

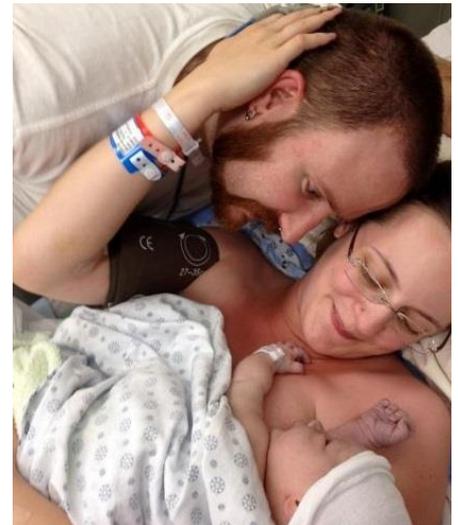


Sex and the Breastfeeding Woman: Important but Not Necessarily Urgent

By Sandra Yates, Area Professional Liaison for La Leche League Canada – BC/Y Area

Sex is important to couples: it secures the pair bond; it sometimes creates babies - thereby possibly creating the very conditions under which it must labour to reestablish its position of importance in the life of the couple once the baby arrives.

For some women, the experience of loving and breastfeeding a baby is an expansive one and continues to include and even enhance sexual desire for her partner. For other women, sexual desire may wane or be elusive in early parenthood. There may be stress in the relationship if the partner continues to desire sexual contact as before and/or the woman herself may wish for a return of her libido and be frustrated with its absence. Kennedyⁱ proposes that breastfeeding may be a “swing” factor; sometimes the breastfeeding state enhances sexual desire and sometimes it dampens or even extinguishes it.



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The factors that influence libido are social, cultural, personal and situational, all of which may be influenced by breast feeding and the unique physiology of lactation. There are mitigating factors that can be considered and practical steps that can be taken where there is a mismatch between the desire for desire and the actual experience of desire.

Common Factors that Affect Sexual Expression

Sexual abstinence after birth

What are some things you can share with a concerned woman and her partner?

- For full physical recovery from the delivery, it is commonly recommended to wait 6 weeks after the birth before resuming sexual intercourse, but this really depends on the woman. Some women are ready before 6 weeks, many will be ready at about that time, and some will not be ready for some time yet. Be considerate of your partner but be true to yourself and your real wants and needs.
- Your partner may also need some time before they are ready for sex again. Take your time and wait for it to feel right.



Hormones of Lactation^{ii iii}

Estrogen^{iv}

One of the main hormonal effects of lactation is the suppression of estrogen production. Low estrogen levels translate as vaginal dryness, and sometimes tightness and tenderness. This effect may last for a month or two or occasionally for as long as breastfeeding continues.

A dry vagina is often interpreted by both partners as indication of a lack of sexual response or interest. In fact it is merely an indication that the woman is lactating and her hormones are preventing her normal level of vaginal lubrication in response to sexual stimulation.

What are some things you can share with a concerned woman and her partner?

- More foreplay – this may enhance natural lubrication.
- Use a lubricant (water based is less irritating and will not dissolve condoms if that is an issue). Applying a lubricant is often enough to get over the psychological barrier of vaginal dryness.
- The woman's sexual arousal may actually be high – it is important to remember that vaginal dryness is a hormonal condition that she does not have control over. A lubricant can reduce frustration with the situation.
- Even if sexual interest is actually low, application of a lubricant can often turn up the temperature. This is an “everybody wins” situation.
- Self-pleasuring together to begin with allows sexual expression and sharing until penetration becomes more comfortable and is positively desired.
- If penetration remains uncomfortable for the woman over the long term, low estrogen may have caused the vaginal lining to become thin and friable. Physician prescribed estrogen based cream applied vaginally may be helpful to restore the tissues and sexual function.
- *There are other reasons why there may be dyspareunia (painful intercourse). If a woman has ongoing pain and discomfort a physical therapist specializing in women's health can effectively address the issue. Treatment is simple and can make a world of difference to improving function and comfort. Please recommend that a woman go to see one.*^v

Oxytocin

Oxytocin is the hormone of love, trust and general well-being. Women release oxytocin during breastfeeding – it is the hormone that enables the let-down reflex and solidifies the bond between mother and baby.

The partner also has elevated levels of oxytocin when there is a baby in the house. Oxytocin is one of the hormones that support pair bonding and care taking towards both the mother and the baby by the partner.

The surge of oxytocin that occurs during orgasm for both men and women, contributes to the feeling of “post coital bliss”^{vi} that both experience.

What are some things you can share with a concerned woman and her partner?

- Elevated levels of oxytocin can contribute to intense feelings of joy and devotion for both parents. Pay attention to these feelings and talk about them. Partners can consciously enjoy the drive towards physical contact with each other, even when the



- drive is not sexual in nature.
- See also “let-down” below.

Progesterone

A woman’s progesterone levels are low in the postpartum period which may cause her to experience some emotional vulnerability.

This is similar to the premenstrual effect of low progesterone before she was pregnant.

What are some things you can share with a concerned woman and her partner?

- Assume good intent on the part of your loving partner.
- Talk with your partner.
- Know yourself, and know when your reactions may be out of whack for the situation.

Testosterone

Testosterone is lower in both the mother and the father when there is a baby to care for.

What are some things you can share with a concerned woman and her partner?

- Lower testosterone levels in the male partner supports the shift in the mother’s grooming and care-giving impulses towards the baby.
- Make lots of room for father to be involved with the baby.

Vasopressin

Vasopressin is released as a response to proximity and touch. It has a profound effect on the father and has been called the “monogamy hormone”^{vii} since it promotes a father’s attachment to his mate and his baby.

Vasopressin tempers male sexual drive, supporting his parental role and helping to balance the needs of both parents.

What are some things you can share with a concerned woman and her partner?

- Ensure partner has opportunities to physically interact with baby – cuddle, burp, hold, bathe, diaper, walk.
- Spend time together with partner: share a meal; ask partner to read to you during breastfeeding; take photos; walks together; watch TV; do crosswords; etc.
- Touch your partner frequently, all touch counts whether sexual in nature or not. e.g. hug; hold hands; touch in passing; stroke hair; rub back; shoulder massage; shower together; kiss; etc.
- “Testosterone wants to prowl, vasopressin wants to stay home.”^{viii}

Prolactin

The parenting hormone.

Prolactin levels are increased in the lactating mother. Prolactin supports milk production and increases mothering behavior.

Prolactin levels are also increased in the involved father. Prolactin reduces testosterone slightly, supporting non-sexual interest in the mother and commitment to the baby.



What are some things you can share with a concerned woman and her partner?

- Parent together.
- Shared caretaking of their baby is a deeply bonding experience for both parents.^{ix}

Father/Partner support – where is it?

What are some things you can share with a concerned woman and her partner?

- An educated partner is prepared for the changes that a baby brings to family life and expression of sexuality.^x Encourage your partner to attend prenatal classes and read about transitioning to parenthood, or read some passages to him so you can talk about the ideas.^{xi}
- Appreciate the strengths your partner brings to your family and let your partner know how appreciative you are.

Feeling “touched out”.

What are some things you can share with a concerned woman and her partner?

- Plan some time for yourself before you have a date for sex with your partner (take a bath, have a cup of tea, do your nails), while your partner cares for the baby.
- Get in the mood for sex (any way you know how). Sexual touching is different. It’s completely different.
- Make a date to do something together that does not include sex. Maybe you just need to connect to another human being that doesn’t “need” you for something.
- Watch. He’ll have fun and you might too.

Milk lets down during love making and/or at the time of orgasm

This happens because oxytocin is the hormone of orgasm as well as the hormone of milk let down.

What are some things you can share with a concerned woman and her partner?

- Many couples find this a natural, “juicy” and exciting component of their love making. Enjoy.
- Some women are embarrassed by the milk letting down. Check with your partner - chances are that he is not. Enjoy.
- If either of you do not like this: nurse the baby well beforehand; have a towel handy; apply firm pressure to the nipples with your thumbs to suppress the milk ejection reflex.

Baby wakes every time love making begins

Babies are hormonally connected to their mother and they can sense when she is experiencing strong emotions, including when she is sexually aroused. This connection diminishes over time (otherwise there would be fewer siblings).

What are some things you can share with a concerned woman and her partner?

- Making full use of this strong bond, some mothers learn to put their babies back to sleep by concentrating deeply on sending sleepy signals and a sleeping breathing rate to their baby, even if the baby is in another room.
- Interruptions can make lovemaking take longer and can actually be fun if you put your mind to it.



I'm too tired to have sex!

What are some things you can share with a concerned woman and her partner?

This question may be exactly what it seems...

- Get more rest. Really. It is important to avoid building up a sleep deficit, so make up for interrupted sleep at night every day: lie down in the day at least once for at least ½ hour; go to bed in the early evening; keep your pyjamas on in the morning and stay in bed until you have had enough sleep; sleep more on the weekends or whenever you have more help with the baby.

...or it may signal an underlying physical or emotional condition that needs to be assessed and addressed. The following are not uncommon postpartum conditions:

1. Hemoglobin and ferritin levels – low iron is common for women and it can make you very tired and even depressed – you will not have energy to have sex.
2. Thyroid function - it is common for the thyroid gland to falter a bit in the post partum period. Like low iron, low thyroid hormone can make you very tired and even depressed – again, you will not have energy to have sex.
3. Postpartum depression or other mood disorder – interest in sex can be deeply affected. Any breastfeeding challenges should be dealt with effectively; if the condition persists, there are many talk, pharmacological, and non-pharmacological therapies that can restore interest in life and sex again, and that are safe for the breastfeeding mother.^{xiii}

There is no time to have sex!

What are some things you can share with a concerned woman and her partner?

- Have a quickie. You know how to do that, so do it now, when time is at a premium.
- Although we don't schedule feedings for a breastfed baby, there is nothing wrong with the parents scheduling sex. The end of the day is often the time of maximum exhaustion, so don't choose that time to have sex. Try first thing in the morning, during the baby's morning or longest nap of the day. Middle of the night, anyone?

I resent having to have sex!

What are some things you can share with a concerned woman and her partner?

- Coercive or indifferent sexual relations are not healthy for either partner.^{xiii} Talk to your partner about your feelings and listen as he talks about his.
- Your partner may not know how to show you that he cares about you in ways that do not involve sex. Here are some ideas for your partner: do the dishes; throw in a load of laundry; bring home some take out; cook a meal; leave some food for you when you will be alone with the baby; tidy up the house; rent a movie you will both like; give you a shoulder massage; call you when you are apart from each other; bring you flowers; tell you how much you are loved.
- Steven Covey tells us that although we necessarily need to attend to priorities that are important and urgent (such as a baby), we are more effective and happier in life if we devote about 20% of our time to priorities that are important but not urgent.^{xiv} Sex is sometimes in that category – you don't really have an urgent need to have sex, but you know having sex is



important to your partner (and ultimately then, to you). Can you get in the game? Try it and find out.

I'm afraid of becoming pregnant.

What are some things you can share with a concerned woman and her partner?

- Learn about fertility awareness so you have confidence in your ability to know when you are fertile and when you are not.
- Lactational Amenorrhea provides 98% protection against pregnancy. For more information see: <http://kellymom.com/bf/normal/fertility/>
- Think about and choose a method of birth control before sexual activity resumes.
- Hormonal contraceptives containing estrogen may decrease breastmilk production. Avoid in the first 6 months.

I'm embarrassed about my post-pregnancy body.

It takes time to regain your pre-pregnancy shape, in spite of popular culture myths.

What are some things you can share with a concerned woman and her partner?

- Eat well and exercise (go for a walk) every day so you can feel your body getting stronger every day.
- When you and your partner want to have sex, your loving thoughts and feelings are the most important things you can bring to the event.

A mother may not initially feel comfortable mentioning her concerns about sexuality. This article may give you some topics and information to include in your conversation with her so that she feels invited to ask questions. You may be surprised at how important such information can turn out to be.

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The International Code of Marketing of Breastmilk Substitutes and Subsequent World Health Assembly (WHA) Resolutions¹

By Jen Peddlesden, Area Professional Liaison for La Leche League Canada –AB/NWT Area

“By removing the pressure of advertising and promotion, by ending the giving of free samples of breastmilk substitutes to mothers and by focusing attention on the risks of not breastfeeding, it is more likely that an environment will be created where breastfeeding is once again the norm.”² So stated, *The International Code of Marketing of Breastmilk Substitutes* passed 118 to one in 1981 and sixteen subsequent World Health Assembly Resolutions now constitute what those in breastfeeding support circles, refer to as ‘The International Code.’ In 1981, Canada voted ‘yes’ recognizing the importance of The International Code in Nutrition for Healthy Term Infants.³ All citizens, in all walks of life (not just health workers), are encouraged to adhere to this voluntary and universal code. Products covered under The International Code include breastmilk substitutes including infant formula, other foods such as complementary foods that could replace human milk, and feeding bottles and teats (nipples, soothers etc.). In some countries including Canada, parts of The International Code have been put into law. La Leche League Canada adheres to the principles and provisions of The International Code⁴ as does ILCA⁵ and its affiliates. To find out more about ‘The International Code’ you can read Escobar’s article in LEAVEN⁶, get a copy of ‘Protecting Infant Health’,² or listen to a podcast available from LLLC at <https://lllc.adobeconnect.com/p3umx51wxb2/> An in depth quiz can be purchased as an education module from www.ilca.org.

In the meantime, test your knowledge. How can YOU adhere to The International Code? (Answers: page 11)

1. What are the three aims of the International Code?
 - a. The provision of safe and adequate nutrition for infants, the protection and promotion of breastfeeding and ensuring the proper use of breastmilk substitutes.
 - b. The protection, promotion and support of breastfeeding.
 - c. To prevent commercial interference in infant and young children feeding by eliminating all advertising of artificial baby milks and baby feeding products

¹ The Code = The International Code of Marketing of Breastmilk Substitutes and Relevant WHA Resolutions. <http://ibfan.org/the-full-code>

² Allain A, Yeong, JK. Protecting Infant Health; a health workers guide to the International Code of Marketing of Breastmilk Substitutes. IBFAN; Penang, Malaysia. 2010 p.7 Available from www.infactcanada.ca

³ Nutrition for Healthy Term Infants: Recommendations for Birth to Six Months. <http://www.hc-sc.gc.ca/fn-an/nutrition/infant-nourisson/recom/index-eng.php>

⁴ La Leche League Canada Policies, 12.8.2 2013

⁵ International Lactation Consultant Association (in Canada, The Canadian Lactation Consultant Association) www.ilca.org

⁶ Escobar, N. Implementation of the WHO International Code. LEAVEN. 2006;42(1) pp.14-5. <http://www.llli.org/llleaderweb/lv/lvfebmar06p14.html>



2. NummyNum artificial baby-milk company gave you 35 free BPA free water bottles to hand out at your La Leche League (or other breastfeeding support) meetings. They have no logo or identifying corporate marks. Would handing these out be a violation of The International Code?
 - a. No, as there is no identification of donor on the water bottles.
 - b. Yes, because accepting any gift from a manufacturer of a product (baby milk) covered under The International Code is a violation.
 - c. No, because there is no ruling under the International Code about donation of water bottles, only free infant feeding bottles.

3. The International Code and relevant WHA Resolutions apply in all sectors of the health care system. The definition of the health care system according to the International Code is:
 - a. All government owned health care institutions and all the people who are employed therein including pharmacies
 - b. Governmental, non-governmental, or private institutions engaged in health care for mothers, infants and pregnant women; nurseries, child care institutions and health workers in private practice.
 - c. All government and private hospitals, and all maternity care centres.

4. Should you rent an exhibit stall at your breastfeeding conference to a breast pump manufacturer that also manufactures and promotes nipples and bottles to the public?
 - a. Yes
 - b. No

5. How does The International Code protect babies fed on artificial baby milks?
 - a. By ensuring that teaching about use of artificial baby milks is done one-on-one, by a health care worker, and that it is used only when medically indicated, and with informed decision making including risks and costs.
 - b. Ensuring that quality and safety in manufacturing of baby milk products is to the highest level required by the Codex Alimentarius Commission.
 - c. All of the above.

6. Is there an International Code “court” of decision making on violations of The International Code?
 - a. Yes
 - b. No

You are welcome, even encouraged, to use this quiz for educational purposes without further permission, so long as it is not used in a situation that contravenes the International Code



7. A local pharmacy sells pumps, bottles and nipples made by the BabyGood Company, which does not promote to the general public. The product is on the shelves of a variety of retail outlets, including this pharmacy, and a listing on their webpage shows only a catalogue of all products produced. The pharmacy has put these items on ½ price sale for “National Baby Days.” Who is in violation of The International Code?
 - a. The pharmacy.
 - b. BabyGood.
 - c. Neither, the drugstore is a legitimate outlet for sale of a product that is needed at whatever price, and BabyGood is only listing its products on its webpage, not directly promoting to the public.

8. As a local breastfeeding support person, you have been offered a part time job to write a Q and A column for a parenting magazine on breastfeeding. The magazine accepts ads and coupons for bottles/nipples/soothers and there are ads for these in this magazine. The magazine is independently owned, but will be giving you an honorarium from the bottle/nipple/soother company. Should you accept this job?
 - a. Yes, someone has to provide the alternate voice in this magazine which has so much inappropriate advertising for artificial baby milks and other products. You will donate the money to print breastfeeding folders advertising the local mother to mother group.
 - b. No, because you will be accepting money from a company that manufactures items which can interfere with breastfeeding. This is a conflict of interest as described in the WHA Resolutions.

9. What is wrong with the wording of the label on this can of artificial baby milk? “NummyNum Milk is inspired by breastmilk. Breast is best, but when you can’t breastfeed, trust nurses’ first choice-- NummyNum.”
 - a. It is a violation of The International Code to idealize artificial milk by comparing it to human milk on a label.
 - b. Labels are intended to provide only necessary information about the appropriate use of the product so as not to discourage breastfeeding. The claim about nurses’ first choice is advertising.
 - c. Both of the above.

10. An IBCLC receives a notice about an educational program sponsored by a Code-violating company about a new product to help breastfeeding mothers with sore nipples. The product is one that is used extensively in local hospitals and would be extremely useful in practice. Should she attend?
 - a. No. Because the presenter, paid by the company, will be providing what might be considered promotional, rather than unbiased information about the product. Alternately, search the medical literature for independent studies on the product.
 - b. Yes. There is nothing like being able to ask questions in person. She can ask the registrar to make sure that her name is not used in any connection with or promotion of the product and say that she will not need lunch as she will bring your own.

Answers to Quiz are on page 11...



Join us for the 2014 Health Professional Seminar Series this Spring

Title: Addressing Breastfeeding Barriers to Improve Lactation Outcomes

Speaker: Diana West

Dates and Locations:

Fri, May 23	Moncton, NB
Mon, May 26	St. Catharines, ON
Wed, May 28	Calgary, AB
Fri, May 30	Saskatoon, SK
Mon, June 2	Brandon, MB
Wed, June 4	Halifax, NS
Fri, June 6	Kingston, ON

Topics: Breastfeeding After Cosmetic Breast Surgery
Knipple Knowledge
Making More Milk
Overcoming Breastfeeding Ambivalence

Cost: \$185 Purchasing a LLLC Health Professional membership BEFORE you register for a HP Seminar entitles you to a 10% discount on your seminar registration fee

For more information: <http://www.llc.ca/health-professional-seminars>



La Leche League Canada's Health Professional Seminar, "Addressing Breastfeeding Barriers to Improve Lactation Outcomes" with Diana West, has been reviewed by the College of Family Physicians of Canada and is awaiting final accreditation by the College's provincial Chapters. We anticipate that we will have that accreditation to offer CMEs before the seminar. The seminar has also been approved for 5.5 CERPs by IBLCE.

*As of June 1, 2014 LLLC will no longer be selling "memberships". The details are still being ironed out, so please check www.LLLC.ca for up-to-date information.



Answers to “Code” Quiz

1. a
2. b (see Article 5.4 and WHA Resolution 49.15 and 58.32 regarding gifts that create a conflict of interest.)
3. b - “For the purposes of this Code, the health care system does not include pharmacies or other established sales outlets.” <http://ibfan.org/the-full-code> Article 3 Definitions
4. b The manufacture of bottles and nipples is not a violation of the Code; however, the promotion of these to the public is. You would not want to have this company displaying at your conference and using the good name of your organization to give credibility to their product.
5. c
6. b However, IBFAN www.ibfan.org and in Canada, INFACT www.infact.ca monitor the Code and keep track of violations. They also welcome submissions of violations from the public and health care workers.
7. a The pharmacy is in violation of the Code because they are offering a product covered under the Code at a discount, which is considered promotion. See Article 5.1 “There should be no advertising or other form of promotion to the general public of products within the scope of this Code.”
8. b
9. c
10. a

Jen Peddlesden can be contacted at jennifer@lalecheleaguecanada-alberta.ca for more information about this quiz. Since new WHA Resolutions are added every two years, please visit IBFAN for up-to-date information.

The Art of Parenting – LLaLoops’s National Family Conference

Date: Saturday, October 4, 2014

Location: Toronto, ON

Keynote Speakers: Diane Wiessinger and Teresa Pitman

Program is still being finalized but will include:

Mammalian Parenting

Finding Your Tribe

The Science of Sleep

*The Art of Parenting Your Unique
Child*

Diane and Teresa will also facilitate an interactive discussion on Sleep
