

# Flying mum

**'Champagne, orange juice or a glass of water?' It is a very good day for collegiate peregrination. I am upgraded. The Dom hits the spot, which is not far from the spot hit by the Gordon's in the lounge earlier. Ever so elegant in my sleeper suit, I reflect the justice of my good fortune and look over the first volume of the menu.**

The voice-over advises a short pre-taxi delay; the doors are still open, we may use our phones. The voice over, so impertinent to the Sudoku enthusiast, is telling us of the eight-hour flight, that we should skirt around the cyclone battering our coast somewhere sparsely habited and that both the pilot and co-pilot are pregnant. What joy to the obstetrically inclined! Hang on a minute. Both pregnant? How pregnant? Certainly less than 30 weeks (Civil Aviation Safety Regulations 67 235 [i]). Do they have a birthing pool in the back?

Sip the Dom. Computer, phone, internet literature search. Nothing much – few data, certainly no Cochrane (wonderful chap that Cochrane). Risks to baby: the usual of miscarriage, preterm birth, antepartum haemorrhage plus hypoxia and increased exposure to irradiation. What about risks to mother; pre-flight vaccinations, antimalarials, abdomino-pelvic pain, ectopic pregnancy, haemorrhage, hypoxia, hypotension, venous thromboembolism and altitude sickness. Our colleagues must have advised our pilots appropriately of course.

Sip the Dom. What about G-LOC (the loss of consciousness when accelerating against gravity)? Pregnant women are more susceptible – it can happen in any turbulent flight or emergency manoeuvre. I don't see commercial pilots wearing pressure suits.

What are common pregnancy experiences? I continue my literature search. Wow! It's in our *ANZJOG*. Normal pregnant women experience, inter alia, fatigue (97 per cent), nausea (88 per cent), frequency (87 per cent) and urgency (58 per cent) in the first trimester and fatigue (82 per cent) and forgetfulness (60 per cent) in the second.

They are also more susceptible to motion sickness. I understand motion sickness and yes, if you don't mind, a little top up will be just the thing. I don't have any trouble with commercial flights, just small planes doing fun things.

My first serious bout of air sickness (it seemed a near death experience at the time) and I could have got out sitting on a parachute as I was in a little plane doing tight circles at 1000 feet dropping down to 100 feet to drop smoke canisters on some soldiers. Carrier-based bombers circled us at 12,000 feet and dropped down below us to bomb the smoke; quite exhilarating for the gastrically continent. To the motion sick, vomiting against G as you climb steeply with the little beads of sweat forming on your brow coming down as a shower from below your helmet was a new and unrepeated experience. No wonder I didn't see the bombers bounce through until their third pass. Other motion sickness experiences were to follow but I digress.

The doors are shut, we taxi to the runway. The glasses are cleared away, the computer stored and the phone switched off. We start to roll, the cockpit door flies open. Surely a hijack risk? They must do better. If I see bad people run to the flight deck, I will throw my i-Pod at them; stabbing with a ballpoint can get dangerous. We reach VI, that point on take off when the pilot must commit to lift off or reverse thrust. I see the pilot vomit. I think that pointillism of diced carrot – why does it always contain carrot? It adds colour but little else to the visual display. The cyclone is yet to come.

It is no longer a good day.

Risk by chance or risk by choice.

In air travel, take off

is the optional part as landing is

mandatory. Should pregnant women pilot/co-pilot aircraft?

I think not.

Chris Verco  
FRANZCOG

## References

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Medical/Specialists

## Staff Specialist – Obstetrics and Gynaecology

**Department of Obstetrics and Gynaecology, Rockhampton Hospital, Rockhampton Health Service District, Queensland, Australia.** Remuneration value up to A\$307 881 p.a., comprising salary between A\$120 646 – A\$140 139 p.a., employer contribution to superannuation (up to 12.75%), annual leave loading (17.5%), private use of fully maintained vehicle, communications package, professional development allowance and 3.6 weeks p.a. leave, professional indemnity cover, locality allowance, private practice arrangements plus on-call allowances (L18 to L24) VRN: RKRH-032006-28.

**Duties/Abilities:** We are seeking a Staff Specialist Obstetrics/Gynaecology who will assist the Director and two other consultants in delivering high quality services to women of the Rockhampton and Central Queensland communities. The Department of Obstetrics and Gynaecology provides elective and emergency services in general obstetrics and gynaecology. There are approximately 1 100 deliveries per year. Support from three paediatricians as well as a five bed Intensive Care Unit is available. The Department is accredited by RANZCOG for specialist training and advanced Diploma training. Rockhampton Hospital is a teaching hospital of the University of Queensland and the successful applicant may be eligible for an academic appointment. Rockhampton Hospital is a 200 bed facility with all major medical specialties and some sub-specialties serving the regional Central Queensland population (200 000) and is a major hub for patient care between Brisbane and Townsville. Rockhampton is one of Queensland's major gateways and offers the benefits of a relaxed, affordable lifestyle, is home to some of Queensland's best private and public school facilities and the Central Queensland University. Rockhampton is accessible from Brisbane by a 50 minute flight and is a 30 minute drive to the cool Yeppoon and Capricorn Coast, the world famous Great Keppel Island and the Great Barrier Reef. Just a short trip to the west are the Gemfields and the true Australian Outback. Relocation and accommodation assistance can be negotiated with the successful applicant. For further information on the Rockhampton and Central Queensland region please visit [www.capricorntourism.com.au](http://www.capricorntourism.com.au)

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**Application Kit:** +61 7 4920 7000 or email: [rockhampton\\_recruitment@health.qld.gov.au](mailto:rockhampton_recruitment@health.qld.gov.au)

**Closing Date:** 5.00 p.m. Monday, 10 July 2006.

*A non-smoking policy is effective in Queensland Government buildings, offices and motor vehicles.*