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Royal College of Obstetricians & Gynaecologists

Information for you

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Air travel and pregnancy

Who is this information for?

This information is for you if you are pregnant and are thinking of travelling by air. The information is relevant for short haul (under four hours), medium and long haul (over four hours) flights.

If you are a member of a flight crew or you fly frequently as part of your work, you should seek additional advice from your occupational health department concerning your own situation.

Will flying harm me or my baby?

If your pregnancy is straightforward, flying is not harmful for you or your baby:

- If you have a straightforward pregnancy and are healthy, there is no evidence that the changes in air pressure and/or the decrease in humidity have a harmful effect on you or your baby.
- There is no evidence that flying will cause miscarriage, early labour or your waters to break.

Anyone who flies is exposed to a slight increase in radiation. Occasional flights are not considered to present a risk to you or your baby

When is the safest time to fly during pregnancy?

When you are pregnant, the safest time to fly is:

- Before 37 weeks, if you are carrying one baby. From 37 weeks of pregnancy you could go into labour at any time, which is why many women choose not to fly after this time.
- Before 32 weeks, if you are carrying an uncomplicated twin pregnancy.

Most airlines do not allow women to fly after 37 weeks. It is important that you check with your airline before flying. It may also be more difficult to get travel insurance after 37 weeks.

Am I at increased risk of problems if I travel by air?

Some pregnant women may experience discomfort during flying. You may have:

- swelling of your legs due to fluid retention (oedema)
- nasal congestion/problems with your ears – during pregnancy you are more likely to have a blocked nose and, combined with this, the changes in air pressure in the plane can also cause you to experience problems in your ears
- pregnancy sickness – if you experience motion sickness during the flight, it can make your sickness worse.

Deep vein thrombosis (DVT)

A DVT is a blood clot that forms in your leg or pelvis. If it travels to your lungs (pulmonary embolism) it can be life threatening. When you are pregnant and for up to six weeks after the birth of your baby, you have a higher risk of developing a DVT compared with women who are not pregnant (for more information please see the RCOG patient information *Reducing the risk of venous thrombosis in pregnancy and after birth*, which is available at: www.rcog.org.uk/en/patients/patient-leaflets/reducing-the-risk-of-venous-thrombosis-in-pregnancy-and-after-birth).

There is an increased risk of developing a DVT while flying, due to sitting for a prolonged length of time. The risk of a DVT increases with the length of the flight. Your risk is also increased if you have additional risk factors such as a previous DVT or you are overweight. Your midwife or doctor will be able to check your individual risk.

What can I do to reduce the risk of a DVT?

If you are taking a short haul flight (less than four hours), it is unlikely that you will need to take any special measures. Your midwife or doctor should give you an individual risk assessment for venous thrombosis and advice for your own situation.

To minimise the risk of a DVT on a medium or a long haul flight (over four hours), you should:

- wear loose clothing and comfortable shoes
- try to get an aisle seat and take regular walks around the plane
- do in-seat exercises every 30 minutes or so – the airline should give you information on these
- have cups of water at regular intervals throughout your flight
- cut down on drinks that contain alcohol or caffeine (coffee, fizzy drinks)
- wear graduated elastic compression stockings – your midwife or doctor will need to provide the correct size and type for you as they are different from standard flight socks.

If you have other risk factors for a DVT, regardless of the length of your flight, you may be advised to have heparin injections. These will thin your blood and help prevent a DVT. A heparin injection should be taken on the day of the flight and daily for a few days afterwards. For security reasons, you will need a letter from your doctor to enable you to carry these injections onto the plane.

Low-dose aspirin does not appear to reduce the risk of a DVT but you should continue to take it if it has been prescribed for another reason.

Are there circumstances when I may be advised not to fly?

A medical condition or health problem can complicate your pregnancy and put you and your baby at risk. For this reason, if any of the following apply, you may be advised not to fly:

- You are at increased risk of going into labour before your due date.
- You have severe anaemia. This is when the level of red blood cells in your blood is lower than normal. Red blood cells contain the iron-rich pigment haemoglobin, which carries oxygen around your body.
- You have sickle cell disease (a condition which affects red blood cells) and you have recently had a sickle crisis.
- You have recently had significant vaginal bleeding.
- You have a serious condition affecting your lungs or heart that makes it very difficult for you to breathe.

It is important that you discuss any health issues or pregnancy complications with your midwife or doctor before you fly. If have an increased chance of miscarriage or ectopic pregnancy, ask for an ultrasound scan for reassurance before you fly.

Be aware that the unexpected can happen while travelling which could delay your return home. Some airlines may not allow you to fly if you have fractured a bone, have a middle ear or a sinus infection or have recently had surgery to your abdomen that involved your bowel, such as having your appendix removed.

Making a decision to fly

To help decide whether or not to fly, think about your own medical history and any increased risks that you may have. The following questions may also help you in making your decision:

- Why do you want to fly at this particular time?
- Is your flight necessary?
- How long is your flight? Will this increase your risk of medical problems?
- How many weeks pregnant will you be when you travel and when you return?
    - Your chance of going into labour is higher the further you are in pregnancy.
    - It is also important to remember that having a miscarriage, whether you fly or not, is common (one in five) in the first three months of pregnancy.
- What are the medical facilities at your destination in the event of an unexpected complication with your pregnancy?
- Have you had all the relevant immunisations and/or medication for the country you are travelling to? Have you checked with your doctor how these affect your pregnancy?
- Does your travel insurance cover pregnancy and/or care for your newborn baby if you give birth unexpectedly? There is huge variation among airlines and travel insurance policies so it worth checking before you decide to fly.
- Have you discussed your travel plans with your midwife and informed them that you are thinking about taking a medium or long haul flight?

What should I take with me?

- Your hand-held pregnancy notes
- Any medication you are taking

- If you are over 28 weeks pregnant, your airline may ask you to get a letter from your midwife or doctor stating when your baby is due and confirming that you are in good health, are having a straightforward pregnancy and are not at any increased risk of complications.
- Any document needed to confirm your due date and that you are fit to fly. Some airlines have their own forms/documents that will need to be completed at any stage of pregnancy. Contact your airline if you are unsure.
- Travel insurance documents
- If you are travelling to Europe, it is recommended that you take a European Health Insurance Card (EHIC) with you. This card is not an alternative to travel insurance but lets you get free or reduced-cost health care in Europe. It is free and you can apply for it online at: www.nhs.uk/NHSEngland/Healthcareabroad/EHIC/Pages/about-the-ehic.aspx. It includes routine maternity care (i.e. not only treatment for illness or an accident), as long as you're not going abroad to give birth. However, if the birth does happen unexpectedly, the card will cover the cost of all medical treatment for mother and baby that is linked to the birth.

Will I have to go through a security scanner?

You will have to go through the normal security checks before flying. This is not considered to be a risk to you or your baby.

Can I wear a seatbelt?

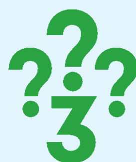
You must wear a seatbelt. You should ensure the strap of your seatbelt is reasonably tightly fastened across the top of your thighs and then under your bump. Ask the cabin crew if you need a seatbelt extension.

What happens if I go into labour on the flight?

Any pregnant woman has a small chance of going into labour early or for her waters to break early. If this happens to you on a flight, there is no guarantee that other passengers or crewmembers will be trained and experienced to help you give birth safely. As a result, the pilot may have to divert the flight to get help for you.

Making a choice

Shared Decision Making



If you are asked to make a choice, you may have lots of questions that you want to ask. You may also want to talk over your options with your family or friends. It can help to write a list of the questions you want answered and take it to your appointment.

Ask 3 Questions

To begin with, try to make sure you get the answers to three key questions if you are asked to make a choice about your healthcare.

1. What are my options?
2. What are the pros and cons of each option for me?
3. How do I get support to help me make a decision that is right for me?

These resources have been adapted with kind permission from the MAGIC Programme, supported by the Health Foundation

* Ask 3 Questions is based on Shepherd HL, et al. Three questions that patients can ask to improve the quality of information physicians give about treatment options: A cross-over trial. Patient Education and Counselling, 2011;84: 379-85

AQuA Advancing Quality Alliance · Right Care Shared Decision Making Programme · NHS

http://www.advancingqualityalliance.nhs.uk/SDM/

Sources and acknowledgements

This information has been developed by the RCOG Patient Information Committee. It is based on the RCOG Scientific Impact Paper *Air Travel and Pregnancy* (May 2013), which contains a full list of the sources of evidence we have used. You can find it online at: www.rcog.org.uk/en/guidelines-research-services/guidelines/sip1.

This leaflet was reviewed before publication by women attending clinics in London, the Channel Isles and Northern Ireland, and by the RCOG Women's Voices Involvement Panel.

The RCOG produces guidelines as an educational aid to good clinical practice. They present recognised methods and techniques of clinical practice, based on published evidence, for consideration by obstetricians and gynaecologists and other relevant health professionals. This means that RCOG guidelines are unlike protocols or guidelines issued by employers, as they are not intended to be prescriptive directions defining a single course of management.

A glossary of all medical terms is available on the RCOG website at: www.rcog.org.uk/womens-health/patient-information/medical-terms-explained.

A final note

The Royal College of Obstetricians and Gynaecologists produces patient information for the public. The ultimate judgement regarding a particular clinical procedure or treatment plan must be made by the doctor or other attendant in the light of the clinical data presented and the diagnostic and treatment options available. Departure from the local prescriptive protocols or guidelines should be fully documented in the patient's case notes at the time the relevant decision is taken.

All RCOG guidelines are subject to review and both minor and major amendments on an ongoing basis. Please always visit www.rcog.org.uk for the most up-to-date version of this guideline.

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