Lice, Scabies and Pregnancy

In every pregnancy, a woman starts out with a 3-5% chance of having a baby with a birth defect. This is called her background risk. This sheet talks about whether exposure to lice or scabies may increase the risk for birth defects over that background risk. This information should not take the place of medical care and advice from your health care professional.

What are lice?
Lice are parasitic insects that can live on the body or in hair. Head lice are the most common type of lice. Lice hatch out of eggs that are called nits. Nits are usually yellow or white and are about the size of a knot in thread. Adult lice have six legs and are a tan to grayish-white color. Adult lice are about the size of a sesame seed. Lice usually cause itching and rashes. You can get lice by touching someone who has lice, mainly from head to head contact. It may also be possible to get lice from sharing an infected person’s clothing, brushes, or other personal items. Lice cannot live more than 2-4 days off the human body.

What is scabies?
Scabies is the spread of mites (a type of insect) on the skin. The mites are so small they cannot be seen with the naked eye. The mites burrow into the skin and cause itching and rashes. You can get scabies by touching someone who has scabies, but usually you have to be touching for a long time (more than just a quick handshake). You can also get scabies by sharing clothes, towels, or bed with someone who has scabies.

How can I tell if I have lice or scabies?
Lice will cause itching and rashes, usually on the scalp. You can sometimes see adult lice crawling through the scalp or in hair. You can also look for nits (eggs) attached to the hair close to the scalp. Scabies cause itching all over the body and it is usually most severe at night. You may see a rash or raised S-shaped lines on the skin. Your health care provider can tell if you have scabies by taking a scraping of the skin and looking for the mites or their eggs under a microscope.

How can I protect myself from getting lice or scabies during my pregnancy?
If someone in your household or other close contact has lice or scabies, it is possible for you to get them too. To prevent this from happening, the person that has lice or scabies needs to be treated as soon as possible.

What if the lice do not go away after using over-the-counter products?
If cream rinse treatments fail to kill the lice, you should see a health care provider about getting a different kind of lice medication. Common prescription medications for lice are Malathion and...
Ivermectin. There are no human studies looking at women who have been treated with Malathion during pregnancy, but most animal studies have not shown an increased chance for birth defects. Ivermectin is not well studied in pregnancy, and is should not be used according to the CDC.

What do I do if I think I have scabies during my pregnancy?

If you think you have scabies, you should see a health care provider. They will look at your skin carefully and may take a scraping of your skin to see if you have scabies. Your health care provider may prescribe a stronger kind of permethrin cream than what is available over-the-counter, and is the recommended treatment in pregnancy by the CDC. One study has shown no increased chance of adverse effects in pregnancy outcome after using permethrin or another treatment, benzyl benzonate lotion. Another treatment that is thought not to increase risk when used in pregnancy is sulfur in petrolatum. However, some doctors have questioned how well it works to treat scabies. Lindane is also sometimes used to treat scabies if other treatments fail. Lindane can cause toxic side effects in children and adults and is generally avoided in pregnancy. Studies in pregnant animals have not shown lindane to cause birth defects. You should talk to your health care provider about the benefits and risks of using a prescription medication to treat scabies during pregnancy.

What lice and scabies medications can I use while I’m breastfeeding?

Because absorption after topical use is limited, the CDC suggests that breastfeeding women use pyrethrin or permethrin to treat lice and scabies. Ivermectin passes into breast milk in small amounts, and has been rated compatible with breastfeeding by the American Academy of Pediatrics. Lindane is usually avoided during breastfeeding because it is not recommended for use in young children. Malathion is not well studied in breastfeeding mothers. If you are breastfeeding, you should talk to a health care provider before using a prescription medication to treat lice or scabies. Be sure to talk to your health care provider about all your options for breastfeeding.

What if the father of the baby uses lice or scabies medication?

There have been no human studies looking at paternal exposures to lice and scabies medications. However, most medications are not thought to increase the chance of birth defects when a father uses them before or around the time of conception. Lice and scabies may be spread through sexual intercourse. As mentioned above, any household member that has lice or scabies should be treated immediately to prevent spreading to other household members.

For more information on medications that the father takes, please see the OTIS fact sheet Paternal Exposures and Pregnancy at http://www.mothertobaby.org/files/paternal.pdf

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References:


If you have questions about the information on this fact sheet or other exposures during pregnancy, call OTIS at 1-866-626-6847