

What You Should Know About Sexuality In Pregnancy

Women experience a variety of physical and mental changes during pregnancy, and it can be frustrating as you and your partner try to make adjustments. These changes continue from the moment you become pregnant until after the baby is delivered and they affect every aspect of your life, including your sexuality.

The First Trimester

Early pregnancy often reveals the major strengths and flaws of your partnership that were present prior to the pregnancy—sexual, emotional, marital, financial, and cultural. The transition to parenthood is a time of physical and emotional crisis, and any problems in a relationship are often made worse by stress. This leads to anxiety and frustration, and sometimes to marital problems and sexual dissatisfaction. Your doctor can explain the physical reasons for these stresses and help you to find a level of intimacy you can both enjoy.

Sexual desire and satisfaction decline throughout pregnancy for women but are still near normal levels during the first trimester. This is the best time to establish a strong sense of intimacy. Men and women experience different changes during pregnancy. While most women have less sexual satisfaction, only a few men feel this way during the first trimester—probably because women may have symptoms like morning sickness. To promote sexual intimacy, your partner can fulfill your needs through caressing, massage, and accompanying you to OB/GYN visits and to classes in childbirth and parenting.

The Second Trimester

The second trimester may be a time of increased sexual activity, desire, and satisfaction for women.

Because of the increased blood supply through the pelvis many women have more intense sexual pleasure and orgasms. However, a number of factors contribute to an ongoing decline in sexual functioning in this trimester as well. There is significant weight gain and you also begin to feel the baby's movements. These first signs of life sometimes make you feel like there's a "third person" present during lovemaking, and you may have fears of injuring the unborn baby as well.

Numerous myths and religious and social taboos may further decrease sexual desire and satisfaction, such as:

- "Contractions during orgasm will cause a miscarriage or pre-term labor"
- "Any kind of sex during pregnancy—especially oral or anal sex—are against my beliefs"
- "Oral sex can cause air to get into my uterus."

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Family and friends may give you all kinds of advice about harmful sexual practices during pregnancy and you may also have a condition that puts you at high risk for miscarriage.

Your OB/GYN is your best source of accurate information, and can answer all of your questions regarding which sexual activities are safe for you. If you cannot have vaginal intercourse, other options include fantasizing, masturbation, experimenting with different sexual positions, and anal or oral intercourse (with appropriate safety and hygiene precautions).

Remember that these changes have physical causes, and understanding these causes can prevent feelings of rejection and resentment....

Third Trimester

There is a dramatic decline in sexual activity, interest, and satisfaction among women and men alike during the third trimester. You may feel awkward and uncomfortable, and you're immersed in preparing for the baby's arrival. You may also fear that sex will trigger labor, bleeding, pain, and injury to the unborn baby. Again, your

OB/GYN is your source for information and reassurance about these concerns.

After Delivery

Changes in sexuality continue after delivery. Levels of sex hormones plunge temporarily leading to a state that is almost like menopause. You may have vaginal dryness and irritability, with thinning of the vaginal walls. This results in decreased vaginal lubrication and flexibility, making sex uncomfortable and less desirable. These symptoms may be aggravated by breastfeeding. However, new mothers often experience sensual pleasure during breastfeeding, which is thought to be an essential part of the bonding process.

Resources

- The American College of Obstetricians and Gynecologists <http://www.acog.org>
- The American Academy of Family Physicians <http://www.aafp.org>
- The US National Library of Medicine and the National Institutes of Health <http://www.nlm.nih.gov>
- The Mayo Clinic—Women's Health <http://www.mayoclinic.com>

Common responses include nipple erection and uterine contractions while nursing, and milk leakage during sexual arousal—all normal reactions at this time.

Other factors that may decrease your sexual desire in the postpartum period include:

- Exhaustion from nighttime feeding and infant care
- Spells of depression or "baby blues"
- Pain during sex from injuries during delivery
- Poor body image
- Adjusting to your role as a mother
- Fear of awakening the baby or inability to hear the baby crying.

The important thing is for you and your partner to recognize these new stresses and make allowances for them. If any problems persist for a long time (such as pain during intercourse or prolonged feelings of depression) you should report them to your OB/GYN.

Understanding Is the Key

Pregnancy generally has an increasingly negative effect on sexual activity and satisfaction as you get closer to delivery. You can prevent this from happening by talking things over with your partner and your OB/GYN week by week throughout pregnancy. Remember that these changes have physical causes, and understanding these causes can prevent feelings of rejection and resentment from festering. Keep the lines of communication open, and don't let misunderstanding ruin this time of joy.

Points to Discuss With Your OB/GYN

- Ask about other means of sexual stimulation during pregnancy.
- Ask about alternative sexual positions, such as side-lying ("spooning"), female superior, rear entry, and use of pillows to assist.
- Ask whether sexual activity and orgasm pose any risk to the baby.
- Ask about prenatal classes and education—you can benefit from sharing your concerns and experiences with other couples.

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