Correction: Induction of labour versus expectant monitoring for gestational hypertension or mild pre-eclampsia between 34 and 37 weeks’ gestation (HYPITAT-II)
Broekhuijsen, Kim; Langenveld, Josje; van Baaren, Gert-Jan; van Pampus, Marielle G.; van Kaam, Anton H.; Groen, Henk; Porath, Martina; Franssen, Maureen T. M.; Mol, Ben W.; HYPITAT-II Study Grp
Published in:
BMC Pregnancy and Childbirth

DOI:

IMPORTANT NOTE: You are advised to consult the publisher's version (publisher's PDF) if you wish to cite from it. Please check the document version below.

Document Version
Publisher's PDF, also known as Version of record

Publication date:
2013

Link to publication in University of Groningen/UMCG research database

Citation for published version (APA):

Copyright
Other than for strictly personal use, it is not permitted to download or to forward/distribute the text or part of it without the consent of the author(s) and/or copyright holder(s), unless the work is under an open content license (like Creative Commons).

The publication may also be distributed here under the terms of Article 25fa of the Dutch Copyright Act, indicated by the “Taverne” license. More information can be found on the University of Groningen website: https://www.rug.nl/library/open-access/self-archiving-pure/taverne-amendment.

Take-down policy
If you believe that this document breaches copyright please contact us providing details, and we will remove access to the work immediately and investigate your claim.
Correction: Induction of labour versus expectant monitoring for gestational hypertension or mild pre-eclampsia between 34 and 37 weeks’ gestation (HYPITAT-II): a multicentre, open-label randomised controlled trial

Kim Broekhuijsen1*, Josje Langenveld2, Gert-Jan van Baaren3, Mariëlle G van Pampus4, Anton H van Kaam3, Henk Groen5, Martina Porath6, Maureen TM Franssen1, Ben W Mol3 and HYPITAT-II study group

The earliest draft versions of the protocol for our study described the composite adverse maternal outcome as one or more of progression to severe disease, pulmonary edema, thrombo-embolic disease, HELLP syndrome, eclampsia, placental abruption or maternal death. However, there is ongoing debate as to whether progression to severe disease should be considered an adverse maternal outcome [1,2]. Therefore, after obtaining funding which enabled us to increase our sample size to the current sample size of 680, we decided to study a composite adverse maternal outcome excluding progression to severe disease. These changes were incorporated in the protocol as submitted to and approved by the institutional review board:* the current protocol is available from our website (http://www.studies-obsgyn.nl/hypitat2/page.asp?page_id=642). Unfortunately, the change to the maternal outcome definition was not incorporated into the published protocol, which incorrectly includes progression to severe disease in the composite adverse maternal outcome [3].

We also discovered minor differences between the published protocol and the IRB approved protocol. The definition for neonatal morbidity should have contained meconium aspiration syndrome, pneumothorax and/or pneumomediastinum, periventricular leukomalacia, convulsions and other neurological abnormalities. Finally, low 5-minute Apgar score should have been defined as below 7 (as opposed to below 3), and low umbilical artery pH as below 7.05 (as opposed to below 7.0).

These discrepancies were discovered and the correction submitted for publication during recruitment.

* Medical Ethics Committee, Academic Medical Centre, Amsterdam, the Netherlands (ref. 2008/244).

Author details
1 Department of Obstetrics and Gynecology, University of Groningen, University Medical Center Groningen, Groningen, The Netherlands.
2 Department of Obstetrics and Gynecology, Atrium Medical Center, Heerlen, The Netherlands.
3 Department of Obstetrics and Gynecology, Academic Medical Center, Amsterdam, The Netherlands.
4 Department Obstetrics and Gynecology, Onze Lieve Vrouwe Gasthuis, Amsterdam, The Netherlands.
5 Department of Epidemiology, University of Groningen, University Medical Center Groningen, Groningen, The Netherlands.
6 Department of Obstetrics and Gynecology, Maxima Medical Center, Veldhoven, The Netherlands.

Received: 24 January 2013 Accepted: 6 December 2013 Published: 23 December 2013

References


Cite this article as: Broekhuijsen et al.: Correction: Induction of labour versus expectant monitoring for gestational hypertension or mild pre-eclampsia between 34 and 37 weeks’ gestation (HYPITAT-II): a multicentre, open-label randomised controlled trial. BMC Pregnancy and Childbirth 2013 13:232.