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OBSERVATION

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Sexuality after childbirth: Gaps and needs

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Abstract

Childbirth is a stressful event for a majority of women and can have many consequences one of which is female sexual dysfunction. The main aim of pre- and postnatal health services is to fulfil physical and emotional needs of mothers and babies but not sexual function of women. Also, the fact that sexual satisfaction is part of general well being and mental health is generally neglected. Sexual function of women not only is affected by childbirth, but also is influenced by many other factors. One of these factors is culture and religion. Women's sexual life after childbirth has different meaning in different cultures. In many conservative societies with certain cultural and religious beliefs women are prohibited from having sex after childbirth. In these societies, women hear conflicting stories about risks and benefits of having sexual intercourse during postpartum period the majority of which may not be true. It has been reported that some women may be at greater risk of postpartum sexual dysfunction as neurobiological factors and genetics have been recently suggested to impact female sexual functioning. Considering the multidimensional nature of female sexual dysfunction, this problem cannot be resolved by a simple solution and not all postpartum women can be treated by the same protocol. Various treatment options, such as the use of medications, behavioural interventions and psychotherapy have been investigated in research studies and there is still controversy over the issue. Regarding the fact that sexually satisfied women are more mentally healthy, routine screening during prenatal, antenatal and postnatal visits are suggested to uncover hidden difficulties with sexual functioning of women and improve their quality of life.

Key words: Childbirth; Postpartum; Sexual dysfunction; Investigation; Intervention

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INTRODUCTION

Female sexual dysfunction has been recognized in women of all ages. Considering the fact that childbirth is a stressful event for most women, the sexual problem is further exacerbated after childbirth when women struggle with pregnancy-induced changes and postpartum physical, physiological and psychological alterations. Issues related to postpartum sexual health including resumption and frequency of sexual intercourse after childbirth, changes in sexual desire, arousal and orgasm, level of sexual satisfaction, and experience of perineal pain and dyspareunia have been addressed, and factors that may contribute to those problems have been investigated in literature[1-3].

POSTPARTUM SEXUAL DYSFUNCTION: FACTS AND MYTHS

Women's sexual life after childbirth has different meaning

in different cultures. In many conservative societies sex is a taboo and even married women are not expected to speak about sexual matters. Some cultural and religious beliefs may also restrict having sex during postpartum period for many different reasons. It is reported that "post-partum sexual abstinence is a common practice by various communities world over with varying duration"[4]. Because there is no specific rule regarding the resumption of sexual intercourse after childbirth[5], and professionals are usually reluctant to discuss issues regarding sexuality after pregnancy[6], women turn to friends, relatives or books for information. They may hear conflicting stories about risks and benefits of having sexual intercourse after childbirth the majority of which may not have scientific basis. Therefore, the contradiction between facts and myths can significantly contribute to sexual problems of women after the baby is born[7].

INVESTIGATION OF FEMALES' SEXUALITY AFTER CHILDBIRTH

Pre- and postnatal health services mainly aim at fulfilling physical and emotional needs of mothers and babies but not sexual function of women, neglecting the fact that sexual satisfaction is part of general well being and mental health[8]. It has been reported that a lack of desire for sex or having difficulties with sexual functioning is one of the symptoms of depression that requires further investigations[9]. Sexually satisfied women are more mentally healthy, and this in turn promotes the mental health of family[10,11]. Therefore, routine screening during prenatal, antenatal and postnatal visits are suggested to uncover hidden difficulties with sexual functioning of women and improve their quality of life.

Some women may be at higher risk of postpartum sexual dysfunction[12]. Recent research has focused on the role of neurobiological factors and genetics in the occurrence of female sexual dysfunction. Nevertheless, no significant association has been shown between genetic factors and sexual distress in preliminary research[13]. More in-depth future scientific studies may investigate the role of genes and neurobiological elements. Their finding may help find innovative treatment options for postpartum sexual function.

INTERVENTION OPTIONS

Female sexual dysfunction cannot be resolved by a simple solution. Not all postpartum women can be treated by the same protocol as there are many elements affecting sexual function of women. Some researchers have investigated the use of medications in the treatment of female sexual dysfunction[14]. Although there is no proven medicine to use in such cases, the potential benefits and risks of any medications for postpartum women should be carefully assessed. Any future investigations on sexual function of mothers need to be handled with special care as many postpartum women breastfeed their babies and there is usually a possibility that medicines pass through the breast milk and harm the baby.

Behavioural interventions[15] and psychotherapy[16] are other examples of treatment approaches. The focus of these therapies is on the recognition of thoughts or behaviours that contribute to women's sexual difficulties, the improvement of communicative skills in women and the promotion of the level of sexual thoughts and fantasies. The approaches also work on mental health of women and try to enhance self-esteem and self-confidence of women suffering from sexual dysfunction. During treatment session, the therapists usually rely upon the self-reported information and put the treatments based on the patients' words. It should be taken into account that an effective treatment cannot be fulfilled unless a thorough history is taken, and a complete history cannot be obtained unless people who are in close relationship with the patients are interviewed too. This magnifies the role of partners in such cases. Sexual function of postpartum women may significantly be influenced by their partners as they are half of the equation in a coupled relationship[17,18]. Nevertheless, there is a lack of enough data in the literature on the role of partners in occurrence of postpartum sexual dysfunction as it is usually overlooked by clinicians and researchers.

CONCLUSION

The world has moved away from earlier assumptions about lack of sexual feeling in women especially those who have given birth[19]. While research into such sensitive issue is very significant, the study of sexuality after childbirth is almost a new research topic and only a small number of researchers has evaluated the overall quality of sexual life after childbirth. In addition, there is no consistency of the results across conducted studies. Many of the studies on postnatal sexual life bear a number of limitations some of which include: application of certain criteria, use of non-validated questionnaires, and further analysis of data obtained from other non-random studies. A large-scale random study is necessary to fully evaluate sexual function of postpartum women aiming to gather detailed information on various aspects of life. Follow-up studies after several years can also be conducted in order to evaluate the effect of time on sexual function of women after childbirth.

In summary, postpartum period is an important stage in women's life that requires more research on its existing issues. The amelioration of women's sexual problems after childbirth continues to be a challenge to researchers, health care providers and clinicians. This article aims to increase awareness on sexuality after childbirth and emphasizes the need for more effective therapeutic approaches that future studies may propose. It also aims to motivate professionals in this filed to search for hidden causes of female sexual dysfunction and develop innovative ideas. It is hoped that further investigations evolve a broad-minded approach to answer significant questions in sexual health research.

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