

Correction: Incidence and outcomes of intrapartum-related neonatal encephalopathy in low-income and middle-income countries: a systematic review and meta-analysis

Kukka AJ, Waheddoost S, Brown N, *et al.* Incidence and outcomes of intrapartum-related neonatal encephalopathy in low-income and middle-income countries: a systematic review and meta-analysis. *BMJ Global Health* 2022;7:e010294.

In the published version the data in [figure 3D](#) and online supplemental table 6 is incorrect. The study by Khuwuthyakorn 2021 (78) was accidentally included in the [figure 3D](#) presenting combined outcome of death or moderate to severe disability at follow-up despite only reporting death or severe disability. Please refer to the revised [figure 3](#) mentioned below and revised online supplemental table 6 linked to the paper.

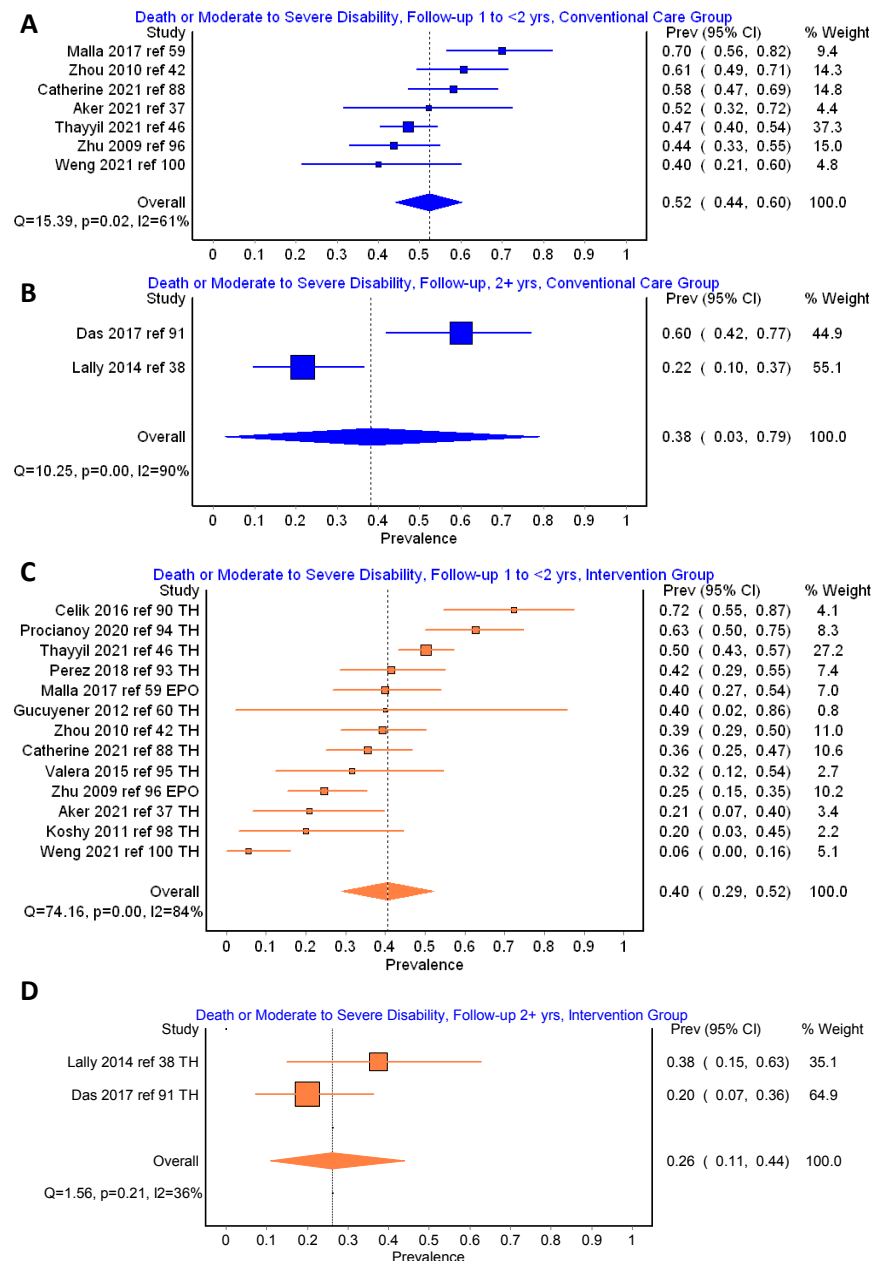


Figure 3

This change will also result in correction in the Abstract's Result section and paragraph regarding 'Studies reporting neurodevelopmental outcome' on the pg 7 of the published article:

Results

There were 53 reports from 51 studies presenting data on 4181 children with intrapartum-related neonatal encephalopathy included in the review. Only five studies had data on incidence, which ranged from 1.5 to 20.3 per 1000 live births. Neonatal mortality was examined in 45 studies and in total 636 of the 3307 (19.2%) infants died. Combined outcome of death or moderate to severe neurodevelopmental disability was reported in 18 studies and occurred in 695 out of 1575 children (44.1%) with follow-up 1 to 3.5 years.

Studies reporting neurodevelopmental outcome

Neurodevelopmental follow-up of at least 1 year was conducted in 23 studies (online supplemental table 6). No studies continued follow-up beyond 3.5 years precluding inference on neuropsychiatric conditions. A combined outcome of death or moderate to severe neurodevelopmental disability was reported in 18 studies with 1575 children with any grade of NE of whom 695 (44.1%) had adverse outcome.

Only three studies provided data on outcomes of children with mild NE.^{42, 53, 58} None of the seven children treated with normothermia in Turkey had death or moderate to severe disability at 12 months' age.⁵³ In a therapeutic hypothermia trial in China, 6 out of 19 cooled and 7 out of 15 normothermic infants had moderate intellectual disability (Gesell Child Development Age Scale 70–84) at 18 months' age while none died or had severe disability.⁴² A cohort study from South Africa reported that 1 out of 14 infants with mild NE developed CP at follow-up of mean 14.3 months.⁵⁸

Figure 3 shows the combined outcome of death or moderate to severe developmental disability in children with Grade II or III intrapartum-related NE from 15 studies where this data could be extracted. All these studies were either intervention trials or used therapeutic hypothermia as part of routine care and the results are split by intervention status and duration of follow-up. Children in conventional care group had somewhat higher incidence of the combined outcome than those in the intervention group at 1–2 years' follow-up (52% (95% CI 44 to 66%, I² 61%, 7 studies) vs 40% (95% CI 29 to 52%, I²=84%, 13 studies)). Only two studies had follow-up longer than that. No single study had overwhelming impact in the results in a sensitivity analysis.

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