Corrigendum to “Ethical language and decision-making for prenatally diagnosed lethal malformations” [Semin Fetal Neonatal Med 19 (5) (2014) 306–311]

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The authors wish to draw readers’ attention to an incorrect figure in Table 1 of the above review. The authors would like to apologise for any inconvenience caused. Under the column headed ‘Probability of live birth (in absence of termination)’, the fetal survival rate for Trisomy 13 should read 46–51% and not 28–46%, as originally printed.

Table 1. Published outcome for severe congenital anomalies frequently described as lethal.a

| Severe congenital anomalies | Prevalence | Probability of live birth (in absence of termination) | Median postnatal survival | Proportion surviving >1 week/1 year | Longest reported survivals |
|-----------------------------|------------|------------------------------------------------------|--------------------------|------------------------------------|--------------------------|
| Renal agenesis              | 1.7/10,000 [23] | Not reported | <24 h [23] | <5% | 13 months [97,98] |
| Anencephaly                 | 10/10,000 pregnancies | 62–72% [25,26] | 24 h [26,27] | 0-14%>1 week/7%>1 year [18,29] | 10 months [30] |
| Thanatophoric dysplasia     | 0.4/10,000 [32] | Not reported | Not reported | Not reported | 2.5 years [31] |
| Trisomy 18                  | 2.6/10,000 [24] | 48–51% [35,36] | 14 days [37] | 35–65%/1 week/14–19%>1 year [18,29] | 9 years [34] |
| Trisomy 13                  | 1.2/10,000 [24] | 46–51% [35,36] | 10 days [37] | 45-57%/1 week/14–21%>1 year [18,29] | 19 years [41] |
| Holoprosencephaly           | 0.5/10,000 [43] | Not reported | 4–5 months [44] | 71%>1 week/47%>1 year [29] | 11 years [44] |

* Using recent population cohort studies where available.

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