Perinatal sexuality : An overview of women's intimacy and sexuality during and after pregnancy

- Catherine de Pierrepont, Sexologist B.A. & M.A., Ph.D.(c) in Population Health
- Viola Polomeno, R.N., Ph.D., Associate Professor, School of Nursing

University of Ottawa, Ontario, Canada

Introduction

- Sexuality :
  - Fundamental part of global health
  - Sensitive to different life transitions
- Transition to parenthood :
  - from the decision to have a child or conception until the baby is 2 YO
- Women's sexuality change on multiple levels :
  - biological, psychological, sociological and emotional
- Women have obvious and particular needs vs sexuality
- Little attention in both research and practice + dearth of research and interventions on the subject

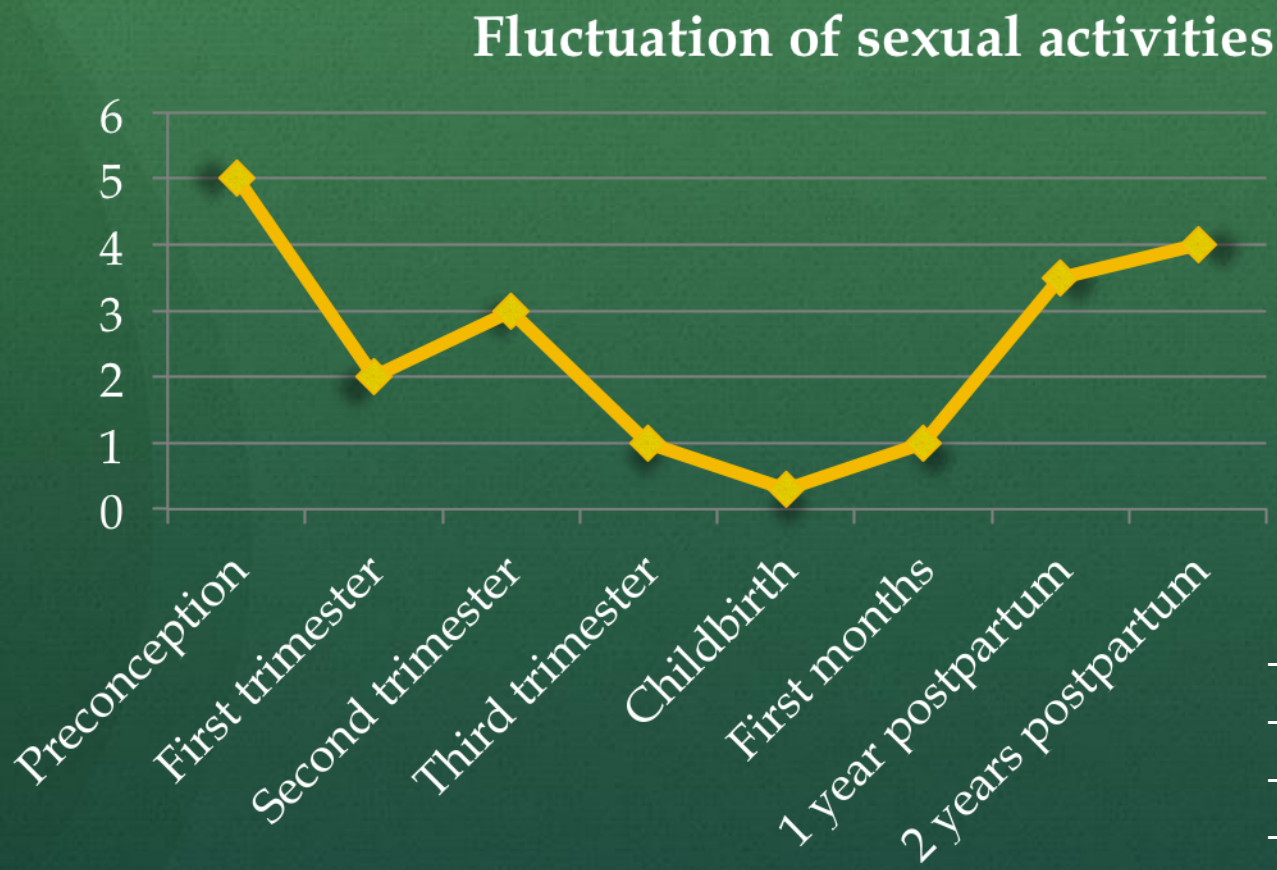
Questions

1) What do we know about perinatal sexuality in regard to these women?

2) What are we doing to help those women?

3) What can we do, as health professionals, for those women?

1) What do we know?



- Vaginal penetration
- Oral sex on women
- Anal sex
- Masturbation

+ Sexual desire
+ Sexual arousal
+ Sexual pleasure
+ Orgasm (frequence and intensity)

1) What do we know?

A) Factors during pregnancy

- Particular pregnancy conditions :
  - placenta praevia, premature rupture, blood lost…
- Fears vs sexual activities :
  - hurting baby, mother and/or pregnancy, spontaneous abortion, premature rupture of membranes, induction of labor, infections, discomfort and pain
- Fluctuation of the body image and sense of desirability + partner reaction
- Spiritual and religion prescriptions

1) What do we know?

A) Factors during pregnancy (suite)

- Tiredness
- ↑ sexual problems :
  - dyspareunia, anorgasmia
- Discomfort and pain
- ↓ vaginal lubrification
- ↓ importance of sexuality
- ↓ sexual satisfaction
- Changes and limitations in sexual positions

1) What do we know?

A) Factors during pregnancy (suite)

- Conflict between psycho-sexual roles :
  - woman, future mother and sexual partner
- ↓ conjugal satisfaction + ↑ relationship conflicts
- ↓ sexual initiation from the women
- ↑ infidelity and extramarital affairs
- ↑ conjugal violence

1) What do we know?

B) Factors in postpartum

- Fears vs sexual activities :
  - Tearing of the stitches, infections, discomfort and pain
- Fluctuation of the body image and sense of desirability + partner reaction
- Spiritual and religion prescriptions
- Postpartum depression
- Birth trauma :
  - Physio : perineal tears/lacerations
  - Psycho : reaction/feelings vs the birth
- Baby's condition

1) What do we know?

<u>B) Factors in postpartum (suite)</u>

- Tiredness
- Changes and limitations in sexual positions
- ↑ sexual problems :
  - dyspareunia, anorgasmia
- Discomfort and pain
- ↓ vaginal lubrification
- ↓ importance of sexuality
- ↓ sexual satisfaction

1) What do we know?

B) Factors in postpartum (suite)

- Conflict between psycho-sexual roles :
  - woman, mother and sexual partner
- ↓ conjugal satisfaction + ↑ relationship conflicts
- ↓ sexual initiation from the women
- ↑ infidelity and extramarital affairs
- ↑ conjugal violence

* Resumption of coital activities : ± 6-8 weeks

1) What do we know?

C) Breastfeeding

- – impact on sexual desire
- – impact on lubrification
- Pain and sensitivity
- Erotic and sensual experiences → guilt, shame
- Milk ejection reflex
- Role conflits with breasts :
  - Erotic function or feeding function?

2) What are we doing?

Not much !

- Between 40% and 79,5% of parents say they need to discuss sexuality during and after pregnancy

BUT

- Between 46,3% and 90,6% of parents did not discuss perinatal sexuality in perinatal medical and paramedical settings

2) What are we doing?

- Very few perinatal health professionals discuss sexuality with patients
- If they do, they talk about :
  - Contraception
  - When to resume sexual intercourse
  - Major sexual problems
- Health professionals do not initiate the discussion :
  - discomfort, lack of time, lack of knowledge, lack of training, sensitive/intimate/tabou subject
- Patients do not initiate the discussion :
  - discomfort, sensitive/intimate/tabou subject

3) What can we do?

- Acquire knowledge + training in sexuality
- Be sensitive to sexual considerations
- Be more confortable with the sexual issues
- Integrate sexuality into the holistic model of health care
- Towards future and new parents :
  - Inform
  - Support, reassure and normalize : +++
    - Perinatal sexuality : normal, temporary and transitory bubble
  - Help and advise
  - Refer

Conclusion

- Sexuality is a fundamental issue of women's health and well-being during the perinatal period
- Promoting perinatal sexuality helps us to :
  - Promote the individual, the couple, the family and the society
  - Promote equitable access to appropriate services and collaborative, continuous and durable care regarding sexual and reproductive health

Thank you!

Catherine de Pierrepont
- catdep@hotmail.com
- cdepi090@uottawa.ca