

# Comment



Julie Wray

## No sex please, we're British midwives

It's hard to imagine that throughout my 1980s midwifery training there was no mention of the 'sex' word other than in the context of pathology – in other words, disease and illness. The notion that sexual activity is a healthy human function, that could be pleasurable and fun, was not mentioned or eluded to in any way. Rather, it was presented in cloak-and-dagger setting, accompanied by the mantra: 'No sex please, we're British'.

Thus, my educational insights and learning at the time were reduced to looking at sex from the perspective of sexually transmitted infections, sexual dysfunction

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and psycho-sexual issues. This was a highly medicalised and negative approach. Certainly it was unhelpful for enabling discussions with women, for whom the mere act of childbirth meant that they had been, and possibly still were, sexually active. This inadequate handling of educational matters concerning sex was due to both the midwifery tutors in the classroom and midwives in practice, and is something I have always remembered. Yet at the time I knew that this was an important aspect of health and wellbeing, and that midwives had a responsibility and role to play.

The standard 'contraception chat' that I had witnessed during the postnatal period was more often than not a rushed session at the foot of the bed, typically just prior to transfer home, or it was simply overlooked, based on the assumption that someone else would pick it up. To me, this was not satisfactory and so, aware of the knowledge gap I sought out relevant information and

learnt about sexual health – in its broadest sense – so that I could engage in meaningful discussions with women as and when required. As a starting point, I soon recognised that a big factor was to help women feel comfortable and at ease so that a dialogue could unfold as naturally as possible.

#### A sensitive subject

That said, I am more than aware that discussing sexuality, sexual health and sexual activity can be difficult and even embarrassing for women and midwives alike. Sensitivity is required alongside an awareness of the individual woman's cultural and social expectations. However, leaving concerns unmet following childbirth means that women and their partners may experience difficult situations unsupported, with inadequate or no explanation. In 2000, I was co-author (with Angie Benbow) of a guideline on postnatal care (RCM 2000). This was a first of its kind, and we felt strongly that sexual health should be a key feature. To set a context and reinforce the normality of sexual health we chose to cite the WHO (1986) definition of sexual health:

- A capacity to enjoy and control sexual and reproductive behaviour in accordance with a social and personal ethic
- Freedom from psychological factors that inhibit sexual response and impair sexual relationships
- Freedom from organic disorders, diseases and deficiencies that interfere with sexual and reproductive functions.

This definition remains useful and still applies in relation to contextualising sex and sexual health as a healthy human function.

Furthermore, I am aware that despite numerous health campaigns raising awareness of safe sex, safer sex and sex in general, limited knowledge still prevails in British society, most notably among young people, as highlighted within the teenage pregnancy policy framework (Social Exclusion Unit 1999). Following recent media coverage of the newly published

teenage pregnancy rates, which remain high (SEU 2009), I began to wonder about the contribution that midwives make within this policy. Be it informing young people about how and where to access contraception, ways to delay early sex and reduce the risk of an unintended pregnancy, midwives can and should be participating in all of these activities.

Finally, I want to believe and, more importantly, be reassured that midwifery training addresses sex, sexual activity, sexuality and sexual health in a meaningful way. In addition, I want to believe that

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practising midwives, as mentors and educators, facilitate teaching and learning that embraces good information and dialogue about sex. I also want to see midwives sharing skills and ways of being to enable discussions with women. Or does 'No sex please, we're midwives' remain our mantra? **TPM**

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