



Impact of interdisciplinary counselling for parental decision-making in cases of pregnancies with prenatally diagnosed CHD – ERRATUM

Erratum

Cite this article: Schneider K, Bousi D, and Stressig R (2023) Impact of interdisciplinary counselling for parental decision-making in cases of pregnancies with prenatally diagnosed CHD – ERRATUM. *Cardiology in the Young* 33: 1274. doi: [10.1017/S1047951122003377](https://doi.org/10.1017/S1047951122003377)

First published online: 3 November 2022

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DOI: <https://doi.org/10.1017/S104795112200213X>. Published online by Cambridge University Press: 02 August 2022

The publisher apologises that upon publication of the article, the abstract was missing. The abstract is as below and the article has been updated to include the missing text.

Introduction

Parental counselling after antenatal diagnosis of a congenital heart defect requires a high degree of professional and emotional competence and ultimately a sense of responsibility on the part of the consulting physicians. However, little is known about parents' perceptions and evaluation of these consultations.

Material/Methods

Survey on 425 women who received interdisciplinary counselling after antenatal diagnosis of a complex fetal congenital heart defect in a specialized prenatal outpatient clinic with an affiliated paediatric heart centre. Two questionnaires were used to retrospectively evaluate the parental perception and impact on counselling, particularly on decision-making. Questionnaires differed between women conceiving the child and women who terminated the pregnancy.

Results

400 women continued, 25 women terminated the pregnancy after diagnosis and counselling. Good quality of life was reported for 68% of the children, 15% died postnatally in the further course. 95% rated the counselling as good or very good regardless of the child's outcome. 73% described the counselling as highly important for their subsequent decision. The possibility of termination of pregnancy was discussed with 37% of the respondents, 22% of them found it outrageous or very distressing. Of all respondents, one woman would have made a different decision regarding continuation of the pregnancy in retrospect.

Conclusion

Retrospectively, parents rate prenatal counselling extremely positively, irrespective of the severity of the child's heart defect. It can be assumed that the consistent joint interdisciplinary consultation and the high reputation of the cooperating heart centre have had an influence on the below-average rate of termination of pregnancy.

Reference

Schneider, K., Bousi, D., & Stressig, R. (2022). Impact of interdisciplinary counselling for parental decision-making in cases of pregnancies with prenatally diagnosed CHD. *Cardiology in the Young*, 1-5. doi: [10.1017/S104795112200213X](https://doi.org/10.1017/S104795112200213X)