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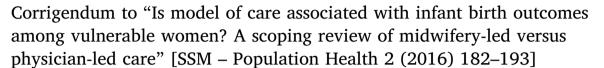
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Corrigendum





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The authors regret that the printed version of the above article contained a number of errors. The correct and final version follows. The authors would like to apologise for any inconvenience caused.

In "Is model of care associated with infant birth outcomes among vulnerable women? A scoping review of midwifery-led versus physician-led care" (McRae et al., 2016), we cited a study by Jackson et al. (2003) in which infants born to women receiving collaborative care in a birth center versus OB/OB resident care had an adjusted risk difference for NICU stays (1–3 days) of -1.8 (95% CI: -3.9, 0.2). In our article we incorrectly interpreted the risk difference as statistically significant. We would like to have the following statements corrected as follows:

- 1. On page 182, remove "And, a third study reported a decrease in stays (1–3 days) in NICU (Adjusted Risk Difference = -1.8, 95% CI: -3.9, 0.2) for midwifery patients, though no overall difference in NICU admission of any duration.".
- 2. On page 186, remove "Jackson found a significantly lower risk for NICU admission of short duration (1–3 days) for newborns of midwifery patients (Adjusted Risk Difference -1.8, 95% CI: -3.9, 0.2), but no significantly lowered risk for NICU admissions of any or longer duration (more than 3 days) (Jackson et al., 2003)."
- 3. On page 186, following the statement, "Two studies reported on NICU admission.", the next sentence should read, "Neither Jackson et al. nor Fischler et al. found differences in NICU admissions for midwifery compared to physician patients (Jackson et al., 2003; Fischler & Harvey, 1995).".
- 4. On page 186, remove "... and one study examining NICU stays (1–3 days), though no association with NICU admission of any duration

- was found in this or a second study examining this outcome.".
- 5. On page 186, the sentence beginning with "Significant associations favoring midwifery care were found in: ..." should read, "Significant associations favoring midwifery care were found in: one of five studies for preterm birth, one of eight studies for low birth weight, one of three studies for very low birth weight, and one of three studies investigating higher mean birth weight."
- 6. On page 187, remove "Lastly, of the two studies that examined NICU admission rates (Fischler & Harvey, 1995; Jackson et al., 2003) a single study found a significantly lower risk difference in NICU admission for 1–3 days for midwifery patients, though no association was found for overall admission rates (Jackson et al., 2003). As some infants may be admitted to a NICU for observation for only a short period of time, admission for more than one day may be a better indicator of infant morbidity than any NICU admission."

References

Fischler, N. R., & Harvey, S. M. (1995). Setting and provider of prenatal care: Association with pregnancy outcomes among low-income women. *Health Care for Women International*, 16(4), 309–321.

Jackson, D. J., Lang, J. M., Swartz, W. H., Ganiats, T. G., Fullerton, J., Ecker, J., et al. (2003). Outcomes, safety, and resource utilization in a collaborative care birth center program compared with traditional physician-based perinatal care. *American Journal* of Public Health, 93(6), 999–1006.

McRae, D. N., Muhajarine, N., Stoll, K., Mayhew, M., Vedam, S., Mpofu, D., et al. (2016). Is model of care associated with infant birth outcomes among vulnerable women? A scoping review of midwifery-led versus physician-led care. Social Science Medicine-Population Health, 2, 182–193.

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