Lice and Scabies

This sheet is about exposure to lice and scabies in a pregnancy and while breastfeeding. This information should not take the place of medical care and advice from your healthcare provider.

What are lice?

Lice are small wingless insects, the size of a sesame seed, 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. You can sometimes see adult lice crawling through hair or on the scalp. You can also look for the nits attached to the hair close to the scalp. Lice usually cause itching and rashes, but head lice are not known to spread disease.

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, towels, combs, brushes, or other personal items. Lice crawl; they cannot jump or fly. Lice cannot live more than 2-4 days off the human body. Lice cannot be passed from you to the baby while you are pregnant.

What is scabies?

Scabies is the spread of a small insect, called a mite, on the skin. The mites are so small they usually cannot be seen with the naked eye. The mites burrow into the skin. Scabies will 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 healthcare 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.

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 bedding with someone who has scabies. Scabies cannot be passed from you to the baby while you are pregnant.

How can I lower the chance of getting lice or scabies?

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. All clothing and bed linens that the person wore or came in contact with in the two days before treatment should be dry-cleaned or washed in HOT water and dried in high heat for at least 20 minutes, and/or removed from body contact for at least 72 hours. The person’s combs and brushes should be soaked in rubbing alcohol or a disinfectant for one hour. If they are heat resistant, they can be soaked in hot water (at least 130 degrees) for 5-10 minutes. Floors, furniture, car seats and other fabric covered items should be vacuumed.

How are lice treated?

Lice can be treated with either over-the-counter or prescription lice medication. Over-the-counter lice medications are usually cream rinses for hair (shampoos). Usually, they contain either permethrin or pyrethrin and piperonyl butoxide. There are different brands available at the drugstore, and new medicines are coming onto the market. If over-the-counter treatments fail to kill the lice, you should see a healthcare provider about getting a prescription lice medication. Some prescription medications for lice are malathion, benzyl alcohol, spinosad, and ivermectin hair rinses.

MotherToBaby does not make specific recommendations for treatment; talk with your healthcare provider for specific recommendations. There are no known risks to the person who is pregnant or to the pregnancy if lice are not treated.
**Does taking medications to treat lice or scabies increase the chance of birth defects?**

Every pregnancy starts with a 3-5% chance of having a birth defect. This is called the background risk. Most of the creams, lotions, and shampoos used to treat scabies and lice are not expected to increase the chance for birth defects. The amount of the medications absorbed through the skin after topical use is typically low. Lindane, however, is generally avoided in pregnancy because, if not used correctly, it can cause toxic side effects to the person using it. The limited information regarding the use of oral ivermectin (when taken by mouth) has not suggested an increased chance of problems during pregnancy. Since it is not well studied for use in pregnancy, other, better studied treatments may be recommended first.

You should talk to your healthcare provider about the benefits and risks of using your specific prescription medication to treat scabies and lice during pregnancy, or contact MotherToBaby with the name of your medication so that we can discuss your specific medication.

**Breastfeeding while using lice and scabies medications:**

The CDC has previously suggested that breastfeeding women use pyrethrin or permethrin to treat lice and scabies, because the amount absorbed after topical use is expected to be low. Ivermectin passes into breast milk in small amounts. 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, talk to a healthcare provider or contact MotherToBaby about your specific medication. Talk with your healthcare provider about all of your breastfeeding questions.

**If a male has lice or scabies, can it make it harder to get a partner pregnant or increase the chance of birth defects?**

Having lice or scabies is not expected to make it harder for a male to get a partner pregnant or increase risk for birth defects. You cannot pass lice or scabies directly to the baby during pregnancy. Lice and scabies may be spread from one person to the other through sexual intercourse. Any household member that has lice or scabies should be treated to prevent spreading to other household members. Based on the data available, it is not known if medications used to treat lice or scabies cause problems with fertility. In general, exposures that fathers or sperm donors have are unlikely to increase the risk to a pregnancy. For more information, please see the MotherToBaby fact sheet Paternal Exposures at [https://mothertobaby.org/fact-sheets/paternal-exposures-pregnancy/](https://mothertobaby.org/fact-sheets/paternal-exposures-pregnancy/)

Please click here for references.