

# Travelling during Pregnancy

Many women may travel during pregnancy for work, recreation and visiting friends and relatives. In general, the second trimester is the safest and most comfortable time to travel. The chance of miscarriage is very small, nausea and vomiting are likely to have settled and physical constraints have not yet begun to limit your movement.

Some women may also consider travelling back to their family/whānau to give birth so consideration of mode of travel will be important depending on your gestation period.

Depending on which trimester you are at, different precautions need to be taken. Always check with your doctor or midwife prior to planning travel to ensure it is safe for you to do so. Travel insurance that covers pregnancy is recommended. Some may not cover

pregnancy so it is recommended that you find out if whether they do prior to travelling.

Questions you should consider before travel:

- What maternity/medical services are available in the area and can I access them?
- Do I have appropriate health insurance?
- Are there any medical or obstetric concerns with me travelling?
- Are there any recommended vaccinations for the region I intend to travel to?
- Is there a risk of mosquito-borne virus or disease, and if so, what is safe to use for protection?
- What medications do I have available in cases of problems such as traveller's diarrhoea?
- How comfortable would I be with my decision if something went wrong?

## Air travel

Airlines have restrictions around flying during pregnancy, depending on the duration of the flight, and if it is domestic or international travel. You are recommended to check with your airline on suitability prior to travel.

Travel beyond 36 weeks' gestation is not recommended. Most airlines will require a letter from your doctor or midwife confirming your due date and whether there are any known complications with your pregnancy.

A blood clot in the leg, (deep vein thrombosis, or DVT) is a risk of air travel at any time. The risk remains increased up to two weeks after travel. The chance of this happening increases further with pregnancy and may affect less than one in every 100 pregnant air travellers.

Typical signs and symptoms of DVT can include:

- pain, swelling and tenderness in the affected area (usually your calf or thigh)
- warm skin in the affected area
- changes in your leg's skin colour
- pain with leg extension

However, in some cases, you may not have any signs or symptoms.

In order to reduce the risk of DVT:

- stay well hydrated. Drink plenty of water and avoid caffeine and alcohol
- wear knee-high fitted compression stockings



- regularly walk around the cabin and/or do frequent leg exercises to improve blood circulation
- some women may be advised to take medication to prevent clots, so check with your doctor
- if you are feeling short of breath or unwell, ask for assistance.

## Land travel

It is generally advised that long, tiring journeys be avoided.

Sitting in a car for a long period can be quite uncomfortable and may increase your risk of DVT. To minimise the risk, make sure you periodically move, flex and extend your knees and ankles. Follow the 'stop and revive' method and stretch your legs every two hours.

Your sitting position is important in minimising the risk of injury in case of an accident. Make sure the seatbelt lap sash is worn around your hips and under your pregnancy belly. The shoulder strap should be fitted above your belly and between your breasts.

Move your seat back from the steering wheel as much as is safe to do so to reduce the risk of airbag impact. Always talk to your doctor or midwife if you do have an accident. Even minor accidents can cause complications, and you and your baby should be reviewed by a health professional.



## Sea travel

Short trips by ferry and boat are generally safe. Cruise liners generally restrict travel earlier in pregnancy than the airlines do, often beyond 28 weeks. They may also have certain requirements so check with them prior to travelling. Sea travel can trigger nausea and vomiting and there is an increased risk of falls on a moving vessel.

Consult your doctor, as there are medications you may be able to take for motion sickness.

## Food and water

Consider the risk of water-borne illnesses when travelling overseas. Traveller's diarrhoea is a greater risk in less developed countries but can happen anywhere.

Traveller's diarrhoea can be caused by a variety of different bacteria, viruses and parasites. If there is a concern, use bottled water when able, including when brushing your teeth. Remember ice cubes are usually made with local water and also carry risk. If bottled water is not available, boil water in areas of high-risk and use chlorine based tablets to purify water. Iodine based water purification systems are not advised in pregnancy as they can affect your baby's thyroid gland.

Discuss your travel plans with your doctor, as there may be medications and preparations that you can pack for relief but not all preparations are suitable for pregnant women.

Remember to follow general hygiene principles when travelling. Always wash your hands before preparing or eating food. Hand sanitiser is a great alternative when water is scarce or the safety of water is a concern. Wash fruit using bottled water, or peel it. Eat freshly prepared food. Avoid raw and undercooked food, unpasteurised milk products, soft cheeses, pates and prepared salads as they may harbour listeria and toxoplasmosis which are of particular concern during pregnancy.





## Destinations

Some destinations are more suitable than others for travel when pregnant. Consider any environmental risks and research what prenatal services are available in the area that you wish to travel to.

As pregnancy progresses you may not tolerate high humidity, extreme heat, high altitude and high levels of air pollution, which may limit your ability to travel. This may be made worse if you suffer from chronic medical conditions such as asthma or (chronic) anaemia.

If a concern does arise, transport in and out of islands and remote areas may be difficult. Check that your travel insurance will cover any necessary medical care and evacuation expenses.

In general, it is advisable to delay travel to developing nations until after pregnancy. You should consider not only vaccinations suggested for your travel destination, but whether your general vaccinations are up to date and whether a particular vaccination is recommended in pregnancy. For example, the yellow fever vaccine is only recommended in pregnancy when the risk of contracting the disease is high and travel is unavoidable.

Malaria is a particular risk in some areas. Infection is transmitted by mosquitoes and can be associated with severe anaemia, miscarriage, stillbirth, fetal growth restriction and premature delivery. If travel cannot be avoided, minimise outdoor activity from dusk till dawn, wear long-sleeved clothing, sleep under mosquito nets, and use insect repellent with DEET. Although DEET has been shown to be safe after the first trimester, you should minimise skin absorption by using a spray rather than a roller and spray it on top of your clothes. Areas endemic with highly resistant strains of malaria may require oral medication to minimise the risk of infection. Check with your doctor before you travel.

Zika virus infection is also transmitted by mosquitoes. Pregnant women should avoid travelling to Zika-affected countries. Zika virus can cause:

- rare congenital development malformations in babies born to mothers exposed to Zika virus during pregnancy;
- rare neurological conditions, including Guillain-Barré Syndrome.

## Useful resources

- Australian Government. Department of Health  
[www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/pregnant-women](http://www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/pregnant-women)
- <https://www.health.gov.au/resources/publications/covid-19-vaccination-shared-decision-making-guide-for-women-who-are-pregnant-breastfeeding-or-planning-pregnancy?language=en>
- <https://www.smartraveller.gov.au/before-you-go/health/pregnancy>
- NPS. Medicine Wise: <https://www.nps.org.au/consumers/taking-medicines-in-pregnancy>
- New Zealand Ministry of Health <https://www.health.govt.nz/your-health/pregnancy-and-kids/pregnancy/helpful-advice-during-pregnancy/pregnancy-and-travel>
- Unite against COVID-19  
<https://covid19.govt.nz/covid-19-vaccines/covid-19-vaccine-facts-and-advice/pregnancy-and-vaccination/>
- World Health Organisation  
[https://www.who.int/health-topics/travel-and-health#tab=tab\\_1](https://www.who.int/health-topics/travel-and-health#tab=tab_1)
- Better Health Channel, Department of Health Victoria [www.betterhealth.vic.gov.au/bhcv2/bhcarticles.nsf/pages/Pregnancy\\_and\\_travel](http://www.betterhealth.vic.gov.au/bhcv2/bhcarticles.nsf/pages/Pregnancy_and_travel)
- Travel Doctor  
[www.traveldoctor.com.au](http://www.traveldoctor.com.au)
- RANZCOG statement on pre-pregnancy and pregnancy related vaccinations (C-Obs 44) available at: [www.ranzcog.edu.au](http://www.ranzcog.edu.au)



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