

# Sex and intimacy after childbirth

*The baby's finally asleep and Linda could do with a shower, but she decides to put it off until tomorrow morning when Mick has left for work. Temptation only invites the Devil – at least that devilish part of him she used to find so attractive – and the slightest glimpse of exposed flesh represents a clear and present danger.*

*Where are those flannelette pyjamas her mother gave her when she first left home? She does the buttons up carefully, up to her chin, and Mick asks why she never wears the sexy lingerie he bought her for her birthday or the slinky negligee that appeared as a gift despite the absence of an anniversary on the horizon. 'Saving them for special?' he suggests hopefully.*

*Linda delivers a quick goodnight kiss. It's vital that physical contact doesn't last long enough to ignite a passion in Mick that would be difficult to temper. Early nights help, if she can get them – first to bed, first to sleep (or at least breathing heavily enough to sound like it).*

*If only there was an Oscar for the category of Best Sleep Acting. Then again, the nominations would be too long to list. Competition is tough this year, as it is every year – and the childless rarely rate a mention.*

## What's the Problem?

Couples frequently struggle following the birth of their babies and a stumbling block for many is the resumption of their sex lives after childbirth. A multitude of changes besets most sexual relationships at this time, as couples negotiate their profoundly altered circumstances. Human sexuality is both reactive and unpredictable and may change in ways that we neither anticipate nor appreciate. There are simply too many changes, too soon, without enough warning. New parents need time to take stock, and that's the very thing they are least likely to get.

When it comes to sex after childbirth, if a couple is not all that interested, it is no problem. Same if they're both into it. But differing levels of sexual desire can easily part the waters, opening up an



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abyss into which a couple can fall. They often find the new life that now inhabits their home, their dreams and their sense of purpose has arrived just in time to witness the demise of their sex life: the very thing that created it.

The postpartum period is a time of transition and it isn't unusual for this to affect the nature and frequency of a couple's sex life – if pregnancy hasn't already altered it irrevocably. It's a complicated business involving social and cultural influences, physical changes, an altered emotional state, contextual factors, breast-feeding, relational changes, loss of autonomy, changes in body and self-image, and the process of psychologically adjusting to parenthood – not to mention good old-fashioned exhaustion.

Most studies find that sexual interest and frequency of sexual activity remain below pre-pregnancy levels for up to a year after delivery. A general trend emerges when research into the area is examined: childbirth delivers a change in the sexual relationship as well as a baby; genital pain or significant discomfort during sex is a common occurrence for postpartum women; and there is generally a decrease in both sexual desire and frequency of sex. In the early months following childbirth, many women describe increased difficulty in achieving orgasm compared with their ability before the pregnancy.

If you consult the medical texts about this problem, you will find they offer little in the way of direction or assistance. Same if you go where mothers go, to the self-help books that tell what to expect in the early years of a child's life. When you look through the many shelves of volumes that encourage breastfeeding; advise on approaches to settling and tantrum management; and suggest various means of saving a mother's life and sanity, you will find an occasional paragraph on sex after childbirth. 'Lubricate, medicate, try alcohol, exercise and vary positions.' That's the gist – and that's it! Soften the blow, loosen the spirits, get fit and find the position that's least uncomfortable. End of chapter. Our patients, and couples in general, quite rightly expect more.

The healthy recovery of a sex life after having children is a possibility, not an inevitability. Nothing in this lifetime is absolute; nothing is certain, especially the nature and quality of our sex lives. For the majority of couples, however, things do get back on track.

Have you ever noticed how roses grown in a hot house have no smell, even though they look beautiful, and that they don't last long in a vase? And how a bloom lovingly tended in a neighbour's garden can fill your home with the most glorious scent for weeks? Every gardener knows that you have to prepare the ground carefully, look after your plants by adding fertiliser at just the right time and exercise patience. Ruthlessly cutting back the rose bush to its core on a regular basis can also help.

Before our patients can realistically expect their sex lives to blossom they need to do the same. They need to go back to basics, put in the effort to provide a nurturing environment and above all, exercise patience.

## Needs, Right and Privileges

Few of us perform well, whatever the undertaking, if the pressure to succeed is too great. By the time most couples see me, they are well and truly at the end of their tether. Their pressure cooker has started hissing madly and they have reached the stage where annoyance and irritation paralyse their sex lives.

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'That's all he wants,' Linda fumes. 'He just doesn't understand that I'm not interested right now. He gets angry and asks if I've gone off him, if I'm having an affair or if I even love him anymore. Until that started, I didn't question my love for him but now I see a side of him I never knew before – and I don't like it.'

The more Mick tries, the further Linda retreats and the more hurt and resentful he becomes. 'I feel like I'm just a sperm donor and I've outlived my usefulness. What about me? I have needs, too, you know?'

If I had a dollar for every person I'd heard emphatically declare that sex is a need, then I'd be looking at early retirement. This is something we ought to get straight before we can proceed any further.

Air is a need. Food is a need. Sleep is a need. Without them we die. Sex is a bonus: something we earn or something that is given to us as a gift in a moment of good fortune. Think back, have you ever written 'lack of sex' in the cause of death section of a death certificate. I'm sure the coroner would have launched an enquiry if you had. And if a lack of sex leads to emotional distress, physical tension, frustration or a sense of deprivation, then it's just another one of life's misfortunes – like a badly paid job, failure to progress at work or losing a sport.

We're lucky to live in an era in which the issue of human rights has entered our collective consciousness and conscience; the principle that each person has worth and dignity, and thus deserves certain basic freedoms. Interspersed amongst the right to free speech, physical freedom, safety, security and self-determination, we find the right to be sexually expressive. But while it may be our right to be sexually expressive, it's also true that our partner's right to sexual expression hinges on their right to decline our advances. In a respectful relationship, the wish of the person with the lower sex drive tends to prevail and someone always misses out.

It's a dilemma, especially if we take seriously the expectation of monogamy. How do we determine whose 'needs' are greater or of

superior worth? We could spend hours debating it without finding a solution. I know, I've watched many couples do it.

Sophie and Andrew are perfect examples. She recognised that his desire for sexual intimacy was much greater than her own and would submit to it. She'd just 'lie back and starfish'. She was sympathetic to his 'need' but at the same time she could not prevent herself from feeling resentful. He, on the other hand, recognised the lack of enthusiasm in her sexual engagement with him and felt guilty for requiring it from her. Even though they had sex, neither could say that it was particularly pleasurable. The end result was that they felt further apart for the act of intimacy they'd just engaged in, rather than closer. This is what happens when sex occurs as a result of perceived need.

In most of the books on the subject, the drive to have sex is equated with appetite: the hunger for food. We're told in bold lettering that it's part of our human instinct to desire sex and in subscript, we are informed that the ability to sublimate our desires is a form of maturity. If instead we view sex as a privilege, then we accept that it is an honour granted to us and that it's something special.

Respect is something that we earn by the way we behave and treat others; love is bestowed upon us similarly, as is trust. These are all ingredients that help to constitute a healthy sex life and we should remember that sex itself is something that we earn through our behaviour and the way we treat our partners. If we consider sex to be a privilege and we put in the effort to deserve it, then it's much more likely that it will come our way. If we consider it to be a need that's essential to our existence and we lie on the couch waiting for it to be delivered like a take-away dinner, then we may notice that we don't always get the pizza we ordered. Even if we do, it may be thin on anchovies and olives.

## Encourage Dialogue

Jane and Lewis' sex life has also suffered since the arrival of their baby but it's Lewis who has noticed that his sex drive has waned. He can't make any sense of this but it most likely has something to do with the fact that he's struggling to come to terms with being a father and the responsibilities this entails. He's always prided himself on his carefree nature but now he knows that he needs to be a lot more serious. Although he loves his wife and baby dearly, he is uncertain how he now fits into the new domestic arrangements. Jane's also noticed the change and feels that Lewis has become distant. More than ever she wants to feel close to him and she believes that a more active sex life would bridge the gap. However, when she makes a move, he doesn't respond. Instead, they lie side-by-side in the dark and not a word is said.

Tom and Rebecca also suffer in silence. Their sex life has taken an unheralded holiday, somehow imploding at the time of conception, and neither saw it coming: they hadn't been warned. Tom feels hard done by and is silently fuming. 'We had a great sex life and as a result, we felt really close. Now I'm left high and dry. Something really important is missing. It's even our wedding anniversary next week but I can't say I'm hopeful. When I touch her, she rustles like a hamster trying to retreat into its cage.' But nothing is said.

Rebecca has also noticed the change. She tells her friends: 'He's so wonderful and he doesn't put me under any pressure. He's so patient.' She admires him for his understanding, while at the same time feeling a little guilty for no longer being interested in sex. Yet nothing is said.

It's a common scenario: a couple can't help noticing that things have changed between them but neither ventures to comment on it to the other. They hold their feelings close, like a secret they can't or won't reveal. There might be an occasional remark made in jest. Tom sometimes asks, 'Should I brush my teeth tonight?' but it doesn't help much. Humour introduces the issue but also conceals

the extent of the desire that motivated the comment. Camouflaged intent serves a protective function, of course, shielding him from a sense of rejection. It also helps to avoid conflict and respectfully allows Rebecca an escape route. Whatever the intention, dialogue is closed off rather than opened up.

The most fundamental piece of advice you can give is: Before anything else, start talking.

## Building Bridges

When Tom and Rebecca sat in my office and finally began to speak of how they felt, each was intent on promoting their own perspective. 'You don't understand where I'm coming from. I'm a normal healthy male. I want to have sex with you and you deny me that. When I touch you, you flinch. If I walk in when you're getting changed, you bolt and you laugh about it with your friends. If I'd known it would be like this then I'd never have gotten married.' Tom didn't look at Rebecca as he spoke; rather, he looked earnestly at me for support.

Rebecca replied, 'It's all well and good for you. What about me? I'm home all day with the kids, slaving away to keep house for you and not once do you say thank you. I'm a normal healthy mother and that means I don't want sex – I'm too exhausted to even begin to think about it. You're an ungrateful, selfish prick. I don't know why I agreed to marry you. I must have been mental at the time.' As she spoke, it was clear that she was also seeking external collaboration. Both vented their feelings. Neither heard the other's. The fight was grubby and hurtful, and neither meant half of what they said.

Good communication is an art. It comes more naturally to some people than others but even so, it may take some practice. We also need to remember that style and preferences vary and that dialogue can be expressed through both words and non-verbal behaviour. In general, however, we can say two things for sure:

- arguments about a lack of sex decrease the chance of it occurring; and
- silence only breeds resentment.

## *'The most fundamental piece of advice you can give is: Before anything else, start talking'*

Healthy and respectful communication between a couple involves not just honest and frank disclosure, but also the experience of being heard and acknowledged. Encourage your patients to speak of their concerns, using the personal pronoun 'I' rather than the accusing 'you', whilst concentrating on what they think and feel rather than what the other person does, and allow them to speak for themselves. Good communication within a relationship is about getting your own point of view across, not about speaking on behalf of your partner. When we claim to know how another person thinks or feels, then we immediately force them to take the defensive position. On the other hand, if we truthfully speak for ourselves then how can we be wrong? After all, we are talking about something that's very subjective.

We need to encourage couples to take the time to explore and understand each point of view. If this respect is granted, the favour may be returned. When it comes to disagreements about sex there is usually no clear right or wrong. If a couple is dug in, they need to come out of their trenches and call a ceasefire.

If we compromise our own position, our partner, through goodwill, is more likely to do the same. Fight hard for your position to be accepted as a universal truth – rather than your personal truth – and chances are your partner will do the same. If they don't, then your victory is hollow and ultimately you will experience it as such.

In the end, Tom and Rebecca were able to discover this for themselves. They agreed to put the effort into trying to appreciate the other's predicament. They began to ask as much as they told. If an impasse was reached, they agreed to disagree and to go away and think about what the other had said. They learnt to be able to acknowledge their differences and accept that each of them had arguments that were valid for them. Bridges were built over troubled waters and they agreed to collaborate. When they started to listen to each other, they found an empathic understanding for where the other person was at. They liked this feeling and found it in themselves to apologise for comments made in the heat of the moment. I don't see them anymore; I don't need to.

## Offering Assistance

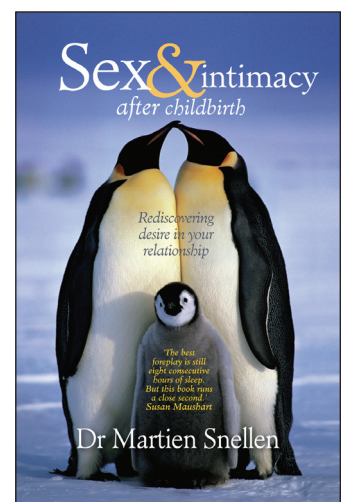
Obstetricians can also play a significant role in assisting couples whose sex lives falter after the birth of their children by:

- providing an opportunity to discuss the issue;
- educating re: normality and dispel the myths;
- offering reassurance when appropriate;
- giving permission to resume a sex life;
- encouraging patience;
- suggesting that sex is a privilege rather than a right or need;
- encouraging dialogue between the couple;
- identifying problems; and
- referring couples for counselling or individual therapy when necessary.

Encourage your patients to find an acceptance broadly for their situation and be specific about what they reject. They need to:

- accept that in all probability their sex life is normal for any postpartum couple;
- accept that it will take time for things to recover;
- accept that it's normal for this to cause conflict in a relationship;
- accept that they will need to attend to non-sexual aspects of their relationship first;
- reject notions of perfection;
- reject deflation; and
- above all, reject any sense of hopelessness.

Encourage them to make their own list, making sure any additions or subtractions promote goodwill between them.



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