

**BASIC INFORMATION****GENERAL RECOMMENDATIONS FOR TRAVEL**

- When deciding to travel, a pregnant woman should consider the potential problems associated with the particular trip, as well as the quality of medical care available during transit and at her destination. The safest time for a pregnant woman to travel is during the second trimester (14 through 24 weeks), when she usually feels best and is in least danger of experiencing a spontaneous abortion or premature labor. A woman in the third trimester should try to stay within 300 miles of home because of concerns about access to medical care in case of problems such as hypertension, phlebitis, or false premature labor. Consult with your health care providers before making any travel decisions.
- Once a pregnant woman has decided to travel, a number of issues need to be considered prior to the departure. For instance, travel with at least one companion and be aware that, during pregnancy, the level of comfort might be adversely affected by traveling.

GUIDELINES FOR THE PREGNANT TRAVELER

The pregnant traveler should:

- Make sure, before traveling, that health insurance is valid (especially while abroad), and that the policy covers a newborn should delivery take place. Also for international travel, a supplemental travel insurance policy and a prepaid medical evacuation insurance policy should be obtained, though most might not cover pregnancy-related problems.
- Check on medical facilities at the destination. For a woman in the last trimester, medical facilities should be able to manage complications of pregnancy, preeclampsia, and cesarean sections.
- Determine beforehand whether prenatal care will be required while traveling and, if so, who will provide it. Also make sure prenatal visits requiring specific timing are not missed.
- Determine, prior to any international traveling, whether blood is screened for human immunodeficiency virus (HIV) and hepatitis B at the destination. A pregnant traveler and her companion(s) should always know their blood types.
- Motor vehicle accidents are a major cause of morbidity and mortality for pregnant women. Safety belts should be fastened at the pelvic area. Lap and shoulder restraints are best; in most accidents, the fetus recovers quickly from the safety belt pressure. However, even after seemingly blunt, mild trauma, a physician should be consulted.

• Typical problems of pregnant travelers are the same as those experienced by pregnant nontravelers: fatigue, heartburn, indigestion, constipation, vaginal discharge, leg cramps, increased frequency of urination, and hemorrhoids. Signs and symptoms that indicate the need for immediate medical attention are bleeding, passing tissue or clots, abdominal pain or cramps, contractions, ruptured membranes, excessive leg swelling, headaches, or visual problems.

• Hepatitis E (HEV), which is not vaccine preventable, can be especially problematic for pregnant women, for whom there is a case fatality rate of 17% to 33%. The best preventive measures are to avoid potentially contaminated water and food, as with intestinal infections.

AIR TRAVEL

- Commercial air travel poses no special risks to a healthy pregnant woman or her fetus. In larger airplanes, the cabins are pressurized to compensate for lower levels of oxygen at high altitudes. Talk to your obstetric provider before flying in a small, unpressurized aircraft.
- Severe anemia, sickle-cell disease or trait, a history of thrombophlebitis, or placental problems are relative contraindications to flying; however, supplemental oxygen can be ordered in advance.
- Each airline has policies regarding pregnancy and flying; it is always safest to check with the airline when booking reservations because some will require medical forms to be completed. Domestic travel is usually permitted until the pregnant traveler is in her 36th week of gestation, and international travel may be permitted until the 32nd week. A pregnant woman should be advised to always carry documentation stating her expected date of delivery.
- An aisle seat at the bulkhead will provide the most space and comfort, but a seat over the wing in the midplane region will give the smoothest ride. A pregnant woman should walk every half hour during a smooth flight, and flex and extend her ankles frequently to prevent phlebitis (blood clots). The safety belt should always be fastened at the pelvic level. Fluids should be taken liberally because of the dehydrating effect of low humidity in aircraft cabins.
- Additions and substitutions to the usual travel health kit need to be made during pregnancy. Include a thermometer, oral rehydration salts (ORS) packets, multivitamins, an anti-fungal agent for vaginal yeast, acetaminophen, insect repellent containing a low percentage of DEET, and a sunscreen with a high SPF. Women in their third trimesters may be advised to carry a blood pressure cuff and urine dipsticks so they can check for proteinuria and glucosuria, both of which would require attention. Antimalarial and antidiarrheal self-treatment medications should be evaluated individually, depending on the traveler, her trimester, the itinerary, and her health history. Most medications should be avoided, if possible.

PREGNANCY & TRAVEL

(Sheet 2 of 2)

REASONS TO CONSIDER FOR NOT PLANNING ON INTERNATIONAL TRAVEL DURING PREGNANCY

TRAVELERS WITH OBSTETRICAL RISK FACTORS

- History of miscarriage.
- Incompetent cervix.
- History of ectopic pregnancy (ectopic with present pregnancy should be ruled out prior to travel).
- History of premature labor or premature rupture of membranes.
- History of, or existing, placental abnormalities.
- Threatened abortion or vaginal bleeding during present pregnancy.
- Multiple gestation in present pregnancy.
- History of toxemia, hypertension, or diabetes with any pregnancy.
- First pregnancy at 35 years of age or older, or 15 years of age or younger.

TRAVELERS WITH GENERAL RISK FACTORS

- Valvular heart disease.
- History of thromboembolic disease.
- Severe anemia.
- Chronic organ system dysfunction that requires frequent medical interventions.

TRAVELERS CONTEMPLATING TRAVEL TO POTENTIALLY HAZARDOUS DESTINATIONS

- High altitudes.
- Areas endemic for, or with ongoing, outbreaks of life-threatening food- or insect-borne infections.
- Areas where there is a risk of malaria, and chloroquine-resistant *Plasmodium falciparum* is endemic.
- Areas where live virus vaccines are required and recommended.
- For more information, visit a library or do a web search.



NOTIFY OUR OFFICE IF

You or a family member is pregnant and is considering any international travel or an extended trip in the U.S.