



sexual healing

What do you do when postbaby sex hurts? *by* AMY PATUREL

I remember in excruciating detail the first time Brandon and I attempted sex after the birth of our twins. On the heels of a yearlong sexual hiatus (thanks to a burgeoning belly and physician-prescribed bed rest), we were set to contort ourselves into myriad positions. But as he bumped and grinded, I just

couldn't get excited. In fact, I felt intense pain. My vagina burned, stung, and ultimately shut down—it literally wouldn't let him in. I secretly wondered if I would ever want to have sex again. And if not, what would that do to our marriage?

I tried relaxing my pelvic muscles, using lube, and touching myself to

make his inevitably forced entry less jarring. Nothing worked. When Brandon opened his eyes, he saw me writhing in pain.

"It's okay, baby," he said, pulling back as a look of concern washed over his face. "We'll get it back."

"How do you know?" I asked, rolling away from him in shame.

"I just do," he replied, holding me.

In the weeks that followed, each lovemaking attempt culminated with me dissolving into a sweaty heap of tears on the bed. I wanted to want to have sex—I knew it would help me feel closer to my husband, and I subscribe to the "use it or lose it" philosophy—but I just wasn't feeling it. And the pain was still there.

I suspected I wasn't unique and later learned that up to 70 percent of women experience some form of discomfort with intercourse in the first three months after delivery, according to a study in the *British Journal of Medical Practitioners*. During my pregnancy, I had planned for the aftereffects of childbirth with a thrice-daily program of Kegel exercises to safeguard my sweet spot. But at 34 weeks, an ultrasound had revealed Baby A's umbilical cord wrapped around his neck. When my doc said I needed a C-section, I was devastated because I'd hoped for a natural birth. I tried to focus on the silver lining.

"At least my vagina will remain intact," I mused, unaware that women who have babies via C-section are just as likely to experience sexual frustrations as those who have a vaginal birth. As Shannon Clark, M.D., associate professor of obstetrics and gynecology at the University of Texas Medical Branch, in Galveston, explained to me, pregnancy changes your body no matter how you deliver your baby. The muscles of the pelvic floor, which are sloped like a sling, are affected not only by a vaginal birth but also by the weight of a developing fetus. And during the end stages of pregnancy,

the baby's head enters the pelvis whether you're delivering vaginally or not. It turned out that an overstretched pelvis wasn't my problem, however, as I learned when I sought help from my doctor.

Three months after I gave birth, my ob-gyn couldn't conduct a vaginal exam without me wincing in distress. He asked me whether I'd experienced domestic issues, sexual trauma, or pressure to perform (no, no, and no).

I felt hopeless and deflated. If the doctor couldn't get a speculum in me using medical lube, how was my husband's penis going to fit?

As if reading my mind, the doctor said, "I want you to use vaginal dilators." He surmised my issue was psychological, not physical, particularly since I'd had great sex before the babies. But he believed the dilators could help because I'd be able to control the size of the object entering me and eventually get my body—and mind—used to the idea of something inside me.

I was skeptical. Nevertheless, I left his office and went straight to Amazon. For \$54.95 I became the befuddled new owner of a variety pack of medical-grade vaginal dilators. That's the clinical term for non-vibrating dildos. Unlike their kinky cousins, these phallic tools promised to help me override the involuntary muscle contractions that prevented my husband's entry. They ranged from tampon-size to porn star. Naturally, I started with tampon.

After lubing up, I slowly inserted the device, stopping to take a deep breath whenever it felt stuck. Keeping it in for the recommended ten minutes was another challenge. To pass the time, I cracked open *50 Shades of Grey*, which sadly failed to get my juices flowing.

Once the bigger dilators fit inside me, I knew that Brandon could too. And he did, but sex still fell flat. Brandon, bless him, told me that he loved me ... even (gasp) without sex.

At eight months postpartum, I got

40% of the moms we surveyed say they "rarely" talk about their sex life.

mastitis and decided to stop breastfeeding. At the time I didn't realize how critical my breasts were to good sex. For me, it wasn't the pain of cracked nipples that got in the way—it was the mind-f&%! of having my sons feed off my most erogenous zone. When I shared my theory with Dr. Clark, she had several reasons why nursing could affect me negatively. Exclusive breastfeeding suppresses estrogen levels. Nursing has been linked to lower testosterone as well, which can impact sexual desire. And women who exclusively breastfeed are often exhausted; their needs for intimacy can be indirectly fulfilled by nursing.

As soon as I stopped nursing, I felt like I had reclaimed myself as a woman. So one night, after putting the boys to bed, I stripped down, lured my hubby to the bedroom, and pinned him to our bed. When one of our boys started crying, I urged Brandon to stay put while I got up and (still naked) changed my son's diaper, then returned to our bedroom. We resumed our relations, ending with a climax.

As it turned out, our sexual hiatus made our connection stronger, both physically and emotionally. Not only did Brandon wait for me, he also helped me heal from the trauma of childbirth, showing me repeatedly that our life together is about more than working body parts.

My belly still bulges, my breasts are flatter than ever (the post-nursing curse), and my unsightly C-section scar reminds me of Frankenstein's monster. But I saunter around our bedroom in my birthday suit, basking in the knowledge that no matter what happens to our sex life, Brandon is still a perfect fit. 😊