Painful Sex During and After Pregnancy

Key Information for Patients

What is dyspareunia?

Dyspareunia means pain with vaginal penetration during or after sex. After giving birth(postpartum), pain can affect the area between the vagina and anus (perineum), the outside genitals (vulva), or the muscles and organs inside the pelvis (pelvic areas). It can occur with or without sexual activity. These can overlap.[1]

How common is it and how long does it last

Research shows two common patterns of pain from pregnancy up to two years after birth.[2] Most people have little or improving pain, while a smaller group experiences moderate pain that lasts longer. At about 3 months after birth, around 31% report pain with sex. By 24 months, this drops to about 12%.[2]

During pregnancy and the first year after birth, many couples also notice changes in sexual desire, how often they have sex, and overall satisfaction. These patterns differ for each couple.[3]

What to expect in the first 12 weeks

- In the first 6 weeks, most of your energy goes to healing, sleep, and newborn care. Soreness, dryness, and sensitivity are common. Intimacy can start with non-penetrative touch.
- If you had stitches in the area between the vagina and anus (perineum), wait until the skin has healed and you feel ready before trying penetration.
- If you had a caesarean birth (a surgery where the baby is delivered through a cut in the belly and uterus), vaginal tissues may still be dry or sensitive. You may also feel a deep ache in your belly or pelvis if a sex position presses on healing tissues.
- Calendars are guides, not rules. Your readiness matters more than the week number.
- If pain is moderate or worse at any point, pause and adjust. If the pain continues beyond 8 to 12 weeks, talk to you clinician.[1]

Why sex may hurt

Physical factors

- Healing tissues after tears, cuts, or episiotomy (a small cut made at the vaginal opening during birth to make more space for the baby) can be tender.[2]
- The muscles at the bottom of your pelvis (the pelvic floor) can become tense or work too hard after pregnancy and birth.[1]
- When you are breastfeeding (lactation), your body makes less of the hormone estrogen. Lower estrogen can cause less natural moisture in the vagina, which may lead to dryness.[1]

Other health conditions can also cause pain with sex. These include endometriosis, which happens when tissue similar to the lining of the uterus grows in places outside the uterus, and vulvodynia, which is ongoing pain in the vulva (the outside of the genitals) without a clear cause.[1]

Psychosocial factors

- Stress and worry about sex (sexual distress) can make pain worse and lower sexual desire.[4]
- Low mood or having depression can reduce sexual function.[4]
- Being less satisfied in your relationship can also affect sex, especially in the early months after birth.[4]
- Expectations play a role too. If sex after birth feels worse than you thought it would, sexual satisfaction often goes down and stress goes up. If it feels better than you expected, sexual satisfaction often improves and stress is lower.[5]
- Partners often think the birthing parent has less ability to manage pain than they really do. If both partners feel unsure, pain and sexual problems are more likely. Working together to build confidence can make things better.[6]

What can you do at home?

Step 1. Reset for 2 to 3 weeks

Spend this time focusing on intimacy that does not involve penetration. This can include touching, kissing, cuddling, massage, using a vibrator on the outside of the body, or sharing a bath. If something causes pain, stop and choose an activity that feels comfortable instead.

Step 2. Comfort-first (practice 2 to 3 times per week)

Take a warm shower to help your body relax. If you have dryness, use a vulvar moisturizer daily. Before intimacy, put lubricant on the vaginal opening and just inside. Start by gently inserting a fingertip yourself while breathing out and allowing your belly and pelvic floor muscles (the muscles at the bottom of your pelvis) to soften. If pain increases, pause, take a breath, and try again later or stop.

Step 3: Communicate with your partner

Talk openly with your partner about any pain and about what feels comfortable for you. You can use these tips for talking about sex - **Talking to your partner about sex**. You can also check out the other videos in the **#postbabyhankypanky series**. Sharing the videos with your partner can also be a good way to start the conversation.

Step 4. Gradual penetration

Begin with shallow penetration and move slowly. Pick positions that let you control the angle and depth. Keep lubricant nearby and use more whenever needed.

Positions that often feel easier on healing tissues include:

- Side-lying spooning. Allows shallow depth and makes it easy to pause.
- On-top. You can control both angle and depth.
- Rear entry with a pillow under the hips for support. Supports your body and helps keep depth shallow.
- Avoid deep thrusting at first. If you feel a deep ache, tilt the angle downward and slow the pace.

What your clinician can do

- Talk with you about lubricants and moisturizers you can use. Because estrogen levels are lower while breastfeeding, natural moisture may be reduced. Using lubricants generously is simple and often helpful.[1]
- Refer you to a pelvic floor physiotherapist if the muscles in your pelvis seem too tight or overactive.[1]
- Support you with mood, birth trauma, or relationship challenges. Cognitive behavioural strategies (a type of talk therapy) can help with unhelpful thoughts and behaviours that make pain worse.[1,4]
- Provide resources for couples' education or counseling. Programs that include sexual health education during pregnancy and after birth are linked with better sexual well-being.[7]

When to seek care

- Severe pain or bleeding with sex at any time.
- Fever, foul discharge, increasing redness or swelling.
- Ongoing pain that continues past the early months and limits intimacy.
- Significant distress, low mood, or rising conflict about sex.

You can start by seeing your family doctor, midwife, or a gynaecologist (a doctor who specializes in women's reproductive health). Ask if there are pelvic floor physiotherapists in your area and whether you need a referral to see one.

1 Rosen, N. O., & Pukall, C. (2016). Comparing the prevalence, risk factors, and repercussions of postpartum genito-pelvic pain and dyspareunia. *Sexual Medicine Reviews, 4*(2), 126-135. https://doi.org/10.1016/j.sxmr.2015.12.003

2 Rosen, N. O., Dawson, S. J., Binik, Y. M., Pierce, M., Brooks, M., Pukall, C., Chorney, J., Snelgrove-Clarke, E., & George, R. (2022). Trajectories of dyspareunia from pregnancy to 24 months postpartum. *Obstetrics & Gynecology, 139*(3), 391-399. **https://doi.org/10.1097/AOG.0000000000004662**

3 Rosen, N. O., Dawson, S. J., Leonhardt, N. D., Vannier, S. A., & Impett, E. A. (2021). Trajectories of sexual well-being among couples in the transition to parenthood. *Journal of Family Psychology, 35*(4), 523-533. **https://doi.org/10.1037/fam0000689**

4 Dawson, S. J., Vaillancourt-Morel, M. P., Pierce, M., & Rosen, N. O. (2020). Biopsychosocial predictors of trajectories of postpartum sexual function in first-time mothers. *Health Psychology, 39*(8), 700-710. **https://doi.org/10.1037/hea0000861**

5 Rosen, N. O., Vannier, S. A., Johnson, M. D., McCarthy, L., & Impett, E. A. (2023). Unmet and exceeded expectations for sexual concerns across the transition to parenthood. *Journal of Sex Research, 60*(9), 1235-1246. **https://doi.org/10.1080/00224499.2022.2126814**

6 Rossi, M. A., Maxwell, J. A., & Rosen, N. O. (2020). Biased partner perceptions of women's pain self-efficacy in postpartum pain during intercourse: A dyadic longitudinal examination. *The Journal of Pain, 21*(9-10), 1047-1059. **https://doi.org/10.1016/j.jpain.2020.01.006**

7 Fitzpatrick, E. T., Rosen, N. O., & Dawson, S. J. (2023). What to expect when you're expecting: Perinatal sexual education is linked with couples' sexual well-being in pregnancy and the postpartum. *Journal of Sex Research, 60*(9), 1269-1282. **https://doi.org/10.1080/00224499.2023.2193570**