

# Breastfeeding, SEX & fertility

From feeling sexy to your chances of conceiving, **SIMONE CASEY** explores the intimate details of breastfeeding and life between the sheets

When you're producing milk for bub there are lots of hormones at play, and they're not just affecting your breasts! These body chemicals can influence all the other hormone-driven activities in your life as well – including those romps with your partner and, when you decide you'd like to multiply those little pattering footsteps, your chances of making a baby. Here's what you need to know...

## LET'S TALK ABOUT SEX!

During breastfeeding, elevated prolactin (the milk-making hormone) means decreased progesterone and oestrogen, which in turn can decrease libido and cause vaginal dryness. That being said, "breastfeeding can hinder, enhance or cause no change to one's sexuality," says Dr Martien Snellen, a perinatal psychiatrist at Melbourne's Mercy Hospital for Women and the

author of *Rekindling: Your Relationship After Childbirth* (Text Publishing, \$34.95). "The breasts are a sensual and sexual part of self, or a food factory that provides nourishment for a baby, or both. It can take some time to get your head around this for new parents."

Then there's the issue of milk leaking while having sex, which can make some mums self-conscious and less keen to get between the sheets. The leakage is caused by the

hormone oxytocin, known as the love hormone, which is released both when a baby sucks the nipple and during orgasm. Dr Snellen believes couples can work around these changes, though. "There is more to sex than breasts," he says. "It's a bit like spaghetti bolognese. Taking the garlic out of the recipe doesn't mean dinner is a disaster! Watch out for tenderness though, especially in the early days."

## BUT I FEEL LIKE I'VE LOST MY MOJO...

If you think that everyone else's sex life is better than your own, think again. "On average, it takes a year for couples' sex life to begin to approximate what it used to be before bub," explains Dr Snellen. "Patience is the key. Then the next main key is to open up dialogue. Talk about it. Stop looking to regain your old sex life.

You're a parent now. It's new. Find out and celebrate the physical changes."

Dr Anita Bearzatto, a GP and lactation consultant, suggests indulging in a little more foreplay and utilising products such as lubricant or oestrogen creams to reduce any discomfort during sex, while Dr Snellen adds it's important to cherish your femininity. "You've delivered a child and are now lactating to feed her – what can be more successful than that in terms of sexuality and femininity? Okay, bits point out in different directions and you may not have the body you used to have, but explore the changes and enjoy them. This is the new you. Are stretchmarks and saggy boobs battle scars, or victory medals?"

With a new baby in the house, most mums are pretty tired, which can make feeling sexy tricky, and sleep tends to be higher on the priority list! "The intensity of looking after a newborn means many mums feel 'touched out' from caring for their new addition, too," says Marion Bowen, from the Australian Breastfeeding Association (ABA). "When bub goes to sleep, they often just want their body back to themselves for a bit, and to sleep themselves!" On the other hand, some new mums revel in their body's changes and feel keen to have sex again soon after birth. Everyone's different. Acknowledge your feelings and communicate with your partner. Your sex life may not be spontaneous anymore, but it can still be satisfying. Trust that you'll get there.

## IS BREASTFEEDING A FORM OF CONTRACEPTION?

Under the right conditions, breastfeeding can be a very effective form of contraception. Called the Lactational Amenorrhoea Method (LAM), "this method requires the mother to have given birth within the past six months, to have not had a menstrual period since the birth and to be fully breastfeeding. No formula, no solids and no dummy-sucking, either," says Dr Bearzatto. "If all of these conditions are present, a mother's risk of pregnancy is less than two per cent." Having said that, breastfeeding can't be relied upon as a form of contraception unless all the 'rules' of LAM are followed and even then, it pays to be cautious if you're not keen on adding to your brood!

If you don't qualify for LAM or would like that extra protection against pregnancy, >

there are lots of safe options for breastfeeding mums. “Methods that do not contain hormones pose no risk to the baby or the mother’s breastmilk supply,” explains Dr Bearzatto. “These include condoms, diaphragms and non-hormonal intrauterine devices (IUDs).” Some hormonal methods are okay, too, and ones containing progestogen are commonly used during breastfeeding “as they are effective and pose a low risk of decreasing milk supply,” Dr Bearzatto adds. These include the minipill, injections, implants and hormone-releasing IUDs. Dr Bearzatto says there are some concerns about babies ingesting oestrogen via breastmilk when mums take the combined oral contraceptive pill or use a hormonal vaginal ring, so recommends these methods aren’t started until at least six months after the birth.

## SO WHEN WILL MY PERIOD RETURN?

While it’s possible for breastfeeding mums to ovulate as early as five to six weeks after giving birth, most women experience a slower return to fertility. One Australian study found that, on average, women following the LAM rules, didn’t get their periods back for an average of 14.6 months. Fertility can suddenly reappear when bub changes her feeding habits, though. “A breastfeeding mother can often find her period returns when the baby starts to feed less or for shorter times,” says Marion. “This can happen when your baby starts sleeping longer through the night or begins solids, or you start weaning.” Be aware your periods may not be so regular at first, so predicting ovulation may be a bit tricky.



When you do menstruate again, also keep in mind you may find some behavioural differences in your little. “The hormonal changes associated with ovulation and menstruation can temporarily affect the taste of breastmilk,” Marion advises. “This sometimes results in bub being fussy at the breast or refusing it temporarily.”

*“Fertility can suddenly reappear when bub changes her feeding habits”*

## WHAT IF WE WANT TO CONCEIVE AGAIN?

Many mums easily fall pregnant while still breastfeeding (and not following the LAM rules), but sometimes lactation can work a little too well in protecting a mum against pregnancy. If you’d like babies born close together, or you’re a little older and want to hurry along the process, you can adjust bub’s

feeding schedule to suit. “Some mums who want to conceive again may find they can increase their chances of doing so just by dropping one or two feeds,” says Marion. “Others may need to completely wean before their fertility returns.”

If you conceived your child using IVF, some specialists will advise the only choice is to wean completely before commencing treatment again. But depending on the reason for your infertility, you may not always have to stop feeding. “You need to think about your health, your child’s health and your own feelings about breastfeeding as well as her age, your age and the drugs you will need to take,” says Marion. The ABA has a podcast available at [www.mumsright.libsyn.com](http://www.mumsright.libsyn.com) (search for IVF) if you’d like to explore this idea further. ★



## ALREADY PREGNANT AGAIN?

So the pregnancy test was a big positive and you’re still breastfeeding. Now what? Some mums worry that continuing to breastfeed will harm an unborn baby, but this is not so. “Breastfeeding appears to be safe if the pregnancy is normal and there’s no history of miscarriage or preterm labour,” says Dr Bearzatto. If you and bub are happy to continue feeding you can, but there are big changes ahead. “When breastfeeding during pregnancy, women may experience increased nipple sensitivity and general irritability,” Dr Bearzatto explains. Your supply usually dips as the milk turns

back to colostrum any time from 16 weeks. Because of this, some littlies lose interest in feeding and naturally wean as the pregnancy progresses, while others are happy to continue until after the new baby arrives and share the breast with their sibling. As your belly grows, you may find it difficult to position your child for feeding, or the nipple soreness can get too much and you may wish to initiate weaning. It’s important to know this is a choice, not a necessity. Nature will look after all your children, whether they are on the inside or the outside!

The National Health and Medical Research Council recommends babies be exclusively breastfed until around six months of age and that breastfeeding is continued until 12 months of age and beyond, for as long as mum and child desire. While breastfeeding is the ideal way to nourish your baby, we recognise not all mums are able to do so. If you have any concerns about your breastfed or bottle-fed baby, make an appointment with your child health nurse or GP.