

## Amamentação e sexualidade: uma interface na vivência do puerpério

Breastfeeding and sexuality: an interface in the experience of puerperium

Lactancia materna y sexualidad: una interface en la experiencia del puerperio

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### ABSTRACT

**Objective:** understand the influence of breastfeeding on the experience of sexuality from the perspective of a group of recent mothers. **Method:** descriptive and qualitative research conducted with women who were experiencing puerperium. Data were collected through semi-structured individual interviews and submitted to thematic content analysis of the operative proposal. **Results:** the experience of sexuality during breastfeeding was marked by discomfort related to changes in sexual relationship, bodily changes, restricted time of the women with the partner, besides some negative behaviors of the partner. In other cases, breastfeeding did not bring significant changes in the experience of sexuality, contributing to the friendship and partnership between the couple. **Conclusions:** It is necessary to broaden the perspectives on the theme of sexuality during breastfeeding, perceiving it as a basic human need that needs to be discussed among women, couples and healthcare professionals.

**Descriptors:** sexuality; breastfeeding; nursing.

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## RESUMO

**Objetivo:** compreender a influência da amamentação na vivência da sexualidade, sob a ótica de um grupo de puérperas. **Método:** pesquisa qualitativa e descritiva, realizada com mulheres que estavam vivenciando o puerpério. Os dados foram coletados por meio de entrevista individual semiestruturada e submetidos à análise de conteúdo temática da proposta operativa. **Resultados:** a vivência da sexualidade durante a amamentação foi marcada por desconfortos relacionados às mudanças no relacionamento sexual, alterações corporais, tempo restrito da mulher com o parceiro, além de alguns comportamentos negativos do companheiro. Em outros casos, a amamentação não trouxe mudanças significativas na vivência da sexualidade, contribuindo para o companheirismo e parceria entre o casal. **Conclusões:** é preciso ampliar o olhar sobre a temática da sexualidade durante a amamentação, percebendo-a como uma necessidade humana básica, que precisa ser discutida entre mulheres, casais e profissionais de saúde.

**Descritores:** sexualidade; amamentação; enfermagem.

## RESUMEN

**Objetivo:** comprender la influencia de la lactancia materna en la experiencia de la sexualidad, bajo la perspectiva de un grupo de madres recientes. **Método:** investigación cualitativa descriptiva, realizada con mujeres que estaban viviendo el puerperio. Los datos fueron recogidos a través de entrevistas semi-estructuradas y sometidos a análisis de contenido temático de propuesta operativa. **Resultados:** la experiencia de la sexualidad durante la lactancia estuvo marcada por malestares relacionados con cambios en la relación sexual, cambios corporales, tiempo restringido a la mujer con el compañero, además de algunos comportamientos negativos del compañero. En otros casos, la lactancia materna no trajo cambios significativos en la experiencia de la sexualidad, contribuyendo a la comunión y la colaboración entre la pareja. **Conclusiones:** nosotros debemos ampliar la perspectiva sobre el tema de la sexualidad durante la lactancia, percibiéndolo como una necesidad humana básica, que necesita ser discutida entre mujeres, parejas y profesionales de la salud.

**Descriptor:** sexualidad; lactancia materna; enfermería.

## INTRODUCTION

The experience of the puerperium is undoubtedly complex when taking into account the numerous changes experienced by women, changes that involve not only the physiological, endocrine and genital areas, but the whole of the puerperal woman as a subject. The postpartum period involves a rite of passage in which women face the process of restructuring life, and a process marked by the reorganization of roles.<sup>1</sup>

Among the typical modifications of this process are those related to sexuality, comprising a social construct imbued with meanings, beliefs and myths and, therefore, not restricted to the physical body or genitalia and its functioning. Sexuality is a human condition present at all stages of life. It comprises an universal event that is also unique to each individual at the same time.<sup>2-3</sup>

In this sense, it is understood that the bodies are sexualized, as they have some characteristics and obey

biological functioning laws. However, the construction of sexuality does not involve the biological perspective only, but also individual, social, psychological and cultural perspectives that carry historicity and involve practices, attitudes and symbolization.<sup>2</sup>

It appears that sexuality is an important aspect to be considered with respect to women's health during the postpartum period, when the intention is to offer a comprehensive care. However, in practice, it is clear that the approach of health professionals is still directed to the health care of the newborn - not giving assistance to the mother or leaving her demands in a secondary plan.<sup>1,4</sup>

In this perspective, care is focused around breastfeeding and the benefits of this practice to the child's health. Although scientific knowledge about breastfeeding gives evidence of the unique properties of human milk,<sup>5</sup> it should be noted that breastfeeding is not limited to biological facts only, covering dimensions built on cultural, social and historical basis as well.<sup>6</sup>

Thus, when considering the interface between breastfeeding and sexuality, one has to think of the sociocultural constructions linked to these events and how the experience of one reflects on the other. Therefore, considering that sexuality and breastfeeding are significant aspects of the puerperal woman, and that these are strongly influenced by historical and socio-cultural context in which she lives, it is essential to understand the experience of these events in the postpartum uniqueness.<sup>7-8</sup> Based on the abovementioned, the question that guided this study was: "how does breastfeeding influence the experience of women's sexuality?" Thus, the objective of the research was to understand the influence of breastfeeding on the experience of sexuality from the perspective of a group of mothers.

## METHODS

This is a descriptive field research, with qualitative approach, conducted with 10 women who were experiencing the postpartum period. The participants come from a health service linked to primary care, located in the urban area of a city from the countryside of Rio Grande do Sul - Brazil. The definition of the number of participants was set through sampling saturation.<sup>9</sup>

As inclusion criteria for participation, the women selected should be experiencing the postpartum period and be breastfeeding. As exclusion criteria, the study excluded those women residing in other cities or in rural areas, those who had some pathology related to lactation, and those who did not have cognitive ability to participate.

Data collection occurred in December 2013 through semi-structured individual interviews which were recorded, transcribed and then analyzed using thematic content analysis of the operational proposal.<sup>9</sup> Thus, after transcription of interviews, statements were organized and classified according to an exhausting and horizontal reading of data -

combined with a cross reading. Finally, the final analysis and presentation report of results of the survey were conducted.

The research was approved by the Research Ethics Committee under CAEE number 22960613.3.0000.5346. All ethical precepts of Resolution 466/2012 were respected.<sup>10</sup> The anonymity of participants was assured by using the alphanumeric system for the representation of the data, being used the letter "B" (breastfeeding mother) followed by a number, according to the order of the interviews.

## RESULTS

Regarding the profile of the puerperal mothers, the following results were obtained: age range from 20 to 45 years old; in relation to marital status, four were married, four were single and two were living a stable union; regarding the level of education, there was a predominance of women with complete high school degree. Each woman had a different occupation, namely: cashier in a snack bar, housewife, secretary, lab assistant, student, storekeeper, moto-taxi driver, nurse technician, operator and receptionist. Regarding the number of children, two had four children, one had three children, five had two children and two had one child. All affirmed to breastfeed their children - which at the time of collection aged between 21 days and four months.

The following are the testimonies of the mothers about their experiences on sexuality and how breastfeeding was experienced during this process. Also, complaints, physical modifications, sexual activity and partner participation were evident. Thus, based on the speeches of the interviewees, a few complaints related to changes in sexual relationship while breastfeeding were identified.

*The amount decreased a lot, right? The frequency decreased (of sexual intercourse). (b7)*

They also mentioned that the physical changes perceived during pregnancy interfered in some way in the sexuality with their partners.

*The breasts ... there are those parts that we feel more pleasure, right? It's like a caress. In my case, it was the breasts, you know? So, what happens?! Today, as I'm breastfeeding, it gets sensitive, it is like this: 'Oh, do not touch! No, do not do these things!' It is sore. (B5)*

*I had quite swollen (breasts), they increased, and sometimes they hurt. [...] Sometimes, it depends; it hurts when touched, right? Especially because they are already sensitive, right? (B6)*

It is noticed that the changes in the breasts also generated difficulties in harmonizing the intimate life of the couple with the baby care, as this interviewee explains:

*And then now it's difficult, because I feed the baby overnight and he cries, and then you have to change the diapers and breastfeed. Therefore, in principle, I'm with him, I'm staying with him in the room (the baby) and my husband is in another room. (B8)*

The participants also reported changes in the partner's behaviour due to the changes in the mother's breast cause by the lactation process.

*Hey, he does not touch the breast. [...] It's like, he's afraid ... disgusted ... because of the milk. (B3)*

*So, the nipple anyway, he does not touch it, because of the breast, right?! (Laughter). (B6)*

*Oh, about touching the breasts, so, he does not touch much, he gets a little embarrassed. (B2)*

Some lactating women also highlighted the attitudes of their partners regarding the breast milk ejection during intercourse.

*He felt uncomfortable with the milk splashing out everywhere. (B9)*

*He always asks me what I think, and I am very easy-going, you know? 'Come on, this is nothing.' So it's no big deal. Everything is ok. (B10)*

In addition, it is emphasized that during breastfeeding the return of sexual activity was associated with the onset of postpartum contraception, according to the speech of this puerperal mother:

*The amount (of sexual relations) decreased a lot, right? I was taking that breastfeeding pill and even so, I was always afraid, so we had to use condoms. (B7)*

Study participants addressed - in interviews - that breastfeeding restricted somehow the time the woman spends giving attention to her partner and that this fact interfered in the couple's relationship.

*He is a bit left aside, at times. At the time we lie, I lie down facing the baby, with my turned to him (partner) ... is very complicated. [...] Yes, he feels a distance sometimes. (B3)*

*Wow, zero time for him. [...] Like, everything is the baby. (B4)*

*Sometimes he says 'now everything is this kid, you only see this kid, you do not care for anyone else'. (B5)*

*He does not demand from me, right? But these days he was saying that he wanted more attention. (B7)*

It was observed, however, that complaints were raised about the frequency of sexual activity, the sensitivity of the breasts during breastfeeding regarding sexual experiences in postpartum, and about a more limited time dedicated between the couple. For two interviewees, this practice did not bring significant changes to the couple:

*No, it does not interfere with anything. I, for me, it did not interfere in anything. Neither did to him (partner). [...] We continue the same way. (B1)*

*No, it's all fine, nothing changed at all. (B10)*

One deponent demonstrated to experience this phase positively in partnership with her husband.

*Now we're much more mature, it feels very good now, it's really good. (B10)*

## DISCUSSION

The pregnancy and the childbirth cover a period marked by numerous repercussions, from the biological point of view to the social, cultural, emotional and sexual perspective. Sexuality can be modified during this phase, due to the new roles adopted by the couple in face of the child's birth.<sup>11</sup>

In this context, the period of puerperium is presented as a critical phase for the onset and increase of sexual problems because of reduced libido, reduced sexual interest and reduced sexual activity.<sup>1,12-13</sup> Also, fatigue, concerns about the new responsibilities, the recovery of the genitalia, the reduced vaginal lubrication<sup>14</sup> and postpartum body changes are factors that act over the couples sexuality.

The birth of a child represents a number of new demands and rearrangements to the couple, which require the adaptation to new roles, restructuring of space and family. Beyond that, the birth poses challenges as the reworking of the woman self-image, the image of the partners between themselves, and the image of the own marital relationship.<sup>13,15-16</sup> In the meantime, it is recognized that the experience of sexuality during lactation takes a broader dimension, given the fact that breastfeeding and sexuality consist of aspects conditioned and outlined by psychological and socio-cultural basis.<sup>7,15</sup>

Thus, it is clear that some women experience changes in sexual intercourse while breastfeeding. Among these, decreased sexual activity, as identified in this study, as well as other issues<sup>1,15,17-18</sup> are often associated with decreased intimacy of the couple,<sup>17</sup> decreased sexual desire, vaginal lubrication, pleasure, lack of interest for the partner,<sup>15</sup> the prioritization of the child's health,<sup>11</sup> etc.

In addition to changes in the frequency of sexual relations, changes in body image brought about by pregnancy and childbirth process were also mentioned by respondents in this study. These were linked to the feeling of discomfort as a result mainly of the sensation in the breast. Corroborate authors<sup>1,17,19</sup> which also found that the bodily changes are often linked to negative feelings, which can interfere greatly in sexuality and generate conflicts between spouses.

Some authors<sup>7,20</sup> also state that, in some cases, the interference arises from the woman's dissatisfaction with the changes in her body. Thus, the woman feels discomfort, dissatisfaction and shame before her self-image and proceeds to face difficulties to fully experience her sexuality, as we could see and interpret from the speeches of the participants.

In this study, body modifications related to the mother's womb, and increased sensitivity and milk ejection during intercourse were highlighted. These changes were also identified among the respondents of another study,<sup>13</sup> in which these situations were listed as factors that reverberated directly on the sexual life of puerperal women.

Specifically in relation to the ejection of breast milk, it is clear that this had a reflection on the sexual act of the interviewees. Authors<sup>1,15</sup> also identified the situation between the participants in their study and classified it as unpleasant, in some cases, only for women, and others, for the couple. Therefore, it is clear that the interface breastfeeding and sexuality can be experienced in countless ways by couples and, for this reason, requires a singled look at postpartum care.

In some situations, the negative behaviour displayed by the woman, by her partner or by both is justified by the fact that they cannot view harmonically the double representation of the female breast - either as a source of food to the child, either as a source of pleasure and sexual arousal<sup>7</sup> - reflecting the idea that the maternal breast and the erotic breast cannot occupy the same physical space.<sup>21</sup> In this context, the female breast is comprised mostly as a symbol of motherhood and, therefore, exclusivity of the child. Thus, the feeding tends to exclude the sexuality of this scenario.<sup>11</sup>

Furthermore, milk ejection during or after sexual intercourse may result in feelings of embarrassment, discomfort, shame or disgust to the couple or just to one spouse.<sup>1,15,17,22</sup> From this perspective, health education proves to be a fundamental tool able to minimize the impact of breastfeeding on sexuality through guidance and aid to the woman or couple - regarding the interpretation of experiences and feelings during this phase.<sup>15</sup>

It is, therefore, necessary to give advice with respect to the fact that stimulation of the breasts during intercourse can lead to spontaneous ejection of milk, for instance.<sup>17</sup> Furthermore, it is possible to drain manually the milk, breastfeed the child before the sexual act, or even use a protective bra during intercourse in order to minimize possible discomfort.<sup>15</sup>

Other situations reported by the interviews that make difficult to harmonize the intimate life of the couple - when

it comes to returning to the sexual exercise - ate the division of the same room in the house between the baby and the couple, and the limited time between the puerperal woman and her companion due to breastfeeding. As for the return to sexual activity, it was found that this was marked by fear of a new pregnancy, even using specific contraceptive for exclusive breastfeeding, as well as the discomfort due to postpartum body changes, including changes in the breasts. In studies conducted with mothers, authors<sup>1,15,22</sup> also found the women fear becoming pregnant again, which hinders the return to sexual life.

In this study was found that the return to sexual exercise was associated with the onset of post-partum contraceptive use, exclusive breastfeeding and the use of mini-pill. Moreover, regarding the length of sexual abstinence, it is known that this may vary between couples, and literature<sup>23</sup> points out that most women exceed six weeks postpartum, mainly due to the beginning of the use of contraceptive methods, as shown in this study.

Still, regarding the difficulty to return to sexual life, this may be associated with other conditions expressed in the speeches of the deponents, as for instance, the presence of the baby in the bedroom - which would facilitate breast-feeding at night - and the limited time that the puerperal woman has with her partner, in comparison to the time dedicated to breastfeeding and baby care. The mothers justified these situations by the care spent on the baby and breastfeeding itself. They felt that the transference of interest, attention and affection for the baby primarily brought some partners to feel excluded and rejected, as they expressed to feel left in a secondary sphere.

To meet these findings, other researches<sup>1,15,20</sup> also signalled the baby's presence next to the couple's bedroom. It has been found that in the present study, just as in the above researches, the presence of the child represented a reason for the couple to have problems with regard to the experience of their sexuality.

As for the limited time of postpartum women with their partner, it is known that, culturally, women are considered as the primary family caregiver, especially when it comes to children and the elderly.<sup>24</sup> Thus, historically, the baby care has been delegated to women, which could explain the limited time to which participants made reference.

On the other hand, the interviewed group, even with expressions that describe negative situations, it was still possible to identify in the universe of respondents two mothers who did not identify changes related to breastfeeding in sexual experience with their partners. Notably, one of the interviewees commented that the couple felt closer, due mainly to the care they had to give to the baby, including breastfeeding care. In this sense, it is clear that breastfeeding and motherhood itself may have contributed to the increase of fellowship and partnership between the couple, favouring the experience of sexuality.

## CONCLUSION

Concerning the influence of breastfeeding on the experience of sexuality, the findings of this study showed that breastfeeding, in some situations, brought negative impact on the experience of sexuality of the couple, due mainly to the negative behaviour of the partner towards the lactation process.

However, it was still possible to identify spouses who reacted positively, supporting the partner in the practice of breastfeeding and respecting the changes, usages and necessary reorganizations of that phase. Thus, it is inferred that the interface between breastfeeding and sexuality may be expressed differently among couples.

It was found that the bodily changes brought about breastfeeding and childbirth also reflected in the experience of sexuality for both women, and for the couple. Moreover, the difficulty in adaptation or in reconciling new roles, the transference of interest and attention for the child, as well as concerns about the new responsibilities are other aspects that also influenced sexuality experience in the mothers interviewed.

It was also possible to see that during the postpartum period the woman's attention turns primarily towards childcare, and the concern around sexual life basically involves contraception. This attitude is a reflection of the fragmented view widespread in society that takes into account only the female reproduction and understands that the woman cannot experience her own sexuality, nor feel desire or pleasure, because these are behaviours expected of the male figure only. This shows that the attention to women's health postpartum needs to embrace social and cultural aspects that involve breastfeeding and sexuality in this period and, moreover, must involve the couple.

As an alternative to change this reality, it's considered, initially, that health professionals need to broaden perspectives on the theme of sexuality during breastfeeding, leaving the focus solely centred on the prevention of sexually transmitted diseases and family planning. In the meantime, it is understood that sexuality should be seen as a basic human need and that during the childcare process, the perceptions of puerperal women about their body - as well as aspects such as pleasure, desire and emotional, cultural and social issues involving sexuality need to be considered.

It is suggested that health professionals seek to know how women experience sexuality while breastfeeding, so that they will be able to intervene effectively searching to help the woman to experience this phase in a satisfying and pleasant way. Moreover, it is necessary to build favourable spaces for the woman or couple feel safe and comfortable to report their experiences and develop together with professional solutions to the difficulties encountered. It is hoped that this study may assist in raising awareness of health professionals in the organization of services, setting them as potential environments for listening and for attention regarding the demands of the subjects with a full understanding of women during the postpartum period and involving the partners of these users.

## REFERÊNCIAS

- 1 Salim NR, Araújo NM, Gualda DMR. Corpo e sexualidade: a experiência de um grupo de puérperas. *Rev latinoam enferm.* 2010; 18(4):732-9.
- 2 Ressel LB, Gualda DMR. A sexualidade como uma construção cultural: reflexões sobre preconceitos e mitos inerentes a um grupo de mulheres rurais. *Rev Esc Enferm USP.* 2003; 37(3):82-7.
- 3 Arbués RE, Leon MR. Características y evolución del patrón sexual de la mujer embarazada. *Enferm glob.* 2013; 12(32):362-70.
- 4 Oliveira JFB, Quirino GS, Rodrigues DP. Percepção das puérperas quanto aos cuidados prestados pela equipe de saúde no puerpério. *Rev RENE.* 2012; 13(1):74-84.
- 5 Morillo JB, Montero L. Lactancia materna y relación materno filial en madres adolescentes. *Enferm glob.* 2010; 9(2):1-9.
- 6 Eller MEIS, Carvalho SM, Santos IMM, Silva LR. Dimensões sociais que interferem e/ou potencializam a experiência da amamentação de mães de prematuros egressos da UTI neonatal. *Rev pesqui cuid fundam [Internet].* 2010; 2(Ed. Supl.):732-6.
- 7 Abuchaim ÉSV, Silva IA. Dividindo-se entre ser mãe e mulher: a interface da sexualidade na maternidade. *Anais IV Seminário Internacional de Pesquisa e Estudos Qualitativos (SIPEQ).* Universidade Estadual Paulista Campus Rio Claro. São Paulo, 2010.
- 8 Marques ES, Cotta RMM, Priore SE. Mitos e crenças sobre o aleitamento materno. *Ciênc saúde coletiva.* 2011; 16(5):2461-8.
- 9 Minayo MCS. O desafio do conhecimento: pesquisa qualitativa em saúde. 12ª ed. São Paulo: Hucitec-Abrasco, 2010.
- 10 Ministério da Saúde (BR). Resolução nº 466, de 12 de dezembro de 2012 [access on jun 13]. Available at: [http://bvsms.saude.gov.br/bvs/saudelegis/cns/2013/res0466\\_12\\_12\\_2012.html](http://bvsms.saude.gov.br/bvs/saudelegis/cns/2013/res0466_12_12_2012.html)
- 11 Florencio A, Van Der Sand ICP, Cabral FB, Colomé ICS, Girardon-Perlini NMO. Sexualidade e amamentação: concepções e abordagens de profissionais de enfermagem da atenção primária em saúde. *Rev Esc Enferm USP.* 2012; 46(6):1320-6.
- 12 Oliveira EMF, Brito RS. Ações de cuidado desempenhadas pelo pai no puerpério. *Esc Anna Nery Rev Enferm.* 2009; 13(3):595-601.
- 13 Belentani LM, Marcon SS, Pelloso SM. Sexualidade de puérperas com bebês de risco. *Acta paul enferm* 2011; 24(1):107-13.
- 14 Adamcheski JK, Wiczorkiewicz AM. Conhecimentos das mulheres relacionados ao período do puerpério. *Saúde Meio Ambient.* 2013; 2(1):69-83.
- 15 Marques DM, Lemos A. Sexualidade e amamentação: dilemas da mulher/mãe. *Rev enferm UFPE on line.* 2010; 4(1):622-30.
- 16 Prati LE, Koller SH. Relacionamento conjugal e transição para a coparentalidade: perspectiva da psicologia positiva. *Psicol clín.* 2011; 23(1):103-18.
- 17 Vettorazzi J, Marques F, Hentschel H, Ramos JGL, Martins-Costa SH, Badalotti M. Sexualidade e puerpério: uma revisão da literatura. *Rev HCPA.* 2012; 32(4):473-9.
- 18 Gonçalves RL, Bezerra JMD, Costa GMC, Celino SDM, Santos SMP, Azevedo EB. A vivência da sexualidade na perspectiva de mulheres no período gestacional. *Rev enferm UFPE on line.* 2013; 7(1):199-204.
- 19 Mota CP, Moutta RJO, Caixeiro-Brandão SMO. A sexualidade do casal no processo gravídico-puerperal: um olhar da saúde obstétrica no mundo contemporâneo. *Anais do Seminário Internacional Enlaçando Sexualidades. Educação, Saúde, Movimentos Sociais, Direitos Sexuais e Direitos Reprodutivos.* Salvador-Bahia, 2009.
- 20 Enderle CF, Kerber NPC, Lunardi VL, Nobre CMG, Mattos L, Rodrigues EF. Condicionantes e/ou determinantes do retorno à atividade sexual no puerpério. *Rev latinoam enferm.* 2013; 21(3):719-25.
- 21 Monteiro JCS, Gomes FA, Nakano AMS. Amamentação e o seio feminino: uma análise sob a ótica da sexualidade e dos direitos reprodutivos. *Texto & contexto enferm.* 2006; 15(1):146-50.
- 22 Salim NR, Gualda DMR. A sexualidade no puerpério: a experiência de um grupo de mulheres. *Rev Esc Enferm USP.* 2010; 44(4):888-95.
- 23 Progianti JM, Araújo LM, Mouta RJO. Repercussões da episiotomia sobre a sexualidade. *Esc Anna Nery Rev Enferm.* 2008; 12 (1):45-9.
- 24 Andrade LM, Costa MFM, Caetano JÁ, Soares E, Beserra EP. A problemática do cuidador familiar do portador de acidente vascular cerebral. *Rev Esc Enferm USP.* 2009; 43(1):37-43.

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