

Sex and Intimacy

AFTER HAVING YOUR BABY

**Answers to some commonly asked questions
about sexual relationships after giving birth**

SHINE_{SA}

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This booklet is also available at www.shinesa.org.au

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SHINE SA acknowledges that not all people that give birth identify as female. Therefore, this document uses non-gendered language.

WHAT IS THIS BOOKLET ABOUT?

Having a baby is a life-changing experience that can bring great joy and fulfilment. The big changes it brings can present some challenges, especially if you're becoming a parent for the first time. With all the new demands and responsibilities of parenting, it's very likely that you will also notice changes in your intimate relationship/s.

It is common for new parents to feel uncertain or unsure about becoming sexually active again after having their baby.

The demands of being a parent can mean that you:

- Don't have sex as often
- Don't feel as sexually desirable or attractive as you used to
- Want to wait until you feel 'back to normal' before you have sex
- May feel less interested in having sex
- Find it harder to become aroused and to have an orgasm
- Find sex less enjoyable
- Have difficulty finding the time, energy and privacy for sex

The information in this booklet is designed to answer questions you may have about sex after having your baby, your contraceptive choices and things that can help you and your partner enjoy your sexual relationship again.



This booklet answers some of the commonly asked questions parents have about being intimate and having sex after their baby is born.

WHEN CAN I START HAVING SEX?

You can start having sex whenever you feel ready and comfortable. This is different for everyone and is influenced by how your body is recovering as well as everything else that is going on in your life.

After a baby is born, the uterus and vagina recover fairly quickly, usually within two to six weeks. Of course, it's important to follow the advice or instructions given to you by your midwife or doctor. Especially if there were any complications when your baby was born or if you had stitches or a caesarean birth.

How well your body recovers after giving birth is only one factor in having sex after birth. Some other factors that might affect being sexually active again include:

- Feeling too tired or exhausted
- Your experiences during labour
- Whether you had stitches, a tear or episiotomy
- Whether your breasts feel swollen, tender or are leaking
- How healthy you were during your pregnancy
- Feeling that there are too many demands being made of you
- How well your baby is and how well your baby settles
- Having to focus on the baby's needs
- Your culture or religion
- How your partner is feeling



Remember, it needs to feel right.

There isn't any need to hurry. Enjoy your partner's company and take time to explore each other again. There are other ways to experience pleasure with your partner without having sex and if certain experiences don't feel good then stop.

It's okay to say no to sex if you don't feel like it and it's okay if you change your mind at any time.

It's not okay for you to feel pressured into sexual activity of any kind. If you are feeling pressured into having sex or are scared of or feel threatened by your partner, talk to someone you can trust, like a friend, health worker, or counsellor.

WHEN WILL I FEEL LIKE HAVING SEX AGAIN?

After giving birth, some people lose interest in sex, but in time, for most people, interest in sex will return. This often happens within one to three months, but it is also normal for it to take longer; it is a personal experience and different for everyone.

Caring for a new baby is an intense physical and emotional experience and can be overwhelming and exhausting. Sex may be the last thing on your mind. There are a number of factors you may need to navigate before you and your partner feel like having sex again. You may be able to relate to one or more of the following.

Tiredness

Giving birth and looking after a new baby is a 24/7 job and it's normal to be very tired in the early months. All babies are different, and some babies are more demanding than others. If your baby is not feeding or settling well then you probably won't be getting enough rest or sleep and the hard work usually doesn't stop there. Managing a household and a new baby can be exhausting! Extreme tiredness is the most commonly reported reason for a decrease in sexual activity by new parents.

Low interest in sex is not unusual or abnormal.

Discomfort or Pain

You might experience some pain or discomfort after the birth. If pain occurs when you do have sex it's a sign that you need to stop or try something different. Your body has been through an enormous change and needs time to recover. There may be some bruising or tenderness from stitches at the opening of the vagina. If you had a caesarean birth the wound will probably be uncomfortable while it heals.

It is common to experience vaginal dryness, especially if you are breastfeeding your baby. This is due to hormonal changes in your body. If you are breastfeeding, your breasts and nipples might be tender and may also leak milk. Other things like constipation or haemorrhoids may also make you uncomfortable. The use of lubricant or trying different positions may help and remember that communication between partners is important for both of you to feel comfortable, respected and satisfied.

Changes in your intimate relationship/s

The responsibility of caring for a new baby may change the relationship you have with your partner. Your partner might feel resentful, or even jealous, that a lot of your time and attention is going to the baby and they may feel excluded. You might find that it's hard to juggle all the different roles that you now have to play – parent, partner, carer, lover. You may feel resentful of your partner if you don't feel that they are being supportive emotionally or in practical ways like helping out around the house.

"I feel as though there's not enough of me to go around." — Abigail

Mismatched desire

Many people report experiencing a drop in their sex drive after the birth of a baby. If one partner in a relationship wants sex more than the other, it can lead to misunderstandings, arguments and unhappiness. If it continues for some time, it can cause problems in your relationship.

All people in the relationship need to work together on constructive ways to overcome any mismatch and help is available. Talking to a sexual health counsellor or therapist together or working through a book on the subject can help. See the **Resources** section of this booklet for suggestions.

Changes to your body shape and weight

It's normal for your body shape and weight to be affected by pregnancy and birth. Pelvic floor muscles are stretched during pregnancy and the birth process. If pelvic floor muscles are weakened, it can affect sexual arousal and pleasure. Weight gain and other changes during the pregnancy can make your breasts feel and look different. All of these changes are very normal, but they can affect how you feel about yourself and being intimate.

Changes to your view of sexuality

Many new parents report feeling that the role of parenting is 'not sexy' and find it harder to see themselves as a sexual being. This is normal and will usually pass with time and reassurance from your partner/s.

"All day long I'm touched, my body scarcely belongs to me anymore... by the evening I'm all touched out."

Difficulty finding the right time or place

You and your partner may be having difficulty in finding enough time or even the right place to be intimate with each other. You might be worried about getting interrupted or disturbing your new baby or other children. When the baby is asleep, sometimes the only thing you want to do is get some sleep yourself!

Fear of unplanned pregnancy

You may not be planning another child straight away. The thought of getting pregnant again may make you feel anxious. It may even be stopping you from having or enjoying sex. See the **Your contraceptive choices** section in this booklet for information on the options available.

Mood changes and postnatal anxiety & depression

Due to hormonal changes, the 'baby blues' are common in the first few days after the birth, and symptoms of teariness, anxiety or irritability usually resolve in a few days with acknowledgement, understanding and support.

You could be experiencing postnatal anxiety or depression if these feelings continue for longer than two weeks. Having anxiety or depression can make it difficult to function and feel like you are 'good enough' as a parent. Partners can also experience anxiety or depression before or after the birth of their baby.

Signs and symptoms can vary and may include:

- Panic attacks (racing heart, palpitations, shortness of breath)
- Worrying a lot
- Changes in appetite
- Sleep problems including wanting to sleep all the time or having difficulty sleeping
- Extreme lethargy/tiredness; feelings of being unable to cope with looking after the baby
- Loss of concentration or 'brain fog'
- Loss of confidence and lowered self-esteem
- Constant sadness or crying
- Loss of interest in previously enjoyed activities
- Withdrawal from family and friends
- Thoughts of death or suicide



Experiencing postnatal anxiety or depression does not make you a 'bad parent'.

If you're worried you could have postnatal anxiety or depression, you are not alone, and you don't have to go through it alone.

Seeking help early leads to a faster recovery with less impact on you, your relationship with your baby, partner and family.

Talk to your GP about a range of treatment options from counselling to medication, exercise and a healthy diet.

HOW CAN I ENJOY SEX AGAIN? THINGS THAT MAY HELP

Self-care – Looking after yourself

Sleep

For many parents, interrupted sleep can take its toll: emotionally, mentally and physically.

Some tips which may help include:

- Try to sleep when the baby is sleeping
- Take turns with your partner (or other adult members of the household) getting up to the baby at night
- Minimise other responsibilities where possible and make your own sleep a priority
- Where possible try to go to bed at the same time every night
- Make the bedroom as restful an environment as possible
- Avoid screen time just before bed
- Avoid caffeine in the evening
- Take a short 20 minute nap in the day, this can help your alertness

Exercise

Regular physical exercise has many benefits, from improving your fitness, helping you get back to your pre-pregnancy weight and lifting your mood and general wellbeing. This can be as simple as a walk in the sunshine with your baby in the pram.

Making time to do exercises to strengthen your pelvic floor and abdominal muscles will help you recover quicker, make sex more pleasurable and help prevent incontinence (leaking urine or faeces). If required, physiotherapists can help with assessment, treatment and strengthening exercises.

Time Out

It is important to take time out for yourself at times and have a break from your caring role as a parent. Some ideas for nurturing time out include a class or activity outside the home, a hobby or craft, taking a relaxing bath, going for a walk, meeting friends for a drink or a meal, or having a massage.

Talk with your partner

Having open communication with your partner is the key to a healthy relationship. It may seem awkward, but try to put your thoughts and feelings about sex and your relationship into words and share them with your partner. Healthy and respectful communication between a couple involves both open and honest sharing and also the experience of being heard and acknowledged. Once things are out in the open, they can only improve. Remember, silence only breeds resentment.

Before anything else,
start talking.

Ask for help when you need it

Ask for or accept offers of practical help when you need it. It is okay to acknowledge that you can't do everything yourself. There is a reason for the saying 'it takes a village to raise a child'. It's also okay to let go of some things while you're adjusting to parenthood. The housework will always be there!

Remember to be kind to yourself too, sometimes when we have high expectations of ourselves we can be our own worst critics. Give yourself the same kindness you would a good friend if they were having a hard time.

You don't have to be responsible for everything and everybody.

Sexual health

After you have had your baby it's important to continue to look after your sexual health. This includes having a cervical screening test every five years if you are over 25 years old. If you change partners or think that you may be at risk of a sexually transmitted infection (STI) you can get an STI check at your local sexual health clinic or with your local GP.



Make your relationship a priority, plan time together as a couple

Finding time together as a couple, away from children, is important for nurturing your relationship. Plan a 'date' for you to be relaxed and alone together. You don't necessarily need to have sex to feel close and connected but if you do plan to have sex, finding a time when you're not going to be interrupted or feel rushed is important. Spontaneous sex is exciting, but once you have a baby it tends to become rare. Ask for or accept babysitting offers from family or friends if you can.

Consider sex as a potential end point rather than the beginning. There are many ways to be intimate with your partner. There are also many ways to give and receive sexual pleasure. You may like to gaze into each other's eyes, hold hands, hug, kiss, cuddle or massage each other, take a shower or bath together. Genital touching and oral sex can be very pleasurable and may lead to orgasm, however, taking the focus away from achieving orgasm, can take the pressure off and increase feelings of fun and intimacy.

Use contraception

Remember, if you are bottle-feeding, your periods can restart from four to six weeks after the baby's birth, so you could become pregnant again. If you are breastfeeding your periods may not return for several months, but you can fall pregnant when you ovulate two weeks before your period starts. There are many safe types of contraception that you can use after you have a baby. Using contraception can ease the anxiety of unplanned pregnancy. Don't forget you can use emergency contraception if you've had unprotected sex.

YOUR CONTRACEPTIVE CHOICES

If you are breastfeeding, hormonal changes in your body can stop you from menstruating. However, this doesn't mean you can't get pregnant, as you don't know when you may start ovulating again (releasing eggs).

There is less chance of getting pregnant if:

- it's less than six months since your baby was born; AND
- you're fully breastfeeding (this means that the baby is only having breast milk – no bottles or food); AND
- your period has not returned.

If you're sexually active and do not want to become pregnant again straight away you need to use contraception.

There is no definite time frame in which you should not become pregnant again, however it is best to discuss the timing of your next pregnancy with your GP or health professional.

You can start most methods of contraception straight after the birth. It is important to remember that some forms of contraception are more reliable than others, meaning that your risk of becoming pregnant is higher with some forms of contraception. This needs to be considered when selecting which contraception is best for you and you should discuss this with your midwife or doctor.

The following types of contraception are available. You can find more information on these methods on the SHINE SA website:

www.shinesa.org.au

Contraceptive implant: Implanon NXT

A progestogen implant that is placed in the upper arm. The implant lasts for three years. It is safe to use while breastfeeding and straight after birth.

Intra-uterine devices (IUD)

These devices are placed in the uterus and depending on the device are effective for five to ten years. There are four types of IUDs available in Australia. The Mirena and Kyleena are hormonal IUDs and the Load and Copper T are non-hormonal IUDs. An IUD can be inserted four to six weeks after birth and all IUDs are safe to use when breastfeeding.

Injectable contraception: Depo Ralovera or Provera

A progestogen injection given regularly every twelve weeks. It is safe to use while breastfeeding and straight after birth.

The Pill: Combined oral contraceptive pill

A hormonal method of contraception that is taken daily. The pill is a combination of progestogen and oestrogen. If you're breastfeeding it's usually recommended that you use a progestogen-only contraceptive as The Pill can affect milk supply. You can then change over to the combined pill when breastfeeding is well established however this may still have an impact on milk supply. It is safe to start taking the combined oral contraceptive pill three weeks after the birth if you are bottle-feeding and six weeks after the birth if you are breastfeeding.

Progestogen-only pill

A hormonal method of contraception, the progestogen pill (often called the mini-pill) is taken daily. It must be taken at the same time every day. It is safe to start taking straight after the birth and while breastfeeding.

Vaginal ring: NuvaRing

A soft plastic ring which is self-inserted into the vagina and slowly releases low doses of oestrogen and progesterone. It is left in place for three weeks and taken out for a week. Like the combined oral contraceptive pill, it can only be used while breastfeeding once breastfeeding is established but may still affect milk supply. It is safe to start using the vaginal ring three weeks after the birth if you are bottle-feeding and six weeks after the birth if you are breastfeeding.

Condoms

The most common condom is a thin piece of latex (rubber) which is shaped to fit onto an erect (stiff) penis—these condoms can also be called penile or external condoms.

There is also a condom which can be inserted into the vagina—these are called vaginal or internal condoms. They're more effective when used with a water-based lubricant to prevent friction and breakage. You might find extra lubricant makes sex more pleasurable. Condoms are also the only form of contraception that reduces the risk of sexually transmitted infections. They are safe to use while breastfeeding and straight after birth.

Diaphragm: Caya

A soft, dome-shaped rubber cap that is placed over the cervix. It must be inserted before sex and left in place for at least six hours following intercourse. It is best to wait at least six weeks until the uterus has returned to its normal size before using the diaphragm. The Caya diaphragm is available to purchase from SHINE SA, some pharmacies and online.

Fertility awareness methods (FAMs)

These methods rely on the detection of signs and symptoms of fertility and ovulation, therefore can be difficult to use after childbirth and while breastfeeding. People who are not breastfeeding can resume using this method four weeks after birth, if regular menstrual cycles have returned. People who are breastfeeding are unlikely to be able to rely on this method before six months after the birth. For more information see the Australian Council of Natural Family Planning www.acnfp.com.au.

Permanent contraceptive methods: Sterilisation

Sterilisation is a permanent form of contraception that is intended to be non-reversible. It involves a surgical procedure to either prevent sperm from getting into the semen (vasectomy) or to block the fallopian tubes and prevent sperm from reaching an egg (tubal ligation). Tubal ligation is not usually recommended in the first six months after giving birth unless it is done at the time of a caesarean section.

Emergency Contraception

If you've had unprotected sex and you're worried about getting pregnant, you can use emergency contraception. The most effective emergency contraception is the Copper IUD which can be inserted within 5 days of unprotected sex.

Alternatively the emergency contraceptive pill (ECP) is available over the counter from pharmacies, at sexual health services such as SHINE SA and some public hospital emergency departments. It's most effective if taken in the first 24 hours, but can be taken up to 5 days (120 hours) after unprotected sex to reduce the risk of pregnancy.

There are two types of ECP and the type you should take depends on a number of circumstances. You can discuss this with your pharmacist, GP or SHINE SA. Depending on the type of ECP, it can be effective for up to 120 hours after unprotected sex but the sooner it is taken, the greater the effectiveness. The pharmacist or health provider will be able to advise which type of ECP is most suitable to your circumstance.

WHERE CAN I GET HELP AND ADVICE?

There are many health professionals and organisations who can provide support to you and your partner. Avenues for help include your midwife, doctor, telephone helplines, physiotherapists, sexual health clinics and counsellors.

SHINE SA

Confidential sexual and relationship wellbeing services with doctors, nurses, midwives and counsellors as well as a Resource Library and online resources.

64c Woodville Rd, Woodville Phone: 8300 5300
57 Hyde St, Adelaide Phone: 7099 5300
www.shinesa.org.au

SHINE SA Sexual Healthline

Speak confidentially to a sexual health nurse for free between 9:00 am - 12:30 pm, Monday to Friday. Phone: 1300 883 793
Toll free: 1800 188 171

Raising Children Network

Australian Parenting website with information on sex and intimacy after a baby. See 'Grownups' section.
www.raisingchildren.net.au

Child and Youth Health Parent Helpline

Phone information and support service for parents in South Australia on children's health, behaviour and nutrition.
24-hour phone service Phone: 1300 364 100
www.cyh.com

Beyond Blue

Information and support on depression and anxiety as well as information about pregnancy, new parenting and mental health. Online chat and email support service.
24-hour phone counselling Phone: 1300 22 4636
www.beyondblue.org.au

Perinatal Anxiety & Depression Association (PANDA)

Supports people and families affected by anxiety and depression in pregnancy and in the first year of parenthood.
National Helpline: Mon-Fri, 9am-7:30pm. Ph: 1300 726 306
www.panda.org.au

Society of Australian Sexologists

A listing of current practicing Australian Sexologists for people wanting to access individual therapeutic support.
<https://societyaustraliansexologists.org.au>

National Continence Helpline

Information on pelvic floor exercises and bladder control.
www.continence.org.au Toll free: 1800 330 066

Relationships Australia

Resources and counselling for couples, individuals and families to help enhance and support relationships.
www.rasa.org.au Toll free: 1300 364 277

Women's Health Service

Supports women experiencing domestic and family violence. Provides a clinical and emotional health and wellbeing service for women.
Phone: 8444 0700
www.whs.sa.gov.au

Australian Breastfeeding Association

Breastfeeding Helpline Phone: 1800 686 268
www.breastfeeding.asn.au

1800RESPECT

24-hour national sexual assault, family and domestic violence counselling line. For anyone who has experienced, or is at risk of, family and domestic violence and/or sexual assault. Online chat support.
Toll Free: 1800 737 732
www.1800respect.org.au

Books

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**Have more questions?
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