

Traveling Internationally While Pregnant

Pregnant women require special attention when planning and preparing for international travel. Before making any travel decisions, women who are pregnant should consult their health-care provider. It is important to weigh the benefits and risks based on the destination and discuss the recommended preventive and treatment measures.

Air Travel

Commercial air travel poses no special risks to a healthy pregnant woman or her fetus. Each airline has policies regarding pregnancy and flying; it is always safest to check with the airline when booking reservations. Travel within the United States is usually permitted until week 36 of gestation, and international travel may be permitted until weeks 32 – 35, depending on the airline. Air travel should be discussed with a health-care provider anytime a woman is nearing the end of her pregnancy.

Follow the tips listed below to prepare you for commercial air travel.

- Airport security radiation exposure is minimal, but pregnant passengers may request a hand or wand search
- Travel with at least one companion
- Avoid gas-producing food or drinks before flights
- Always use seatbelts while seated
- Carry documentation stating the expected day of delivery, contact information for your obstetric provider and your blood type
- Walk every half hour during a smooth flight and flex and extend your ankles frequently
- Drink plenty of fluids during flights

Food and Waterborne Illness

- **Adhere strictly to food and water precautions in developing countries.** The consequences may be more severe than diarrhea and may have serious complications (i.e. toxoplasmosis, listeriosis).
- **Boil suspect drinking water** to avoid long-term use of iodine-containing purification systems.
- **Oral rehydration** is necessary therapy for travelers' diarrhea.
- **Products with bismuth subsalicylate compounds (Pepto Bismol®) should not be used during pregnancy.**

Significant risks for pregnant travelers:

Motor vehicle accidents

- Safety belts should be worn whenever possible
- Fasten seatbelts at the pelvic area, not across the lower abdomen
- Consult a physician even for mild trauma

Hepatitis E

- Hepatitis E is not vaccine preventable and is especially dangerous to pregnant women
- Avoid drinking unboiled or nonchlorinated water and beverages that contain unboiled water or ice
- Only eat food that is thoroughly cooked, including seafood, meat and meat products

Scuba diving

- Avoid scuba diving during pregnancy because of the risk of decompression syndrome in the fetus

Pregnancy and Malaria

Pregnant women should avoid travel to malaria-endemic areas if possible. Women who choose to go to malarious areas can reduce their risk of acquiring malaria by taking appropriate antimalarial medications and following insect precautions.

- Malaria transmission occurs primarily between dusk and dawn
- Contact with mosquitoes can be reduced by remaining in well-screened areas, using mosquito bed nets (preferably insecticide-treated nets), using a flying-insect spray in living and sleeping areas during evening and nighttime hours and wearing clothes that cover most of the body
- Use an effective mosquito repellent containing DEET, an ingredient in many commercially available insect repellents. DEET formulations as high as 50% are recommended for both adults and children older than 2 months. Apply DEET to exposed parts of the skin when mosquitoes are likely to be present.
- **Malaria must be treated as a medical emergency in any pregnant traveler.** Malaria is characterized by fever and influenza-like symptoms, including chills, headache, myalgia and malaise. Symptoms can develop as early as 7 days (usually at least 14 days) after initial exposure in a malaria-endemic area and as late as several months or more after departure. Travelers, especially pregnant travelers, who have symptoms of malaria should seek medical evaluation as soon as possible.

Travel Health Kit for Pregnant Women

In addition to the items listed in the general international travel health kit, pregnant women should consider the following additions:

- Talcum powder
- Thermometer
- Oral rehydration salt packets
- Prenatal vitamins
- Topical antifungal agent for vaginal yeast
- Acetaminophen (Tylenol®)
- Sunscreen with a high SPF

Women who must travel in their third trimester should carry a blood pressure cuff and urine dipsticks. They should be trained (by a health-care provider) how to use them to check for hypertension, proteinuria and glucosuria, any of which would require prompt medical attention.

Immunizations

Pregnant travelers may visit areas of the world where diseases still occur that have been eliminated by routine vaccination in the U.S. Immunizations against the diseases listed below may be recommended before travel.

- Diphtheria
- Hepatitis A*
- Hepatitis B
- Influenza
- Japanese encephalitis*
- Meningococcal disease*
- Pertussis*
- Pneumococcal disease*
- Polio
- Tetanus
- Typhoid
- Yellow fever*

* Vaccines to protect against these diseases have limited or unavailable safety and/or efficacy data in pregnant women.

Because pregnant women cannot be vaccinated against measles, mumps, rubella and varicella, unvaccinated women should delay travel until after delivery.



For more information on international travel health, visit www.cdc.gov/travel.

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