Sex after giving Birth

Note:- Blue Colored Words are linked to Web – Sites in Internet

One of the most vulnerable times in the life of a couple is following the birth of your baby. Here's how to cope

If you had a good sex life before and during the pregnancy, it is important to be intentional about keeping a positive sex life after the birth of your child.

The following are four things you need to know about sex after baby:

1. It is important to have open, honest and positive communication about your sexual relationship. If you cannot talk to one another easily about your sexual relationship, then resentments, hurt, frustration, and hostility can build quickly. Now is the time to be benevolent with your partner. Assume that he or she would like to have a good sex life.

Because new parenthood takes so much time and energy, it is easy for sex to get set aside for a while. Thus, talking about sex and affirming your desire for your partner can be very helpful, even if sex is not the result.

2. It can be very easy to feel that emotional priorities have shifted towards the baby. Before pregnancy, especially the first one, your emotional intimacy was most likely limited to just the two of you. As soon as the pregnancy occurs, there are three people and it is easy - especially for the man - to feel replaced by the forthcoming child. While excitement about the pregnancy is helpful, you may feel that your partner does not desire you. This sense of replacement may even be stronger after the birth. These feelings can even be unconscious, but if either of you becomes moodier, it is important to address the reasons. (Post-natal depression is a separate issue that needs to be addressed with a professional.) One can begin to feel guilty for these feelings, because the child is wanted and loved. To feel important you may then compensate by becoming even more involved in your work or career. This can then compound the problem.

3. Be intentional about resuming your sex life together. Set time aside in your schedule, planning each experience to be romantic (even if it is a 'quickie'), and affirm your sexual desire for each other. It will be very easy to put sex aside because of all the family and work commitments, but remember that your relationship is just as important.

There are two sides of a relationship. One is maintenance (the tasks necessary for living) and the other is nurturance (building and keeping the relationship alive). When you first started dating and building a relationship, nurturing was probably 90 per cent of your relationship and 10 per cent went into maintenance. When you started living together, maintenance likely took a greater percentage of your time. When a child is born, maintenance can take 90+ per cent of your time and 10 per cent or less goes into nurturing. Over a period of time this can become disastrous to your relationship. Keep nurturing as important as maintenance and you will be building for a loving and sexually fulfilling future.

4. Sex needs to be more than sexual intercourse. Exhaustion and baby interruptions might interfere with the energy that it takes to have sex. This does not mean that sexual intercourse is not important, but often it seems that it is all there is to sex. The woman, especially, may feel that she is not desired, but only her vagina is desired. Broaden your sexual repertoire. A relaxing massage without any expectations can be very important to building sexual energy. Being romantic and thoughtful will be appreciated, especially if it is not based upon expectations or manipulation, but is truly for affectionate reasons.

Sharing masturbation with your partner is truly an intimate experience. It helps to relieve sexual tension and if there is not resentment or hostility involved, can be a real turn-on, even to the tired partner. Accept the truism that it is both OK to want sexual intercourse and it is OK not to want sexual intercourse at any particular time. There is no right or wrong. True affection and sexual passion is not built on resentment, hostility, or distance, but rather on honesty, openness, caring, and trust.

Will childbirth affect your sex life?

Yes, it certainly will! So please don′t expect that everything will instantly return to normal. Men are particularly likely to believe this; a lot of young blokes think that they′ll be able to have intercourse as soon as their partner gets home from hospital. But that just isn′t true.

You see, childbirth is a pretty traumatic process for a woman. Having a baby pass through her vagina is almost like having a small explosion go off inside her. The delicate vaginal tissues are inevitably strained, bruised and torn – and it takes some weeks for these injuries to heal up.

Furthermore, childbirth involves very considerable hormone changes hormone changes – as well as emotional stresses. Therefore, very, very few women feel rampagingly sexy until a long time after they have given birth.

Therefore, it′s important for both mother and father to realise that lovemaking may not go brilliantly in the first six months or so after Baby arrives. So be prepared - and be patient!

How soon can you resume having sex?

In general, a woman shouldn't consider having full sex (ie intercourse) until after her postnatal check-up. This examination usually takes place about six weeks after the birth.

Even then, she may not feel ready to 'go all the way' - particularly if she has had stitches and the opening of her vagina is sore.

If you're in any doubt about whether to resume sex, ask the doctor who does your postnatal examination for advice – particularly about using additional lubrication..

Can you go in for any other sexual activity before resuming intercourse?

Yes – and it can be a good way of ‘letting off steam′. Couples do often get very frustrated when they're waiting to resume sexual intercourse. This applies particularly to men!

So, in the meantime, you can go in for loveplay - though there is one danger, which we'll explain in a moment.

Can both of you go as far as the point of climax? Definitely! It will do the postnatal woman no harm at all to have orgasms if she wants to.

So, things you can do include:

- hand petting on the man by the woman - what's often called a 'hand job'.
- hand petting of the woman by the man - using his fingers to stimulate her clitoris. But he should not put his fingers inside until she has had her postnatal examination and the doctor has said that everything has healed

up. So, just stick to stroking and rubbing the outside of her sex organs. It's quite safe to pay plenty of attention to her clitoris, which is well away from the area where stitches are put in.

- oral sex performed on the man by the woman. This type of loveplay - termed 'fellatio'- often proves a great boon to a male who is desperate for sexual release.
- mutual caressing of various other parts of each other's bodies.

Is there anything we should avoid?
Yes. Please heed this important warning. You'll note that in the section above we have not recommended oral sex performed by the man on the woman (ie 'going down ' on her).

This activity - often termed 'cunnilingus' - is definitely off limits during the first few of months after childbirth.

Why? For two reasons:

- it could introduce infection into the vagina and womb.
- even more seriously, it has occasionally led to death. These tragedies have occurred because the man has (often accidentally) managed to blow air into the vagina. Air can very easily get into the blood vessels of the newly-delivered womb - and cause an often fatal illness called 'air embolism'. Not long ago, the British newspapers reported an appalling case in which a man forced his wife into cunnilingus shortly after she came home from hospital, puffed air into her – and killed her.

Is it OK to handle the breasts after childbirth?
Yes, it is OK - provided the woman feels happy about it. But don't go in for 'boob play' if she develops any kind of breast disorder, such as a nipple crack or an abscess.

Do feelings for the new baby affect your sex life?
Absolutely! You'll find that a great deal of time has to be spent taking care of the new baby. Most new mothers - and plenty of new fathers too - feel exhausted because they are never able to get sufficient sleep. This may go on for months - or even a couple of years.

During this time, a man can feel as if his partner is pushing him away. He may think that she is lavishing all her attention on the baby and this may make him feel jealous, or left out.

After watching a partner go through pregnancy and birth, some men gain a new respect for the female body. These guys find it easier to articulate the emotions they feel about the new phase of their relationship and become more considerate of their partner's changing needs.

But a few men who have been at the birth of their child are quite distressed by what they have seen. Indeed, some of them feel so guilty at the pain their partner has gone through that they are unable to even consider the idea of making love with her again. This is usually just a passing phase, but not always. And such a man should seek help from a counsellor to discuss his feelings.

To create and maintain a good atmosphere in the home, your relationship has to be one of trust and mutual respect. Both partners need to try to understand the other's point of view. It is vital at this time that the couple can still do things together without the baby being involved so that they can enjoy the feelings they had for each other before they became parents.

We do urge new parents to take advantage of any offers of babysitting that come their way from fond grandparents, aunts, uncles and friends so they can go out together - or even just retire to bed for a sleep and perhaps a spot of sex!

What happens to the female sex drive after birth?
Most women don't feel very keen on sex for at least a few weeks after childbirth and the main reason for this is simply exhaustion. If the delivery was long or difficult, the woman may also feel anxious about getting pregnant again.

Generally, women start getting their desire back within a couple of months of having a baby. If your libido doesn't return, then you should seek help from a doctor. Female medics at family planning clinics are particularly good at helping to deal with this problem because they see it all the time.

What do you do when you want to resume sexual intercourse after the birth of your child?
When you're both ready to have intercourse after the birth, you should begin gently. If possible, try and find a time of the day when you are not too worn out. Also, try to find a time when the baby is not likely to wake up - so you can have some peace and quiet.

Hormone changes and worry can lead to some women experiencing vaginal dryness for the first three months after giving birth. But you don't take hormones for this. Instead, buy lubricants over the counter from a pharmacist. Try K-Y Jelly, Liquid Silk, or Pjur. Some condoms have a built-in lubricant that may help.

For the first few sex sessions after childbirth, it's a good idea to choose a position in which the woman can control the pace and depth of penetration. A position with her on top, or one where both partners lie side-by-side facing each other, may be more comfortable.

Don't forget contraception. It's very easy to become pregnant again - far sooner than you intended. Try and decide on some form of family planning by the time your baby is four weeks old. If in doubt, ask the doctor at your postnatal examination about contraception.

What do you do if the woman doesn′t regain her interest in sex?
This is quite common. Please bear in mind that it could be a symptom of postnatal depression (PND). If the woman is at all depressed, she should see her GP.

Otherwise, the best thing is for the couple to get some counselling from an expert in sexual problems, for instance at:

- Relate
- Couple Counselling Scotland
- A Family Planning Clinic.

With commonsense advice, a loving couple can usually gets things sorted out − though it may take some months.

During 2005, certain new treatments for increasing female libido are due to come onto the market. They include:

- a testosterone (male hormone) gel.
- a testosterone skin patch.
- alprostadil gel (ALISTA) − a jelly intended for application to the clitoris and surrounding area.
- Eros − a vibrating suction device which is already available, but not on the NHS.

Unfortunately, Viagra and similar drugs have not so far been convincingly shown to help new mothers who are having difficulties with sex. However, in mid-2005, doctors from St Mary′s Hospital, London, published a very small series of cases in which women with poor libido seemed to be helped by using Viagra. But as this treatment is not licensed, it is not available from your GP.

Some women fear they may become frigid after childbirth and have no interest in sex. Much of this is due to a combination of exhaustion and the fact that immediate focus is the baby′s welfare. Be sensitive when talking to your partner about this and try not to let it become too much of an issue in the early days. Any problems resuming sex are often discussed at the six-week postnatal medical appointment.

Conflicting Emotions
For some couples switching from parent role to the role of lovers can be difficult. You may feel that sexual urges may not be appropriate and do not equate with the role of responsible parent. As parents, it is equally as important to have a fulfilling sex life. Sex and intimacy is not just self-indulgence, it is a significant and meaningful component in any successful relationship. With another little person in the home, be prepared for a few more unexpected interruptions, but be sure not to neglect your own needs of intimacy. This is what a family is all about.

Resuming Sex
Feelings of apprehension and unease are likely the first few times and this is not surprising, especially if your partner has had an unpleasant labour or a traumatic delivery, an episiotomy, tearing or a Caesarean. Go slowly as there is no value in painful sex. An episiotomy scar may still be tender six to eight weeks after the birth. For some women, it is possible to have continued postnatal bleeding for as long as six weeks.

Lochia
Lochia is a vaginal discharge resulting from the womb shedding its pregnancy membranes. Hormone levels are still returning to normal and sometimes the vagina may need more lubrication. Choose a quiet moment when the baby is likely to sleep for a while and spend time finding out where your partner is likely to be sore. You may wish to use a lubricant. Ask your partner to guide you on where she would like to be touched. Many couples choose to resume lovemaking with a more exploratory approach the first few times. Both of you can regain your confidence this way without feeling too self-conscious. Be ready for a little comedy too as full and lactating breasts may also require strategic positioning and handling during postnatal sex. If your partner is breastfeeding, you may find yourself showered in expressed milk during an orgasm. If this bothers you, it is possible for your partner to cut the flow by pressing down firmly on the nipples.

Oxytocin
Lovemaking helps both your partner and baby by releasing oxytocin into the blood stream. This is the same hormone that assists the contraction of the uterus and encourages the flow of breast milk. If your partner's uterus is still involuting (returning to its original size) she may feel strong contractions after sex. This is a positive sign although it may be a little uncomfortable for her at times. A hot bath, massage or hot water bottle on your partner's lower back and abdomen will help ease pain.
Often women find their labia, the skinfolds surrounding the vagina, to be fleshier and the vagina more voluptuous and sensual. For some women sex after childbirth remains acutely painful. This is called dyspareunia and can occur when the stitches have been inserted too tightly and the surrounding tissue has responded by swelling or become infected. Sometimes this is solved by a procedure as simple as releasing a couple of stitches. Your partner may be prescribed an antibiotic if there is infection. If your partner has pain near her cervix, it may be that the transverse ligaments of the cervix have been torn during the birth. This takes time to heal.

While your sex life during pregnancy may continue normally, sex after the birth is probably going to be the last thing on your mind!

A number of things contribute to a decline in sex drive after the birth of your baby. Labour is a physically exhausting and highly emotional process, so it's only natural that your body will need some time to recover! In addition, your hormone levels change significantly after birth, and of course you will also need time to adjust to your new baby.

Why won't I feel like having sex?

It's only natural to overlook sex for days or more likely weeks, after you have your baby. Some doctors used to suggest waiting until after your 6-week postnatal check-up, but this is probably over cautious. You should, however,

wait until the lochia (bleeding and discharge) has subsided. This can take between 2 and 6 weeks, perhaps longer for some people. You should also wait until healing has occurred if you had a caesarean, stitches or forceps delivery.

Some of the reasons you may not feel like, or enjoy sex include:

- tiredness and feelings of general discomfort
- pain or tightness due to an episiotomy or stitches - this can sometimes take months to subside
- less natural lubrication for up to 8-10 weeks after the birth, particularly if breastfeeding. You can purchase a lubricating jelly from your pharmacy if necessary.
- feeling unattractive because of physical changes after childbirth - exercise will help!
- anxiety about your new baby and the new world of motherhood
- distractions, such as a crying or unsettled baby
- loss of libido for your partner. This is not uncommon and should not be taken personally - remember your partner is going through adjustments too. Talk to each other to ensure that these problems don't become drawn out
- fear of getting pregnant - conception can still occur while you're breastfeeding! Don't forget to talk to your health care practitioner about reliable contraceptive methods at your 6-week postnatal checkup.

When should we start having sex again?

There are no hard and fast rules about when desire will return or when to resume your sex life - it varies for different people. While the general opinion is that sex can resume as soon as you feel physically and emotionally ready, it's probably best to seek the advice of your doctor or obstetrician before you leave hospital.

Remember it's not just you that might not feel like making love! You need to talk to your partner about when each of you is ready to resume sex. It's also a good idea to address any other problems you may be experiencing together.

Resuming sex has its advantages. The hormones released during sex cause contractions that will help the uterus to return to it's normal state, and of course, returning to a physical relationship can be good to renew the physical and emotional closeness between you and your partner.

What about contraception?

After you have given birth, ovulation could occur at any time, even when you are breastfeeding. You and your partner will need to think about contraception and discuss the options with your doctor.

Contraceptive pills that contain oestrogen are not recommended for breastfeeding women as they reduce milk production. Progestogen-only pills are available but their long-term side effects on babies are unknown at this stage. Until your six-week check-up, the only other alternative is condoms, used with a contraceptive gel or cream. At your six-week check-up you can discuss the use of a diaphragm or IUD with your doctor.

Tips for sex after pregnancy

- Talk to each other about how you feel

- Be gentle with each other and build up to things gradually
- Avoid penetration and concentrate on caressing or oral sex the first few times
- Spend more time on kissing, caressing and foreplay to aid arousal
- Until your hormone levels are back to normal your vagina won't naturally lubricate itself very well, so try using a lubricant
- If you have had an episiotomy or stitches, let your partner know if you experience tightness or pain.
- A warm bath, massage and lubricant may help
- Try different positions if you feel discomfort

II.Resuming Sex After Childbirth

Gynecologically speaking, how your body recovers after giving birth

For many years, obstetricians told their patients not to have intercourse for six weeks after delivery, though I'm not sure where that old rule came from.

There really is no exact timing on resuming sex. I doubt that most women would be comfortable, no matter how easy the delivery was, for at least two weeks. But by then, two weeks postpartum, the uterus has shrunk down to about the size of a three-month pregnancy, and the cervix has closed. So for many women, it would be safe to have intercourse at two weeks. Certainly by four weeks, you are almost back to normal and would most likely feel comfortable.

Just remember, though, to always use some form of contraception if you do not want to become pregnant again right away. Babies can be born nine months apart. Breastfeeding decreases, but does not prevent, fertility. One of my favorite midwives used to tell our patients, "You see those two oldest boys of mine? Ten months apart."

The periodlike discharge from the uterus that occurs after delivery is called lochia, and it can last up to six weeks postpartum. A menstrual period can occur four weeks after delivery, so sometimes you can bleed up until the period actually begins. The uterine discharge usually lessens with time, so that you should be able to tell when the true period begins.

Periods may be delayed until six months after you finish breast feeding, so the time varies as far as when to expect normal periods. Just remember to use contraception during intercourse if you don't want to become pregnant. Also, breastfeeding can actually decrease your ovaries' normal estrogen production, and as a result, you may experience vaginal dryness. Lubricants, as well as topical vaginal estrogen creams, can be very helpful.

The months after giving birth are a challenging and tiring time. The demands of your new life may be a more important limit on your sex life then any physical changes. Some couples feel that sex is an important way to make time for each other; others would rather take the time to talk and cuddle. Women may feel 'touched out' because they spend so much of their time touching and holding their baby. Both parents may feel overwhelmed by their new responsibilities. Take the time to talk about your feelings and consider trying to find time for sex during the day when you are less exhausted and sleepy.

Physically it is safe to have sex after the lochia stops. Lochia is the vaginal bleeding that occurs after delivery. This bleeding stops when the cervix has returned to its natural size. Having sex before the lochia stops could put you at risk of a serious infection.

Sex may be uncomfortable, especially in the first weeks. You may have pain around an episiotomy or Caesarean incision. While scars are forming in these areas, try to use positions that don't put pressure on the new tissue.

Vaginal dryness is also common especially if you are breast-feeding. The same hormones that prompt your body to produce milk also reduce your ability to lubricate. A water-based lubricant may help. Go slow and give your body more time to lubricate. The hormones stimulated by orgasm also cause your breast milk to flow, so don't be

surprised if you need a towel.

If you don't want to get pregnant again, birth control is important. Cervical barriers may have to be re-sized before you can use them again. Talk to your doctor or caregiver about what forms of birth control are best for you. Hormonal methods that do not contain estrogen like Depo Provera (injections) and Micronon (pills) are safe for use once breast feeding has been well established. Breast-feeding alone may help to prevent pregnancy in the first six months as long as your period has not started again and this is the only way your baby is eating. However breast-feeding as a mode of birth control is not completely reliable. To be more certain of avoiding pregnancy, you may wish to begin using birth control again shortly after giving birth.

The hormonal changes after pregnancy may affect some women's sexual desire. This is temporary. Talk to your doctor if it feels like it has gone on for too long. This can be one sign of post-partum depression.

Some women may also be self-conscious about their bodies after giving birth. It is important for your partner to be loving and supportive about body image issues

Sex after giving birth

Written by Dr David Delvin, GP and family planning expert, and reviewed by Christine Webber, psychotherapist

Will childbirth affect your sex life?

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How soon can you resume having sex?

In general, a woman shouldn't consider having full sex (ie intercourse) until after her postnatal check-up. This examination usually takes place about six weeks after the birth.

Even then, a woman may not feel ready to 'go all the way' - particularly if she has had stitches and the opening of her vagina is sore.

If you're in any doubt about whether to resume sex, ask the doctor who does your postnatal examination for advice.

Can you go in for any other sexual activity before resuming intercourse?

Now, couples do often get very frustrated when they're waiting to resume sexual intercourse. This applies particularly to men!

So, in the meantime, can you go in for loveplay? Yes, certainly - though there is one danger, which we'll explain in a moment.

Can both of you go as far as the point of climax? Definitely! It will do the postnatal woman no harm at all to have orgasms if she wants to.

So, things you can do include:

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This activity - often termed 'cunnilingus' - is definitely off limits during the first couple of months after childbirth.

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During this time, a man can feel as if his partner is pushing him away. He may think that she is lavishing all her attention on the baby and this may make him feel jealous, or left out.

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But a few men who have been at the birth of their child are quite distressed by what they have seen. Indeed, some of them feel so guilty at the pain their partner has gone through that they are unable to even consider the idea of making love with her again. This is usually just a passing phase, but not always. And such a man should seek help from a counsellor to discuss his feelings.

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What do you do when you want to resume sexual intercourse after the birth of your child?

When you're both ready to have intercourse after the birth, you should begin gently. If possible, try and find a time of the day when you are not too worn out. Also, try to find a time when the baby is not likely to wake up - so you can have some peace and quiet.

Hormone changes can lead to some women experiencing vaginal dryness for the first three months after giving birth. But you don't take hormones for this. Instead, buy lubricants over the counter from a pharmacist. Try K-Y Jelly, Senselle or Astroglide. Some condoms have a built-in lubricant that may help.

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Don't forget contraception. It's very easy to become pregnant again - far sooner than you intended. Try and decide on some form of family planning by the time Baby is four weeks old. If in doubt, ask the doctor at your

postnatal examination about contraception.

III.Your Body's Physical Changes After Childbirth

During pregnancy and birth, your body underwent some tremendous changes. Immediately after birth, you'll experience several more. Your uterus will begin shrinking rapidly in an effort to control bleeding and return to its pre-pregnancy state. Your body may feel sore from the delivery, and your back may ache. You may perspire more.

The good news is that these are all temporary changes! Quite soon, you'll return to your normal physical state, and each of these changes will soon be merely a memory.

In the meantime, though, here are some details about the particular physical changes your body may go through: bleeding after childbirth, perineum pain, afterpains, engorged breasts, urine and bowel changes, changes in nutrition and exercise.

Bleeding After Childbirth

You'll experience a discharge of blood, called lochia, which occurs as the lining of the uterus is shed. The discharge gradually turns from bright red to pink or brown and finally to yellow or white before it stops. It's heavy at first but becomes lighter with time.

This bleeding will occur whether you had a vaginal delivery or a cesarean, although it's not quite as heavy with a cesarean. It should stop altogether by the time you go for your six-week postpartum checkup.

The bleeding shouldn't cause you any concern unless it suddenly becomes heavy again or you begin to pass blood clots larger than a silver dollar. If either occurs, call your healthcare provider immediately.

Perineum Pain

You may have some pain between the vagina and the rectum. This is caused by the stretching, tearing or cutting of the area that allowed for delivery of your baby.

If you received an episiotomy, the area where the incision was made may be quite painful, but it will heal very quickly. To ease your discomfort, you can take a shallow bath (sitz bath) that soaks your lower body and thighs.

Afterpains

These contractions of your uterus, which may occur for several days after the birth, signal that the uterus is shrinking to its pre-pregnancy size. Applying warm compresses to your abdomen or lying for a short time on a warm (not hot) heating pad can help.

Engorged Breasts

As the milk for nourishing your baby begins to flow into your breasts, they may feel sore. To ease this pain, you'll want to stimulate your breasts so that milk production can begin in earnest.

The best way to do this is by encouraging your baby to breastfeed often. The more often (and longer) she nurses, the sooner your milk production will become established.

If your breasts are painfully engorged and your baby doesn't need to feed again, you may need to apply cold compresses and hand-express small amounts of milk frequently. You can also try expressing milk in the shower, a little at a time.

If you don't breastfeed, you may still feel the discomfort of engorgement. To relieve any pain, wear a supportive bra, and use an ice pack to numb the area and help dry up the milk flow. Avoid rubbing the nipples or running

warm water over the area, as both will stimulate your breasts.

Urine and Bowel Changes

You might experience incontinence for a short period. If this happens, empty your bladder frequently and do your Kegel exercises. As your bladder muscles contract and grow stronger, the incontinence will pass.

You may also experience constipation, uncomfortable bowel movements and hemorrhoids. The process of delivery can slow the movement of food through the intestines, which may cause you to feel bloated or constipated. Changing your diet, taking pain medicine and spending more time in bed are other contributing factors.

When you do have a bowel movement, it's important not to strain. It can help to drink plenty of fluids, add bran and prunes to your diet and take stool softeners as recommended by your doctor.

Changes in Nutrition and Exercise

You may be surprised at how ravenous you'll feel if you're breastfeeding. It's essential to have good nutrition for this important task, and your hunger ensures that you'll receive the nutrition you need

If you breastfeed, the amount of nutrients your baby receives depends on the quality of the food you eat. Because breastfeeding places more demands on your body than pregnancy did, you need to eat an extra 500 calories a day.

And whatever you do, don't try to diet at this point! Be good to yourself -- eat the foods that will provide you with the energy you need. Avoid junk food or empty-calorie foods, and drink plenty of water.

Exercise, too, is important to your feeling of well-being. You can begin doing very light exercises -- stretching your muscles, doing Kegel exercises and walking around -- while you're still in the hospital. But check with your doctor before you start any postpartum exercise program.

You'll probably be told to be careful with your activity if you had a cesarean. You need to be cautious about lifting objects and carrying heavy things. Avoid any activities that may strain your abdominal muscles. And take care of your incision, as you've been shown how to do.

Everyone's experience of birth is going to be different and the resumption of sex not only depends on physical factors but emotional ones as well. While it's true that some couples are ready to reignite their sex lives within days or weeks of delivery, others may feel so overwhelmed by the demands of a new baby that sex is often the last thing on their minds for weeks or months. Although there are no absolute rules and different doctors will have different recommendations according to a couple's situation, it's not uncommon for a woman to wait until after her six week check up before having penetrative sex again. That way her doctor or midwife can confirm that healing has gone well.

In general, from a physical point of view, if a woman has experienced vaginal tearing or has had an episiotomy this may take a few weeks to heal. Sex too soon may interfere with healing or may increase the chance of infection. If there are vaginal stitches in place, you risk pulling these apart if you have sex prior to healing. After a caesarean, there is often abdominal discomfort and internal healing that also takes weeks to settle. (Time for recovery can vary).

When it comes to sex after childbirth, there are hormonal factors that play a role too. Many women may notice that they don't lubricate as much as they'd like and a water-based lubricant may help. These are just some of the physical factors to talk through with your doctor. Emotionally adjusting to your new life can also influence your sex life and libido. Having a new baby can be an exciting, scary, demanding, challenging, exhausting, and/or a wonderful time. It can also affect the dynamic in your relationship with your partner.

Probably the most important thing to do is to talk with your partner about your feelings and expectations. What ever they are, it's good to get them out into the open. Keep in mind that expressing intimacy with your partner can happen in lots of different ways. Touching, masturbation or "outercourse" where there is sexual pleasure without intercourse are all possibilities. If you are planning to have a baby, or have just had one, I would suggest that you talk to your GP, midwife or obstetrician about what they would recommend for your particular situation.

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