



First-time parents' experiences of proximity and intimacy after childbirth – A qualitative study



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ABSTRACT

Objective: To explore first-time parents' experiences of proximity and intimacy after childbirth.

Methods: This was a qualitative study. Individual interviews with a sample of six women and six men were conducted in December 2017. The data were analysed using systematic text condensation.

Results: In the first theme, the parents described that their mutual attraction was affected by the female body changes during pregnancy and childbirth. The second theme described how the baby represented a new focus, resulting in a form of intimacy that was more sensual than sexual. The third theme described how pain, fear and new priorities changed couples' intimacy, making their sex life a challenge.

Conclusion: First-time parents had varied experiences of proximity and intimacy after the birth. When they chose to prioritize each other, attraction increased, strengthening their relationship and even when busy, those who wanted to be intimate with their partner found sufficient time. During this process, there was sometimes an imbalance between the partners' sexual needs. Intimacy was then challenged, but not necessarily weakened. New parents need information and guidance on changes that may affect proximity and intimacy in their relationship after childbirth, but receive very little information.

Introduction

The World Health Organization defines sexuality as a central aspect of being human throughout life [1]. The World Association of Sexual Health confirms this and explains that sexuality is perceived and expressed in different ways, including changes in roles and relationships [2]. Sexuality and good couple relationships affect our general state of health [3]. Sexuality encompasses emotions, thoughts and actions in addition to physical factors [3]. O'Malley, Higgins and Smith divide sexuality into four different categories, namely physical, psychological, social and relational sexuality [4]. This study focuses on proximity and intimacy in order to understand sexuality as a whole. Proximity can be understood as a way of being with one's partner without being sexual, but still with physical presence [5]. Intimacy is synonymous with familiarity and privacy, and is used to describe the closest relationships between people, including sexual contact between a couple [6]. Postpartum sexuality is not necessarily a new challenge for society or for clinicians, but for first-time parents, it represents a new and often unpredictable situation where the need for intimacy varies between the two parents [7]. The International Confederation of Midwives states that an important task for midwives is to provide guidance and information on sexual and reproductive health to women, families and

society [8].

Research shows that sexuality changes after childbirth [9–11], and fatigue due to sleep deprivation is the biggest cause of the change in both men and women [4,12,13]. Parents often feel pressure to resume intercourse, and many describe challenges associated with contraception and breastfeeding during the first months after the birth [14]. Studies describe how the differences in women's and men's needs change in line with the age of the child [13,14]. The woman often experiences challenges related to body changes, lack of sexual desire and dyspareunia (pain related to intercourse), while the man is more focused on the resumption of intercourse [4,13,14]. According to Barrett [13], 62 percent of women have dyspareunia and perineal pain three months after giving birth and 31 percent still experience pain after six months [13]. Women with pre-existing dyspareunia are even more likely to experience higher levels of dyspareunia after childbirth [15]. Studies show that men find less difficulty in combining parenting and sexual needs than women, because it takes longer for women to accept themselves and their postpartum body changes [9,14]. Breastfeeding is associated with dissatisfaction with body image and how the mother sees herself. Women who feel attractive and are viewed as attractive by their partner report higher levels of sexual pleasure, more frequent sexual activity and less pain [12]. Furthermore, women are

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more likely to report high levels of emotional satisfaction and sexual pleasure if they have some time for themselves on a regular basis and their partner contributes with everyday tasks [16]. A good relationship after childbirth is closely linked to the resumption of sexual activity [12]. Research also indicates a link between general dissatisfaction and reduction in sexual activity, and many women express concern about their partner's sexual satisfaction in the post-birth period [12]. Women with little or no sexual desire whose partner has a strong desire for intercourse report that this has a negative effect on their postpartum sexual activity [12].

We believe it is important for health professionals to have knowledge of first-time parents' experiences of changes in proximity and intimacy after childbirth. There are few studies describing both women's and men's experiences [4,17]; we therefore chose to explore the experiences and possible challenges of first-time parents during this period. The research question was:

“What experiences do first-time parents have of proximity and intimacy after childbirth?”

Materials and methods

We chose to conduct a qualitative study, as qualitative design is suitable for studying personal and sensitive subjects in the lives of individuals, such as proximity and intimacy [18].

Participants

Participants were recruited using an information sheet that midwives and nurses distributed at five mother and baby clinics in a Norwegian city. Facebook and online discussion forums aimed at parents were also used. Recruitment through clinics resulted in few participants. As a consequence, we also recruited through social media. We published two posts about the study, describing the target group we wished to contact and encouraging those interested to get in touch. We also asked readers to share the post with people they knew.

We included married and cohabiting heterosexual first-time parents aged 25–40. A healthy baby and a normal birth were further criteria. Six women and six men from different parts of Norway contacted us, and all of these satisfied the inclusion criteria and were thus included. The sample included two couples, but these were interviewed individually like the other participants. By recruiting both women and men, we were provided with a variety of data (see Tables 1 and 3).

Data collection and analysis

We conducted semi-structured interviews, using an interview guide with five questions [18]. We started the interviews by asking participants to talk about their experiences related to the birth. The other four

Table 1
Overview of participants.

Age	25 years: 1 26 years: 2 27 years: 3 28 years: 2 29 years: 3 35 years: 1
Gender	Female: 6 Male: 6
Marital status	Married: 9 Cohabiting: 3
Geographical distribution	Western Norway: 2 Eastern Norway: 8 Southern Norway: 2 Northern Norway: 0

Table 2

Interview guide.

1. Can you tell me a little about the birth?
2. Can you describe how proximity and intimacy have changed in your relationship after the birth?
3. How do you combine your roles as a parent and partner?
4. Can you tell me if the physical and mental changes you have experienced in pregnancy and birth have changed your attraction to each other, and if so how?
5. Have you received any information about sexuality from a midwife, nurse or doctor during pregnancy, in the maternity ward or after the birth?

questions were open and referred to intimacy and proximity after the birth, see Table 2. The interviews were conducted in settings where the participants felt comfortable, for some this was at home, for others in a quiet cafe. Depending on where in Norway they lived, they were interviewed face-to-face or via a video call. Three of the twelve interviews were via video call, while we met the other nine participants in person. Interviews were conducted in December 2017 and lasted from 9 to 44 min (average 23 min). They interviews were recorded digitally and transcribed verbatim.

The interviews were analysed jointly by the authors using systematic text condensation, a tool for thematic cross-case analysis consisting of four steps [18]. Initially, we read all the interviews to gain an overall impression and choose preliminary topics. Meaning units describing first-time parents' experiences of proximity and intimacy after childbirth were then identified and coded into groups. In the third step, we identified subgroups within each code group, and the meaning units in each subgroup were condensed. Finally, the condensates were re-contextualized as an analytical text.

Ethics

The study was conducted in accordance with the guidelines of the Helsinki Declaration [19]. The Norwegian Regional Committee for Medical and Health Research Ethics considered the project to be outside the scope of Sections 2 and 4 of the Health Research Act (2017/1724C). Approval was obtained from the Norwegian Centre for Research Data (56338). Participants received oral and written information about the study before the interviews. They were informed of the approval and told that they could withdraw from the study at any time without any consequences and that any data they had contributed would be deleted [20].

Results

In the first theme, the parents described that their mutual attraction was affected by the female body changes during pregnancy and childbirth. The second theme described how the baby represented a new focus, resulting in a form of intimacy that was more sensual than sexual. The third theme described how pain, fear and new priorities changed couples' intimacy, making their sex life a challenge.

Attraction was affected by female body changes

Most male participants made no negative comments on their partner's body after the birth; they were satisfied and physically attracted to her. One man said that he and his wife had focused strongly on looking after their bodies through physical exercise because this was needed to maintain their mutual attraction. Several female participants told of a changed body and the feeling that they were not back to normal after the birth. This made them feel dissatisfied and unattractive. It was a slow and tiresome process to accept the bodily changes; one woman in her twenties said:

“My tits hang down, my stomach's big and I'm leaking a bit. Ugh, don't touch me, I just want to say, leave me alone. I haven't quite got back to

Table 3
Overview of themes.

Attraction was affected by female body changes	<ul style="list-style-type: none"> – Reflections related to body image – Mutual attraction changes – Experiencing pride related to body changes
Intimacy became more sensual than sexual after childbirth	<ul style="list-style-type: none"> – Becoming aware of the importance of proximity – Experiencing a new kind of proximity – Lack of time and feeling exhausted influences proximity
Sex became a challenge after childbirth	<ul style="list-style-type: none"> – Intimacy becomes difficult due to pain – Intimacy becomes difficult due to fear of pain – Intimacy is changing

normal, it's a real drag." (Female, interview 8)

Some women needed more confirmation and acknowledgement after the birth because of their bodily changes. They said that their male partners were good at complimenting them and disagreeing with their negative body image, but it was difficult to accept this encouragement. One woman reported feeling closer to her partner, but not necessarily more attracted to him, following the birth. Over time, however, their mutual attraction became stronger and she found that it reached a new height, which included their sexual attraction. A male participant who felt the same way said:

"Well, I think I'm basically more attracted now than before. I have a different view of her and respect her more." (Male, interview 5)

Both men and women were proud of and impressed with the effort of the female body during pregnancy and childbirth. The women reported feeling more satisfied and comfortable when they had acknowledged the changes in their bodies. They were proud of their stretch marks as physical proof of their pregnancy and the fact that they were now mothers. The parents were proud of each other and what they had achieved, sharing a feeling of victory where the baby was the prize. There was great pride in having progressed from a couple to a family, and many expressed pleasure at how they had resumed the proximity and intimacy of their relationship. One man said about his wife:

"She's my number one, whatever she looks like, both before and after pregnancy. She's really attractive. I hope she thinks the same about me." (Male, interview 12)

Intimacy became more sensual than sexual after childbirth

One female participant emphasized the importance of prioritizing each other in their new situation. She felt that a baby could take all the attention, so it was important to set aside time for each other. A baby's sleeping problems meant that one husband slept on a different floor from his wife and child. This affected their proximity for a time, but the situation normalized when they began sleeping together again. Many mentioned that going for walks, holding each other, talking and doing everyday things together were important. One female participant wished she had prioritized her husband more and set aside time for love. One man said that he and his wife had reflected on how they wanted their family culture and marriage to be and made a rule to put each other first. The best thing they could give their child was a marriage that was stable and full of trust; the parents would kiss when they met before directing their attention to the child.

"So our child can see that Mummy and Daddy love each other. That's a really nice thing. We're very focused on the fact that it's us two, we give each other priority over everything else." Male, interview 2)

Many participants described how the experience of the birth had brought them closer together as a couple and let them share something special. They experienced a new proximity. One woman felt that she and her partner had become closer in a new way; the baby had become part of their proximity. Sitting in each other's arms or holding hands

could be enough. Several participants said that their priorities had changed and that sex was no longer in focus. Instead, they enjoyed the wonderful things that had happened and their new baby. However, the changes were not equally positive for all couples, and some parents no longer felt like lovers. Several women felt they were now parents more than partners; the role of a mother was challenging and they failed to combine it with the role of a lover during the first months. Others found parenting attractive, saying that being both lovers and parents gave them a "love boost", as one woman explained:

"The birth made us share something very special. It's like in a film, tears, laughter and lots of strong feelings. Yes, it's really brought us closer, much more than I'd have imagined." (Female, interview 4)

The participants agreed that they had less time for each other after the birth, which affected their proximity. Some used babysitters to get more time for each other. One woman said that she and her husband tried to set aside time for each other, but when the evening came they were both tired and lacked energy. They therefore preferred sleep or relaxation rather than intimacy.

"I often think we've got no time for each other, but there's always time, you just need the energy." (Female, interview 8)

Sex became a challenge after childbirth

Several participants stated that persistent vaginal and perineal pain after the birth restricted the resumption of intercourse, often for many months. Pain was due to tight muscles, dry vaginal mucosa and a feeling that things were not normal. In addition, episiotomy and sutures led to pain and slow healing and limited sexual activity both physically and psychologically. One woman cried and felt like a failure because of pain and frustration when having sex after the birth. A frustrated man said it had been impossible to resume the sexual relationship with his wife for the nine months she was breastfeeding due to dry mucous membranes in her vagina. Participants were very disappointed that clinicians had not informed them about changes that could affect sex after childbirth. They found it difficult to bring up the subject and would have preferred the clinicians to take the initiative. One woman said that she associated her vagina with pain instead of pleasure after childbirth, and it took time to change this. Vaginal and perineal pain frightened some women, as did the thought that someone would touch them. They imagined that the scar would reopen or not heal properly. The men found it difficult that their partner showed signs of pain when they touched her; they did not want to hurt her. Both men and women were at a loss and frustrated in this situation. One woman said:

"We used to have much more regular sex than we have now, especially as I had so much pain. So it was six months before we managed to have sex, because it hurt me too much." (Female, interview 3)

However, several participants said that although their sex life was good before the birth, it was even better afterwards. They found it important to talk about sexuality in their relationship, but this was difficult even though the birth had brought them closer together. For

most participants, resumption of sex came naturally over time, and they stressed the importance of a good sex life for their relationship. One participant said it only took a few weeks before she and her husband could resume sex, while another did not want her husband to touch her. She felt that she was now a mother and mothers do not have sex. Many were afraid to resume sex, but also missed the intimacy in their relationship and found that their sexual desire had not been turned off. It required an active effort to return to the sex they had before the birth, but it was a good feeling when they got to that point. One woman said that she and her husband were not intimate for six months after the birth, leaving her with the feeling that something was missing:

“I reacted by crying, first because of the pain, but also the sadness and frustration that we couldn’t do it. That’s not how it should have been, I felt there was something wrong with me and I was afraid it would never get better.” (Female, interview 1)

Discussion

Our findings as in Olsson’s study [10] showed that most male participants were happy with their partner’s physical body changes, and they were thrilled to see what the female body could do. For the women in our study, it was a slow and tiring process to accept the physical changes resulting from pregnancy and childbirth. Changes in women’s abdomen and breasts caused stress and some women felt that these were permanent and beyond their control. Similar findings of feeling unattractive postpartum are described elsewhere [9,13,14,15]. O’Malley [4] explains this as a vicious circle, where a negative body image affects sex life and where a poor sex life affects the body image. This shows that changes after childbirth clearly influence women’s feelings about themselves and their body. According to O’Malley [15], some women lack interest in sexual activity the whole first year after childbirth because of dissatisfaction with body image. Our study described that most women needed acknowledgment and recognition from their partner to process their negative body image. Olsson describes how men [10] want to encourage women in this situation, but find this difficult. In this study, the women stated that their partners were encouraging and supportive, but some women found it difficult to accept acknowledgement [9]. In the course of the first year postpartum, the women learned to accept their bodily changes, which gave them a feeling of mastery. They became proud of and comfortable with their body and its changes. Similar findings are described in other studies [8]. We believe that it was a process for most women to accept and acknowledge the changes. Regardless of this process, both female and male participants felt more attracted to their partner after childbirth, which could enhance their mutual relationship [11,12].

Our findings show that the participants realized that their baby could steal their attention, but they wanted to prioritize time to be together. Other studies show that fathers compete with the child for the mother’s attention [10] or that mothers prefer being alone with the baby to proximity with their partner [9]. Our participants explained that the focus of their relationship changed after the birth. A new kind of proximity developed, and they found many ways to be close, such as putting their arm round each other and holding hands. Olsson et al. [10] explain how the baby can strengthen the relationship, and our participants reported that the baby had become part of their proximity. They explained that their roles changed after the birth; they now felt more like parents than partners. According to Olsson et al. [10], the transition to fatherhood provides a new focus and a new meaning that fundamentally change everyday life. Some participants found this role change attractive. Ahlborg et al. [11] state that couples in Western society may find it difficult to become parents because the child threatens their career and relationship. This was not a finding in our study, although the role change was challenging. Research also shows that new parents prefer sleep to proximity, and that tiredness is the most common cause of reduced sexual activity after birth [9,10]. In our

study, the causes were lack of sleep, insufficient time and altered priorities.

Most women in our study experienced pain during intercourse after childbirth, which is found in previous research [8,13,15,17]. Dyspareunia continued for up to six months after birth and prevented the resumption of intimacy [11,13,15,17,21]. Many of the women had had an episiotomy, which became a physical and mental barrier to intercourse. These women were anxious and had a feeling of failure. Male participants also found this challenging, as they did not want to cause pain. Women with sexual health issues, e.g. pain, had lower chances of being content both emotionally and sexually with their partner [16]. Women with dyspareunia and those who breastfeed tend to have greater problems with sex after childbirth [12–15,21]. In our study, some participants had no intercourse throughout the breastfeeding period. Ahlborg et al. [11], Jawed-Wessel and Sevick [17] and Hipp [12] describe how breastfeeding women may have less sexual desire and thus reduced sexual activity. We see that this may be a challenge for the male partner’s sexual needs that can lead to an imbalance in the relationship. Olsson et al. [9] argue that stress affects the frequency of intercourse for new parents and that it may take up to one year after childbirth before the desired frequency of intercourse is regained [17]. Both men and women may experience frustration and for many this is a challenging process [11,12,14]. This agrees with our findings, where the participants stated that an active effort was needed to achieve satisfactory sex in their relationship. The participants in our and Olsson’s [10] study waited to resume sexual intercourse until both partners felt ready. Good sexual health in pregnancy and the first year after childbirth can ease the transition to parenting and is important for both men and women to feel that their relationship is complete and meaningful. A study by McDonald et al. [16] shows that couples’ sexual relationship appear to improve as times passes after birth, but women’s emotional satisfaction declines. Women argue that spending time alone and having a partner who is involved in household tasks increases their emotional satisfaction. Jawed-Wessel and Sevick [17] state that the participants in their study felt happy in their relationship when their sex life was satisfactory. Although they had intercourse less often than before the birth, they did not all find this a problem because their roles and lives had changed. This shows that first-time parents find that their sex life has changed, but not necessarily for the worse.

Studies describe how open communication and a stable relationship are crucial for a good sex life [4,11,22], and both women and men in this study found it important to discuss wishes and needs with each other. The women found it challenging to talk with their partners about altered sexual needs, while the men underlined the importance of talking about intimacy irrespective of the level of sexual activity [7]. We consider it very important that both parties manage to discuss sexuality. In this context, health professionals can help to improve the couple’s communication skills, and inform them about sensuality and sexuality in the transition to parenting [22]. Health professions should prepare parents about sexual changes taking place after birth as simple knowledge can remove stress, anxiety and fear and make it easier for the couple to resume a sexual relationship [15,16]. If the couple cannot communicate openly about sexual matters, it may be challenging for them to receive help from clinicians. Our findings indicate difficulty for new parents to address the subject of sexuality with healthcare professionals, and first-time parents have unanswered questions about sexuality after childbirth [10]. In our opinion, midwives should inform all parents about how their sexuality and sex life may change after childbirth. Midwives meet parents-to-be during pregnancy and thus have the opportunity to establish a good relationship with the couple. Watzlawick et al. [23] argue that the relationship between the couple and the clinicians is just as important for communication as what is said between them; it is not just a matter of conveying information. The midwife could also recommend sex counselling for couples who have questions and worries about sex or when the woman experience intercourse as painful [13].

Healthcare professionals must have the necessary knowledge to talk to couples about intimate matters during pregnancy and after childbirth [22]. It is also important for parents to reflect on their own attitudes and opinions regarding sexuality to be able to speak naturally about the subject. Studies show that even when midwives have knowledge of sexuality, they are not always willing to use it [17,24]. Midwives are also uncertain as to the best time after childbirth to talk to the parents about sexual matters [24]. We question whether Norwegian midwives have sufficient expertise in this area. A greater focus on sexuality and intimacy in midwifery education and practice is needed for midwives to provide good advice and guidance based on updated knowledge. Courses should be offered to midwives to enhance their knowledge, including communication techniques that can make it easier to talk about private and sensitive topics. A general increase in midwives' knowledge in this area will mean that sexual information will be available to all parents and not just those using specialist health services.

Strengths and limitations

Internal validity asks whether a study has investigated what it was meant to investigate and whether the methods used have been relevant [18]. All the authors read the interview transcripts and collaborated on the data analysis. Qualitative design proved to be a suitable method to answer the research question, and the interview guide contained a small number of open questions to enable participants to talk freely about their experiences. We chose to conduct individual interviews as we felt that participants would be most comfortable talking about intimate experiences individually [25]. The interviews were held between four and fourteen months after the birth. Memory may be a factor relevant to internal validity; some participants may have difficulty remembering in detail the period immediately following the birth [25]. For many, it may also be difficult to talk openly about sexual matters, and we assume that not all details are included in the data. One interview lasted for only nine minutes, possibly reflecting this. Still, it provided relevant information and was therefore included in the study. The questions we constructed were easy to understand for us as healthcare professionals, but the participants may not have understood and interpreted the questions in the same way as us. Long distances made it difficult to arrange face-to-face meetings with all the participants, which meant that some interviews were in the form of video calls. The use of different interview methods may have affected internal validity, as the context was not the same for all participants [26]. However, we found that the video call interviews contained rich data and we therefore chose to include all the interviews.

External validity asks whether the study hypothesis or results can be applied in other settings [18]. One weakness of the study was that the participants were a small-scale convenience sample. The sample can be characterized as a homogeneous group with little divergence in age, social class, urban/rural background and ethnicity. If we had recruited a heterogeneous group of participants including people of different ethnicity, single parents or same-sex couples, the results would probably have been different, which would have enhanced the external validity. Using Facebook for recruitment meant that three of the ten participants were known to one of the interviewers but they did not have a close relationship. Participants with a connection to one of the interviewers were allowed to choose who they wanted to interview them. However, a few of these participants chose the person they knew. It is possible that the responses may have been affected in the cases where participants were interviewed by a person they knew. The interviews provided a great deal of information on first-time parents' experiences of proximity and intimacy, thus, enabling us to answer the research question.

The authors are all authorized midwives and take an interest in sexual and reproductive health. They have different work experience and seniority in the specialist health services caring for labouring

women and their partners.

Conclusion

First-time parents had a variety of experiences related to proximity and intimacy after childbirth. When they chose to prioritize each other, their attraction increased, strengthening their relationship, and even when busy, those who wanted to be intimate found the time. During this process, there was sometimes an imbalance between the partners' sexual needs. Their intimacy was challenged, but not necessarily weakened.

Our study reveals a need for information and guidance on changes that may affect proximity and intimacy in parents' relationships following the birth, but the participants reported receiving very little information. It is easier for clinicians in their professional capacity to bring up the subject than it is for first-time parents. It is therefore crucial that clinicians take the initiative to allay parents' doubts and uncertainty. All the participants in our study, both women and men, had received little information about sexual matters and had to seek out the information themselves. Midwives need relevant knowledge to be able to inform parents adequately about postpartum sexuality. They also need communication skills and a good relationship with the couple. Enhanced guidelines should be drawn up to leave no doubt as to the information to be provided by midwives and when to provide it.

Authors' contributions

All authors were responsible for study design and data analysis. MNS and MLL were responsible for data collection and drafting the manuscript. All authors contributed intellectually, proof read and approved the final version of the manuscript.

Conflict of interest

None.

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Appendix A. Supplementary material

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