

SHOAL BAY & ANNA BAY MEDICAL CENTRES

TRAVEL MEDICINE ALLIANCE

PREGNANCY AND TRAVEL

Before you go

- Travel only if considered necessary
- Travel with a companion. Do not travel alone.
- Contact airline/cruise ship for regulations regarding pregnancy
- Obstetric review prior to travel is essential. Ensure that your obstetrician is happy for you to travel
- Carry obstetrician's letter with expected delivery date in carry-on luggage
- Be prepared for possible obstetric problems while travelling
- Check details of travel insurance regarding pregnancy. Ensure there is cover the medical evacuation, and cover for the baby, in case of delivery while travelling.
- Consider subscription to the blood Care Foundation www.bloodcare.org.uk a provider of emergency screened blood for travellers abroad.

Medical kit

Traveller's diarrhoea	Oral rehydration therapy, Antibiotics; azithromycin (B1), norfloxacin (B3)
Morning sickness	Ginger, pyridoxine (Vitamin B6), metoclopramide (maxalon) (A)
Pain/fever	Paracetamol (A)
Respiratory infection	Amoxicillin (A)
Sinus congestion	Saline nasal spray (A)
Urinary tract infection	Cephalexin (A)
Antihistamine	Polaramine (A)
Vaginal thrush	Canesten (A)
Other	Folate, insect repellent, compression stockings, malaria medications if required

Malaria

- Ideally, avoid travelling to malarious areas during pregnancy unless travel is unavoidable. Visiting a high risk malaria area is one of the few occasions that we may recommend against travel or a change in destination. Reasons include:
 - Pregnant women are more attractive to mosquitoes – you are two times more likely to be bitten than when not pregnant.
 - No drug is completely effective in preventing malaria
 - Malaria is more frequent and more severe in pregnancy
 - Malaria increases the risk of prematurity, miscarriage, stillbirth and maternal death

- Personal protection measures are important {not just for malaria} – Permethrin nets are safe to use while pregnant. 30% DEET is now found to be safe for use in pregnancy
- Malaria medications most commonly prescribed during pregnancy are:
 - Mefloquine for prevention
 - Riamet for standby treatment in 2nd trimester.

While you are away

Air travel tips

- Wear the seatbelt low around the pelvis
- Increased risk of travellers' thrombosis if travel during pregnancy – book aisle seat, do regular gentle in-flight exercises of the lower limbs, avoid dehydration, and wear compressions stockings.
- There is a theoretical risk from cosmic radiation to unborn child, however current information indicates you would need 1000 flights, each of 10 hours duration to cause harm. Ideally limit flying to less than 200 hours during pregnancy.
- Negligible risk to unborn child from lower oxygen in aircraft during flight.

Travellers' diarrhoea

- Take extra care choosing food and drink
- Pregnancy increases the risk of serious consequences from traveller's diarrhoea, and harder to treat if you get it.
- Dehydration can result in miscarriage, premature labour and shock
- Avoid dehydration; if you have one loose stool, start oral rehydration solution early, do not wait.
 - Uncooked meat: toxoplasmosis risk
 - Soft cheese: listeria risk
 - Food/water: Hepatitis E (15% fatality in pregnant women)

If you get sick

- Seek medical attention immediately, especially if you develop fever, blood in stools and/or severe diarrhoea
- Call your travel insurance provider to find the best local medical care.