Women’s Health Issues and Travel  
Vaden Student Health Center  
Stanford University

Hygiene Practices

- Sanitary pads and tampons may not be available or may not be up to the same standard you are used to, consider bringing your own.
- Toilet facilities are different in some locations and toilet paper isn’t used in many countries. Stick rolls of toilet paper in your bag or bring some moistened cleansing wipes such as Kleenex Cottonelle® brand. These are available in resealable travel packs or tubs.

Constipation

- Bowel habits may change with travel. Consider bringing fiber supplements (like Metamucil® or Cetrucil® – they both come in individual packets), or a mild laxative (MiraLAX® - Polyethylene glycol 3350). Hemorrhoid medications like Preparation H® or Tucks® may be helpful.

Urinary Tract Infections

- If you are prone to bladder infections, speak with your provider about taking some medication with you. Often Ciprofloxacin, used for Traveler’s Diarrhea, can be used for treatment of a bladder infection.
- You may also want to bring some Pyridium®, which can help the symptoms but you will still need antibiotics to treat the infection. Bladder infections should be treated as soon as possible to avoid a more serious infection of the kidneys.

Vaginitis

- If you are prone to yeast infections it might be advisable to bring some treatment (like Monistat® or Diflucon®) with you. Antibiotics for traveler’s diarrhea and Doxycycline, an antibiotic sometimes given for prevention of malaria, may also cause yeast infections.
- You can help prevent vaginitis by avoiding wet clothing, tight clothing, underwear at night, douching and unwashed sex toys.

Women and High Altitude

- Oral contraceptives and Nuvaring® use at high altitude (>8000 ft) is a theoretical concern but data is inconclusive. Women may be at increased risk for blood clots, migraines, and high blood pressure.
- Travel to high altitude is contraindicated in the first trimester for pregnant women at risk for miscarriage. Low risk pregnant women may enjoy short trips to altitudes < 12000 feet.

Sexual Assault

- Traveling in unfamiliar areas can increase your risk of sexual assault so take precautions; travel with companions, make sure someone knows your whereabouts, and use only reputable public or private transportation.
- Avoid excessive alcohol and never drink from a glass that has been unattended. Do not use illegal drugs.

Contraception

- If you are a frequent traveler or if you are planning to stay abroad for a long period, consider a more convenient method such as an IUD (Skyla®, good for 3 years, Mirena®, good for 5 years; or ParaGard®, good for 10 years) or Nexplanon® (good for 3 years). IUDs are inserted into the uterus and Nexplanon® is placed in the upper arm. They are all highly effective forms of birth control that work for years all by themselves.
- Talk to your clinician about using your method in a continuous fashion (oral contraceptives or Nuvaring®) to avoid having menses while traveling. Mirena® is also a good option to help avoid menses.
- If you are on birth control pills and you are traveling across time zones make sure you are taking 1 pill every 24 hours.
- Consider bringing a course of Plan B® (or other form of emergency contraception) in case you need one while away, these may not be readily available.
- Always use condoms with any new partner regardless of other methods used, to help prevent sexually transmitted infections.
- Some circumstances present with travel (certain medications, illness, changing time zones, etc.) may lead to decreased effectiveness of oral contraceptives and Nuvaring, so you may want to use a backup method. Current research reveals that antibiotics do not decrease the effectiveness of contraceptives, except for those used to treat tuberculosis. St John’s Wort, however, a commonly used over the counter medicine for depression, does decrease the effectiveness.
Deep Vein Thrombosis

- Blood clots in the legs can occur during or after long flights or bus/car/train rides. In some instances, the clots move to the lungs to cause a life-threatening condition called pulmonary embolism.
- While this is unlikely in young people with no risk factors, women who are pregnant or who use a method of contraception that contains estrogen (oral contraceptives or Nuva Ring®) are at increased risk.
- Other risk factors include a family history of DVT, pulmonary embolism or other blood clots, patients with SLE (systemic lupus erythematosis), or inflammatory bowel disease (ulcerative colitis or Crohn’s disease).
- To help prevent clots, keep moving: get up and move around every hour when possible, flex and extend your ankles and knees, and avoid sleeping agents such as Ambien. Drink plenty of water to keep hydrated, avoid alcohol and coffee which are dehydrating.

Sometimes there are no symptoms with DVT but symptoms may occur during the flight or immediately afterwards. If you notice persistent leg pain, swelling, or increased warmth in your leg, see a health care provider.

Pregnancy

- If you are pregnant or planning to become pregnant and planning a trip, it is best to contact your clinician to discuss any potential risks a trip might pose to you or your developing fetus. We strongly advise women to avoid malarial areas during pregnancy and to avoid becoming pregnant for 3 months after returning from a malarial area.
- **Immunizations:**
  - Inactivated flu vaccine, Hepatitis B, and Tetanus/diptheria are recommended in non-immunized pregnant women. Hep A and Tdap are recommended in some situations. Inactivated typhoid (injectable), meningococcal polysaccharide, rabies (tissue culture derived), Japanese encephalitis, pneumococcal, polio, and cholera vaccines are given in some circumstances. The risks and benefits of vaccinating in pregnancy are considered on an individual basis.
  - Live vaccines like measles, mumps, rubella, nasal influenza, and varicella vaccines are not given in pregnancy. Yellow fever and oral polio vaccines are usually not given in pregnancy but may be in certain circumstances. Oral typhoid is usually not given due to theoretical risks. It is recommended that a woman wait >28 days to become pregnant after getting a live vaccine.
- **Malaria Prevention:** Chloroquine and mefloquine are considered safe in pregnancy. Doxycycline and primaquine are contraindicated in pregnancy. Malarone® is not recommended due to lack of data.
- **Traveler's Diarrhea:** Ciprofloxacin is not given in pregnancy. Azithromycin® is currently the recommended drug in these cases.
- **Altitude:** trips above 12,000 feet are not recommended for the pregnant travelers especially in the 3rd trimester.
- **Flying:** most commercial airlines restrict international travel after 32-36 weeks. They may require a letter from your provider, which lists your expected date of delivery.
- **Activities:** scuba diving and water skiing or other sports, which may result in serious trauma, are contraindicated in pregnancy
- **Hepatitis E:** not vaccine preventable and very dangerous for pregnant women, food and water precautions are advised.

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