

Sexuality and Childbirth

Having a baby is a significant expression of sexuality. It can bring many physical, emotional and social changes that may alter a new parent's sexual needs, and impact on relationships.

The changes brought about by childbirth will be experienced differently by everyone. Some find a change in their level of sexual desire as well as the way they respond sexually. A decrease in sexual activity after childbirth is common.

How does childbirth affect sexual relationships?

Physical factors:

Tiredness

Baby care is time consuming and demanding, and tiredness is common. Waking during the night, feeding the baby frequently, and keeping the household going, may mean that many women and men find they are just too tired for sex.

One way to regain some energy is to make time when the baby is asleep to relax or rest. Light, frequent meals and drinks will help sustain coping skills. Time-out with the help of a baby-sitter, relative or friend might also help.

Breastfeeding

Breastfeeding may make a woman's breasts feel heavy or tender, and this may affect her sexual response. Some women report their sexual desire does not return fully until they cease breastfeeding and their periods become regular. Others report heightened sexual feelings as a result of breastfeeding. Many women find that their breasts release small amounts of milk during sexual activity or orgasm.

Hormonal changes associated with breastfeeding cause a lowering of oestrogen levels in the vagina. For some women this may result in vaginal dryness and uncomfortable sex. A water based lubricant may help, or see your doctor for a prescribed vaginal oestrogen cream or vaginal pessary (tablet).

Pelvic floor muscles

The muscles surrounding the pelvic floor (vagina, urethra and anus) are designed to stretch during pregnancy and childbirth. Well-toned pelvic floor muscles may help a woman to become sexually aroused more quickly and feel more sensation during sexual activity and orgasm.

Women are encouraged to exercise to tone and strengthen these muscles after childbirth. For advice, contact a Family Planning Queensland (FPQ) clinic, doctor, midwife or physiotherapist.

Pain

The experience of childbirth varies greatly for each woman. Depending on the experience of labour, pain may or may not be a concern.

While episiotomy (a surgical procedure to increase the vaginal opening), haemorrhoids, bruising and stitches after a vaginal birth may cause pain for a number of weeks, the vagina should heal readily. In general, after a Caesarean birth the area around the scar may be tender for some time, so it may be helpful to try sexual positions that do not cause discomfort.

Feeling stressed or anxious about sex may increase tension and tenderness in the vagina, making intercourse more difficult or painful in the short-term.

If sex is uncomfortable, talk to your partner, try different positions, and use a water-based lubricant if necessary. Explore other ways to be intimate, such as kissing, cuddling, massage or oral sex.

Emotional factors:

The months following childbirth can be a vulnerable time for many women, men and families, bringing conflicting emotions. Some reasons for this may include:

Body image

While a changed body shape is natural during pregnancy, many women expect to return to their pre-pregnancy weight and shape as soon as possible after childbirth. Self-esteem and confidence may be challenged if this doesn't happen quickly. Feelings of lovability and sexual attractiveness may need to be discussed and addressed.

Generally, within twelve months after birth, body weight returns to what it was before the pregnancy. Breastfeeding, healthy eating habits and regular exercise can all help this process.

Depression

While having a baby can be one of the most joyful times, it is also true that it can greatly affect parents' emotional well-being. Stress and depression can result in a lack of sex drive.

Coping with a new baby at home may be stressful, particularly if there are other children to attend to. Mild depression is common. As many as 85 % of women report having 'maternity blues'. This may start shortly after childbirth and continue for a few weeks.

Lack of sleep, poor diet and loss of confidence may account for symptoms of tearfulness, mood changes, irritability and anxiety. This is an expected reaction requiring support and reassurance. There are usually no long-term consequences. Talking to family and friends who can offer support, reassurance and advice may help.

A deeper anxiety called post natal depression (PND) is more serious, sometimes starting two to four weeks after birth. Should you feel concerned about depression, it is important you seek professional help from doctors, midwives or counsellors.

Other factors:

Likelihood of interruption during sex

Sexual activity may be inhibited through fear of disturbing the new baby or being interrupted by another child. Placing the baby in another room to sleep, if only for a few hours, may be helpful.

Relationship issues

The increased responsibilities that a new baby brings may be a source of stress on relationships. The intimacy between mother and baby could pose a threat to a partner who may previously have enjoyed the new mother's full attention.

It is important that couples openly communicate their feelings, expectations and concerns about their relationship.

Fear of unplanned pregnancy

Fear of an unplanned pregnancy may have an effect on a woman's sexual desire, response and enjoyment of sex. Reliable contraception will help relieve this anxiety.

So, when is it okay to start having sex?

Unless a doctor or midwife has advised against it, each woman can decide when she feels ready and comfortable to resume sexual intercourse. It is best to wait until the vagina and cervix have healed. It may surprise and/or distress some women and men to find that breasts may leak during sex. Keeping a towel handy may be helpful.



What methods of contraception are suitable after childbirth?

Oral contraception:

The progestogen only pill (mini pill) does not affect breastfeeding and can be started three to four weeks after childbirth.

The combined oral contraceptive pill (the Pill) is not recommended for women who are breastfeeding as it can reduce the volume and make-up of breast milk. In women who are not breastfeeding, the combined pill can be started three weeks after childbirth.

Injectable contraception:

DMPA (Depo-Provera, Depo-Ralovera) does not interfere with breastfeeding. However, it is preferable that the first injection is postponed until around six weeks after birth. If started earlier, heavy and prolonged bleeding may occur.

Contraceptive implant (Implanon):

As above but can be inserted 4 weeks after birth.

Barrier methods:

A diaphragm can be fitted six weeks after childbirth. A weight gain or loss of 5kg will require the diaphragm to be checked, and perhaps a new size fitted.

Male or female condoms can be used as soon as sex is resumed. Condoms (and abstinence) are the only method of contraception that also protects against sexually transmitted infections (STIs). If vaginal dryness is a problem, extra water-based lubricant is recommended.

The intra-uterine contraceptive device (IUD) & the progestogen-releasing intrauterine system, Mirena:

Both Mirena and the IUD can be inserted six to eight weeks after a vaginal birth or twelve weeks after a Caesarean birth.

Male and female sterilisation:

Sterilisation is considered to be a permanent method of contraception. It is recommended that decisions relating to sterilisation be delayed until a few months after birth.

Natural methods:

For women who are fully breastfeeding, lactational amenorrhoea method (LAM) is a reliable method of contraception after birth, providing all the following conditions exist:

- ✱ the mother is fully breastfeeding; i.e. the baby is not receiving any other food supplements (solids or bottles)
- ✱ the baby is less than six months old
- ✱ periods have not returned

If all of these conditions are met, breastfeeding provides a high level of protection from pregnancy. If not, the woman should consider herself potentially fertile and use another method of contraception.

Note: the information in this factsheet is intended as a guide only. For more information on any of these methods, or to choose the best one for you, talk to your local FPQ clinic, doctor or midwife.



Family Planning Queensland

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