

**Re: The incidence, characteristics, managements and outcomes of anaphylaxis in pregnancy: a population-based descriptive study****Latex anaphylaxis in pregnancy: gone or forgotten?**

Sir,

We read with interest the important publication in your journal by McCall et al.¹ that presented prospectively collected data on all reported cases of anaphylaxis in pregnancy over a 3-year period in the UK. The authors highlight the relative safety of antibiotics given their frequent administration in this population.

We wish to draw attention to another characteristic of the manuscript; a notable lack of reference to latex as the potential culprit among the reported cases. As has been previously reported,² latex is the second most common cause of anaphylaxis and sensitivity is particularly high among pregnant women.³

From our own limited experience, latex has been a more common source of anaphylaxis than antibiotics.⁴

Even with zealous assessment for risk factors, it may not be possible to abolish the risk of latex anaphylaxis.⁴ We are curious as to whether the absence of latex as a potential anaphylaxis trigger according to your data in Figure 1 was intentional. Perhaps latex is no longer used in labour wards and operating theatres in the UK? Given that latex is unfortunately still present in many labour wards around the world, this would be important information to disseminate: that over a 3-year period, there were no reported cases of latex anaphylaxis among pregnant women as latex is no longer used in the UK. ■

References

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anaphylaxis in pregnancy: a population-based descriptive study. *BJOG* 2018;125: 965–71.

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- 3 Draisci G, Zanfini BA, Nucera E, Catarci S, Sangregorio R, Schiavino D, et al. Latex sensitization: a special risk for the obstetric population? *Anesthesiology* 2011;114:565–9.
- 4 Péér L, Brezis ML, Shalit M, Carvalho B, Levin PD, Seri O, et al. Evaluation of a prospectively administered written questionnaire to reduce the incidence of suspected latex anaphylaxis during elective cesarean delivery. *Int J Obstet Anesth* 2014;23:335–40.

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