

Since delivery, I have had very little interest in sex.

It is common for new parents to experience a drop in libido. If you experienced a difficult delivery, especially a Cesarean birth, you may still be physically recuperating. Any delivery can cause bleeding, and recovery can be slow as your body rebounds. The hormonal shifts taking place in your body, lack of sleep, and changing roles and expectations in your life can quickly put sex on the back burner. Also, the physical closeness you share with your baby may leave you feeling “touched out.”

Be compassionate and patient with yourself. Healing puts extra demands on your body, so getting adequate sleep and making sure your diet includes lots of high-quality protein sources, and fruits and vegetables with plenty of antioxidants, can be very rejuvenating. Keep up on your fluids. Consider taking, or continue to take, a multi-vitamin supplement.

Depression can also inhibit libido. The “baby blues,” a common condition including sadness, crying, and mood swings, should abate a few weeks postpartum. If you find that you are experiencing these or other distressing symptoms for a longer period of time, or in a more intense form, you may be experiencing postpartum depression. Contact your health care provider, who will be able to assess your condition and find the proper treatment.

I’m worried my partner is getting sexually frustrated.

It is extremely important to communicate with your partner about sexual issues. Do not take for granted that your expectations and needs match. Your partner may feel a bit left out of the new bond that you and your child have formed, and a lack of sexual intimacy can add to that feeling. If you do not wish to be sexual, make sure that your partner understands why and feels reassured and loved. Try to be understanding if your partner seeks sexual outlet in masturbation or the use of erotic literature, movies, or magazines. You may even wish to use some of these things together. You never know—your support could turn into arousal.

It’s also important that your needs get met. Communicate your desires and concerns to your partner and ask for the support and reassurance that you need. Understanding each others’ expectations can also help take some of the pressure off. For instance, you may be avoiding intimacy because you are not interested in having penetrative sex or because your breasts are tender, while your partner may be quite willing to experience other kinds of closeness, like kissing and touching.

Now more than ever, your sex life will take effort to maintain. It may be necessary to plan sexual intimacy. Your baby’s naptime is a good time to get close. And don’t pass up those offers of help from friends and family—they might love to spend an afternoon with the baby, and it may just give you the perfect chance to reconnect with your partner. Remember, just because you’ve planned to have sex doesn’t mean the sex itself can’t be spontaneous! You may wish to involve games or toys to bring a sense of playfulness to sex. Sometimes non-genital forms of intimacy can be ideal. Exchanging massages, cuddling, and making out can be low-pressure ways to feel close.

Our baby has been sleeping with us since he was born. Could it be psychologically damaging to him if we make love in front of him?

Co-sleeping, or having the baby in bed with you or in a crib that adjoins the bed, has become more popular in recent decades. Some parents find that co-sleeping helps them relax and focus on each other without worrying about the baby’s well-being. It’s not uncommon for new parents to worry that they may harm their baby by being intimate in front of him. However, an infant is much too young to understand or be damaged by his parents’ intimacy. Certainly, if the baby is sleeping, there is nothing to worry about. Some parents nurse the baby right before putting her down for the night in order to guarantee at least an hour or two of privacy while she sleeps.

If you do decide to have sex in the family bed, you may wish to modify your vocalizations. Loud moaning and other noises may scare a baby who cannot understand that her parents are actually enjoying each other.

Most parents discontinue the practice of making love in the family bed when the baby is past infancy. As a transition, you might want to experiment with new places for your amour. The couch in the den, the living room floor, the backyard... this may be the time to make some long-standing fantasies come true.

Additional Resources:

Sexy Mamas, by Anne Winks and Cathy Semans—a wonderful book about how to enjoy your sexuality and be a mother at the same time. Inclusive of single mothers and those in both same-sex and heterosexual couples.

Great Sex for Moms, by Lou Paget—a great choice if you are looking for a book that helps moms (and those who love them) invigorate their sexual and romantic lives.

© 2005, 2006, 2009, 2012, 2013 *A Woman’s Touch*. Contact *A Woman’s Touch* for permission to reproduce this information.

Postpartum Recovery & Sexuality

~recuperate from
your pregnancy & delivery

~understand
changes in your
vulva and breasts

~rediscover sex
after pregnancy



A Woman’s Touch
Sexuality Resource Center

toll free 888-621-8880
www.sexualityresources.com



Dear Dr. Myrtle,

I have many questions about my body in this post-delivery time. Help!

Postpartum Sexual Health Issues

How can I heal my perineum?

Many women experience damage to the perineum (the area between the vaginal opening and the anus) during delivery. Here are some helpful techniques to speed your recovery:

1. Apply ice packs for the first 24 hours after delivery to reduce swelling, then switch to daily sitz baths with warm water. Some midwives and holistic practitioners recommend the addition of certain herbs to these baths. Check with a practitioner you trust for a recipe.
2. After bathing, let your perineum air dry and, if possible, expose it to sunlight.
3. Try using only soft cotton underwear. Don't be afraid to pamper yourself with some new undies! You'll want to change them often. If the seams chafe, wear them inside out. Some women avoid wearing underwear altogether, and wear skirts rather than pants. This helps avoid trapping moisture against the skin while healing takes place.
4. If you experience pain from urine splashing against the perineum, try using a squirt bottle filled with warm water, and pouring it over the vulva while urinating, or you could urinate in the shower. Some find that a light application of zinc oxide (like Desitin) helps, but don't apply anything unless specifically told to do so by your doctor or midwife.
5. If at any time your perineum seems to worsen rather than improve, contact your health care practitioner. Most women feel they are completely healed after a few weeks, although some take longer. You may still have uterine spotting even after your perineum has healed.

After your bleeding has stopped and you have no pain, gently massage your perineum to soften any remaining scar tissue. Using a moisturizing, water-based lubricant like Liquid Silk, you or a partner can insert one lubricated finger just inside the vaginal canal and gently roll the perineal tissues between thumb and forefinger. Some women perform this massage nightly, which helps moisturize the tissues while you sleep.

I've heard rumors about women losing vaginal tone and becoming "loose" after childbirth. Is that true?

Although some skin tone and pelvic-floor tone is lost through pregnancy and childbirth, it is possible to gain

most or all of it back. Breastfeeding releases a hormone called oxytocin, which naturally restores some of the tone of the pelvic floor muscles and ligaments. Pelvic-floor exercises (Kegels) will specifically strengthen these muscles. For a complete description, see our Pelvic Floor Health brochure.

Also, consider that orgasms exercise and revitalize the pelvic floor. Because these muscles stretch while carrying a pregnancy, your early postpartum orgasms may feel less intense. When you're ready, regular orgasms are one of the best ways to increase the strength and flexibility of your pelvic floor muscles.

Postpartum Breast Issues

Is it normal to have sexual feelings while breastfeeding?

Some women experience sexual feelings during breastfeeding, while others don't. Both responses are totally normal. Your breasts are erogenous zones, and having them touched and suckled can feel wonderful. Breastfeeding also causes your body to release a hormone called oxytocin, which creates feelings of closeness and well-being—it's also the hormone released during orgasm. You can think of the warm, arousing sensations you experience as nature's built-in bonus for breastfeeding.

Sometimes when I'm having sex, milk leaks or sprays from my breasts. Is this normal?

Direct nipple stimulation can cause lactation. Also, when you are aroused, your body signals the release of oxytocin and prolactin, which in turn trigger milk production. This is why you may leak milk during sex play, sometimes just a bit and other times quite a lot. Some women handle this by nursing before lovemaking. Some women and their partners enjoy this occurrence, and even incorporate lactation into their play. It's really a matter of personal preference. Choose whatever works for you.

Is it true that you can't get pregnant while nursing?

You absolutely can get pregnant while nursing. On-demand breastfeeding does suppress fertility to some extent, particularly if you are careful to feed at least once every four hours with no exceptions. However, ovulation precedes your first period, which means that you will be fertile before you resume your monthly bleeding. If you wish to engage in vaginal intercourse and avoid pregnancy, use a condom.

Postpartum Sexuality Issues

Since I gave birth, I have been experiencing vaginal dryness. Is this normal?

Vaginal lubrication is often an issue for postpartum wom-

en, especially those who choose to breastfeed. Pregnancy suppresses estrogen levels, which makes it more difficult for you to produce your own lubrication. It's not such an issue during pregnancy because of your increased blood volume, but after delivery many women notice a distinct change in vaginal/vulvar moisture. Breastfeeding lengthens this estrogen suppression and can make the vaginal dryness seem more extreme. There are several solutions to consider:

1. Make sure you're highly aroused before attempting penetration. Some women find that having an orgasm prior to penetration draws moisture to the genitals and adds a nice spark to the beginning of their sex play.
2. Supplement nature with a water- or silicone-based lubricant for any kind of sex play. Lubricant helps reduce the friction on your tender skin while allowing you the pleasure of penetration. See our brochure on Personal Lubricants for more information.
3. We have devised a program of moisturizing self-massage, which is explained thoroughly in our Vaginal Renewal™ booklet. Though this booklet was written for women transitioning through menopause, it is also ideal for postpartum women. The massage will bring blood to the vaginal tissues, moisturizing them and increasing their resiliency.

How soon after the baby is born can I have sex?

Generally speaking, external touching and having orgasms are fine at any time. The issue is vaginal penetration by fingers, toys or a penis before healing is complete, which can put you at risk for uterine infection. Complete healing can take anywhere from a few days to six weeks, so follow the instructions offered by your health care provider. Make sure you understand clearly what is being recommended—if your health care provider says "no sex," does that refer only to vaginal penetration, or to other activities as well? Being clear about these recommendations will help you to understand them and carry them out correctly.

Also, don't forget to use contraception! Ovulation precedes the return of monthly bleeding, and can occur quite soon postpartum.

Now that I've had the baby, penetration hurts. Why?

Pain with penetration may be due to an unhealed perineum, vaginal dryness, or rigid scar tissue from a perineal tear or episiotomy. Although some bleeding with first penetration after delivery is considered normal, inform your health care provider of any bleeding or discomfort that persists or that you find distressing.