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CORRECTION



December 2021 (vol. 225, no. 6, page 593)

Roberts DJ, Edlow AG, Romero R, et al. A standardized definition of placental infection by SARS-CoV-2, a consensus statement from the National Institutes of Health/Eunice Kennedy Shriver National Institute of Child Health and Human Development SARS-CoV-2 Placental Infection Workshop. *Am J Obstet Gynecol* 2021;225:593-9.e2.

Two corrections are required for a December 2021 Special Report from the National Institutes of Health defining placental infection by SARS-Co-2.

In the byline, a middle initial in the name of the third author, Roberto Romero, MD, should be removed.

A sentence in the Introduction (page 593.e1, column 2) misstated the source of 2 cited studies on placental infection: "Recent reports from the United Kingdom found second-trimester miscarriage and stillbirth associated with presumed placental SARS-CoV-2 infection, placentitis, and specifically the B.1.1.7 variant.^{10,11}" Both studies emerged from Ireland.

These corrections have been made in the online edition at ajog.org.

CORRECTION



November 2019 (vol. 221, no. 5)

Andy UU, Amundsen CL, Honeycutt E, et al. Sacral neuromodulation versus onabotulinumtoxinA for refractory urgency urinary incontinence: impact on fecal incontinence symptoms and sexual function. *Am J Obstet Gynecol* 2019;221:513.e1-15.

Corrections are supplied for a November 2019 original research article based on a presentation at the annual meeting of the Society of Gynecologic Surgeons.

In column 1, page 513.e5, the first full sentence should read as follows, with inserted text italicized: In sexually active women, both groups demonstrated an improvement from baseline in the PISQ-IR *overall score at 6 and 24 months, and in the Condition Specific Score and Condition Impact Score at 6, 12, and 24 months*, with mean improvement ranging from 0.2 to 0.5 points.

On the same page, the first full sentence in column 3 should read as follows, with insertion italicized: These improvements in *subscores* all correspond to "small" improvement in effect size.

Miscalculations appeared in the average total score for sexually active women in the Pelvic Organ Prolapse/Incontinence Sexual Function Questionnaire, IUGA-Revised (PISQ-IR), due to a typographic error in the reference publication that had originally reported the scoring algorithm. Correcting the scoring required the reverse scoring of 3 items prior to calculating the average. The revised scoring resulted in changes in the analysis of this secondary outcome.

The corrected average total score for sexually active women shows improvement over time in both treatment groups (consistent with the PISQ-12), whereas originally no improvement was shown. This parameter has no treatment group differences in the original or revised results.

The PISQ-IR arousal orgasm subscore for sexually active women contained a minor programming bug. The correction revised the sexual orgasm subscore for 9 participants, resulting in very minor numerical updates to the subscore and no changes in numerical or statistical trends. In the 4 tables cited below, all corrections have been made in the online edition of the Journal.

In Table 1, "Demographic and baseline characteristics for intention-to-treat population" (page 513.e4), for the 13th-named characteristic, "PISQ-IR total score (sexually active women)," the mean (SD) should be 3.3 (0.7), replacing 2.9 (0.6), in the first treatment group, BTX (onabotulinumtoxinA); 3.4 (0.6), replacing 3.0 (0.5), in the second treatment group, SNM (sacral neuromodulation); and 3.3 (0.6), replacing 3.0 (0.5), in total.

The third and fourth outcomes in Table 2 (column 1) require correction throughout: "PISQ-IR (sexually active women) overall score change from baseline" and "PISQ-IR (sexually active women) arousal, orgasm score change from baseline."

Numeric corrections are similarly needed in 2 tables published as an appendix entitled "Clinical responder results."

In Table S1, "Demographic and baseline characteristics for clinical responder population" (page 513.e11), the 13th-listed characteristic is "PISQ-IR total score (sexually active women)." The mean (SD) should be 3.3 (0.7), replacing 2.9 (0.6), in the first treatment group (BTX) and 3.4 (0.6), replacing 3.0 (0.5), in the second treatment group (SNM). In the 14th-listed characteristic, "PISQ-IR arousal orgasm (sexually active women)," the mean (SD) for SNM should be 3.4 (0.7), replacing 3.5 (0.8).