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# Author Correction: Antenatal magnesium sulfate treatment and risk of necrotizing enterocolitis in preterm infants born at less than 32 weeks of gestation

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Correction to: *Scientific Reports* <https://doi.org/10.1038/s41598-020-69785-3>, published online 30 July 2020

The original version of this Article contained errors in the Abstract.

“Antenatal magnesium sulfate ( $\text{MgSO}_4$ ) treatment is widely used for fetal neuroprotection in women at risk of preterm delivery. However, some studies have recently suggested that in utero  $\text{MgSO}_4$  exposure is associated with an increased risk of necrotizing enterocolitis (NEC). This study aimed to investigate the association between antenatal  $\text{MgSO}_4$  treatment and risk of NEC. This retrospective cohort study included 756 infants born at 24–31 weeks’ gestation. Subjects were classified into three groups: period 1, when  $\text{MgSO}_4$  treatment protocol for fetal neuroprotection was not adopted ( $n = 267$ ); period 2, when the protocol was adopted ( $n = 261$ ); and period 3, when the protocol was withdrawn because of concern of risk of NEC ( $n = 228$ ). Rates of NEC ( $\geq$  stage 2b) were analyzed according to time period and exposure to antenatal  $\text{MgSO}_4$ . Significant difference in the rate of NEC was not found across the three time periods (2.6% vs. 6.5% vs. 4.8% in periods 1, 2 and 3, respectively,  $p = 0.103$ ). The rate of NEC was comparable between the infants exposed and unexposed to antenatal  $\text{MgSO}_4$  (5.1% vs. 3.6%,  $p = 0.369$ ). These results showed that antenatal  $\text{MgSO}_4$  treatment was not associated with risk of NEC in our study population.”

now reads:

“Antenatal magnesium sulfate ( $\text{MgSO}_4$ ) treatment is widely used for fetal neuroprotection in women at risk of preterm delivery. However, some studies have recently suggested that in utero  $\text{MgSO}_4$  exposure is associated with an increased risk of necrotizing enterocolitis (NEC). This study aimed to investigate the association between antenatal  $\text{MgSO}_4$  treatment and risk of NEC. This retrospective cohort study included 756 infants born at 24–31 weeks’ gestation. Subjects were classified into three groups: period 1, when  $\text{MgSO}_4$  treatment protocol for fetal neuroprotection was not adopted ( $n = 267$ ); period 2, when the protocol was adopted ( $n = 261$ ); and period 3, when the protocol was withdrawn because of concern of risk of NEC ( $n = 228$ ). Rates of NEC ( $\geq$  stage 2b) were analyzed according to time period and exposure to antenatal  $\text{MgSO}_4$ . Significant difference in the rate of NEC was not found across the three time periods (2.6% vs. 6.5% vs. 4.8% in periods 1, 2 and 3, respectively,  $p = 0.103$ ). The rate of NEC was comparable between the infants unexposed and exposed to antenatal  $\text{MgSO}_4$  (5.1% vs. 3.6%,  $p = 0.369$ ). These results showed that antenatal  $\text{MgSO}_4$  treatment was not associated with risk of NEC in our study population.”

These errors have now been corrected in the PDF and HTML versions of the Article.

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