



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 travel when pregnant. 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^{1,2}. Travel within Australia 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 and precautions involving long-distance travel in pregnancy¹

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 (twins, triplets) or high blood pressure in the current or a previous pregnancy
- Medical high-risk: history of blood clots, valvular heart disease, severe anaemia, sickle cell disease or any chronic disease that requires medical treatment of the mother
- Travel destination associated risks: these include areas that have an outbreak of a life-threatening food or insect-borne infection, areas that require a live virus vaccination, areas endemic for malaria, dengue or Zika and high altitude areas (>2500meters). All pregnant women who have travelled to high altitude should postpone exercise until acclimatised

Pre-travel planning^{1,2}

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, whether they allow entry of pregnant travellers to their hospitals).
- Risks of infectious disease and preventive treatment ie malaria and anti-malarial drugs
- Vaccination requirements (consult with a Travel Doctor if necessary)
- Risks of nausea and vomiting/motion sickness (see Sea Travel below, the MotherSafe factsheet on Nausea and Vomiting in Pregnancy or ring MotherSafe for options)
- Risks of air travel ie DVT (blood clot formation in the deep veins of leg)
- Medical travel insurance- make sure you are covered for pregnancy
- 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(see relevant MotheSafe factsheets)

Air Travel^{1,2}

Check your airline's cut-off date for pregnant travellers. For local flights, it is generally 36 weeks, and international flights from 32 weeks. A significant risk of air travel 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 fluid especially water.
- Wearing fitted knee-high compression stockings.

*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)*



- Regularly walking around and doing frequent leg exercises to improve blood circulation.
- Women at high risk may need medication to prevent clots

Land Travel^{1,2}

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^{1,2}

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—that combined with the increased risk of falls on a moving vessel may lead many pregnant women to postpone sea travel until 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®), doxylamine (Restavit®)³ or other anti-histamines. However, you should first consult your doctor for the best choice for you.

Food and Water^{1,2}

To reduce the risk of food or water-borne illness, the basic precaution of "boil, cook, bottle, peel" is sensible advice in at-risk countries. 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).

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 important to prevent or treat TD. Destinations considered high-risk for TD include 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 of pregnancy as it can affect your unborn baby's thyroid. Wash your hands thoroughly after going to the toilet and before preparing or eating food. Hand sanitiser is a reasonable option. For symptomatic treatment, pack loperamide (Imodium®, Gastrostop®) and oral rehydration preparations (Gastrolyte®, Hydralyte®)³.

Immunisations^{1,2}

Another issue when considering travel to a developing country is the need to be vaccinated while pregnant to prevent specific infectious diseases. Many immunisations are not recommended routinely when pregnant. That said, inactivated vaccines have not been shown to be a risk in



pregnancy and may be given if the pregnant woman will be at increased risk of contracting the disease (for example injectable typhoid and hepatitis A vaccines). However, live virus vaccines such as measles, mumps, rubella (MMR) and chicken pox (varicella) vaccines are contraindicated in pregnancy. Furthermore, yellow fever vaccine should only be given when the risk of contracting the disease is substantial and travel is unavoidable⁴. Please consult with your GP and/or travel doctor. These vaccinations are ideally given **before** pregnancy so it is worth planning ahead.

Malaria^{1,2}.

Malaria is transmitted by mosquitoes and can lead to miscarriage, stillbirth, low birth weight, or premature delivery in pregnancy. It can also lead to 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. If travel is unavoidable, 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. A commonly used ingredient in these repellents is DEET. DEET poorly crosses the placenta and has not been shown to have adverse effects at any stage of pregnancy. Medium strength formulations are preferred to high strength (avoid 80%) as they give the same level of protection with a lower exposure level (see Additional Resources below for link to factsheet on DEET). Picaridin can also be used in pregnancy.

Zika

Zika is a virus that can be spread by mosquito bites in areas that are known to have both the virus and the specific types of mosquitoes that carry it⁵. It is a concern for pregnant women, women planning pregnancy and their partners because it is associated with a range of severe abnormalities in babies born to infected mothers. Many areas worldwide are known to have Zika virus- if you are travelling overseas, it is important to check whether your destination is a Zika affected area. See guidelines from the Australian Department of Health regarding Zika - <http://www.health.gov.au/internet/main/publishing.nsf/Content/ohp-zikavirus>

References

1. Centers for Disease Control and Prevention, USA. 2018 Yellow Book Travelers' Health. Chapter 8- Advising travellers with specific needs. <https://wwwnc.cdc.gov/travel/yellowbook/2018/advising-travelers-with-specific-needs/pregnant-travelers>. Accessed September 2018.
2. The Royal Australian and New Zealand College of Obstetricians and Gynaecologists. Travelling during pregnancy. <https://www.ranzcog.edu.au/Womens-Health/Patient-Information-Resources/Travelling-during-pregnancy>. Accessed September 2018
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 August 2017 in Australian Immunisation Handbook - 10th Edition
5. Australian Government Department of Health. Zika virus <http://www.health.gov.au/internet/main/publishing.nsf/Content/ohp-zikavirus>

Additional Resources

1. Listeria: <http://www.foodstandards.gov.au/publications/Pages/listeriabrochuretext.aspx>; <https://mothertobaby.org/fact-sheets/listeriosis-pregnancy/>
2. Toxoplasmosis: <http://www.mothertobaby.org/files/toxoplasmosis.pdf>)
3. Zika: Zika: <https://mothertobaby.org/fact-sheets/zika-virus-pregnancy/>
4. DEET: <http://www.mothertobaby.org/files/deet.pdf>).
5. Insect repellents: <https://mothertobaby.org/fact-sheets/insect-repellents/>

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