

Intimacy

after giving birth

By Amy Cox Jones

Do you fear that your intimate life with your mate is about to turn into a hot mess - and not in a good way? When I was pregnant with my first baby, I heard all the horror stories of how after our baby was born, our life in the bedroom was about to take a dramatic turn for the worse. So imagine the confusion when it was BETTER. That's right! BETTER. Forget all those horror postpartum bedroom stories you hear, those are coming from people who don't have a clue.

Don't be one of those people. Get a clue.

I recommend you take this class module before all others because almost every decision you will make in pregnancy - individually and as a couple - will impact your postpartum intimacy.

Here's how to get a clue:

- ✓ What is intimacy, taking responsibility for it, and how living your divine natures promotes it
- ✓ Learn the 6 P's to amazing postpartum intimacy
- ✓ How to avoid the most common pitfalls during pregnancy, birth and postpartum that hang up postpartum intimacy
- ✓ How to navigate unexpected situations like a cesarean, episiotomy and birth trauma
- ✓ No holds barred tips to strengthening your relationship with your mate postpartum

It's about to get real, brothers and sistahs....

"Nevertheless neither is the man without the woman, neither the woman without the man in the

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Defining intimacy

Continued

'The Force' Factor

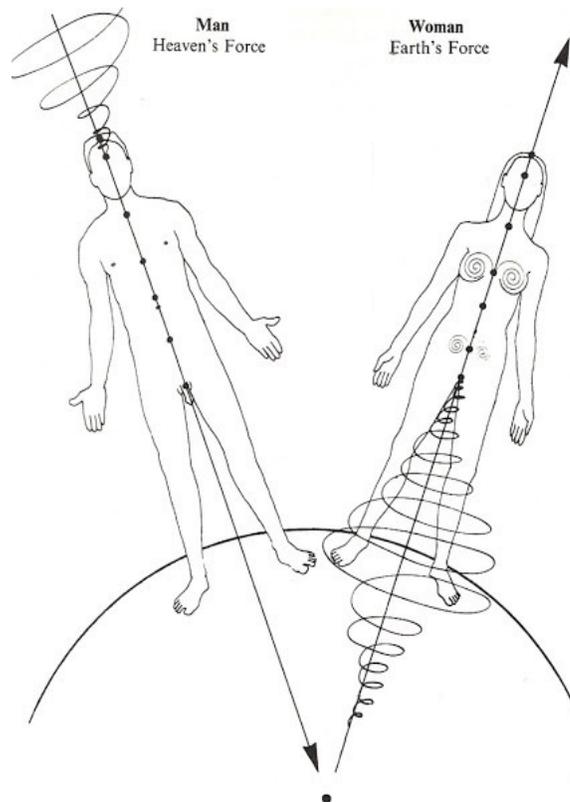
No, this has nothing to do with Star Wars. Another factor that influences the quality of postpartum intimacy is the profound interaction between the earth's energy and the human body. The earth harnesses both centripetal and centrifugal force equally, and one necessitates the other. Centripetal and centrifugal to refer to effects directed towards or away from some central point. In a circular orbit these two effects are equal, so the object maintains a constant distance from the center. If the couple has the same center (God), then they maintain a constant and equal distance from each other and the center, much like an equilateral triangle, a visual that is often referred to by prophets and apostles in keeping a marriage strong.

Centripetal Force = Female energy. The energy from the earth moving upwards through our bodies and inward. A 'drawing in' and grounding energy. The person with the most centripetal energy in the home is the one most will gravitate towards and miss the most when they are gone. The ability to enjoy the flow of life, beauty, nature, textures, colors, and experiences. Abstract, whole, big picture thinking feels safe. Sexually enjoys the aspects of surrender, dissolution, being overcome. Fullness. Mother Earth.

Centrifugal Force = Male energy. The energy from the heavens moving downwards through our bodies and out. An emptying and forward energy. The person with the most centrifugal energy in the home is the one most will look to for directed action and purpose. Linear planning and thinking feel safe. The ability to meditate, compete, and zone out. Sexually enjoys the aspects of initiation, maintaining, protecting. Release. Father Sky.

Each force is present in both men and women. What differs is the degree to which each energy is present. In order to have balance and true intimacy, one partner needs to express one force to the greatest degree and vice versa. Just like in nature, The further these forces are apart in our relationships, the stronger the intimacy.

One reason why a lack of intimacy exists in marriages, and especially in the postpartum period, is because couples



start to become the same—they like the same things, do the same things—or take on their partners dominant force and over time the couple resonates rather than polarizes and as a result, has less chemistry and intimacy. So how do you make sure that you establish or re establish that strong arc of polarity and create that chemistry and intimacy you desire?

A woman has just spent 9 months or so 'getting full' and diving deep into her feminine aspects. Then suddenly she is thrown into the male aspect of emptiness and needing to process and release the pregnancy and birth experience.

A man has spent 9 months or so orbiting around this woman maintaining and protecting her and with the birth is suddenly thrown into the female aspect of fullness by a lot of socializing, talking about the baby and experience and downloading a lot of information.

Neither the woman or man is in their primary force during this time. To get back into their primary force and create a strong arc, a few things need to happen which we will address in this class module, but basically the man needs to direct the woman to get full again (through being cared for) and the woman needs to direct the man to get empty again (through 'zoning out' activities).

Defining intimacy

Continued

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The 6 P's to postpartum intimacy

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

How Long Can You Expect to Wait

before you resume life
in the bedroom?

One study looked at factors that influenced when sex between a couple was resumed. The results broke down as follows:

- 41% resumed sex when the woman had no more discomfort or her stitches had healed.
- 15% resumed when they were less tired (baby sleeping better).
- 12% resumed when their partner suggested sex.
- 7% resumed when the combination of these things were present (no discomfort, less tired and partner-suggested sex).
- 8% waited until their postnatal visit.
- 7% waited until the return of sexual desire.
- 5% waited until they started contraception (other than condoms or breastfeeding)
- 3% waited until the woman stopped bleeding.

Recovery After Childbirth: A Preliminary
Prospective Study, Med-J-Aust.

Physical Barriers

to having postpartum sex

Cesarean

Recovery Time:

When to Resume Sex:

Possible Side Effects Influencing Life in the Bedroom:

Episiotomy and/or Tearing

Recovery Time:

When to Resume Sex:

Possible Side Effects Influencing Life in the Bedroom:

Forceps/Vacuum Extractor Use

Recovery Time:

When to Resume Sex:

Possible Side Effects Influencing Life in the Bedroom:

Other Barriers

to having postpartum sex

Please feel free to elaborate on each point as I discuss them.

10. Fear
9. Body Image Insecurity
8. Synthetic Birth Control
7. Postpartum Depression
6. Breastfeeding and Dryness
5. Exhaustion
4. Returning to Work
3. Interruptions
2. Touch Overload
1. You

'I Care' Messages

the fatherhood give-a-thon

Behavior That Speeds Up Sexual Readiness

“An important part of becoming a mature person is being able to give part of yourself to someone else. Another part of growing up is learning to delay your own desires in order to answer a need that someone else has. Handling your postpartum feelings of jealousy, or resentment, or impatience can have a maturing effect on a man and be a major turn on for your mate. Doing anything less diminishes the joys of being a parent. Fatherhood is one big give-athon. The earlier you learn to give, the greater the joy in becoming a father. True intimacy involves more than just sex. Intimacy requires selfless service, patience and loving action.”

~Amy Jones

During Pregnancy

- Help her stay healthy by being healthy yourself. Encourage her to make wise food and lifestyle choices.
- Educate yourself as much as possible about the birth year. Take childbirth education classes, read books.
- Draw up a birth and postpartum plan aka a babymoon plan.
- Support her instincts, respect her intimate physical and emotional bond with your unborn baby. Empower her to know herself, her body and baby
- Hire a doula

During the Birth

- Hire a doula
- Participate during the birth—connect with and love her
- Protect her during the birth—use your childbirth education to support the birth plan.

Immediate Postpartum (1 hour postpartum—1 week postpartum)

- Validate
- Listen, listen, listen
- Share your feelings about the birth and your love for her and open up
- Ask your doula for support
- Review Yaya Guru Module 10
- Hire a doula or get help with or do ALL the household chores and meals, take care of the other children completely
- Eat healthy, filter out any tension, including from media, such as violent movies
- Schedule a massage for her or as a couple at the house by the 7th day postpartum if she hasn't had a cesarean. Hold the baby during the massage if needed

Long Term Postpartum (1 week—6 months postpartum)

- Eat healthy.
- Relay over and over again any positive aspects of the birth you experienced, and how amazing, beautiful and strong she is
- Be considerate and respectful of the demands a baby puts on her, and of the bond and intimacy of the mother/baby relationship.
- Connect with your baby, adore your baby
- Be patient and understanding
- Get help with or do the majority, if not all, the household chores and meals.
- Give her frequent body massages (2-3 X per week) without any expectation of the massage leading to sex....at all.

Postpartum Intimacy

checklist

Dads

Postpartum Intimacy: Setting the Mood

- Agree on a specific date to make love for the first time after childbirth
- Be flexible with that date
- Take care of all the details i.e. flowers, dinner, babysitter for the other children, setting the mood in the bedroom, etc. Pretend that this is “the first time” all over again.
- Surrender to her new body, release expectations
- Go slow!
- Be gentle!
- Ask questions to assess what feels good and what doesn't

Dads

Postpartum Intimacy: What to Expect

- Breast changes. Sensitive, may leak milk,
- Experiment with different positions that would take pressure off any painful areas
- Interruptions. Yes, your baby may wake in the middle of everything, be considerate of the baby's needs and the mother/infant bond
- Mental distractions. Turning off the mommy brain and turning on the sex brain can be hard.
- Location, location location....changes. Making love with the baby in the bed or moving to somewhere besides the bed.

Moms

Postpartum Intimacy : Your Role in a Healthy Postpartum Life in the Bedroom

- Remember, your man's sexual urges do not change like yours has. Be considerate and understanding of that.
- Communicate. Men are not psychic! Let him know your interest level in sex, your fears, your hopes. Men need to know that you still need him and that you need and want to be held and touched.
- Be responsive, make time., plan ahead. Release, respond, and enjoy your man. Sex is meant to be empowering, healing and a bonding time. Don't be afraid to explore this new aspect of your relationship!
- When making love, communicate and respond again. He will be nervous and unsure the first time you two make love after the baby. Put his fears to rest by lovingly telling him what feels good and what might be painful.

Traumatic Births

and the impact on your sex life

Traumatic Birth | Any birth where the woman was physically cut or handled roughly, or where she was emotionally or physically violated. They are disempowered by some or all aspects of their births. Commonly includes, but is not limited to, a cesarean, episiotomy, had forceps or a vacuum extractor birth, although not all women define those types of births as traumas or losses. Men also experience traumatic births when being a witness to these events or pressured to participate in them.

How long does physical recovery take?

How long does emotional recovery take?

Common emotions after a traumatic birth include:

Factors that speed emotional healing:

Processing the trauma

Since the birth of a baby involves every sexual organ a woman possesses, birth is by nature a sexual experience, not to be confused with an erotic experience. When a caregiver makes contact with a woman's sex organs with hands or instruments without her consent or full knowledge - pregnant or not, in labor or not - technically, emotionally and psychologically - this defined as rape. This is one reason why women or couples who have experienced birth trauma often use the same language about their experience as those who have been victims of rape outside the medical scope. Rape is non consensual sexual activity, independent of whether the activity involved the caregivers genitals, hands, or instruments or not. In a more broad sense of the term, any form of violation, degradation, bullying, or threatening during the birth experience (which is sexual), especially while medical procedures are being performed on her, can be classified at the very least as sexual assault.

Birth Trauma Misunderstandings

By BirthingBeautifulIdeas.com

- "All women who talk about their 'birth traumas' need to get over the fact that they ended up with a cesarean and not a vaginal birth. Wallowing in the guilt over a birth experience is totally counterproductive, and it seems like a wasted effort to focus on feeling 'robbed' of an experience when you still get a baby at the end of the day!"
- "My own c-section wasn't traumatic, and I find it highly offensive that anyone would suggest that *all* c-sections are inherently traumatic experiences."
- "Here's an example of a *truly* traumatic birth where the baby (and/or mom) was actually *not* healthy after the birth. *Any other* woman who feel traumatized by her birth experience just need to focus on the fact that she has a healthy baby."
- "I don't care how traumatic a birth was, it *wasn't* rape. I had a c-section/I had a horrible vaginal birth/etc. and it *certainly* wasn't rape, or even anything like rape. *All* women should *stop* comparing their birth experiences to rape."

Rectifying these misunderstandings takes an effort not

only to point out *that* they are misguided but also *why* they are misguided (and why universalizing *anyone's* experiences with claims about birth is problematic):

"Every day you wait to get help and process after a traumatic birth, you add about a month on to the emotional postpartum recovery. Start talking and hashing things out as soon as possible after you've delivered."

~Amy Jones

Creating a better understanding about birth trauma

- Not all mothers are disappointed by their birth experience (whether vaginal or cesarean section), but this does not negate the possibility (and the reality) that *some* are.
- Not all mothers who are disappointed by their birth experiences would describe those experiences as traumatic, but this does not negate the possibility (and the reality) that *some* do.
- Not all c-sections are traumatic experiences for the mothers who have had them, but this does not negate the possibility (and the reality) that *some* are.
- All mothers who are disappointed by—and especially those who feel traumatized—by their birth experiences should be received with non-judgmental support. Validating a person's feelings does not mean that one is allowing another to "wallow" in their "negativity."
- Not all traumas involve life-or-death situations. And not all "traumatic" c-sections (or vaginal births, for that matter) are the result of life-or-death situations.
- Not all those who have experienced traumatic births would describe their experience as akin to rape. But *some* do.
- Not all those who describe their birth experiences as "birth rape" have had cesareans. Some are describing vaginal births instead.

With the above points in mind, it would obviously be ludicrous (and even insulting) for someone to describe **all** c-sections as traumatic or as "birth rape" or even as disappointing. This would be to engage in the same sort of "problematic universalizing" that I described above.

Continued....

Processing the trauma

Continued....

But it seems equally ludicrous and insulting to belittle or dismiss **any** mother who describes her birth(s) in this way. And this might have something to do with the many ways in which “trauma” can manifest itself during a birth. Sometimes, the trauma really does come down to a matter of life-or-death. Sometimes, life (and medicine and all of the best efforts and intentions in the world) does not prevail over death. And that is certainly not something that a person should be encouraged to “just get over.”

But other times, the trauma manifests itself when a person is “duped” into an early and unnecessary induction that leads to a c-section—a c-section that may have been prevented if (a healthy) labor had been allowed to start on its own, a c-section that may lead a woman to think that her *body* has failed her and her baby.

Even other times, this trauma manifests itself when a woman is literally forced down onto the hospital bed so that her OB/GYN can insert an instrument into her vagina, or when she is given medications against her will.

And as far as I can tell, forcibly inserting instruments into a woman’s reproductive organs *against her will* is battery at the very least and, upon further interpretation, rape.

What’s more, the inherently sexual (which shouldn’t be confused with erotic) nature of childbirth can bring back past experiences with sexual abuse, and this in and of itself can lead to a traumatic birth experience. Repeated and/or rough vaginal exams, insensitive comments, having one’s arms “tethered” down during a cesarean, not being able to see the surgeons manipulating one’s reproductive organs—these can all be “triggering” and even re-traumatizing experiences for a woman.

So sometimes (if not many times) the traumas extend well beyond—far beyond, eons beyond—feeling “robbed” of an experience.

On that note, while I would agree that a healthy, living baby and a healthy, living mother are *exceedingly* important and *should* be the primary goal of any birth, these

goals in no way cancel out the importance of a woman’s birth experience. These goals in no way suggest that women cannot or should not have their own hopes and dreams for their birth experiences. They in no way suggest that women cannot or should not regret their birth experiences, or even that they might *never* have the birth experience for which they hope and dream.

We humans are complex creatures, and we can simultaneously feel overjoyed by our healthy babies and still feel devastated by the way those babies came into the world (or even by the effects their births have had on our sexual enjoyment). Allowing this devastation to consume one’s life certainly is problematic and is probably a signal that one might want to seek out therapy and/or a support group (such as Solace for Mothers or ICAN). But simply *feeling* this devastation deeply does not seem to be indicative of a *problem* with one’s emotional life.

With this in mind, it is important to recognize because a woman’s birth experience is so profound and personal, and because trauma can manifest itself in so many ways during a birth, jokes about various birth experiences can be (unintentionally) insensitive.

For example, as a doula, I’ve attended two precipitous (or very fast) labors, and each woman experienced the birth radically differently: one was elated that her labor went by so quickly and without any complications, while the other was utterly traumatized by the speed of her labor, *even though* there were no complications for either her or her baby. One would have laughed at a joke about “the ease of a fast labor,” and the other would have been deeply hurt by it (and actually expressed to me that she *had* been hurt by those jokes and didn’t know how to express herself to those presumably well-meaning people).

I’ve also had conversations with moms who have felt violated by their cesarean sections and those who were quite pleased with their c-section experience(s). Many might bristle at and even be deeply hurt by a joke about their “tighter vaginas” or their “easy birth” while others might laugh right along with one of those jokes.

This is not to say that there is no place for humor in the healing process. But it is to say that there are real times and places where jokes can end up hurting instead of humoring (and real times and places where even well-intentioned jokes warrant an apology).

Meet the Men

who got PTSD from seeing their partners give birth

Telegraph.co.uk

Traumatic births have long been known to trigger long-term mental health problems. From postnatal depression to body image anxiety, the potential issues that can be caused or exacerbated by a difficult delivery are well documented – but only in mothers.

Whilst the physical trauma of birth is solely female, there is also a large body of evidence suggesting that new fathers equally struggle to recover from their experiences in the delivery room. And while, as a result, many of these men are in dire need of psychological counselling or medical help, the resources simply aren't there.

Jason Duncan, a 26-year old fireman and support worker, is used to distressing situations in his day job. However, after the traumatic birth of his daughter, his life – private and professional – has suffered. Duncan has since been diagnosed with PTSD.

"My experience of a traumatic birth is what led me to develop PTSD," Duncan tells me, "and the fallout from this initial event has created problems for me in almost all areas of my wider life. "Two years ago, I witnessed my girlfriend go through major blood loss and pass out in the operating theatre. I realise that the medical professionals were too busy trying to save my girlfriend and child, but I was left in a room – on my own – for nearly an hour, without any updates, information, or access to my family.

"So, obviously, I presumed the worst, and I was left with those feelings of grief and helplessness for what seemed like forever – and this was compounded by the fact that I simply didn't have any idea what was happening. I didn't know if the baby was even going to be alright."

Duncan, who has been competing for a promotion within the fire department, feels that the mental health issues with which he has been struggling are hindering his chances at success.

"I knew I was in trouble soon after the birth, but didn't know the specifics of my condition until months later when I had treatment for anxiety," says Duncan. "I told the doctor I had been having nightmares and experiencing

negative mood swings every since my daughter's birth. It was causing me to become angry – and I didn't know where to direct that anger.

"I wasn't getting enough sleep. And I was so worried that my girlfriend would get pregnant again that we stopped having sex.

"I never thought these feelings and flashbacks could have been PTSD," reasons the fireman, "as it was something I had only heard of in soldiers. But I knew I was in trouble soon after the birth, and eventually – when it became clear that my anxiety and anger was affecting my work – I was referred to a doctor by my workplace counsellor. It was then I began treatment for anxiety."

"In the aftermath of the traumatic birth, I was never asked if I needed help," explains Duncan, whose daughter has not suffered any problems since birth. "Yet my girlfriend was offered and given support at every turn and had her anxiety diagnosed earlier. As a result, I am still worried if we decide to have another baby next year, because I still have unresolved issues from my daughter's birth."

So what causes PTSD in men after they witness a particularly difficult delivery?

"PTSD is caused by the experience of severe trauma and is your brain's way of trying to compute the trauma and deal with it," explains Machin. "So, any situation which is deeply traumatic can cause this – such as experiences in war, bad car accidents and also witnessing a traumatic birth.

"In traumatic births the mother and baby are often at risk, and the father may witness significant loss of blood or attempts to resuscitate mother or baby. Birth is an alienating experience for many men, as they feel completely out of control and unable to assist or help their loved one."

Brian Gent, a university lecturer, faced this problem during the delivery of his daughter. "The fear and helplessness was devastating," says Gent. "I was truly terrified, and had no idea what would happen next.

"I was holding one of my wife's legs, with a younger midwife holding the other one. The doctor pulled the baby in a way that looked unbelievably hard and then cut my wife as the head emerged. I will never forget the snapping sound the skin made or the scream that came from my wife. It was such a scream of utter shock and pain beyond imagining. As I was right there, holding her leg, I saw the whole thing."

Continued....

Meet the Men

who got PTSD from seeing their partners give birth

Continued

Dr Machin recognises how feeling like ‘the odd one out’ in a delivery room can also add to the trauma for male partners: “Healthcare practitioners, through no fault of their own, sometimes simply do not have the time to keep the father informed of what is going on. As a result, for some fathers birth can be like having front row seats at a slow motion car crash involving someone you love – without the ability to help them.

“And this exclusion can also be seen in men’s access to subsequent support. They are often simply left to deal with the aftermath themselves. And whilst this subsequent trauma comes in different gradations of severity – some men may just repeat the intrusive film loop in their head every night as they fall asleep, whilst others find it hard to operate all the time – there is the possibility for all that it can lead to extreme anxiety and depression, self-medication and an inability to maintain a normal family life.”

Gary suffered from PTSD following the birth of his daughter, and spoke to the Birth Trauma Association about how he now feels distanced from the child who caused his wife such pain.

“Now my wife is getting better,” Gary tells the BTA, “I’ve started finding time to look after myself, and I’ve started seeing symptoms in myself that are similar to that of my wife’s post-natal depression or, probably more realistically, Post Traumatic Stress Disorder.

“Sometimes I feel detached from my daughter, and I’ve even had thoughts of harm to her or myself. And dreams and flashbacks of the birth are becoming increasingly vivid. Only I know what I feel and I cannot truly share these feelings as my wife believes it to be too personal for other people to know, so I can only talk to her. However, because I don’t want her thinking that she made me ill, I can’t even tell her everything.

“Men often become left out and put to one side, even though it is well documented that fathers can fall foul of these problems. I feel that the need for paternal support is often overlooked.”

Dr Machin, who has extensively studied the father-infant relationship, also believes that male postnatal conditions require further attention.

“This is an area of urgent need of research, but we seem to need to convince people that it is of importance not only to the fathers but also to the partners and children. In these times of cuts in funding it is hard to get people to focus on the mental health of fathers because we prioritise mothers. But we need to look at the wider picture of unresolved mental health issues in parents, and realise that any problems suffered by these adults only increases the risk of poor mental and physical health in their growing children.”

Taking Back Your Power

positive steps to healing birth trauma

When couples talk about ways they've coped with birth trauma, the important thing seems to be not what was done for them after the trauma, but that they were able to do things for themselves. Sometimes these things can be very trivial at the time, but it can enable you to begin to be in control of your life, body, and baby. Here are some positive actions taken by couples that they say have helped them.

Talk to a Rape Crisis Counselor, a Therapist, Childbirth Educator or Doula

Write a birth story

Writing the story of what happened to you, how you felt during the birth, and your emotions afterward can be very validating and cathartic. You could also make a painting or drawing, or use some other media to tell the birth. When you do this, the trauma is no longer festering inside you, but is where other people can witness it to, even if you show it to no one. A great book to help you through this is *Creating a Joyful Birth Experience*.

Plan for a better birth experience in the future

It only makes sense that if you had a horrific birth experience that you would do everything with your power to avoid it in the future, but I'm always shocked at just how many women do nothing to improve future births. In fact, quite the opposite seems to happen for many women. They are so disempowered by their births that they give up on claiming power in their lives altogether. Don't let this be you, though. A good birth experience often heals the emotional wounds you have incurred.

Write a Letter of Complaint

There is no reason why you cannot write a letter to the hospital, medical board, and/or even the doctor or midwife or doula personally—even if you never send it. I've known a few women to write this letter, save it, and then add on to it when they've had a subsequent healing birth. Many times women think that this doesn't make much of a difference, but it does—not only to you, but to the caregiver. Of course, there is no guarantee how your letter will be received, but it is the rare caregiver who ever forgets such a letter.

Join a birth advocacy group

Using this experience to help others avoid the same trauma can be very healing for you. See suggestions on the resources page.

Have an energy session

An extremely effective and graceful way for dealing with trauma, especially birth trauma.

Personal insights

Anonymous Contributors

“Six weeks the first time. Eight days the second—and it was me *not* him!”



“We waited around six months! Hubby worked nights. I was always tired and never felt like having sex.”



“We waited *maybe* four weeks. We both have a pretty healthy sexual appetite. My hubby was so gentle and sweet about it. It didn't really hurt, and I had an episiotomy. It was some of the best sex ever!”



“I don't recall exactly how long it was but I know that it was considerably more than six weeks. I had a very difficult birth—had an episiotomy, tore extensively, and literally had stitches all the way to and in my anus. No fun! It was over one year before intercourse was anything other than painful. *Much* better the second time around.”



“After our first, we waited about four and a half weeks. I was still bleeding and hubby said it felt “weird.” So then, we waited until after my appointment after that. After our second, we waited about 48 hours, and it was great! I didn't have an episiotomy that time or any tearing so that made a big difference I think. If I would have had stitches, I think I would've felt much differently!”



“My husband and I waited eight weeks and I still didn't want to. I only did it because he kept throwing hissy fits and stopped talking to me because he said I had *way* more than enough time to heal. I regret it—a lot. It hurt and I

was crying from the pain the whole time. I had an episiotomy and tore on top of that, resulting in three layers of stitches. I think if he knew just how much damage I had he would have been more understanding.”



“After my first two children I was not given any advice, and didn't think to ask. After normal vaginal delivery—no painkillers, no tears—both times we resumed after five days after I left the hospital.”



“We didn't get any advice apart from— *Whenever you want to, but remember it might take quite a while before either or both of you feel like it*—which I thought was very good advice. I think laying down guidelines on such things makes some people feel it's a bit of a competition and they're abnormal if they don't conform exactly! Anyway, I couldn't even sit down for four weeks let alone do anything more erotic! I can't remember exactly when the first attempt was but probably around four to five weeks. It got progressively less uncomfortable over the months but even after a year things are not completely back to normal.”



“My doctor advised me to wait six weeks, until after my postnatal check-up. Due to fatigue and just a plain hectic schedule, we didn't try until nine weeks. It was agony! It hurt—and I began to bleed. Fortunately it stopped fairly soon, but it was scary. Sex is still uncomfortable for me almost one and a half years later. I had an episiotomy and a vacuum extraction when my baby was born, and it just feels like that area is not as flexible as it was before birth. I mentioned this to my doctor at my annual exam, and he just shrugged and told me to use some lubrication. I tried to tell him this wasn't the problem, but he never listened to me during my pregnancy, so why should he listen to me after? Needless to say, I will choose a new doctor.”



“Whenever he'd touch me to signal foreplay all I could think of was the birth, doctors, cutting, and examinations and got very upset.”



“It was like I was having sex with a new woman. I was walking a fine line between wanting to engage but not pressure her to do anything she didn't feel like—wanting to be a beast in bed, but also, sensitive to the fact her body was recovering—and how to deal with the two or three interruptions we'd experience from the baby during the whole event. But I found that if I just took things slow and asked a lot of questions, we found our new rhythm quickly. *In fact, sex is better and more fulfilling now than it was before.*”



“He didn't want to hurt me and I didn't want to let him down.”



“Only one kid so far. At two weeks postpartum, my midwife said sex was fine if we felt like it. I don't know whether it matters but there was no episiotomy or tearing and she did not do any kind of exam prior to saying this. At later follow-ups, she did ask if we'd tried sex and whether there were problems. A nice thing about my midwife—lots of follow-up in those first six weeks which was interested in both me and the baby. As far as discomfort, the midwife recommended a lubricant mostly because of the likely dryness side effect from breastfeeding—but we didn't need it.



Slow, gentle, easy. An understanding partner. Let mom set the pace. Have the baby in bed with you or very close. At least for me, the baby starting to fuss would immediately halt my pleasure. Much easier to have the baby nearby and pause a bit to nurse or cuddle and then continue having fun.”

Resources

Finding a Postpartum Doula

- 📄 cappa.net
- 📄 dona.org
- 📄 www.maternitywise.com
- 📄 www.birthingfromwithin.com
- 📄 www.birthworks.org
- 📄 childbirthinternational.com

Birth Recovery

- 📄 Placentabenefits.info
- 📄 ican-online.org
- 📄 vbac.com
- 📄 vbacfacts.com
- 📄 postpartum.net
- 📄 mothersact.wordpress.com
- 📄 www.nurturemom.com

Mothering

- 📄 mothering.com
- 📄 compleatmother.com

Recommended Books

- 📄 [Postpartum Survival Guide](#) by Ann Dunnewold, PhD and Diane Sanford, PhD
- 📄 [This Isn't What I Expected: Overcoming Postpartum Depression](#) by Karen R. Kleinman, MSW and Valerie D. Raskin
- 📄 [Mothering the New Mother](#) by Sally Placksin
- 📄 [Overcoming Postpartum Depression & Anxiety](#) by Linda Sebastian

- 📄 [Shouldn't I be Happy: Emotional Problems of Pregnant & Postpartum Women](#) by Shaila Misri, MD [Women's Moods](#):
- 📄 [What Every Woman Must Know About Hormones, The Brain, & Emotional Health](#) by Deborah Sichel, MD and Jeanne Watson Driscoll
- 📄 [Life After Birth: Every Woman's Guide to the First Year of Motherhood](#) by Wendy Blumfield
- 📄 [Meditations for New Mothers](#) by Beth Wilson Saavedra
- 📄 [The Art of Doing Nothing: Simple Ways to Make Time For Yourself](#) by Veronique Vienne
- 📄 [One Minute for Yourself](#) by Spencer Johnson

Recommended Books for Fathers

- 📄 [She's Had a Baby and Now I'm Having a Melt-down: What Every New Father Needs to Know About Marriage, Sex & Diapers](#) by James Douglas Barron
- 📄 [Postpartum Husband: Practical Solutions for Living with Postpartum](#)