

PATIENT EDUCATION



The American College of
Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

Your Sexual Health

Sex is a normal, healthy part of life. But many women have problems with sex at some point in their lives. If you are having a problem with sex, and it is worrying or upsetting you, you may want to find a solution. Some sexual problems can be solved by you alone or with a partner. For others, you may want to see a **gynecologist** or other health care professional.

This pamphlet explains

- how women respond during sex
- causes and types of sexual problems
- self-help advice
- seeing your health care professional
- treatments that may help

How Women Respond During Sex

Many people think that sex starts with physical desire, which leads to arousal and then **orgasm**. But for many women, physical desire is not always the starting point. A woman may want to have sex to feel close to her partner or to show her feelings. The physical desire to have sex may not happen until after sexual activity has started.

Many women say that they are satisfied even if they do not have an orgasm during sex with **penetration**. The physical and emotional aspects of sexual activity can be pleasurable even if orgasm does not occur. But lack of orgasm is a concern for some women. These women may need specific stimulation to have an orgasm. This can include kissing and caressing. It also can include touching sensitive areas, such as the breasts and **clitoris**. Sex can include any activities that both partners need to feel physical pleasure.

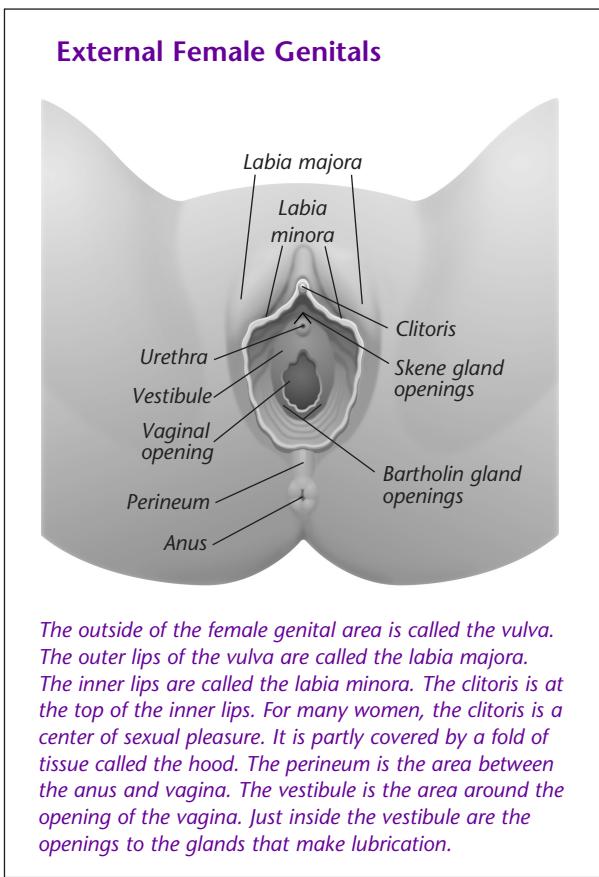
Causes of Sexual Problems

About 4 in 10 women have problems with sex at some point in their lives. Problems with sex can have many causes.

Hormonal Changes

The normal stages and events in a woman's life can affect her interest in and response to sex. During pregnancy, a woman's interest in sex can come and go. The same can be true during **menopause**. Many women also feel differences in interest throughout their **menstrual cycle**. It is likely that some of these changes are due to changes in a woman's **hormone** levels.

Estrogen is a hormone that plays a key role in female sexual responses. During **perimenopause** and menopause, estrogen levels decline. A decline in estrogen can cause a condition known as **vaginal**



The outside of the female genital area is called the vulva. The outer lips of the vulva are called the labia majora. The inner lips are called the labia minora. The clitoris is at the top of the inner lips. For many women, the clitoris is a center of sexual pleasure. It is partly covered by a fold of tissue called the hood. The perineum is the area between the anus and vagina. The vestibule is the area around the opening of the vagina. Just inside the vestibule are the openings to the glands that make lubrication.

atrophy. This is thinning and drying of the tissues in the **vagina**. Vaginal atrophy can lead to pain during **sexual intercourse** or other types of vaginal penetration.

Cancer Treatments

Some cancer survivors have sexual problems related to the side effects of treatment. Gynecologists, oncologists, and sex therapists often work together to help cancer survivors with sexual problems. If you are having problems with sex after cancer treatment, talk with your gynecologist sooner rather than later. Getting help early offers the best chance of a good outcome.

Other Causes

Other causes of sexual problems can include

- some illnesses and medications
- relationship problems with your partner
- past negative experiences
- **depression**, anxiety, or stress

Types of Sexual Problems

“Female sexual dysfunction” is a general term for a problem with sex. The problem can be lack of interest in sex. It also can be a lack of response to sexual activity. Sexual problems fall into four groups, which often overlap:

1. Interest and arousal problems
2. Orgasmic problems

3. Sexual pain

4. Sexual problems caused by medication or substances

Desire and Arousal Problems

Desire Problems. Lack of desire is the most common sexual concern reported by women. Lack of desire can affect women of any age. For some women, it is normal to not feel desire until sexual activity has started. A lack of desire is called a disorder when at least three of the following are true for a minimum of 6 months and cause anxiety or sadness:

- A woman does not want to engage in any type of sexual activity, including **masturbation**.
- A woman does not have (or has very few) sexual thoughts or fantasies.
- A woman does not want to initiate sexual encounters with a partner.
- A woman does not have any pleasure during sexual activity.

Arousal. Arousal is the name for the physical and emotional changes that happen with sexual stimulation. For women, several changes happen during arousal:

- **Blood pressure** goes up.
- Heart rate, breathing, and temperature increase.
- The nipples, **labia**, and clitoris fill with blood and become more sensitive.
- The vagina lubricates and expands.

Arousal can be affected by many things, including

- changes in how a woman feels about herself or her body
- pregnancy and nursing
- not getting enough exercise
- not getting enough sleep
- medications for **depression**, such as **selective serotonin reuptake inhibitors (SSRIs)**
- use of alcohol or drugs
- relationship problems

Some women may not feel mental or physical excitement from sex. Other women may feel only mental excitement and do not have a physical response. For other women, the opposite is true.

Orgasmic Problems

Difficulty reaching orgasm is common. For many women, sharing love and closeness without having an orgasm is satisfying. But other women may feel that not having an orgasm is a problem. They may want to find a solution.

Women with orgasmic disorder usually have a desire for sex. But they find that it may take longer to have an orgasm or that orgasm happens less often. Some women may have less intense orgasms. Other women with orgasmic disorder have never had an orgasm, or they may not recognize their physical experience as orgasm.

For some women, a problem with orgasm may be caused by a new health problem or mental health condition. For others, it may be related to a change in a relationship. Rarely, women who have had surgery or radiation in the pelvic area may have difficulty having an orgasm.

Sexual Pain

When ob-gyns or other health care professionals talk about sexual pain, they often refer to two conditions: 1) **vaginismus** and 2) **dyspareunia**. Together, these conditions can cause several symptoms, including

- tightening of the vaginal muscle that makes penetration difficult
- tension, pain, or burning in the vagina when penetration is attempted
- decrease in or no desire for penetration
- avoidance of sexual activity
- intense fear of pain

Women whose sexual activity does not include penetration also can have a pain disorder. A pain disorder is diagnosed if the pain interferes with sexual function.

Some women develop sexual pain problems after pregnancy. The risk is higher for women who have had

- **cesarean birth**
- **assisted vaginal delivery**
- **episiotomy**
- **perineal tear**

Sexual Problems Caused By Medication or Substances

Some women have sexual problems soon after starting or stopping some medications. Drugs that may cause problems with sex include the following:

Anticholinergics. These drugs are used to treat a variety of conditions, including asthma, chronic obstructive pulmonary disease (COPD), diarrhea, dizziness, insomnia, nausea, overactive **bladder**, and vomiting.

Hormone medications. These can include birth control pills and hormone therapy.

Heart medications. These can include drugs to treat high blood pressure.

Mental health medications. These drugs can include SSRIs.

Substance use also can affect sexual function. Using alcohol, marijuana, and pain-relieving drugs such as **opioids** can lead to problems with sex.

Self-Help Advice

If a sexual problem is affecting your well-being or your relationship with your partner, you may want to look for a solution. There are many things that you can do alone or with a partner to address a sexual problem, including the following:

- Look for books about sex at the library or bookstore.
- Learn about your body and how it works.

Kegel Exercises

Kegel exercises help tone the muscles that support your **urethra**, bladder, **uterus**, and **rectum**. Strengthening these muscles may help tighten vaginal muscles. Here is how they are done:

- Squeeze the muscles that you use to stop the flow of urine. This contraction pulls the vagina and rectum up and back.
- Hold for 3 seconds, then relax for 3 seconds.
- Do 10 contractions three times a day.
- Increase your hold by 1 second each week. Work your way up to 10-second holds.

Make sure you are not squeezing your stomach, thigh, or buttock muscles. You also should breathe normally. Do not hold your breath as you do these exercises.

You can do Kegel exercises anywhere—while working, driving in your car, or watching television. But you should not do these exercises when you are urinating.

- Explore oral sex, touching with a partner, and masturbation with and without a partner.
- Try nonsexual, but sensual, activities like massage.
- Talk with your partner about what you like.
- Try to reduce sources of stress in your life so you can be present in the moment during sex.

Before you see your gynecologist or other health care professional about sexual concerns, you may want to try some of the following tips first.

For enhanced desire

- Work on issues that may be affecting your relationship.
- Focus less on physical acts and more on emotional closeness.
- Improve your sex knowledge and skills.
- Make time for sexual activity and enjoying each other.

For increased arousal

- Work on getting enough sleep so you are well-rested.
- Do **Kegel exercises** (see box “Kegel Exercises”).
- Increase time spent on **foreplay**.

To help you have an orgasm

- Increase sexual stimulation.
- Try sexual toys.
- Use mental imagery and fantasy.

To minimize pain

- Use a vaginal moisturizer. There are several brands you can buy online or at your local pharmacy.
- Use a lubricant during intercourse or other types of vaginal penetration. These also are sold online or at your pharmacy. If you use condoms, use only water-based or silicone lubricants.

- Empty your bladder before sex.
- Allow plenty of time for arousal before penetration.
- Try different positions or sexual activities that do not involve intercourse.

Seeing Your Health Care Professional

If you have tried self-help tips and still have a problem that is causing you distress, see your gynecologist or other health care professional. Some women find talking about sex to be difficult. Being open makes it more likely that your gynecologist or other health care professional will know how to help you. You could start off with a statement like:

“I am having some concerns about my sex life.”

“I do not enjoy sex like I used to.”

It may help to track your symptoms (see box “Keeping a Journal”). You can identify symptoms and changes better if you keep a journal. Then you can explain your symptoms with simple statements:

“It hurts when I have sex.”

“I have problems with vaginal dryness.”

“Urinating after sex is painful.”

“I used to be able to have orgasms, but now I do not.”

Here are some other questions you might ask:

“Lately, I have been having trouble with physical intimacy. What can I do?”

“I am just not interested in sex. Do you have any advice?”

“I’m not satisfied with how often I have sex. What can I do?”

Keeping a Journal

For a month, keep track of the following aspects of your sexual activity. You may want to bring a journal of your symptoms with you when you see your gynecologist or other health care professional.

During Vaginal Penetration

Number of tries _____

Discomfort _____

Dryness _____

Desire

Number of times wanting sex _____

Level of desire (high or low) _____

Satisfaction

Level (high or low) _____

Stimulation

Orgasm (yes or no) _____

Clitoral stimulation (good or bad) _____

What to Expect at the Visit

Your ob-gyn or other health care professional may ask you a lot of questions about your physical and mental health. They may ask about

- your sexual history
- your *gender identity*
- when your pain or other symptoms started
- any self-help methods you have tried
- any experience with sexual abuse or violence

Some questions may be difficult to answer. Remember that your gynecologist or other health care professional wants to listen and help you be healthy. Be honest when talking about your concerns and symptoms.

You may have a physical exam and a *pelvic exam*. Your gynecologist or other health care professional may have a hand mirror in the room. You can use this mirror to view your *genitals* and explain where you have pain or discomfort.

If you have pain during intercourse or other vaginal penetration, your ob-gyn or other health care professional may try to recreate this pain by touching sensitive areas. This may help to find the cause.

Treatments That May Help

Each type of female sexual problem is treated differently. Sexual problems may overlap. Treatment can be complex, and it might take a few tries. Be patient. Get treated early. The longer you wait, the harder it may be to treat the problem.

Once your gynecologist or other health care professional understands your symptoms, they may make some recommendations:

- If you have irritation of the *vulva*, you may need to avoid harsh soaps, douches, wipes, scented products, and pads worn in your underwear. Avoiding these things may help calm discomfort.
- If you have vaginal dryness, you may be prescribed local estrogen therapy. This therapy may come in the form of a vaginal ring, tablet, or cream. These forms release small doses of estrogen into the vaginal tissue.
- If you have difficulty with penetration, your ob-gyn or other health care professional may suggest using dilators. Dilators are tube-shaped devices that help stretch the muscles in the vagina. They come in different sizes. Over time, using dilators that increase in size may help relax your vaginal muscles. They also may help you feel more comfortable with penetration.
- If you have pain or other pelvic problems, you may be offered pelvic floor physical therapy. Physical therapy may help relax muscles of the vagina and pelvis.
- If you have sexual pain after menopause, your ob-gyn or other health care professional may discuss medications called prasterone and ospemifene. Studies have shown that these medications may help women with vaginal atrophy. These medications do not use estrogen.

Another option for vaginal atrophy may be systemic estrogen therapy. This therapy includes pills, skin patches, and gels and sprays that are applied to the skin. With systemic therapy, estrogen is released into the body and travels to the tissues where it is needed.

You also may be referred to a sex therapist, even if you are receiving medical treatment. Sex therapists help people work on the emotional, physical, and relationship aspects of sexual problems. If you are in a relationship, couples therapy may also help. Counseling on your own may help you understand how past experiences may be affecting your current sexuality.

Finally...

If you have sexual concerns, learn all you can about sex and try self-help approaches. If you still have problems, talk with your gynecologist or other health care professional. Being open makes it more likely that they will know how to help you.

Glossary

Assisted Vaginal Delivery: The use of forceps or a suction device to help guide the fetal head out of the birth canal.

Bladder: A hollow, muscular organ in which urine is stored.

Blood Pressure: A measure of how hard blood is pressing against artery walls.

Clitoris: A female sex organ found near the opening of the vagina.

Cesarean Birth: Birth of a fetus from the uterus through an incision (cut) made in the woman's abdomen.

Depression: Feelings of sadness for periods of at least 2 weeks.

Dyspareunia: Pain with intercourse.

Episiotomy: A surgical cut made in the area between the vagina and the anus to widen the vaginal opening for delivery.

Estrogen: A female hormone produced in the ovaries.

Foreplay: Sexual activity that comes before sexual intercourse. This activity helps both partners become aroused and get ready for intercourse.

Gender Identity: A person's sense of being male, female, or somewhere in between. This identity may or may not correspond to the sex assigned at birth.

Genitals: The sexual or reproductive organs.

Gynecologist: A doctor with special training and education in women's health.

Hormone: A substance made in the body that controls the function of cells or organs.

Kegel Exercises: Pelvic muscle exercises. Doing these exercises helps with bladder and bowel control as well as sexual function.

Labia: Folds of skin on either side of the opening of the vagina.

Masturbation: Self-stimulation of the genitals.

Menopause: The time when a woman's menstrual periods stop permanently. Menopause is confirmed after 1 year of no periods.

Menstrual Cycle: The monthly process of changes that occur to prepare a woman's body for possible pregnancy. A menstrual cycle is defined as the first day of menstrual bleeding of one cycle to the first day of menstrual bleeding of the next cycle.

Opioids: Drugs that decrease the ability to feel pain.

Orgasm: The feelings of physical pleasure that can happen during sexual activity.

Pelvic Exam: A physical examination of a woman's pelvic organs.

Penetration: The act of inserting a penis, finger, or other object into the vagina.

Perimenopause: The time period leading up to menopause.

Perineal Tear: A tear that occurs in the area between the vagina and the anus. A tear can happen at the time of vaginal delivery.

Rectum: The last part of the digestive tract.

Sexual Intercourse: The act of the penis of the male entering the vagina of the female. Also called "having sex" or "making love."

Selective Serotonin Reuptake Inhibitors (SSRIs): A type of medication used to treat depression.

Urethra: A tube-like structure. Urine flows through this tube when it leaves the body.

Uterus: A muscular organ in the female pelvis. During pregnancy, this organ holds and nourishes the fetus.

Vagina: A tube-like structure surrounded by muscles. The vagina leads from the uterus to the outside of the body.

Vaginal Atrophy: Thinning and drying of the tissues of the vagina caused by a decline in estrogen. This condition can lead to pain during sexual intercourse or other types of vaginal penetration. Also called atrophic vaginitis.

Vaginismus: Uncontrolled contractions of the muscles in the lower vagina. This condition makes the penetration of the penis difficult or impossible.

Vulva: The external female genital area.

This information was designed as an educational aid to patients and sets forth current information and opinions related to women's health. It is not intended as a statement of the standard of care, nor does it comprise all proper treatments or methods of care. It is not a substitute for a treating clinician's independent professional judgment. Please check for updates at www.acog.org to ensure accuracy.

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