Part III

Introduction to Module 3: 'Nature Losing Its Way'

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Module 2, with the name 'Nature taking its course', successively addressed sexual aspects in each of the various phases from conception to young parenthood, focusing on the physiological, in other words, uncomplicated or 'healthy' situations.

Module 3, called 'Nature losing its way', follows the same structure but will now address those situations where nature has taken another track, away from the healthy, physiological process. This is, of course, an artificial distinction. Sometimes there is an obvious difference between the natural and the problematic course. However, the reader should be aware that there is a smooth transition area between the two.

The module will successively cover the sexual aspects of the same phases as in Module 2: child wish, conception, pregnancy, labour and childbirth, the postpartum period and young parenthood, breast and breastfeeding, and the pelvic floor.

We have added two chapters that concentrate on the sexual consequences of the most common mental health disturbances and chronic diseases. Those situations can be the direct result of the pregnancy, pre-dated from before the pregnancy or accidentally developed during the pregnancy. The module closes with a chapter on the sexual effects of medication, commonly used in midwifery and obstetric practice.

Especially for the midwifery student, who uses this book as a textbook, the editors recommend starting with Chap. 26, dealing with how to communicate about sexuality, an essential skill that must be mastered before counselling a woman with complicated pregnancy or postpartum with regard to sexuality.

Chapter 11: Sexual Aspects of Fertility Disturbances

Where Chap. 5 addressed 'conception inefficiency' in potentially fertile couples, this chapter concentrates on the situations with actual subfertility or infertility. The message to be infertile or subfertile is usually a severe blow to a person's (sexual) identity, easily impacting, e.g. sexual desire.

The majority of people will continue towards medically assisted forms of reproduction in trying to become pregnant. That phase of examinations and treatments tends to have extensive short-term and long-term sexual consequences.

This chapter will elaborate on those elements inherent to medically assisted forms of reproduction that negatively influence sexuality, such as loss of privacy, demolished intimacy, painful vaginal examinations, and hormonal disturbances. The chapter will also indicate ways to diminish negative impacts on sexual satisfaction and pleasure. Maintaining sexual satisfaction and pleasure during such treatments will keep couples less stressed, positively influencing their conception chances. Also, less stress will keep the woman more relaxed when undergoing pregnancy checks and during childbirth. The amount of stress experienced during ART treatment (Artificial Reproductive Technique) will influence the couple's sexual life in the subsequent phases of pregnancy and young parenthood.

The information in this chapter is, on the one hand, relevant for the midwives and HCPs who are involved in such fertility treatment processes and, on the other hand, for all HPCs by explaining the long-term effects fertility treatment can have on the couple's sexuality.

Chapter 12: Sexual Aspects of High-Risk and Complicated Pregnancy

In a healthy pregnancy, the best response to sexual insecurity is reassurance and telling the couple that they can continue to be sexually active. When the situation gets complicated, things could be different. This chapter elaborates on the sexual risks in conditions such as premature birth, shortened cervix, placental abnormalities, and multiple gestation. It will delineate the relationship between various sexual activities and their potential influence on the uterus and the pregnancy. The chapter will also address how to communicate when specific sexual acts should be discouraged (or forbidden) and simultaneously give room for other sexual acts (the sexual do's and don'ts). Midwives and HCPs have to be aware of the cultural taboos among women and couples. It is a common finding in research that patients have many questions related to sexuality but don't ask those questions. The consequence is that the professional must anticipate when providing information, as it were by 'answering the not-asked questions'. This chapter provides the background information needed to do just that in high-risk and complicated pregnancies.

Chapter 13: Sexual Aspects of Labour/Childbirth Induced Trauma

Especially the first childbirth is a major life event, with far-reaching consequences when things go wrong. This chapter will address the various sexual implications of that 'going wrong'. It will start with the physical troubles of genital tract trauma, perineal damage, and pain.

The chapter will also include psychological trauma. That can, for instance, result from long-lasting consequences of labour pain. Trauma here can also be the disillusionment when a smooth-flowing process suddenly has to be turned into an

instrumental delivery; the shock when the baby is not healthy or dies; the disappointment for the partner when the woman in labour completely disconnects, or the bewilderment of the husband, when confronted with his wife's body, after mechanical and possibly bloody procedures. All those situations can have sexual consequences for the woman, the partner, and the couple. And they can call for elements of mourning, readjusting, and renegotiating before a couple can reestablish a healthy sexual relationship.

Chapter 14: Sexual Aspects of Problems in the Postpartum and Early Parenthood (1st Year)

This period, especially after the first childbirth, is the challenge for young parenthood. The new baby suddenly changed the dyad into a triad. The baby is simultaneously a source of pride and pleasure and a source of extreme fatigue and sleepless nights. That appears regularly to be accompanied by sexual tension between the spouses, with many men having far more sexual desire and many mothers experiencing a drop in self-esteem and body positivity (next to physically being worn out), all resulting in sexual difficulties. Up to 80% of young parents experience sexual problems.

The transition to parenthood can be stressful, where gender and gender role differences become apparent. Whereas men usually can separate fatherhood and partnership, those areas are much more intertwined in women. The grimmest consequences are increased family violence and up to 5% of the young parents who separate/divorce within 2 years after the first baby.

This chapter will address the bio-psycho-social causes of those troubles and cover strategies to prevent or diminish them.

Chapter 15: Sexual Aspects of Problematic Lactation

Lactation can be an extremely beneficial factor in the bonding between mother and baby and can, at the same time, also impair the bond between the woman and her (male) partner. On the other hand, breastfeeding can last longer when the partner is supportive. Therefore it is very important to achieve that breastfeeding becomes a couple's strategy. Good lactation is, for many women, also kind of proof of good motherhood. From that perspective, developments like pain during feeding, mastitis, or early breastfeeding cessation can easily have consequences for female identity and the couple's sexual relationship.

This chapter will elaborate on those areas. It will also provide information on breastfeeding in diseases like multiple sclerosis and spinal cord injury, on breastfeeding after breast surgery, and when there has been depression or abuse in the past. A small piece will elaborate on induced lactation in the woman who did not carry the pregnancy.

Chapter 16: Sexual Aspects of Pelvic Floor Disturbances/Disorders

This chapter will pay attention to the disturbances of the pelvic floor and its sexuality-related consequences, with at first attention to the troubles during pregnancy, followed by the problems after childbirth. For instance, whereas pelvic girdle pain is usually pregnancy-related, pelvic organ prolapse tends to result from childbirth.

This chapter will describe the sexual consequences of urinary incontinence and faecal incontinence. It will also provide limited information on pelvic floor physiotherapy so that the midwife can adequately refer the woman when needed.

Chapter 17: Sexual Aspects of Mental Health Disturbances in Pregnancy and Young Parenthood

This chapter will address the various mental health disturbances in this phase of life and their sexual consequences. On the one hand, some women with a psychiatric disease would like to become mothers. On the other hand, mental health disturbances can be related to reproductive changes. The important ones are depression during pregnancy, then postpartum blues, postnatal depression, and in some women, puerperal psychosis. Especially the medication used to treat those situations tends to have many sexual side effects. With clinical case histories, the chapter will demonstrate the clinical impact and potential solutions for these challenging situations.

Chapter 18: Sex, Fertility, Pregnancy, and Parenthood with a Chronic Disease or Other Health Disturbance

In sexology and sexual medicine, it is common knowledge that nearly every chronic disease and almost every cancer treatment have extensive sexual consequences. This chapter will deal with relevant sexual aspects of the common chronic diseases that predated women's pregnancies or that developed during the pregnancy.

After looking at the sexual consequences of chronic disease in general, the chapter will present various specific conditions: chronic bowel disease, diabetes, rheumatic disease, asthma, congenital heart disease, and breast cancer. This chapter will concentrate on those physical health disturbances and their impact on sexuality that are most relevant for midwifery practice.

Chapter 19: Effects on Sexuality of Medication used in Pregnancy and Childbirth

The final chapter of this module will focus on the sexual side effects of various medications and drugs used in midwifery and obstetric practice. The chapter will start with background information on pharmacokinetics and pharmacodynamics geared to pregnancy and the changing pregnant body. On the one hand, it will give some indication on how to deal with sexual side effects. On the other hand, it will look at how to provide women with information on the possible sexual side effects of medication without amplifying the risk of the sexual side effects occurring.