Correction: *Outcomes of infants born at 22–27 weeks' gestation in Victoria according to outborn/inborn birth status*

Boland RA, Davis PG, Dawson JA, *et al.* Outcomes of infants born at 22–27 weeks' gestation in Victoria according to outborn/inborn birth status (*Archives of Disease in Childhood – Fetal and Neonatal Edition* 2017;102:F153-F161).

The authors have identified an error in their paper. Table 3 reports the univariable and adjusted OR for a range of serious morbidities, comparing outborn with inborn infants. The authors incorrectly reported there was no statistically significant difference in the risk of Grade 3 or 4 intraventricular haemorrhage (IVH) comparing outborn with inborn infants, when in fact there was. The error resulted from incorrect syntax entered into STATA. Hence the adjusted OR, 95% confidence intervals and p-value are incorrect for the outcome of Grade 3 or 4 intraventricular haemorrhage. They have therefore amended table 3, and would like to alert readers to other corrections in the main body of the paper. The same problem occurred with Grade 1 or 2 intraventricular haemorrhage, but no conclusions were affected by this error – just the data in table 3. The amendments are outlined below.

	Outborn n=49	Inborn n=396	Univariable OR (95% CI)	P=	Adjusted OR (95% CI)	P=
Grade 1 or 2	13 (27%)	96 (24%)	1.13 (0.57 to 2.21)	0.73	1.11 (0.56 to 2.23)	0.76
Grade 3 or 4	10 (20%)	42 (11%)	2.16 (1.01 to 4.64)	0.048	2.99 (1.28 to 6.98)	0.012

Please also see the table below for corrections in the paper in relation to Grade 3 or 4 IVH risk.

Section/Page No	Current text	Amendments
Abstract, results section	There were no significant differences in rates of necrotising enterocolitis, intraventricular haemorrhage, retinopathy of prematurity...	There were no significant differences in rates of necrotising enterocolitis, retinopathy of prematurity
Abstract, results section	Outborn infants had an increased risk of cystic periventricular leukomalacia (cPVL) compared with inborn infants (12.2% vs 2.8%) respectively; aOR 5.34, 95% CI 1.84 to 15.54, p=0.002.	Outborn infants had increased risks of grade 3 or 4 intraventricular haemorrhage (aOR 2.99, p=0.012) and cystic periventricular leukomalacia (aOR 5.34, 95% CI 1.84 to 15.54, p=0.002).
Morbidity section, paragraph 1	There were no significant differences in rates of NEC (any stage) IVH (any grade), ROP, the combined outcome of	There were no significant differences in rates of NEC (any stage), Grade 1 or 2 IVH, ROP, the combined outcome of...
Morbidity section, paragraph 1	However, outborn infants has an increased risk of PVL compared with inborns.	However, outborn infants had increased risks of Grade 3 and 4 IVH and PVL compared with inborn infants.
Discussion, paragraph 6	We also found outborns admitted to NICU had similar risks of serious morbidity compared with inborns, with the exception of PVL	We also found outborns admitted to NICU had similar risks of serious morbidity compared with inborns, with the exceptions of Grade 3 or 4 IVH and PVL
Discussion, F4 paragraph 6	The significantly higher risk of PVL in outborns was concerning and warrants further investigation.	The significantly higher risks of Grade 3 or 4 IVH and PVL in outborns were concerning and warrant further investigation.

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