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The Importance of Postpartum Period Sexual Counseling and Sexual Counseling Models in Nursing

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Abstract

The aim of this review is to explain the importance of postpartum period sexual counseling and sexual counseling models in nursing. It is well known that sexual health issues are common in women. The postpartum period is one of the special periods when there are problems related to sexuality and the need for counseling related to sexual health increases. It has been noted that the content about the problems that may arise in the postpartum period regarding sexuality is lacking in the discharge training process. The nurse, in particular, has key roles and responsibilities in the development of sexual health and early detection of sexual health problems during the postpartum period. Training and counseling for the development of sexual health is a field that requires special knowledge and skills, and studies have shown that sexual health training offered in the postpartum period using proven successful models has positive effects on sexual health. Because behavioral change is the goal at the end of the counseling process, it has been observed that offering concise, practical information and accompanying training with brochure-like materials have an important contribution to sexual health. In addition, it is considered necessary to add the sexual health course to the curriculum in all nursing educational institutions that provide undergraduate education and to enrich the existing section of sexual health courses related to sexual counseling.

Keywords: ***Sexuality, postpartum period, sexual counseling, nursing***

Introduction

Sexuality, encompassing the concepts of gender, gender identity and roles, sexual orientation, eroticism, intimacy, and reproduction, is a basic component that exists in human nature and throughout life, according to the World Health Organization (WHO).[1] Nusbaum and Rosenfeld[2] defined sexuality as an integral part of human life that impacts every individual's relationship with himself, his sexual partner, and other people from birth to death. Sexual health, on the other hand, is a state of physical, emotional, mental, and social well-being, not only the absence of disease, dysfunction, or disability associated with sexuality but also a safe sexual experience devoid of discrimination and violence.[1] For this reason, physical and mental health of an individual can affect sexual health, and sexual health also affects physical and mental health.[2]

Women's sexuality, sexual health, and sexual performance are affected by normal developmental stages such as menarche, pregnancy, childbirth, postpartum, lactation, and menopause, as well as unusual situations such as infertility treatment, gynecological diseases, and gynecological cancer and its treatment.[3] Because sexuality and sexual health are inextricably linked to reproductive health, health professionals working in the field of reproductive health, particularly nurses, have an important role and responsibility in collecting data on reproduction and sexuality and providing sexual health consultation services within this framework.[4] It has been observed that health care providers, especially nurses, do not place a high priority on women's sexual health throughout pregnancy and the postpartum period and avoid taking sexual histories.[5-7] Time constraints, difficulty in answering questions due to lack of information, reluctance to talk about patients' privacy, feeling embarrassed while taking a sexual history and thinking that patients would be embarrassed to talk about it, waiting for the patient to start a conversation about sexual issues, not believing that existing problems affect sexuality, and caregivers' own values about sexuality are among the reasons for this.[8,9]

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It is well understood that the postpartum period is particularly important because it is a critical period marked by physical, hormonal, psychological, social, and cultural changes; sexual problems may arise as a result of situations that negatively affect sexuality, and it is a period when sexual counseling is most needed.[4,5,10] For this reason, women want to get more information and support from health professionals about sexual issues after childbirth.[4] World Health Organization emphasizes that the postpartum period is an ideal time to assess existing sexual health problems, and therefore, training and counseling related to sex life should be defined as one of the basic needs of women.[11] It is aimed in this review to explain the importance of postpartum period sexual counseling and sexual counseling models in nursing.

Sexuality and Influencing Factors in the Postpartum Period

It is known that the prevalence of sexual dysfunction in the postpartum period is quite high.[5] The prevalence of postpartum sexual dysfunction in the world ranges from 41% to 83%.[5] It was reported in the study of Banaei et al[3] in Iran that the rate of postpartum sexual dysfunction was 85% and the most common postpartum sexual dysfunction was pain during sexual intercourse. It is stated that 40% of women in Turkey have sexual problems before conception, 35.2% during pregnancy, and 91.3% after birth.[12] In another study conducted in our country, the rate of sexual dysfunction in pre-pregnancy women was 24.6%, while this rate increased to 74.6% in the first trimester of pregnancy and to 94.9% in the third trimester. It is stated that this rate is 57.4% in the postpartum period.[13]

The postpartum period is defined as a vulnerable and stressful period for mothers who are going through significant social and individual changes and face many new concerns and problems. The time to start sexual intercourse after childbirth varies according to cultures.[12] According to studies, more than half of women begin sexual activity within the first 3 months after childbirth, and the majority within 6 months.[5,14] In our country, the average time to start sexual intercourse after childbirth is indicated as 6 weeks.[12]

The sexual health of women in the postpartum period is influenced by many factors. These include age, education level, duration of marriage or relationship with spouse, sexual status before and during pregnancy, mode of delivery, breastfeeding, psychological distress, and permanent lacerations. In addition, fatigue, insomnia, tension, fear of becoming pregnant again, the responsibility of the newborn baby and the parent's role, breastfeeding, hormonal changes, and changes in the woman's body image in the postpartum period all contribute to a decrease in sexual intercourse interest and frequency.[4,5,10] It has been found in a study conducted in our country that age, the presence of sexual problems during pregnancy, and the time elapsed after childbirth increase the likelihood of sexual problems in the postpartum period.[12] It has been found in a study conducted by Rezaei et al[15] that age, mode of delivery, education, and the time elapsed after birth do not affect postpartum sexual function.

It is noted that an important factor affecting sexual function in the postpartum period is the number of births. Multiparity is associated with satisfaction with sexual intercourse and feeling less pain during sexual intercourse.[16] In a study, it is stated that primiparous women experience sexual dysfunction approximately 2 times more than multiparous women.[15] On the other hand, there are different opinions regarding the effect of the mode of delivery on sexuality in the postpartum period. Problems such as pain, infection, and bleeding caused by cesarean section,[17] discomfort caused by episiotomy, stress urinary incontinence, dyspareunia, and perineal pain[18] affect the return to normal sexual life after childbirth.[10] According to a study, there is no link between cesarean section and vaginal delivery and sexual dysfunction, however, those who have an episiotomy have more sexual dysfunction.[3] In a study by Boran et al.[19] it is stated that episiotomy causes dyspareunia. A study conducted in Portugal with women who were in the postpartum period found that women who had an episiotomy showed higher pain levels and lower sexual satisfaction.[18] It is stated in a meta-analysis study conducted in China that[20] the mode of delivery does not affect sexual satisfaction in the short- and long-term postpartum period, but that assisted vaginal deliveries may have a negative effect on sexual function. In contrast to studies showing that episiotomy negatively affects sexual function, a systematic review has found that the mode of delivery and episiotomy do not have a significant effect on sexual function after childbirth.[5]

It is known that breastfeeding is another factor that affects sexual function in the postpartum period. It is noted that the effect of lactation on sexual function is due to the hormonal change during lactation. Low estrogen and progesterone and high prolactin levels could cause decreased vaginal lubrication and vaginal atrophy.[5] The decrease in vaginal lubrication causes vaginal dryness, and as a result, sexual desire decreases.[10] In addition, many studies have shown that breastfeeding delays the continuation of sexual intercourse.[5,15,21,22] A study conducted in Iran has found that breastfeeding mothers experience sexual dysfunction approximately 2.5 times more often than non-breastfeeding mothers.[15] It has been reported in the same study that breastfeeding mothers have more pain, arousal problems, and vaginal dryness during sexual intercourse.[15] It has been found in a systematic review conducted by Gutzeit et al[5] that severe perineal trauma and breastfeeding have a negative effect on sexual function in the postpartum period.

The persistence of serious sexual health issues such as dyspareunia, vaginal dryness, inability to orgasm, loss of sexual desire, vaginal bleeding, or irritation in the postpartum period requires the assistance of a healthcare professional.[5,23] However, most of the women slur over their problems or try to solve them on their own instead of getting help.[6]

Delivery is an important risk factor for the development of genito-pelvic pain and/or dyspareunia in the postpartum period and in the long-term postpartum period. These 2 types of pain can occur simultaneously or sequentially and adversely affect the lives of women, including sexual functions. It is reported that the prevalence of postpartum genito-pelvic pain is much lower than postpartum dyspareunia.[23] Furthermore, third- and fourth-degree perineal tears, often known as severe perineal trauma, might induce sexual issues in the postpartum period.[5] Andreucci et al[24] found that women with third- and fourth-degree tears complained of dyspareunia more frequently and for longer.[24] Despite the fact that episiotomy is applied to prevent severe perineal trauma, dyspareunia is reported in 40% of women who have had episiotomy.[7]

Postpartum Period Sexual Counseling and Its Importance in Nursing

Sexual counseling is an important strategy that offers individuals information and support in order to promote sexual health, early

detection of sexual problems, and the development of appropriate coping mechanisms in order to solve a sexual problem.[1] World Health Organization[1] proposes a framework that contains 6 key principles of interventions for sexual and reproductive health to underline the need of intervention for the protection and promotion of sexual health. Recommended interventions for sexual health are comprehensive sexual education, prevention of gender-based violence, support and care, prevention and control of HIV and other sexually transmitted infections, sexual function and sexual counseling. Sexual counseling is considered as an indispensable intervention in the protection and promotion of sexual health. In this framework, it is emphasized that each intervention area increases the impact of the other and strengthens access to sexual health as a whole.

In our country, healthy sexual life training and counseling are one of the duties of women's health nurses.[25] It is recommended in the Antenatal Care Management Guide published by the Ministry of Health that the pregnant woman should be given training and counseling on antenatal sexual life.[26] On the other hand, providing training and counseling on sexual health/sexual life in the third follow-up of the puerperant in the hospital and in the fourth and fifth follow-ups at home or in a health institution; evaluation of dyspareunia and perineal trauma, if any; if she has anxiety about resuming sexual intercourse, discussing the reasons and referral to a specialist; if she feels uncomfortable during sexual intercourse, she should be informed that she can use water-based lubricant are included in the Postpartum Care Management Guide published by the Ministry of Health.[27] Also, the postpartum care guidelines of WHO, National Institute for Health and Clinical Excellence, and The National Collaborating Center for Primary Care include the definition of sexual intercourse and dyspareunia at 2-6 weeks postpartum and the recommendation to use water-based lubricants.[28]

Insufficient postnatal sexual counseling can lead to sexual dysfunction in the postpartum period.[4] While nurses are expected to perform their duties with a holistic approach, it seems that sexuality is not adequately addressed by nurses.[7,8] In a study of postpartum women in Australia, 23% of women stated that they were asked directly by their general practitioner and only 13% by the maternal and child health nurse in the first 3 months postpartum. Some women stated that they did not get the opportunity to speak with their healthcare provider about changes affecting their sex life. It has been determined in the same study that women want to get more information about the changes in their sexual life after giving birth from their healthcare professionals.[29] For this, first of all, it is necessary to ensure the competence of nurses in the postpartum period with in-service training or special training in the field of sexual health. Furthermore, it is proposed that the sexual health course should be made mandatory as a separate course during nursing undergraduate education, or that the content of existing women's health courses should be expanded to include a section on sexuality and sexual health in order to improve sexual counseling skills.

Nurses can use a sexual health assessment to make an early diagnosis, give consultation for current problems, and refer women to specialists as needed to improve the sexual health of women in the postpartum period.[6,10] The 5 stages of a sexual health assessment are collecting a sexual history, completing sexual assessment forms, performing a physical examination, performing laboratory testing, and performing special diagnostic tests. The role of the nurse in each of these stages is quite important. The nurse obtains the first history by speaking with the individual or couple, completes the necessary sexual assessment forms, and performs a physical examination and diagnostic tests if needed.[30] In addition to the physical examination of the genitals and pelvic examination, findings such as anatomical changes, infection, bleeding, and pain are examined during the physical examination performed by a specialist doctor or nurse.[31] It is important for nurses to be a good listener and to care about women's concerns in terms of detecting sexual problems.[6]

The time[4] of first sexual intercourse and the selection of postpartum contraceptive methods are often the topics of sexual training provided as part of postpartum sexual counseling.[4,32] The content of the training given during this period includes the right time to start sexual intercourse, the negative effects of childbirth and the postpartum period on sexual life, possible problems, vaginal lubricant, Kegel exercises, appropriate sexual intercourse positions, and family planning methods.[4,6,27,33] In addition, women in the postpartum period can be counseled about different treatment options[5,33,34] for sexual problems. In a study by Sobhgol et al[33], systematic studies conducted between 2015 and 2019 were examined and it was concluded that pelvic floor muscle training improves sexual functions.[33] In another study[34], therapeutic ultrasound and maternal cooling gel pad were found to be effective in reducing perineal pain after episiotomy.[34] In addition, the curative effect of vaginal estrogen administration on symptoms such as vaginal dryness, irritation, itching, pain, burning, dyspareunia, and discharge caused by vaginal atrophy is another treatment option that has been researched.[5,35]

It was determined in a study conducted by Gürcüoğlu and Vural[32] in our country that most of the mothers who were in the postpartum period and followed in the hospital received routine nursing care that did not include sexual training, very few of them were informed about family planning and they were satisfied with this care they received from nurses. Although there is a sexual life assessment and counseling in the published guidelines of the Ministry of Health, it seems that it is not applied in the clinic. Mothers are discharged 24 hours after normal delivery and 48 hours after cesarean delivery.[27] Due to the physiological problems they experience such as pain, bleeding, and fatigue during this short period of time they are in the hospital, they cannot receive adequate training and counseling.[32] For this reason, it is necessary to continue routine evaluation and care of mothers at home or in health institutions. Postpartum evaluation and care is recommended in our country until the 6th week, that is, the 42nd day.[27] As a result, the need for sexual health information should be assessed during home visits or as soon as possible, and a chance to discuss the issues should be provided.

Models of Sexual Counseling Used in the Postpartum Period

Various models of sexual health counseling have been designed to assess sexuality. These models are called by the names formed by bringing the first letters of the model steps together. These are BETTER (Bring up, Explain, Tell, Timing, Educate, and Record); PLISSIT (Permission, Limited Information, Specific Suggestions, and Intensive Therapy)[8,10]; WPSHP (Women's Postpartum Sexual Health Program)[4]; IMB (Knowledge, Motivation, Behavior Skills)[36,37]; ALARM (Activity, Libido, Arousal, Resolution, and Medical information),[8,38] and ALLOW (Ask, Legitimate, Limit Boundaries, Open, and Work Together).[8,39] Of these, BETTER, PLISSIT, IMB[37] models, and WPSHP[4] are used in the postpartum period.

The BETTER model has been developed specifically for oncology nurses to help guide them in assessing and discussing issues related to sexuality with their patients within the framework of a holistic approach. Although this model is recommended as one of the methods for postpartum sexual counseling because it provides a comfortable environment for discussing sexuality and sexual problems and facilitates communication, it has not been specifically designed for postpartum women, and no research on its use in the postpartum period has been found.[40] Furthermore, this model places a greater emphasis on the physical or biological components of sexuality, making it easier for nurses and patients to communicate about delicate matters like sexuality and sexual dysfunction.[4]

The PLISSIT approach is intended to assist nurses of various educational levels in meeting sexual requirements.[8] This model, like the BETTER model, focuses more on the physical or biological components of sexuality and is not specifically designed for postpartum women.[4] But the PLISSIT model can be used in the postpartum period.[40] This model provides a comprehensive framework for nursing care created for the purpose of postpartum sexual counseling. The sexual training provided within the scope of sexual counseling is created on the basis of this model. This model includes 4 levels of intervention, and the first 3 stages of the model can be applied in postpartum sexual counseling to solve the vast majority of sexual problems. In this model, a reassuring relationship is established at the first stage, allowing women to share their thoughts and problems in a comfortable environment. At the second stage, a basic sexual training is provided, focusing on women's questions about sexuality. At the third stage, interventions are carried out to manage problems affecting sexual life and make recommendations for improving the quality of sexual life. The fourth stage is the stage that includes intensive therapy and treatment. At this stage, the woman is referred to a specialist.[10] This model provides an open communication environment for discussing sexual problems. In addition, the fact that this model includes sexual training and interventions focused on problems related to sexuality increases the quality of sexual counseling provided. For this reason, nurses can use the PLISSIT model in planning and implementing postpartum period sexual counseling. It was determined in a study conducted by Yörük and Karaçam[41] to evaluate the effectiveness of the PLISSIT model in combating postpartum sexual problems that the majority of women in the intervention (77%) and control groups (71%) had high scores in terms of sexual problems before the implementation of the PLISSIT Model intervention plan. The proportion of women with sexual problems in the control group did not change after the execution of the PLISSIT Model intervention plan, while the proportion of women with sexual problems in the intervention group (60.7%) dropped. Likewise, it is stated that the PLISSIT Model intervention plan reduces women's sexual problems after childbirth.[41] It was stated in a study by Abdelhakm et al[10] to evaluate the effect of the PLISSIT Model sexual counseling program in Egypt on the quality of sexual life for postpartum women, that only 13.6% of women had a good quality of sexual life before sexual counseling was given, and this rate increased to 44.5% after sexual counseling based on the PLISSIT model. In this study, a comprehensive illustrated booklet and educational videos related to sexuality in the postpartum period were used in the sexual counseling program created based on the PLISSIT Model. In conclusion, it has been reported that the PLISSIT model sexual counseling program has a significant effect on improving the quality of sexual life of women.[10]

Women's Postpartum Sexual Health Program is a program designed by Mcbride et al[42] to be utilized in postpartum sexual counseling for women experiencing sexual concerns. The postpartum period is a period when there are difficulties in interpersonal relationships and issues related to sexuality, which causes bio-psycho-social changes in a person's life. The woman's relationships and psychosocial status have not been addressed in other models. But this program is planned in such a way as to correct such deficiency.[4] Providing a multidisciplinary service delivery, WPSHP reduces the stress, anxiety, and depression of women in the postpartum period with psychoeducation and interventions that can increase satisfaction with sexuality in its content.[4,42] With the help of the group, a safe place is established where participants can discuss the challenges of postpartum sexuality with other women in this program. Afterward, women continue to be given special training and practice skills as a couple with their partners. After the completion of the program, people are encouraged to make applications in the ongoing process. This program stands apart from others due to its extensive use of applications aimed at removing sexual anxieties, its multidisciplinary nature, and its unique design for the postpartum period. In a study conducted by Zamani et al[4] in Iran, a total of 4 sessions of sexual counseling were given to the intervention group, including 3 sessions of group and 1 session of couples counseling based on the WPSHP program. In the first 2 sessions, the sexual responses of women after childbirth and the biological, psychological, and social factors that affect postpartum sexual problems were discussed, followed by the third session focusing on effective communication skills and intimacy. Finally, the fourth session was devoted to personal support and answering the sexual partner's questions. At the end of the 8-week intervention, a Larson Sexual Satisfaction Questionnaire was conducted, and women with severe and moderate depression were referred to the hospital. After the study was completed, sexual counseling continued in the process where women came to the control. As a result of the study, it has been found that WPSHP provides higher sexual satisfaction. Therefore, it is noted that this program can be used to increase sexual satisfaction in women who are in the postpartum period.[4]

The IMB model is a model designed to develop behavior that prevents HIV. Knowledge, motivation, and behavioral skills are seen as the main elements of HIV prevention behavior.[36] With the IMB model, it is aimed to reduce the existing risks related to sexuality, prevent problems, and improve sexual health. The sexual health training provided is created in accordance with these goals.[37] Creating behavior change with sexual training is the most difficult area for educators. It is thought that this model will provide convenience in creating behavior change. A study was conducted by Özdilek[37] to determine the effect of sexual counseling service given to postpartum women based on the IMB model. In the first stage of the counseling, training was given on topics such as sexuality, sexual anatomy, menstrual cycle, normal sexual response, and postpartum problems. The second stage of the counseling was "Motivation" and during the motivational interviews, information that would help women cope with their problems was explained, and techniques such as discussion and question–answer were included. It was also indicated that they may use Kegel exercises and lubricants to help with vaginal dryness, and practical information was offered to help them stay motivated, such as how to use a condom correctly. The women were given brochures with summary information and a water-based lubricant for vaginal dryness at the end of the meeting. In this model, attempts to provide women with the necessary skills to train and behave are very important in creating behavior change by increasing motivation. As

a result of this study, it is stated that the level of sexual function of women receiving sexual counseling with the IMB model is higher than those who do not receive it. It has been found that the level of body perception of women receiving IMB model-based postpartum sexual counseling is higher than the level of body perception of women who do not receive it. It is also noted that the postpartum depression level of women receiving IMB model sexual counseling is lower compared to women who do not receive counseling.[37]

The fact that it is more difficult to create behavior change with sexual training compared to training in other fields reveals the necessity of nursing approaches aimed at increasing motivation. Regardless of the method in sexual counseling, if it is aimed to create a behavioral change in sexual health, women's motivation should be increased by giving brochures containing practical information and summary information so that they can do the targeted behavior.

Conclusion

The postpartum period is a special period in which significant changes occur in many areas of life, including in sexual life. There are many factors that negatively affect sexual health during this period. For this reason, this is the time when sexual counseling is most necessary. In the development of sexual health, medical personnel, especially nurses, have important responsibilities. Sexual dysfunctions are one of the common problems in women both in our country and in the world. Problems that existed prior to pregnancy worsen during pregnancy and persist in the postpartum period, and postpartum training alone may not be enough to fix sexual issues. As a result, it is believed that sexual health should be assessed as an integral element of women's reproductive health at every routine follow-up and that these assessments should continue during pregnancy and postpartum periods, including the preconceptional period.

It is known that in the postpartum period, postpartum sexuality, and postpartum sexual problems that can be experienced after birth are either very briefly or not mentioned at all in the postpartum discharge training given to the mother before she leaves the clinic. It is very important and necessary to include postpartum sexuality and possible postpartum sexual problems in the training plan while providing discharge training in the postpartum period and in the first follow-up of the mother after discharge. Nurses can benefit from sexual counseling models that have been proven by studies for their effectiveness.

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References

1. World Health Organization. Sexual health and its linkages to reproductive health: an operational approach; 2017. Available at: https://apps.who.int/iris/handle/10665/258738. Accessed February 10, 2020.
2. Nusbaum M, Rosenfeld JA. *Sexual Health across the Lifecycle: a Practical Guide for Clinicians*. New York: Cambridge University Press; 2004.
3. Banaei M, Moridi A, Dashti S. Sexual dysfunction and its associated factors after delivery: longitudinal study in Iranian women. *Mater Sociomed*. 2018;*30*(3):198-203. [CrossRef]
4. Zamani M, Latifnejad Roudsari RL, Moradi M, Esmaily H. The effect of sexual health counseling on women's sexual satisfaction in postpartum period: a randomized clinical trial. *Int J Reprod Biomed*. 2019;*17*(1). [CrossRef]
5. Gutzeit O, Levy G, Lowenstein L. Postpartum female sexual function: risk factors for postpartum sexual dysfunction. *Sex Med*. 2020;*8*(1):8-13. [CrossRef]
6. Başkaya Y, Karakoç H, Özerdoğan N. Postpartum dönemde yaşanan cinsel sağlık sorunları, ebe ve hemşirenin rolü. *Head*. 2018;*15*(4):269-274.
7. Brtnicka H, Weiss P, Zverina J. Human sexuality during pregnancy and the postpartum period. *Bratisl Lek Listy*. 2009;*110*(7):427-431.
8. Tuğut N, Cinselliğin Değerlendirilmesi GZ. Hemşireler İçin Öneriler ve Klinik Stratejiler. *Head*. 2014;*11*(2):59-64.
9. Denat Y, Demir Y, Bir Durum HGE. Cinselliğe Yönelik Veri Toplama. *Tepecik Eğit Hast Derg*. 2008;*18*(1):1-7.
10. Abdelhakm EM, Said AR, Elsayed DMS. Effect of PLISSIT model sexual counseling program on sexual quality of life for postpartum women. *Am J Nurs Sci*. 2018;*7*(2):63-72.
11. World Health Organization. *WHO Recommendations on Postnatal Care of the Mother and Newborn*; 2013. Available at: https://www.who.int/maternal_child_adolescent/documents/postnatal-care-recommendations/en/. Accessed March 5, 2020.
12. Acele EÖ, Karaçam Z. Sexual problems in women during the first postpartum year and related conditions. *J Clin Nurs*. 2012;*21*(7-8):929-937. [CrossRef]
13. Yıldız H. The relation between prepregnancy sexuality and sexual function during pregnancy and the postpartum period: a prospective study. *J Sex Marital Ther*. 2015;*41*(1):49-59. [CrossRef]
14. McDonald E, Woolhouse H, Brown SJ. Sexual pleasure and emotional satisfaction in the first 18 months after childbirth. *Midwifery*. 2017;*55*:60-66. [CrossRef]
15. Rezaei N, Azadi A, Sayehmiri K, Valizadeh R. Postpartum sexual functioning and its predicting factors among Iranian women. *Malays J Med Sci*. 2017;*24*(1):94-103. [CrossRef]
16. Johnson CE. Sexual health during pregnancy and the postpartum (CME). *J Sex Med*. 2011;*8*(5):1267-1284. [CrossRef]
17. Mousavi SA, Mortazavi F, Chaman R, Khosravi A. Quality of life after cesarean and vaginal delivery. *Oman Med J*. 2013;*28*(4):245-251. [CrossRef]
18. Leal I, Lourenço S, Oliveira R, Carvalheira A, Maroco J. Sexual function in women after delivery: does episiotomy matter? *Health*. 2014;*06*(5):356-363. [CrossRef]
19. Boran SU, Cengiz H, Erman O, Erkaya S. Episiotomy and the development of postpartum dyspareunia and anal incontinence in nulliparous females. *Eurasian J Med*. 2013;*45*(3):176-180. [CrossRef]
20. Fan D, Li S, Wang W, et al. Sexual dysfunction and mode of delivery in Chinese primiparous women: a systematic review and meta-analysis. *BMC Preg Childbirth*. 2017;*17*(1):408. [CrossRef]
21. Matthies LM, Wallwiener M, Sohn C, Reck C, Müller M, Wallwiener S. The influence of partnership quality and breastfeeding on postpartum female sexual function. *Arch Gynecol Obstet*. 2019;*299*(1):69-77. [CrossRef]
22. BokaieM, Hajimaghsoudi S, Dehghani A, Hosseini F. The effect of sexual health counselling on the sexual function and satisfaction of breastfeeding women in the form of group consultation and telephone consultancy. *J Adv Pharm Educ Res*. 2019;*9*(suppl 2):191-198.
23. Rosen NO, Pukall C. Comparing the prevalence, risk factors, and repercussions of postpartum genito-pelvic pain and dyspareunia. *Sex Med Rev*. 2016;*4*(2):126-135. [CrossRef]
24. Andreucci CB, Bussadori JC, Pacagnella RC, et al. Sexual life and dysfunction after maternal morbidity: a systematic review. *BMC Preg Childbirth*. 2015;*15*:307. [CrossRef]
25. SB. Hemşirelik Yönetmeliğinde Değişiklik Yapilmasina Dair Yönetmelik; 2011 Available at: https://www.resmigazete.gov.tr/eskiler/2011/04/20110419-5.htm; Accessed March 20, 2020.
26. SB. Doğum Öncesi Bakım Yönetim Rehberi; 2014. Available at: https://sbu.saglik.gov.tr/Ekutuphane/Yayin/466; Accessed March 19, 2020.
27. SB. Doğum Sonu Bakım Yönetim Rehberi; 2014. Available at: https://sbu.saglik.gov.tr/Ekutuphane/Yayin/465; Accessed March 20, 2020.

28. Can HÖ. Doğum sonrası Bakım Rehberlerinin kanıt Temelli Çalışmalarla gözden Geçirilmesi. *DÜ Sağlık Bil Enst Derg*. 2015;*5*(2):40-47.
29. Woolhouse H, McDonald E, Brown SJ. Changes to sexual and intimate relationships in the postnatal period: women's experiences with health professionals. *Aust J Prim Health*. 2014;*20*(3):298-304. [CrossRef]
30. Fışkın G, NK B. Cinsel fonksiyonun değerlendirilmesi ve hemşirenin rolü. *Androloji Bul*. 2014;*56*:73-76.
31. Balon R. Assessment of sexual function in the medically ill: psychosomatic approach to sexual functioning. In: Fava GA, Sonino N, Wise TN, eds. *The Psychosomatic Assessment. Strategies to Improve Clinical Practice*. Basel: Karger; 2012;*32*:97-107. [CrossRef]
32. Gürcüoğlu EA, Vural G. Annelerin Dogum sonu Donemde hastanede verilen Ebelik/Hemsirelik Bakimindan Memnuniyetleri. *Gazi Med J*. 2018;*29*(1):34-40.
33. Sobhgol SS, Priddis H, Smith CA, Dahlen HG. The effect of pelvic floor muscle exercise on female sexual function during pregnancy and postpartum: a systematic review. *Sex Med Rev*. 2019;*7*(1):13-28. [CrossRef]
34. Mahishale A, Chougala A, Patted S. Effect of therapeutic ultrasound and maternal cooling gel pad for perineal pain following vaginal delivery with episiotomy. *J Womens Health Care*. 2013;*2*(3):1-4.
35. Lima SMRR, Yamada SS, Reis BF, Postigo S, Galvão da Silva MALG, Aoki T. Effective treatment of vaginal atrophy with isoflavone vaginal gel. *Maturitas*. 2013;*74*(3):252-258. [CrossRef]
36. Bahrami Z, Zarani F. Application of the Information-Motivation and Behavioral Skills (IMB) model in risky sexual behaviors amongst male students. *J Infect Public Health*. 2015;*8*(2):207-213. [CrossRef]
37. Özdilek R. *IMB model Temelli postpartum cinsel Danışmanlığın kadın cinsel Sağlığına etkisi*. [Doktora Tezi]. İstanbul, Haliç Üniversitesi Sağlık Bilimleri Enstitüsü; 2016.
38. Mick JM. Sexuality assessment: 10 strategies for improvement. *Clin J Oncol Nurs*. 2007;*11*(5):671-675. [CrossRef]
39. Hatzichristou D, Rosen RC, Broderick G, et al. Clinical evaluation and management strategy for sexual dysfunction in men and women. *J Sex Med*. 2004;*1*(1):49-57. [CrossRef]
40. Convery KM, Spatz DL. Sexuality breastfeeding what do you know? *MCN*. 2009;*34*(4):218-223.
41. Yörük F, Karaçam Z. The effectiveness of the PLISSIT model in solving postpartum sexual problems experienced by women. *AJH*. 2016;*3*(3):235-254. [CrossRef]
42. McBride HL, Olson S, Kwee J, Klein C, Smith K. Women's postpartum sexual Health Program: a collaborative and integrated approach to restoring sexual health in the postpartum period. *J Sex Marital Ther*. 2017;*43*(2):147-158. [CrossRef]