

Sex After The Baby Comes

by Sheila-Kitzinger

Sexual adjustment after the baby comes is one part of the wider emotional adjustments to changed social and family relationships which new parents have to make. With the birth of each baby the form of the family changes, and all the relationships of those within it, husband and wife, parents and parents-in-law and other children, are shifted -- sometimes abruptly, sometimes almost imperceptibly.

Though a great deal of emphasis is put nowadays on the equipment which is considered necessary to buy when a baby is on the way, it is not sufficient to provide all the material comforts of a home into which a baby is being born. More important is the emotional environment which is the nursery of that new life.

Concepts of pollution

Traditionally, in societies over the world, the new mother is fed special foods, given special attention, and may be confined in a darkened room where she is kept guarded from evil influences, be they spiritual, magical or bacteriological. She has passed through, and the baby is in the process of passing through, a transitional state of existence.

The taboo on intercourse after childbirth has little to do with medical science. The mother is sometimes told that she will get "infected" or that "it will open up wounds," an unlikely event in a happy marriage where the man makes love with consideration and tenderness. The taboo stems from this protection of the mother and baby common to many cultures. Even in Western societies the prohibition varies, so that whereas American women may be instructed by their obstetricians not to make love for six weeks, French women may be told "pas de rapports" for only three weeks! And yet there is no difference in their reproductive equipment. While some women are happy to resume intercourse just a few days after the birth, most women are only able to enjoy intercourse several weeks after that, especially since more than 80% now have episiotomies and stitches afterwards.

In spite of this a new mother may not be able to stand the idea of making love, or, having started, may lose interest and find herself unable to reach orgasm. Many couples encounter difficulties, and often think that they are the only ones to experience them and worry that there must be something dreadfully wrong.

Tiredness

Tiredness is the first challenge. A woman may be putting a great deal of energy into this unaccustomed task of being a mother. She may never have learned how to relax, or, having learned it, thought it was something she needed just for labor, not for motherhood. Both parents may be exhausted because they are getting insufficient sleep, with the baby waking two or three times in the night. Tiredness is often made more intense by anxiety about caring for the new baby and uncertainty as to whether they are doing it right. This combination of exhaustion and anxiety may mean that a

woman never gets aroused because she cannot surrender herself to erotic sensations, or that she starts to like them, but as she relaxes, falls asleep before anything much has happened. One result of this is that many couples often say that as they approach the end of the first year of the baby's life, they are having intercourse less often than before the pregnancy.

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It helps if the mother can organize her day to allow for a well-earned sleep in the morning or afternoon.

Start by analyzing the day on paper. Plan the basic housework right after breakfast. Decide what you can skip. The result will probably be that you do beds and dishes, wash the baby's things and cook something for an evening meal, and then, if you are lucky to be able to fit it in, one extra thing (like the kitchen floor) each day. Spend any extra money on household help or labor-saving machines. Find out where the spaces in the day seem to be. Every baby sleeps sometimes. Plan the largest space for a rest time - in bed (with hot water bottle or electric blanket already switched on if necessary). Take a drink on a tray and a book or magazine, or have the T.V. installed opposite the bed. And when you sleep, after you have given yourself a few minutes to unwind, darken the room, practice your relaxation and really let yourself drift off. It may not be easy at first, but will come with practice. If you are breastfeeding, do not think that putting the baby on the bottle will solve your problem. It won't. Simply feed whenever and as long as the baby wants it until he or she falls off the nipple like a sleepy kitten, and then put the baby down and rest yourself.

Depression

The new mother may be feeling not only tired and irritable but also depressed, and guilty because she is depressed. She may find herself unable to cope with the baby, nervous about handling him--fearing she will drown or drop him--or even be completely uninterested in him. No amount of telling her to pull herself together can help, and all the advice that she will doubtless be offered is irrelevant to the situation.

Sometimes social conditions are such that it would be surprising if a woman were not depressed. Social isolation, overcrowding, financial insecurity and poverty, apparently insoluble problems involving others in the family, all these things are associated with depression, one of the symptoms of which is loss of interest in sex. It is worth while looking at the stresses of the way you are living to see how and where they can be changed through your own actions. And if depression does not begin to lift when these social conditions are changed, or if they

seem a minor part of the problem, it is a good idea to seek medical help.

Both husband and wife may be very frightened of mental illness, but however bizarre a new mother's behavior, there are many, many women living active, happy lives who have gone through a phase of this kind.

Pain

Intercourse after childbirth is sometimes distinctly uncomfortable. This is more likely to happen when there has been an episiotomy (cut in the perineum for the baby to be born) which is an increasingly frequent obstetric maneuver. Sometimes the mother hardly feels it afterwards, but often there is a period of time during which the skin is pulled tight and "prickles." After this period of a week or so it may feel for the next few months as if there is a bump of tissue which is especially tender. This is likely to be at the base of the vagina, near the anus. Any pressure against these sensitive spots during intercourse can be painful. If the woman is apprehensive she tends to tighten up when the man tries to penetrate, and this causes further pain. The lining of the vagina may be rather dry and taut and the woman feels she cannot open up easily. Sometimes the natural lubrication which moistens the vaginal wall during sexual arousal does not come back for a while after childbirth, and extra lubrication in the form of a special cream or jelly (for example a contraceptive cream or one sold for keeping the nipples soft) is necessary. The man can gently stroke this in before he attempts entry, and the woman can put a little on his penis too.

If there have been stitches after childbirth, the couple should adopt a coital posture in which the penis presses against the front part of the vagina and the clitoris, not the tender area at the back. It is often much better for the woman to help her man inside, so that she does not feel the need to recoil like a snail drawing in its horns. As he slides in, she should deliberately release all her pelvic floor muscles so that they are suspended downwards like a heavy hammock.

After childbirth specially delicate and tender stimulation of the clitoris is more than ever desirable, and the woman should let her husband know when his caresses please her, as only in this way can he learn how to give her greatest pleasure. He may discover that she associates an accustomed coital posture with gynecological examination, and she may find this so disagreeable that she cannot be aroused in a position which she formerly enjoyed.

If she is lactating, he should be careful not to press on her breasts, as they are sensitive, particularly at night when the baby is probably sleeping for longer periods without feeding. This, too may mean that variations in coital posture ought to be tried.

Breastfeeding

Some women who breastfeed are less interested in genital sex. But others say that breastfeeding really turns them on—not only to the baby, but to their man, too.¹

Research results are conflicting, which suggests that both types of reaction, and a range of behavior in between, are normal. One study showed² that three quarters of breastfeeding women do not notice

any difference in their sexual feelings after childbirth. A sizable minority, however, said that they were less interested in sex while they were breastfeeding. Once they weaned the baby everything was about the same as before. Another study suggests that women who breastfeed start intercourse again sooner after the birth than those who do not, that they report less pain during the postpartum period and also enjoy sex more.³

Explanations for the lowered sex drive which some women experience range from the common sense ("she's tired out; how can you expect her to be sexy?") through the psychoanalytical ("the substitution of the love object") and the hormonal ("prolactin is anti-sex"). One researcher⁴ suggests that libido is reduced because breastfeeding prevents the return of the woman's body to her normal pre-pregnancy state, implying that there are genital differences between breastfeeding women and non-breastfeeders. But apart from the obvious differences in their breasts and some delay in the return of menstruation and ovulation in the breastfeeding woman, there is no evidence for such an assumption. The breastfeeding woman's uterus contracts strongly and goes back to its pre-pregnancy size and position earlier than the uterus of the nonlactating woman.

There is, of course, an obvious physical difference and one which affects the breastfeeding woman's feelings about her body right through the twenty-four hours. A woman with a baby still needing feeds every two or three hours gets to feel that her body belongs to her baby in an intimate and satisfying way and that she is not a free agent with it. When her breasts fill up and ache because it is time for the baby to suckle, but she is at a party and the baby is at home, she soon realizes just how physically dependent she is on this little creature and how she needs the baby as much as the baby needs her.

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Perhaps the important thing to realize is that there is a wide range of feelings and that goal-oriented sex, feeling under pressure to have an orgasm because you cannot be a "complete woman" (or he isn't a "complete man") unless you have a climax every time, destroys any potential for spontaneous pleasure. If you are finding that intercourse is not very exciting and it is your first baby, it is understandable that you may get anxious that things have changed forever and that you will never be able to enjoy sex in the same way again. But all the evidence goes to show that women who have reduced libido, less intercourse and fewer orgasms while breastfeeding, find their sex drive returns in full force when the baby is weaned. If you enjoyed sex before, you will enjoy it again, in your, and the baby's own good time.

It is more difficult for couples who were already facing sexual difficulties before the pregnancy started. Having a baby is not going to solve their problems and may add extra stresses which result in a further deterioration of the relationship. It may be a good time to seek help from a marriage counsellor.

Some women find breastfeeding sexually exciting and are acutely responsive to breast stimulation. Even those who do not breastfeed may discover that

"If you enjoyed sex before, you will enjoy it again."

they experience heightened breast eroticism after childbirth. This increased sensitivity of the breasts can be too much for some women, and then breastfeeding itself produces a massive sexual response which they find embarrassing and even humiliating. A woman who discovers that she is sexually stimulated by her baby's suckling, or who even has an orgasm, may feel deeply ashamed and have an uneasy feeling that two entirely separate categories of body experience are getting confused and this is somehow dirty.

But a more common difficulty is that a woman gets so used to responding to the baby and its style of suckling that she cannot "switch gears" and respond to her man's touch. If this is so with you it is important for him to stroke and touch in a rhythmic manner which is quite different from the way the baby uses the breast. One way to discover what feels pleasant is for him to ask, "Do you like this?" and "What about this - is that better, or not?" Perhaps it is easier still to say, "Just purr when it feels good."

Contraception

Fear of conception can be a serious worry. Doctors do not usually prescribe contraceptives until after the postnatal examination which may be scheduled 4 to 8 weeks post partum. So what do you do during the first one or two months after having the baby? If breastfeeding, do not go on the Pill. But you cannot rely on breastfeeding as a contraceptive. The man can effectively use a condom, but if the woman is dry and tender for any reason, a spermicidal lubricant can be used with the condom. If she needs the extra feeling of his ejaculation before she can attain orgasm, small, solid contraceptive "bulbs" and suppositories, which are introduced deep inside the vagina before intercourse, or the use of a spermicidal cream with an applicator, may be the answer.

Interruptions

Many women find that as soon as they start to make love the baby seems to know and want to be fed. Some women attribute to their babies an uncanny awareness of their own sexuality. One woman wrote to me, "Every time we start to have sex it seems the baby cries and then I can't concentrate, even if I know she has just been fed. I worry that something is wrong. And if she gets suddenly quiet I worry that she's died. So I don't get excited."

Somebody once said sex is largely a matter of friction and fantasy. You cannot fully enjoy the friction if you cannot focus on your fantasies and your mind is wandering to the baby all the time.

In the first few months of life the capacity of a mother to respond immediately to her baby's needs is an important element in the survival of the species. Winnicott called it "primary maternal preoccupation," and it normally lasts at least eight to ten weeks after birth, though for some women much longer.

One reason why a baby cries just as a couple begins to make love is that the mother may have rushed through a feed or neglected to give time for cuddling the baby so as to be able to set the scene for lovemaking.

Get ready for going to bed and create the atmosphere you like well before the late feed so that you have ample time to spend with the baby first. Then put the baby in another room close by, or behind a screen, where you cannot hear every little snuffle and grunt. Turn on the radio or TV low, or leave a loudly ticking clock next to the baby. Babies sleep better with a regular background of repetitive sound than in total silence. If you put the record player or tape recorder outside your door, both you and the baby hear it, and you may find that a background of sound allows you to draw into yourself and focus on feelings in a way you cannot otherwise. Even the whirr of a fan heater can help you concentrate on your body instead of being distracted by the baby's movements, breathing and little noises.

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Most new babies find it very difficult to pass between states of waking and sleeping and back again and cry a bit as they drop off to sleep or as they wake up. If you watch you will notice that the baby often makes restless movements or cries out suddenly 10 to 20 minutes after being put down. This does not mean the baby has gas or colic or needs feeding. An anxious mother picks her baby up then, thus preventing the baby from falling asleep. This is what is happening sometimes when a woman says that the baby has stopped her being able to enjoy sex.

Your Pelvic Floor Muscles

The tone of the muscles supporting the pelvic organs is one of the things the obstetrician should test when you go for your important postnatal check-up. A figure 8 of muscle fibres surrounds the vagina and urethra in the front and the anus at the back, and supports the uterus and the bladder. When you tighten these muscles you can stop the passage of urine or feces. You can also use them in lovemaking either consciously or unconsciously. Since they contain many nerve-endings which record pleasurable stimuli, their activity and liveliness is vital for every woman's sexual satisfaction. A man appreciates the firmness of his wife's muscles when she contracts them rhythmically during lovemaking, so they play an important part in mutual pleasure, and their active use in sexual intercourse is one of the ways in which a woman can improve their function.

The clitoris is sometimes talked about as if it alone were the source of all sexual delight. Yet when a woman responds with pleasure because her clitoris is stimulated, these inner layers of muscles must then become active, even if they were not before, and start a rhythmical pattern of contractions which culminates in orgasm. Sometimes a woman gets very excited but never achieves climax because the muscles deep inside her have not been drawn into the activity.

The most important way to increase the tone and vitality of your pelvic floor is to start consciously and regularly exercising it, alternately tightening and releasing the muscles and "talking" with them, rather as you can with the muscles around your mouth, always finishing with a tightening-up movement rather than a flop and a sag. There is no need to cross your ankles or do anything with your knees, upper legs or buttocks. Make the invisible muscles work by themselves and then you can perform the movements anywhere.

Start doing this after the birth as soon as you can feel what you are doing with the perineum (the area around your anus and vagina) up to the point of discomfort, but not beyond it. Perineal tissues are often bruised after childbirth, even if you have no stitches. Muscle is rather like a soapy sponge in bath water. The more you squeeze and release the sponge, the sooner the soapy liquid flows out and fresh water comes in. If you think of bruised muscle as like a sponge the holes of which are filled with stale blood, you will realize that the more you squeeze it the quicker will the de-oxygenated blood be expelled and fresh, oxygenated blood come in, promoting healing.

These muscles together form what is often called the pelvic "floor." Because the pelvic floor muscles are composed of strata extending up to support the uterus and the bladder, they are not really like a floor at all, but more like an elevator inside, which can go up further and further as one tightens the muscles more and more.

Imagine that you are usually at the ground floor and you are going to bring the muscles up from floor to floor of a five-story building. Tighten a bit and you are at the second floor. Hold them firmly there. Now go up to the third floor and hold. You will feel the pressure against your bladder, especially if it is full. Make sure you are not holding your breath. Now proceed to the fourth floor and wait a little. Finally pull the muscles up inside right up to the fifth floor. As you do this press your shoulders down to ensure you are not tightening them as you draw up the invisible muscles inside. Now your elevator is going to go down, and you will need to proceed by very small steps. Control the muscles so they do not simply collapse to the basement. When you reach the ground floor, go up one floor again, so you finish with a toning movement.

It is a good idea to do the elevator exercise every time you change a diaper, whenever you wash dishes, and wait for a bus or elevator or at the checkout in the supermarket. Always complete each cycle of movement with a slow, smooth tightening-up action.

Some women think that having a baby must mean they are a completely different shape inside afterwards, and dread the thought. They picture themselves as stretched and sagging. In the first six months after birth it is normal to notice some spreading and fanning out of tissues in the outer third of the vagina, since there are no muscles to hold this area firm. But this slightly changed shape may itself be delightful. A man often enjoys it, as well as feeling excited by the idea of making love to the woman who has borne his child. It is true that sometimes the pelvic floor muscles are extremely slack after a difficult birth. This may occur when the woman is urged to push harder and longer and to continue doing so for a long time, and also after a forceps delivery. Sagging of the pelvic floor can also happen if you get a bad cough, are constipated and strain on the lavatory, or, since the pelvic floor registers and expresses moods like the muscles of our faces, if you are depressed.

When the pelvic floor has lost its natural tone it feels as if your insides are dropping out, and if the uterus is slipping its moorings you will get low backache and feel terribly weary. Obstetricians suture damaged tissues in order to repair the perineum and vagina after birth. But, in fact, being stitched is not the same thing as using muscles actively to get them working again, and stitching

alone probably does little to avoid stress incontinence and later prolapse.

If your pelvic floor is very weak you may find it easier to practice these movements with your legs raised, so that your bladder and uterus are tipped back by gravity and are not pressing on the stretched hammock of muscle. One way of doing this is to lie with your lower legs raised and resting on a chair. Place your hand over your perineum and you will be able to feel the movements underneath the outer tissues, even though it may at first be difficult to know whether you are really achieving anything in the form of muscular activity. When you are in bed introduce two fingers into the vagina and grip them with the muscles about half way up inside. You will gradually discover that you can do this more and more firmly. If the muscle begins to tremble, release it and intersperse the tightenings with rest periods, as the trembling is a sign the muscle is subjected to too much stress.

Good pelvic floor tone will probably take at least eight weeks of regular exercise to achieve, so do not give up after just a few practice sessions.

The time immediately following birth is a time for growing. Though birth is the dramatic climax of pregnancy and labour, it is only the beginning of a host of other changes which take place both in the relationship between you and your newborn baby and between you as parents and lovers too. It is for many people a time of stress and challenge, but also one of opportunity for maturation and growth. Sexually it offers an opportunity for a fresh discovery of each other and the exploration of new aspects of pleasure and new dimensions of communication and closeness.

"Birth ... is only the beginning of a host of changes in the relationship between you and your newborn baby and between you as parents and lovers too."

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