



## TRAVEL in PREGNANCY

Information in this leaflet is general in nature and should not take the place of advice from your health care provider. With every pregnancy there is a 3 to 5% risk of having a baby with a birth defect.

Many women choose to travel when pregnant for personal or work reasons. In general, the ideal time for a pregnant woman to travel is in the second trimester when she is feeling her best and the chances of pregnancy complications such as miscarriage or premature birth are lowest<sup>1,2</sup>. Travel within Australia by bus, car, train, plane or boat is usually not a problem as long as the woman is comfortable. When travelling long distances or overseas, it is wise to consult with your doctor, especially if your pregnancy is considered high-risk.

### Contraindications to long-distance travel in pregnancy<sup>1</sup>

The chance of pregnancy complications significantly increases during long-distance travel if a pregnant woman has any of the following high-risk factors:

- Obstetric high-risk: these include placental abnormalities, incompetent cervix, history of premature labour, diabetes, multiple pregnancy (ie twins, triplets) or high blood pressure in the current or a previous pregnancy.
- b) Medical high-risk: history of blood clots, valvular heart disease, severe anaemia, sickle cell disease or any chronic disease that requires medical treatment in the mother.
- c) Travel destination associated risks: these include areas that have a current outbreak of a life-threatening food or insect-borne infection, areas that require a live virus vaccination, areas endemic for chloroquine-resistant malaria and high altitude areas (>2500 meters or >8200 feet). All pregnant women who have travelled to high altitude should postpone exercise until acclimatised.

### Pre-travel planning<sup>1,2</sup>

It is wise to consult with your doctor and obtain a letter to take with you on your trip listing any medical problems you may have and a brief antenatal history. Also, consider the following:

- Medical services available during transit and at destination (such as level of healthcare available at the travel destination, locating the nearest hospital, whether they allow entry of pregnant travellers to their hospitals, availability of English-speaking doctors etc).
- Risks of disease and preventive treatment ie malaria and anti-malarial drugs, gastroenteritis and anti-diarrhoeals and oral rehydration drinks etc
- Vaccination requirements (consult with a Travel Doctor if necessary)
- Risks of nausea and vomiting/motion sickness (please see the MotherSafe factsheet on Nausea and Vomiting in Pregnancy for treatment options)
- Risks of air travel ie DVT (blood clot formation in the deep veins of leg)
- Medical travel insurance
- Timing of routine tests such as nuchal translucency and fetal morphology ultrasound
- Packing a medical kit that helps you treat common pregnancy complaints such as heartburn, thrush, constipation, nausea and haemorrhoids

### Air Travel<sup>1,2</sup>

Check with your airline their cut-off date for pregnant travellers. For local flights, it is generally 36 weeks, and international flights 35 weeks. A significant risk of air travel at any time but especially in pregnancy includes deep vein thrombosis (DVT) or clot. Ways to reduce the risk of DVT are:

- Staying well-hydrated by drinking lots of water. This includes avoiding alcohol or beverages containing caffeine.



- Wearing fitted knee-high compression stockings.
- Regularly walking around and doing frequent leg exercises (such as extending and squeezing your feet and toes) to improve blood circulation.
- Some women at high risk may need medication to prevent clots and this should be discussed with your doctor.
- If you are feeling short of breath or light-headed, don't hesitate to ask for an oxygen mask or other assistance.

### **Land Travel**<sup>1,2</sup>

It is generally wise to avoid long, tiring journeys and limit travel to 5 to 6 hours a day when pregnant. To prevent clots or DVT's associated with long-distance travel, frequent leg exercises are recommended. Make sure you are comfortable and well-hydrated. In vehicles, make sure the seatbelt lap sash is worn across the hips and under your pregnancy bump while the shoulder sash should be fitted above your bump. It is wise to move your seat well back from the steering wheel if you are driving or the dashboard if you are the passenger to reduce airbag impact in case of an accident. See your doctor if you are involved in an accident, even if it is minor.

### **Sea Travel**<sup>1,2</sup>

Check with your cruise line when planning a cruise while pregnant as most of them restrict travel beyond 28 weeks of pregnancy and have certain requirements for pregnant women. Sea travel can sometimes trigger motion sickness or nausea and vomiting of pregnancy—that combined with the increased risk of falls on a moving vessel may lead many pregnant women to avoid or postpone sea travel till after the baby is born particularly if they haven't travelled by sea before. Travelling by boat or ferry for short distances is generally safe in pregnancy. There are medicines you can take for motion sickness such as hyoscine hydrobromide (Travacalm®, Kwells® etc), doxylamine (Restavit®)<sup>3</sup> or other anti-histamines. However, it is best to consult with your doctor first for the best choice for you.

### **Food and Water**<sup>1,2</sup>

To reduce the risk of food or water-borne illness, the basic precaution of "boil, cook, bottle, peel" is sensible advice. This means boil all water or drink bottled water only (including using bottled water to brush teeth), eat freshly prepared and cooked food, peel all fruit before eating or wash with bottled water. Avoid raw, undercooked food (especially meat and seafood), fresh salads, peeled fruit, unpasteurised milk or milk products, soft cheeses and pates, unboiled water and ice to avoid infections such as listeria, toxoplasmosis and other diarrhoeal illness (please refer to the "Additional Resources" section below for links to information sheets on listeria and toxoplasmosis in pregnancy).

Other advice includes:

- Travellers' diarrhoea (TD) can be caused by different pathogens including bacteria, viruses and parasites and can potentially lead to dehydration, low blood pressure and shock in pregnancy. It is therefore really important to prevent or treat TD. Destinations considered high-risk for TD include South-East Asia, Latin America, Africa and the Middle East but it can happen anywhere in the world. In addition to using bottled water, one can use chlorine based purification tablets to purify water. Avoid iodine to purify water after 10 weeks gestation as it can affect the fetal thyroid. Wash your hands thoroughly after going to the toilet and before preparing or eating food. For symptomatic treatment, make sure to pack loperamide (Imodium®, Gastrostop®), codeine and oral rehydration preparations (Gastrolyte®, Hydralyte®)<sup>3</sup>.



NSW Medications in Pregnancy & Breastfeeding Service



### **Immunisations**<sup>1,2</sup>

It is generally recommended that pregnant women delay travel to developing nations till after their pregnancy in order to avoid exposure to vaccines. That said, inactivated virus vaccines have not been shown to be a risk in pregnancy. Live virus vaccines (such as Measles, Mumps, Rubella and Chicken Pox) are normally not recommended in pregnancy. Yellow fever vaccine should only be given when the risk of contracting the disease is substantial and travel is unavoidable<sup>4</sup>. Please consult with your GP and/or travel doctor for further information. As well, many of these vaccinations may be given *before* pregnancy so it is worth planning ahead to avoid any risks as well as the anxiety of weighing up the risks and benefits of having them once pregnant.

### **Malaria**<sup>1,2,5</sup>

Malaria infection is transmitted by mosquitoes and can lead to miscarriage, stillbirth, low birth weight, or premature delivery for the baby in pregnancy. Additionally, it can also lead to severe anaemia or death in the mother. Therefore, it is important to prevent or treat malaria in pregnancy. If possible, avoid travel to malaria-endemic areas.

Mosquito bites can be avoided by minimising outdoor activities from dusk to dawn, wearing long-sleeved clothing, using mosquito nets, insect screens and effective insect repellents. The active ingredient in insect repellents is DEET. DEET poorly crosses the placenta and has been shown to be safe to the baby when used in the 2<sup>nd</sup> and 3<sup>rd</sup> trimester. Common sense measures of DEET application include:

- choosing the family strength or kids strength formulation
- a spray is preferred to a roll-on and can be sprayed on top of your clothes to minimise exposure (see Additional Resources below for link to factsheet on DEET)

### **Suggested Items to Pack in Travel Kit**

Thermometer, compression stockings, blood pressure monitor, prenatal vitamins/folic acid, paracetamol, water purification tablets, oral rehydration powder, loperamide, insect repellent, sunscreen with high SPF, antifungal cream, haemorrhoid cream, laxatives, medicine for nausea/vomiting, urine dipsticks to check glucose levels (if required).

### **References**

1. Centers for Disease Control and Prevention, USA. Pregnant Travelers - Chapter 8-2014 Yellow Book. Aug 01 2013 < <http://wwwnc.cdc.gov/travel/yellowbook/2014/chapter-8-advising-travelers-with-specific-needs/pregnant-travelers>>
2. The Royal Australian and New Zealand College of Obstetricians and Gynaecologists. Travelling during pregnancy. Patient Information Pamphlet 20 Aug 2003. Mi-tec Medical Publishing
3. Rossi S (ed). Australian Medicines Handbook 2013. Australian Medicines Handbook Limited. Adelaide, 2013 [online] <https://www.amh.net.au.acs.hcn.com.au/online/view.php?page=index.php>
4. Australian Government Department of Health and Ageing. Vaccination of women planning pregnancy, pregnant or breastfeeding women, and preterm infants - updated May 2013 in Australian Immunisation Handbook - 10th Edition 2013:
5. World Health Organisation. Malaria in pregnancy.

### **Additional Resources**

1. Better Health Channel, Department of Health Victoria. **Pregnancy and Travel** 2016 [http://www.betterhealth.vic.gov.au/bhcv2/bhcarticles.nsf/pages/Pregnancy\\_and\\_travel](http://www.betterhealth.vic.gov.au/bhcv2/bhcarticles.nsf/pages/Pregnancy_and_travel)
2. Travel Doctor: [www.traveldoctor.com.au](http://www.traveldoctor.com.au)
3. Listeria: <http://www.foodstandards.gov.au/publications/Pages/listeriabrochuretext.aspx>; <https://mothertobaby.org/fact-sheets/listeriosis-pregnancy/>
4. Toxoplasmosis: <http://www.mothertobaby.org/files/toxoplasmosis.pdf>)
5. DEET: <http://www.mothertobaby.org/files/deet.pdf>).

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*For more information call MotherSafe: NSW Medications in Pregnancy and Breastfeeding Service on 9382 6539 (Sydney Metropolitan Area) or 1800 647 848 (Non-Metropolitan Area) Monday -Friday 9am-5pm (excluding public holidays)*