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**CORRECTION**

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# 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 Broekhuijsen<sup>1\*</sup>, Josje Langenveld<sup>2</sup>, Gert-Jan van Baaren<sup>3</sup>, Mariëlle G van Pampus<sup>4</sup>, Anton H van Kaam<sup>3</sup>, Henk Groen<sup>5</sup>, Martina Porath<sup>6</sup>, Maureen TM Franssen<sup>1</sup>, Ben W Mol<sup>3</sup> 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](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 leucomalacia, 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

<sup>1</sup>Department of Obstetrics and Gynecology, University of Groningen, University Medical Center Groningen, Groningen, The Netherlands.

<sup>2</sup>Department of Obstetrics and Gynecology, Atrium Medical Center, Heerlen, The Netherlands. <sup>3</sup>Department of Obstetrics and Gynecology, Academic Medical Center, Amsterdam, The Netherlands. <sup>4</sup>Department Obstetrics and Gynecology, Onze Lieve Vrouwe Gasthuis, Amsterdam, The Netherlands.

<sup>5</sup>Department of Epidemiology, University of Groningen, University Medical Center Groningen, Groningen, The Netherlands. <sup>6</sup>Department of Obstetrics and Gynecology, Maxima Medical Center, Veldhoven, The Netherlands.

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\* Correspondence: kbroekhuijsen@gmail.com

<sup>1</sup>Department of Obstetrics and Gynecology, University of Groningen, University Medical Center Groningen, Groningen, The Netherlands  
Full list of author information is available at the end of the article