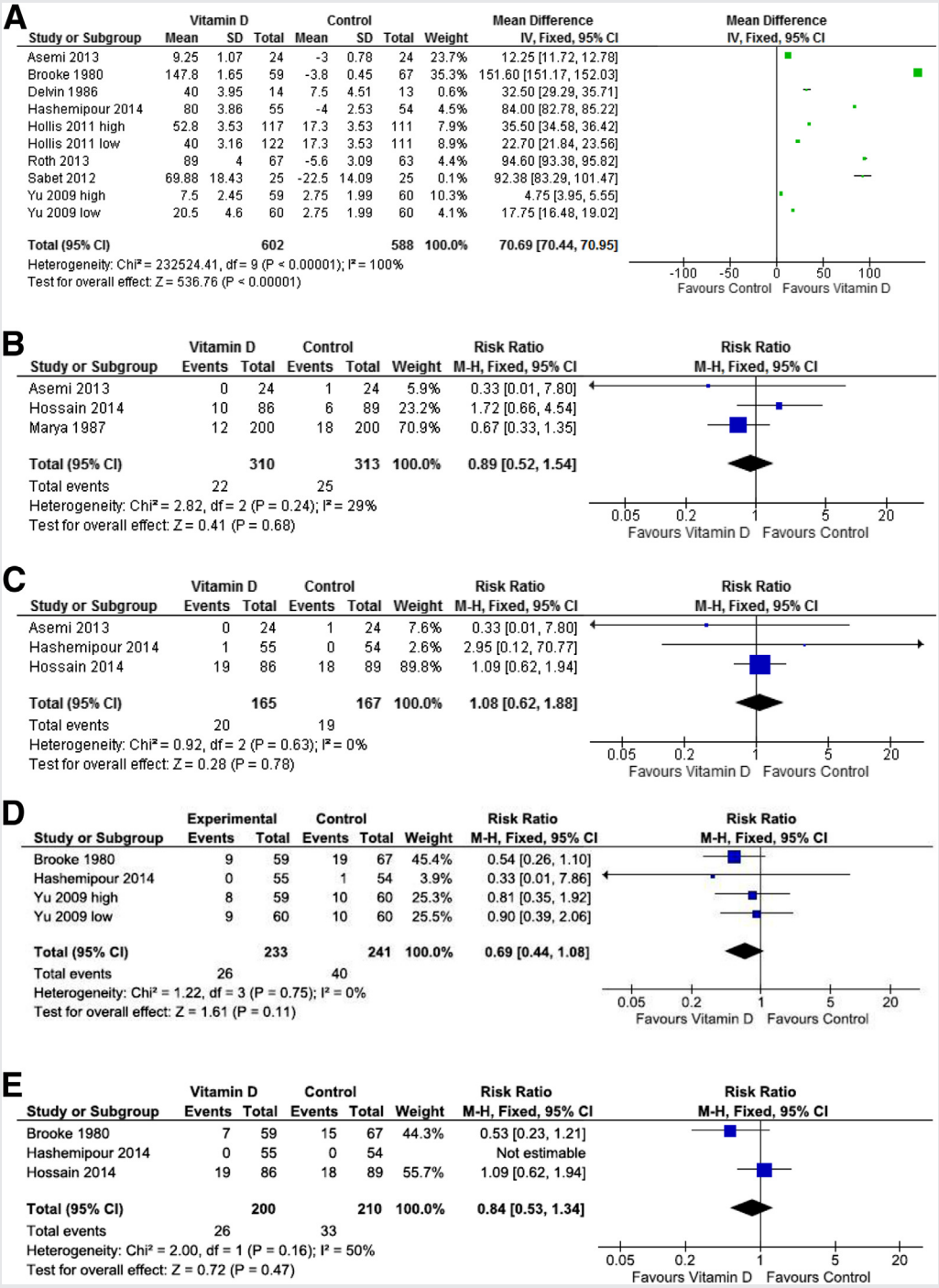
In the article by Perez-Lopez et al., "Effect of vitamin D supplementation during pregnancy on maternal and neonatal outcomes: a systematic review and meta-analysis of randomized controlled trials" (Fertil Steril 2015;103:1278-88.e4), Figure 2 contains errors. The source of these errors was primarily from using the baseline sample sizes instead of end of follow-up sample sizes from the included articles. Although the new analyses did not change the direction of the effects and the subsequent conclusions, the authors regret these errors. The corrected Figure 2 is presented here.

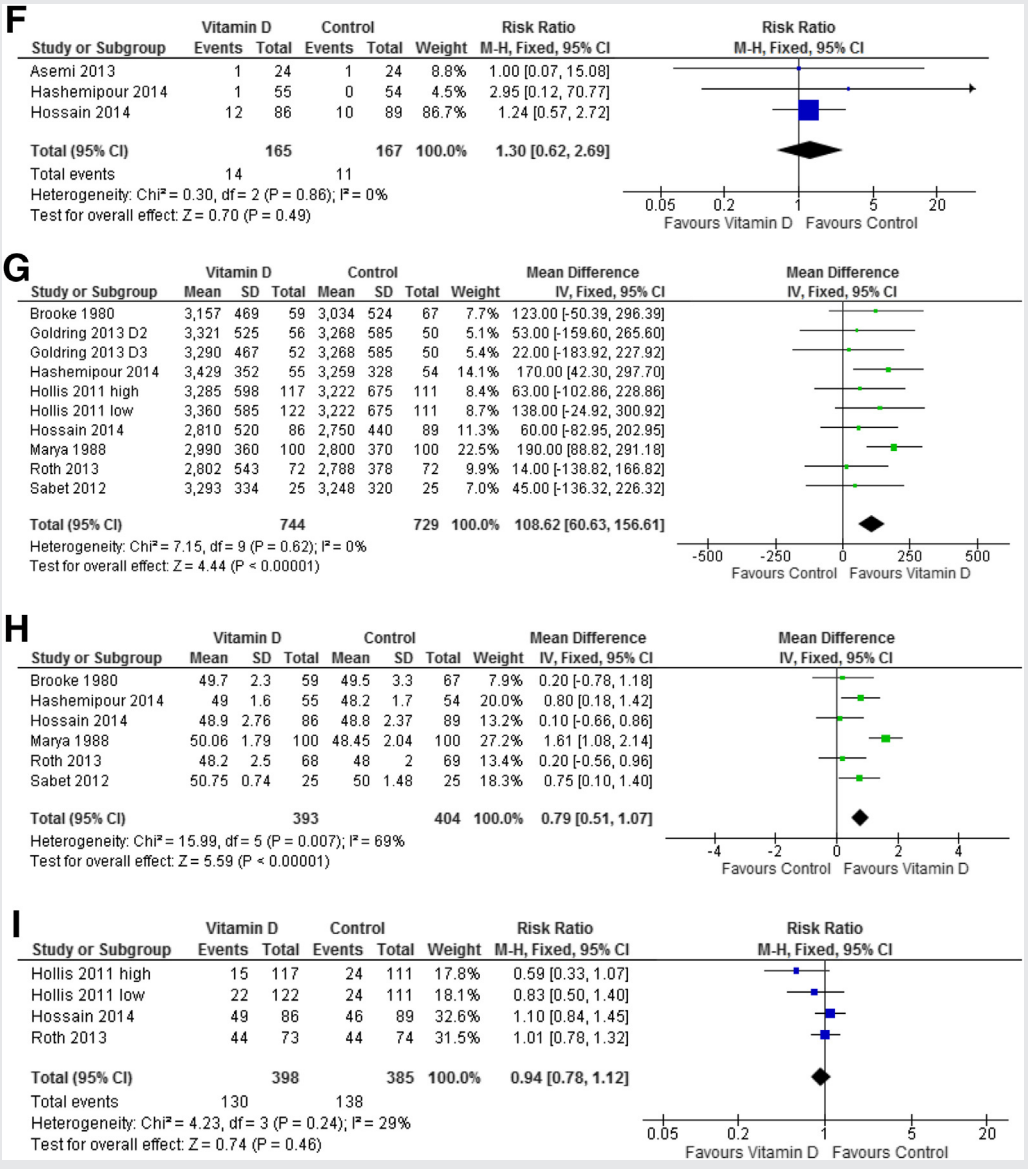
FIGURE 2



Meta-analyses of the effect of vitamin D intervention on primary outcomes (**A**) circulating 25-OHD; (**B**) preeclampsia; (**C**) gestational diabetes; (**D**) small for gestational age; (**E**) low birth weight; (**F**) preterm birth; (**G**) birth weight, and secondary outcomes (**H**) birth length; and (**I**) cesarean section.

Munné. Erratum. Fertil Steril 2016.

FIGURE 2 Continued



Munné. Erratum. Fertil Steril 2016.

The new pooled analysis showed the effect of vitamin D is larger with the same direction for circulating 25-OHD (mean difference [MD], 70.69 vs. 66.46 nmol/L), preeclampsia (relative risk [RR], 0.89 vs. 0.88), gestational diabetes (RR, 1.08 vs. 1.05), low birth weight (RR, 0.84 vs. 0.72), preterm birth (RR, 1.30 vs. 1.26), birth weight (MD, 108.62 vs. 107.60 g), and birth length (MD, 0.79 vs. 0.30 cm). The new pooled analysis shows that the effect of vitamin D is smaller with the same direction for small for gestation age (RR, 0.69 vs. 0.78).