Erratum versus Retraction

In March we published an original article on plasma glucose nadirs in preterm infants of various gestational ages written by three authors from Hershey, Little Rock, and Aurora in the USA [1]. The final sentence of the abstract of this paper stated: “In order to potentially prevent low glucose concentrations at the time of the nadir, exogenous glucose should be provided to all newborns as soon as possible after birth.” This provoked an almost immediate response from four neonatologists based worldwide in Aurora, Louisville, Auckland, and London [2]. These authors were very concerned that the statement about *all* newborn infants might be erroneously interpreted by some readers to imply that intravenous dextrose infusion or formula milk are required even for normal term and late preterm infants [2]. They called for a retraction and correction of the concluding abstract statement and asked for the journal to respond to explain how this incorrect statement was allowed to appear in print [2].

Kaiser, Bai, and Rozance, the authors of the original article, replied to say they agreed with these critical comments on their paper [3]. They agreed that the last sentence of the abstract was not supported by their study results and said that they “would like to formally retract this sentence.” Furthermore, they also wished to amend the last sentence of the paper from “At the present time, we suggest providing exogenous glucose as soon as possible after birth and using screening guidelines for timing and whom to screen based on AAP guidelines [29]” to the following: “At the present time, we suggest providing exogenous glucose to ELGAN and very preterm newborns as soon as possible after birth. For late preterm and term newborns, recommendations for timing

and whom to screen should be based on AAP guidelines [29]” [3].

We applaud the speed and efficiency with which this discrepancy has been dealt with by all the above authors. As editors we rely upon the opinions of our expert reviewers in helping us make decisions about whether or not to publish a paper. In this case the reviewers were not unanimous in their views on the suitability for publication, but there was a majority in favour and no one spotted the potentially contentious advice given at the end of the abstract and the full paper. Retractions are generally reserved for cases of fraud (such as data falsification, serious cases of redundancy, or plagiarism), legal infringements, or the publication of inaccurate data that present a serious health risk. In this case we believe that rather than retracting two sentences in the paper, an Erratum published alongside the two Letters to the Editor and this Editorial Note would be more appropriate. We hope that this will be sufficient to put the record straight and we thank everyone involved in assisting us in this matter.

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References

- 1 Kaiser JR, Bai S, Rozance PJ: Newborn plasma glucose concentration nadirs by gestational-age group. *Neonatology* 2018;113:353–359.
- 2 Hay WW Jr, Adamkin DH, Harding JE, Hawdon J: The postnatal glucose concentration nadir is not abnormal and does not need to be treated. *Neonatology* 2018;114:163.
- 3 Kaiser JR, Bai S, Rozance PJ: Reply to the letter to the editor “The postnatal glucose concentration nadir is not abnormal and does not need to be treated.” *Neonatology* 2018;114:164.