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For the **iPOP Consortium** see www.ipopstudy.com

For the **International COVID-19 Data Alliance** see https://www.hdruk.ac.uk/covid-19/international-covid-19-data-alliance/

For the **COVID-19 Therapeutics Accelerator** see https://www.therapeuticsaccelerator.org/

It appears that since January, 2020, after Ulug and Powell's results were made available on ClinicalTrials.gov, ClinicalTrials.gov has made specific material available on reporting units other than participants, which might be helpful to the authors. Additionally, ClinicalTrials.gov provides a free-text section on limitations and caveats, in which irregularities and additional context can be added to results for review and interpretation by users. The authors might now be able to further update their results and provide a more complete account of their trial. However, we believe that edge cases such as these are unlikely to explain the high rates of non-compliance reported in our analysis,[4] and would probably not be viewed as a valid reason for not reporting if any enforcement action is taken against a non-compliant sponsor under the law.

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Enabling a healthy start for vulnerable newborns

As co-leads of the new international Perinatal Outcomes in the Pandemic (iPOP) Consortium, we are delighted that the *Lancet* Small Vulnerable Newborn Series[1] will focus cross-sector attention on the high burden of baby deaths (encompassing miscarriage, stillbirth, and neonatal mortality) and disability (following preterm birth and low birthweight), which remain largely intractable with current siloed approaches.

iPOP, spanning 38 countries (and welcoming new collaborators), brings expertise in perinatology, epidemiology, environmental science, intersectional feminism, and data science (supported by the International COVID-19 Data Alliance, an initiative funded by the COVID-19 Therapeutics Accelerator) within a collaborative, equitable, and interdisciplinary framework. iPOP will investigate the effects of pandemic lockdowns on key perinatal outcomes, leveraging this natural experiment to understand possible mechanisms and inform interventions and policy. Conceptualisation of perinatal outcomes as a continuum, rather than discrete endpoints, is essential to this effort. A *Lancet* Series[1] is a timely initiative to catalyse this paradigm shift in the approach to perinatal research globally.

More generally, new reporting guidelines are needed to capture the complexity of perinatal studies, enabling assessment of data plausibility and completeness, and encouraging methodology that encompasses multiple (and competing) outcomes. Consensus guidance will support scientists, clinicians, reviewers, and journal editors, driving up standards of research to benefit women and children. A pervasive culture remains that some perinatal data are too hard to collect and that certain classifications of baby deaths (miscarriages, stillbirths) are less important to document. We call for standardised guidance for studies of perinatal outcomes as part of the *Lancet* Small Vulnerable Newborn Series,[1] to improve data quality, challenge these misconceptions, and support research transparency.

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Department of Error

Alwan NA, Burgess RA, Ashworth S, et al. Scientific consensus on the COVID-19 pandemic: we need to act now. Lancet *2020;* **396:** *e71–72*—The appendix of this Correspondence has been corrected as of Oct 19, 2020.

Jeger RV, Farah A, Ohlow M-A, et al. Long-term efficacy and safety of drug-coated balloons versus drug-eluting stents for small coronary artery disease (BASKET-SMALL 2): 3-year follow-up of a randomised, non-inferiority trial. Lancet *2020;* **396:** *1504–10*—In this Article, Florian Krackhardt and Robert Zweiker should have been included in the list of BASKET-SMALL 2 investigators. In table 2, the footnote "*Hazard ratios are for DCB *vs* DES" has been added. These corrections have been made to the online version as of Nov 5, 2020, and the printed version is correct.