CORRECTIONS


A research group at the Epidemiology Branch, National Institute of Environmental Health Sciences, Research Triangle Park, NC, recently identified a coding error that had existed in a study dataset for 5 years and that led to errors in several publications, including 2 in the Journal. Within the LIFECODES birth cohort, fetal sex was reverse-coded, so that any results stated as representing female fetuses actually represented male fetuses and vice versa.

The group’s paper published in AJOG in February 2015 examined the association between urinary oxidative stress measures in pregnancy and preterm birth. Table 1 (page 208.e3) displays the number and percentage of the study population that was term, preterm, spontaneous preterm, or placental preterm in relation to 9 characteristics, all maternal except the eighth, “Gender.” In this section, the coding error caused the labeling of the subcategories “Male” and “Female” to be reversed.

The group’s paper published in AJOG in May 2017 examined the association between urinary oxidative stress biomarkers and plasma inflammation markers in relation to preeclampsia. Table 1 (page 527.e2) displays the number and percentage of the study population that was normotensive or preeclamptic in relation to 11 characteristics, all maternal except the 11th: fetal sex. The rows “Male” and “Female” under “Fetal sex” were mislabeled and should be reversed.

In the May 2017 article, the first sentence under “Results” (page 527.e4, column 3) reads: “In the present study population, women who experienced preeclampsia were more likely to be obese (body mass index [BMI], >30 kg/m2) at the first study visit, to have used assisted reproductive technology (ART) to get pregnant, to deliver preterm, and to be carrying a male fetus (Table 1).” The sentence should have concluded: “to be carrying a female fetus (Table 1).”