FACTSHEET
PREGNANCY, BREASTFEEDING AND TRAVEL

Expertenkomitee für Reisemedizin
Comité d'experts pour la médecine des voyages
Comitato di esperti per la medicina di viaggio
Expert committee for travel medicine

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. General measures such as calf exercises and compression stockings are recommended. For long-distance flights, a heparin injection is advised.

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

Inactivated vaccines should be delayed to the 2nd trimester if possible. Boosters against whooping cough (dTpa) and influenza are recommended during every pregnancy. Live vaccines are generally contraindicated, and conception should be delayed by 4 weeks. Pregnancy is considered a precaution for yellow fever vaccination and requires careful benefit-risk assessment by a specialist. Breastfeeding, especially in children under the age of 6 months, is a contraindication for yellow fever vaccination due to the risk of encephalitis of the infant.

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. 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.

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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

Exclusive breastfeeding protects infants from contamination during food or milk formula handling. No water supplementation is required, even in hot environments. During air travel, breastfeeding helps to prevent infants from ear pain due to cabin pressure changes. Avoid mastitis by correct hygiene during breastfeeding and milk pumping.

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