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Review

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Sexuality and Counseling in Postpartum Women

Nergiz Eryılmaz[1], Ayten Şentürk Erenel[2]

[1] Karamanoğlu Mehmetbey University, Vocational School of Health Services, Karaman, Türkiye

[2] Lokman Hekim University Faculty of Health Sciences, Department of Nursing, Ankara, Türkiye

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Abstract

The World Health Organization describes sexuality as a developmental process like pregnancy and postpartum period and the complete well-being of the individual in physical, emotional, mental and social harmony, noting that it is affected by many factors such as culture, society, family, hormones and daily activities. In other words, a woman's sexuality in the postpartum period is affected by the type of birth, interventions performed at birth, breastfeeding, a woman's body image, postpartum depression, and fear of becoming pregnant again. In addition, factors such as dyspareunia, decreased sexual desire, fatigue, and insomnia that occur in postpartum women lead to a decrease in the frequency of sexual intercourse. However, qualified sexual health education and counseling by nurses during this sensitive period can be effective in eliminating women's concerns, correcting misinformation and misconceptions, and preventing sexual problems. Therefore, this review discusses the factors affecting sexuality of women's sexuality in the postpartum period and the importance of nursing services in line with the current literature.

Nergis Eryılmaz **(Corresponding author)**; ORCID: 0000-0001-5286-8539, e-mail:nergserylmaz@gmail.com
Ayten Şentürk Erenel; ORCID: 0000-0002-0841-2099, e-mail:aytense@gmail.com

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1. Introduction

The World Health Organization (WHO, 2006) defines sexuality as a state that encompasses sexual identity, eroticism, pleasure, intimacy, and reproduction throughout a person's life, including thoughts, fantasies, relationships, desires, beliefs, attitudes, and experiences, and that is influenced by biological, social, psychological, economic, political, cultural, and religious phenomena. Moreover, sexuality in women is a multifaceted phenomenon that can be influenced by contextual factors such as stress or relationship factors (Hipp et al., 2012). In addition, there are some gender-specific life stages and situations that can affect women's sexuality. These include pregnancy, postpartum, breastfeeding, and menopause (Akpınar, 2016). The postpartum period brings about some biological, psychological, and social changes in women. During this period, there is an increased incidence of sexual dysfunction, which is affected by many factors, such as breastfeeding and hormonal changes, type of delivery, perineal trauma and episiotomy, stress, fatigue, insomnia and postpartum depression, body image, and pregnancy anxiety (Abd Aziz et al., 2021; Abdelhakm et al., 2018; Caruso & Monaco, 2019; Gutzeit et al., 2020; Handelzalts et al., 2018; Koç & Oskay, 2016; Zamani et al., 2019). Women's self-perception deteriorates due to the changes that occur in women with childbirth, and these changes can cause insomnia, tension, and sexual problems (Gutzeit et al., 2020). In a study conducted in Poland, it was found that 45.3% of women experienced sexual dysfunction in the postpartum period (Zgliczynska et al., 2021). Khajehei et al. (2015) found that the most common problem was low sexual desire, followed by inability to orgasm and difficulty with arousal. In addition, problems such as dyspareunia, sexual reluctance, fatigue, and insomnia experienced by postpartum women lead to a decrease in sexual activity. Sexual health, which is one of the components of health, is affected by factors in the postpartum period and causes sexual dysfunction in women. Therefore, this review discusses female sexuality in the postpartum period, the factors that affect it, and the importance of care services in accordance with the current literature.

2. Impact of Breastfeeding

Breastfeeding is extremely important for building a secure relationship between mother and newborn. In addition to the psychological aspects, the significant decrease in the hormones estrogen and progesterone, which increase during breastfeeding, and the increase in the hormone level prolactin cause vaginal dryness in the postpartum period and increased vaginal dryness during this period leads to a decrease in sexual desire (Abdelhakm et al., 2018; Johnson, 2011). For this reason, vaginal dryness causes more pain and discomfort during intercourse in breastfeeding women, which may lead them to avoid intercourse (Barbara et al., 2016). In an experimental study, it was found that 50.55% of women in the group of mothers who gave only breast milk to their baby had sexual dysfunction (Szöllosi & Szabo, 2021). Rezai et al. (2017) shows that breastfeeding mothers were about 2.5 times more likely to experience sexual dysfunction than non-breastfeeding mothers. Studies show that breastfeeding has negative effects on sexual intercourse, such as delayed sexual initiation, lower frequency of sexual activity, lower sexual interest, decreased pleasure, decreased desire, and dyspareunia (Bokaie et al., 2019; Gutzeit et al., 2020; Johnson, 2011; Matthies et al., 2019; Rezai et al., 2017; Serati

et al., 2010). In addition, the changes in the breasts during this period and the milk leaking from the breasts with sexual arousal during intercourse and the tenderness of the breasts cause women to avoid sexuality (Akyüz, 2009; Johnson, 2011; Korğalı, 2016; Leeman & Rogers 2012). However, in the postpartum period, women perceive the breasts as a nutritional tool that plays a role in feeding their baby. Similarly, another study found that women do not find themselves attractive due to increasing breast size and consider their breasts as an organ that belongs to their babies because they breastfeed and cannot associate this with sexuality (Bender et al., 2018). On the other hand, there are also studies that show that some women who breastfeed in the postpartum period feel more attractive, that breast growth increases their sexual desire and causes an increase in eroticism, that women experience direct stimulation through breastfeeding, that breastfeeding moistens female sexuality more, increases sexual satisfaction, and facilitates orgasm (Aliakbari Dehkordi, 2010; Anbaran et al., 2015). The results of the above studies show that breastfeeding has a positive impact on sexual life in the postpartum period.

3. The Effect of the Mode of Delivery and Birth Interventions

Perineal trauma refers to damage caused by a tear, laceration, or episiotomy resulting from the birth event (Acavut & Güvenç, 2020). Postpartum bleeding and pain due to procedures such as episiotomy in vaginal deliveries cause women to avoid sexual activity (Selimoğlu & Beydağ, 2020). It is generally recommended that women wait six weeks to both heal the wound site and stop lochia, as perineal wound healing takes an average of four to six weeks before beginning vaginal intercourse during the postpartum period (American College of Obstetricians and Gynecologists [ACOG], 2016; Taşkın & Akan, 2020). Perineal trauma due to childbirth causes perineal pain in women, which leads to difficulties in breastfeeding, self-care, caring for the newborn, and performing daily activities, and subsequently to problems such as insomnia, fatigue, stress, and anxiety (Kohler et al., 2018). Numerous studies in the literature show that perineal injuries cause sexual dysfunction in women (Başkaya et al., 2018; Fan et al., 2017; Gutzeit et al., 2020; Leal et al., 2014; Quoc Huy et al., 2019). Perineal pain caused by perineal trauma should be counted among the possibilities that may affect sexual intercourse in the postpartum period (Öztürk & Özerdoğan, 2020). Women who gave birth vaginally, without a tear and/or episiotomy, or who had a cesarean section started having sexual intercourse in shorter periods of time than women who had a vaginal tear and/or episiotomy (Jawed-Wessel & Sevick, 2017). However, the rate of postpartum sexual dysfunction increases in women with vaginal tears (Gutzeit et al., 2020). Aydın, (2022) found that primiparous women who delivered with episiotomy had higher sexual dysfunction than women who delivered without episiotomy. Barbara et al. (2016) found that women who delivered via episiotomy experienced less arousal, orgasm, sexual function, and lubrication compared to women who delivered via cesarean section. Manresa et al. (2019) stated that episiotomy was found to be the main cause of dyspareunia and cesarean section decreased the likelihood of dyspareunia compared to spontaneous delivery. Quoc Huy et al. (2019) stated the incidence of sexual dysfunction 3 months after episiotomy was found to be 40.7%, and the most common problems were sexual desire (68.9%) and inability to orgasm

(67.4%) and dyspareunia (58.5%) (Research shows that the type of delivery and/or intervention during delivery can affect a woman's ability to resume sexual activity.

4. The Impact of Low Body Image

Body image may also be one of the reasons why women experience sexual dysfunction in the postpartum period (Kargar et al., 2021). Some studies show that there is a significant association between poor body image and sexual dysfunction in women (Hockey et al., 2022; Levy et al., 2020). Women are unhappy about gaining too much weight with pregnancy and do not feel particularly sexy (Bender et al., 2018). Olsson et al. (2005) reported that some women perceived their vaginas as "big and loose" after childbirth, even if their partners did not have this perception, felt less attractive, and had little or no desire for sexual activity after childbirth, resulting in a discrepancy between their sexual desires and their partners' perceived sexual desires. Awoman with a low "body mass index" were more satisfied with their appearance. Hockey et al. (2022) concluded that the partners of women who are satisfied with their appearance find them attractive and therefore both they and their partners are more satisfied with sexual intercourse.

5. The Effect of Fatigue and Lack of Sleep

Sleep quality is affected by many biological-psychological factors, such as daily lifestyle, environmental factors, work life, social life, economic status, general well-being, and stress. In the postpartum period, a woman's daily life also changes due to the disruption of sleep patterns (Erçel & Süt, 2020). Öztaş and Sohbet (2023) found that 67.7% of women had decreased sleep duration in the postpartum period. The physical fatigue and pain experienced by the woman during labor, the high frequency of feeding the baby during the first months of the postpartum period, and the care she has to give the baby can cause insomnia and make the woman feel tired during the day (Aktaş & Karaçam, 2017; Öztaş & Sohbet, 2023). In the postpartum period, depression symptoms such as lack of attention, loss of motivation, and lack of enjoyment of life occur due to insomnia and fatigue (Uludağ et al., 2022). These conditions may result in the couple having very little time for sexual intercourse and a decrease in the frequency of sexual intercourse (Leeman & Rogers, 2012; Koç & Oskay, 2016).

6. Effects of Postpartum Depression

The postpartum period not only brings hormonal and physical changes for women, but it is also a time when there is a lack of social support, low self-perception, and altered body image, and women must cope with the difficulties of caring for a baby and adjusting to this time (Brummelte & Galea, 2016; Tezel & Gözüm, 2005). The fatigue and insomnia that women experience during the postpartum period result in a lack of time for themselves and inadequate self-care. These negative situations cause depression in women and negatively affect the quality of sexual life, for example, in the form of decreased sexual desire (Lambermon et al., 2020; Leeman & Rogers, 2012). Alp Yılmaz et al. (2018) determined the prevalence of sexual dysfunction in Turkish women, which is 74.3% of postpartum women. In another study, more than half of women were found to have sexual dysfunction in the postpartum period and about one-third were at risk for depression (Dağlı et al., 2021).

7. Fear of Conception and The Effects of Contraceptive Use

One of the reasons why women are afraid and anxious about resuming sexual intercourse after childbirth is the fear of pregnancy. The fact that the woman does not feel sexually aroused during this period and the anxiety and fear of becoming pregnant again have a negative effect on women's sexual life (Beyazıt et al., 2018; Koç & Oskay, 2016; Olsson et al., 2005; Üstgörül, 2016). First sexual intercourse after birth is an important issue for couples (Amir Aliakbari et al., 2018). Although the timing of initiation of sexual intercourse by postpartum women varies according to psychosocial and cultural differences, the average timing of initiation falls in the sixth to seventh week after birth (Başkaya et al., 2018; Handelzalts et al., 2018). Turkey Population and Health Research (Türkiye Nüfus ve Sağlık Araştırması) indicated that most women (77%) began sexual intercourse after the sixth week postpartum (Hacettepe Üniversitesi Nüfus Etütler Enstitüsü, 2018). Adedokun et al. (2020) indicated that arelationship was found between women's family planning use and resumption of sexual intercourse. Also stated that some women delayed resumption of sexual intercourse due to fear and anxiety of pregnancy. A cross-sectional study showed that most postpartum women (53.9%) started sexual activity in the early postpartum period (within 6 weeks) (Gadisa et al., 2021). WHO (2013) recommends that all women should be assessed on when to resume sexual activity by incorporating it into postpartum care 2-6 weeks after delivery. Study of Eryılmaz and Ege (2016) stated that most women who gave birth did not think about pregnancy immediately and wanted to use "intrauterine device" as a birth control method. The postpartum period may be the most appropriate period for women to receive information about when to start sexual activity and family planning method counseling.

8. Sexual Counseling in the Postpartum Period and the Role of the Nurse

Sexual dysfunction is one of the health problems that make couples unhappy. Despite this, sexuality in our country is still a private issue that is not included in the routine nursing care of patients because of the lack of importance given to sexuality and for reasons that lie with both health professionals and patients (Tuğut & Gölbaşı 2014; Karaçam & Çalışır 2012). It is well known that women in the postpartum period are a special group suffering from sexual dysfunction. Many sexual health problems can be easily detected by taking sexual history from women in the postpartum period whom nurses follow up in primary health care services and evaluating the patient in this respect, and then this problem can be solved by providing information and short counseling. Sexual counseling can also improve sexual function by increasing awareness about genital anatomy-physiology and sexual response cycle, and by enabling people to establish intimacy, especially when solution suggestions for the underlying problem are offered, such as the use of lubricant, increasing the duration of foreplay, establishing sexual fantasies and sharing them with the partner (Darooneh et al., 2022). Written and visual materials can also be utilized during these trainings and information sessions. Alnuaimi and Almalik (2021) stated that women thought that giving the trainings given to women in the form of brochures and taking them home and sharing them with their spouses was more useful for women who were embarrassed to talk about sexuality-related issues or

women who had to go to and from the health institution very quickly. In addition, nurses should have the necessary knowledge and skills to evaluate the patient's sexuality, develop empathy, be impartial and unbiased, feel comfortable talking about sexual issues, have effective communication skills, and be competent in using existing nursing models in evaluating sexuality.

9. Conclusion

To prevent or minimize sexual dysfunctions in the postpartum period, the necessary education and counseling should be started during pregnancy and this service should be continued after birth. This may help prevent or early detection of problems that women may experience in the postpartum period related to sexuality. Women should be helped to lead a healthy sexual life and to eliminate the concerns that may arise in these critical periods, women during pregnancy should be evaluated in terms of risk, and especially in the postpartum period, a woman's application to a health institution for any reason should be turned into an opportunity by health professionals, needs analysis specific to each woman should be made, trainings should be personalized and within the framework of evidence-based practices, sexuality, sexual health education and counseling should be integrated into routine nursing care with a holistic perspective. However, it is obvious that more research is needed to understand the positive and negative effects of the factors affecting sexuality in the postpartum period on sexual life.

Conflicts of interest

The authors declare no conflicts of interest.

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