Head Lice Treatment in Breastfeeding Mothers

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Headlice are a common problem for mothers with older children. The breastfeeding mother may need to apply lotions to her children and may find herself affected too. Headlice are spread by head to head contact. They are not a sign of poor hygiene and in fact prefer clean hair. Medicated lotions should not be used unless live lice are detected by combing. Prevention is best achieved by regular combing with a fine toothed comb.

For further information see www.patient.co.uk/showdoc/23068753/

Head lice may be mechanically removed by meticulous combing of wet hair with a fine toothed detection comb. Combing needs to be undertaken for at least 30 minutes at four day intervals for a minimum of two weeks. Conditioner facilitates combing particularly of long hair. Anecdotally use of tea tree oil is effective in killing and preventing headlice but there is no evidence from clinical trials.

Treatments with lotions or liquids are preferable to shampoos which are diluted below an effective therapeutic concentration. Aqueous solutions are recommended for children with eczema or asthma. Rotation of treatments is no longer recommended. A mosaic approach is considered advisable however whereby the child or adult is treated with a different chemical at each infestation or if a treatment fails. Absorption of the products through the skin in sufficient quantities to affect breastmilk is unlikely. If a lactating mother has to treat several children’s heads it may be sensible to use rubber gloves to protect her hands and ensure the room is well ventilated.

There are a variety of products available to treat headlice.

Malathion Derbac M®, Prioderm®, Quelleda M®
Permethrin, Lyclear®
Phenothrin Full Marks ®
Dimeticone Hedrin®
References

- Manufacturers information Lyclear SPC 2012 www.medicines.or.uk
- Jones W Breastfeeding and Medication Routledge 2013