PLEASURE FROM EROTIC NIPPLE STIMULATION, PRE-PREGNANCY, AS A PREDICTOR OF SUCCESSFUL INITIATION OF BREASTFEEDING

by

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EROTIC NIPPLE STIMULATION, BREASTFEEDING

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Abstract

Introduction: The erotic association with breasts and nipples can be a barrier to breastfeeding due to fear and misunderstanding by breastfeeders and health professionals alike (Polomeno, 1999). Little is known about erotic pleasure from nipple stimulation and its correlation to initiate breastfeeding. This study was to determine if erotic pleasure from nipple stimulation prior to pregnancy is a predictor of successful initiation of breastfeeding.

Method: This was a convenience sampling from 4/1/18 until 6/30/18 using Survey Monkey in both English and Spanish. Inclusion criteria, participants over the age of 18, had infant aged 0-12 weeks and, attempted or were actively breastfeeding.

Results: There were 237 accepted responses that fit the inclusion criteria, however only 114 participants had usable data. The first hypothesis was: Does erotic pleasure with nipple stimulation prior to pregnancy indicate successful initiation of breastfeeding? A Chi-square test did not reveal any significant differences ($\chi^2(1) = 0.000, p < .984$). The second hypothesis under consideration for the present study was: If multiparous, with erotic displeasure from nipple stimulation when nulliparous, did erotic nipple stimulation then become pleasurable between pregnancies? This was statistically significant but in the opposite direction of what was predicted ($\chi^2(1) = 7.196, p < .007$).

Conclusion: While there was no direct correlation between pleasure from erotic nipple stimulation and positive incitation of breastfeeding, the dialogue and response around the survey demonstrated the great need for education around sexuality, sexual expression, as it relates to breastfeeding. Recommendations for further study include more inclusive language and a reframing as a qualitative study.

Keywords: Breastfeeding, Erotic, Pleasure, Mother, Newborn
Pleasure from erotic nipple stimulation, pre-pregnancy, as a predictor of successful initiation of breastfeeding

“If lactating breasts were considered sexy, maybe the value of mothers would increase in our cultural economy” (Bartlett, 2005, p. 10).

Chapter 1

Introduction

The past decade has seen a proliferation of studies focusing on the importance of breastfeeding. Breastfeeding has been shown to have both short term and long-term positive effects. These include reduced bleeding after birth due to increased uterine contractions with breastfeeding, as well as prevention of sudden infant death syndrome (WHO, 2014). The World Health Organization [WHO] (2014) stated that extended breastfeeding reduces childhood obesity, lower the risk of ovarian and breast cancer, as well as modestly lowering systolic blood pressure. Moreover, the act of breastfeeding promotes maternal-infant bonding, as evidenced in the study by Liu and associates (2014) which discussed the release of hormones oxytocin and prolactin, causing lower maternal stress and increase greater bonding. However, regardless of patient’s cultural beliefs around breastfeeding or education about the benefits of breastfeeding a study by Horowitz (2014) discovered that a person’s intention to breastfeed is a strong predictor of breastfeeding initiation.

The WHO has also championed the importance of attending to sexual health as sexuality is a quality of life issue, however, pregnancy and childbirth can drastically alter one’s sexual response cycle (“WHO”, 2006; Leeman & Rogers, 2012). While not commonly mentioned as a source of erotic pleasure, breasts, specifically nipple stimulation can be a significant part of sexuality and foreplay. Erotic nipple stimulation is usually not mentioned as part of prenatal
education, especially when it comes to breastfeeding education. In fact, there was no direct research found regarding a woman’s relationship to erotic nipple stimulation prior to pregnancy, and how that affects early breastfeeding initiation.

**Statement of the Problem**

Studies show that sexual health is an essential part of holistic health. Likewise, breastfeeding is a fundamental building block for holistic care, not only for the infant but for mothers as well. Breastfeeding can alter maternal sexual health. Most studies that explore maternal sexual health focus on the act of vaginal stimulation or penetration foreplay (Leeman & Rogers, 2012). Studies show that nipple stimulation can bring about erotic feelings, and for some orgasms in women. These physiological reactions from nipple stimulation can also occur from breastfeeding. However, the erotic association with breasts and nipples can be a barrier to breastfeeding due to fear and misunderstanding by mothers and health professionals alike (Polomeno, 1999). In fact, little is known about erotic pleasure from nipple stimulation and its correlation to initiate breastfeeding. The Center for Disease Control (CDC) states that their goal of “improving the health of Americans is the primary goal” (CDC, 2014, p.2) and that breastfeeding is “a key strategy to accomplishing this goal” (CDC, 2014, p.2). According to the CDC 2014 Breastfeeding Report Card (2014), the objective for Healthy People 2020 is to increase the percentage of breastfed infants to 81.9% and sustaining the breastfeeding relationship for 6 months for 60.7% of those infants. As of 2011, New York State reported that 80.5% of all infants were breastfed at some point and 55.8% of those babies were still breastfeeding at 6 months. However, only 31.3% of babies were exclusively breastfed at 3 months of age. As acknowledged in the Healthy People 2020 indicators, sexual health can be the
primary reason that people seek health care (U.S. Department of Health & Human Services, 2014). Due to the sexual nature of reproduction and birth, educating healthcare workers of the link between the erotic and breastfeeding may serve as an entry point to exploring barriers as well as incentives to initiating breastfeeding.

**Purpose**

The purpose of this study is to determine if erotic pleasure from nipple stimulation prior to pregnancy is a predictor of successful initiation of breastfeeding.

**The research questions, hypotheses**

This study will include the following research questions, causal hypotheses, that “predicts the effect of an independent variable on a dependent variable, specifying the direction of the relationship” (Grove, et al., 2013, p.147).

I. Does erotic pleasure with nipple stimulation prior to pregnancy indicate successful initiation of breastfeeding?

II. If multiparous, with erotic displeasure from nipple stimulation when nulliparous, did erotic nipple stimulation then become pleasurable between pregnancies?

**Definition of terms used in the study**

**Sex** - For this study, penetrative intercourse

**Sexual Health** - “Sexual health is a state of physical, mental and social well-being in relation to sexuality. It requires a positive and respectful approach to sexuality and sexual
relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination, and violence”. (WHO, 2006)

**Nipple Stimulation** - For this study nipple encompassed not only the anatomical landmark but the areola as well, as babies ideally latch on 1 inch around the areola. Stimulation refers to licking, sucking and stroking, at times simultaneously.

**Erotic Pleasure** - Pleasing sexual love

**Erotic displeasure** - finding sexual acts displeasing

**Exclusive Breastfeeding** - The only source of nutrition for the first six months of an infant’s life

**Maternal sexuality** - The sexual body after giving birth

**Foreplay** – Outer-course, Non-productive, non-penetrative with genitals, sexual acts example: making out would be foreplay

**Outer-course** - Sexual act that does not involve penetration

**Primiparous** - Given birth one time - for this study, first time giving birth

**Multiparous** - Given birth multiple times

**Nulliparous** - Has never given birth

**Postpartum** - Time period after birth for up to 6 months

**Operational variables**

**Independent variable** - Erotic nipple stimulation

**Dependent variable** - Pleasure associated with ease of initiation of breastfeeding
Theoretical Framework

According to Grove and associates (2013), a theory is a “set of defined concepts, existence statements, and relational statements” (p. 117). In this study, the relational concepts being examined are the link between positive association with sexual nipple stimulation pre-pregnancy and ease of initiation of breastfeeding. The nursing theory that will guide this study is the Roper-Logan-Tierney Model of Nursing (RLT). RLT was a nursing model published in 1980 and had been widely used in the United Kingdom (Williams, 2017, p. 18). However, there was criticism when trying to validate this model. Critics saw RLT as a checklist of activities of daily living (ADL) when really the five concepts were a dance with the goal of patient ADL independence (Bellman, 1996). According to Williams (2017), the five concepts that govern the model first include the 12 ADLs; “maintaining a safe environment, communicating, breathing, eating and drinking, eliminating, personal cleansing and dressing, controlling body temperature, mobilizing, work and play, expressing sexuality, sleeping and dying” (Williams, 2017, p.19). The second concept is lifespan, which Williams (2017) describes as a continuum with a beginning and an end. The second continuum, the third concept is dependence/interdependence, which assess’ levels of independence based on ADL. The fourth concept outlines the factors that influence ADL. These factors include “biological, psychological, sociocultural, environmental, and politico-economical” (Williams, 2017, p.18) all of which can enhance or limit ADL. The final concept is “individualized nursing” which includes the nursing care plan and creates autonomy for the nurse as far as educating the patient.

In a study by Bellman (1996), they found the RTL method to be empowering to the nursing practice. Patients benefited by identifying goals toward independence. Williams (2017)
noted in a similar study where RLT ADL “expressing sexuality” was incorporated into patient care, that the nurses felt the end result was a more “holistic patient assessment” (p. 19).

By acknowledging that sexual expression and nipple stimulation are intricately linked, nurses can better inform women of possible benefits and barriers to breastfeeding that will affect the ADL for both the new mother and baby. Specifically, eating and drinking, expressing sexuality and maintaining a safe environment. While the other ADL also apply to the breastfeeding relationship, these three speak to the understanding of how erotic breast stimulation and breastfeeding may be positively correlated.

Another theory that helps to guide this study is the work of Nancy Fugate Woods (1987), further developed by Cleary et al. (2011) (as cited in Cleary et al., 2014). Woods’ theory is that sexuality for women contains three linked categories, sexual self-concept, sexual relationships, and sexual functioning. Cleary et al. (2014) state that Woods’ theory (1987) understood that women’s “sexuality is much more than a physical activity, as it incorporates many factors that can affect a woman’s daily life” (p.202). When we examine the breastfeeding relationship and what research tells us about human sexuality as it relates to maternal sexuality, one can see how understanding the erotic nature of breastfeeding can be a useful tool or one of stigma.
Chapter II

Literature Review

Research on sexual health has typically focused on infection regardless of sex and for women specifically, reproductive biology and birth. Few studies have looked at sexual health from the perspective of erotic pleasure for people without chronic disease. Moreover, there are even fewer studies that look into the link between sexual pleasure, sexual health, and breastfeeding. However, Health People 2020 acknowledges that sexual health can be a gateway to health care (2011). In the reproductive and sexual health indicators outlined by Healthy People 2020, they state:

Improving reproductive and sexual health is crucial to eliminating health disparities, reducing rates of infectious diseases and infertility, and increasing educational attainment, career opportunities, and financial stability (U.S. Department of Health and Human Services, 2014, para. 3).

The World Health Organization (WHO) (2006) first defined sexual health in 1975. The WHO acknowledged that sexual health concerns occur throughout a person’s lifespan. Moreover, contrary to popular belief, sexual health concerns are not exclusive to reproductive years and sexually transmitted infection but are essential to the definition of person hood and wellness. The WHO defines sexual health as:

A state of well-being in relation to sexuality across the lifespan that involves physical, emotional, mental, social, and spiritual dimensions. Sexual health is an intrinsic element of human health and is based on a positive, equitable, and respectful approach to sexuality,
relationships, and reproduction, that is free of coercion, fear, discrimination, stigma, shame, and violence (WHO, Ford et al, 2013, p. 97).

Moreover, in collaboration with the Pan American Health Organization and World Association for Sexology (WAS), the WHO acknowledged that the connection between erotic and sexual health included a, “need for recognition of the value of sexual pleasure enjoyed throughout life in safe and responsible manners within a values framework that is respectful of the rights of others” (WHO, 2002).

While the importance of sexuality is a large part of a woman's sense of self, health clinicians must take proactive steps to create dialogue about sexuality beyond reproduction and infection. Unfortunately, sexuality is a topic that is not often addressed by practitioners. In a study by Florencio and associates (2015), nurses were equally as uneasy as doctors to discuss any possible link to sexual feeling that may be associated with breastfeeding.

As previously stated, sexual health is an important aspect of holistic healthcare and a quality of life issue. However, the usual focus of sexual health and expression is on penetrative sex. Breastfeeding and the erotic pleasure that some people get from nipple stimulation in sexual play is rarely considered part of sexual health functioning. In the same study by Florencio and associates (2015), nursing professionals, based on the assumption that the breast, the maternity symbol, is only for the infant, excludes sexuality, particularly when breastfeeding. Conversely, Rosemary Hogan (1985), in her textbook Human Sexuality: A nursing perspective pointed out that breastfeeding can have “erotic potential for some women...sexual stimulation to plateau or orgasmic level when nursing their babies” (p.340).

More recently, Robinson (2015) claimed the “breast as an erotic organ, whether suckled by an infant or by a mate, still elicits some shame even in scientific discourse today” (p. 978).
Nipple as an erogenous zone is further validated by Levin and Meston (2006) whose study of 148 men and 153 women, found that 81.5% of women and 51.7% of men enjoyed erotic nipple stimulation, causing “enhanced sexual arousal” (p. 452). However, approximately 7% of the studies participants found that erotic nipple stimulation lessened libido. Bartlett’s (2005) research found that maternal sexuality and breastfeeding go hand in hand. She concluded that, “breastfeeding pleasure is physiologically ‘normal’ and should be productively rather than illicitly incorporated into the meanings we make of sexuality and of breastfeeding” (Bartlett, 2005, p.1). Additionally, the hormonal interaction that occurs with breastfeeding plays into this connection. Hormones are an essential element in the sexual response cycle.

Oxytocin, popularly known as the bonding or “love hormone” (Psychology Today), is much more than that. When a person is being intimate, having an orgasm, or giving birth, oxytocin, the neurotransmitter and hormone is activated through the pituitary gland. This also occurs with erotic nipple stimulation and breastfeeding, promoting close feeling toward lovers or infants. While this hormone is released during the postpartum period other hormones decrease. Estrogen and progesterone, hormones involved in conception and pregnancy, significantly decrease, which causes less vagina lubrication. Prolactin increases, causing less sexual desire for breastfeeding women (Leeman & Rogers, 2012). However, breastfeeding may also increase nipple sensitivity, “increase erotic response to breast stimulation” (Leeman & Rogers, 2012, p. 652). The inverse is also possible, that increases in nipple sensitivity may decrease sexual desire for some breastfeeding mothers as well, as a result of touch saturation.

While there is little research on erotic nipple stimulation and its correlation to initiation of breastfeeding, there has been research on breastfeeding and erotic expression.
“Breastfeeding, from the deepest evolution art perspective, merges our emotional experiences of sexuality and intimacy at the beginning of life to promote a more holistic concept of self,” (Glabach, 2001, p. 151). As mentioned earlier, breastfeeding can cause sexual discomfort due to the shift in hormones. However, in a study of 200 women by Malakotiel and associates (2013), the authors make reference to sexual activity being enhanced after weaning for primiparous women. Malakotiel and associates (2013) continue to say that while the majority of the participants reported some type of sexual problem or dissatisfaction, they found that “breastfeeding stimulates sexuality” (p.144). In fact, for some women, breastfeeding can cause orgasm. Masters and Johnson also discovered this in 1966 in their revolutionary studies on human sexuality (Masters & Johnson, 1966). According to Polomeno (1999) this can cause a bit of panic for some women as they are not taught that this is a natural reaction and in fact, even healthcare professionals may not be aware of orgasm while breastfeeding. Interesting, studies as far back as 1950s document orgasm with breastfeeding but many state it is rare. Due to the stigma involved with breastfeeding and orgasm, sexual feeling with breastfeeding may cause some women to wean earlier (Polomeno, 1999).

The World Health Organization (WHO) first defined sexual health and its importance in 1975. The WHO acknowledged that sexual health concerns should be seen as a part of life-span development and not exclusive to reproductive years and sexually transmitted infection. Chou and associates (2015) highlighted the importance of including sexual dysfunction, as its own classification because while many people have sexual problems most will go without seeking help; classifications, “normalizing and de-stigmatizing these conditions” (Chou et al., 2015, p.188). This view has been widely accepted and the WHO, who has been working toward further expanding and incorporating sexual health in its upcoming International Classifications of
Disease (ICD-11). It is widely believed that in 2018 the World Health Assembly will be recommending that sexual dysfunction become its own classification, rather than an associated with genitourinary or mental disorders.

By identifying the possible biologically erotic experience, women can be better informed, educated, of the barriers and benefits of initiating breastfeeding. In a multipart series study on breastfeeding, published by The Lancet (2016), Rollins et al. (2016) conduct a meta-analysis examining interventions that would enhance the breastfeeding initiation and adherence.

Findings from case studies complement quantitative data by showing how synergies created through a mixture of interventions can improve breastfeeding... The first is to disseminate the evidence. The promotion of breastfeeding starts with robust dissemination of evidence for its fundamental role, for both rich and poor societies (2016, p. 495, 500).

Understanding women’s relationship to erotic nipple stimulation and its relationship to breastfeeding initiation and extension can improve patient education as well as community understanding as sexual health is a part of holistic health. “Our series shows that breastfeeding contributes to a world that is healthier, better educated, more equitable, and more environmentally sustainable” (Rollins et al, 2016, p.500).
Chapter III

Research Design

This study will be a descriptive correlational design. Grove and associates (2013) define descriptive correlational quantitative design as that which examines the “interrelationships in a situation” (Grove et al. 2013, 225). Grove and associates (2013) suggest that the interaction of variables can have occurred in the past or can be ongoing. Because these women will have already chosen to breastfeed and their relationship to erotic nipple stimulation has already been established both in the nulliparous stage and at breastfeeding initiation, the variables cannot be manipulated. The results may also lead to further hypotheses that can lead to future theory.

Setting and Sample

This study was conducted online via SurveyMonkey on the world wide web. Therefore, the survey setting, and sample selection was one that of convenience. This setting was not changed by the investigator in any way but left as is. According to Grove and associates (2013) this convenience sample was a subset of nonprobability sampling method, where “sampling methods increase the likelihood of obtaining samples that are not representative of their target population” (Grove et al., 2013 p. 362).

The sample inclusion criteria for this study are the following: adult women over the age over the age of 18, given birth in the last 0-12 weeks, able to read and write in either English or Spanish. Exclusion criteria were anyone under the age of 18 that had recently given birth, patients that have intellectual disabilities, women that are on medication that would prevent them from attempting to breastfeed, women who are HIV positive, primiparous women whose babies
were too ill to breastfeed. The women will have been identified through self-selection (convenience).

Furthermore, the survey was advertised via social media, virtually and through a flyer in the Northern Manhattan, which further defines the sampling as network according to Grove and associates (2013). The total number of subjects needed, as determined by performing an a priori power analysis, was approximately 88 participants assuming a strong effect size and statistical significance over three months of online access to the survey. There were 237 respondents that accepted and consented to complete the survey via Survey Monkey over a three-month period beginning in April 2, 2018 and ending in June 30, 2018. Of those 237 respondents, 114 produced useable data for analyses. The other respondents left too many items blank to be useful for analysis. Within the subsample of 114 respondents who produced useable data, the average age was 25.12 (standard deviation = 5.526). The respondents reported an average age (in weeks) of their newborns of 6.628 (standard deviation = 3.3275). They also reported an average number of living children of 1.43 (standard deviation = .728). In terms of primary language, 34 (29.8%) of the sample indicated that English was their primary language while 80 (70.2%) indicated that Spanish was their primary language. Moreover, those English speakers were primarily from Jamaica, 58.9%. Likewise, those Spanish speakers were primarily from Mexico, 46.15%. The majority of respondents identified themselves as “straight” or “heterosexual”, 89.9%, 7 people classified themselves in a relationship as “Sí”. Similarly, 76.9% were “married”. For both the English and Spanish speakers, several respondents chose to skip identifying themselves racially and or ethnically.
**Instrumentation**

While there is no specific tool published for investigating erotic nipple stimulation and breastfeeding, Breastfeeding and sexuality instrument (2000) from the study "The Experience of Sexuality During Breastfeeding among Primiparous Women" was used with permission from the primary investigator of the study, Dr. Laura Duckett (Avery, Duckett, Frantzich, 2000). The Breastfeeding and sexuality instrument (2000) will be adapted to ask about sexual satisfaction specific to erotic nipple stimulation prior to pregnancy and after birth. Additionally, the survey was translated by Roberto Collado, PsyD., certified bilingual Psychologist by the New York Department of Education. The survey was administered via SurveyMonkey.

**Procedure for analysis of data**

Pearson’s correlation for the correlation of breastfeeding initiation and erotic nipple stimulation and chi-square test to compare primiparous women to multiparous women will be used to analyze data. The survey will be created with dichotomous questions and a filter for those women that are multiparous, so that nonparametric inferential statistics can be gathered with strong validity and reliability (Grove et al. 2013). As far as descriptive statistics, these will be revealed through the survey as well, to establish patterns.

As the data was collected in Survey Monkey, demographic information was entered first. The demographics portion of the survey included, age, ethnicity, preferred gender identification, sexual orientation, relationship status, primary language, education level, number of births. No personal identification, such as name, nor Internet Protocol address will be collected, therefore the survey will be completely anonymous.
Human subject’s protection

In order to protect the human subjects that have volunteered for this study, all electronic identifiers will be turned off via SurveyMonkey, no names, birthdays or locations will be asked or collected. Participants will be informed that this is an anonymous survey.

Additionally, the IRB at the College of Mount Saint Vincent. In preparation for this process, the lead investigator has completed the National Institutes of Health (NIH) training course “Protecting Human Research Participants” certificate 2318934. The subjects will be protected by collecting only general demographic information, age, ethnic, racial, gender identity as well as postpartum visit.

Informed consent

Using the SurveyMonkey, the informed consent will be the first step in completing the survey after reading a brief introduction of the study and criteria for inclusion. SurveyMonkey will end the opening screen by asking the subject to acknowledge reading the consent and continuing with the survey or closing the survey. Skip logic will be embedded into the questions to take them to the beginning of the survey or thanking them for their interest. See Appendix A
Chapter IV

Presentation of Findings & Discussion of hypotheses

This study was primarily concerned with the experiences of breastfeeding mothers. In order to assess the degree of erotic nipple stimulation, respondents were asked, “Before my first pregnancy and birth, I enjoyed nipple stimulation with sexual play, (e.g. partner fondling, licking, sucking nipples) as part of sexual expression.” In order to assess the degree of ease of breastfeeding, respondents were asked: “Did you find breastfeeding pleasurable from the start?” In order to assess for a change in the experience of nipple stimulation, respondents were asked if they agreed or disagreed with the statement, “After the newborn phase and weaning my enjoyment of nipple stimulation with sexual play changed from before my first pregnancy.” Respondents were then asked if the change was positive or negative.

The first hypothesis was: Does erotic pleasure with nipple stimulation prior to pregnancy indicate successful initiation of breastfeeding? Of the 113 respondents who produced useable data, 98 indicated that they experienced erotic pleasure from nipple stimulation prior to their first pregnancy while only 15 said that they did not. Among the 98 respondents who reported erotic pleasure from nipple stimulation, 52 reported that they did not find breastfeeding pleasurable from the start and 46 reported that they did find breastfeeding to be pleasurable from the start. Among the 15 respondents who did not find nipple stimulation to be pleasing, 8 reported that it was difficult to start breastfeeding while 7 reported that it was easy to start breastfeeding. A Chi-square test did not reveal any significant differences ($\chi^2(1) = 0.000, p < .984$). To further test this hypothesis, the 98 respondents who reported experiencing erotic pleasure from nipple stimulation prior to their first pregnancy were analyzed separately. A test for a significant difference between two proportions was used in order to determine if the proportions of women
who had difficulty initiating breastfeeding vs. little difficulty initiating breastfeeding were different from each other. The test did not yield significant findings and therefore the first hypothesis was not supported ($z = 0.857, p < .1957$).

The second hypothesis under consideration for the present study was: If multiparous, with erotic displeasure from nipple stimulation when nulliparous, did erotic nipple stimulation then become pleasurable between pregnancies? Of the 114 respondents who produced useable data, only 38 reported having more than one child. Of those 38 respondents who had more than one child, 35 respondents produced useable data. Among those 35 respondents, 16 reported a change in their enjoyment of nipple stimulation and 15 of those 16 reported that the change was negative, while only one respondent reported a change in the positive direction. This difference was statistically significant but in the opposite direction of what was predicted ($\chi^2(1) = 7.196, p < .007$).

**Discussion of Findings**

This survey aimed to find a correlation between the erotic pleasure of breastfeeding people prior to pregnancy to a positive experience of initiating breastfeeding, whether primipara or multiparous. However, the finding revealed that there is no correlation. During the conception phase of this survey, using the Breastfeeding and sexuality instrument (2000) the questions were formulated with the expectation that they were the Likert scale questions, however, during the data analysis phase, it became apparent that the questions were actually dichotomous. With this in mind all answers that were not “Sometimes” or “Somewhat” were counted as affirmative, “yes” or “always”. During the analysis of finding it became apparent that the questions were dichotomous. When the questions were entered in the SPSS for analysis it became apparent that the questions were actually dichotomous in nature. Research shows that
both Likert and dichotomous response formats are valid (Capik & Gozum, 2015) however due to the small response pool, a more varied scale might have shown specificity. This eliminated the nuance of the questions and answers.

Research shows that there is not only a biological link to erotic pleasure and breastfeeding but that this link is biologically designed through oxytocin, the bonding hormone, as stimulated by the pituitary. However, it is also true that those hormones that stimulate sexual desire decrease. However, when investigating hormones in the postpartum period the focus is always on estrogen, progesterone, prolactin, and cortisol, never a mention of testosterone levels, which is a definite catalyst for sexual desire.

Malakotiel and associates (2013), make reference to sexual activity being enhanced after weaning for primiparous women. Malakotiel and associates (2013) continue to say that while the majority of the participants reported some type of sexual problem or dissatisfaction, they found that “breastfeeding stimulates sexuality” (p.144).

**Expected and Unexpected Findings**

While the results of the finding were the opposite of those anticipated, the most unexpected finding was the predominance of Spanish speaking participants, specifically from Mexico. Additionally, the majority of English speakers were from Jamaica, the smallest number of respondents came from the United States.

**Evidence-Based Research**

As mentioned in the literature review, there are very few studies that explore the concept of breastfeeding and erotic nipple stimulation as a form or erotic expression. Most studies only mention breastfeeding as an aside. However, studies show that nipple stimulation, regardless of sex, can be an erotic action, and that breastfeeding can cause orgasm. More
specifically there is a physiological link to nipple stimulation activating the paracentral lobule of the brain leading to orgasm (Jannini et al, 2018) further demonstrating that there is a link to the erotic and the functional.

Most recently a study of 355 breast feeding women (Fuentealba-Torres et al., 2019), measuring Female Sexual Function Index scores of breastfeeding women before and after sexual counseling, among other determinants found that sexual counseling for both the breast feeder and their partner. Moreover, the quality of life scores also increased, families knew what changes might occur in their sexual life as breastfeeding changed over the months.

Finally, female sexual dysfunction (FSD) as a whole has been under investigated for the breast-feeding person,

Previous studies have investigated sexual dysfunction in the puerperium...analysis has not allowed to identify specific risk factors for FSD in women who breast feed. Due to the scarcity of epidemiological studies of FSD in these women, the actual prevalence and risk factors for FSD in this population are still unknown (Fuentealba-Torres et al., 2019, p. 1).
Chapter V

Summary

While there was no direct correlation between pleasure from erotic nipple stimulation and positive incitation of breastfeeding, the dialogue and response around the survey demonstrated the great need for education around sexuality, sexual expression, and breastfeeding.

Strengths & Limitations

A strength of the study was the use of social networking and technology. Using Facebook Ads, I was able to reach a larger group of people throughout the world. In this study I targeted the adds to people age 18-43, using words like “breastfeeding”, “infant”, “newborn” while also identifying the geographic location. For this survey Facebook was able to reach was to 90,373 people were reached.

Another strength was the dialogue and community that was created as a result of the Facebook ad. Interestingly, this seemed to only occur with the Spanish version of the ad. The women would refer each other to the survey as well as ask questions about breastfeeding.
Figure 1. Example of Spanish Ad on Facebook
The major limitation was that the questions were dichotomous. This forced the participants to essentially choose “yes” or “no”. Those that selected “somewhat” were then farmed to the negative or positive. Dichotomous questions did not allow for the subtly of answers that a true Likert scale may have. Moreover, had the study been qualitative rather than quantitative, themes would be identified pointing more directly to opportunities for understanding the link between the erotic life of breast/chest feeders and the breastfeeding initiation.

Another limitation was the use if binary terminology such as “mother” and “breast. While not as present as the “nursing mother”, trans and non-binary people also nurse their babies. There is a Facebook group "Birthing and Breast or Chestfeeding Trans People and Allies" currently has
4309 members ([ca. 2019]). Using less inclusive language omits a group of parents that might add to the conversation of eroticism, nursing and sexuality.

The final limitation was the type of social media used by this researcher. By limiting the outreach to Facebook, flyers, and word-of-mouth, there was a large segment of people that may have been included. Twitter is one example as it is a large repository of both scientific societies and lay people alike, as well as Instagram, which continues to be a staple of millennials, while Facebook becomes outdated (Erfani, Mendez-Figueroa, Aagaard, & Shamshirsaz, 2019).

**Implications**

By acknowledging that sexual expression and nipple stimulation are intricately linked to breastfeeding, nurses and providers can better inform women of possible benefits and barriers to breastfeeding that will affect the lives of both the new parent and baby. The purpose of breastfeeding is not sexual, however sexual aspects of breastfeeding should not be ignored, such as orgasm stimulated by breastfeeding. Healthcare provider's must also acknowledge that human beings are innately sexual beings and that expression is on a continuum. This said, the person that becomes a parent does not become non-sexual, regardless of societies compartmentalizing. The more that healthcare providers understand and can openly discuss the role that sexual expression informs healthfulness without shame, the easier patients and providers can partner toward a goal. While the hypotheses were proven false, this does not discount the link between sexual pleasure and breastfeeding.

**Recommendations for future research**
This project started 15 years ago as a doula and breast feeder speaking to other breast feeders about their sexual life prior to breastfeeding. As a nurse I would also speak to breast feeders and again in conversation breast feeders gave nuanced answers that would lead to more questions. With this in mind, the obvious recommendation would be to repeat this survey as a qualitative study. The second recommendation would be in recruitment, the benefit of using the internet is the global outreach, however different demographics are drawn to different platforms.

Participants of the survey reported that when it came to sexual education and its relationship to breastfeeding and were asked, “What education did you receive about sex and sexuality as a breastfeeding parent?”, 26.8% of the participants selected “I know all about breastfeeding and sex”, the 32% selected “None” and 41.2% selected “Very little”. As mentioned above, a qualitative study would help the researched understand where the gaps in knowledge are for both the participants and the researchers.

The final recommendation would be for more inclusive language including through the study design and recruitment. As sexual researchers and health professionals we know that gender and sex are distinct entities and family can take many shapes. In this case thoughtful inclusivity of Trans and Non-binary breast/chest feeders in the language of recruitment and question design would only enhance future study.
Dear Community:

I am a master’s degree student at The College of Mount Saint Vincent’s Family Nurse Practitioner Program, and I am in need of study participants. I am using an online survey to collect data from nursing (breastfeeding) parents and their experience of sexuality through nipple stimulation prior to this past pregnancy and after birth. The survey is anonymous and takes approximately 5 minutes to complete.

In order to be in this study, you must be:

I. 18 years of age or older
II. Given birth in the last 6-8 weeks
III. Attempted to breastfeed after this recent birth
IV. Able to read and write in either English or Spanish.
V. Not have any medical reason that would not allow you to attempt to breastfeed.

I hope you will consider taking the survey and pass it along to another breastfeeding parent. Your help is greatly appreciated. Click on the arrow at the bottom to take the survey.

Thank you,

Jessica J. Badonsky, BA BSN - RN
APPENDIX B

Breastfeeding & Pleasure Questionnaire /
Cuestionario de amamantamiento y placer

Thank you for participating in our survey. Your feedback is important. Gracias por participar en nuestra encuesta. Tu opinión es importante.

This will help health professionals to expand their knowledge of breastfeeding, barriers, and incentives thereby helping parents and babies.

Esto ayudará a los profesionales de la salud a ampliar sus conocimientos sobre la lactancia materna, las barreras y los incentivos, ayudando a los padres y bebés.

1. You must be at least 18 years old
   Debes tener al menos 18 años de edad

2. Breastfeeding a newborn or attempted to breastfeed
   Amamantar a un recién nacido o intentar amamantarlo

3. First birth or multiple births welcome
   Se acepta la primera lactación o la lactancia sucesiva

4. 5 minutes of your time
   Solo se toma 5 minutos de su tiempo

Select a language / Selecciona un idioma

Breastfeeding & Pleasure Questionnaire /
Cuestionario de amamantamiento y placer

Please choose English or Español

* Language / Idioma

☐ English
☐ Español

Figure 3. survey
Consent Page

College of Mount Saint Vincent IRB Protocol Number #00035

Investigator(s): Principal Investigator - Jessica J. Badonsky, BA, BSN-RN, College of Mount Saint Vincent.

Thesis Advisor: Dr. Christine Okpomeshin, PhD, RN, WHNP

The College of Mount Saint Vincent’s Department of Nursing supports the practice of protection for human subjects participating in research.

The purpose of this research project is to better understand women’s sexual response to nipple stimulation and breastfeeding. In order to better understand how sex can affect breastfeeding and help women to breastfeed.

This is a research project being conducted by Jessica J. Badonsky BA, BSN-RN, a Family Nurse Practitioner student at College of Mount Saint Vincent. You are invited to participate in this research project because you are at least 18 years old, a breastfeeding person, who has recently given birth, is breastfeeding or attempted to breastfeed if this is your first baby; or breastfed exclusively for a period of time after a previous birth.

Your participation in this research study is voluntary. You may choose not to participate. If you decide to participate in this research survey, you may withdraw at any time. If you decide not to participate in this study or if you withdraw from participating at any time, you will not be penalized.

The procedure involves filling an online survey that will take approximately 5 minutes. Your responses will be confidential and we do not collect identifying information such as your name, email address or IP address.

We will do our best to keep your information confidential. All data is stored in a password protected electronic format. To help protect your confidentiality, the surveys will not contain information that will personally identify you. The results of this study will be used for scholarly purposes only and may be shared with College of Mount Saint Vincent representatives.

If you have any questions about the research study, please contact Jessica J. Badonsky BA, BSN-RN, [Redacted] or Dr. Christine Okpomeshin, sponsoring faculty, email: [Redacted]  

This research has been reviewed according

Figure 4. consent
to College of Mount Saint Vincent IRB procedures for research involving human subjects.

ELECTRONIC CONSENT: Please select your choice below.

Clicking on the "agree" button below indicates that:

• you have read the above information
• you voluntarily agree to participate
• you are at least 18 years of age

If you do not wish to participate in the research study, please decline participation by clicking on the "disagree" button.

* Consent

☐ Agree
☐ Disagree

Breastfeeding & Pleasure Questionnaire /
Cuestionario de amamantamiento y placer

Página de consentimiento

Número de protocolo IRB de la Facultad de Mount Saint Vincent  #00035

Investigador (es): Investigador Principal - Jessica J. Badonsky, BA, BSN-RN, Universidad de Mount Saint Vincent.
Asesor de tesis: Dra. Christine Okpomeshin, PhD, RN, WHNP

El Departamento de Enfermería del Universidad de Mount Saint Vincent apoya la práctica de la protección de sujetos humanos que participan en investigaciones.

El propósito de este proyecto de investigación es comprender mejor la respuesta sexual de las mujeres a la estimulación del pezón y la lactancia. Para comprender mejor cómo el sexo puede afectar la lactancia materna y ayudar a las mujeres a amamantar.

Este es un proyecto de investigación llevado a cabo por Jessica J. Badonsky BA, BSN-RN, una estudiante enfermera de práctica familiar en el Universidad de Mount Saint Vincent. Usted está invitado a participar en este proyecto de investigación porque tiene al menos 18 años de edad, es una persona que está amamantando, que ha dado a luz recientemente, está amamantando o intenta amamantar a su primer bebé; o a amamantado exclusivamente por un período de tiempo después

Figure 5. Spanish consent continuation
de un nacimiento anterior.

Su participación en este estudio de investigación es voluntaria. Puedes elegir no participar. Si decide participar en esta encuesta de investigación, puede retirarla en cualquier momento. Si decide no participar en este estudio o si se retira de participar en cualquier momento, no será penalizado.

El procedimiento implica llenar una encuesta en línea que tomará aproximadamente 5 minutos. Sus respuestas serán confidenciales y no recopilamos información de identificación como su nombre, dirección de correo electrónico o dirección de IP.

Haremos nuestro mejor esfuerzo para mantener su información confidencial. Todos los datos se almacenan en un formato electrónico protegido con contraseña. Para ayudar a proteger su confidencialidad, las encuestas no contendrán información que lo identificará personalmente. Los resultados de este estudio se utilizarán únicamente con fines académicos y pueden compartirse con los representantes del Universidad de Mount Saint Vincent.

Si tiene alguna pregunta sobre el estudio de investigación, comuníquese con Jessica J. Badonsky BA, BSN-RN, o comuníquese con la Dra. Christine Okpomeshin, profesora patrocinadora, correo electrónico: Esta investigación ha sido revisada de acuerdo con los procedimientos del IRB del Colegio de Mount Saint Vincent para la investigación con seres humanos.

CONSENTIMIENTO ELECTRÓNICO: Seleccione su elección a continuación.

Al hacer clic en el botón "Aceptar" a continuación, se indica que:

- Leíste la información anterior
- aceptas voluntariamente participar
- tienes al menos 18 años de edad

Si no desea participar en el estudio de investigación, rechace la participación haciendo clic en el botón "Desacuerdo".

* Consentimiento
  
  □ Aceptar
  □ Desacuerdo

Figure 6. Spanish consent continuation
Age:

How many weeks is your newborn:

Number of living children:

Age of first birth:

Relationship status:

Sexual orientation:

Ethnic identity:

Racial identity:

Country and State where you live:

Primary language spoken:

Figure 7. Survey demographics
How did you learn about this project?
- Chat group
- Facebook
- Flyer
- Word of Mouth
- Other

Have you been breastfeeding since the birth of your baby?
- Yes
- No

Did you find it easy to start breastfeeding?
- Yes
- No

Did you find breastfeeding pleasurable from the start?
- Yes
- No

What education did you receive about sex and sexuality as a breastfeeding parent?
- None
- Very little
- I know all about breastfeeding and sex

Before my first pregnancy and birth, I enjoyed nipple stimulation with sexual play, (e.g., partner fondling, licking, sucking nipples) as part of sexual expression.
- Always
- Sometimes
- Never

Breastfeeding (decreased - increased) my interest in sex?
- Decreased
- Increased

Figure 8. More demographics
Breastfeeding changed my sexual relationship with my partner.
- Interfered with
- Did not change
- Improved

I have become sexually aroused while my baby was nursing.
- Always
- Sometimes
- Never

I experience orgasm while breastfeeding (which is a normal biological phenomenon)?
- Never
- 1-2 times
- Every time I nurse

* Is this your first birth experience?
- Yes
- No

Before my first pregnancy and birth, I enjoyed nipple stimulation with sexual play, (e.g., partner fondling, licking, sucking nipples) as part of sexual expression.
- Always
- Sometimes
- Never

Figure 9. Survey continuation
How long did you breastfeed your first baby?
- 0-6 weeks
- 6w-3 months
- 3months-6months
- 6months-1 year
- Over 1 year

For me, to experience my breasts being used for two different purposes, breastfeeding and sexual activity was...
- Very difficult
- Confusing
- Very easy

After the newborn phase and weaning my enjoyment of nipple stimulation with sexual play change from before my first pregnancy?
- Not at all
- Somewhat
- Completely changed

Was this change...
- Positive, I love nipple play
- Negative, stay away

Figure 10. More questions
Número de niños vivos:

¿Cuál es la edad de tu primer hijo(a)?

Estado civil:

Orientación sexual:

Identidad étnica:

Identidad racial:

País y estado donde vives:

Idioma principal que hablas:

¿Cómo aprendiste sobre este proyecto?
- Grupo de chat
- Facebook
- Fóllatos
- Comunicación de boca a boca
- Otro

¿Has estado amamantando desde el nacimiento de tu bebé?
- Sí
- No

*Figure 11. Spanish edition*
¿Le resultó fácil comenzar a amamantar?
○ Sí
○ No

¿Encontraste la lactancia placentera desde el principio?
○ Sí
○ No

¿Qué educación recibió acerca del sexo y la sexualidad como padre que amamanta?
○ Ninguno
○ Muy poco
○ Sé todo sobre la lactancia y el sexo

¿Antes de su primer embarazo y parto, disfrutaba la estimulación del pezón como juego sexual (por ejemplo, acariciar a la pareja, lamer, succionar los pezones) como parte de la expresión sexual?
○ Siempre
○ A veces
○ Nunca

¿Amamantar (disminuyó o aumentó) mi interés en el sexo?
○ Aumentado
○ Disminuido

¿La lactancia cambió mi relación sexual con mi pareja?
○ Interfirió
○ No cambió
○ Mejoró

Me excitó sexualmente mientras mi bebé estaba amamantando.
○ Siempre
○ Algunas veces
○ Nunca

Figure 12. Spanish edition
¿Mientras amamantabas, experimentaste un orgasmo (que es un fenómeno biológico normal)?

○ Nunca
○ Una o dos veces
○ Cada vez que me cuidó

* ¿Es esta tu primera experiencia de nacimiento?

○ Sí
○ No

Antes de mi primer embarazo y parto, disfrutaba la estimulación del pezón como juego sexual (por ejemplo, acariciar a la pareja, lamer, succionar los pezones como parte de la expresión sexual)

○ Siempre
○ A veces
○ Nunca

¿Cuánto tiempo le dio el pecho a su primer bebé?

○ 0-6 semanas
○ 7 semana - 3 meses
○ 3 - 6 meses
○ 6m-1 año
○ Más de 1 año

Para mí, experimentar mis senos siendo utilizados para dos propósitos diferentes, la lactancia materna y la actividad sexual fue ...

○ Muy difícil
○ Confuso
○ Muy fácil
Después de la fase del recién nacido y el destete, me disfrute de la estimulación del pezón con el juego sexual ¿cambia desde antes de su primer embarazo?

- Nada
- Algo
- Completamente cambiado

¿Este cambio fue positivo, me encanta el juego del pezón?

- Negativo
- Alejate

Breastfeeding & Pleasure Questionnaire / Cuestionario de amamantamiento y placer

*Figure 14. Final questions*
Debriefing Form

Thank you for participating in this study about pleasure from erotic nipple stimulation, pre-pregnancy, as a predictor of successful initiation of breastfeeding. The purpose of the study was to determine if erotic pleasure from nipple stimulation prior to pregnancy is a predictor of successful initiation of breastfeeding. This will help health professionals to expand their knowledge of breastfeeding, barriers, and incentives thereby helping parents and babies.

Again, I thank you for your participation in this study. If you know of any friends or acquaintances that are eligible to participate in this study, share the link, but please do not share the handout until the survey is closed.

If you have any questions regarding this study, please feel free to ask the researcher Jessica J. Badonsky (email: [email protected]) or contact Dr. Christine Okpokeshin, sponsoring faculty. In the event that you feel distressed about breastfeeding by participation in this study, I encourage you to contact La Leche League at https://www.llli.org/get-help/ or 1-800-LALECHE.

Thanks again for your participation.

You will now be sent to a link with Breastfeeding and Sex: 7 Truths to Keep in Mind

References


Translation by Roberto Collado, MS, Ed, PsyD., New York City Board of Education certified bilingual psychologist

Translations verified by Spanish native speakers:
Araceli Martinez, RN (Venezuela)
Marit Acosta Melo, RN (Dominican Republic)

Breastfeeding & Pleasure Questionnaire /
Cuestionario de amamantamiento y placer

Figure 15. Debriefing in English
Thank you for your participation.

Breastfeeding and Sex: 7 Truths to Keep in Mind

Love hormone in effect!
When breastfeeding, your body releases oxytocin, the “love hormone” which helps attachment with the baby. This is the same hormone that is released during sex and childbirth.

What about me?
The bonding that happens through breastfeeding may be all the affection you feel you need and you may not want to be touched by anyone but the baby, also known as “breastfeeding anesthesis”. However, remember those are your hormones taking over, so if you have a partner, take time to reconnect (doesn’t need to be sex) but your partner needs affection too!

Was that, oh no....
Because of oxytocin, you may have an orgasm while breastfeeding, oxytocin triggers “let down”, and also causes the uterus to contract. This contraction can feel good and therefore cause orgasm. While this may not happen to you, it is perfectly natural and normal if it does occur.

Sex on the brain
When nipples are stimulated by touch or breastfeeding, the same area of the brain that lights up with genital stimulation also lights up.

Use lube
Vaginal lubrication decreases with breastfeeding, especially in the newborn phase. This does not mean you are not excited or in the mood for sex; unless you are not in the mood for sex. This happens because with breastfeeding, prolactin, the hormone that tells your body to make milk, increases causing vaginal dryness. (This is also the hormone that makes people fall asleep after orgasm). So when you are ready to try vaginal penetration again, go slow and use a water based lube, hopefully, something organic.

Messy Love
So you had an orgasm and surprise, there’s milk everywhere! There’s that oxytocin again, it spikes with orgasm and causes the milk ejection reflex. So you may want to get busy after a breastfeeding session. The longer you breastfeed the less leaking will happen, so feed those babies until they are at least 1 year old!

You’ve lost that loving feeling
With breastfeeding, your estrogen, which is responsible for female sex organs functioning, and progesterone, which is responsible for sex drive, are both decreased and you may not be in the mood for sex at all. If you are an exclusive breastfeeder, meaning no bottles, you may not be in the mood and you also may not be getting your period, This is Mother Nature’s way of spacing babies.

Be gentle
Be gentle with each other and yourself. Breastfeeding burns a lot of calories, close to 400, so it takes a lot of energy to make this milk. Add that to the sleep deprivation, and the fact that just taking a shower and a poop might feel like a big accomplishment, know that whatever reaction your body is having is most likely normal. There’s another breastfeeder that feels the same way, whether you feel turned on, turned away or too tired to do anything. Just take a moment to be held by your partner, reminding them not to squeeze too tight.

References

Figure 16. Education handout
Gracias por participar en este estudio sobre el placer de la estimulación erótica del pezón, antes del embarazo, como un predictor del inicio exitoso de la lactancia materna. El propósito del estudio fue determinar si el placer erótico de la estimulación del pezón antes del embarazo es un predictor del inicio exitoso de la lactancia materna. Esto ayudará a los profesionales de la salud a ampliar sus conocimientos sobre la lactancia materna, las barreras y los incentivos, lo que ayudará a los padres y a los bebés.

De nuevo, le agradezco su participación en este estudio. Si conoce a algún amigo o conocido que sea elegible para participar en este estudio, comparta el enlace, pero no comparta el material hasta que cierre la encuesta.

Si tiene alguna pregunta sobre este estudio, no dude en preguntarle a la investigadora Jessica J. Radonsky (correo electrónico: [email protected]) o comuníquese con la Dra. Christine Okpomsheh, profesora patrocinadora. En caso de que se sienta angustiada por la lactancia materna al participar en este estudio, lo aconsejo que se comunique La Leche League en https://www.lili.org/get-help o 1-800-LALECHE.

Gracias de nuevo por su participación.
Ahora se te enviará a un enlace con Lactancia y sexo: **7 verdades a tener en cuenta**

**Referencias**


Traducción de Roberto Collado, MS.Ed, PsyD., Psicólogo bilingüe certificado de la Junta de Educación de Nueva York

Traducciones examinadas por hablantes nativos de español:

Aracelis Martínez, RN (Venezuela)

Mariel Acosta Melo, RN (República Dominicana)
Gracias por su participación.

Lactancia y Sexo: 7 Verdades a Tener en Cuenta

¿La hormona del amor en efecto?
Al amamantar, tu cuerpo libera oxitocina, la “hormona del amor” que ayuda a vincularte con el bebé. Esa es la misma hormona que se libera durante el sexo y el parto.

¿Qué hay de mal?
La vinculación que ocurre durante la lactancia puede ser todo el efecto que sientes que necesitas y es posible que no quieras que te toque nadie que no sea el bebé, esto es también conocido como “anestesia de amamantamiento”. Sin embargo, recuerda que esas son tus hormonas, así que si tienes una pareja, tómense el tiempo para reconectarse (no es necesario que sea sexo) pero tu pareja también necesita afecto!

Eso fue, o no...
Debido a la oxitocina, puedes tener un orgasmo mientras amamas a tu bebé, porque la oxitocina desencadena un “descargo” de leche y también hace que el útero se contraiga. Estas contracciones pueden sentirse bien y por lo tanto causar orgasmo. Puede no pasársele nada a usted, pero es perfectamente natural y normal si ocurre.

El sexo en el cerebro
Cuando los pezones son estimulados por el tacto o la lactancia, la misma área del cerebro que se ilumina con la estimulación genital también se ilumina con la estimulación del pezón.

Usa lubricante
La lubricación vaginal disminuye con la lactancia, especialmente en la fase del recién nacido. Esto no significa que no estés emocionada o de humor para tener sexo; a menos que no estés de humor para el sexo. Esto sucede porque con la lactancia materna, la prolactina, la hormona que le dice a su cuerpo que debe producir leche, aumenta la sequedad vaginal. (Esta es también la hormona que hace que las personas se duerman después del orgasmo). Entonces, cuando estés lista para intentar la penetración vaginal nuevamente, vaya despacio y use un lubricante a base de agua, mejor sì es orgánico

Amor desordenado
Entonces tuviste un orgasmo y sorpresa, ¡hay leche en todas partes! Ahí está la oxitocina otra vez, se acelera con el orgasmo y causa el reflejo de eyeción de la leche. Así que es posible que desees ocuparte después de una sesión de lactancia. Mientras más tiempo amamantes, menos ocurrirá, entonces alimente a esos bebés hasta que tengan al menos 1 año de edad!

Has perdido ese sentimiento de amor
Con la lactancia materna, el estrógeno, que es responsable del funcionamiento de los órganos sexuales femeninos, y la progesterona, que es responsable del deseo sexual, ambos disminuyen y esto significa que es posible que no tenga ningún tipo de deseo. Si usted es una alimentadora de leche exclusivamente, lo que significa que no hay biberones, es posible que no tenga ganas, pero es posible que tampoco tenga su período, es la forma como la Madre Naturaleza controla la natalidad.

Sé gentil
Se amable con los demás y contigo mismo. La lactancia quema muchas calorías, cerca de 400, por lo que se necesita mucha energía para preparar esta leche. Agregue eso a la privación del sueño, y el hecho de que simplemente tomar una ducha y una excusa puede sentirse como un gran logro, sepa que cualquier reacción que su cuerpo está teniendo probablemente es normal. Hay otras amamantadoras que también sienten lo mismo que usted, ya que te sientas excitado, rechazado o demasiado cansado para hacer cualquier cosa. Solo tómese un momento para recibir un abrazo de su compañero, recordando que no la aprite demasiado.

Referencias

Figure 18. Education handout in Spanish
References


Retrieved from


http://dx.doi.org/10.1080/0092623X.2019.1586020


http://dx.doi.org/10.1186/s12884-016-0907-y


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