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).”

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In an original research article published in the February 2019 issue of the Journal, the full name of a 2016 National Health Service cohort study conducted in 7 maternity hospitals in England was spelled out incorrectly. The correct name of the study, abbreviated “SPREE,” is Screening Program for Preeclampsia, not, as published, Superior Province Rifting EarthScope Experiment.

The incorrect full name of the study appears once in the text (column 3, page 199.e2) and is repeated in column headings, section identification, keys, and/or labels in Tables 1 and 2 (pages 199.e3 and 199.e4), Figure 1 (page 199.e5), and online-only Supplemental Figures 1, 2, and 3 (pages 199.e10, 199.e11, and 199.e12). The abbreviation is used as a label in graphs, but is not spelled out, in Figure 2 and in online-only Supplemental Figures 4, 5, and 6.

In addition, 2 items under “Author and article information” (page 199.e9) require amplification.

First, to the published academic affiliation of the fourth-named author, Liona C. Poon, MD, the following should be appended: “Department of Obstetrics and Gynecology, The Chinese University of Hong Kong, Hong Kong, People’s Republic of China.”

Second, a full description of support for the study reads as follows:

“This study was supported by grants from the National Institute for Health Research Efficacy and Mechanism Evaluation (NIHR EME) Program (14/01/02), an MRC—NIHR partnership; the Fetal Medicine Foundation (UK Charity No. 1037116); and NIHR Collaboration for Leadership in Applied Health Research and Care South London at King’s College Hospital NHS Foundation Trust, London, UK. The views expressed are the authors’ and do not necessarily reflect those of the MRC, NHS, NIHR, or Department of Health.

“Reagents and equipment for the measurement of serum placental growth factor were provided gratis by PerkinElmer Life and Analytical Sciences and Thermo Fisher Scientific, both in Waltham, MA, which were not involved in the study design; the collection, analysis, or interpretation of data; the writing of the report; or the decision to submit the article for publication.”