

**Authors' reply re: The incidence, characteristics, management and outcomes of anaphylaxis in pregnancy: a population-based descriptive study**

Sir,

As Ronel et al.¹ quite correctly note, we observed no cases of anaphylaxis due to latex in our national population-based study.² There is a striking difference between the incidence of anaphylaxis due to any cause in our national population-based study, as well as similar studies³ and the incidence of suspected anaphylaxis to latex in their single-centre study in Israel⁴ (1.6 per 100 000 maternities in the UK versus three suspected reactions to latex for a subset of 5600 deliveries over a year from a single centre). This raises important questions about the differences between both the methodologies and populations.

In our population-based study, clinicians reported the suspected causal agent and the most common causal agents were antibiotics and anaesthetic agents. It is unclear whether Péér et al. investigated other putative causes for the reactions they observed, but it is of note that only 5 of 14 were considered to have a 'probable' relation to latex. It is also clear that the severity of the reactions observed was variable, with at least one-third of a lesser severity to those we included in our study; it is uncertain how many would meet the internationally accepted definition of anaphylaxis that we used.

Our findings are consistent with previous research; a previous registry study on anaphylaxis in pregnancy in Texas showed no reactions as a result of exposure to latex;³ and a recent national audit of all National Health Service hospitals in the UK found that there were no anaphylactic reactions as a result of latex.⁵

The lack of latex-induced anaphylaxis in our study and in the recent national audit in the UK may be explained by an increase in latex-free environments and a decline in the use of latex gloves in the work place.^{5,6} However, we did not specifically collect information on whether latex gloves were used during the hospital stay of women included in our study. We can only speculate as to whether clinical practice accounts for some of the observed differences.

Disclosures of interest

None. ■

References

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