



Correction: Prevention of spontaneous preterm birth

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Dear Editor,

Following your request, we would like to publish an erratum on our article entitled *Prevention of spontaneous preterm birth* [1], published in your journal. Throughout the article the term progesterone is used to denote vaginal progesterone, whereas 17 alpha-hydroxyprogesterone caproate is specifically designated for studies assessing its effect. In the case of meta-analyses that included both studies that evaluated the effect of vaginal progesterone and 17-OH progesterone the term progestogens is used to denote the heterogeneity of data.

To avoid misinterpretation, we would like to correct the phrase “*The authors concluded that the use of progesterone, either intramuscularly or vaginally applied, does not reduce the risk of PTB or improves neonatal outcomes*” noting that the study actually evaluates both vaginal progesterone and 17-OH progesterone; thus, term progestogens should ideally replace the term progesterone.

Similarly, the network meta-analysis of Conde-Agudelo evaluated all forms of progestogens, therefore, reference 94 of our article should be interpreted this way. Lastly, references 108 and 109 refer to the use of 17 alpha-hydroxyprogesterone caproate and progestogens respectively; hence, the term progesterone should be corrected.

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Declarations

Conflict of interest None for all authors.

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The original article can be found online at <https://doi.org/10.1007/s00404-019-05095-y>.

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Reference

1. Daskalakis G, Goya M, Pergialiotis V, Cabero L, Kyvernitis I, Antsaklis A, Arabin B (2019) Prevention of spontaneous preterm birth. *Arch Gynecol Obstet* 299(5):1261–1273. <https://doi.org/10.1007/s00404-019-05095-y>

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