



PREGNANCY

Pregnant travellers are at a higher risk of complications as a result of some infectious diseases they may encounter during travel and it is important to consider these in advance. Furthermore, there is the risk of an obstetric mishap in a distant country - particularly a developing country with inadequate medical facilities and the potential problems associated with air travel itself.

A pregnant woman should reconsider overseas air travel if:

- There is a destabilising medical condition present, a history of obstetric problems including miscarriage, premature labour, gestational diabetes, hypertension or other issues such as cervical incompetence, multiple gestation, vaginal bleeding and maternal age of over 35 years.
- Labour is impending (it is the policy of most airlines not to accept bookings for pregnant women who wish to travel after 36 weeks domestically and 32 weeks internationally).

Hazardous destinations for pregnant women include:

- Areas where malaria is endemic.
- High-altitude locations.
- Areas of high-risk for potentially fatal food/water or insect-borne diseases.
- Places where live vaccines are required or recommended.

Discuss your travel plans with a travel medicine specialist.

PREPARATION

Medical assessment

For women in their first pregnancy or those who have had problems during pregnancy or delivery before, it may be wiser to defer a trip abroad.

A thorough knowledge of available medical and evacuation services is important. Information about the local environment and climate, the quality of accommodation and food and water sources should be obtained well before tickets are booked. Inadequate medical facilities in developing countries could pose serious problems during pregnancy, especially for premature and full-term babies. A letter from a doctor detailing medical history and results of any tests performed should also be carried overseas.

Medical insurance

Pregnancy in general carries a higher medical risk than normal, so obtaining adequate medical and travel insurance is important. Ensure that complications relating to pregnancy and birth are covered, (as well as medical care for the new baby), as many insurance policies will not cover this past 24 weeks. So check the Product Disclosure Statement for your selected travel insurer carefully. Some insurance policies will terminate benefits if care is sought from medical facilities that are not approved. Understand clearly what medical insurance will and will not cover during overseas travel.

Immunisations

When planning overseas travel it is prudent to determine if certain vaccinations may be recommended. Ideally your vaccination schedule should be completed at least three months prior to conception. There is currently no evidence that any vaccine, inactivated or live poses a risk in pregnancy, with the exception of the smallpox vaccine, however the safety of many vaccines in pregnancy has not been established and should be avoided in the first trimester. However, the benefit of vaccination may outweigh the risk when the potential for disease exposure is high and infection would be dangerous to mother and baby.

Yellow fever: Vaccination should be avoided until after delivery and also when breastfeeding infants under 9 months of age. The vaccine has been given to a large number of pregnant women with no adverse events however this live vaccine

should only be administered where there is a demonstrable risk of infection. If vaccination is only required for legal purposes, a letter of exemption may be issued. You will need to visit a yellow fever vaccination licensed centre in order to obtain either a vaccination certificate or a waiver letter.

A specialist travel medicine service such as Travelvax should be consulted before vaccination is considered.

Malaria

Malaria requires particular attention as this potentially fatal disease can also affect the foetus, resulting in miscarriage or stillbirth. Malaria is usually more severe in pregnancy. Also, there are fewer drugs available to pregnant women for preventing and treating Malaria.

Ideally pregnant women should avoid travel to malarial areas.

Where this is not possible, meticulous mosquito avoidance measures are paramount. No prophylaxis is completely effective: a sound knowledge of mosquito avoidance techniques is important. If possible, stay in well-screened or air-conditioned accommodation, remaining indoors from dusk to dawn when malaria transmitting mosquitoes are most active.

Anti-malaria medications, chloroquine and proguanil, are safe during pregnancy. However, in many countries where there is chloroquine-resistant malaria, these drugs provide less than optimum protection. Some antimalarials are contraindicated in pregnancy and breastfeeding, such as doxycycline. A travel medicine specialist can advise on the safety and efficacy of anti-malarial drugs and of potential risk areas.

Air travel

The safest time to travel is during the second trimester (weeks 18-24). Current guidelines from most international airlines permit travel up to 32 weeks, provided there are no other risk factors (e.g. high blood pressure, twin pregnancy). Airlines sometimes require a letter from the consulting physician indicating the expected delivery date and confirming the traveller's state of health.

Pregnancy increases the risk of venous thromboembolism during long flights; spending long periods seated should be avoided. An aisle seat is preferable to facilitate moving about the cabin: every hour is advisable. Simple exercises such as tightening and relaxing the leg muscles when seated will help avoid the risk of developing blood clots in the legs. The combination of altitude and pregnancy may interfere with venous circulation and lead to swelling of ankles and feet. Elastic support stockings above the knee may reduce the risk; elevate your feet when possible.

Dry cabin air may cause dehydration. Drink adequate bottled water or juice; avoid alcoholic beverages. Carbonated drinks and certain foods (cabbage, onion, beans) can cause bloating.

Illness while away

Any fever increases the risk of miscarriage and premature labour and should be investigated and treated as soon as possible.

Diarrhoea is particularly common during overseas travel. Adhere strictly to food and water guidelines (in particular, avoid uncooked or deli meats, smoked salmon and soft, ripened cheeses). Avoid the use of iodine-treated water as this may cause a thyroid-related condition for both mother and foetus. In the event of illness, temperature control and adequate fluid intake are vital to the well-being of both mother and foetus. Paracetamol is safe to take during pregnancy for treatment of pain or fever.

Medications used to prevent and treat travellers' diarrhoea may pose a risk in pregnancy and are generally not recommended. An antibiotic may be indicated for certain serious illnesses after consultation with a doctor. However, antibiotics are not appropriate for most minor respiratory and gastrointestinal problems. Seek medical advice before self-treatment, where possible.

The symptoms of morning sickness may be aggravated during overseas travel. An antihistamine or anti-nausea medication can be used but should be discussed with your doctor prior to travel.

Certain holiday activities like scuba diving, horse-riding and travelling to high altitude areas above 2,500 metres should be avoided. Saunas and very hot tubs should be avoided in the first trimester. Pregnant women should plan for an increased risk of thrush in the tropics.

Blood for transfusion during pregnancy may not be screened for HIV or other blood-borne infections in many developing countries.

More information on pregnancy is available during your pre-travel consultation with Travelvax. Call 1300 360 164

for the location of the clinic nearest to you.