Sexuality of Pregnant and Breastfeeding Women

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The effect of pregnancy and lactation on the sexual behavior of women was studied, using a retrospective questionnaire answered by a nonrandom sample of 33 women. Sexual functioning was operationally defined by four categories: desire, frequency, enjoyment, and orgasm. Five time periods were studied: the three trimesters of pregnancy, the period of breastfeeding and the period after weaning. Most of the mothers reported that their sexual behavior was "about the same" during pregnancy as before except for the third trimester, where desire, frequency, and enjoyment decreased. Eighty-two percent of the mothers felt that sex relations should continue throughout all of the pregnancy. Sexual functioning during breastfeeding was reported to be "about the same" as before pregnancy by 75% of the women. Desire returned for most women by 4 weeks after childbirth, earlier than many of them felt it safe to resume sex relations. Women who had been married longer, with more children and more breastfeeding time, reported an earlier return of sexual interest and felt it safe to resume sex relations earlier. Most women reported their sexual interest after weaning was "about the same." No one reported a decrease in sexual interest after weaning. All of the women reported breastfeeding to be enjoyable. Younger marrieds were apt to rate breastfeeding even higher than older marrieds. Also, younger marrieds felt freer about breastfeeding in public. Sexual relations continue when procreatively unfruitful and even when difficult in humans. This underscores the importance of the bonding value of sex.

INTRODUCTION

What effect do pregnancy, childbirth, and breastfeeding have on the sexual behavior of women? A nonrandom sample of 33 women was asked to complete a confidential questionnaire bearing on this question. Although the questionnaire focuses primarily on sexual intercourse one could legitimately ask whether pregnancy, childbirth, and breastfeeding (and the menstrual cycle) are a part of women's sexuality in their own right. Positive and negative factors in pregnancy and breastfeeding are explored briefly in this larger extragenital sense.

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Newton (1955) argues for a broader approach to the study of female sexuality: "Sexual intercourse is, of course, just as important a phase of women's reproductive role as menstruation, pregnancy, childbirth, and lactation. However, it has often been singled out as if it were the only important part of women's sexuality and role." The Kinsey study (Kinsey, et al., 1953) makes no specific mention of the effect of pregnancy and breastfeeding on women's sexual functioning. This omission is all the more glaring in a section under "Marital Coitus." Mention is made of age, education, sex techniques, etc., but there is no reference to pregnancy or breastfeeding. It would seem that even if a woman did not spend 9 or more months of her life pregnant, the fear of or hope for conception would be a factor of some significance in her sexual relations. Newton feels that the reason for this omission is that "the Kinsey study concentrates on only those portions of women's sexual behavior that are similar to what men experience." This narrowness has been considerably redressed since Kinsey's study. However, there is still a need for continued studies of female sexuality that are not limited by a male model.

REVIEW OF THE LITERATURE

Ford and Beach (1951) set human female sexuality in the context of mammalian sexuality. They point out that pregnancy is accompanied by major modifications in the hormonal balance of females, i.e., high estrogen levels. However, the closer one gets to the human female the less influence an increased estrogen level has on sexual behavior. They find a "clear-cut relationship between reproductive fertility and sexual responsiveness in females of lower mammalian species.... The correlation... is less well-defined in subhuman primates and completely obliterated in the human female. This suggests an evolutionary change involving progressive relaxation of hormonal control of feminine eroticism."

Ford and Beach offer data from 60 societies on the occurrence of sexual intercourse during pregnancy (Table 1). The authors note that the sex taboo during pregnancy is usually rationalized as an attempt to prevent the fetus from injury. Further, all but two of the 21 societies that prohibit sex during all or most of the pregnancy are polygynous. This means that the husband has other legitimate sexual outlets.

The best study of sex during pregnancy to date has been done by Masters and Johnson (1966). They used two study groups: first, a group of six women whose sexual functioning was directly observed and measured in their research laboratory and, second, a group of 111 women who gave a regular verbal report as their pregnancies progressed. The six pregnant women who were directly observed ranged in age from 21 to 36. In general, their sexual responses were physiologically the same as those of nonpregnant women. Masters and Johnson did note some increased breast tenderness, a heightened arousal during the