Travel Medicine and Infectious Disease (2006) 4, 196–201

www.elsevierhealth.com/journals/tmid

The pregnant traveller

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Received 21 May 2005; accepted 21 June 2005

KEYWORDS
Pregnant traveller;
Travel restrictions;
Travel altitude;
Immunizations;
Foreign care;
Travel emergencies;
Climate extremes

Summary Counselling pregnant women seeking advice about travel should begin with a frank, in-depth discussion about their contemplated trip. While most travel during pregnancy is relatively safe, some women should be urged not to go on their planned trip, or to change their itineraries. But some women are not receptive to such advice. Much of today's popular culture preaches that pregnancy is a normal phase of life, not a health issue, and that restrictions placed on women during pregnancy by the medical profession are largely unnecessary.

The women must truly and totally understand potential risks and realise that medical science does not have all the answers, especially as far as risks to the foetus are concerned. The women should be aware that travel may remove them from access to medical care, require immunisations and prophylactic medications, involve long hours sitting in aircraft, necessitate dietary restrictions at the destination, and expose them to extremes of climate, to mention just a few.

Introduction

Important considerations when counselling pregnant women regarding travel include their general health, gestational age of the pregnancy, risk of pregnancy-related complications, mode and length of travel, destination, caliber of health care facilities at the destination, and the safety of vaccines and preventive medications that may be necessary for the trip.

Historically, expert opinion about the advisability of travel during pregnancy has varied considerably. Until about 50 years ago travel was not an option; women were advised to stay close to home. About 30 years ago, obstetricians adopted a laissez-faire attitude; restrictions were lifted and many pregnant women travelled widely. The American College of Obstetrics and Gynecology, for example, stated that travel was especially safe during the fourth through the sixth months when pregnancy-related problems are few, morning sickness has mostly abated, and the abdomen has yet to expand to the point of making women uncomfortable and unsteady. Many obstetricians allowed women to travel just about anywhere from the second until the eighth month. And the philosophy among many women was that pregnancy is a

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doi:10.1016/j.tmaid.2005.06.003

natural, non-medical event, one that did not warrant cumbersome restrictions.

Today obstetricians and most women are somewhat more reflective. During a 5-year period in Hawaii, out of a large but unknown number of pregnant travellers, 270 were hospitalised: 226 for minor problems; 11 for spontaneous abortions or birth of stillborns; and 33 to give birth to preterm infants.[1] These infants required neonatal care in Hawaii. Many of the women had identifiable obstetric risk factors and should not have travelled. Likely, travel did not alter the outcome of these pregnancies, but experiencing such problems away from home magnified the psychological and economic consequences.

But some travel-related issues do adversely affect the outcome of pregnancy: being far from medical facilities; high altitude; hot climates; variable medical standards; language and cultural differences; travel-related diseases; and the vaccines and medications to prevent such diseases, to mention just a few. Rarely, complications of pregnancy require blood replacement. Blood may be inadequately screened for HIV AIDS and hepatitis B virus, and instruments may not be sterilised. Contraindications to travel during pregnancy are listed in Table 1.

Women wishing to travel during pregnancy should have pregnancies without risk factors and be able to recognise pregnancy- and travel-caused symptoms that could adversely affect their pregnancy. They should be in locations where they can communicate with their own physicians/nurses while travelling, and, if possible, have names of obstetrical care providers at the destination. List of names are available from directories, travel health care professionals, and travel assistance insurance companies. And they should check that their health care insurance covers pregnancy and newborn care away from home.[2] (Infants born in some countries may be citizens of that country, and it may require considerable paperwork to take them home.)

Table 1 Potential contraindications to international travel during pregnancy.

Obstetrical risk factors	General medical risk factors	Travel to potentially hazardous destinations
History of miscarriage	History of thromboembolic disease	High altitudes
Incompetent cervix	Pulmonary hypertension	Areas endemic for or with ongoing outbreaks of life-threatening food- or insect-borne infections
History of ectopic pregnancy (ectopic with current pregnancy should be ruled out before travel)	Severe asthma or other chronic lung disease	Area where chloroquine-resistant *Plasmodium falciparum* malaria is endemic
	Symptomatic valvular heart disease	
History of premature labour or premature rupture of membranes	Cardiomyopathy	Areas where live virus vaccines are required or recommended
History of or existing placental abnormalities	Hypertension	
Threatened abortion or vaginal bleeding during current pregnancy	Diabetes	
	Renal insufficiency	
Multiple gestation in current pregnancy	Severe anemia or haemoglobinopathy	
Fetal growth abnormalities	Chronic organ system dysfunction requiring frequent medical intervention	
History of toxemia, hypertension, or diabetes with any pregnancy		
Primigravida 35 years or older or 15 years or younger		

Adapted from: Centers for Disease Control and Prevention, Health Information for International Travel 2003-2004, Atlanta: US Department of Health and Human Services, Public Health Service, 2003.