

Key aspects briefly summarized

- Travel during pregnancy: choose the destination wisely and prepare well.
- Breastfeeding during travel has benefits for mother and infant: check if breastfeeding in public is accepted at the travel destination.

Travel is not contraindicated for uncomplicated pregnancies, but choosing a destination should include a careful risk assessment. Second trimester travel is generally favorable as the risk of complications is low. A gynecologist should be consulted before travel. Adequate obstetric and neonatal care at destination must be ensured for emergencies. Check for sufficient insurance coverage for mother and baby.

Air travel

Most airlines allow pregnant travellers to fly up to 36 weeks of gestation, and up to 32 weeks in the case of multiple pregnancy. Clarify with the airline in advance. From the 28th week of gestation, a letter from one's gynecologist stating the fitness to fly, due date, and contact details is required. The risk of thromboembolic events (thrombosis) is increased during pregnancy. Due to the increased risk of thrombosis, you should do small exercises to stimulate blood circulation, drink plenty of fluids and wear compression stockings.

Travel Destination

- **Malaria:** Malaria during pregnancy can be very dangerous for the mother and unborn child. Therefore, travel to malaria risk areas during pregnancy is discouraged. If travel is unavoidable, mosquito bite protection and medical malaria prophylaxis are crucial. A doctor should be consulted about which drug can be used, given that safety data on the use of malaria prevention drugs during pregnancy are uncertain. Breastfed infants need their own malaria medication as transfer of antimalarial drugs through breast milk is insufficient. Fever (>37.5°C) during and after travel is considered a medical emergency and a medical consultation to rule out malaria or other serious infections should take place immediately.
- **Zika:** Infection during pregnancy can lead to congenital Zika syndrome, leading to nervous system malformations of the fetus. Travel to Zika risk areas during an outbreak and unprotected sex with a partner at risk of infection is discouraged for pregnant women and those planning to become pregnant. Check the CDC website for updated risk area information (<https://wwwnc.cdc.gov/travel/page/zika-information>).
- **Insect protection:** Skin repellents containing DEET (20-30%) and permethrin for mosquito nets and textiles are strongly recommended during pregnancy. Sleep under a mosquito net and wear light-coloured clothing with long sleeves and trousers, especially at dusk and during nighttime.

Vaccinations

In general, inactivated vaccines are possible during pregnancy; vaccinations against pertussis (dTpa) and influenza are even recommended during every pregnancy. Live vaccines are not recommended during pregnancy, and after a live vaccination, pregnancy should be avoided for 4 weeks. Only the yellow fever vaccination is possible for pregnant women at high risk of infection (unavoidable travel to an area with an ongoing yellow fever epidemic) and requires careful explanation. Breastfeeding women (age of baby <6 months) should not be vaccinated against yellow fever, as there may be neurological side effects in the infant. All other vaccinations, including live vaccines, may be given during breastfeeding.

Hygiene

Ensure optimal food, water, and hand hygiene and avoid raw fish, meat, and unpasteurized milk and dairy products. Certain diseases transmitted by contaminated food or water (e.g. listeriosis, hepatitis E, toxoplasmosis) can be particularly serious during pregnancy. Ensure prompt and adequate rehydration in case of gastroenteritis, as dehydration can place the fetus in danger.

Medications

Many medications are not allowed during pregnancy and breastfeeding. An information sheet on the first-aid kit for pregnant and breastfeeding women is available. A doctor should be consulted about suitable drugs for common complaints during travel.

No guarantee can be given for the accuracy and completeness of the medical information, nor can any liability be accepted for any damage that may occur.

FACTSHEET

PREGNANCY, BREASTFEEDING AND TRAVEL

Stays at high altitudes/scuba diving

Pregnant women should avoid altitudes above 2500 m as they are at higher risk of high altitude sickness and complications. Scuba diving is not recommended as it could cause a potentially fatal gas embolism for the fetus.

Breastfeeding

Breastfeeding is ideal for young babies as it satisfies their fluid needs even in hot temperatures and also prevents the intake of bacteria and viruses that can potentially occur when bottle-feeding. During the flight, breastfeeding helps to ensure pressure equalisation in the middle ear when there are changes in cabin pressure. Good hand hygiene when breastfeeding and using breast pumps helps to prevent inflammation of the mammary glands (mastitis).