Is it safe to have sexual intercourse during pregnancy? A commentary paper

Misbah Zafar  
*Aga Khan University*, misbahzafar81@hotmail.com

Mehreen Aslam  
*Aga Khan University*, mehreen.aslam@scholar.aku.edu

Follow this and additional works at: [https://ecommons.aku.edu/jam](https://ecommons.aku.edu/jam)

*Part of the Nursing Midwifery Commons*

**Recommended Citation**
Is it safe to have sexual intercourse during pregnancy? A commentary

Misbah Zafar¹, Mehreen Aslam*²

Abstract

Sexuality is an expression of love, care, and intimacy between couples but pregnancy, and the early postnatal period can have a significant impact on sexual health. Numerous physiological and psychological changes take place during pregnancy¹. These changes may have a deep influence on the sexual lives of married couples in a variety of ways.²

The degree of sexual health awareness, myths, rituals, and beliefs about sexual activity during pregnancy are some of the contributing factors which promote or hinders the sexual relationships during pregnancy.³ The most common fear related to sexual intercourse is the risk of miscarriage or dyspareunia⁴. The common reasons for refraining from sexual activity in pregnant mothers include exhaustion, social awkwardness, experiencing labor pains, or external genital cramping. These fear-based factors not only have an impact on sexual function, and sexual pleasure, but also on intimate relationships.³ According to research, 45% of women indicated that they believed having intercourse was bad for the fetus, and five of them considered it bad for female fetuses⁵. Another major contributor to false beliefs and myths is a lack of formal sexual health education from healthcare professionals during antenatal visits, which emphasizes the need to focus on this important aspect of health to provide holistic care to pregnant women by midwives during antenatal and postnatal visits. In some cultures, pregnant women cannot ask themselves about their sexual health concerns for moral reasons and do not believe it is appropriate to discuss sexual health topics openly. Therefore, they tend to find information from other sources such as family members, friends or internet sources.⁶

Key Words: Sexuality, pregnancy, reproductive health, midwives

¹ Student, RN, RM, NephroUrology Nurse, Post RN BScN, Student of MScN, Aga Khan University Karachi, misbahzafar81@hotmail.com
² Student, BScN, MS Community Health and Nutrition, MScN Student, Aga Khan University Karachi, mehreen.aslam@scholar.aku.edu
Arguments

Some people consider the sexual activity a dangerous act because there is a third person (fetus) present\(^7\). The majority of families find it awkward to talk about these matters with healthcare professionals, and sex education is stigmatized majorly in society \(^5\). According to reports, sexual activity decreases throughout pregnancy, with over 60% of women reporting reduced interest and pleasure during sexual activities \(^8\).

According to a Polish study, sexuality during pregnancy serves as a significant motivator for married people to look for novel approaches to romantic fulfillment. This research suggested that having a sexually satisfying experience during pregnancy boosts a woman's self-esteem, encourages partner mutual communication, and strengthens marriage ties \(^8\). Moreover, in some cultures’ women continue their sexual behavior despite decreased sexual drive brought on by psychological, and hormonal changes during pregnancy to preserve marital harmony\(^9\). A Nigerian study revealed that more than half of women believe that continuing sexual activity keeps men around, improves partner connection, and is an important marital obligation \(^10\). Furthermore, in some cultures, sexual intercourse is thought to facilitate an easier labor process by widening the vagina.

Counterarguments

It is well believed in medical research that sexual activity may influence the onset of unexpected labor. Human semen has a good concentration of prostaglandin E, which ripens the cervix, and starts uterine contractions. Similarly, breast stimulation starts the oxytocin release reflex, which is thought to be the cause of uterine contractions. The production of prostaglandin and oxytocin, Nipple stimulus, clitoris arousal, and uterine movement brought on by an orgasm may help with labor progression. However, in the third trimester as opposed to the first and second, prostaglandin E and prostaglandin F concentrations are increased by 10 to 20 times, which may contribute to the ripening of the cervix and lead to uterine contractions. Additionally, semen is the richest source of prostaglandins \(^8\). After 27 weeks, it's generally advised by healthcare professionals to avoid lying in the supine position because it causes aortic compression and supine hypotension thus, impeding blood supply to the fetus. During 3\(^{rd}\) trimester, mostly women compared to their partners, reported a greater decrease in sex communication. Pregnancy made vaginismus more problematic than before, which results in a reduction in the frequency of sex \(^11\). Contrary to this, few studies have found that the blood levels of androgens are not related to
sexual function during pregnancy. But there is no evidence to support that semen and labor have a direct relationship and that having sex does not start labor. Most obstetrical books cover premarital counseling and contraception, but healthcare professionals rarely touch the subject of sexuality during pregnancy and postpartum. It was attributable to the relative lack of credible studies and published research on relevant information. This lack also reflected how society views sexuality and how it struggles to acknowledge that pregnant women have sexual needs. It has been proved that both men and women participate in a sexual relationship for adoration, involvement, relaxation, and self-respect.

In conclusion, pregnancy has no impact on a couple's sexual relationship, sexual intercourse should be continued to enhance marital harmony and a sense of fulfillment by being loved by each other.

Recommendations

1. Midwives should educate pregnant women and their partners regarding sexual and reproductive health during pregnancy.
2. Proper factual education on maintaining sexual relationships during pregnancy can help to prevent myths and enhance marital relationships by removing fears.
3. Couples should be counseled. If the expectant mother has a high-risk pregnancy, such as a miscarriage or preterm labor with membrane ruptures, amniotic fluid leak, or placenta previa to avoid sexual activity.
4. Married couples should be counseled about psychological variations during pregnancy, and they should be advised that their satisfaction should not be limited to sexual intercourse, but that they can make other modifications in their sexual life.

References