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# Air Travel and Pregnancy - Information for you

This information is also available as a pdf: [Air Travel and Pregnancy - Information for you](#) <sup>[1]</sup>.

You may also be interested to read the Scientific Advisory Committee opinion paper [Air Travel and Pregnancy](#) <sup>[2]</sup>.

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## Who is this information for?

This information is for you if you are considering travelling by air when pregnant. The information is relevant for all lengths of 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?

When your pregnancy is straightforward, there is no evidence that flying is harmful to you or your baby.

Some women are concerned about flying because of the changes in the atmosphere inside the plane ? the drop in air pressure and the decrease in humidity. Many women are also concerned that flying could cause them to go into labour early and cause their waters to break. However:

- if you have a straightforward pregnancy and are healthy, there is no evidence that the change in air pressure and/or the decrease in humidity have a harmful effect on you or your baby
- there is no evidence that flying causes early labour or your waters to break.

With any flight there is a slight increase in the amount of radiation you may be exposed to. Occasional flights are not considered to present a significant 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 under your tummy and across the top of your thighs.

If you are over 28 weeks pregnant, your airline will ask you to get a letter from your midwife or doctor stating when your baby is due (due date) and confirming that you are not at an increased risk of any complications. You should always check with your airline before you book your flight because policies vary

and airlines may exercise flexibility on the basis of the flight duration and destination.

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

- **Before 37 weeks** if you are carrying one baby. From 37 weeks of pregnancy, the chance of you going into labour is significantly increased ? which is why many women choose not to fly after this time. Some airlines do not allow women to fly after 37 weeks, while others do not allow women to fly from earlier in the pregnancy, for example after 34 weeks. You may find it more difficult to get travel insurance after 37 weeks.
- **Before 34 weeks** if you are carrying an uncomplicated twin pregnancy.

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

For some women flying is associated with an increased risk of medical problems and discomfort. The effects of sitting still for long periods of time in sometimes cramped conditions can increase the risk of deep vein thrombosis (DVT). This is a blood clot which forms in your leg, calf or pelvis. When you are pregnant and for up to 6 weeks after the birth of your baby, you have a higher risk of developing a DVT compared with women who are not pregnant (see RCOG patient information [Venous thrombosis in pregnancy and after birth: information for you](#) <sup>[3]</sup>). If you are on a flight lasting more than 8 hours, there is evidence to suggest that you may be at increased risk of developing a DVT. This is especially so if you already have certain risk factors (such as a previous DVT or obesity). Your midwife can check if this is the case for you.

There may be an increased risk of discomfort due to:

- Swelling of your legs due to fluid retention (oedema).
- Nasal congestion/problems with your ears. During pregnancy you are more likely to be congested (have a blocked nose). Combined with this, the lowered 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 pregnancy sickness worse.

If you are taking a short-haul flight (under 4 hours), it is unlikely that you will need to take any special measures.

To minimise the risk of a DVT on a medium- or a long-haul flight (over 4 hours), you should:

- Try to get an aisle seat and take regular walks around the plane every 30 minutes.
- Have cups of water at regular intervals throughout your flight.
- Cut down on drinks which contain 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.
- Whatever the length of your flight, if you have additional risk factors for DVT, you may be advised to take heparin (an injection which reduces the likelihood of you forming blood clots) on the day of the flight and for several days afterwards. For security purposes, you will need a letter from your doctor to enable you to carry this medicine onto the plane.

## 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 you have, or are currently experiencing, any of the following during pregnancy, 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 are affected with sickle cell anaemia (a condition which affects red blood cells) and you have recently had a sickling crisis.
- You have recently had significant vaginal bleeding.
- You are affected with a serious condition affecting your lungs or heart and it is very difficult to breathe.
- You have a fracture. If you have fractured a bone in your leg and the bone has not yet mended, you may experience significant leg swelling during the flight. If you have a cast in place and you have leg swelling, the risks could be more serious.
- You have recently had surgery to your abdomen which involved your bowel, e.g. having your appendix removed.
- You have an ear infection (otitis media) or a sinus infection.

It is important you discuss any health issues or pregnancy complications with your doctor or midwife before you fly.

There is no evidence that flying increases your risk of miscarriage. However, having a miscarriage, whether you fly or not, is common (one in five) in the first 13 weeks (see RCOG patient information [Early miscarriage: information for you](#) <sup>[4]</sup>).

## What happens if I go into labour early?

Any pregnant woman (even in an uncomplicated pregnancy) has a small chance of going into labour early or their waters breaking early. If this happens to you on a flight, there is no guarantee that any of the other passengers or crew will be trained and experienced to help you give birth safely. There will be no medical facilities available in case there are any complications. As a result, the pilot may have to divert the flight.

## Making a decision

In deciding 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?
- Are you travelling because there is more specialised medical treatment in the country you are going to and better healthcare in case of an emergency?
- What are the medical facilities at your destination in the event of an unexpected complication with your pregnancy?
- Do you have all your immunisations and recommended medication for the country you are

travelling to? Have you checked with your doctor about how these affect your pregnancy?

- Does your travel insurance cover pregnancy and care for your newborn baby if you give birth unexpectedly?
- Have you discussed your travel plans with your midwife and informed them that you are thinking about taking a medium- or long-haul flight?

If you decide to fly, remember to take your handheld pregnancy notes with you.

A [glossary of all medical terms](#) <sup>[5]</sup> is available on the RCOG website.

This information is based on the Royal College of Obstetricians and Gynaecologists (RCOG) [Scientific Advisory Committee \(SAC\) Opinion Paper Air travel and pregnancy](#) <sup>[2]</sup> (published by the RCOG in December 2008). This information will also be reviewed, and updated if necessary, once the guideline has been reviewed. The SAC Opinion Paper contains a full list of the sources of evidence we have used.

Clinical guidelines are intended to improve care for patients. They are drawn up by teams of medical professionals and consumer representatives who look at the best research evidence available and make recommendations based on this evidence. This information has been developed by the Patient Information Committee, with input from the Consumers? Forum and the authors of the source document. It has been reviewed before publication by women attending clinics in London, the Channel Isles and Northern Ireland.

The final version is the responsibility of the Standards Board of the RCOG. The RCOG consents to the reproduction of this document providing that full acknowledgement is made.

## A final note

The Royal College of Obstetricians and Gynaecologists produces patient information for the public. This is based on guidelines which present recognised methods and techniques of clinical practice, based on published evidence. 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.

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