

TABLE

M281 inhibition of IgG transfer from maternal to fetal circulation

Maternal circuit M281, $\mu\text{g/mL}$ ^a	Maternal circuit adalimumab, $\mu\text{g/mL}$ ^a	Fetal circuit adalimumab at study end, mean (SD), $\mu\text{g/mL}$	Fetal transfer rate Adalimumab, mean (SD), %	Pvalue ^b	Number of studies	Experimental period, hours
0	270	0.50 (0.5)	0.23 (0.21)	NA	8	6
10	270	0.12 (0.02)	0.07 (0.01)	< .001	3	6
300	270	0.12 (0.01)	0.06 (0.01)	< .001	5	6

Mean antipyrine fetal transfer rate for these studies was $41.7\% \pm 2.7\%$ for adalimumab alone and $43.8\% \pm 4.2\%$ for all adalimumab plus M281 studies. Fetal transfer rate = $100 \times$ concentration of the test substance in the fetal circuit at the end of the experimental period/concentration of the test substance in the maternal circuit at the start of the experimental period.

NA, not applicable.

^a Concentration of test compounds in the maternal perfusate at initiation of the experimental period; ^b P values were calculated compared with no M281 using a linear mixed-effects model with random slope and intercept.

Roy et al. M281 inhibits IgG transplacental transfer. *Am J Obstet Gynecol* 2019.

CORRECTIONS

September 2018 (vol. 219, no. 3, page 243)



Lu J, Cheng YKY, Ting YH, et al. Pitfalls in assessing chorioamnioticity: novel observations and literature review. *Am J Obstet Gynecol* 2018;219:242-54.

The legend for Figure 1 of the Expert Review article cited above should read as follows, reversing the identification of panels B and C as published in September 2018:

A and C: A pair of dichorionic diamniotic twins with λ sign under 2D and 3D ultrasound examination, respectively (arrows). **B and D:** A pair of monochorionic diamniotic twins with T sign under 2D ultrasound (arrow), but the inter-twin membrane is too thin to be clearly seen on 3D imaging.

September 2018 (vol. 219, no. 3, pages 303.e1 and 303.e6)



Gabbe SG, Vetter MH, Nguyen MC, et al. Changes in the burnout profile of chairs of academic departments of obstetrics and gynecology over the past 15 years. *Am J Obstet Gynecol* 2018;219:303.e1-6.

The “Cite this article as” section of an Original Research article published in September 2018 listed the second author incorrectly. As corrected above, the citation form for Monica Hagan Vetter should have appeared as Vetter MH—not, as published, as Hagan Vetter M.

The same correction applies to the “Author and article information” section that follows the reference list of the article.