Pilot and Feasibility Studies

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Correction to: Calcium and vitamin D supplementation and/or periodontal therapy in the treatment of periodontitis among Brazilian pregnant women: protocol of a feasibility randomised controlled trial (the IMPROVE trial)

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Following publication of the original article [1], the authors reported errors that need to be corrected. The errors consist of text omission as followsr

The last paragraph under **Study design and setting** section reads 'Baseline data is collected up to the second trimester after checking for participants eligibility to the study (including dental screening for periodontitis) and prior to randomisation to intervention arms (T0); with follow up at the third trimester (T1; during the intervention) and 6-8 weeks postpartum (T2; after the intervention).'

Item 4 (Attrition rate) under **Outcome Measures** section the text reads 'To evaluate the reliability and completeness of outcome a feasibility threshold of 70-75% for recruitment will be considered as adequate. Furthermore, an adherence rate of 70% and a loss to follow-up between 20-30% will be considered as adequate. Adequate acceptance of the study design and intervention will be based on qualitative data on barriers and facilitators to the intervention and taste test, the number of sachets consumed and feedback from the follow-up phone calls.'

In the **Statistical analysis** section, an additional paragraph is included. 'It is important to highlight that the present study is a feasibility trial. Thus, the priority will be performance of descriptive analysis and estimation of sample size for the main study, therefore the statistical analysis related to results from hypothesis should be interpreted with caution [56] and viewed as entirely exploratory'.

In the **Discussion** section, a final paragraph was included.

'This study has several potential limitations. Since aggressive periodontitis has a relatively low prevalence based on finding from two systematic reviews [68, 69], it is unlikely that women with this condition will be recruited to the study. However, this chance cannot be

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completely ruled out as the diagnosis of such condition in resource-limited settings (such as public health clinics in low-income areas in Rio de Janeiro, Brazil) might be complex. Although having dental X-rays during pregnancy might be considered safe [70, 71] we did not have ethical approval to conduct such procedures. Similar to previous studies on periodontitis status among pregnant women, an X-ray was not taken to help confirm the diagnosis [72, 73, 74]. '.

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The **reference list** was updated from reference 56 onwards.

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