



Sex after you've had your baby

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





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A special thanks to the midwives, doctors, mothers and their partners who contributed to the development of this booklet.

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

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What's this booklet about?

Having a child can bring great joy and fulfilment, but there's no doubt that having a baby and becoming a parent will bring about huge changes for most people, especially if it's for the first time. With all the new demands of parenting, it's highly likely that you will also notice changes in your intimate relationship.

Some people may find that having a baby increases their desire to be intimate, but others may feel uncertain or unsure about becoming sexually active again.

Often the demands of being a parent can mean that you:

- don't have sex as often
- don't feel sexually desirable or attractive
- want to wait until you feel 'back to normal' before you have sex
- may feel less interested in having sex
- find it harder to have an orgasm
- find sex less enjoyable
- can't find enough time, energy and privacy for intimacy

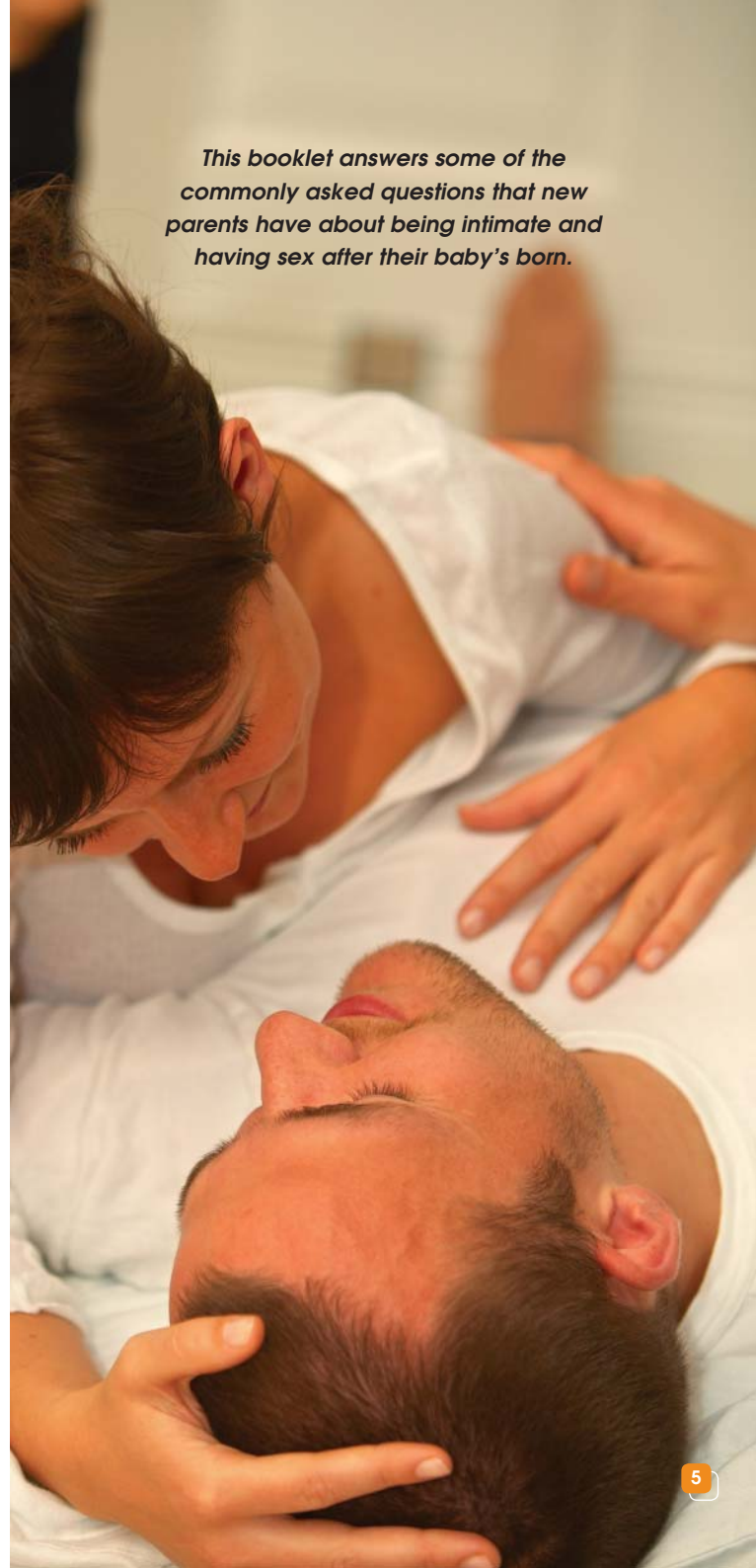
Shine SA also acknowledges that women having babies come from all walks of life and include:

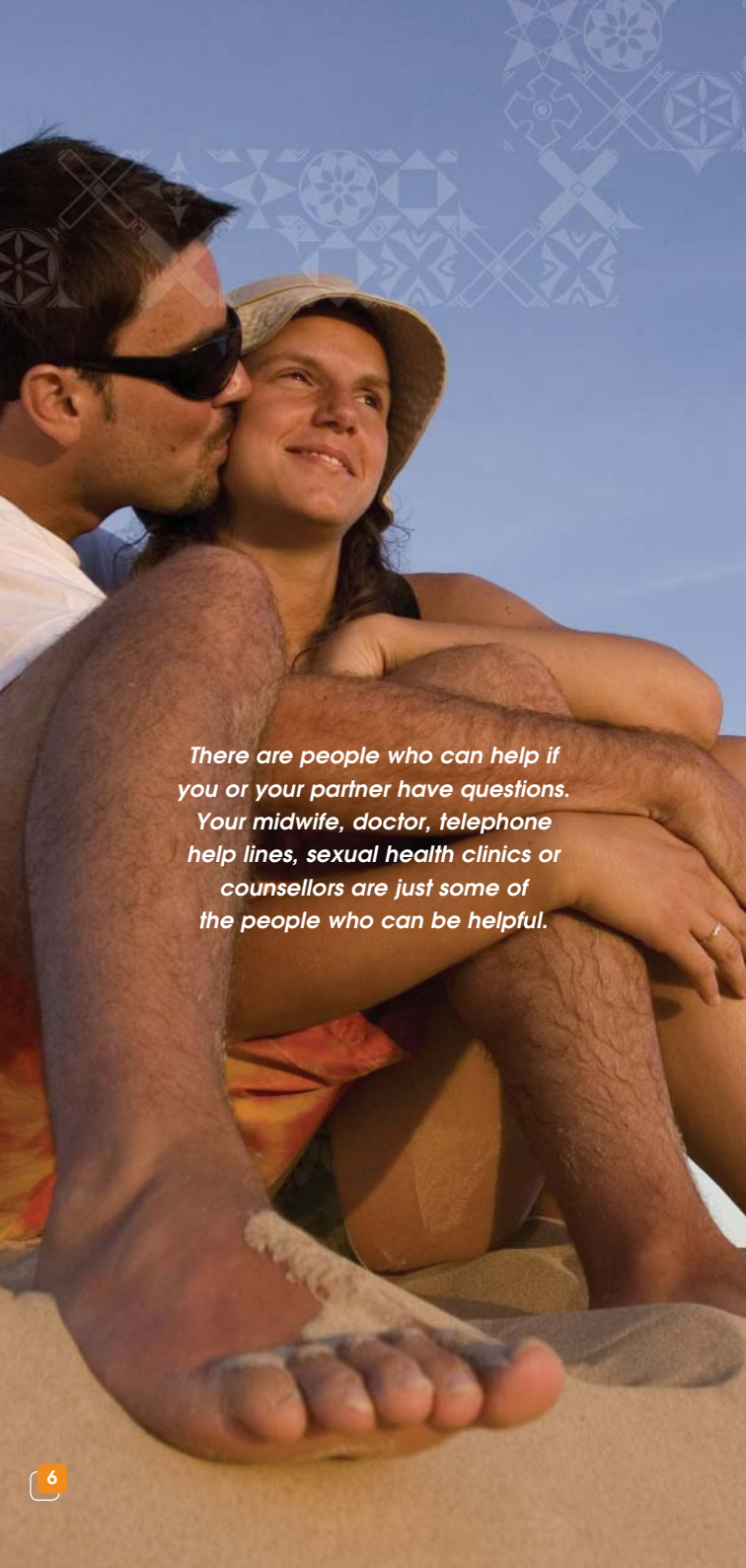
- women of all ages
- women from a variety of cultural backgrounds
- women who identify as heterosexual and same-sex attracted

Although everyone's experiences are different, adjusting is not always easy for everyone. With everything else that's going on, questions about your sex life can often be left unanswered. For instance:

- When can I start having sex?
- When will I feel like having sex again?
- How can I enjoy sex again?
- How can I make sure I'm sexually healthy?
- Where can I get help or advice?

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





There are people who can help if you or your partner have questions. Your midwife, doctor, telephone help lines, sexual health clinics or counsellors are just some of the people who can be helpful.

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 everything else that is going on in your life.

After your baby is born your 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 you recover after the birth is only one factor. Some other things that might affect your decision to start being sexually intimate again can include:

- 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 too tired and even exhausted at times
- feeling that there are too many demands being made of you
- how well your baby is
- how 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 each other's company. Take time to explore each other again. There are other ways to experience pleasure with your partner without having sexual intercourse. And if it doesn't feel good then stop.



It's OK to say no to sex if you don't feel like it. It's not OK for you to feel 'pestered' for sexual activity of any kind. Sexual harassment can happen in relationships. If this is happening to you talk to someone you can trust, like a friend, health worker, or counsellor.

When will I feel like having sex?

For many couples, having a baby together deepens the intimacy and joy in their relationship. At the same time, there can be changes in your physical relationship.

Giving birth to a baby is a big event in your life and you may experience emotional ups and downs caused by the changes to your hormones after the birth. Some days you might feel happy one minute and teary the next. The 'baby blues' can last for a few hours or a few days. Being very tired or worried about caring for your baby can also affect your mood.

It's only natural that these mood changes impact on your sexual relationship and you may have mixed emotions about being physically intimate again. Sometimes you might not be interested in physical intimacy. Caring for a new baby is an intense physical and emotional experience and some women may feel overwhelmed.

In the time following the baby's birth your partner may also experience many different feelings. Sometimes this can mean that your desires might not match.

If you or your partner are concerned, help is available from sexual health counsellors, sexual health clinics, your general practitioner, telephone helplines and websites (see the back of this booklet).

There are a number of factors you may come across before you and your partner feel like being physically intimate again. You may be able to relate to one or more of the following.

Tiredness

Giving birth and looking after a new baby can be very hard work, and it's normal to be very tired in the early months. All babies are different, but some babies are more demanding than others. If your baby is not feeding or settling then you and your partner probably won't be getting enough rest or sleep. And the hard work doesn't usually stop there. Managing a household and a new baby can be exhausting!



Low interest in sex is not unusual or abnormal. Both parents need to accept that it is often a reality for new mums.

Discomfort or pain

You might have some pain or discomfort after the birth. If pain occurs when you do have sex it's a sign that you need to stop. Your body has been through an enormous change and may need a break from some sexual practices, like intercourse, to allow it to recover. Experiencing pain or discomfort may make you 'switch off' during sex and could lead to difficulties in the future.

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.

Vaginal dryness could be a problem, but is quite normal if you are breastfeeding your baby. You may find that you don't want your clitoris and nipples touched unless you're aroused in other ways first. If you are breastfeeding your breasts might be tender or leaking. Other things like constipation or haemorrhoids may also make you uncomfortable.

Relationship issues

Having a new baby can change your relationship with your partner. The responsibility of caring for a new baby might put pressure on your feelings for one another. Your partner might feel resentful, or even jealous, that a lot of your time and attention is going to the baby. You might also find that it's hard to juggle all the different parts that you now have to play – mother, partner, carer, lover. Sometimes you might want support, affection or reassurance about your relationship and your partner might want the same.



Desire discrepancy

It can be completely normal for you and your partner to feel your desires for sex don't match. There are good resources available to help you explore this issue together. The book *Good Loving, Great Sex: finding balance when your sex lives differ*, by Rosie King, is a useful starting point.

Postnatal depression

This is different to the 'baby blues'. You could have postnatal depression if you feel:

- inadequate and a failure as a mother
- exhausted, sad, empty and tearful
- hopeless about the future
- anger or dislike towards your baby
- fearful about the baby and/or of the baby

It's important to talk to someone like your doctor or midwife and ask for help if you feel like something isn't right. Postnatal depression is not always something that you can get over by yourself. There is help available in the community. **Helen Mayo House offers 24 hour telephone counselling.**

Changes to your body shape and weight

It's normal for your body shape and weight to be affected by pregnancy and birth. Your pelvic floor muscles are stretched during the birth and if they are weakened you may have trouble getting aroused and feeling pleasure. You may have gained some weight during the pregnancy and your breasts may feel very different. All of these changes are very normal, but they can affect how you feel about yourself and being intimate.

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. You may have to wait until the baby's been fed and gone to sleep, or when other children are settled and won't disturb you, or when you have had a chance to get a good sleep and some rest yourselves, or when you have someone to babysit. Sometimes waiting can be frustrating or may even kill the mood.

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. If so, you could consider using contraception to reduce the risk of pregnancy (see 'Your contraceptive choices' on page 16 for more information).

How can I enjoy sex again?

You may feel worried if you're not as interested in being intimate as you used to be before you had the baby. You might also find that you don't get aroused as easily, don't enjoy sex quite as much or don't feel like it as often. This is common once you have had a baby.

There may be other factors in your life or relationship apart from the birth of your baby which can also affect your sexual desire. If you and your partner want to fully enjoy your sexual relationship the following suggestions might help.

Care for yourself

Your body and emotions undergo a lot of changes during pregnancy and giving birth. Getting to know and take care of your new baby in the first few months can be very demanding, especially on top of maintaining your daily routine.



It's important to look after yourself. Here are some simple suggestions:

- Ask for or accept offers of practical help if you need it. This might be anything from help with housework to help with feeding or settling your baby. It's OK to acknowledge that you can't do everything yourself.
- Ask for advice if you need it. You might want some advice on breastfeeding, baby care, contraception, tiredness, moodiness, anxiety or other things that you are concerned about. This booklet has a list of useful contacts at the back.
- Let go of some things for a while. Don't expect to keep up your usual standards as you adapt to a new lifestyle and extra demands.
- Get enough rest and sleep whenever possible. Try to sleep when the baby is sleeping or share with your partner getting up to the baby.
- Make time to do the exercises to strengthen your pelvic floor and abdominal muscles. Stronger pelvic floor muscles can help you get more easily aroused, feel greater sensation during intercourse and reach orgasm more easily. They also help prevent incontinence. If you have any leaking of urine or stools seek help from your health care provider.
- 12 • General exercise and getting out of the house is good for your health, weight loss and mood.

After you have had your baby it's important to carry on looking after your sexual health.

Pap smears

It's important to continue having a Pap smear every two years.

Sexually transmitted infections

If you are concerned at any time about having had unprotected sexual intercourse you can get an STI check from your doctor, SHine SA clinic or Clinic 275.



Don't feel that you have to be responsible for everything and everybody.

Talk with your partner

Talking with your partner can make your sexual relationship stronger and can build closeness and understanding. Share the joys and excitement in your new life, as well as the anxieties and frustrations.



These are just some of the things that you could discuss with your partner:

- what feelings you both have about becoming intimate again
- any soreness, tenderness or pain you may have after the baby's birth, especially if you have had stitches or a Caesarean birth
- how tired you might be feeling
- any feelings of sadness or unhappiness
- how you can plan time together
- how to share the care of your baby
- how to share housework or shopping
- using contraception if you are not planning another baby now

Make your relationship a priority Plan time together

Finding time when you're not going to be interrupted and don't feel rushed is important. Spontaneous sex is exciting, but once you have a baby it tends to become rare. Plan time to be relaxed and alone together. Your baby can be put in another room. Shut the doors if you don't want to be disturbed. Better still, ask for or accept babysitting offers from family or friends. It might even be fun to make time to have a 'date' together.

For many couples, as a relationship matures sex may become something to be decided on rather than spontaneously desired. You may choose to have sex because it reinforces or nurtures your relationship. If you're comfortable with this, even though you may not feel aroused beforehand, you may become aroused during sex.

Remember, just as every woman, every pregnancy and every birth is different, so too is every sexual relationship. More often than not, it will change in some way after your baby is born.

Make sure you're comfortable

Make sure that your partner knows which parts of your body are sore or tender and take things slowly at first. It's important that you feel aroused and that sex is an enjoyable experience for you. Your desire to be intimate is more likely to increase if you get aroused and the experiences that follow bring you pleasure.

You can try different positions until you find one that is most comfortable for you. Remember that lowered sexual desire means slow arousal. Spend more time pleasuring each other to compensate. You can also use plenty of water-based lubricant around the vagina and clitoris if your vagina is dry.

Sometimes your breasts may leak while you're having sex. You can lie on a towel and have an extra one nearby to soak up the milk. You might try leaving your bra on or even plan to have sex after you have breastfed the baby.

If there are too many expectations and demands on you and sex is accompanied by pain or discomfort, then this will be a turn off and might make it impossible for you to feel aroused. And just because you get aroused doesn't mean that you have to have sex if it doesn't feel right.



There are also many ways of enjoying sex other than sexual intercourse. You might enjoy kissing, cuddling or massaging each other. Masturbation, masturbating each other or oral sex can be satisfying and may allow you to orgasm, although you might find that you don't have an orgasm every time you get aroused and this is OK.

Use contraception

Remember, if you are bottle-feeding, your periods can restart from four to six weeks after the baby's birth, so you can get 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 take Emergency Contraception if you've had unprotected sex.

Your contraceptive choices

If you have no intention of getting pregnant straight away you need to use contraception.

If you are bottle-feeding your baby you can expect to get back to your normal menstrual cycle from four to six weeks after your baby's birth.

If you are breastfeeding, hormonal changes in your body can stop you from menstruating. This doesn't mean you can't get pregnant, as **you never know when you may start ovulating again**. There is less chance of getting pregnant if:

- it's within the first 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.

So, if you don't want to get pregnant straight away and you're sexually active, you need to use contraception. The following types of contraception are available. Some methods are not recommended if you are breastfeeding.

Emergency Contraception

If you've had unprotected sex and you're worried about getting pregnant, you can take emergency contraception. It's available from pharmacies, 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. It is safe for women who are breastfeeding.

Condoms

Condoms can be used every time you have intercourse. They're more effective when used with a water-based lubricant to prevent friction and breakage. You might need extra lubricant if your vagina is dry. They are also the only form of contraception that reduces the risk of sexually transmitted infections.

The Pill (combined oral contraceptive pill)

The Pill is a hormonal method of contraception that is taken daily. You can start taking it **three weeks** after you've had the baby if you are **bottle-feeding**. If you're breastfeeding it's usually recommended that you use a progestogen-only contraceptive as The Pill can affect milk supply. If you do use it then start at **four to six months** when breastfeeding is well established.

Progestogen-only contraception

There are three types of contraception that contain progestogen only. These are most suitable if you are breastfeeding your baby. They are the:

- progestogen-only pill: a pill taken daily
- progestogen injection: an injection every three months (Depo Provera)
- progestogen implant: an implant placed in the upper arm which lasts for three years (Implanon)

If you're fully breastfeeding your baby you can start any of the progestogen-only methods **four to six weeks** after the birth. If you're bottle-feeding you should start **three to four weeks** after the birth.

Diaphragm

This soft, dome shaped rubber cap is a barrier that is placed over the cervix. It's inserted before sex and left in place for at least six hours following intercourse. These need to be fitted (or refitted) **six weeks** after the birth at a SHine SA clinic or by your doctor.

Intra-uterine device (IUD)

This is an intra-uterine contraceptive that works for five to ten years. An IUD can be inserted into your uterus **eight to twelve weeks** after birth.

Contraceptive vaginal ring

This soft plastic ring is self-inserted into the vagina. It works like The Pill by releasing low doses of oestrogen and progestogen into the bloodstream. It's left in place for three weeks and taken out for one week. It is also **not recommended if you are breastfeeding**.

Natural methods

Natural family planning methods can be taught by Centacare Adelaide. These methods **can be difficult to use in the postnatal period** until your cycle is regular.

Sterilisation

If you or your partner want a permanent method of contraception then sterilisation may be an option. Male and female sterilisation are surgical procedures. Sterilisation is not usually recommended for a woman in the first **six months** after a baby's birth.

Where can I get help or advice?

Remember that there is help out there. If you require further information or want to talk to someone you can contact SHine SA or any of the following services, helplines or websites.

SHine SA

Offers confidential clinics, counselling, information and education.

East/West Team (08) 8300 5300

Northern Team (08) 8256 0700

Southern Team (08) 8325 8164

SHine SA Sexual Healthline

Call between 9 am and 1 pm, Monday to Friday

Phone: 1300 883 793

Toll free: 1800 188 171

Email: sexualhealthhotline@health.sa.gov.au

www.shinesa.org.au

SHine SA's website has more information on a range of sexual health issues, including access to the Library database.

Other useful services

Australian Breastfeeding Association

Offers information, counselling and support to women who are breastfeeding.

Phone: (08) 8411 0050

www.breastfeeding.asn.au

Centacare Adelaide

Offers education for couples on natural family planning methods.

Phone: (08) 8210 8200

www.centacare.org.au

CARES SA

Offers information and support to women who are recovering from caesarean birth, planning caesarean birth or aiming for a vaginal birth after a caesarean.

Contact by email from website:

www.cares-sa.org.au

Child and Youth Health Parent Helpline

Offers telephone information and support to parents 24 hours a day about their baby's health, behaviour and nutrition.

Toll free: 1300 364 100

Domestic Violence Helpline

Offers 24-hour telephone counselling, information, support and referral for those affected by abuse.

Phone: 1800 800 098

Helen Mayo House

Offers 24-hour telephone counselling for women with post-natal depression.

Phone: (08) 8303 1183 or

(08) 8303 1425

Toll Free: 1800 182 232

National Continence Helpline

Offers information on pelvic floor exercises and bladder control.

Toll free: 1800 330 066

Relationships Australia

Offers resources to couples, individuals and families to help enhance and support relationships.

Toll free: 1300 364 277

www.relationships.com.au

Women's and Children's Hospital

Provides health care for women and children.

Phone: (08) 8161 7000

www.wch.sa.gov.au

Women's Health Statewide

Offers information, counselling and referral.

Phone: 1300 882 880/TTY

www.whs.sa.gov.au

Resources

Good Loving, Great Sex: finding balance when your sex drives differ – Author: Rosie King. 1997 Random House

This book explores desire discrepancy.





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Call between 9 am and 1 pm

Monday to Friday

Phone: 1300 883 793

Toll free: 1800 188 171

Email: sexualhealthhotline@health.sa.gov.au

