SUPPLEMENTAL MATERIAL

Data S1. Sample Rankings of Each Category

In the ranking of the impact of the change in diagnosis, it is often difficult to know whether a treatment would have been done anyway, even without fMCG. If the follow-up or procedure would have been done anyway, the management was not up-ranked. We provide some examples to help clarify this.

2) Moderate Change

Important impact but less than life-saving or life-threatening.

A fetus with maternal SSA antibodies has echocardiographic 1° AV block (AV interval 160 ms). The fMCG is normal. She is not placed on steroids but will be followed closely. (improved risk stratification)

3) Major Change

Case 1: A pregnant patient is referred for 2° AV block; she has SSA pending. She had been started on dexamethasone. The fMCG shows blocked atrial bigeminy with a risk of SVT of about 10% though none was seen. Still, she will require weekly OB visits to exclude tachycardia until the BAB resolves. The bradycardia is otherwise benign with no need for treatment, and dexamethasone was stopped as the result of findings (incorrect referral diagnosis (critical change, new diagnosis, major change in management), impacts several *change in treatment* categories).

Case 2: A fetus whose mother has LQTS and a defibrillator has FHR by echo of 120/min at 34 weeks GA and structurally normal heart. The fMCG shows QTc of 620 ms with TWA, no torsades, mother's beta blocker is increased, her Zoloft is switched to a depression drug that doesn't lengthen QTc, Calcium, Magnesium, and Vit D are assessed and found to be abnormal and treatment is instituted, and she is scheduled to return in 1-2 weeks for repeated fMCG. (new diagnosis, more precise; major change in management - alters surveillance and delivery planning, meds, and prognosis of disease).