

MARITAL RELATIONS AND RETURN TO POSTPARTUM SEXUAL ACTIVITY: EXPERIENCES OF PUERPERAL WOMEN



<https://doi.org/10.56238/arev7n2-102>

Submitted on: 10/01/2025

Publication date: 10/02/2025

Jussara Britto Batista Gonçalves¹, Gabriela Busaranho Pereira², Maria Eduarda Mendes de Freitas³, Maria Paula Pereira Santos⁴, Eliete Maria Silva⁵ and Dalvani Marques⁶.

ABSTRACT

The return of the woman's body to its pre-pregnancy state undergoes major changes, causing transformations and adaptations in her life, family and relationships. This study aimed to know the experiences of women during the return of postpartum sexual activity, based on a qualitative research with 13 postpartum women between 40 and 90 days postpartum. The reports showed feelings of dissatisfaction with the body, guilt for lack of interest in sexual intercourse and for not satisfying the partner, peer pressure and need for information during the period of return to sexual activity.

Keywords: Puerperium. Sexual behaviour. Personal Autonomy.

¹ Nurse, university professor (UNIFUNECS-SP)
Graduate student – Dr./FENF/ UNICAMP-SP
Orcid iD: <https://orcid.org/0000-0003-3136-7932>
<https://lattes.cnpq.br/0194179473071768>

² Graduated in Nursing (UNIFUNECS-SP)
Orcid iD <https://orcid.org/0009-0009-8854-4304>
<http://lattes.cnpq.br/6446524882982211>

³ Graduated in Nursing (UNIFUNECS-SP)
Orcid iD <https://orcid.org/0009-0003-6867-0860>
<http://lattes.cnpq.br/4608325296254871>

⁴ Graduated in Nursing (UNIFUNECS-SP)
Orcid iD <https://orcid.org/0009-0000-9370-8195>
<http://lattes.cnpq.br/3574244626207806>

⁵ Nurse, Dr., University Professor (UNICAMP-SP)
Orcid iD: <https://orcid.org/0000-0002-4136-2564>
<http://lattes.cnpq.br/7999444993409183>

⁶ Nurse, Dr., University Professor (UNICAMP-SP)
Orcid iD <https://orcid.org/0000-0001-7549-2677>
<http://lattes.cnpq.br/6405347772981353>

INTRODUCTION

According to Johnson (2012), the postpartum period comprises the first six weeks after the birth of the baby and the return of the maternal reproductive organs to their pre-gestational state. This period can be called the fourth trimester of pregnancy or puerperium. "This phase can be divided into three stages, mediate (from the 1st to the 10th day after parturition), late (from the 11th to the 45th day) and remote (from the 45th day)" (Vieira *et al.*, 2010; Zugaib, 2020).

During the breastfeeding period, there is an increase in the level of the hormone prolactin in the woman's body, resulting in a decrease in estrogen and, consequently, in the lack of vaginal lubrication (Montenegro; Rezende, 2015), this can cause discomfort during Postpartum Sexual Activity (ASPP). In addition, lesions in the pelvic floor and vagina caused by childbirth need three to six weeks to heal. Thus, sexual abstinence is recommended to couples during this period, aiming at the recovery of the anatomical structures of the pelvic floor (Oliveira *et al.*, 2014).

There are alternatives such as the use of intimate lubricants at the time of intercourse to alleviate the discomfort caused by the decrease in vaginal lubrication, avoiding injuries and pain. However, it is of fundamental importance that the partners are oriented about this period, as well as the physiological factors of the puerperium and the adaptation of this phase in the best possible way (Vettorazzi *et al.*, 2013; Holanda *et al.*, 2014).

Receiving guidance on sexual health in the postpartum period can benefit the marital relationship, avoiding frustrations and anguish that can negatively impact the marital relationship. However, this is a subject that is rarely addressed in health services, and issues related to the adaptive needs of women in the postpartum period are neglected (Pardell-Dominguez *et al.*, 2021; Rahmani, A *et al.*, 2023).

The puerperium is associated with deficits in biological, psychological, marital and family well-being, these factors interfere with ASPP. Due to the physiological, psychological and social changes, and the necessary care for the newborn, the puerperal woman feels unmotivated in relation to the return of sexual activity, generating feelings of guilt, dissatisfaction and no longer being desired by her partner (O'Malley; Smith; Higgins, 2019; See; Melo; Morais, 2019).

In fact, the marital relationship suffers an impact caused by the new reality presented with the arrival of the newborn. This new phase requires necessary adjustments

to the new adaptive process, which, if not successful, ends up causing a distancing from the other's life, translating into a feeling of rejection (Enderle *et al.*, 2013; Macedo *et al.*, 2017; See; Melo; Morais, 2019).

There are many perspectives on women's postpartum sexuality. Siqueira, Melo and Morais (2019), found that women are afraid of pain and a new pregnancy, thus demonstrating the fundamental role of guidance during the prenatal and postpartum period in relation to the return of the ASPP and on contraceptive methods during this period.

The negative self-perception of women in relation to the transformations that occur in their body after childbirth occurs due to the stereotype of the ideal body. In the imaginary, the return of the body to the pre-pregnancy state may not match reality, causing dissatisfaction with body image and substantially affecting sexuality and the marital relationship. These changes in women's lives reinforce the need for information and guidance, not only for women, but also for their partners (Pardell-Dominguez *et al.*, 2021; Shannon *et al.*, 2022; Rahmani *et al.*, 2023).

The investigation of the theme in question was encouraged during practical classes in the discipline of women's health, especially in contact with puerperal women. During the discussions in the learning environment, a knowledge gap was identified that could be exploited through more detailed research. In order to understand the reality experienced by these women, we sought to answer the following questions: How is the return of sexual activity after childbirth for women? In the puerperal period, do women receive information from health professionals about the physiology of their bodies? And how do women deal with the issue of the return of ASPP?

Therefore, the objective of this study was to understand the experiences of women during the return from ASPP. It is hoped that the results presented can contribute to the academic environment and to health professionals, with a view to implementing care that meets the adaptive needs of women in the puerperium phase.

METHODOLOGY

This is a qualitative, descriptive research, carried out with a field study. The consolidated criteria for qualitative research reporting (COREQ) were used as a guide in conducting and presenting this study (Souza *et al.*, 2021).

The research team was composed of women. Two interviewers with personal experience in motherhood were intentionally selected to facilitate the creation of bonds during the dialogue and the understanding of the narratives.

The study was approved in an institutional scientific initiation scholarship program (PIBIC). The research was approved by the Research Ethics Committee (CEP), CAAE 44050921.4.0000.5428, and opinion No. 4.769.240.

The starting point of the study was in a service of the Unified Health System (SUS), called the Women's Clinic in a municipality in the interior of São Paulo, which provides care to pregnant and postpartum women, in addition to gynecological consultations. The first contact took place by phone directly from the Clinic. For the women who expressed interest, a home visit was scheduled in order to conduct the interview. At the time of the visit, the interview procedures were explained and the free and informed consent form was delivered. All participants were interviewed individually in their own environments, without the presence of family members, in order to avoid embarrassment or inhibitions.

To identify the sociocultural profile, the participants were asked for information on age, education, color/race, profession, family income, and religion. Next, an in-depth interview was conducted through a recorded dialogue, using a script guided by the following open questions: Can you tell us about your experience in returning to sexual activity? At any time have you received guidance from any health professional about returning to postpartum sexual activity? If so, what were the guidelines? If not, did you feel the need for this information? How did you clarify your doubts regarding the return to postpartum sexual activity?

One interview was scheduled per day, recorded and transcribed verbatim, after each interview, a meeting was held between the researchers to make relevant notes of the narratives collected. Data saturation (Creswell, 2014) occurred with thirteen participants, who were selected by intentional sampling based on the following inclusion criteria: puerperal women, primiparous women over 18 years of age, who were between 40 and 90 days postpartum at the time of data collection, living in the municipality, and who had already returned to the ASPP. The interviews were conducted between July and August 2021.

Data analysis was carried out through thematic analysis in three phases: pre-analysis, content exploration and treatment of the results. The pre-analysis involves the organization of the material to be analyzed, it is the moment of floating reading, where the

researcher becomes familiar with the data, defines the objectives of the analysis and elaborates indicators that will guide the final interpretation. In the exploration of the material, the researcher codifies the data, that is, identifies and groups the emerging themes. It is a process of categorization, where units of meaning are grouped into thematic categories. The last phase involves the treatment of the results obtained and interpretation, consisting of the interpretation of the categorized data. The researchers seek to understand the meaning of the emerging themes, relating them to the theoretical framework and the objectives of the research. These steps allow for a deep understanding of qualitative data, making it possible to identify patterns and meanings (Creswell, 2014; Gomes, 2014).

RESULTS AND DISCUSSION

Chart 1 presents data on the profile of puerperal women, related to age, color/race, profession, education, family income and religion.

Chart 1 - Sociocultural characteristics of puerperal women.

Postpartum women	Age	Schooling	Colour/Race	Profession	Household income	Religion
1	18 years old	Incomplete high school	White	From home	1 minimum wage	No religion
2	20 years	Complete high school	Black	From home	2 to 3 minimum wages	Catholic
3	21 years old	Incomplete higher education	White	Receptionist	2 to 3 minimum wages	Catholic
4	23 years old	Incomplete higher education	Brown	Administrative Assistant	2 to 3 minimum wages	No religion
5	24 years	Incomplete elementary school	Black	From home	1 minimum wage	Catholic
6	24 years	Complete high school	White	Cashier	1 minimum wage	Evangelical
7	27 years old	Complete higher education	Brown	Unattended	1 minimum wage	Evangelical
8	29 years	Incomplete high school	Brown	From home	1 minimum wage	Evangelical
9	31 years	Complete higher education	White	Micro Businesswoman	2 to 3 minimum wages	Catholic
10	32 years	Complete higher education	White	Unattended	2 to 3 minimum wages	Catholic
11	34 years old	Incomplete elementary school	Black	Production Assistant	1 minimum wage	Evangelical

12	35 years	Complete elementary school	Black	From home	2 to 3 minimum wages	Evangelical
13	37 years old	Complete higher education	White	From home	2 to 3 minimum wages	Catholic

Source: From the authors themselves.

The reports obtained revealed three themes: Return of sexual activity marked by tensions and conflicts. Low body-related self-esteem in the postpartum period. Insufficient information on the return of postpartum sexual activity. The puerperal women were referred to by their statements from P1 to P13.

RETURN TO SEXUAL ACTIVITY MARKED BY TENSIONS AND CONFLICTS

The return of sexual activity in the puerperal women was marked by tensions and conflicts due to various events, whether emotional or marital, most of the participants returned to the ASPP to satisfy the partner, the structural machismo rooted in the speeches could be perceived, and silenced in the behavior adopted by the women, who, even though they did not feel comfortable with the return of the ASPP, gave in to the "needs of their husbands".

"It was my partner's need. I was not prepared, I was very afraid" (P1).

"It was my partner's need, for me I think I didn't do it until today. He respected my protection by free and spontaneous pressure" (P4).

"It was out of his necessity. I was and I wasn't feeling ready, because I was afraid of hurting. He didn't respect it, right, because he wanted to..." (P7).

According to Rocha and Fensterseifer (2019), from the beginning of their upbringing, women are taught to give up their sexual desire, putting their partner's desire ahead of them so that they have a stable marriage/relationship. Partner satisfaction is perceived as an obligation of wives, both from the point of view of women and men. Even though they feel uncomfortable, they try to fulfill this role to avoid misunderstandings in the relationship. In this way, the perpetuation of patriarchal society and the conditioning of women to a role of submission and servitude are clearly evidenced in the statements.

The narratives reveal the subjection of women's bodies in a naturalized way, in accordance with the partner's wishes. They disregard their own desires and do not recognize their moment, succumbing to their needs despite feeling them. This observation clarifies the influence of the social construction of women's roles on the ideal of a good mother and a good wife (Federici, 2017; Pateman, 2023).

The physiological and emotional changes of the puerperium can generate negative experiences. The return of ASPP at this stage can be painful and frustrating, resulting in sexual problems, since many women may experience sexual health morbidities after childbirth (Belentani; Marcon; Pelloso, 2011; Wood; Pigott; Thomas *et al.*, 2022).

The experiences reported by the women reveal a return of the ASPP without preparation, marked by internalized negative memories.

"Very bad, painful with discomfort" (P1).

"At first I felt a lot of pain, like, a discomfort, zero lubrication, it was very painful, I don't know if those who go through a cesarean section also feel the same thing, but as it was a normal delivery I had a lot of discomfort" (P9).

"Psychologically, I think I wasn't feeling ready because after the birth we feel a little traumatized" (P6).

The research conducted by Enderle *et al.*, (2013), involving 15 postpartum women, identified that women reported similar pain and discomfort in the first attempts to resume sexual activity. This discomfort resulted in a reduction in sexual desire, although some gave in to satisfy their partner. The transition to parenthood is a significant life event that can lead to a reduction in marital satisfaction. Studies show that marital satisfaction decreases moderately between pregnancy and 12 months postpartum, and this decrease continues, although less markedly, between 12 and 24 months postpartum (Bogdan; Turliuc; Candel, 2022).

Pain can affect female sexuality, causing conflicts in the couple due to the partner's lack of understanding, leading the woman to feel guilt. Open communication between partners can help mitigate the negative effects on marital relationships during this time, promoting mutual support and understanding (Salim; Araújo; Gualda, 2010; Rahmani *et al.*, 2023).

In addition to pain, discomfort, guilt, and fear, several factors contribute to decreased sexual desire in the postpartum period. The demands associated with the care of the newborn result in high levels of fatigue from pregnancy to the puerperium. Additionally, the hormonal changes that occur in the female body also interfere with a woman's sexual desire. For a return to ASPP with minimal impact, the desire of both parties and mutual support must be considered (Ministry of Health, 2013; Oliveira *et al.*, 2014; Rahmani *et al.*, 2023).

LOW BODY-RELATED SELF-ESTEEM IN THE POSTPARTUM PERIOD

The reports show negative experiences, dissatisfaction with the body and low self-esteem after childbirth, which are considerable factors in generating feelings of insecurity upon the return of the ASPP.

In this moment of fragility, it is possible to identify, through the following statements, the negative sensations experienced by women.

"I feel like a terrible girl, self-esteem is down there" (P3).

"I feel dissatisfied, because in the beginning it's always difficult, right, because of the weight, even because of the scar and everything" (P3).

"I have a little low self-esteem, for me as my body was super thin, I didn't have any belly and now it's totally different, now I have stretch marks, a lot of cellulite, a belly is not even mentioned, but it's part of it, right" (P11).

"I feel more or less, I don't feel very good" (P8).

"I found the changes in my body because of pregnancy strange, because out of nowhere milk started to come out, I felt a lot of pain" (P11).

"I feel ugly, the truth, I gained 7 kg, we feel the worst, we feel very unmotivated, we have to have self-esteem, you know" (P6).

"I got a little stretch marks, more on my legs, as well as on my thighs, because I gained a lot of weight during pregnancy, but nothing else that would make me so down" (P13).

Self-esteem is understood as the way in which the individual accepts himself, values others and projects his expectations. The pregnancy-puerperal cycle causes changes in body image, which can lead to a negative change in self-esteem. Thus, it is considered that "self-esteem is a predictor of emotional changes in the puerperium and can suffer oscillations as a result of the adaptations and stress to which the woman is subject during pregnancy and in the processes of transition to parenthood" (NERY *et al.*, 2021; Meireles *et al.*, 2022).

It can be interpreted in the statements that women perceive the body changes resulting from the postpartum period in a negative way, leading to a loss of self-esteem associated with physical attractiveness, and the fear associated with the non-return of the pre-pregnancy body.

The bodily changes resulting from pregnancy and puerperium, such as weight gain, breast changes due to breastfeeding, changes in the female genital organs, and other physical changes, are producers of personal dissatisfaction that can affect "self-esteem" (Oliveira *et al.*, 2014; Holanda *et al.*, 2014; Meireles *et al.*, 2022).

Among the participants, two women expressed comfort in their speeches about their bodies, despite having felt the changes.

"I thought I was going to get more frustrated (...) my body is not 100% the same, but it has already taken a lot of time to the place" (P2).
"It hasn't changed that much, it hasn't changed much" (P10).

Self-esteem is a significant factor in women's acceptance of body image during pregnancy and postpartum. It is necessary to offer care that can go beyond the limits of the biomedical model, providing a more welcoming contact that encourages the postpartum woman to value this moment, emphasizing the positive aspects of her experiences and personal characteristics (Nery *et al.*, 2021; Rahmani, 2023).

INSUFFICIENT INFORMATION ON THE RETURN OF POSTPARTUM SEXUAL ACTIVITY

Most of the interviewees reported not having received information from the health team about the return of the ASPP, as shown in the following statements:

"I have not obtained information (...) only sixty days after the IUD" (P2).
"I didn't have any information (...)" (P1; P3; P6; P7; P8; P10; P11; P13).
"No, I never had any information (...), no one touched on this subject" (P9).
"I had no information (...), just to wait for the shelter" (P4).
"I have not obtained information (...) they didn't say anything, they just said it was after 30 days and there was no follow-up" (P12).

Among the women, only one reported having obtained some type of information in the postpartum period.

"Yes, I had information, my obstetrician gave me a lot of guidance, after I had the baby, he asked us to wait 40 days and until 40 days we followed his instructions" (P5).

The lack of information in the puerperium is an issue highlighted for a long time by the Ministry of Health (2011), where the data already indicated that care during the puerperium has not been consolidated in health services, as both professionals and mothers tend to focus more on the newborn.

The transition to parenthood can result in a decline in marital relationship satisfaction, as well as bring about changes that require adaptations, as well as the development of knowledge and skills necessary to perform the new role. Professional support can be instrumental in helping first-time parents adapt, while also involving the partner in building and managing this new role (Backstrom *et al.*, 2018).

It is important that guidance to women is carried out from family planning, prenatal care and postpartum consultations. When asked about the lack of this information, all of them stated that they felt this lack, highlighting statements such as the following:

"Yes, it would have been important to receive this information because if they had guided me I would have been calmer and on the day I thought that it could be all my fault for not having lubrication, but later I saw that it was not" (P1).

"I felt the need for this information because I had postpartum bleeding for about 15 days, then it stopped and after I returned to sexual activity this bleeding came back and I started to feel a lot of pain in my belly and I think it was because of that, because it was very recent, right. I knew I had to wait for protection, but I didn't know how many days it was, so we ended up doing it, I thought it hurt a little, because of that my belly hurt a lot and it wasn't the right time to go back" (P7).

"I felt a lot of need for this information, a lot, mainly because I, for example, had no idea why the protection, it didn't make much sense to me, why do we have to wait? It's 40 days, right, I believe we need to wait 40 days, there are people who feel a certain desire before, but why do they have to wait? What's the point of waiting? Nobody says why, that they have to do the protection" (P12).

"I missed this information because I was a little afraid, you know, a little afraid, so I think it's because it was a lack of information, because at the time of the act it was good" (P2).

"Yes, I felt the need for this information, there is a point that I think should be reviewed. Many women are ashamed to ask, to talk, they have doubts, we always have doubts, it's no use saying that there is no reason to have it, and you think: "wow, it could be different". But there is no aid, there should be. Because the postpartum period is a bit like that, for many it is traumatic, for others it is normal, but others feel very bad, I know people like that" (P6).

It is observed in the narratives that fear and doubts are present in this period of women's vulnerability. Even in the current era, with technology facilitating access to information, interaction between professionals and people remains necessary to provide guidance and clarification.

Qualified guidance ensures women's sexual and reproductive rights, promoting an experience that increases awareness and effectiveness in care, in addition to strengthening the relationship between women and health professionals (Silva dos Santos *et al.*, 2021).

CONCLUSION

The study revealed important aspects of the experiences of the puerperal women. The physiological, emotional, and social changes that occur during the postpartum period have a significant impact on women's lives and their marital relationships. The survey showed that many women face tensions and conflicts when resuming sexual activity, often giving in to the needs of their partners, even without being prepared. This behavior reflects structural machismo and the subjection of the female body to the will of the partner.

Low self-esteem related to postpartum body changes and lack of adequate information about resuming sexual activity can lead to negative experiences and feelings of dissatisfaction. The guidance and support of health professionals is important to help women cope with these changes and resume sexual activity in a healthy and satisfying way.

The results of this study highlight the need for a more comprehensive and sensitive approach by health professionals, which includes guidance on postpartum sexuality and support for women and their partners during this adaptation phase. It is hoped that the information presented can contribute to the improvement of the care provided to puerperal women, promoting physical, psychological and marital well-being.

REFERENCES

1. Bäckström, C., et al. (2018). Quality of couple relationship among first-time mothers and partners, during pregnancy and the first six months of parenthood. *Sexual & Reproductive Healthcare*, 17, 56-64. Available at: <https://doi.org/10.1016/j.srhc.2018.07.001>
2. Belentani, L. M., Marcon, S. S., & Pelloso, S. M. (2011). Sexuality of postpartum women with at-risk babies. *Acta Paulista de Enfermagem*, 24(1), 107-113. Available at: <https://doi.org/10.1590/S0103-21002011000100016>
3. Bogdan, I., Turliuc, M. N., & Candel, O. S. (2022). Transition to parenthood and marital satisfaction: A meta-analysis. *Frontiers in Psychology*, 13. Available at: <https://doi.org/10.3389/fpsyg.2022.901362>
4. Brasil. Ministério da Saúde. Secretaria de Atenção à Saúde. Departamento de Ações Programáticas Estratégicas. (2011). National policy for comprehensive women's health care: Principles and guidelines (1st ed., 2nd reprint). Brasília: Ministry of Health Publisher. (Series C. Projects, Programs and Reports). ISBN 978-85-334-0781-7
5. Brasil. Ministério da Saúde. Secretaria de Atenção à Saúde. Departamento de Atenção Básica. (2013). Sexual health and reproductive health (1st ed., 1st reprint). Brasília: Ministry of Health Publisher. (Primary Care Notebooks, No. 26). ISBN 978-85-334-1698-7
6. Creswell, J. W. (2014). Qualitative inquiry and research design: Choosing among five approaches (3rd ed., S. Mallmann, Trans.). Porto Alegre: Penso. ISBN 978-85-65848-88-6
7. Enderle, C. D. E. F., et al. (2013). Constraints and/or determinants of return to sexual activity in the puerperium. *Revista Latino-Americana de Enfermagem*, 21(3), 719-725. Available at: <https://doi.org/10.1590/S0104-11692013000300010>
8. Federici, S. (2017). *Caliban and the witch: Women, the body and primitive accumulation* (1st ed.). São Paulo: Elefante. ISBN 978-85-93115-03-5
9. Gomes, R. (2014). Qualitative research in health. São Paulo: Sírio-Libanês Institute of Education and Research. (Postgraduate Studies). ISBN 978-85-66757-47-7
10. Holanda, J. B. D. E. L., et al. (2014). Sexual dysfunction and associated factors reported in the postpartum period. *Acta Paulista de Enfermagem*, 27(6), 573-578. Available at: <https://doi.org/10.1590/1982-0194201400093>
11. Johnson, J. Y. (2012). *Maternal and newborn nursing demystified: A study guide*. Porto Alegre: AMGH. ISBN 978-85-8055-060-3
12. Meireles, J. F. F., et al. (2022). Body appreciation, depressive symptoms, and self-esteem in pregnant and postpartum Brazilian women. *Frontiers in Global Women's Health*, 3, 834040. Available at: <https://doi.org/10.3389/fgwh.2022.834040>

13. Montenegro, C. A. B., & Rezende Filho, J. R. (2015). *Fundamental obstetrics* (13th ed.). Rio de Janeiro: Guanabara Koogan. ISBN 978-85-277-2594-1
14. Nery, N. G., et al. (2021). Assessment of self-esteem in women during the postpartum period. *Brazilian Journal of Health Review*, 4(1), 729-743. Available at: <https://doi.org/10.34119/bjhrv4n1-063>
15. Oliveira, A. C. M., et al. (2014). Feelings experienced by women in the return to sexual life after childbirth. *Revista da Faculdade de Ciências Médicas de Sorocaba*, 16(4), 174-177. Available at: <https://revistas.pucsp.br/index.php/RFCMS/article/view/17651>
16. O'Malley, D., Smith, V., & Higgins, A. (2019). Women's solutioning and strategising in relation to their postpartum sexual health: A qualitative study. *Midwifery*, 77, 53-59. Available at: <https://doi.org/10.1016/j.midw.2019.06.012>
17. Pardell-Dominguez, L., et al. (2021). The meaning of postpartum sexual health for women living in Spain: A phenomenological inquiry. *BMC Pregnancy and Childbirth*, 21(1). Available at: <https://doi.org/10.1186/s12884-021-03578-y>
18. Pateman, C. (2023). *The sexual contract* (5th ed., M. Avancini, Trans.). Rio de Janeiro: Paz e Terra.
19. Rahmani, A., et al. (2023). How do new mothers describe their postpartum sexual quality of life? A qualitative study. *BMC Women's Health*, 23, 477. Available at: <https://doi.org/10.1186/S12905-023-02619-2>
20. Rocha, F. D. A., & Fensterseifer, L. (2019). The role of sexual relationships for couples at different stages of the family life cycle. *Contextos Clínicos*, 12(2). Available at: <https://doi.org/10.4013/ctc.2019.122.08>
21. Salim, N. R., Araujo, N. M., & Gualda, D. M. R. (2010). Body and sexuality: Puerperas' experiences. *Revista Latino-Americana de Enfermagem*, 18(4), 732-739. Available at: <https://doi.org/10.1590/S0104-11692010000400011>
22. Wood, S. N., et al. (2022). A scoping review of women's sexual health in the postpartum period: Opportunities for research and practice in low- and middle-income countries. *Reproductive Health*, 19, 112. Available at: <https://doi.org/10.1186/s12978-022-01399-6>
23. Zugaib, M., & Francisco, R. P. V. (2020). *Zugaib obstetrics* (4th ed.). Barueri, SP: Manole. ISBN 978-85-204-5988-1