



Sexuality &

LACTATION



The birth of a baby and breast/chestfeeding can create new and sometimes challenging dynamics when it comes to sexual relationships. For the majority of lactating parents, sexual desire decreases or diminishes in the first months postpartum. For some, sexual responsiveness is heightened. Whatever the scenario, you may be curious about fertility and sex after birth. Here are some tips:

How soon after birth people resume sex can vary according to the type of birth: vaginal, vaginal with tearing (varying degrees of tearing) or episiotomy, cesarean, or traumatic birth. Most couples resume sex by 8-10 weeks postpartum, but some wait longer to resume (around 2-3 months) and some just a month after birth. Each individual's comfort level, hormones, and desire is different. The most important aspect of resuming sex is making sure all inside wounds are completely healed (if there was tearing), and assessing your personal comfort level. Hormones can contribute to some discomfort during the initial postpartum period as discussed below:

At birth, levels of estrogen fall, which can cause vaginal dryness. During breast/chestfeeding, low estrogen levels can contribute to vaginal tightness and tenderness during intercourse. This eventually will subside. Extra foreplay and the use of a water-based lubricant may be beneficial.

Hormonal changes during lovemaking may stimulate milk ejection! If this is considered an issue, feeding the baby or expressing milk before getting cozy can combat leakage. Applying gentle pressure on the breasts can help to stop milk flow as well.

Breast/chestfeeding in the early months after birth can be a sensitive time for sexual relationships. Sometimes a lactating parent becomes overtouched, hyper-focused on the baby, utterly exhausted, stressed, or complacent (but this is not always the case). How you are feeling should be discussed with your partner. Expressing your wants, needs, likes, and dislikes can help your partner to be supportive of your journey through breastfeeding and lovemaking.

LACTATION & FERTILITY

Nursing can ward the return of fertility after birth. The delay in menses can be considered a natural way of family planning, and as a protective mechanism: short-intervals between pregnancies are consistent with adverse parent-child health outcomes.

The Lactational Amenorrhea Method (LAM) can be 98% effective at preventing pregnancy during the first six months postpartum if used precisely.

You can use the LAM method if:

- Your menstrual period has not returned since delivery
- You are exclusively breast/chestfeeding the baby on demand both day and night
- Not supplementing the baby with any foods or liquids
- The baby is less than six months old

When all of the above conditions exist, breast/chestfeeding can be an effective fertility suppressant. However, when any of the conditions change, an alternative method of family planning should be explored (if pregnancy is not desired). For more information, visit:

<https://www.waba.org.my/resources/lam/>

Mahrbacher, N. (2020). *Breastfeeding answers: A guide for helping families*. Nancy Mahrbacher Solutions Inc.

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