

Table 1 of the supplementary data. Recommendations for CVD primary prevention in children and teenagers (girls and boys)

	Recommendations
<i>CV risk factors check-up</i>	Body mass index: measure annually from age 2 y Blood pressure: measure annually from age 3 y Fasting lipid profile and glycemia: - Age 9-11 y for the general population - Age < 5 y if high risk conditions or family history of dyslipidemia or early CVD in men aged ≤ 55 y and women ≤ 65 y
<i>Physical activity (PA)</i>	Moderate-vigorous PA for 60 min/d Vigorous PA 3 times/wk ≤ 2 h/d of screen time
<i>Smoking</i>	Tobacco product taxation Creating smoke-free environments Electronic cigarettes and novel tobacco products require updated and proper regulation Public health campaigns with a focus on preventing smoking among young people should be gender-sensitive
<i>Alcohol consumption</i>	Programs to inform young people of the harmful effects of alcohol in school and university Early detection Referral to addiction recovery programs in young people

Compiled using data from de Ferranti et al.¹

Table 2 of the supplementary data. Postpartum follow-up

Category	Postpartum actions	Follow-up timeline	Treatment considerations
Gestational diabetes	Promote postpartum weight loss (5%-7%), control cardiovascular risk factors, promote breastfeeding, healthy habits, and healthy lifestyle	OGTT (75 g) between 4-12 wk postpartum; repeat screening annually or every 1-3 years if normal	Consider metformin for diabetes prevention; liraglutide (3 mg) may reduce risk of type 2 diabetes for those with overweight/obesity
Hypertensive disorders in pregnancy	Promote blood pressure monitoring (ABPM preferred, HBPM if not available) during the first 24 h, daily monitoring in the first week. If BP < 130/80 mmHg for 24 h, consider stopping treatment	Evaluate blood pressure control every 7-10 d initially, and long-term follow-up every 1-3 y as needed	Continue cardiovascular management based on risk level; adjust treatment as per control goals
Obesity in pregnancy	Encourage physical exercise, plan contraception until adequate weight is regained, monitor cardiovascular risk factors	Refer to endocrinology if BMI $\geq$ 40, monitor and aim for cardiovascular risk goals recommended for the risk group	For women developing type 2 diabetes postpartum, prioritize metformin and medications lowering cardiovascular risk, such as GLP-1 receptor agonists or SGLT2i

ABPM, ambulatory blood pressure monitoring; BMI, body mass index; BP, blood pressure; GLP-1, glucagon-like peptide-1; HBPM, home blood pressure monitoring; OGTT, oral glucose tolerance test; SGLT2i, sodium-glucose cotransporter 2 inhibitors.

Compiled using data from Lewey et al.²

Table 3 of the supplementary data. Recommendations on exercise in the climacteric

Recommendations on exercise in the climacteric. Resistance training is highly recommended	≥ 2 d/wk
Flexibility exercises (tai chi, yoga)	Allow the performance of aerobic exercise and prevent falls
Kegel exercises are useful to improve the tone of the pelvic floor muscles	Reduce vaginal or pelvic pain during sexual intercourse, improve some forms of urinary incontinence, and prevent or treat pelvic organ prolapse
Nurse check-ups	Recommended at least once a year

Compiled using data from Nguyen et al.³

REFERENCES

1. de Ferranti SD, Steinberger J, Ameduri R, et al. Cardiovascular Risk Reduction in High-Risk Pediatric Patients: A Scientific Statement from the American Heart Association. *Circulation*. 2019;139:e603-e634.
2. Lewey J, Beckie TM, Brown HL, Brown SD. Opportunities in the Postpartum Period to Reduce Cardiovascular Disease Risk After Adverse Pregnancy Outcomes: A Scientific Statement From the American Heart Association. *Circulation*. 2024;149):e330-e346
3. Nguyen TM, Do TTT, Tran TN, Kim JH. Exercise and Quality of Life in Women with Menopausal Symptoms: A Systematic Review and Meta-Analysis of Randomized Controlled Trials. *Int J Environ Res Public Health*. 2020;17:7049.