Pregnancy and childbirth are unique experiences for both a woman and her partner. Having satisfying sexual activities during pregnancy is good for the woman’s physical and mental health and her relationship with her partner.

Women may experience different sexual, physical and emotional changes during pregnancy and after childbirth. Below are some of the most frequently asked questions about sexual life during these exciting times.

Changes in sexual life during pregnancy and after childbirth
Some women may have less desire for sex, experience less satisfying sexual relationships and feel uncomfortable having sex during pregnancy and after childbirth. However, others may be more satisfied with their sexual life and have more desire for sex. Some women may enjoy foreplay, oral sex or masturbation more than actual intercourse, while others may satisfy their needs for intimacy by kissing and cuddling.

Whatever changes you experience, it is important that you communicate with your partner and let them know your feelings. Although your sexual life may change, it does not mean that you will be less satisfied with your sexual life during pregnancy and after having a baby.

Will sex harm my baby?
Having vaginal intercourse does not harm your baby. Your uterus is located deep in the pelvis and the baby is protected by strong muscles of your womb (uterus) and amniotic sac. In addition, the thick mucus plug inside your cervix protects the baby from germs and infection.

When you have orgasm, you may notice that your baby moves around. This is not because the baby feels uncomfortable or knows what is happening. It is because of an increase in your heart rate, some tightening in your uterine muscles and some hormonal changes in your body during sexual activity.

Oral sex during pregnancy
You can have oral sex during pregnancy, especially when the vaginal intercourse is considered too risky.

Best sex positions during pregnancy
As your belly grows, you may find some sex positions uncomfortable or impossible, such as missionary position (partner on top). You may have to find positions that are more comfortable for you and put no weight on your belly. For example, you may get on top, lay side-by-side in the spoons position or get onto your hands or knees in the all fours position. These positions will allow your partner to keep most of their weight off your belly.

After trying different positions, you and your partner will be able to find positions and techniques that will work for you. Communication and openness with your partner are the keys to having sexual satisfaction during pregnancy.
Can intercourse or orgasm cause miscarriage or labour contractions?

In a normal low-risk pregnancy, having sex, nipple stimulation and orgasm does not cause miscarriage or preterm birth.

However, if you have a weak cervix, a low-lying placenta, painful fibroids, leakage of amniotic fluid or are at risk of bleeding, pre-term labor or miscarriage, you need to check with your doctor or midwife first.

Having sex to induce labour

In a normal pregnancy and during the last few weeks of pregnancy, sexual activity can be used to help prepare your body for labour. Nipple and clitoral stimulation, pleasure and orgasm increase the amount of oxytocin, prostaglandins and other hormones in your body. The oxytocin can stimulate uterine contractions. Therefore, you may experience abdominal cramps after having an orgasm, particularly in the third trimester. Semen also contains some prostaglandins. The prostaglandins in semen can help soften and dilate the cervix and prepare it for labour and delivery of the baby. In addition, the increase of hormones during sexual activity and orgasm can help decrease the level of anxiety and stress, increase energy and prepare the parents to bond with their baby.

Resuming sex after childbirth

The time to resume sexual activity depends on the individual woman and her physical and emotional comfort. Thus, sexual activity may be resumed at any time after delivery when the vagina, cervix and uterus have healed and the vaginal bleeding has decreased or stopped. If you are unsure about the best time to start sexual activity after delivery, you can ask your midwife or doctor.

Painful intercourse after childbirth

Some women experience pain when having intercourse for the first time after birth. Painful intercourse can be due to vaginal dryness while breastfeeding (due to hormonal changes and low oestrogen levels), episiotomy, vaginal tear or damage to the vaginal tissue. If you have a desire for sex, but feel pain during intercourse, you may try other sexual activities that do not involve vaginal penetration until the pain goes away. If you still experience pain during intercourse after a while, you need to ask your doctor or midwife for appropriate treatment.

Breastfeeding and sexual activity

Many breastfeeding mothers report that breastfeeding has improved their sexual function and they experience pleasant sexual activities. On the other hand, some mothers may experience no desire for sex during breastfeeding. They may also report vaginal dryness and painful intercourse. This is not because they are no longer attracted to their partner. It is mainly due to hormonal changes, tiredness and a lack of sleep while nursing the baby.
If you are breastfeeding and you have no desire for sex, you may continue sharing love and affection with your partner in other ways such as spending time together, kissing, hugging, holding hands and walking. Open and intimate communication is very important. You need to tell your partner what is going on with your body. If your breasts are sore, tell him how you would like to exclude your breasts from any sexual touch until they feel better. You can also use sex positions that do not put pressure on your breasts.

If milk is leaking during sexual activity, you can pump your breasts or feed the baby right before any sexual activity. So, there will be less milk in the breasts to leak out. Placing nursing pads inside of a sexy nursing bra can be another way of controlling the milk leakage.

If you have vaginal dryness, you can use a water based lubricant before intercourse to decrease vaginal discomfort.

If you have any other concerns or questions about your sexual life while breastfeeding, don’t be shy to ask your doctor or midwife for appropriate advice and treatment.

We welcome further feedback on this brochure as a way of continually improving our service.

Send your feedback to:
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