Air travel and children



A re you thinking about travelling by air with your child? With some planning and preparation, you can help ensure the flight is a good experience for both of you.

What should I do before the flight?

Rules about carry-on luggage change frequently. Before any flight, and especially when you're travelling with babies or young children, contact your airline to find out what you are allowed to carry onboard. If your child has a health problem, contact your doctor to talk about specific things you should do before flying.

Children travelling abroad should have documented proof of immunization and should have a list of medical conditions and contact numbers for health care.

When is my child old enough to fly?

Air travel is not recommended for babies younger than seven days of age. This is because cabin pressure in an airplane changes often, and newborn babies' systems may have trouble adjusting. Airlines have different policies about age of air travel, so it's best to check before you make plans. If your baby is younger than seven days of age and must travel by air, talk to your doctor first.

How do I keep my child safe from injury during the flight?

Babies who do not have their own seat must be held securely during takeoff and landing in a parent's lap as directed by the flight attendant. You should not use a sling or front infant carrier to hold your baby on an airplane. Parents who purchase a ticket for their baby may bring their own child safety seat, provided it is purchased in Canada and it has a national safety label that indicates it is certified for use on an aircraft.

If possible, have children seated away from the aisle to avoid potential injury from service trolleys, passengers walking in aisles, and from hot meals or liquids being passed over the aisle seat.

Will my baby's ears hurt during the flight?

Changes in cabin pressure can be painful, especially for younger children with smaller eustachian tubes (a tube in the ear that helps even out pressure). For babies, breastfeeding, or sucking from a bottle or on a soother may offer some relief, especially during takeoff and landing. For older children, chewing gum or eating lollipops may help. If your child is bothered by 'blocked ears', help him by having him forcibly exhale against closed lips while pinching his nose. If possible, your child shouldn't fly within two weeks of having an ear infection.

My child gets motion sickness - what can I do?

Some children are more sensitive to motion sickness than others. If your child has had motion sickness before and is older than two years of age, you can try giving an over-the-counter antinausea medication 30 to 60 minutes before departure. Side effects include drowsiness and dry mouth.

What if my child gets diarrhea?

Diarrhea is usually caused by a virus or bacteria. In rare cases, it may be caused by something you eat on the plane. Diarrhea drains water and salts from your child, and if these are not put back quickly, your child can become dehydrated. Parents of young children should travel with an oral rehydration solution, which is an exact mixture of water, salts and sugar that is absorbed by the body. Oral rehydration solutions come premixed. If your child is breastfeeding and has diarrhea, continue to offer breast milk. Over-the-counter medications to stop diarrhea aren't recommended for babies. Talk to your doctor before offering them to your older child. To stop harmful germs from spreading, wash your hands often and carry a hand sanitizer product when travelling.

What should I do if my child has food allergies or special dietary needs?

If your child has a food allergy, she should carry an adrenaline kit (eg, EpiPen [DEY, USA]) and antihistamines, and wear a MedicAlert accessory at all times. Many airlines can accommodate specific dietary needs if you let them know in advance. If you are concerned that any of the airline food may not be safe for your child, bring your own food on the plane. Although many airlines no longer offer peanuts as snacks, some passengers may bring them onboard. If your child has a severe peanut allergy, you

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How to prepare for air travel with your child

Contact your child's doctor

- Is your child well enough to travel?
- Do you need a medical letter?
- Does your child need any prescriptions?

Contact the airline

- Let them know if your child needs:
 - a special meal
 - o specialized equipment (oxygen, wheelchair)
- Let them know about any health concerns (ie, if your child is anaphylactic or has other serious medical problems).
- Ask whether you need a medical letter for medication or equipment (ie, syringes).
- Ask for seats in advance (ie, bulkhead seats, or if the flight is not full, ask if your adjacent seat could be kept free).

Contact a travel clinic

• Depending on where you are going, vaccines or antibiotics may be needed before travel.

Plan the travel day

• Practicing the schedule, including tours of the airport, may help make some children feel less anxious, especially those with behavioural problems.

should alert the airline and an in-flight attendant. If you think your child is having an allergic reaction during the flight, notify the flight personnel and administer the EpiPen as shown by your doctor. An allergic reaction can occur for the first time during a flight. You may need a note from your doctor to carry an EpiPen onboard. Check with the airline in advance.

Should I expect any behavioural changes in my child during or after air travel?

Some children, especially those with behaviour problems, may be difficult to settle during a flight. A few items (eg, books, toys, crayons, music) to keep your child distracted may be helpful. Avoid medications to sedate your child because they could place your child at risk for breathing problems. Crossing time zones and being at high altitudes may disturb some children's sleep after air travel. They should be back to normal within a few days.

If my child already has a health condition, could air travel make it worse?

If your child has a health condition, check with your doctor before travelling. If your child is very ill, your doctor may recommend delaying the flight.

What if my child has a heart or lung problem?

Some medical conditions may require preflight testing and arrangements for extra oxygen. According to the United States Federal Air Regulations, passengers are not allowed to bring their own oxygen on an aircraft. If a doctor has determined that a child has a health condition that is stable for flight, but needs supplemental oxygen, the caregivers must prearrange this with the airline at least 24 h in advance. The caregivers must also arrange for oxygen to be available during airport layovers as needed.

Although smoking is banned on all Canadian and American airlines, it may still be allowed on some international airlines. Check the smoking policies of all international airlines. Cigarette smoke can be harmful to children, especially if they have a health problem such as asthma.

A child with a serious heart problem should travel with their most recent electrocardiogram (ECG). Children with pacemakers should travel with an ECG performed both with and without the pacemaker running. Most airport security devices should not affect cardiac pacemakers.

What if my child has diabetes?

Before travelling, speak with your child's diabetic specialist to review scheduling and dosing of insulin. You should also contact the airline in advance to check carry-on policies for insulin and syringes (you may need a doctor's note) and diabetic meal requests (be sure to tell them that your child has type 1 diabetes). Because there can be delays in serving food, bring your own snacks onboard and be aware of the symptoms, and how to manage hypoglycemia (low blood sugar). Your child should wear a MedicAlert accessory. Make sure to notify the flight attendants that your child has type 1 diabetes.

For more information

- Canadian Diabetes Association <www.diabetes.ca>
- Aerospace Medical Association <www.asma.org>
- Transport Canada <www.tc.gc.ca/aboutus/travel/menu.htm>
- "Air travel and children's health issues", a Canadian Paediatric Society position statement developed by the Community Paediatrics Committee, is available at <www.cps.ca>

This information should not be used as a substitute for the medical care and advice of your physician. There may be variations in treatment that your physician may recommend based on individual facts and circumstances. *Internet addresses are current at time of publication*.

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