

CORRECTION

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Correction: Antenatal cervical length measurement as a predictor of successful vaginal birth

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Correction: BMC Pregnancy Childbirth 20, 191 (2020)
<https://doi.org/10.1186/s12884-020-02878-z>

Following publication of the original article [1], the following corrections should be made:

The first paragraph of the results should read:

A total of 162 patients [66 (40.7%) nulliparous and 96 (59.3%) multiparous women] were recruited (Table 1). Some of them had pregnancy-induced disorders as gestational diabetes (1/66 in nulliparous and 5/96 in multiparous women) and gestational hypertension (4/66 in nulliparous and 2/96 in multiparous women).

In Table 1, the mean cervical length measurement for multiparous women was incorrect. The corrected Table 1:

Table 1 Demographic data (162 patients)

	Nulli-parous 66/162 (40.7%)	Multi-parous 96/162 (59.3%)	p-value
Age (years) (Mean ± SD)	25 ± 3.6	28.8 ± 4.1	< 0.001
BMI (kg/m ²) (Mean ± SD)	27.5 ± 2.3	29 ± 3.4	0.04
Educational status (N %)			
None	0 (0%)	6 (6.2%)	0.01
Middle	12 (18.2%)	30 (31.3%)	
High	54 (81.8%)	60 (62.5%)	
Cervical length (mm)			
(Mean ± SD)	43.3 ± 9.6	40.2 ± 6.7	0.50
Median	43.0	42.0	0.96

The original article can be found online at <https://doi.org/10.1186/s12884-020-02878-z>.

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The third paragraph of the results should be replaced with the following:

There were significant associations between cervical length and both onset of labor and mode of delivery in nulli- and multi-parous women (Chi-squared test p-value < 0.001 for all).

Table 3 shows that there was a statistically significant weak positive correlation between cervical length and gestational age at delivery in nulli-parous women.

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Reference

1. Taha OT, Elprince M, Atwa KA, et al. Antenatal cervical length measurement as a predictor of successful vaginal birth. *BMC Pregnancy Childbirth*. 2020;20:191. <https://doi.org/10.1186/s12884-020-02878-z>.



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