



Travelling during Pregnancy

Many women will travel during pregnancy for work, recreation and visiting friends and relatives. In general, the second trimester is the safest and most comfortable time to travel. The chance of miscarriage is very small, nausea and vomiting are likely to have settled and physical constraints have not yet begun to limit your movement.

Always check with your doctor or midwife prior to planning travel to ensure it is safe for you to do so. Travel insurance that covers pregnancy is recommended.



Air travel

Airlines will have restrictions for pregnant travellers, so check with your airline prior to travel.

Most domestic airlines will not permit pregnant women to travel for more than four hours after 36 weeks gestation, international flights restrict travel from 32 weeks. Some will require a letter from your doctor or midwife confirming your due date and whether there are any complications with your pregnancy.

A blood clot in the leg, (deep vein thrombosis, or DVT) is a significant risk of air travel at any time. The risk remains increased up to two weeks after travel. The chance of this happening increases further with pregnancy.

In order to reduce the risk of DVT:

- stay well hydrated. Drink plenty of water and avoid caffeine and alcohol
- wear knee-high fitted compression stockings
- regularly walk around the cabin and/or do frequent leg exercises to improve blood circulation
- some women may be advised to take medication to prevent clots, so check with your doctor
- if you are feeling short of breath or unwell, ask for assistance.

Questions you should consider before you travel:

- Do I have appropriate health insurance?
- Are there any medical or obstetric concerns with me travelling?
- Are there any recommended vaccinations for the region I intend to travel?
- What medical services are available in the area and can I access them?
- Is there a risk of mosquito-borne virus and if so, what is safe to use for protection?
- What medications do I have available in cases of problems such as traveller's diarrhoea?
- How comfortable would I be with my decision if something went wrong?

Land travel

It is generally advised that long, tiring journeys be avoided.

Sitting in a car for a long period can be quite uncomfortable and may increase your risk of DVT. To minimise the risk, make sure you periodically move, flex and extend your knees and ankles. Follow the 'stop and revive' method and stretch your legs every two hours.

Your sitting position is important in minimising the risk of injury in case of an accident. Make sure the seatbelt lap sash is worn around your hips and under your pregnancy belly. The shoulder strap should be fitted above your belly and between your breasts.





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Move your seat back from the steering wheel as much as is safe to do so to reduce the risk of airbag impact. Always talk to your doctor or midwife if you do have an accident. Even minor accidents can cause complications, and you and your baby should be reviewed.

Sea travel

Short trips by ferry and boat are generally safe. Cruise liners generally restrict travel earlier in pregnancy than the airlines do, often beyond 28 weeks. They may also have certain requirements so check with them prior to travelling. Sea travel can trigger nausea and vomiting and there is an increased risk of falls on a moving vessel.

Consult your doctor, as there are medications you may be able to take for motion sickness.

Food and water

Consider the risk of water-borne illnesses when travelling overseas. Traveller's diarrhoea is a greater risk in less developed countries but can happen anywhere.

Traveller's diarrhoea can be caused by a variety of different bacteria, viruses and parasites. If there is a concern, use bottled water when able, including when brushing your teeth. Remember ice cubes are usually made with local water and also carry risk. If bottled water is not available, boil water in areas of high-risk and use chlorine based tablets to purify water. Iodine based water purification systems are not advised in pregnancy as they can affect your baby's thyroid gland. Discuss your travel plans with your doctor, as there may be medications and preparations that you can pack for relief but not all preparations are suitable for pregnant women.

Remember to follow general hygiene principles when travelling. Always wash your hands before preparing or eating food. Hand sanitiser is a great alternative when water is scarce or the safety of water is a concern. Wash fruit using bottled water, or peel it. Eat freshly prepared food. Avoid raw and undercooked food, unpasteurised milk products, soft cheeses, pates and prepared salads as they may harbour listeria and toxoplasmosis which are of particular concern during pregnancy.



Destinations

Some destinations are more suitable than others for travel when pregnant. Consider any environmental risks in the area you wish to travel.

As pregnancy progresses you may not tolerate high humidity, extreme heat, high altitude and high levels of air pollution, which may limit your ability to travel. This may be made worse if you suffer from chronic medical conditions such as asthma or (chronic) anaemia. If a concern does arise, transport in and out of islands and remote areas may be difficult. Check that your travel insurance will cover any necessary medical care and evacuation expenses.

In general, it is advisable to delay travel to developing nations until after pregnancy. You should consider not only vaccinations suggested for your travel destination, but whether your general vaccinations are up to date and whether a particular vaccination is recommended in pregnancy. For example, the yellow fever vaccine is only recommended in pregnancy when the risk of contracting the disease is high and travel is unavoidable.

Malaria is a particular risk in some areas. Infection is transmitted by mosquitoes and can be associated with severe anaemia, miscarriage, stillbirth, fetal growth restriction and premature delivery. If travel cannot be avoided, minimise outdoor activity from dusk till dawn, wear long-sleeved clothing, sleep under mosquito nets, and use insect repellent with DEET. Although DEET has been shown to be safe after the first trimester, you should minimise skin absorption by using a spray rather than a roller and spray it on top of your clothes. Areas endemic with highly resistant strains of malaria may require oral medication to minimise the risk of infection. Check with your doctor before you travel.

Useful resources

Australian Government. Department of Health

www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/pregnant-women

NPS. Medicine Wise

www.nps.org.au/medicines/immune-system/vaccines-and-immunisation/for-individuals/who-should-be-vaccinated/pregnant-women

World Health Organisation

www.rbm.who.int/cmc_upload/0/000/015/369/RBMInfosheet_4.htm Additional Resources 1

Better Health Channel, Department of Health Victoria

www.betterhealth.vic.gov.au/bhcv2/bhcarticles.nsf/pages/Pregnancy_and_travel

Travel Doctor

www.traveldoctor.com.au

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