Update: Healthy Air Travel for Infants

10 Tips for Healthy Air Travel

True or false:
Healthy newborns must be one month of age to travel by air.
Infants need lots of fluid in flight to prevent dehydration.
Avoid air travel when infants have ear problems.
Decongestants help infants avoid earaches.
Answer – *All False.*
There is nothing novel about infants travelling by air. They have been doing so since time immemorial, long before adults. Legend has it that they were "delivered" by storks, and were never the worse for their trips. Of course, stork flights skimmed rooftops, eliminating concerns of high altitude and accompanying ear issues, dehydration, and excessive stomach air. Each newborn was a sole passenger, enjoying fresh air, with no worry of acquiring illnesses from diseasecausing organisms exhaled, coughed up and sneezed out by other passengers. Here is how to make today's skies healthier and friendlier for your infant:

1 With few exceptions, modern air travel is as safe for newborns as were stork flights!
Airlines' lower age restrictions are unnecessary for healthy infants. The rules stem from early days of aviation when aircraft were poorly pressurized, oxygen was sometimes required, and little was known about newborn physiology. Infants with significant medical issues – premature birth or heart and lung problems, for example – even if they are otherwise healthy, could have difficulty compensating for lower oxygen concentrations at cruising altitudes. Such infants should be medically cleared for air travel.

2 In-flight dehydration is a myth; feed infants no more fluids in flight than at home.
Adult air travelers erroneously interpret their parched mouths and throats as dehydration. This dry feeling results from air conditioning removing most of the moisture from the cabin air. Adults who eat and drink during flight accumulate fluid, as evidenced by swollen legs and feet.

3 Feeding infants frequently during flight is counterproductive.
Conventional wisdom says feed infants during ascent and descent, and often during flight. At cruising altitudes the air in the stomach and intestine is already expanded by 20%, the result of lower atmospheric pressure. (This gives many adults a bloated feeling.) For infants, sucking adds more and unnecessary air and food to the stomach, and may cause fussiness.

4 Infants need not be sedated, even for long flights.
Surprisingly few infants cry considering that air travel disrupts their sleep and feeding schedules, they rest in unfamiliar and sometimes uncomfortable positions, and, if they are on your lap, are disturbed every time you move. Moreover, there are no studies as to which medication is effective and how much and when to give it. Some sedating medications, antihistamines, for example, make some infants more active.

5 Air travel appears to be safe for infants with upper respiratory infections and nasal allergies.
No one is sure whether infants experience ear pain in flight. (Older children occasionally do.) There is no evidence that air travel damages infants' ears. While decongestant and nose drops seem to minimize ear discomfort in adults, these do not seem to help infants. Air pressure regulating ear plugs do not appear to reduce ear discomfort in children.

6 Air travel is also safe for infants with ear infections.
In flight ear pain is due to expansion and contraction of air in the middle ear as the aircraft ascends and descends. Ear infections generally obliterate this space, eliminating the chances of pain. Aerating tubes in ears (inserted into the ears of children with frequent ear infections to drain fluid) is NOT a contraindication for air travel. Tubes connect the ear canal with the middle ear air space, equalizing pressure, eliminating the chances of pain.

7 Child Restraint Systems (CRS) (Safety Seats) increase safety, but barely.
Infants are the only items that need not be battened down for take off, turbulence, and landing. In case of severe turbulence or survivable crashes a 20-pound infant sitting on your lap effectively becomes a 300 pound weight that you can not restrain. Serious injuries have resulted. Ideally, infants should be in CRSs, but such turbulence and accidents are so rare that placing all infants in CRSs would avoid one serious injury/death every ten years. Most airlines charge full or partial fares for the seat for the CRS. Authorities conclude that mandatory CRSs use would cause sufficient families to switch to cheaper automobile travel, a more dangerous form of transportation, increasing injuries/deaths of infants.

8 Watch your step at airports, literally.
Holding an infant in your arms may obscure the floor immediately in front of you. Common injuries include falling over luggage and having luggage and carts fall down escalators on you. Using an infant carrier/sling improves your view and frees hands, making you steadier. Leave a few stairs or a short distance empty before entering an escalator or moving sidewalk. Be careful with strollers. On down escalators, the first few steps are level at the onset, forming a platform, giving you a sense of security.

9 Place infants in a window seat.
About 4,000 passengers, nearly all sitting in aisles seats, are injured each year by baggage falling from overhead racks. Window seats protect infants from flight attendants and other passengers serving or holding hot beverages. Sudden movements by the aircraft or by an infant have caused infants to be burned.

10 The risk of infants contracting respiratory infections is small.
Cabin air is replaced every few minutes with air from outside (air at high altitudes is sterile) or recycled through sophisticated filters. Nevertheless, adults have contracted influenza and other infections, usually from passengers sitting nearby, and usually on long flights. Washing your and your infant’s hands and wiping surfaces (organisms survive for days on seats and armrests) may reduce risk. If possible, change seats if a nearby passenger coughs and sneezes.