Corrigendum to 'Guideline No. 427: Folic Acid and Multivitamin Supplementation for Prevention of Folic Acid–Sensitive Congenital Anomalies' [J Obstet Gynaecol Can 44 (2022) 707–719]

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The following text in the original guideline was inaccurate:

The high daily dose should also be offered to women with other medical-surgical conditions associated with a risk of folic acid deficiency, including:

- Pre-gestational diabetes, gastrointestinal pathologic conditions, and surgical gastric bypass;
- Use of medications with anti-folate physiological effects (methotrexate, phenytoin, carbamazepine, valproate, sulfasalazine);
- Alcohol use disorder; and
- History of non-compliance with oral medication that may affect the woman's ability to achieve an adequate folate supplementation level.

It has been revised as follows:

The high daily dose should only be offered to women with other medical or surgical conditions associated with a risk of folic acid deficiency if these women have a pre-conception low serum or red blood cell folate value that persists after 1-2 months of daily supplementation with 1.0 mg of folic acid. These conditions include pre-gestational diabetes mellitus; gastrointestinal pathologic conditions or history of gastric bypass surgery; use of medications with anti-folate physiological effects (e.g., methotrexate, phenytoin, carbamazepine, valproate, sulfasalazine); alcohol use disorder; and history of non-compliance with oral medication that may affect the woman's ability to achieve an adequate folate supplementation level.

The authors regret this error.

DOI of original article: https://doi.org/10.1016/j.jogc.2022.04.004
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J Obstet Gynaecol Can 2022;44(10):1114

https://doi.org/10.1016/j.jogc.2022.08.010