

Concurrent Session _____

From Lovers to Parents and Back Again: A Time of Shifting Sexual Identity

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All parents expect sexual adjustments during the postpartum period, however few report feeling prepared for the massive changes that occur. The birth experience may also have a psychological impact that shows up in a couple's sexual relationship. Both birth and postpartum doulas are uniquely situated to fill the educational gap and provide postpartum support as parents work through these changes.

Introduction

Biopsychosocial Approach

I. Why Birth is Sexual

- a. Same hormones
- b. Same reproductive organs
- c. Same brain processes (limbic system must take over)
- d. Same conditions needed for "success"
 - i. (go to hospital room right now and have an orgasm!)

II. The potential for orgasmic birth or ecstatic birth

- a. Analogous hormones

III. Culture of fear of childbirth

- a. Fear of pain
- b. Culture does not value pain as important for growth, doesn't teach or foster healthy skills for dealing with pain of living
- c. American way of dealing with pain is to stamp it out (alcohol, drugs, denial)

IV. Role of Institution in Relationships

Perspective from medical anthropology, popularized by Robbie Davis-Floyd

V. Sexuality in the labor room

A. Medical practitioners (physicians and nurses) often deny the sexuality of birth and even that the organs and structures used for birth also have other purposes such as sexual pleasure.

D. So the denial of sexuality of birth makes medical care providers more comfortable
BUT

1. This approach denies the power of the experience for women
2. Sets up a dichotomy in relating to the body that sets up separation, not integration of the experience

E. Women are often encouraged to become more sensual and centered in their body in order to experience more sexual pleasure and to become orgasmic or more orgasmic – however the childbirth experience that denies the sensuality of the body is the opposite of that.

VI. Long Term Impact of Episiotomy and Instrumental Delivery on Physiological and Sexual Functioning

VII. Cesarean section/C-section realities, complications, & long term side effects

VIII. Fathers and Birth

- A. Chapman research on men's desired role: witness, coach, teammate
- B. Johnson's research on men's traumatic experiences of being at birth
- C. Swedish study on men's experience of nurses
- D. PPD in fathers

IX. What the research tells us about the sexual experiences and feelings of postpartum parents

XII. Impact of childbirth experience on women's body image and sense of self

XI. Sexual Activities

XII. Impact of Birth Interventions on Sexual Functioning and Sexuality

XIII. Clinical implications

A. Birth matters and has an effect on the sexual lives of our clients and patients.

B. The denial of the sexuality of childbirth during birth can affect women psychologically. It can continue to do so for decades after the original incident.

1. Vaginal exams by strangers
2. Viewing of the body by strangers
3. Feeling out of control of one's behavior and those in attendance
4. Bothered by responses of medical personnel
5. Messages about the body conveyed by medical people
6. Body no longer private, personal space – conflict between medical perception of the body and women's personal perception of self

C. In the life of a couple, it may not be that things deteriorated after the children arrived, but that they deteriorated after the birth occurred.

We tend to blame postpartum responsibilities when it may be birth events that are part of the etiology of their problems.

XIV. Birth affects men differently, but we don't often discuss this because we are blind to our own cultural expectations of men.

1. Wife/partner's body no longer private space – public space and exposed.
2. Experience of viewing sexual parts of her body handled by others
3. Experience of viewing genitals changed or damaged by birth process and/or medical procedures
4. Mystery has evaporated. (necessary for sexual desire and attraction)
5. Attitude of medical caregivers towards his presence
6. Attitude of medical caregivers towards his wife's body

E. Men who are traumatized by being at birth often receive no social support

F. No "safe space" to discuss changing sexual feelings after viewing birth – Collectively as a culture we consider him to be "selfish" or "one dimensional".

1. Headline: "Only Bad Guys Are Less Attracted to Their Wives After Baby"

XV. Assisting Clients to Integrate Their Birth Experience

- A. Internet resources examine stretch marks, loose vaginas, sagging breasts, and men who haven't adjusted their expectations. Very few, if any, discuss the internal changes that are needed to integrate their individual experiences of the birth into their marriage and future relationship.
- B. While they might both have been in the same room, both had separate experiences.
- C. Let couples know you are willing to talk throughout that first year if you were their birth doula. (If you are comfortable with these topics.)
- D. Plant seeds. As their postpartum doula, you can let couples know that accepting their different experiences is important, and that you can help them talk about it.
- E. Exploring the issues – Discussion Handout for Couples (Tool for use by Doulas)
 - a. Birth involves bodies. What kinds of messages did you get about your body/your wife's body during labor and birth?
 - b. Counsel patience and time. Women's bodies take months to recover – her body is finding a new hormonal balance and creating new cells every day.
 - c. Sometimes couples have found that having their birth be such a public experience comes as a surprise to them. For so long their bodies and bodily functions have been private. How did you feel about that aspect of your birth?
 - d. Sometimes medical procedures can have effects that last longer than predicted. Some of those effects can be sexual ones. We don't know about them because we don't talk about them much. List examples and possible helpful solutions.
 - e. Professional help may be needed: Find your local resources for pelvic floor physical therapists, board certified cosmetic surgeons who specialize in genital reconstruction, and cranial sacral therapists who specialize in somatic pain release.

