Making Sense of Large Scale Fertility Data [19N]: Correction
In “Making Sense of Large Scale Fertility Data [19N]” by V. Höqvist Tabor et al (Obstet Gynecol 2016;127:119S), the last author’s name in the byline is misspelled. The correct spelling is “Lizellen La Follette.” The authors regret this error.

REFERENCE

DOI: 10.1097/AOG.0000000000001552

A Twofold Approach: Integrating Simulation and Risk Management Training [26D]: Correction

REFERENCE

DOI: 10.1097/AOG.0000000000001575

Adjunctive Social Media for More Effective Contraceptive Counseling: A Randomized Controlled Trial: Correction
An incorrect ClinicalTrials.gov identifier (NCT Number) appeared in the article, “Adjunctive Social Media for More Effective Contraceptive Counseling: A Randomized Controlled Trial” by J.D. Kofinas, A. Varrey, K.J. Sapra, R.V. Kanj, F.A. Chervenak, and T. Asfaw (Obstet Gynecol 2014;123:763–70). The correct identification code is NCT01994005. The authors regret this error.

REFERENCE

DOI: 10.1097/AOG.0000000000001570

Effect of Diaphragm and Lubricant Gel Provision on Human Papillomavirus Infection Among Women Provided With Condoms: A Randomized Controlled Trial: Correction

REFERENCE

DOI: 10.1097/AOG.0000000000001575

Practice Bulletin No. 165 Summary: Prevention and Management of Obstetric Lacerations at Vaginal Delivery: Correction
In “Practice Bulletin Summary No. 165: Prevention and Management of Obstetric Lacerations at Vaginal Delivery” from the American College of Obstetricians and Gynecologists, there is an error on page 227 under the Level B recommendations. In the second bullet, “mediolateral episiotomy is associated with an increased likelihood of perineal pain and dyspareunia” is incorrect and should read “limited data suggest mediolateral episiotomy may be associated with an increased likelihood of perineal pain and dyspareunia.” The correct sentence is as follows: “If there is need for episiotomy, mediolateral episiotomy may be preferred over midline episiotomy because of the association of midline episiotomy with increased risk of injury to the anal sphincter complex; however, limited data suggest mediolateral episiotomy may be associated with an increased likelihood of perineal pain and dyspareunia.”

REFERENCE

DOI: 10.1097/AOG.0000000000001578