# Travel With Children

The aircraft environment is generally not a problem for newborns and children, with only a few exceptions. However, it would be prudent to wait about 1-2 weeks after birth to assure that the child is healthy and free of congenital defects or acute respiratory distress syndromes, and that the alveoli have fully expanded.

Infants and toddlers usually have poor Eustachian tube function and often have bouts of otitis media that can increase the risk of otalgia during descent. Consequently, it is helpful to have a baby nurse a bottle or breast, or suck a pacifier, in order to open the Eustachian tube (older children may drink from a cup). In addition, children with upper respiratory infections and congestion may benefit from a nasal decongestant given 30 minutes prior to descent. Otitis media is not thought to preclude flight if appropriate antibiotics have been administered for at least 36 h and the Eustachian tube is patent (1). Diarrheal disease is common at many international destinations, and children are particularly susceptible to dehydration. Parents taking children to areas where diarrheal illnesses are endemic should travel with prepackaged oral rehydration salts.

Travelers with children should consider endemic medical conditions at the destination and vehicular safety. It should be noted that the greatest risk of severe injury and death of children during travel is due to vehicular injury, and an appropriate car travel seat should be carried on-board or available at the travel destination (2). Immunizations should be current and appropriate for the travel destination, and a plan for appropriate prophylaxis for infectious illnesses should be considered, if indicated.

REFERENCES:


1. Schwartz RH. Hazards of air travel for a child with otitis. Pediatr Infect Dis J 1989; 8:542-3.
2. Barry M. Medical considerations for international travel with infants and older children. Infect Dis Clin N Am 1992; 6:389-404.