



## CONTINUING EDUCATION SESSION

Visit [SexScience.org/2022CE](https://SexScience.org/2022CE) for more information

SESSION	CE HOURS	DATE/TIME	
CE18	1.0	Saturday, November 5th	2:45pm-3:45pm
TITLE			
From Bump to Baby: Couples' Sexual Well-being during the Transition to Parenthood			
AUTHORS			
Samantha J. Dawson, PhD; The University of British Columbia Kirstin Clephane, BS; Eric Phillips MA; Frannie Calkins, MA; Rebecca Brock, PhD; Tierney Lorenz, PhD; Inês M. Tavares, MSc; Natalie O. Rosen, PhD; Julia Heiman, PhD; Pedro J. Nobre, PhD; Erin T. Fitzpatrick, BSc; Catherine de Pierrepont, PhD; Audrey Brassard, PhD; Katherine Péloquin, PhD			
AASECT - Core Knowledge Areas and Training:		H; I	
APA - Curriculum Content Criteria:		1.1; 1.3	
NCHEC - Areas of Responsibility:		1.3.1; 1.3.6; 4.4.2; 4.4.3; 4.4.4; 4.4.5; 4.5.4	
ABSTRACT			
<p>This symposium features 4 presentations from scholars from three different countries at various career stages. The research presented is theoretically informed and methodologically rigorous including dyadic longitudinal and daily experience methods, as well as the development and feasibility of a novel intervention for couples and healthcare professionals. * Please not there are 14 authors/co-authors on this submission but the portal would not allow me to upload all of the CVs, thus only the CVs of the first-authors are included. Abstract 1: Evolutionary Models of Parental Investment in Reproduction Background: Life history theory posits organisms must balance investing available resources in current offspring vs. future reproduction. This framework may help explain changes in postpartum sexual desire as a function of adaptations to fundamental resource tradeoffs. Resources may include current health or social support. Adaptations to reproductive trade-offs may be complicated if inflammation during pregnancy causes changes in their offspring's neurodevelopment in utero. Using a biopsychosocial framework, we hypothesize that because inflammation during pregnancy may signal neurodevelopmental divergence in the offspring, postpartum sexual desire and interest will return to baseline faster among birthing parents who experienced inflammation during pregnancy. Moreover, access to resources (including social support) should moderate this effect. Methods: 159 couples completed measures of sexual activity frequency, relationship strengths, and physical and mental health at prepartum, 6 months and 1 year postpartum. Infant health was assessed using the Ages and Stages Questionnaire at six months postpartum. Further, parental investment in the baby was approximated using both the Parental Bonding Questionnaire (measured at 6 months postpartum) and behavioral observations of mutually responsive orientation (i.e., warm, responsive, and synchronous relationship) between parent and child (measured at 1 year). Results: The data is collected and analyses are currently underway. Using structural equation modeling we will map illness during pregnancy on to parental investment in infant and sexual frequency between parents during in postpartum through the mechanism of infant health. Resources available will be included in the model as moderators. Prenatal inflammation and immune function will be included in the model as a latent variable. Conclusion: Little work has examined the influence of parenting behaviors and bonding during crucial times in infancy related to maternal immune activation outcomes, nor the effect of maternal immune activation on postpartum sexual outcomes. A feminist evolutionary framework including immune and behavioral influences will elucidate their role on maternal behavior and attention, infant health outcomes, and postpartum</p>			



sexual wellbeing. Abstract 2: Couples' trajectories of sexual well-being across the transition to parenthood Background: The transition to parenthood is typically assumed to pose negative impacts to couples' overall well-being, including their sexual well-being. This narrative is largely based on studies assessing the 'average' couple, while overlooking particular subgroups within a population. We aimed to establish distinct subgroups of couples based on their sexual well-being (i.e., sexual function and sexual distress) trajectories and examine biopsychosocial risk and protective factors of these trajectories. Methods: A prospective cohort of 257 first-time parent couples reported on sexual function and sexual distress from 20-weeks pregnancy (baseline) to 6-months postpartum across 4 assessment waves. Biomedical (mode of delivery, birth characteristics, breastfeeding), psychological (fatigue, stress, anxiety, depression, attitudes to sex during pregnancy), and relational (relational quality, perceived partner support) factors were assessed at baseline and 3-months postpartum. Results: Dyadic latent class growth analysis identified two distinct sexual function classes (high, 85%; discrepant, 15%) and three sexual distress classes (low, 77%; moderate, 12%; discrepant, 11%). We identified biomedical (vaginal delivery, perineal tear, breastfeeding) and psychosocial (fatigue, stress, anxiety, depression, attitudes towards sex during pregnancy, relationship quality, perceived partner support) factors that can be assessed at critical time-points (i.e., 20-weeks pregnancy and 3-months postpartum) to identify high-risk couples. Conclusions: There is variability in new parents' sexual well-being trajectories across the transition to parenthood, with most new parents retaining high function and low distress. Contrarily to the prevailing narrative about sexual declines, only a minority of couples showed trajectories in which mothers, but not fathers, experience clinically significant and persistent levels of low sexual function and high sexual distress. These results may contribute to more nuanced approaches to the intervention with new parents by facilitating the identification of high-risk couples. Abstract 3: Does Sexual Satisfaction Mediate Daily Associations Between Body Image Satisfaction and Relationship Satisfaction in First Time Parent Couples? Introduction. New parenthood can be an exciting yet challenging experience for couples. Most couples experience significant changes to their sexual satisfaction and relationship satisfaction within the first year postpartum and beyond. Birthing parents' and their partners' bodies change throughout the perinatal period (e.g., weight gain, stretch marks), making this period a vulnerable time for body image concerns. Cross-sectional research sampling community couples reveals that dissatisfaction with one's own or one's partner's body is linked with poorer sexual satisfaction, and in turn, poorer relationship satisfaction. However, no research has examined this in a vulnerable sample, such as new parents, or used a longitudinal design that is better suited to test hypotheses of mediation. Our goal is to examine two novel factors associated with changes in daily relationship satisfaction—satisfaction with one's own and one's partner's body—and to examine if daily sexual satisfaction helps to explain (i.e., mediates) these associations. Method. Beginning at 3-months postpartum, 264 mixed- and same-gender/sex new parent couples completed online daily surveys for 21 days assessing satisfaction with their own and their partner's bodies, as well as sexual satisfaction and relationship satisfaction. Data collection will be completed by August 2022. Results. We expect that on days when one parent reports lower satisfaction (than their average across all days) with their own or their partner's body, both parents will also report lower sexual satisfaction and in turn, lower relationship satisfaction. Conclusions. Normalizing changes that occur to new parents' bodies throughout the perinatal period and identifying ways to encourage new parents to appreciate changes in their partner's body may be beneficial for bolstering sexual and relationship satisfaction during this vulnerable time. Abstract 4: Development and evaluation of a multi-level training in perinatal sexuality: for a better perinatal sexuality education of future and current health professionals, as well as future and new parenting couples. Introduction: During the transition to parenthood, sexual fluctuations are common and future and new parenting couples must adapt to them for the well-being and stability of their couple and family. Although a majority of couples need information and support, sexuality is rarely



addressed by health actors mainly due to a lack of knowledge and training on the subject. This project developed, implemented and evaluated three trainings on perinatal sexuality. Methods: Four different groups were recruited including 1) nursing and midwifery students, and medical residents (obstetrics and gynaecology and family medicine) (N=57); 2) perinatal health professionals (nurses, midwives) and paraprofessionals (doulas) (N=74); and 3) future and new parenting couples (N=30). All participants completed five steps: 1) a pretest with online questionnaires (on Qualtrics) on training needs, attitudes, knowledge, and anticipated or current practice (except for couples) in perinatal sexuality; 2) a three-hour group training (for students); two-hour webinar (for professionals); or two-hour online workshop (for couples); 3) post-training online satisfaction questionnaire; and 4) posttest 1 one month and 5) posttest 2 two months after training with the same questionnaires as the pretest. Recruitment occurred between 2017 and 2019 through multiple sources. Results: Parametric and non-parametric repeated measures analyses of variance were conducted with SPSS. One month after training, future and current health professionals demonstrate more positive attitudes (flexibility, openness, comfort), better knowledge, and better practices (perceived usefulness, comfort, intention, sense of competence) regarding perinatal sexuality ( $p < 0.05$ ); these changes were maintained two months after the training. Following the workshop, couples demonstrated better knowledge ( $p < 0.001$ ), which remained stable in the following month ( $p = 0.242$ ). All 4 dimensions of perceptions toward perinatal sexuality interventions (perceived usefulness, comfort, intention to intervene, and sense of competence) increased significantly 1 month after training ( $p < 0.004$ ). Two months after the training, perceived usefulness continued to increase significantly ( $p = .013$ ), whereas the other 3 dimensions remained stable ( $p = .957$ ;  $p = .437$ ;  $p = .726$ ). For all groups, overall satisfaction with the training was good. Conclusions: These brief interventions enrich the human sexuality training of the various perinatal actors, can ultimately promote sexual perinatal interventions, and meet the information and support needs of couples during and after pregnancy.

#### LEARNING OBJECTIVES

- To explain how and for whom sexuality changes throughout the perinatal period.
- To identify the risk and protective factors associated with severe and persistent sexual problems during pregnancy and the postpartum.
- To discuss evidence-based interventions for couples experiencing perinatal sexual difficulties.