

## The Pregnant Traveller

### Preparation before you travel

- Pack comfortable, loose fitting clothes, including long sleeved shirts and pants, closed walking shoes, sunglasses, hat, sunscreen, and insect repellent.
- Practice carrying your luggage alone prior to the trip.
- Ensure immunizations are up-to-date and appropriate for countries to be visited.
- For areas with high risk of HIV infection or improper sterilization techniques, take a kit containing sterile disposable syringes and needles. This kit must contain a medical certificate signed by a physician. Establish an evacuation plan for medical facilities close by with a safe blood supply, in case of an emergency.
- If taking oral medication or insulin, pack enough supplies for the entire trip, and keep them in your carry-on luggage. Also carry all physician prescriptions with you.
- Wear a medical alert bracelet if you have allergies, chronic disease, or other health concerns
- Talk to your doctor about the need for taking antibiotics and anti-diarrhea medications with you.

### Travelling by air

- You will need a doctor's written permission and medical history in order to travel by air once you are 36 weeks pregnant.

- Air travel is not recommended in the last month of pregnancy and for the first six days after delivery.
- Drink lots of fluids on the airplane. Avoid salty foods and alcohol.
- Try to get a seat next to the aisle and near the washroom.
- Walk up and down the aisles.
- Take frequent naps to prevent fatigue and jet lag.

### Travel and immunizations

If your immunization status is incomplete or unknown, you should have protection against Tetanus, Diphtheria, Pertussis, and Polio.

In special circumstances, you may also need the following vaccines:

- Hepatitis A
- Hepatitis B
- Rabies
- Meningococcal
- Japanese Encephalitis
- Yellow fever
- Influenza

Speak to your local public health nurse, travel clinic, or doctor about the risk of infection while travelling, versus the risk of immunization while pregnant. It is best to postpone immunization until after the first 3 months of pregnancy.

You should *not* have the following vaccines while pregnant: measles, mumps, rubella, oral typhoid, BCG, or chickenpox.

## Malaria prevention and treatment

- Malaria presents serious health risks to a pregnant woman. There is risk of maternal death, infant death, miscarriage, and stillbirth.
- Malaria control measures should be used including using insect repellents and mosquito nets, wearing long sleeved clothing and long pants, and limiting outdoor activity from dawn to dusk. See BC HealthFile [#41f Malaria](#) for more information.
- Pregnant women and infants should *not* take certain anti-malaria medications. See BC HealthFiles [#41f Malaria](#), and [#41d Travelling with Infants and Children](#).
- If travel is required, pregnant women should visit a local health unit, travel clinic, or their family doctor to find out if there is a medication they can take safely for their trip. Pregnant women should also be extra careful to avoid mosquito bites.

## Additional information

- Pepto Bismol® should *not* be used for diarrhea treatment in the last six weeks of pregnancy. Adhere closely to food and water precautions. See BC HealthFile [#41e Traveller's Diarrhea](#) for more information.
- Sulpha drugs and Ciprofloxacin, which are sometimes used for traveller's diarrhea, are *not* recommended for pregnant women.
- Do *not* use iodine drops to purify water. Prolonged, elevated exposure to iodine may cause *goiter* or enlarged thyroid gland in the baby. Boil water instead. See BC HealthFile [#41e Traveller's Diarrhea](#) for more information on water treatment.

- Do *not* scuba dive, water ski, or ride a motorcycle.
- Do wear a seat belt (shoulder or lap) when in a motor vehicle.
- Swim only in the ocean or in well-chlorinated and maintained swimming pools.
- Avoid hyperthermia (over-heating) in hot climates. Do not use saunas or hot tubs.
- Avoid hypothermia (low body temperature) in cold climates.
- Avoid extreme physical activity at high altitudes.



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