Article type : Letter to the Editor

We thank the authors for their recent letter and agree with the observation of a striking disparity between recognition of OSA in pregnancy by hospital coding data (0.08%) in contrast with a rate of 8.3% in prospectively screened nulliparous singleton pregnancy at 21-33 weeks of gestation [1] This emphasises that OSA is likely to be greatly underestimated in usual clinical practice in Australia. We anticipate that rates are also likely to be significantly higher in women with twin or multiple pregnancy than identified by hospital coding data. The relationship between OSA and adverse pregnancy outcomes makes this a problem worthy of further study.

1. Louis, J.M., et al., *Predictors of sleep-disordered breathing in pregnancy*. American Journal of Obstetrics and Gynecology, 2018. **218**(5): p. 521.e1-521.e12.

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