

Pregnancy at Sea

Your yacht may occasionally welcome pregnant guests onboard for the day or a whole charter. If you have not looked after a guest in this condition before it helps to know what sort of health issues can be related to pregnancy. Robb Leigh MD, medical advisor to MedAire, Inc. takes you through some conditions associated with pregnancy.

While advances in medicine have helped avert many pregnancy- and delivery-related complications, these benefits are not always available at sea. What is more, roughness of sea waters can affect pregnant females: because their altered centre of gravity makes them less stable on their feet, and so they are prone to falls, injuries and sometimes premature contractions and labour. Understanding pregnancy will allow a crew to better assist in pregnancy cases onboard.

The main issues affecting pregnancy are:

> Morning sickness, caused by hormonal changes, affects pregnant females to different degrees. Seasickness can compound morning sickness, making the sea journey intolerable for some, while not affecting others. Providing dry crackers and ginger tea can help calm the unsettled stomach. Pregnant women highly susceptible to morning sickness may have anti-nausea medicines in their possession. These medicines can also be found in some commercially available kits specifically designed for luxury yachts.

> Vaginal bleeding may happen during normal pregnancy and may not be severe or carry serious implications. However, vaginal bleeding in early pregnancy is always of great concern, as ectopic pregnancy (when the foetus is developing in the Fallopian tubes) must be ruled out. If undetected or not managed in a timely fashion, ectopic pregnancy can result in serious bleeding and death. Pregnant females in their first trimester (three months), especially those with a history of ectopic pregnancy, should visit their obstetrician before embarking on a sea journey. If a pregnant guest experiences severe vaginal bleeding – or even dehydration – crewmembers can place her on her left side to restore blood flow that is often restricted by the growing uterus' pressure against the inferior vena cava (the large vein that brings blood from lower extremities to the heart). This manoeuvre will allow prompt return of blood, making it available for mother and baby.

> Rupture of membrane, commonly known as "breaking water", is the rupture of the amniotic sac. If prior to 37 weeks, this event can cause premature labour, which usually happens within 24 hours.

It is preferable, however, to induce labour sooner than to wait for it to occur

spontaneously, as internal infection rates increase with the duration of the ruptured membrane.

> Premature contractions/labour must be stopped to give the foetus more time to mature, unless it is after 37 weeks, when the baby is mature enough to be born. The manoeuvre of placing the mother on her left side is recommended for contractions as well to decrease possible foetal distress.

> Pre-eclampsia/eclampsia is a unique condition of pregnancy. Pre-eclampsia causes elevated blood pressure and protein in the urine, and affects about six per cent of pregnancies. Of these, less than one per cent develops eclampsia causing seizures or coma. Pregnant women experiencing severe headache, visual changes, seizures or coma should be managed emergently, as the lives of the mother and the foetus are in imminent danger. The only known treatment is prompt delivery.

Pregnant females presenting with any of the above conditions, except morning sickness, should be taken to a hospital and evaluated immediately by a physician. Because yachts may be far away from medical care this can be difficult or impossible in some instances; therefore it is extremely important for crew to properly screen pregnant guests before departure.

Crew should ascertain if pregnant guests have a history of miscarriages or ectopic pregnancy, as these individuals should avoid sea journeys. People with a history of ectopic pregnancy can safely go on a sea journey once the pregnancy is confirmed normal. Likewise, those with a history of miscarriages should be very careful in the first trimester, but once the pregnancy passes the initial critical period, there are less likely to be complications; they could go on a sea journey if their obstetrician does not object. The best preparation is for crew to encourage a pregnant guest to consult her obstetrician prior to embarking – especially on long journeys or to locations without prompt access to adequate medical care.

Although not an ideal situation or our recommendation, babies can safely be born at sea, provided no significant complications are present. The yacht's remote medical support provider should be contacted immediately if the guest goes into labour.

Image courtesy of Bigstockphoto.com

Ask the Doc

Q: Is hand washing really that important?

A: The answer is a resounding yes. We all carry germs – especially on our hands – because we’re constantly touching public items that contain an inordinate number of germs. We then grab food with those same hands. The commonest way colds and the flu are spread is by touching contaminated objects and then touching the eyes, nose or mouth without first washing our hands.

Hand washing should consist of rubbing with soap (any kind is good) for about 15-20s, especially below and around the fingernails, between the fingers, palms and wrists. Lessening contact with public items by using a paper towel to flush the toilet or touch the doorknob will decrease the chances of catching undesirable microbes. Hand sanitisers also work, with the most effective containing at least 60 per cent alcohol. They work best if the hands are not visibly soiled. It is

important to rub the sanitiser, especially on fingertips and under the fingernails, until it evaporates.



Sick at Sea?

Dealing with motion sickness? Need to quickly take control of an upset stomach? Consider using a prescription medication that is used extensively to treat cancer chemotherapy patients who have severe nausea and vomiting. The generic drug ondansetron blocks the action of serotonin, a naturally occurring neurotransmitter (chemical messenger) that triggers nausea and vomiting.

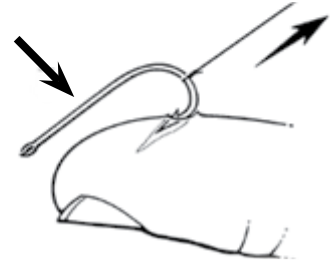
Widely used in hospitals and by many doctors in different specialties, it is rapidly effective in the majority of people – even non-chemotherapy patients and pregnant women with morning sickness. Please consult your healthcare provider for information on side effects and contraindications. Available in injectable form as well as an oral disintegrating tablet, it dissolves inside the mouth and is well tolerated even in people with active vomiting.

MedAire Inc. has recently updated its Ship’s Medicine Chest with 20 ondansetron tablets.

Fishhook removal with minimal distress

String-yank method:

- A.** Tie a piece of string (strong enough that won’t break) around the midpoint of the bend in the fishhook.
- B.** Depress the shank of the fishhook against the skin so as to disengage the barb.
- C.** Firmly and quickly pull on the string while continuing to apply pressure to the shank.



Robb Leigh MD is a practicing emergency physician and medical advisor for MedAire Inc. who handles medical emergencies daily in an urban emergency room as well as remotely for MedAire. To find out more about MedAire’s services visit www.MedAire.com.

At work or at play,
we’ve got you covered.



Major Medical Insurance ♦ Temporary Medical Insurance ♦ Life Insurance ♦ Retirement Savings Plans

Contact MHG Marine Benefits:

1600 SE 17th Street, Suite 410 | Fort Lauderdale, Florida 33316 USA

Tel: +1 954 828 1819 | **Toll Free in USA, Canada & Caribbean:** 1 877 278 7400

E-mail: yachts@mhgmarine.com

Van-der-Smissen Str. 1 | D-22767 Hamburg, Germany | **Tel:** +49 (0) 40 3808 6718

E-mail: yachts@mhgmarine.eu

www.mhgmarine.com

