

Fact Sheet

After having a baby: sexuality and reproductive health



Sexual and reproductive issues after giving birth

A woman's body goes through enormous change after giving birth and in the weeks that follow. The terms 'post-partum' and 'post-natal' refer to the period of time immediately after giving birth, and for the next six weeks. Over this time the body is returning back to the non-pregnant state; however this does not mean that women can expect to feel 'back to normal' after 6 weeks – for some women it can take much longer than this. It is recommended to have a post-natal check-up with a GP or family planning clinic when the baby is about 6 weeks old, which can help identify any issues and provide an opportunity to discuss any concerns. It is also a good opportunity to discuss contraception, if this hasn't been addressed already.

Bleeding (lochia)

The vaginal bleeding that women experience after giving birth is referred to as 'lochia'. This gradually decreases over the 4-6 weeks after delivery, and often becomes a pink or brown colour. If a woman is not breastfeeding, the first period may occur as soon as 4 weeks after giving birth. For women who are breastfeeding, the average time for periods to return is 28 weeks after delivery; however there is a wide range around this average.

Contraception

Contraception is advised from day 21 post-partum onwards in women who are not breastfeeding and who wish to avoid another pregnancy. All of the hormonal methods of contraception that are available in Australia are generally suitable for use from day 21 onwards in women who are not breastfeeding, with the exception of IUDs, which are recommended to be inserted either within the first 48 hours of delivery, or from 4-8 weeks post-partum. The progestogen-only pill, the implant and the injection (DMPA) can also be started immediately after delivery. For breastfeeding women, the lactational amenorrhoea method (LAM) can be used for the first six months after delivery, provided the woman's periods have not returned, and the baby is fully breastfed with no long intervals between day or night feeds, and not

given any supplements other than infrequent vitamins, water or juice. If all of these criteria are fulfilled, LAM is 98% effective (ie for 100 women using this method correctly, 2 will become pregnant). However a woman can ovulate before her periods return so breastfeeding women are usually recommended to use an additional method of contraception if they wish to avoid pregnancy. Contraceptive options for women who are breastfeeding are the progestogen-only pill, the injection, and the implant, with IUDs again being available within the first 48 hours or after 4-8 weeks post-partum. The combined pill and vaginal ring can be used by most breastfeeding women whose babies are older than 6 months.

For more information on all methods of contraception, including barrier methods, please see our other fact sheets which are available on our website (www.fpnsw.org.au) or by clicking here.

Post-partum sexuality

Following the birth of a child, there is wide variation in the time when a woman feels ready to resume sexual activity. Some women report a return of sexual desire within 2-3 weeks, but many others will experience delays lasting from weeks to many months. There are many factors which can contribute to this. Firstly there may be bruising or swelling of the vulva and vagina following delivery, and if the woman required stitches for an episiotomy or a perineal tear, this area can remain tender for some months. This can cause pain on penetration, so it can be advisable to try other forms of sexual activity which do not require vaginal penetration until the area has completely healed. The hormonal changes that occur after giving birth can also contribute to pain or discomfort during penetration. The vagina often feels drier as well. This can last for 2-3 months in women who are not breastfeeding, but considerably longer in women who are breastfeeding. Water-based lubricants can be helpful, as can vaginal moisturisers, both available over the counter at a pharmacy. If these measures are insufficient, it is worth talking to a doctor about whether oestrogen cream or pessaries may be a useful option.

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Some women also experience an involuntary tightening of the vaginal muscles in response to attempted vaginal penetration. This is called vaginismus. This generally requires assessment and treatment by a physiotherapist who specialises in pelvic floor problems. Pelvic floor exercises are recommended for all women during pregnancy and post-natally. Strengthening the pelvic floor muscles reduces the incidence of stress urinary incontinence (leaking urine when you cough, sneeze or exercise) and can also prevent prolapse (where your uterus, bladder or bowel sag into the vagina). Pelvic floor muscles are frequently stretched during pregnancy and childbirth, which can lead to reduced sensation during sex for both partners. Pelvic floor exercises can help improve this.

In breastfeeding women, breast tenderness and sensitivity may mean a change in the usual pattern of arousal. It is normal for a letdown of milk to occur during arousal and orgasm. This may be prevented, if desired, by breastfeeding before sexual activity.

Tiredness, changing roles and relationships in the family, and particularly with your partner, and concerns about sexual attractiveness, can all have an effect on sexual desire and function. These issues are all very common, but it may be useful to see a sex therapist or counsellor, either alone or as a couple, who can give more specialised help with these issues.

Post-natal depression

Up to 80% of women experience 'the baby blues' shortly after the birth of a baby. This is a normal process where the woman feels tearful, anxious, depressed and/or has mood swings in the first week after giving birth. It is thought to be due to the stresses associated with labour and delivery, and the fluctuating hormone levels that occur after giving birth. These symptoms should settle within the first week of giving birth, and often support and rest is all that is required. However if these symptoms continue beyond 2 weeks post-partum, or are severe, it may indicate post-natal depression. Post-natal depression refers to severe or prolonged symptoms of depression that last for more than 2 weeks and have an impact on the ability to function with normal routines on a daily basis. Post-natal depression is a treatable illness and it is important to seek help from a GP. For more information on post-natal depression please see www.blackdoginstitute.org.au or www.beyondblue.org.au

For more information

- Contact the Family Planning NSW Talkline on 1300 658 886 or go to www.fpnsw.org.au/talkline
- NRS (for deaf) 133 677
- Visit your nearest Family Planning clinic
- Contact ASSERT NSW (Australian Society of Sex Educators Researchers and Therapists) to find an accredited sex therapist: 02 9212 2348 or visit www.assertnsw.org.au
- Your local GP

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