



Postpartum Sexual Health with Dr Deirdre O'Malley: Video 2

[00:00] Music

[00:07] What did women say?

[00:10] The data for this part of the video came from one-to-one interviews that I did with 21 women about two or three years after their first baby was born. Now, most of the women I interviewed were married, in stable relationships probably over 30 years of age. But, I'm quite confident that the data is important to all women.

So, first of all women said that intimacy was important to them. They talked about sitting on the same couch with their partner watching a TV show on Netflix. They talked about the importance of sleeping in the same bed. They talked about things like holding hands, kissing, cuddling, kiss first thing in the morning, a kiss last thing at night. Some women talked about sexual activity not being the most important part of their relationship, that it was a feature but that they had a very successful relationship and sexual activity wasn't the most important thing. Other women said that sexual activity was a really important part of their relationship, that it allowed a sort of emotional closeness or connection and a vulnerability that they didn't have with anybody else in their life.

[01:19] So, what about resuming sexual intercourse after birth?

[01:23] Women gave a lot of thought and consideration when planning to resume sexual activity after birth. They thought about their mode of birth. They thought about whether they had stitches in their perineum or if they had an abdominal wound, and most waited till they felt fully physically recovered from the birth. Some women talked about resuming sexual intercourse as soon as they could. They wanted that connection with their partner, they wanted the sexual pleasure they experienced from sexual intercourse.

Other women talked about waiting until they had their six-week postnatal check with their GP. But then other women said that at six weeks that they were no where ready to go and have sexual activity, so it was very varied.

Nearly all women that I talked to described feeling fearful and apprehensive about resuming sexual activity. They were afraid they were going to experience pain, and many did experience pain and discomfort that first time, but for most women it resolved.

And the things that they did to help it resolve were: they tried different positions, so maybe they did side-lying or the woman went on top where she could kind of control the penetration. Or they did other things, oral sex, masturbation, that type of thing. One woman described how her partner performed perineal massage. So she said she felt that her pelvic floor and the muscles were quite tight so her partner did some massage to help loosen that out and that worked for her. Another lady described the opposite, she said that her muscle tone was really loose and that she couldn't actually feel it when her partner's penis was in her.



So, they did different positions where maybe she would lie in her back. So women made or developed strategies and did different things, like positions, to try and resolve that pain or so they could experience sexual pleasure.

[03:09] Are women planning sexual activity?

[03:12] Women told me that sexual activity wasn't spontaneous anymore and that made them kind of sad, you know. They said the fun was gone out of it, but they still did plan. They planned not to have sexual activity on Monday, Tuesday, Wednesday and Thursday because both them and their partner was tired. Some women said they might engage in sexual activity on Friday night and Saturday night but not Sunday night. Other women said they planned sexual activity for during the daytime on a Saturday or a Sunday when baby was having a nap. All of the women that I spoke to said that they experienced extreme tiredness and exhaustion so they actually prioritised sleep over sexual activity.

[03:55] Sexual activity and breastfeeding?

[03:58] Nearly all of the breastfeeding mothers that I talked to said that they were uncomfortable with the dual role of the breasts. So, before their baby was born their breasts would have been sort of, you know, used during sexual foreplay and caressing and now their breasts were used for feeding their baby and in their head that didn't sit very comfortably.

So, what women did was, women would have said to their partner you know what, don't touch the breast area or there was an implicit understanding that their partner just didn't go there. Women were afraid that milk would leak and that didn't make them feel attractive.

One woman described how she waited till her baby was a bit older to have regular sexual activity. She wasn't comfortable with the changing shape and size of her breasts so she waited till her baby was about six or seven months and she was only feeding once in the morning and once that night.

The other really important thing for breastfeeding mothers was breastfeeding is associated with a lack of vaginal lubrication. You've got increased circulating oestrogen and the result of that is a lack of vaginal lubrication. So breastfeeding mothers, all of the breastfeeding mothers, were using a water-based lubricant during sexual activity and that eased a sort of friction or discomfort or pain that was felt during sexual intercourse.

[05.13] Body Image and Sexuality.

[05.15] Some women talked about being dissatisfied with their body image, feeling unattractive, not feeling very sexy. They talked about hiding their body from the partner, so using bed linen to kind of cover themselves up, or keeping the lights down low or lights off altogether.

But other women viewed their body in a different way, they said yeah I have a belly but I've had a baby, or yes my breasts have changed but I fed a baby, and that's how they viewed their body.

[05:44] How couples talked to each other.



[05:44] One of the most important findings from the interviews that I did was about the way couples talk to each other about intimacy and sexual activity.

Women who could talk to their partner about how they viewed their breasts, about their tiredness, about their changed level of sexual desire, about feeling guilty, about their lack of sexual desire, about struggling to adapt to motherhood.

Women who could talk to their partner described adapting to their new sort of sexual pattern in a more timely way. Women talked about how that kept them emotionally connected with their partner. So, for example couples might view a sexual health issue as our issue rather than the woman's health issue alone and that made women feel connected to their partner, and that was really important.

[06:39] What the interview showed me was that women developed their own strategies and their own solutions to maintain intimacy and sexual activity with their partner.

It's important to note that they did this without the help of health care professionals. They sourced this information themselves or through trial and error. Nobody that I interviewed experienced, you know, a persistent pain or a really problematic sexual health issue that was causing them distress. But if they did I would have suggested that they talk to their GP or a woman's health physiotherapist.

[07:13] The next video we're going to demonstrate maybe how you could talk to your GP or healthcare professional about sexual health issues that you might be experiencing.

[07.22] Music