Peer Review File

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Reviewer A

This is a literature review about the thromboembolism in peripartum cardiomyopathy. This manuscript is extensively documented. In fact, although there are many references to anticoagulant treatment for PPCM, it is not established as a consensus.

Comment 1: In epidemiology, not only the rate of thrombosis, but also the timing of occurrence and the relationship with cardiac complications should be described.

Reply 1: We agree with the reviewer that this is an important consideration. However, the data are limited, as most large studies come from healthcare databases and registries, which include limited documentation regarding the exact timing of these complications. We have added information about the time window of these complications, however, to orient the reader as much as possible.

Changes in the text: In the "Epidemiology of Thromboembolism in PPCM" subsection,
We noted the timeline where available as well as additional details throughout this part.

"In a more recent U.S. based retrospective cohort study of 34,219 patients with PPCM, in-hospital thromboembolism was a significant and frequent complication presenting in 6.6% of patients during late pregnancy and early postpartum along with cardiac arrest (2.1%), acute pulmonary edema (1.8%), cardiogenic shock (2.6%) (36). Globally, rates of thrombo–embolism were similar if not higher. In a prospective cohort study based on the European Society of Cardiology EURObservational Research Programme PPCM registry of 735 women, about 6% of overall patients presented with thromboembolism within 6 months of PPCM diagnosis (37). Using the EORP-PPCM registry approach, in 64 PPCM patients from Iraq, 4.1% presented with thromboembolism within 6 months. Interestingly, among participants from Pakistan, 16% of patients were administered anticoagulation prophylactically, significantly greater than that of the global registry, and may also explain Pakistan's comparatively lower thromboembolic rate (29). In a retrospective cohort study conducted in India, among 36 patients with PPCM, 14% presented with thromboembolic events (3 central and 2 peripheral) within 4-6 months of PPCM diagnosis. The study also reported a 14% mortality rate with a significant portion due to cerebrovascular accidents, despite all patients with thromboembolism receiving therapeutic anticoagulation (11). Similarly, a 10-year case-series in Pakistan with 45 PPCM patients reported that 13% of patients had either LV clot or thromboembolism (38). Lastly, in China, a retrospective study of 71 PPCM patients reported a deep vein thrombosis rate of 3% and acute pulmonary

*embolism rate of 3% with 0% mortality by at least 12 month follow up (20). Findings are summarized in **Table 2.**"*

Comment 2: Various guidelines have been drawn up regarding the degree of recommendation for anti-coagulation, but what will be the degree of recommendation and strength of evidence?

Reply 2: We agree with the review that this need sclarification. Since evidence is scarce, the level of evidence of the following recommendations is "C", i.e., expert consensus. In practice, clinical discretion is advised. However, anticoagulation is clearly recommended for patients with PPCM and concomitant atrial fibrillation, venous thromboembolism, or LV thrombus.

Changes in the text: In the beginning of the "Therapy" section, we have clarified:

"In an American Heart Association (AHA) scientific statement for the diagnosis and treatment of specific dilated cardiomyopathies, anticoagulation is recommended for patients with PPCM who present with a LVEF <30% (26). In a guidance for the care of acute peripartum cardiomyopathy, the European Society of Cardiology (ESC) recommends anticoagulation with heparin to avoid cardio-embolic complications in patients with LVEF ≤35% or treated with bromocriptine (if no contraindication exists) (27) . The level of evidence for these recommendations is C (i.e., expert consensus), as higher quality evidence is scarce. Some experts suggest starting anticoagulation and continue until 8 weeks post-partum in all women with PPCM (13, 20)."

In the next page, we also clarify:

"Although warfarin is contraindicated during pregnancy because of its teratogenic potential, it is recommended in the post-partum period (especially in the first several months) in patients with LVEF <30% or in the presence of other indications, such as atrial fibrillation, DVT or PE, or LV thrombus. Anticoagulation for other conditions is based on clinical experience."

Reviewer B

Comment 1: Please add the full terms of "HR/CI/ECG" in the text.
Reply: Added as requested.

Comment 2: Please add a unit to "age".

- Generally, studies have shown age (>40 and <20)
- (i) age 16-40

Reply: Added as requested.

Comment 3:
Tables:
- Please check if you cited Table 5 in the wrong place. Should it appear in the last paragraph of "**Therapy**" section in the main text?
Reply: Revised as requested.

- Please indicate how data is presented in Table 1.
Reply: Revised as requested.

Comment 4: Some references are repeated.
Reply: Duplicated references are removed.