

Supplementary Materials

Detailed Reasons of Data Collection and Sampling

This study collected and used pediatric electrocardiogram (ECG) data from different individuals, and parts of the cases were discarded due the following reasons.

- We excluded the cases with corrupted ECG signals or heavy noises. Pediatric ECG signals are typically more noisy than adult ECG data, as pediatric patients often have poor control over their behaviors during ECG examinations and thus more noisy signals may be included (e.g., myoelectric signals). The ECG cases are excluded if over 20% signal values exceed 5 mV or if over 20% signal values are 0's.
- Since we used the diagnostic results as ground truth (classification labels) to train and validate our models, we excluded cases with missing diagnostic results.
- We excluded the ECG data recorded after interventions, since our aim was to study detection of CHDs for interventions.
- In order to avoid introducing biases of undesired oversampling on some individuals, we excluded the ECG data from the individuals whose other ECG data had been used in the study before partitioning the training, testing, and validation sets. Regarding the external test set from Center-B, we also excluded ECG data from individuals present in datasets from Center-A. Moreover, the selection process for individuals in the Center-B external test set involved meticulous information filtering based on the enterprise master patient index (EMPI) of the hospital. The individuals included in the Center-C external test set underwent a similar information filtering process, employing criteria such as age, date of birth, sex, and name. This approach effectively guarantees the absence of overlapping individuals. The ECG data and corresponding diagnostic results from the last examinations were utilized for these selected individuals.

Sample Characteristics

In this study, a total of 65,869 cases were employed for model training and validation. Additionally, 12,000 cases were utilized to form the internal test set, and two external test sets comprise 7,137 and 8,121 cases, respectively. We presented the demographic and clinical characteristics of these cohorts in Table S1, which provides a summary of distributions in term of age, sex, ECG features, and CHD subtypes. Basic demographic features such as age and sex showed good consistency across four different cohorts. Significant difference of CHD diagnostic types from two externally independent test sets gives us the possibility to more broadly validate the CHDdECG model.

Formulas for Computing the Human Knowledge Features

A total of 114 clinically useful human-concept features were computed to present human knowledge. The detailed formulas for these 114 features were listed in Table S2.

Model Performance Comparison

We compared the model performances of our proposed CHDdECG with other models, including 1D convolutional neural network (CNN) following the setting of Hannun's work¹, long-short term memory (LSTM)² with default hyperparameters, k -nearest neighboring classifier ($k = 2$), and carefully tuned XGboost model³ and random forest model (RF)⁴. Since these models are designed to use single feature type, the 1D CNN and LSTM were fed with ECG signals after the pre-processing. While the k -NN, XGboost and random forest models are conducted on human knowledge features in the tabular data format. The performances measured by ROC-AUC and PR-AUC are reported in Table S3 and Table S4. All of these results indicate that our proposed CHDdECG outperforms other AI approaches by considerable margins.

Comparative Impact Study of Feature Types

The proposed CHDdECG utilizes three feature types for comprehensive prediction. In this study, we conducted comparative experiments on the test set to examine the contributions of various feature types in deploying CHDdECG, using all or parts of the feature types. The results are illustrated in Figure S1, which demonstrate that the model using all three feature types performs best in general. Specifically, the recall rate is critical in CHD detection, and we observed that CHDdECG using all three feature types achieves considerably better recall rates than other settings. Additionally, it is noteworthy that the model performances with only wave features, clinical features, or ECG signals are all not too bad, suggesting that all three feature

types are informative. It is also observed that the model using only ECG signals outperforms the model using only clinical features, which further outperforms the model using only wavelet features.

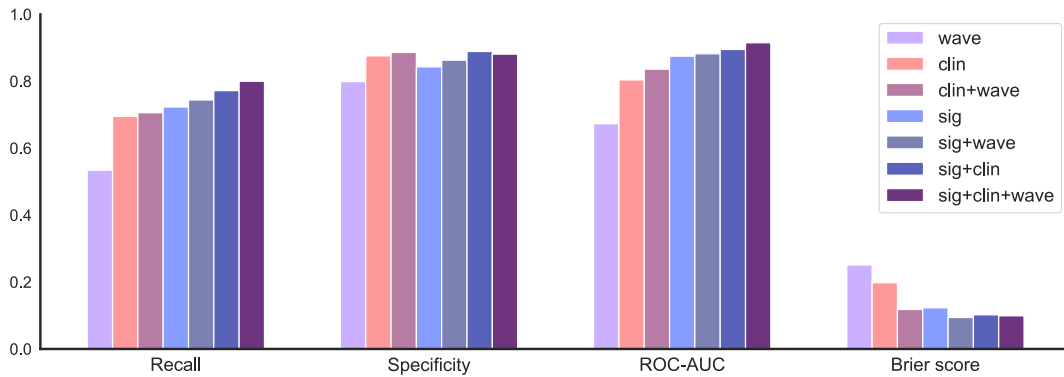


Figure S1. An illustration of ablation study results, measured by recall (\uparrow), specificity (\uparrow), ROC-AUC (\uparrow), brier score (\downarrow). The legend indicates the used feature types in comparison, where “sig”, “clin”, and “wave” denote “ECG signals”, “clinical features”, and “wavelet features”, respectively.

Individual Stratification Characteristics and Stratified Performance Verification

The CHDdECG’s performance was checked further in terms of stratification by patient age, sex, and heart rates (see Table S5). On the internal and two external test sets, the CHDdECG model consistently excels across sex, age, and heart rate stratifications, demonstrating a uniform and robust level of effectiveness in diverse characteristics.

Net Reclassification Index (NRI) Analysis

As shown in Figure S2(a), the NRI scores of the CHDdECG model and cardiologists assisted by CHDdECG identified activated segments, compared with the performance of cardiologists without any assistance as the benchmark, indicate that CHDdECG demonstrates superior CHD detection capabilities in comparison to cardiologists and demonstrated that CHDdECG has the potential to enhance the diagnostic performance of cardiologists. The NRI(+) and NRI(-) scores are depicted in Figure S2 (b) and (c), respectively. NRI(+) scores reveal a significant contribution in enhancing the NRI values. Combined with the marginal NRI(-) scores, NRI analysis suggests that the high performance of CHDdECG is predominantly attributed to its proficiency in identifying CHD cases (increased sensitivity).

References

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3. Chen, T. & Guestrin, C. Xgboost: A scalable tree boosting system. In *ACM SigKDD International Conference on Knowledge Discovery and Data Mining* (2016).
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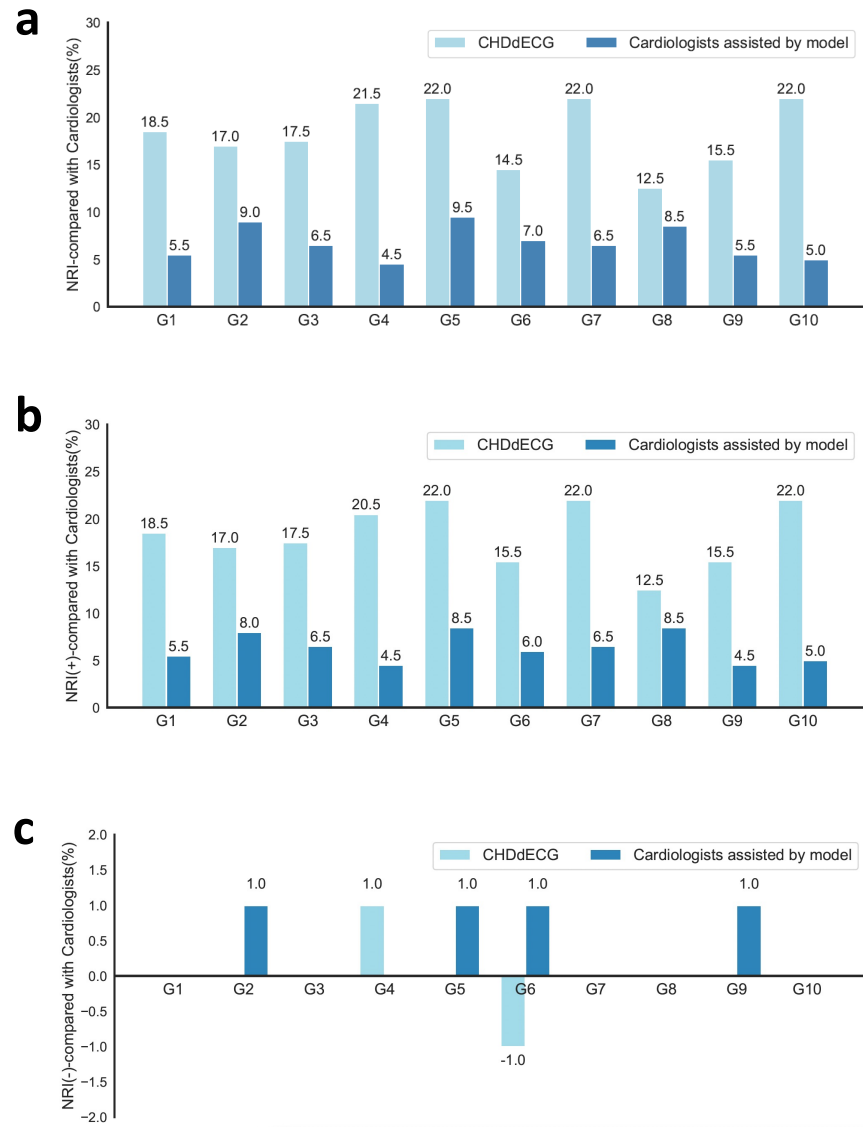


Figure S2. (a) illustrated NRI of CHDdECG and cardiologists assisted by CHDdECG, compared with cardiologists without any assistance as benchmark, across 10 randomly sampled test data groups from the Center-A test set. (b) and (c) illustrated the corresponding NRI(+) and NRI(-).

| Characteristics | | Training & validation set from Center-A | Test set from Center-A | External test set from Center-B | External test set from Center-C |
|-------------------------------------------|--------------------------------------------------------|-----------------------------------------|------------------------|---------------------------------|---------------------------------|
| Age (years): | | 2.12 ± 1.50 | 2.13±1.23 | 1.55±1.04 | 1.95±1.17 |
| Sex (sample count (proportion)): | | | | | |
| | Male | 41996 (63.8%) | 7758 (64.65%) | 3679 (51.55%) | 4398 (54.16%) |
| | Female | 23873 (36.2%) | 4242 (35.35%) | 3458 (48.45%) | 3723 (45.84%) |
| ECG Features (mean ± std): | | | | | |
| | P wave apex values of lead I (uV) | 47.2±30.6 | 47.4±30.8 | 40.4±24.8 | 63.6±42.2 |
| | P wave apex values of lead II (uV) | 47.2±28.5 | 47.2±29.2 | 42.1±24.1 | 66±46.3 |
| | P wave apex values of lead III (uV) | 32.7±24.9 | 32.3±25 | 28.4±20.3 | 43.9±36.2 |
| | P wave apex values of lead aVR (uV) | 62.9±25.3 | 63±25.7 | 59±21.6 | 84.7±45 |
| | P wave apex values of lead aVL (uV) | 35±27.3 | 34.8±27.5 | 29.8±21.4 | 46.4±35.4 |
| | P wave apex values of lead aVF (uV) | 35.8±25.3 | 35.2±24.9 | 31.9±21.4 | 48.4±37.8 |
| | P wave apex values of lead V1 (uV) | 69.7±30.8 | 70.2±30.9 | 62.9±26.1 | 85±42.5 |
| | P wave apex values of lead V3 (uV) | 53.7±48.8 | 53.4±48.7 | 23.9±45.4 | 63.1±60.4 |
| | P wave apex values of lead V5 (uV) | 19.7±55.4 | 19.8±55.5 | 5.7±42.6 | 25.1±63.7 |
| | Q wave apex values of lead I (uV) | -67.8±35.7 | -68±36 | -58.7±27.1 | -85.3±51.7 |
| | Q wave apex values of lead II (uV) | -111.7±48.8 | -112.4±49.4 | -111.1±45.2 | -138.3±70.9 |
| | Q wave apex values of lead III (uV) | -117±74.8 | -118.5±75.4 | -112.3±68.4 | -153.4±116.3 |
| | Q wave apex values of lead aVR (uV) | -223.1±116.7 | -221.2±115.9 | -204.2±108.9 | -433.3±352.5 |
| | Q wave apex values of lead aVL (uV) | -46.1±37.6 | -45±36.2 | -35.3±24.9 | -57.6±52.4 |
| | Q wave apex values of lead aVF (uV) | -102.4±56.7 | -103.2±57.6 | -102.4±53.8 | -125.9±77.4 |
| | Q wave apex values of lead V1 (uV) | -48.8±39.2 | -48.2±39.5 | -39.7±30.1 | -63.8±55.4 |
| | Q wave apex values of lead V3 (uV) | -100.8±56.5 | -101.3±57.2 | -111.5±50.8 | -123.2±79.4 |
| | Q wave apex values of lead V5 (uV) | -148.9±71 | -148.7±70.3 | -128±53.4 | -180.7±97.1 |
| | R wave apex values of lead I (uV) | 267.4±109.4 | 269.4±111.4 | 222.1±90.8 | 448.7±309.9 |
| | R wave apex values of lead II (uV) | 399.3±148.3 | 400±149.7 | 376.2±142.6 | 628.4±388.1 |
| | R wave apex values of lead III (uV) | 323.3±160.7 | 325.5±161.6 | 301±149.2 | 454.2±388.1 |
| | R wave apex values of lead aVR (uV) | 180.5±75.5 | 181±76.9 | 150.6±53.6 | 294.9±194.6 |
| | R wave apex values of lead aVL (uV) | 174.7±89.4 | 175.9±90.1 | 135.4±62.5 | 272.6±195.5 |
| | R wave apex values of lead aVF (uV) | 335.2±148 | 336.1±149 | 318.1±140.8 | 487.5±298 |
| | R wave apex values of lead V1 (uV) | 435.9±180.3 | 438.1±181.4 | 430±166.6 | 610.4±374.4 |
| | R wave apex values of lead V3 (uV) | 770.2±230.5 | 771.1±228.4 | 789±222.5 | 1261.3±803.1 |
| | R wave apex values of lead V5 (uV) | 653.5±229.9 | 650.1±226.2 | 533±186 | 1048.4±672.5 |
| | S wave apex values of lead I (uV) | -171.4±90.9 | -171.2±90.6 | -154.7±76.8 | -285.6±225.4 |
| | S wave apex values of lead II (uV) | -150.7±62.8 | -149.9±62.4 | -138.8±54.6 | -265.6±195.9 |
| | S wave apex values of lead III (uV) | -77.7±39.8 | -77.5±40.6 | -69±31.4 | -128.8±96.2 |
| | S wave apex values of lead aVR (uV) | -72.8±91.7 | -74.6±92 | -63.8±81.8 | -65.2±85.3 |
| | S wave apex values of lead aVL (uV) | -166.1±111 | -167.6±112 | -159.6±102.4 | -241.8±200.4 |
| | S wave apex values of lead aVF (uV) | -102.5±45.2 | -102±45 | -93.7±38.1 | -174.3±128 |
| | S wave apex values of lead V1 (uV) | -337.8±187.7 | -340.1±189.2 | -325.5±169.3 | -443.7±289.5 |
| | S wave apex values of lead V3 (uV) | -573.7±255 | -571.1±252.2 | -505.5±214.5 | -931.6±656 |
| | S wave apex values of lead V5 (uV) | -281.3±126.2 | -280.4±125.2 | -224.5±89.2 | -489.9±374 |
| | T wave apex values of lead I (uV) | 78.3±42.4 | 77.9±42.5 | 66.8±38.2 | 107.2±62 |
| | T wave apex values of lead II (uV) | 90±43.4 | 90.2±43.8 | 81.7±40 | 120.1±67.2 |
| | T wave apex values of lead III (uV) | 29±29.5 | 29.1±30.2 | 20.7±24.1 | 46.7±48.3 |
| | T wave apex values of lead aVR (uV) | 45±28.5 | 45±28.6 | 38.7±24.8 | 60.3±36 |
| | T wave apex values of lead aVL (uV) | 44.5±27.4 | 44.3±27.1 | 35±19.1 | 67.9±48.5 |
| | T wave apex values of lead aVF (uV) | 53.4±33.7 | 53.4±33.9 | 46.4±29.5 | 75.3±52.4 |
| | T wave apex values of lead V1 (uV) | 55±43.9 | 54.7±44.8 | 41±42.2 | 78±66 |
| | T wave apex values of lead V3 (uV) | 84.8±54.8 | 84.1±55.4 | 81.6±53.4 | 125.6±93.3 |
| | T wave apex values of lead V5 (uV) | 124.4±74.2 | 124.7±73.9 | 107.6±59.1 | 163.5±96.7 |
| | P-P interval duration (ms) | 488±99.8 | 487.2±100.2 | 447.6±82.6 | 505.6±113.8 |
| | QRS complex duration (ms) | 168±40.2 | 169±40.8 | 163.8±38 | 148.4±45 |
| | R-R interval duration (ms) | 488.4±100.2 | 486.8±99.8 | 447±81.8 | 505.6±113.8 |
| | S-T interval duration (ms) | 127±43 | 126.4±43.2 | 135.6±40.4 | 151.2±55.6 |
| | ST segment duration (ms) | 44.8±31.4 | 44.2±31.4 | 20.8±15.8 | 46.2±28.6 |
| | Q-T interval duration (ms) | 297.8±36.2 | 298.2±37.4 | 303±32.8 | 302.4±38.6 |
| | P-R interval duration (ms) | 77.6±29.2 | 78.4±29.6 | 89.2±29.4 | 88.6±35.6 |
| | PR segment duration (ms) | 25±16.6 | 25±16.6 | 15.4±13 | 25±16.6 |
| | T-T interval duration (ms) | 488±99.4 | 487±99.4 | 446.8±81.6 | 505.2±113.4 |
| | duration of P wave (ms) | 58.4±27.8 | 58.8±27.8 | 87.8±28.6 | 67.6±29.8 |
| | duration of T wave (ms) | 87.6±18.6 | 87.6±18.6 | 128.6±25.2 | 107.8±36.6 |
| CHD subtypes (sample count (proportion)): | | | | | |
| | Atrial septal defect | 1311 (12%) | 248 (12.2%) | 85 (28.3%) | 1315 (52.2%) |
| | Patent ductus arteriosus | 7106 (6.5%) | 136 (6.7%) | 36 (12%) | 199 (7.9%) |
| | Anomalous origin of a coronary artery | 68 (0.6%) | 18 (0.9%) | / | 15 (0.6%) |
| | Ventricular septal defect | 3975 (36.4%) | 745 (36.6%) | 100 (33.3%) | 589 (23.4%) |
| | Coarctation of the aorta | 246 (2.3%) | 38 (1.9%) | / | 24 (1%) |
| | Total anomalous pulmonary venous connection | 141 (1.3%) | 17 (0.8%) | / | 9 (0.4%) |
| | dextro-Transposition of the great arteries | 270 (2.5%) | 43 (2.1%) | 2 (0.7%) | 11 (0.4%) |
| | Pulmonary atresia | 248 (2.3%) | 51 (2.5%) | 3 (1.0%) | 57 (2.3%) |
| | Single ventricle | 106 (1%) | 19 (0.9%) | / | 15 (0.6%) |
| | Tetralogy of fallot | 370 (3.4%) | 68 (3.3%) | / | 92 (3.6%) |
| | Atrioventricular septal defect | 169 (1.5%) | 40 (2.0%) | / | 18 (0.7%) |
| | Double-outlet right ventricle | 101 (0.9%) | 16 (0.8%) | 2 (0.7%) | 9 (0.4%) |
| | Congenital Mitral Valve Insufficiency | 34 (0.3%) | 10 (0.5%) | 2 (0.7%) | 8 (0.3%) |
| | Congenital Aortic Arch Disruption | 33 (0.3%) | 11 (0.5%) | / | 6 (0.2%) |
| | Tricuspid Atresia | 26 (0.2%) | 7 (0.3%) | / | / |
| | Common Arterial Trunk | 25 (0.2%) | 5 (0.2%) | 4 (1.3%) | / |
| | Congenital Aortic Valve Stenosis | 13 (0.1%) | 3 (0.1%) | / | 5 (0.2%) |
| | Ebstein's anomaly | 11 (0.1%) | 3 (0.1%) | / | 5 (0.2%) |
| | Congenital Tricuspid Valve Insufficiency | 12 (0.1%) | 2 (0.1%) | / | / |
| | double chamber right ventricle | 10 (0.1%) | 2 (0.1%) | / | 6 (0.2%) |
| | Coronary Artery to Right Ventricle Fistula | 8 (0.1%) | 2 (0.1%) | 2 (0.7%) | / |
| | Double Aortic Arch | 7 (0.1%) | 2 (0.1%) | / | 9 (0.4%) |
| | Congenital Coronary Artery Anomaly | 7 (0.1%) | 2 (0.1%) | / | / |
| | Congenital Tricuspid Valve Atresia | 6 (0.1%) | 2 (0.1%) | / | / |
| | Ventricular Noncompaction Cardiomyopathy | 6 (0.1%) | 2 (0.1%) | / | / |
| | Fallot's Pentalogy | 6 (0.1%) | 2 (0.1%) | / | 5 (0.2%) |
| | Coronary Artery to Right Atrium Fistula | 6 (0.1%) | 2 (0.1%) | / | 8 (0.3%) |
| | Congenital Coronary Artery to Pulmonary Artery Fistula | 6 (0.1%) | 2 (0.1%) | 2 (0.7%) | 9 (0.4%) |
| | unknown sub-types | 2996 (27.4%) | 540 (26.5%) | 62 (20.7%) | 107 (4.2%) |

Table S1. Demographic and clinical characteristics of cohorts. Values are represented in mean ± standard deviation (minimum–maximum) or count (proportion, %).

| Feature Definitions | Rule Formulas |
|-------------------------------------------------------|---------------------------------------------------------------|
| (1) mean value of P wave apex values, $\bar{V}(P)$ | $\bar{V}(P) = \sum_{i=1}^N V(P_i)/N$ |
| (2) mean value of Q wave apex values, $\bar{V}(Q)$ | $\bar{V}(Q) = \sum_{i=1}^N V(Q_i)/N$ |
| (3) mean value of R wave apex values, $\bar{V}(R)$ | $\bar{V}(R) = \sum_{i=1}^N V(R_i)/N$ |
| (4) mean value of S wave apex values, $\bar{V}(S)$ | $\bar{V}(S) = \sum_{i=1}^N V(S_i)/N$ |
| (5) mean value of T wave apex values, $\bar{V}(T)$ | $\bar{V}(T) = \sum_{i=1}^N V(T_i)/N$ |
| (6) ratio of $\bar{V}(P)$ to $\bar{V}(R)$ | $r(P R) = \bar{V}(P)/\bar{V}(R)$ |
| (7) ratio of $\bar{V}(R)$ to $\bar{V}(Q)$ | $r(R Q) = \bar{V}(R)/\bar{V}(Q)$ |
| (8) ratio of $\bar{V}(R)$ to $\bar{V}(S)$ | $r(R S) = \bar{V}(R)/\bar{V}(S)$ |
| (9) ratio of $\bar{V}(T)$ to $\bar{V}(P)$ | $r(T P) = \bar{V}(T)/\bar{V}(P)$ |
| (10) ratio of $\bar{V}(T)$ to $\bar{V}(R)$ | $r(T R) = \bar{V}(T)/\bar{V}(R)$ |
| (11) average duration of P wave, $\bar{i}(P)$ | $\bar{i}(P) = \sum_{i=1}^N (T(P_i^{(e)}) - T(P_i^{(o)}))/N$ |
| (12) average duration of T wave, $\bar{i}(T)$ | $\bar{i}(T) = \sum_{i=1}^N (T(T_i^{(e)}) - T(T_i^{(o)}))/N$ |
| (13) average QRS complex duration, $\bar{i}(QRS)$ | $\bar{i}(QRS) = \sum_{i=1}^N (T(S_i^{(e)}) - T(Q_i^{(o)}))/N$ |
| (14) average S-T interval duration, $\bar{i}(S-T)$ | $\bar{i}(S-T) = \sum_{i=1}^N (T(T_i^{(e)}) - T(S_i^{(o)}))/N$ |
| (15) average ST segment duration, $\bar{i}(ST)$ | $\bar{i}(ST) = \sum_{i=1}^N (T(T_i^{(o)}) - T(S_i^{(e)}))/N$ |
| (16) average Q-T interval duration, $\bar{i}(Q-T)$ | $\bar{i}(Q-T) = \sum_{i=1}^N (T(T_i^{(e)}) - T(Q_i^{(o)}))/N$ |
| (17) average P-R interval duration, $\bar{i}(P-R)$ | $\bar{i}(P-R) = \sum_{i=1}^N (T(Q_i^{(o)}) - T(P_i^{(o)}))/N$ |
| (18) average duration of PR segment, $\bar{i}(PR)$ | $\bar{i}(PR) = \sum_{i=1}^N (T(Q_i^{(o)}) - T(P_i^{(e)}))/N$ |
| (19) average P-P interval duration, $\bar{i}(P-P)$ | $\bar{i}(P-P) = \sum_{i=2}^N (T(P_i) - T(P_{i-1}))/N$ |
| (20) average R-R interval duration, $\bar{i}(R-R)$ | $\bar{i}(R-R) = \sum_{i=2}^N (T(R_i) - T(R_{i-1}))/N$ |
| (21) average duration of T-T interval, $\bar{i}(T-T)$ | $\bar{i}(T-T) = \sum_{i=2}^N (T(T_i) - T(T_{i-1}))/N$ |
| (22) ratio of $\bar{i}(P)$ to $\bar{i}(P-R)$ | $r(P P-R) = \bar{i}(P)/\bar{i}(P-R)$ |
| (23) ratio of $\bar{i}(P)$ to $\bar{i}(PR)$ | $r(P PR) = \bar{i}(P)/\bar{i}(PR)$ |
| (24) ratio of $\bar{i}(T)$ to $\bar{i}(S-T)$ | $r(T S-T) = \bar{i}(T)/\bar{i}(S-T)$ |
| (25) ratio of $\bar{i}(T)$ to $\bar{i}(ST)$ | $r(T ST) = \bar{i}(T)/\bar{i}(ST)$ |
| (26) ratio of $\bar{i}(T)$ to $\bar{i}(Q-T)$ | $r(T Q-T) = \bar{i}(T)/\bar{i}(Q-T)$ |
| (27) ratio of $\bar{i}(QRS)$ to $\bar{i}(S-T)$ | $r(QRS S-T) = \bar{i}(QRS)/\bar{i}(S-T)$ |
| (28) ratio of $\bar{i}(QRS)$ to $\bar{i}(Q-T)$ | $r(QRS Q-T) = \bar{i}(QRS)/\bar{i}(Q-T)$ |
| (29) ratio of $\bar{i}(S-T)$ to $\bar{i}(Q-T)$ | $r(S-T Q-T) = \bar{i}(S-T)/\bar{i}(Q-T)$ |
| (30) ratio of $\bar{i}(ST)$ to $\bar{i}(S-T)$ | $r(ST S-T) = \bar{i}(ST)/\bar{i}(S-T)$ |
| (31) ratio of $\bar{i}(P-R)$ to $\bar{i}(QRS)$ | $r(P-R QRS) = \bar{i}(P-R)/\bar{i}(QRS)$ |
| (32) ratio of $\bar{i}(P-P)$ to $\bar{i}(R-R)$ | $r(P-P R-R) = \bar{i}(P-P)/\bar{i}(R-R)$ |
| (33) ratio of $\bar{i}(P-P)$ to $\bar{i}(T-T)$ | $r(P-P T-T) = \bar{i}(P-P)/\bar{i}(T-T)$ |
| (34) ratio of $\bar{i}(R-R)$ to $\bar{i}(T-T)$ | $r(R-R T-T) = \bar{i}(R-R)/\bar{i}(T-T)$ |

Table S2. Definitions of the hand-crafted features and their corresponding formulas for computing these features representing expert knowledge for ECG analysis. The features indexed from (1) to (10) were defined on the 9 individual lead signals, and thus 90 ($= 10 \times 9$) scalar features were obtained. The remaining 24 features (from (11) to (34)) were associated with the recording time (i.e., position in the temporal dimension) when the key points of segments occurred. The functions $T(X^{(o)})$ and $T(X^{(e)})$ ($X \in \{P, Q, R, S, T\}$) respectively returned the onset time point and end time point of the segment X, and $T(X)$ without a superscript returned the time when the wave apex occurred. The function $V(X)$ returned the voltage value of the segment X. The subscript i of a segment X indicated at which cardiac cycle the segment X located, and N indicated the amount of complete cardiac cycles that the input ECG data contained.

| Internal Test Set from Center-A | | | | | | |
|---------------------------------------------|---------|-------|-------|--------------|-------|---------|
| CHD Subtypes | CHDdECG | CNN | LSTM | <i>k</i> -NN | RF | Xgboost |
| Atrial septal defect | 0.835 | 0.793 | 0.815 | 0.721 | 0.804 | 0.819 |
| Patent ductus arteriosus | 0.856 | 0.799 | 0.835 | 0.756 | 0.789 | 0.803 |
| Anomalous origin of a coronary artery | 0.894 | 0.886 | 0.852 | 0.796 | 0.815 | 0.901 |
| Ventricular septal defect | 0.920 | 0.912 | 0.905 | 0.806 | 0.855 | 0.899 |
| Coarctation of the aorta | 0.935 | 0.915 | 0.930 | 0.816 | 0.861 | 0.923 |
| Total anomalous pulmonary venous connection | 0.944 | 0.920 | 0.925 | 0.831 | 0.886 | 0.930 |
| dextro-Transposition of the great arteries | 0.929 | 0.891 | 0.912 | 0.795 | 0.849 | 0.899 |
| Pulmonary atresia | 0.985 | 0.952 | 0.961 | 0.864 | 0.912 | 0.967 |
| Single ventricle | 0.985 | 0.960 | 0.966 | 0.897 | 0.932 | 0.990 |
| Tetralogy of fallot | 0.987 | 0.957 | 0.972 | 0.883 | 0.942 | 0.989 |
| Atrioventricular septal defect | 0.991 | 0.984 | 0.979 | 0.868 | 0.937 | 0.985 |
| Double-outlet right ventricle | 0.992 | 0.981 | 0.970 | 0.872 | 0.955 | 0.982 |
| CHD (subtypes not distinguished) | 0.915 | 0.875 | 0.882 | 0.777 | 0.851 | 0.906 |

| External Test Set from Center-B | | | | | | |
|----------------------------------|---------|-------|-------|--------------|-------|---------|
| CHD Subtypes | CHDdECG | CNN | LSTM | <i>k</i> -NN | RF | Xgboost |
| Atrial septal defect | 0.926 | 0.887 | 0.897 | 0.801 | 0.873 | 0.887 |
| Patent ductus arteriosus | 0.889 | 0.862 | 0.881 | 0.738 | 0.823 | 0.891 |
| Ventricular septal defect | 0.918 | 0.903 | 0.898 | 0.797 | 0.835 | 0.912 |
| CHD (subtypes not distinguished) | 0.917 | 0.868 | 0.873 | 0.754 | 0.861 | 0.889 |

| External Test Set from Center-C | | | | | | |
|---------------------------------------|---------|-------|-------|--------------|-------|---------|
| CHD Subtypes | CHDdECG | CNN | LSTM | <i>k</i> -NN | RF | Xgboost |
| Atrial septal defect | 0.916 | 0.903 | 0.875 | 0.821 | 0.889 | 0.879 |
| Patent ductus arteriosus | 0.904 | 0.786 | 0.815 | 0.706 | 0.853 | 0.853 |
| Anomalous origin of a coronary artery | 0.876 | 0.843 | 0.791 | 0.715 | 0.801 | 0.912 |
| Ventricular septal defect | 0.913 | 0.917 | 0.883 | 0.821 | 0.843 | 0.928 |
| Coarctation of the aorta | 0.859 | 0.801 | 0.856 | 0.791 | 0.782 | 0.885 |
| Pulmonary atresia | 0.906 | 0.863 | 0.891 | 0.815 | 0.863 | 0.983 |
| Single ventricle | 0.929 | 0.891 | 0.913 | 0.833 | 0.875 | 0.935 |
| Tetralogy of fallot | 0.939 | 0.875 | 0.905 | 0.874 | 0.852 | 0.912 |
| Atrioventricular septal defect | 0.909 | 0.892 | 0.876 | 0.881 | 0.790 | 0.871 |
| CHD (subtypes not distinguished) | 0.907 | 0.879 | 0.886 | 0.781 | 0.833 | 0.891 |

Table S3. Classification performances measured by “ROC-AUC” on internal and external test sets.

| Internal Test Set from Center-A | | | | | | |
|---------------------------------------------|---------|-------|-------|--------------|-------|---------|
| CHD Subtypes | CHDdECG | CNN | LSTM | <i>k</i> -NN | RF | Xgboost |
| Atrial septal defect | 0.130 | 0.088 | 0.128 | 0.097 | 0.132 | 0.073 |
| Patent ductus arteriosus | 0.063 | 0.028 | 0.066 | 0.032 | 0.084 | 0.067 |
| Anomalous origin of a coronary artery | 0.027 | 0.020 | 0.025 | 0.027 | 0.020 | 0.011 |
| Ventricular septal defect | 0.540 | 0.362 | 0.346 | 0.141 | 0.291 | 0.395 |
| Coarctation of the aorta | 0.080 | 0.053 | 0.062 | 0.041 | 0.074 | 0.047 |
| Total anomalous pulmonary venous connection | 0.054 | 0.035 | 0.063 | 0.056 | 0.050 | 0.046 |
| dextro-Transposition of the great arteries | 0.096 | 0.038 | 0.071 | 0.065 | 0.043 | 0.023 |
| Pulmonary atresia | 0.233 | 0.136 | 0.148 | 0.113 | 0.157 | 0.133 |
| Single ventricle | 0.082 | 0.052 | 0.047 | 0.050 | 0.058 | 0.083 |
| Tetralogy of fallot | 0.361 | 0.223 | 0.241 | 0.014 | 0.320 | 0.242 |
| Atrioventricular septal defect | 0.241 | 0.152 | 0.175 | 0.096 | 0.173 | 0.049 |
| Double-outlet right ventricle | 0.160 | 0.166 | 0.085 | 0.071 | 0.066 | 0.102 |
| CHD (subtypes not distinguished) | 0.721 | 0.663 | 0.692 | 0.270 | 0.652 | 0.586 |

| External Test Set from Center-B | | | | | | |
|----------------------------------|---------|-------|-------|--------------|-------|---------|
| CHD Subtypes | CHDdECG | CNN | LSTM | <i>k</i> -NN | RF | Xgboost |
| Atrial septal defect | 0.264 | 0.278 | 0.218 | 0.091 | 0.221 | 0.221 |
| Patent ductus arteriosus | 0.114 | 0.092 | 0.094 | 0.041 | 0.144 | 0.152 |
| Ventricular septal defect | 0.288 | 0.256 | 0.197 | 0.079 | 0.202 | 0.266 |
| CHD (subtypes not distinguished) | 0.464 | 0.424 | 0.413 | 0.132 | 0.412 | 0.461 |

| External Test Set from Center-C | | | | | | |
|---------------------------------------|---------|-------|-------|--------------|-------|---------|
| CHD Subtypes | CHDdECG | CNN | LSTM | <i>k</i> -NN | RF | Xgboost |
| Atrial septal defect | 0.717 | 0.665 | 0.686 | 0.501 | 0.696 | 0.585 |
| Patent ductus arteriosus | 0.303 | 0.265 | 0.291 | 0.128 | 0.252 | 0.208 |
| Anomalous origin of a coronary artery | 0.043 | 0.056 | 0.096 | 0.105 | 0.065 | 0.043 |
| Ventricular septal defect | 0.531 | 0.492 | 0.398 | 0.286 | 0.431 | 0.436 |
| Coarctation of the aorta | 0.035 | 0.085 | 0.071 | 0.028 | 0.021 | 0.014 |
| Pulmonary atresia | 0.119 | 0.103 | 0.148 | 0.103 | 0.096 | 0.103 |
| Single ventricle | 0.097 | 0.090 | 0.062 | 0.065 | 0.102 | 0.082 |
| Tetralogy of fallot | 0.388 | 0.312 | 0.343 | 0.193 | 0.298 | 0.395 |
| Atrioventricular septal defect | 0.060 | 0.057 | 0.035 | 0.047 | 0.028 | 0.041 |
| CHD (subtypes not distinguished) | 0.815 | 0.698 | 0.732 | 0.480 | 0.682 | 0.610 |

Table S4. Classification performances measured by “PR-AUC” on internal and external test sets.

| Internal Test Set from Center-A | | | | | | | | |
|---------------------------------|----------------|-------|--------|---------|--------|-------|-------|--------|
| Characteristic | Stratification | Count | Prop | ROC-AUC | PR-AUC | Spec | Sens | Brier |
| Sex | male | 7758 | 64.65% | 0.931 | 0.764 | 0.907 | 0.805 | 0.0837 |
| | female | 4242 | 35.35% | 0.918 | 0.764 | 0.904 | 0.791 | 0.0887 |
| Age (year) | < 1 | 2876 | 23.97% | 0.936 | 0.773 | 0.894 | 0.824 | 0.0873 |
| | 1-2 | 2648 | 22.07% | 0.922 | 0.785 | 0.917 | 0.797 | 0.0826 |
| | 2-3 | 1829 | 15.24% | 0.907 | 0.719 | 0.911 | 0.755 | 0.0896 |
| | 3-4 | 4647 | 38.73% | 0.931 | 0.768 | 0.904 | 0.805 | 0.0844 |
| Heart rate (bpm) | < 60 | 233 | 1.94% | 0.954 | 0.643 | 0.915 | 0.844 | 0.0731 |
| | 60-80 | 336 | 2.80% | 0.892 | 0.737 | 0.855 | 0.803 | 0.1248 |
| | 81-100 | 1651 | 13.76% | 0.898 | 0.699 | 0.853 | 0.781 | 0.1158 |
| | 101-120 | 2982 | 24.85% | 0.921 | 0.764 | 0.906 | 0.793 | 0.0855 |
| | 121-140 | 3035 | 25.29% | 0.935 | 0.783 | 0.916 | 0.803 | 0.0800 |
| | 141-160 | 2442 | 20.35% | 0.935 | 0.798 | 0.924 | 0.824 | 0.0722 |
| | > 160 | 1321 | 11.01% | 0.934 | 0.758 | 0.920 | 0.781 | 0.0769 |

| External Test Set from Center-B | | | | | | | | |
|---------------------------------|----------------|-------|--------|---------|--------|-------|-------|--------|
| Characteristic | Stratification | Count | Prop | ROC-AUC | PR-AUC | Spec | Sens | Brier |
| Sex | male | 3679 | 51.55% | 0.929 | 0.487 | 0.933 | 0.803 | 0.0576 |
| | female | 3458 | 48.45% | 0.902 | 0.446 | 0.940 | 0.732 | 0.0562 |
| Age (year) | < 1 | 2171 | 35.46% | 0.949 | 0.479 | 0.937 | 0.819 | 0.0542 |
| | 1-2 | 1871 | 24.93% | 0.903 | 0.429 | 0.932 | 0.705 | 0.0607 |
| | 2-3 | 1998 | 21.27% | 0.905 | 0.525 | 0.943 | 0.754 | 0.0545 |
| | 3-4 | 2081 | 18.34% | 0.897 | 0.460 | 0.935 | 0.794 | 0.0596 |
| Heart rate (bpm) | < 60 | 99 | 0.21% | 0.923 | 0.417 | 0.923 | 1.000 | 0.0808 |
| | 60-80 | 338 | 1.61% | 0.896 | 0.817 | 0.921 | 0.564 | 0.1294 |
| | 81-100 | 1502 | 7.97% | 0.892 | 0.491 | 0.937 | 0.714 | 0.0649 |
| | 101-120 | 2022 | 17.46% | 0.898 | 0.495 | 0.934 | 0.746 | 0.0619 |
| | 121-140 | 1813 | 27.03% | 0.938 | 0.472 | 0.938 | 0.883 | 0.0551 |
| | 141-160 | 1463 | 27.84% | 0.925 | 0.434 | 0.935 | 0.800 | 0.0528 |
| | > 160 | 884 | 17.88% | 0.925 | 0.480 | 0.941 | 0.844 | 0.0506 |

| External Test Set from Center-C | | | | | | | | |
|---------------------------------|----------------|-------|--------|---------|--------|-------|-------|--------|
| Characteristic | Stratification | Count | Prop | ROC-AUC | PR-AUC | Spec | Sens | Brier |
| Sex | male | 4398 | 54.16% | 0.903 | 0.802 | 0.906 | 0.776 | 0.1086 |
| | female | 3723 | 45.84% | 0.913 | 0.832 | 0.908 | 0.798 | 0.0993 |
| Age (year) | < 1 | 2171 | 26.73% | 0.900 | 0.812 | 0.906 | 0.792 | 0.1066 |
| | 1-2 | 1871 | 23.04% | 0.907 | 0.810 | 0.897 | 0.786 | 0.1058 |
| | 2-3 | 1998 | 24.60% | 0.907 | 0.803 | 0.903 | 0.787 | 0.1051 |
| | 3-4 | 2081 | 25.62% | 0.916 | 0.833 | 0.921 | 0.777 | 0.0999 |
| Heart rate (bpm) | < 60 | 99 | 1.22% | 0.843 | 0.547 | 0.851 | 0.800 | 0.1030 |
| | 60-80 | 338 | 4.16% | 0.885 | 0.848 | 0.774 | 0.885 | 0.1330 |
| | 81-100 | 1502 | 18.50% | 0.898 | 0.867 | 0.876 | 0.823 | 0.1204 |
| | 101-120 | 2022 | 24.90% | 0.909 | 0.812 | 0.913 | 0.794 | 0.0951 |
| | 121-140 | 1813 | 22.32% | 0.898 | 0.751 | 0.913 | 0.742 | 0.1037 |
| | 141-160 | 1463 | 18.02% | 0.912 | 0.799 | 0.921 | 0.762 | 0.0995 |
| | > 160 | 884 | 10.89% | 0.917 | 0.848 | 0.944 | 0.730 | 0.0966 |

Table S5. Stratification analyses of individuals and CHDdECG's detection effect verification on an internal and two external test sets. ROC-AUC: receiver operating characteristic – area under the curve; PR-AUC: precision-recall – area under the curve; Spec: specificity; Sens: sensitivity; Brier: brier score.