window before initiation of use (eTable 5 in the Supplement of our article¹). This analysis demonstrated similar increases as the analyses with all nonusers as reference.

Second, the risk for antidepressant use in users of hormonal contraception was compared with users of combined oral contraceptive with levonorgestrel (ethinykestradiol, 30-40 ug) (eTable 3 in the Supplement of our article¹). In this analysis, the relative risk varied between different types of hormonal contraception according to dose, progestin type, and route of administration in a pattern that was consistent with the potential biological mechanisms underlying the association.

Finally, Figure 2 in our article¹ demonstrated that the risk of both use of antidepressants and of getting a depression diagnosis increased rapidly after commencing use of hormonal contraception, which is difficult to explain if it should be characteristics in users of hormonal contraception rather than the use itself that explain the increased risk for depression with hormonal contraceptive use.

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CORRECTION

Correction for a Sentence in the Results Section: In the Original Investigation titled “Women’s Mental Health and Well-being 5 Years After Receiving or Being Denied an Abortion: A Prospective, Longitudinal Cohort Study,” published online December 14 in JAMA Psychiatry,¹ incorrect statistics (numbers, percentages, and a P value) were inadvertently included in a sentence in the text. In the first paragraph of the Results section, the fourth sentence should have read: “By the final interview wave (wave 11), women in the turnaway-birth group (82 of 161 [50.9%]) were marginally less likely to participate than those in the near-limit group (270 of 452 [59.7%]; P = .053).” This article was corrected online and in print.