



Why can intimacy be so difficult after perinatal loss?

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Sexuality after perinatal loss is a topic that is rarely talked about: just like death, sex is still taboo in many countries, particularly in the case of adverse perinatal events. A couple's intimacy during bereavement is a greatly neglected subject and is generally not addressed during training courses or conferences for healthcare professionals.

Yet, grieving couples are expected to "try again soon" to have a new baby. While for some couples that is a natural and immediate path, for many others sexuality becomes instead just another mountain to climb.

Why can intimacy be so difficult after a loss? Because perinatal bereavement is an embodied experience. Miscarriage, stillbirth, and neonatal death occur within women's bodies, during pregnancy or during puerperium, when women are overflowing with hormones: the body itself is at the centre of the traumatic event. In addition, for some women loss of the baby is not the only trauma but is overlapped with an experience of disrespectful care during labour and birth [1].

Bereaved women's bodies are directly affected by the trauma of loss; its echoes can be grafted into memory in a profound way. Traumatic recollections, whether they're conscious or unconscious, have a decisive role in complicating sexual life after a perinatal loss and can re-emerge in an overbearing way even after years, for example during subsequent pregnancies [2].

In the case of traumatic events, our mental defence system records every little detail of what is happening to us and stores it in deep-level memory [3]. When we're faced with a similar experience, memories and sensations are sent back to us as if at high volume, making us feel as reliving the event all over again. Although very disturbing, the process has a noble goal: our brain cries out to protect us from an experience that marked us in the past and that is still perceived as threatening. Lowering the volume and disconnecting the traumatic memory from the psychic alert reaction is part of healing process.

Miscarrying, giving birth to a dead baby, or living the experience of a severely premature baby all become part of our body's memory. Specific embodied memories are created and we may live them again months after, precisely during moments of intimacy with our partner.

"Several months passed after the first miscarriage before I was able to make love again to my husband. compared to me, he seemed ready. we

dealt with it differently. I felt an emptiness inside. so many tears. it still happens, but I no longer feel that emptiness so strongly.

The joy of fulfilling sexuality after a perinatal loss represents a mirage for many people. The first months after loss are very harsh and hard, so it is reasonable to not feel joy and to not have any sexual desire. Obviously, no one—no woman, no partner—should have sex on command just to please the other if they do not want to. There is no reason to associate an already difficult intimacy with the additional trauma of abuse. Sex is not suffered, it is actively participated in. And to do so, we must proceed step by step, defuse the alarm, walk the difficult path of mourning, and stitch up the wounds of loss before we can give ourselves to a revived feeling of joy.

It will eventually happen, joy will return to fill the body; if more than six months pass and intimacy is still a problem, it is very important to get help.

For many of us, the fear of getting pregnant before thinking we're ready further complicates intimacy. It is very important for midwives to talk with women about this fear, to protect them from the risk of undermining their sexuality in the long term.

"After the termination of my pregnancy I removed all thoughts of sex from my mind.

After a few months I realised my husband was waiting for a sign. At night we slept close together but I often fell asleep crying. In the morning, it was the same.

One day he asked me, "Should we try?"

"Okay, let's try, let's see how it goes."

We made love and I cried, a lot and desperately.

I was thinking about the past when sex was a beautiful game; instead, the reality was that we were living in a nightmare.

The terror of getting pregnant and of having to face another abortion was always in the background. I lost the playful part of sex, of happiness without thoughts, of making love with pure pleasure as the purpose.

In my experience, losing a child was also the loss of my joyful sexuality."

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Couples should be able to talk about their sexuality as a natural part of the mourning process. When difficulties arise, they should be accompanied at their own pace, underlining that every sexual approach must be shared by both partners: couple is at the centre of the process.

Consent is always necessary, especially after a perinatal loss. The choice to resume sexual activity is indeed part of the language of each couple, a building block of their relationship, and often a very important one. Knowing how the couple is reacting to grief and being aware of the differences between the partners is a priority in dealing with the big question "When can we try again?", as well as its multiple corollaries: "Why do we always postpone?", "Why do we cry?", "Why am I afraid, and I freeze, and I don't feel anything?".

What couples are actually asking is: "Is it possible to make love again, after a perinatal loss? Can we go back to feeling something that comes from our body and that is not just the emptiness of loss?".

The answer is "Yes, you can." But couples need to be assisted in the process by professionals to learn how a woman's body works after childbirth and after loss: distrust in our body, anger, and sense of revenge are so deep that we end up "forgetting our body", we prefer not to consider it, not to take care of it. This neglect can lead to consequences that make grieving even more difficult.

We are our body: the blood, the milk, the grief, the desire for revenge, the fear. We are more than the sum of all these, we are also resilience. And love. Let us never forget that.

I didn't know that during sex, milk can leak.

Despite the tablets, I produced a lot—even after 9 months if I press on my breasts, a drop still comes out—and during sex it increased.

I cried a lot. It was as if the loss refused to leave. As if my body was constantly reminding me that even if at that moment I felt better, I was the failure whose breasts couldn't nurse.

We talked about it: I told him not to touch my breasts anymore and we both tried to not to think too much about them.

And sometimes if I felt like crying, we would stop and cuddle.

It took time, listening and patience. How strange that someone entered what had been my little girl's house.

We did everything calmly, following our rhythms, our desires, and our emotions. It was difficult but we did it together.

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We can eventually regain possession of our bodies, with a little confidence and tenderness towards ourselves and our partners. We can touch the wound from our caesarean section or the pelvis that hosted and welcomed the passage of our child without being overwhelmed by traumatic and unpleasant emotions that can turn sex into a nightmare.

Our baby died after a month of neonatal intensive care after an emergency caesarean section.

My body was changed forever. I don't like it anymore, I hate it, it betrayed me. My husband, with extreme tenderness, has always made me feel wanted and loved but he waited a long time.

Intimacy returned little by little after 4 months, pleasure returned after more than 6. Now (it's been a year), I still don't like my body and I have a hard time touching the caesarean wound, and I'm uncomfortable even when my husband touches it. But feeling loved and desired for now is enough; I trust that one day I'll return to love my body too.

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Starting from a body pierced by perinatal death and feeling through that body pleasure and not only the echo of pain is very hard. Regaining possession of ourselves, of our own intimacy, respecting oneself requires a gentle and non-judgmental dialogue. It requires starting from the basics of love: attention to small things, gradual physical contact, caresses, listening. It requires patience. It requires not expecting everything to

return to how it was before and knowing that it won't, because in the meantime there has been a tsunami.

However, it can be good, it can be even better, because achieving awareness of one's body and welcoming it as it is, protecting it and keeping it healthy can deepen intimacy and strengthen the relationship.

"It's been a year. And in that period, we've made love 8 times.

Strange, because my only desire towards him since after giving birth was to feel him close, as close as possible. I wanted to merge with him and to never separate because we had already been separated from our son, and it was not right.

Could we at least save our unity, in a world that has become so dangerous?

But then time passed.

Before healing, physically I mean, weeks and weeks of loss and stress.

Then fear. Will it be different? Will it hurt?

Then the attempt: okay, but protected. We must pay attention. To what? To his memory: we mustn't give the impression to others that we want to "replace" our first child with another baby.

To our son: we want to celebrate him, and spend time with him and only him in our hearts and minds.

To the next possible child: are we healthy enough after this trauma to be good parents?

To me: is my body ready for another 9 months? Those 9 months were difficult.

To us and our fear: what if it happens again?

My husband doesn't know whether to approach me or not. He waits for my signal.

It doesn't come. We are so comfortable in each other's arms, it brings us peace.

Then the first attempt without protection, on a day when we're feeling fatalistic. "Come on, whatever happens, happens."

But it ends in tears.

Actually, I don't feel ready.

And then more months pass.

And then "Come on" again.

And then tears.

And then, only a few days pass, and he says "Come on" again.

And it ends in laughter.

There is light.

Just give us time."

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Ethical statement

All parents' experiences were acquired in compliance with GDPR regulation (General Data Protection Regulation, European Union 2016/679) within the channels of CiaoLapo charity for perinatal loss support. All citations are reported anonymously, and all parents gave their explicit consent for publications before sharing their story.

CRedit authorship contribution statement

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