

PUBLISHED VERSION

Kim Broekhuijsen, Josje Langenveld, Gert-Jan van Baaren, Mariëlle G van Pampus, Anton H van Kaam, Henk Groen, Martina Porath, Maureen TM Franssen, Ben W Mol, and HYPITAT-II study group
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(1):232-1

© 2013 Broekhuijsen et al.; licensee BioMed Central Ltd. This is an open access article distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/2.0>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Originally published at:

<http://doi.org/10.1186/1471-2393-13-232>

PERMISSIONS

<http://creativecommons.org/licenses/by/2.0/>



Attribution 2.0 Generic (CC BY 2.0)

This is a human-readable summary of (and not a substitute for) the [license](#).

[Disclaimer](#)



You are free to:

Share — copy and redistribute the material in any medium or format

Adapt — remix, transform, and build upon the material

for any purpose, even commercially.

The licensor cannot revoke these freedoms as long as you follow the license terms.

Under the following terms:



Attribution — You must give **appropriate credit**, provide a link to the license, and **indicate if changes were made**. You may do so in any reasonable manner, but not in any way that suggests the licensor endorses you or your use.

No additional restrictions — You may not apply legal terms or **technological measures** that legally restrict others from doing anything the license permits.

<http://hdl.handle.net/2440/88839>

CORRECTION

Open Access

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^{1*}, 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 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

¹Department of Obstetrics and Gynecology, University of Groningen, University Medical Center Groningen, Groningen, The Netherlands.

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

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

Received: 24 January 2013 Accepted: 6 December 2013

Published: 23 December 2013

References

1. Koopmans CM, Bijlenga D, Groen H, Vijgen SM, Aarnoudse JG, Bekedam DJ, HYPITAT study group, et al: Induction of labour versus expectant monitoring for gestational hypertension or mild pre-eclampsia after 36 weeks' gestation (HYPITAT): a multicentre, open-label randomised controlled trial. *Lancet* 2009, **374**:979-988.
2. Bewley S, Shennan A: Hypitad and the fallacy of pregnancy interruption. *Lancet* 2010, **375**(9709):119.
3. Langenveld J, Broekhuijsen K, van Baaren G, van Pampus MG, van Kaam AH, Groen H, Porath M, Mol BW, HYPITAT-II study group: 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 Childbirth* 2011, **11**:50.

doi:10.1186/1471-2393-13-232

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.

* Correspondence: kbroekhuijsen@gmail.com

¹Department 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