

Traveller Information Sheets



Pregnancy

Airlines have policies relating to pregnant travellers; generally most airlines do not permit travel via aircraft during the late stages of pregnancy. Pregnant women should contact the airline for advice on policies around pregnancy; this should be done before any flights have been booked.

There are some absolute contraindications to travelling via aircraft while pregnant:

- Abruptio placentae – where the placenta has detached from the lining of the uterus.
- Active labor
- Incompetent cervix
- Premature labor
- Premature rupture of membranes
- Suspected ectopic pregnancy
- Threatened abortion, vaginal bleeding
- Toxemia, past or present

The safest time to travel is during the second trimester. Women with previous obstetric problems and higher risk pregnancy should avoid travel if possible. Air travel is discouraged after 24 weeks gestation for women with risk factors, or after 36 weeks for normal pregnancy.

Vaccinations during pregnancy:

The vaccinations not recommended during pregnancy are:

- HPV (Human Papillomavirus) vaccine
- Yellow fever vaccine

Live vaccines that are contraindicated during pregnancy are:

- BCG vaccine (TB vaccine)
- Oral Typhoid vaccine (Vivotiff Oral)
- Measles Mumps and Rubella vaccine (MMR II or Priorix)
- Live Japanese Encephalitis vaccine (Imojev)
- Rotavirus vaccine (Rotarix or Rotateq)
- Varicella vaccine – chicken pox (Varilrix or Varivax)
- Zoster vaccine – shingles vaccine (Zostervax)

All other vaccinations must be discussed with your doctor to ascertain the level of risk present.

Travelling to malaria infected areas should be avoided as no anti malarial tablets are 100% effective. Lariam (mefloquine) can be taken after the first trimester of pregnancy. Where travel is absolutely unavoidable other forms of insect bite avoidance must be discussed,

this includes use of insect repellents, permethrin treatment for clothing and bed nets, appropriate clothing and safe area spraying.

Pregnant women who contract malaria are at risk from severe disease, this can have devastating effects on an unborn baby.

Pre-travel consultations should start at least 6-8 weeks before any intended travel to allow adequate time for a comprehensive discussion on safety during travel.

References:

Centres for disease control and prevention, 2013, Atlanta GA, viewed 9th April 2014, <<http://www.cdc.gov/vaccines/adults/rec-vac/pregnant.html>>

World health Organisation, 2014, Geneva Switzerland, viewed 8th April 2014, <http://www.who.int/ith/precautions/medical_conditions/en/>

Australian Technical Advisory Group on Immunisation 2013, *The Australian Immunisation Handbook. 10th ed.* Canberra: Australian Government Department of Health, viewed 13th April 2014, <<http://www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/handbook10-3-3>>