

Anaesthesia practice and reproductive outcomes: Facts unveiled

Sir,

This is in response to comments by Gupta *et al.*^[1] on our paper, “Anaesthesia practice and reproductive outcomes: Facts unveiled” published in the Indian Journal of Anaesthesia.^[2] In the discussion, we have mentioned that the male:female ratio among the first born children of anaesthesiologists who took the survey was 0.94. We had erroneously interpreted this to mean that more first-born children of anaesthesiologists were male. In reality, it implies that more first-born offspring of anaesthesiologists were female. We sincerely thank Gupta *et al.* for pointing out this error in interpretation. However, the question remains as to whether this sex distribution is significantly different from the national sex ratio.

The sex distribution of 1436 children born to anaesthesiologists was available from data generated by our survey. Of these, 711 were male and 725, female (M:F ratio = 0.98). When only first-born children were considered, there were 445 males and 470 females (M:F = 0.947). Among the respondents to our survey, 44.8% had been practicing anaesthesia for ≥ 10 years, and 40.27% were over the age of 40. It is reasonable to assume that the children of this group are unlikely to be less than 6 years of age. Therefore, comparison with the national child sex ratio (0–6 years) would be inappropriate, and we have compared our data with the sex ratio for the general Indian population.

As per the 2011 census data, the population of India was 1,210,193,422, with 623,724,248 males and 586,469,174 females (M:F = 1.064).^[3] The difference between the proportion of male children in our survey and the proportion of males in the Indian population was not significant ($Z = -1.5$, $P = 0.1243$). Similarly, there was no difference between the sex distribution of the first-borns of anaesthesiologists and the national sex ratio ($Z = -1.76$, $P = 0.0786$).

In the survey conducted by Gupta *et al.* in the USA,^[4] the first-born offspring sex ratio (male:female) was 0.82, and total children sex ratio was 0.93. These are similar to the ratios obtained in our survey. However, a direct comparison of the two samples may be

inappropriate given the differences between the study populations and in anaesthesia practices.

We are grateful to Gupta *et al.* for pointing out the inadvertent misinterpretation of the sex ratio in our paper, but this redo analysis clearly shows that the sex distribution among the children of anaesthesiologists in India does not differ significantly from the national sex ratio.

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Conflicts of interest

There are no conflicts of interest.

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