

HEAD LICE AND SCABIES IN PREGNANCY AND BREASTFEEDING

Information in this leaflet is general in nature and should not take the place of advice from your health care provider. With every pregnancy there is a 3 to 5% risk of having a baby with a birth defect.

What are head lice?

Head lice are insects that live in the scalp and are common, particularly in children. Head lice do not pose specific health risks but they do multiply and spread from person to person usually via direct contact with hair. The eggs that head lice produce are called nits and generally take 1 week to hatch into lice and at least 2 weeks from the initial infestation before they mature and are able to produce their own nits.¹

Non-medical treatment

There are a number of non-medical approaches to treating head lice. One approach is **wet combing**. This is using hair conditioner (which stuns the lice temporarily) and a fine toothed head lice comb to physically remove the lice. This requires repeating the process every few days for 10 days to make sure all nits and lice are removed. Wet combing does not pose any risk to a pregnancy. The disadvantage of this treatment is that it is time consuming and is sometimes ineffective.²

There are also a number of products available at pharmacies that use various oils to cover the hair. Examples are eucalyptus oil, tea tree oil, and lavender oil. The head lice comb is then used to physically remove the nits and lice. These products are applied to the scalp and are likely to be only minimally absorbed. Therefore, even though these products are not well studied in terms of safety and effectiveness, they would **not** be anticipated to add any risk to a pregnancy. However they have the potential to produce side effects affecting the mother, such as irritation and burning of the scalp.²

Electronic combs work by electrocuting head lice. As this method of treatment is relatively unstudied, its effectiveness in eradicating head lice is uncertain. However, it is not anticipated to have any adverse effects in pregnancy.²

General measures to prevent spread and recurrence include soaking combs and brushes in boiling hot water, washing sheets, pillows and towels in hot water, removing headwear for 2 weeks and **checking all family members for head lice**.¹

Medicines recommended

The first line over the counter **chemical** insecticide that is used to treat head lice in pregnancy is **1% permethrin**.³ It has minimal toxicity and is generally effective. Other over the counter insecticides include pyrethrin and piperonyl butoxide, benzyl benzoate as well as malidison. These have been used in pregnancy as alternatives if permethrin is not available. All these products cover the scalp. As absorption of these products is minimal, they would not be considered significant exposures to an unborn baby.⁴

Resistance to insecticide medication is common so hair needs to be rechecked the day after use. If initial treatment is successful, repeat the application after a week. If lice are still present after initial treatment, consider non-chemical treatments (see below).²



Dimethicone is a more recent **non-chemical** treatment for head lice. This physically kills the lice when coating the scalp by dehydrating and suffocating them. It is not anticipated to add to pregnancy risk.² Other physical treatments include benzyl alcohol 5% and isopropyl myristate which are unstudied in pregnancy but are nonetheless unlikely to be harmful.²

Resistant head lice are occasionally treated with a topical or oral medication available by script only. This is not advisable while pregnant due to concerns regarding safety.²

Scabies

Scabies is a mite that causes an itchy rash on the body. It is spread by contact. If you suspect you may have scabies, you should see your GP for diagnosis and treatment.

While pregnant, the treatment of choice is **permethrin 5%**. Benzyl benzoate can be used in pregnancy as an alternative if permethrin is not available.² Another product, crotamiton, is unlikely to have any adverse effect on pregnancy but is also less likely to be effective. Other scabies medications are not recommended in pregnancy.² **It is also important to treat all close contacts and family members.**

An oral antihistamine along with a short course of topical hydrocortisone 1% cream maybe helpful in alleviating the intense itching associated with a scabies infestation. These products do not increase pregnancy risk. Frequent scratching of scabies can cause breaks and scratches in the skin. These scratches can become infected with bacteria resulting in a more serious infection called impetigo which requires treatment with antibiotics.

Breastfeeding

All the over the counter head lice topical treatments are considered acceptable while breastfeeding.⁵ Check with MotherSafe if suggested a medication that requires a script.

Permethrin 5% for treatment of **scabies** is considered compatible with breastfeeding as it is effective, has minimal toxicity and absorption is negligible.⁵ A non-sedating antihistamine and topical hydrocortisone 1% cream are safe to use for symptomatic relief.

Ask your midwife, doctor or pharmacist for the brand names of these medicines.

References

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3. Otis. Lice, Scabies and Pregnancy. Organization of Teratology Information Specialists; November 2014. Available from <http://mothertobaby.org/fact-sheets/lice-scabies-pregnancy/pdf/>
4. Micromedex Healthcare Series. Reprotox. Greenwood Village CO: Truven Health Analytics, 2016. <http://www.micromedexsolutions.com.acs.hcn.com.au/micromedex2/librarian?acc=36422>. Accessed September 2016.
5. Hale TW. Medications and Mothers' Milk. 15th ed. Amarillo TX: Hale Publishing; 2012.

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For more information call MotherSafe: NSW Medications in Pregnancy and Breastfeeding Service on 9382 6539 (Sydney Metropolitan Area) or 1800 647 848 (Non-Metropolitan Area) Monday -Friday 9am-5pm (excluding public holidays)