
Part II

Introduction to Module 2: 'Nature Taking Its Course'

Woet L. Gianotten, Ana Polona Mivšek, and Sam Geuens

Module 1 focused on sexuality in general. It addressed how we define sexuality ('What is sex?'), it paid attention to the anatomy, physiology, and psychology; it showed in some way how sex works and how it doesn't work, and the last chapter dealt with the health benefits of various aspects of having sex.

Module 2 and Module 3 both focus on the day-to-day practice of the midwife, both addressing the sexual and intimacy consequences of the various stages from conception to young parenthood.

For the structure of this book, we have made two crucial subdivisions. We base the first subdivision on the various stages of the process, including active child wish, conception, pregnancy, labour and birth, the postpartum phase (combined with the first year of young parenthood), and breastfeeding. In addition, there is a chapter on the pelvic floor.

The second division deals with the difference between healthy/natural development, characterized within midwifery as 'physiology' and, on the other hand, those situations coloured by troubles, pathology, and high risk. We are aware that this is an artificial division since there is a gradual transition between what is healthy and what is problematic.

With sexuality being the essential perspective, in both modules, the chapters are named 'Sexual aspects of ...' Module 2, called 'Nature taking its course', will deal with physiological processes. Module 3, named 'Nature losing its way', will deal with sexuality in the same series of topics as in Module 2, but now when the situation has become problematic, pathological, or very high risk.

Apart from these divisions, we recommend readers, in particular midwifery students who use this book as a textbook, to start with Chap. 26, dealing with 'talking sex', which is an essential skill.

Chapter 5: Sexual Aspects of Getting Pregnant (Conception and Preconception)

Up till very recently, sex was needed to get pregnant. Especially the start of that period tends to be pleasurable for many couples. There are several reasons to lose that pleasure easily. One of the explanations is the higher age at which women decide to become pregnant when the chance of conception is already decreasing. Another explanation is the idea of the malleability of life, which gradually developed in many high-income societies. Then, 'still not being pregnant' can be a real blow to a couple's identity.

This chapter will describe the gradual move from pleasurable sex towards 'conception inefficiency', which happens in part of healthy couples who try to conceive. That is different from where fertility is disturbed due to sexual dysfunctions or infertility.

The chapter will also cover the relevant elements of 'good conception sex' to help people understand how they can positively influence the chance to get pregnant (and proceed to successful nidation).

Finally, the chapter will give ample information on sexual aspects of preconception care, a fairly new approach.

Chapter 6: Sexual Aspects of Pregnancy

Especially during the first pregnancy, many changes occur in the woman, the relationship, and her partner. This chapter will describe the wide range of elements influencing sexuality and intimacy. It will start with the physical changes. Both pregnancy and sexual arousal are characterized by hypercongestion of the internal and external genital organs (and the breasts). On the one hand, being pregnant can facilitate sexual arousal, with more sexual dreams and easier orgasms. The accumulating effect of much sexual arousal and the existing hypercongestion due to pregnancy itself can however, on the other hand, cause pain in the breasts and the vulvar area. In the last trimester of pregnancy, the quality of orgasm can change from clonic to tonic (and painful). Sexual desire can change in different directions and is influenced by physical factors, but also by fear of miscarriage or premature birth; and by changing appearance and sense of self. Some women feel better and others less attractive than ever. Some partners love their pregnant partner's appearance, and others have issues with that. In this period, existential changes in the relationship occur, with parenthood bringing on new responsibilities and a substantial decrease in the previous freedom.

Chapter 7: Sexual Aspects of Labour and Birth

Whereas some women experience the natural birth as very painful and devastating, for some others, it can be an overwhelming sensual or nearly erotic experience that resembles an orgasm. Birth, orgasm, and breastfeeding are similar processes, all

strongly associated with oxytocin. That makes oxytocin one of the potential factors when couples look for a way to influence labour proactively. This chapter will pay attention to various aspects of physical/sexual stimuli that could affect the start of labour and its continuation. It will also describe several ways of dealing with pain.

The birth (especially first one) is not only a physical process but also a significant life event, influencing the bonding between the partners towards parenthood. So, the chapter will also look into the partner's role and how to optimally navigate through this process.

Chapter 8: Sexuality of the Couple in Postpartum and Early Parenthood (1st Year)

The first birth is a major life event for all involved parties: woman, partner (and couple). And for the baby, who will get a complex role in the triangle of care and attention.

This chapter will address the relevant elements that together shape parenthood and couplehood.

That process is somewhat different for the average woman and the average man. Many men more or less tend to return to their pre-pregnancy level of sexual desire rather quickly. On the other hand, women need much more time before having consolidated in their new role as mothers, simultaneously reconsidering their role as sexual partners.

The woman's physical and sexual system has been worn out by the hormonal changes and maybe periods of low or no sexual activity. Especially when breastfeeding, her low oestrogen levels keep the vagina atrophic, and her low androgen levels keep arousability low. Together those factors create a substantial risk of developing dyspareunia. Besides these physical aspects, the woman and her partner undergo great psychological adaptations in the postpartum period.

This chapter will address how to optimally navigate through this phase of 'transition to parenthood' and new couplehood.

Chapter 9: Sexual Aspects of Breastfeeding and Lactation

Besides nutrition for the baby, the breasts are in many cultures in many ways connected to sexuality and intimacy. They have many sexual functions. An essential erogenic zone, a relevant factor for female identity causing insecurity or pride, a source for pain and a source for pleasure.

There are striking similarities between breastfeeding, birth, and orgasm. Oxytocin orchestrates all three of these processes, with all three also comparably influenced by the ability 'to relax' (sometimes called 'to let down').

During parturition, breast stimulation can influence the process of birth. Once lactation has started, it can affect sexuality both positively and negatively, which partly results from hormonal changes. Finally, when the lactating woman gets

sexually excited or has an orgasm, milk can appear and be a source of confusion for some couples and a source of pleasure for others.

The chapter will include also the HCP's role in counselling on the advantages and disadvantages of breastfeeding. It is the best nutrition for the baby, a vital factor in the bond between child and mother, and it has long-term health benefits for both. On the other hand, breastfeeding can cause severe fatigue, lack of sex drive, dyspareunia, and the fear of disfigurement.

Chapter 10: Sexual Aspects of the Female Pelvic Floor

The last chapter of this module is devoted to the pelvic floor (PF). Whereas maternity care always considered the PF muscles an essential part of the birth and its disturbances, the pelvic floor gradually became also known as a vital element for both sexual pleasure and sexual problems.

This chapter will start by explaining its role in posture and sexuality. It will delineate differences between the normotonic, the hypotonic, and the hypertonic pelvic floor and their influences on sexuality.

The chapter gives some primary education on assessing pelvic floor function.

After explaining the PF concerning pregnancy and birth, the chapter will also address aspects of prevention and prehabilitation. In other words, this chapter will also deal with how to optimally prepare the pregnant woman for a relaxed birth with as low as possible negative consequences regarding vaginal laxity or pelvic floor prolapse.