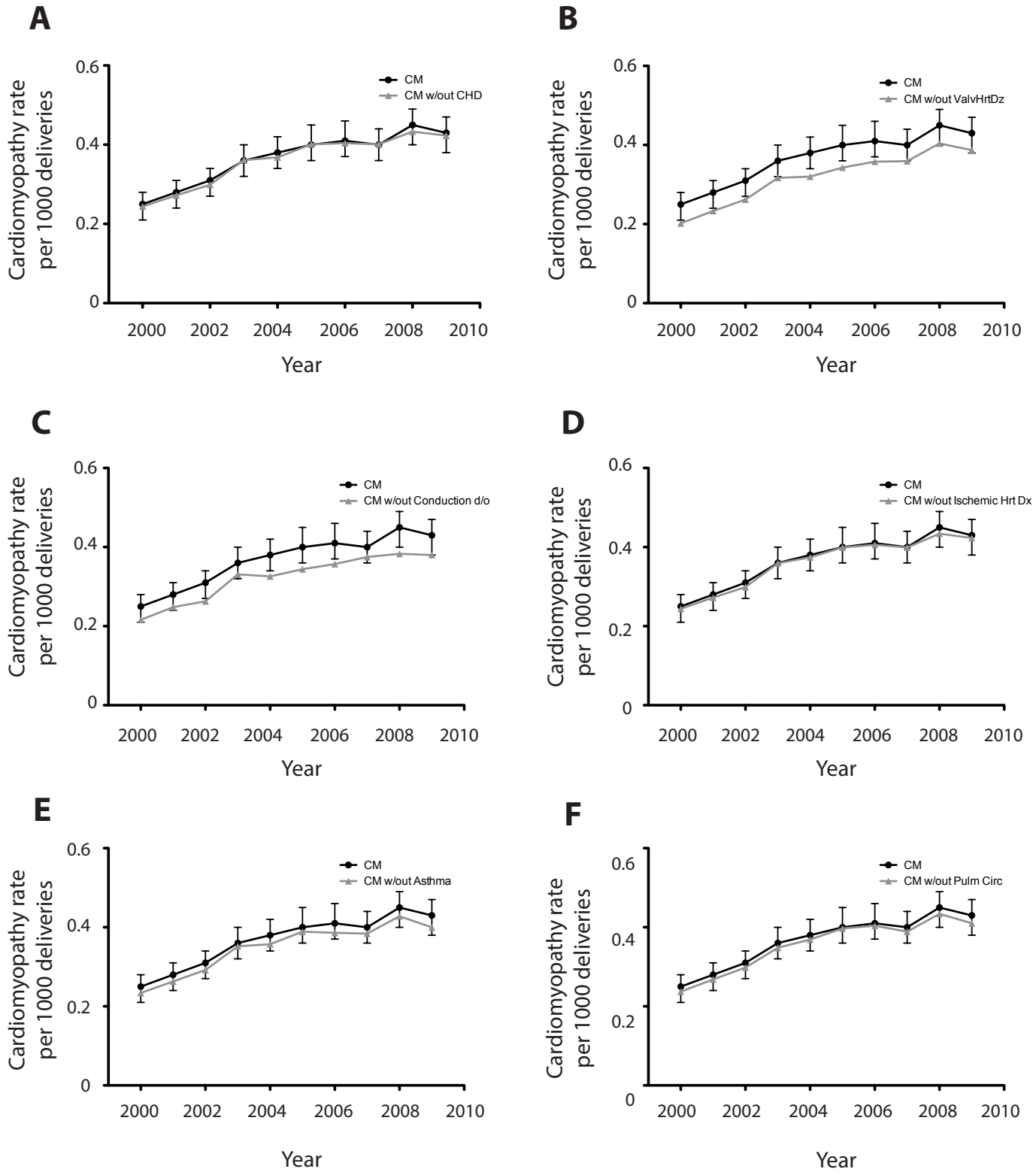


Figure S3

Trends in the prevalence of cardiomyopathy in women without the listed pre-existing medical conditions compared to all women with cardiomyopathy at delivery admissions, the 2000 – 2009 Nationwide Inpatient Sample (n=43,226,239). To determine if pre-existing medical conditions occurring during a delivery admission were accounting for the increased prevalence of cardiomyopathy over the study period, the linear trend for cardiomyopathy among women who also did not have each of the listed preexisting medical conditions listed were compared to the linear trend for all women with cardiomyopathy (CM). The differences in the two slopes were compared and are presented in Tables 1 and 2. Only chronic hypertension was found to be associated with the increasing incidence of cardiomyopathy at a delivery admission (Figure 2, Table 1). (Abbreviations: CHD= congenital heart disease, CM=cardiomyopathy, DM=diabetes, d/o=disorder, FGR=fetal growth restriction, GDM=gestational diabetes, IUFD=intrauterine fetal demise, RA=rheumatoid arthritis, SLE=systemic lupus erythematosus, VavlHrtDz=valvular heart disease)



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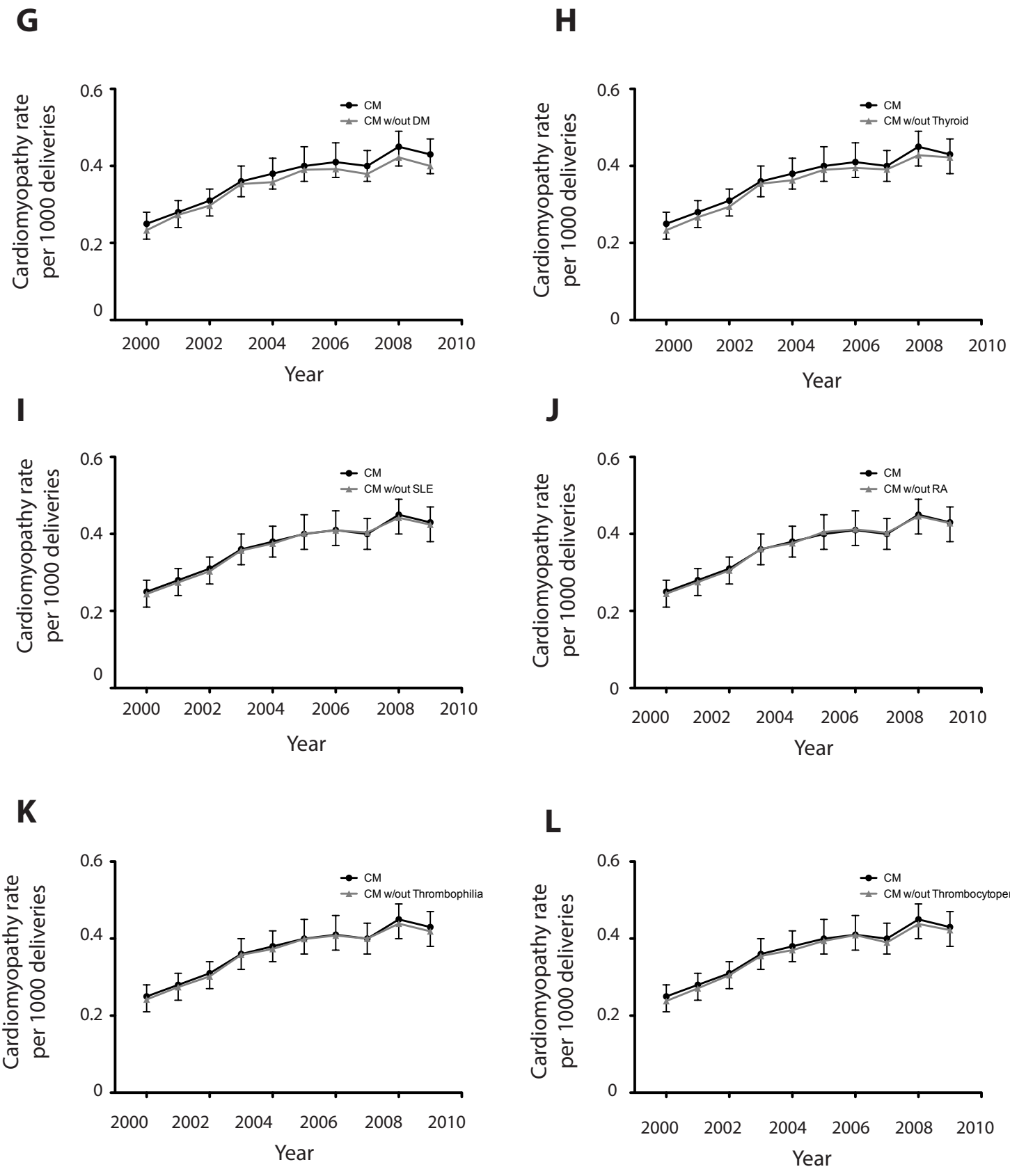

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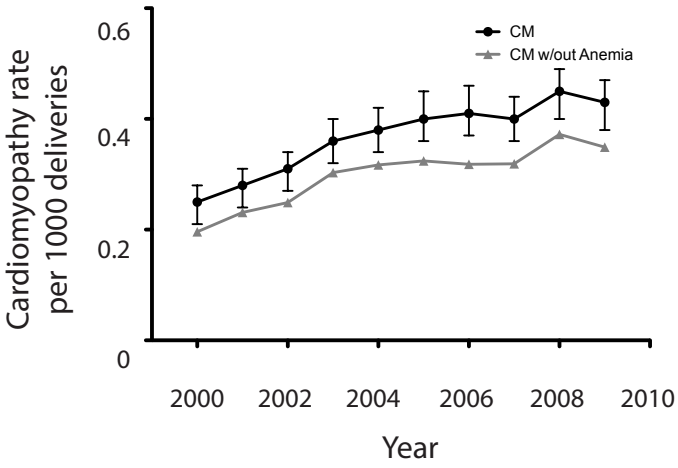

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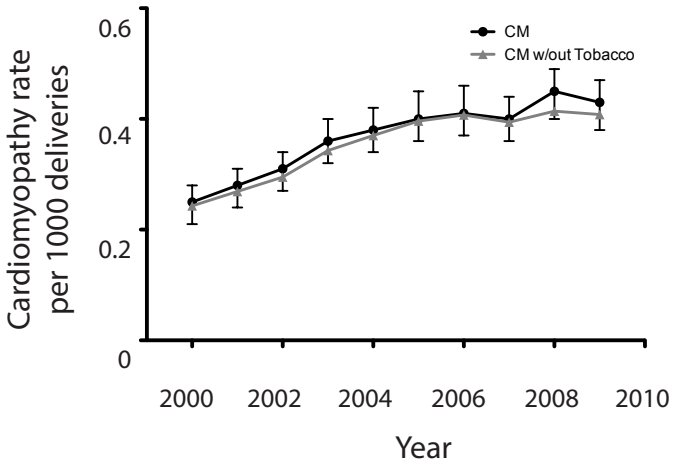

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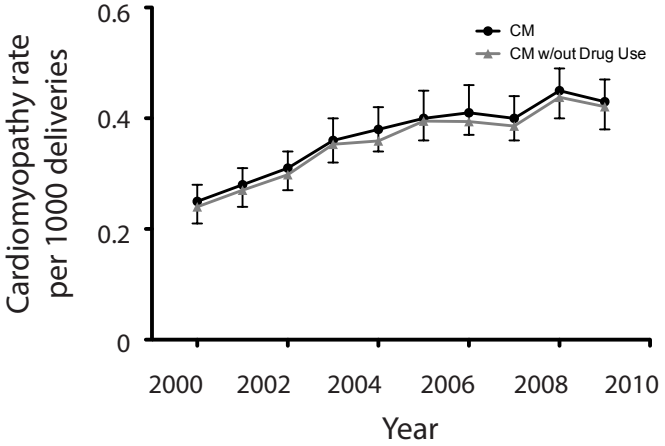

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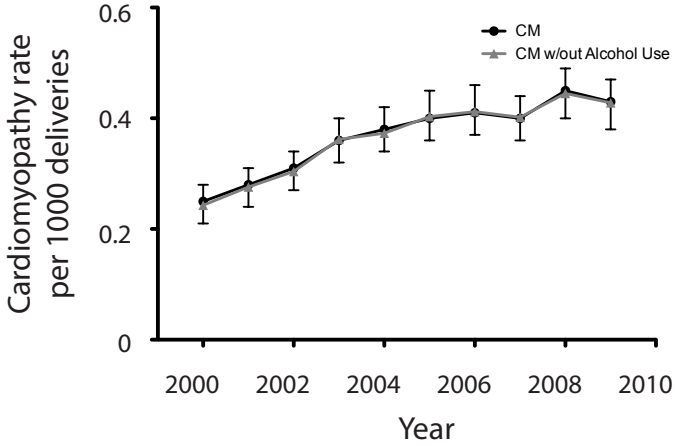

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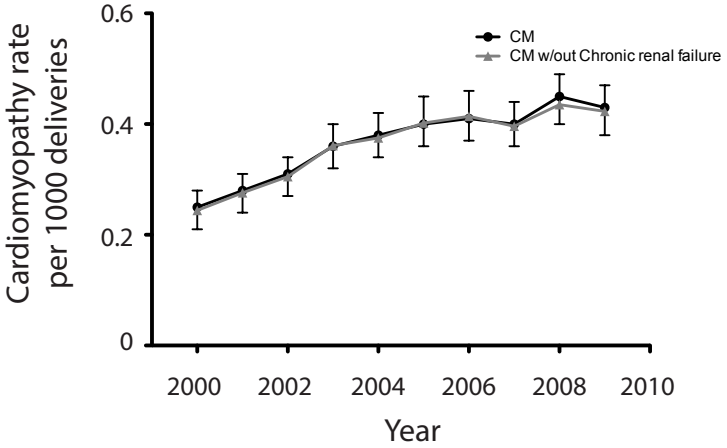

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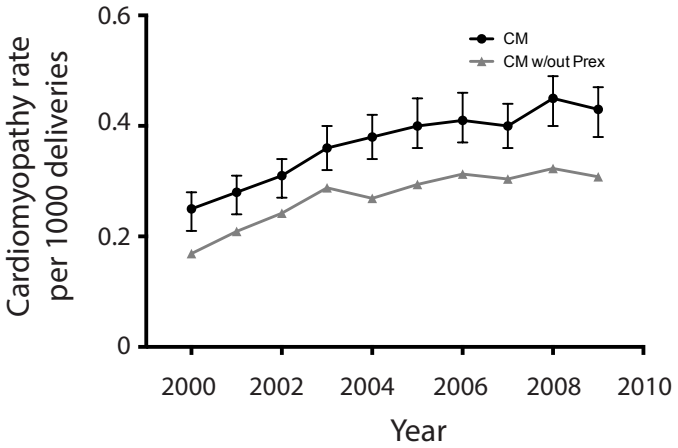

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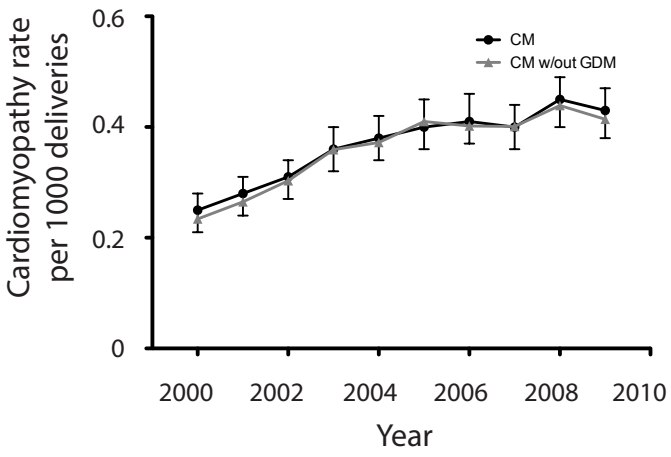

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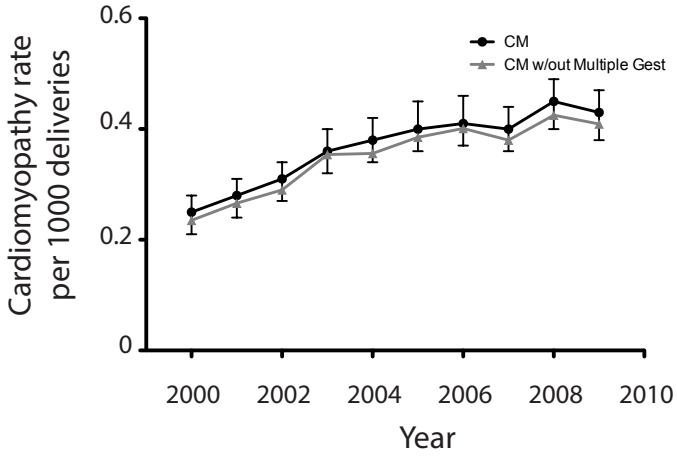

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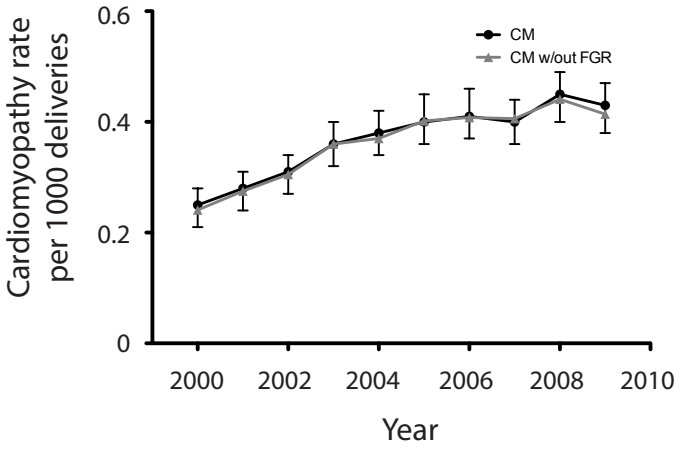

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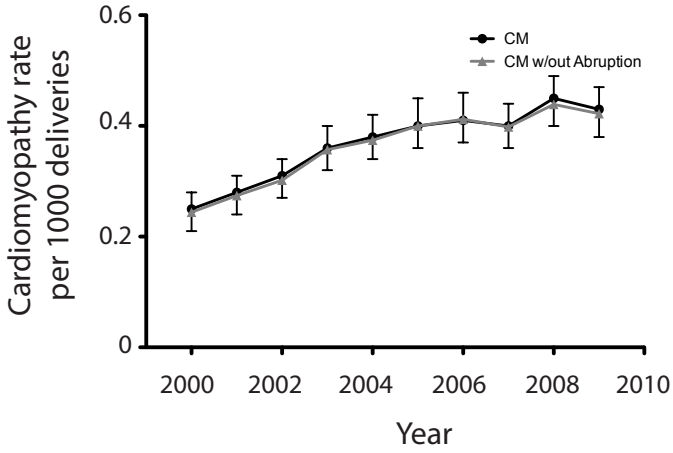

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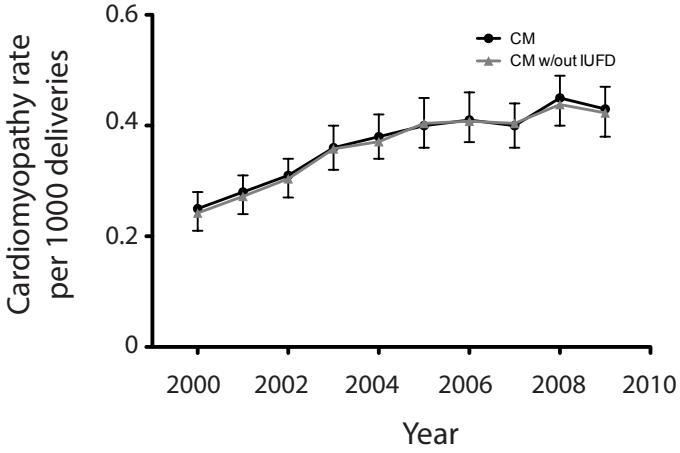
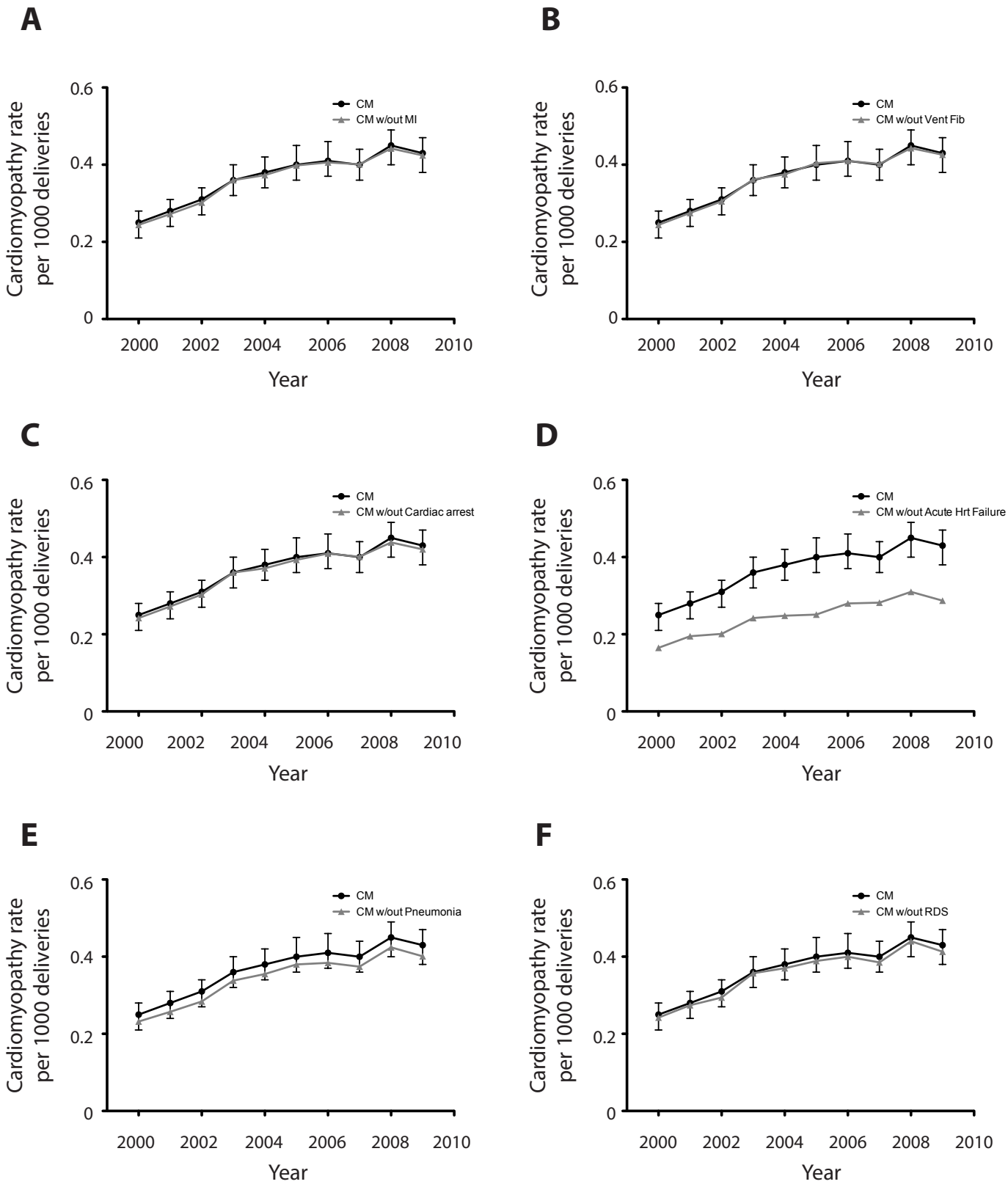


Figure S4

Trends in the prevalence of cardiomyopathy in women without the listed medical complication compared to all women with cardiomyopathy at delivery admissions, the 2000 – 2009 Nationwide Inpatient Sample (n=43,226,239). To determine if medical complications occurring during a delivery admission were accounting for the increased prevalence of cardiomyopathy over the study period, the linear trend for cardiomyopathy among women who also did not have each of the listed medical complications listed were compared to the linear trend for all women with cardiomyopathy (CM). The differences in the two slopes were compared and are presented in Table 3. None of the changes in the incidence of the listed medical complications were found to be associated with the increasing prevalence of cardiomyopathy (Table 3). (Abbreviations: CVA=cerebral vascular accident, DVT=deep vein thrombosis, MI=myocardial infarction, PP=postpartum, Pulm Edema=pulmonary edema, Pulm Embolism= pulmonary embolism, RDS=respiratory distress syndrome, Vent Fib=ventricular fibrillation)



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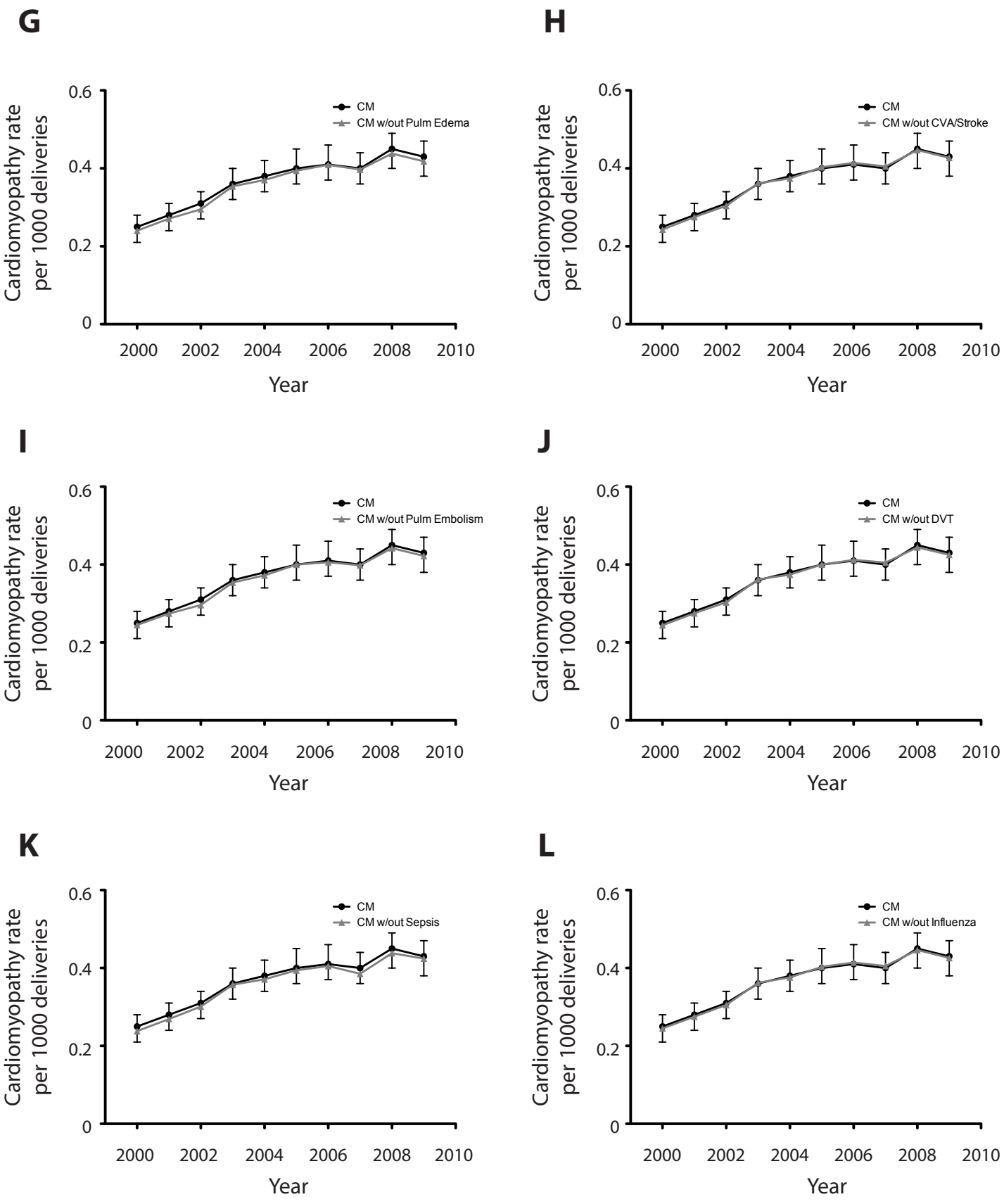

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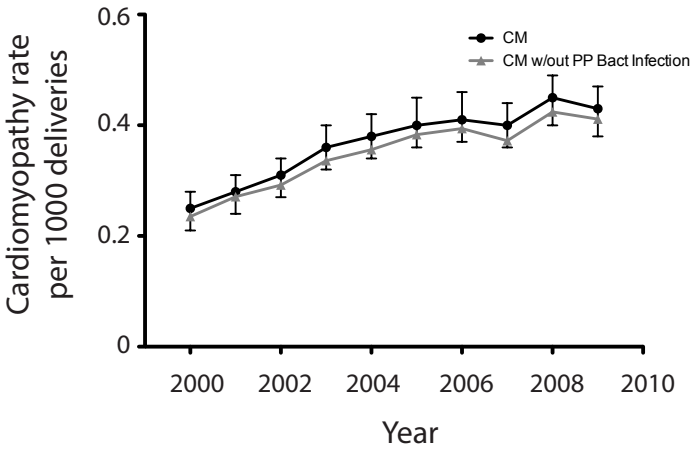
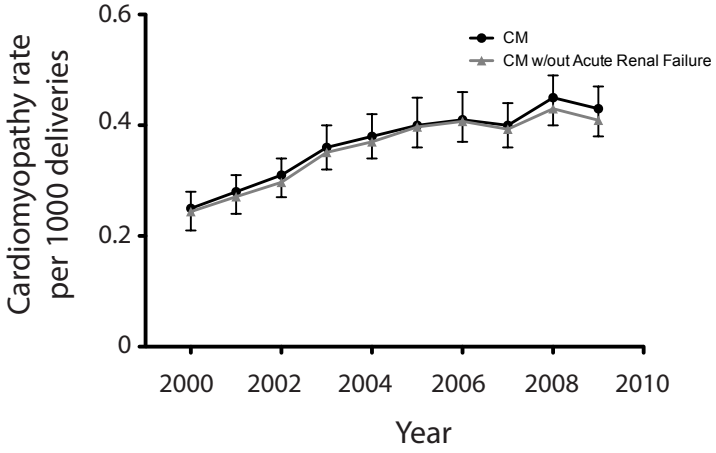
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