

OTHER PLACES YOU CAN OBTAIN INDEPENDENT ADVICE ON SAFE TRAVEL:

- ⇒ World Health Organisation: International Travel & Health:
⇒ www.who.int/ith
- ⇒ Foreign & Commonwealth Office: www.fco.gov.uk
- ⇒ Health advice for travellers - available from the Department of Health: www.dh.gov.uk/PolicyAndGuidance/HealthAdviceforTravellers/fs/en
- ⇒ Journey-specific health advice provided by Health Protection Scotland: www.fitfortravel.scot.nhs.uk
- ⇒ For travel health advice, disease prevention, DVT prevention, sun care, insurance issues and how to avoid mosquito bites: www.travelhealth.co.uk
- ⇒ Travel Healthy - Top Tips and Vaccine Preventable Diseases for Travellers, available at: www.spmsd.co.uk

Bon Voyage!

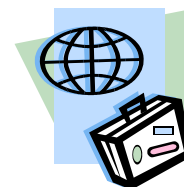
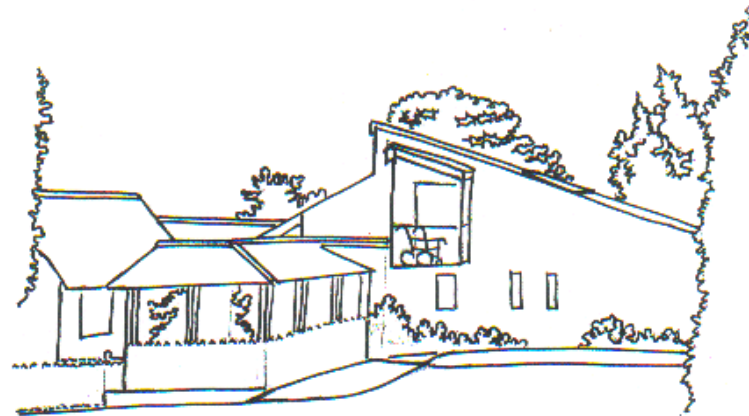


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THE PREGNANT TRAVELLER
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TRAVELLING WHILE PREGNANT: THINK AHEAD!

Well in advance of departure, careful consideration of the timing of your travel, the destination and the health risks involved is essential.

Consideration of the following is advised:

- ⇒ The safest time to travel when pregnant is the 2nd trimester (18-24 weeks)
- ⇒ Most airlines will not accept a traveler after 32 weeks
- ⇒ Your personal insurance may not be valid and the airline may request documentation showing expected date of delivery and fitness to fly
- ⇒ Increased risk of DVT in air travel
- ⇒ What are the medical facilities at destination like for both mother and child
- ⇒ Blood transfusions may be unsafe
- ⇒ Travel insurance, language problems
- ⇒ Travelling alone might not be a good idea

Liaise with your Obstetrician, Midwife and Travel Health Nurse well in advance to minimize the risks of antenatal complications



GENERAL CONSIDERATIONS

Food and Water: Do not use iodine sterilizing tablets and avoid dehydration. Exercise diligence with precautions: avoid unpasturised dairy products and soft cheeses, ensure all meat and poultry is well cooked. Avoid antibiotics and Loperamide.

Malaria: 50% of pregnant women who contract Malaria will go into early labour, hence the increased risk of low birth weight or still birth. Malaria is more severe during pregnancy and malarial anaemia increases maternal risks and there is also a risk of transplacental transmission. The WHO advises pregnant women not to travel to areas with chloroquine resistant malaria. Some malaria prevention medications can be used: please ask the Travel Health Nurse for more specific information.

Vaccines in Pregnancy: ideally, these should be given after the 1st trimester. However, the safety of most vaccines in pregnancy is undetermined and must be weighed up against the risk of disease. Vaccines against Tetanus and Diphtheria are considered safe and Hepatitis B can be offered.

Relative Contraindications to International Travel during Pregnancy: multiple births, hypertension or diabetes during pregnancy, history of infertility, primigravida >35 years or <15 years, travellers with obstetric risk factors or general medical risk factors such as heart disease, thromboembolic disease or anaemia and those with chronic medical conditions such as asthma.