
Pregnancy and travel

Summary

- If you are pregnant, the safest time for you to travel is during the second trimester, provided you aren't experiencing any complications.
 - If you are pregnant and considering travel, you must consult with your doctor, especially if your pregnancy is high risk.
 - Avoid travelling to developing nations during pregnancy.
 - Be wary of taking medications of any kind, including those commonly used to treat traveller's diarrhoea.
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If you are pregnant, the safest time for you to travel, generally speaking, is during the second trimester, provided you aren't experiencing any complications. If you are pregnant and considering travel, you must consult with your doctor, especially if your pregnancy is high risk. Consider the standard of medical care at your chosen destination, just in case you need help.

Some countries have reciprocal healthcare arrangements with Australia – check with Medicare. Travelling to developing nations is not encouraged during pregnancy for various reasons, including the risk of disease and the lower standard of medical facilities compared to Australia.

High-risk pregnancies and travel

Pregnant women experiencing complications are advised not to travel. Some complications include:

- cervical problems, such as 'incompetent cervix'
- vaginal bleeding
- multiple pregnancy
- gestational diabetes, past or present
- high blood pressure, past or present

- pre-eclampsia (a toxic condition sometimes occurring in pregnancy), past or present
- abnormalities of the placenta, past or present
- prior miscarriage
- prior ectopic pregnancy (a pregnancy that develops outside the womb)
- prior premature labour.

If you are aged 35 years or over and pregnant for the first time, you are also advised not to travel.

Travel immunisation warnings for pregnant women

Travellers to most developing nations need to be immunised against diseases such as typhoid. Most vaccines are either dangerous to unborn babies or haven't been adequately tested for safety on pregnant women.

The important exception to this is the influenza vaccine, which can be safely given during pregnancy. It is strongly recommended for all pregnant women, as influenza in pregnancy can be a very serious illness. Generally, all live virus vaccines (such as mumps and measles) should be avoided during pregnancy.

Some vaccines, such as for yellow fever, may cautiously be given after the first trimester. Be advised by your doctor. It is recommended that pregnant women delay any travel to developing nations until after their babies are born.

Travel and the risk of malaria during pregnancy

Malaria is an infection carried by particular species of mosquito. A pregnant woman who catches malaria risks miscarriage, premature labour and stillbirth. Some antimalarial drugs (such as chloroquine) are considered safe to take during pregnancy, but others (such as doxycycline) are potentially harmful to the unborn baby. It is recommended that pregnant women avoid travelling to areas where malaria is present.

Risks of long-distance travel during pregnancy

Long periods of not moving during car, bus, rail and air travel increases the risk of clots forming in the deep veins of the leg, known as deep vein thrombosis (DVT). These clots can circulate and lodge in parts of the body such as the lungs.

The risk of DVT is increased in pregnancy if:

- you had a DVT in the past
- you weigh more than 100 kg
- you have a multiple pregnancy
- a family member has had a DVT.

One in 1,000 pregnant women will develop DVT. Research indicates the risk of DVT can increase by two or three times in a long-distance flight.

There is no research-based advice on travel for pregnant women. However, if you choose to travel long distances, you should:

- Do frequent leg exercises.
- Walk regularly (in the case of air travel, walk around the aircraft cabin if the flight is smooth).
- Avoid dehydration by drinking plenty of water.
- Minimise alcohol and caffeine intake.

If you have an increased risk of DVT, you are advised to:

- Discuss travel plans with your doctor.
- Wear well-fitting elastic below-knee compression stockings during the journey.
- Receive heparin injections before and after any journey longer than four hours.

Air travel and pregnancy

Before you decide to travel by plane:

- Discuss any potential risks particular to your pregnancy with your doctor. For example, a woman with gestational diabetes or a multiple pregnancy is generally advised not to fly.
- Be aware that air travel in the last six weeks of pregnancy could trigger premature labour.
- Check with the airline – some airlines won't allow a woman over 35 weeks to fly at all, or they require a doctor's note.
- Check the fine print of your travel insurance – some policies may not cover pregnancy.
- Arrange with the airline for a bulkhead seat or a seat near an exit for extra leg room.
- Consider booking an aisle seat – going to the toilet will be a little easier.

Before you leave, discuss with your doctor whether you need to travel with a medical kit. Remember to pack this kit in your carry-on luggage so you can access it during the flight.

Items your medical kit could contain:

- preparations to help you treat common pregnancy complaints such as heartburn, thrush, constipation and haemorrhoids
- oral rehydration preparations in case of traveller's diarrhoea
- multivitamins formulated for pregnant women
- urine dipsticks to check glucose levels (if required).

During the flight:

- Wear your seatbelt under your bump and across your lap.

- Stretch and move your legs regularly while seated. Consider wearing support stockings for the duration of the flight. A pregnant woman's circulation is already under strain – the lower cabin pressure inside a plane can theoretically increase the risk of blood clots.
- Drink plenty of water to reduce the risk of dehydration. Keeping up your fluid intake will also reduce the risk of DVT.
- If the flight is smooth, walk up and down the aisles every half hour.
- If the flight has turbulence, stay in your seat, but flex and extend your ankles frequently.
- If you are feeling short of breath or light-headed, ask one of the flight attendants to give you breathing oxygen.

Car travel and pregnancy

If travelling by car:

- Make frequent breaks to stretch your legs and visit the toilet.
- Always wear a seatbelt. Fasten the lap sash across your lap and under your bump, fit the shoulder sash above your bump and between your breasts.
- Avoid wearing the lap sash across your bump as a sudden jolt could cause your placenta to separate from your uterus.
- If you are sitting in the front passenger seat, move your seat well back from the dashboard to reduce airbag impact in case of a collision.
- If you are driving, have your seat as far back from the steering wheel as possible, while still being able to drive safely and comfortably. It may help to tilt the steering wheel downwards, away from your belly.
- If you are involved in a collision, however minor, see your doctor.
- If you have contractions, pain or bleeding after an accident, see a doctor as soon as possible. Let them know if you have a rhesus negative (<http://www.babycenter.com.au/a568837/what-is-my-rhesus-status-and-how-will-it-affect-my-pregnancy>) blood group, as you may need to have an anti-D injection.
- Consider joining a roadside assistance program that can help you in case of a breakdown, and always carry a mobile phone.

Heat and sun exposure and pregnancy

If travelling in hot weather:

- Carry a water bottle with you and drink water frequently.
- Stay in the shade or inside during the hottest part of the day.
- Protect your skin by wearing loose-fitting clothing, a hat and sunscreen.
- Avoid rushing or overexertion – plan your activities and give yourself plenty of time.

Overheating during pregnancy

If you feel weak and dizzy, light-headed or even slightly nauseous, it may be a sign that you are overheating and dehydrated. Remember:

- to seek shade or go inside, drink a glass of cool water and lie down
- to bring down your temperature by using a fan, placing a cool, wet cloth on your forehead and the back of your neck, or running cool water over your wrists.
- that dizziness may also indicate a drop in blood sugar, so have a light snack such as a banana or a piece of toast.

Sporting activities and pregnancy

Certain sporting activities carry an increased risk to your unborn baby. Activities to avoid include:

- Water-skiing – coming off the skis could force water into the vagina.
- Scuba diving – the changes in blood gases may harm your baby. Snorkelling is fine and scuba diving to depths of less than 18 metres (60 feet) is reasonably safe, but check with your doctor first.
- Saunas and hot tubs – raising your body temperature can harm your baby.
- Horseback riding – the motion of horseback riding carries a risk of placental abruption (separating the placenta from the uterus). Falling from or being kicked by a horse carries a high risk of trauma to your baby, or even death.
- High-altitude activities such as mountain climbing – at heights over 3,000 metres, the oxygen level in the air is low. This reduces the oxygen available to your baby. Pregnant women are also more vulnerable to developing altitude sickness.

Traveller's diarrhoea and pregnancy

Be careful to avoid food poisoning, as certain infections can harm the baby or trigger miscarriage. Remember to:

- Avoid food buffets, seafood, undercooked meats, soft cheeses and pâtés.
- Wash your hands thoroughly after going to the toilet, before preparing food and before eating.
- In developing nations, only eat fruit that you have peeled yourself. Avoid leafy greens and salads because they could have been washed in contaminated water.
- Drink bottled water if you are unsure of the water supply. Use bottled water when brushing your teeth. Make sure that all eating utensils are thoroughly dried after washing.
- Avoid ice.
- If you must use the local water, boil the water thoroughly for five minutes before using.
- Avoid treating unsafe water with iodine. If consumed over a few weeks, iodine can cause your unborn baby to develop a goitre (enlarged thyroid gland).

Medications to avoid during pregnancy

Pregnant women should be wary of taking medications of any kind. Some medications can pass to the baby through the placenta and cause birth defects or miscarriage.

- Avoid taking any over-the-counter medication unless advised by your doctor, who knows you are pregnant.
- Medications that are commonly used to treat traveller's diarrhoea are dangerous during pregnancy.
- Avoid alcohol.
- Avoid using 'social' or 'recreational' drugs.

Where to get help

- Your doctor
- NURSE-ON-CALL
(<http://www.betterhealth.vic.gov.au/health/serviceprofiles/nurse-on-call-service>)
Tel. 1300 60 60 24
– for expert health information and advice (24 hours, 7 days)

Things to remember

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- Avoid travelling to developing nations during pregnancy.
- Be wary of taking medications of any kind, including those commonly used to treat traveller's diarrhoea.

References

- Getting there by car, [babycenter.com.au](http://www.babycenter.com.au). More information here
(<http://www.babycenter.com.au/a6959/getting-there-by-car>)
.
- Pregnancy and overheating, 2011, netdoctor, More information here
(<http://www.netdoctor.co.uk/pregnancy-and-family/pregnant-and-overheating.htm>)
.
- 'Influenza', 2013, The Australian Immunisation Handbook 10th Edition 2013, Australian Government Department of Health. More information here
(<https://immunisationhandbook.health.gov.au/vaccine-preventable-diseases/influenza-flu>)
.

- Reyes N, Grosse S, Grant A, Deep vein thrombosis and pulmonary embolism, Centers for Disease Control and Prevention. More information here (<https://wwwnc.cdc.gov/travel/yellowbook/2020/travel-by-air-land-sea/deep-vein-thrombosis-and-pulmonary-embolism>).

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