

# Fertility and Sexuality During Lactation

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## ABSTRACT

Everyone seems to recognize that there's a clear transition from being a fetus to being a newborn. In fact, there are entire courses that address the transition to extrauterine life. What often goes unrecognized is the transition to parenthood. In her classic 1968 article, Alice Rossi's posits that the transition to parenthood is more difficult than the transition to marital life or to an occupational adjustment, and she cites four factors that make that transition so difficult. These psychosocial factors are well worth understanding, but there are physical factors which also affect the transition to motherhood and parenthood. These include the many changes in fertility and sexuality during lactation.

## **Objectives**

- Discuss the difficulties in the transition to parenthood as it relates to breastfeeding.
- Discuss hormones, lactating breasts, the act of lactation, and the act of breastfeeding as it relates to sexual responses.
- Identify factors of fertility during lactation.
- Define and discuss methods of family planning for the lactating mother.

## **Instructions**

See the *ReadMeFirst* document in your account or your course instructions.

## **Terminology**

- Dyspareunia
- Lactational Amenorrhea Method (LAM)
- Libido
- Menses
- Morning after pill
- Natural Family Planning (NFP)
- Rhythm method

## **Criteria for Earning Credits**

See the *ReadMeFirst* document in your account or your course instructions.

## **Accreditation**

See the *ReadMeFirst* document in your account or your course instructions.

## **Faculty**

Marie Biancuzzo RN MS CCL IBCLC has achieved national recognition for her expertise in maternal-child nursing, breastfeeding, and continuing education. Her profile is on LinkedIn.

# Fertility and Sexuality During Lactation

## **I. SEXUALITY & FERTILITY WHILE BREASTFEEDING**

- A. TRANSITION TO PARENTHOOD
- B. HORMONES, LACTATING BREASTS, & SEXUAL RESPONSES

## **II. FERTILITY RELATED TO BREASTFEEDING**

- A. RETURN OF MENSES
- B. RESPONSES, LIBIDO, AND MORE

## **III. FAMILY PLANNING**

- A. LACTATIONAL AMENORRHEA (L.A.M.)
- B. NATURAL FAMILY PLANNING

Questions for the Author/Presenter:

Write your questions here!

- 1.
- 2.
- 3.
- 4.
- 5.

Email us at [info@breastfeedingoutlook.com](mailto:info@breastfeedingoutlook.com) if you have questions. Telephone is not as efficient, but you are welcome to call us at 703-787-9894.

## I. Sexuality & Fertility While Breastfeeding

### A. Transition to Parenthood

1. Many changes occur with new role as parent. Social role changes, body image changes, less defined body boundaries, etc.
2. Belsky's classic 1994 work looked at the transition to parenthood as sometimes a difficult adaption in relationships.
3. Many unknowns, hurdles and adjustments occur even under the best of circumstances (let alone difficult delivery or situations.) Few of these can be accurately attributed to breastfeeding (although they frequently are!)
4. Change in family dynamics
  - a. Father may feel "left out"
  - b. Fathers recognize the closeness between mothers and breastfeeding babies
  - c. Couple may benefit from referral to marriage and family counselor

### B. Hormones, Lactating Breasts, & Sexual Responses

1. Breasts now perform sexual function as well as nutritional/nurturing functions
2. Requires adjustment for both partners
3. Of the four categories of sexual dysfunction (lack of desire, lack of arousal, lack of orgasm, and presence of pain), the most frequently-cited difficulty for postpartum women is pain. Therefore, breastfeeding is not the culprit.
4. HOWEVER: Breastfeeding has been linked to fewer coital encounters, low sexual desires and low sexual satisfaction of females and their partners. Breastfeeding mothers more often experience dyspareunia (painful intercourse) and indicate a lower satisfaction with the sexual intercourse.
5. May have increased libido
  - a. Sensualness of breastfeeding may increase libido
  - b. Spraying of milk and/or tasting milk may increase pleasure for the man.
6. May have decreased libido
  - a. Mother may feel "touched out"

- b. Oxytocin (released during breastfeeding) may cause uterine contractions vaguely similar to orgasmic contractions
- c. Spraying, leaking or tasting milk may decrease pleasure for the man. (Yes, what's pleasurable to some is a turn-off to others!)
- d. Vaginal dryness often occurs in lactating women due to their decreased levels of circulating estrogen ) Water soluble lubricants can be helpful.

## II. Fertility Related to Breastfeeding

### A. Return of Menses

1. Non-breastfeeding mothers: average 6-8 weeks postpartum
2. Exclusively breastfeeding mothers: usually > 6 months postpartum
3. The return of menses is not the marker for fertility! The return of ovulation is the marker for fertility. Ovulation can (and often does) occur before the onset of the menses.

### B. Responses, Libido, and More

1. Breastfeeding mothers often cite fatigue as a reason for decreased libido.
2. Mothers often describe breastfeeding as very pleasurable (usually not sexual)
3. Communication for Change
  - a. Direct verbal communication helps clarify concerns; partner can't accurately "guess" other's feelings)
  - b. Flexibility and patience
  - c. Sense of humor helps

## III. Family Planning

CDC resource:

<https://www.cdc.gov/reproductivehealth/contraception/index.htm#Resources-for-providers>

### A. Lactational Amenorrhea (L.A.M.)

1. Three conditions for LAM to be effective:
  - a. Exclusive breastfeeding around the clock
  - b. No menses
  - c. Baby is less than 6 months old
2. HOWEVER, return of menses is not the marker for return of fertility! Women can ovulate before first menstrual flow

3. “Three Conditions” spelled out more clearly:
  - a. Exclusive breastfeeding around the clock; nothing goes in the baby’s mouth other than the mother’s nipple.
  - b. Supplements decrease length of lactational amenorrhea
  - c. Note that if the “round the clock” part doesn’t occur, or if the baby has a pacifier, then LAM does not claim to be effective.
  - d. Supplements decrease length of lactational amenorrhea
4. Beliefs about LAM
  - a. In developing countries, the main reason for not using LAM—even when they said they would--was that women thought the method was ineffective (66.0%).
  - b. Among women with unplanned pregnancies, those who were breastfeeding were less likely to have used contraception than women who had weaned, suggesting that prolonged breastfeeding contributes to unmet contraceptive need.
5. Efficacy of LAM
  - a. Research documents that there was a < 2% pregnancy rate among exclusively breastfeeding mothers who were amenorrheic during the first 6 months after birth
  - b. With correct LAM use of during first 6 months, pregnancy was 0.97%
  - c. At 12 months pp, pregnancy rate was 2.56%; 1/3 were still amenorrheic
  - d. Amenorrhea is associated with a reduction in anemia

## **B. Natural Family Planning**

1. Not to be confused with LAM
2. Not to be confused with the “rhythm method”.
3. Uses cervical mucous changes, basal temperature, etc
4. Effective for motivated couples

## **IV. Summary**

The transition to parenthood—for either the mother or the father—is perhaps the biggest leap that a person will ever need to take. As I heard someone say once: “It’s like going from being a graduate student to being a full professor—overnight!

Lactation is the completion of the childbearing cycle. Hormones, breastfeeding, and sexual responses are all intertwined. The return of menses and the alteration in libido are major factors.

The lactational amenorrhea method (LAM), while perhaps not culturally acceptable to all, has been proven to be a highly effective means for child spacing IF it is used correctly.