

The Effect of Lovemaking on the Progress of Labor

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Abstract: None available.

Full Text: Headnote ABSTRACT: Many commentators have remarked that birth is a sexual experience, namely Niles Newton, Ph.D., Lewis E. Mehl, M.D., Michel Odent, M.D., N. Kalichman, M.D., Thomas Verny, M.D. and others. Thousands of young couples, too, have made the same discovery and have used their innate, sexual endowments during the conjugal act of birth in the dimly-lit seclusion of their bedrooms with delight and distinction. Passionate kisses, nipple stimulation (oral as well as manual), perineal massage and support, clitoral stimulation, and coitus early in labor which provides seminal fluid rich in relaxin (the hormone responsible for "extraordinary separation" of the pubic bones as well as softening the cervix) constitute the means for achieving the desired end. Looking carefully, one can find support for many of these natural birth facilitators in the medical literature. INTRODUCTION According to Lewis E. Mehl, M.D., "Birth is always intimate and sexual, although the intimacy and the sexuality can be masked."¹ Other doctors in recent years have also mentioned the sex/birth resemblance, including Thomas Verny, M.D., who wrote, "Many mothers experience strong sexual feelings during birth,"² and Michel Odent, M.D., who said, "Modern obstetrics knows nothing and cares less about the fact that labor, birth, and early nursing are integral parts of a woman's sexual life."³ These doctors weren't the first to make note of this fact, however. More than 40 years ago, N. Kalichman, M.D., commented on the similarity between coitus and birth in a paper in which he drew a graphic analogy between them. He wrote: In labor, the descending baby can be considered the equivalent of the penis in intercourse.... [As] the climax is reached in both situations, the woman utters involuntary sounds and performs involuntary pelvic movements. With the expulsion of the child, as in reaching the climax of the orgasm, the woman suddenly relaxes, and there appears a calm ecstatic look on her face. The analogy applies as well to the post-delivery state. The woman's remarks are now directed to both the child and physician and are usually tender and loving and are reminiscent of remarks following intercourse.... As in intercourse the ideal may not be attained, and the expression of some of these various natural phenomena may be inhibited.⁴ In 1955 Niles Newton, Ph.D., enlarged upon the work of Kalichman. Using Dick-Read's observations of 516 women having a natural birth experience and the work of Kinsey et al in describing phenomena accompanying a sexual experience, she drew an extended comparison between the two events and found a great resemblance between them. In regard to breathing, facial expression, uterine contractions, abdominal muscles, sensory perception and emotional response, coitus and childbirth, in Newton's words, are "strikingly similar."⁵ In my book, *Birth and the Dialogue of Love*, I add two more items to the list, a flush on the face and carpopedal spasm.⁶ In *Human Sexual Response*, Masters and Johnson speak of a sex flush that appears on the neck and face late in the plateau phase of sexual response which "always identifies severe levels of sexual tension."⁷ According to Jessica Dick-Read, widow of Grantly Dick-Read, a flush also appears on the face of the woman giving birth when her cervix has dilated four centimeters.⁸ Another phenomena that Masters and Johnson mention is the carpopedal spasm, which is a grasping, clutching motion of the fingers accompanied by a curling of the toes. Like the sex flush, it appears in the late plateau phase of sexual excitement, and is another indicator of high levels of sexual tension.⁹ The carpopedal spasm also occurs during childbirth. In one of her earlier books Sheila Kitzinger said that if the woman giving birth "grips the bed, twists the sheet with her fingers or curls her toes," she is not relaxing properly. Subsequently, in *Education and Counseling for Childbirth*, she used the term 'carpopedal spasm'.¹⁰ A description of it appeared in a recent book by Peggy Armstrong, C.N.M., and Sheryl Feldman. They interviewed a midwife who had worked in a Portland, Maine, hospital in the early sixties. At that time it was

customary to give the laboring mothers Demerol and scopolamine. The midwife said, "Within an hour [of being admitted] they were sound asleep and I would have to watch their toes. . . . to know that they were ready to deliver."¹¹ DISCUSSION The evidence is mounting that birth is, indeed, a sexual experience although it can be masked, as Mehl said. Not needing further confirmation, many couples in recent years have peeled back the birth blinders and have given birth in a private, loving, uninhibited manner. They found their natural endowments to be quite adequate for the task at hand. Tender, warm kisses are especially helpful in getting the mother to relax and allow her body to give birth. Mary Finocchario wrote in the account of her son's birth: "Lou gave me one of his long Italian kisses. Within seconds that baby door flew open and with one huge contraction. . . . the baby descended all the way down the birth canal and his head was ready to emerge."¹² Childbirth educators have long known that if the facial muscles of the birthing woman are tense and tight the muscles in her birth canal will be, too. Therefore a mother is taught to concentrate on keeping her face relaxed during labor. There is no easier way for a woman to relax her face than to get warm kisses from her husband, as Finocchario did. In addition, saliva contains androstenol, a pheromonally active substance.¹³ Pheromones are chemical messengers between members of a species that have a specific effect upon a target organ, resulting in an alteration in sensual behavior.¹⁴ It is hereby suggested that this is what prompted Finocchario's sudden readiness to give birth.

Nipple Stimulation Another beneficial technique available to couples is nipple stimulation. T. Vago, M.D., and A. Jhirad, M.D., reported on an experiment they conducted on 204 women. Labor was induced by the use of a breast pump which was operated by the mother. The overall success rate was 69.6%. The authors stated that "Breast stimulation activates endogenous oxytocin which results in physiologic uterine contraction. . . . we strongly believe that in cases where [amniotomy or oxytocin] are contraindicated, breast stimulation should be used."¹⁵ Peter Curtis, M.D., an associate professor of family practice at the University of North Carolina, at Chapel Hill, described how he discovered a more personal variation to this technique. One of his patients was in labor but having feeble contractions. He said he was "stunned" when he entered her room and found her "sitting up in bed while her husband and another man were orally stimulating her breasts."¹⁶ Her contractions were strong and coming closer together. Within two hours her baby was born. Upon questioning the young mother later, Curtis learned that this was an ancient method of stimulating the uterus, one she had read about in a pamphlet. The New Nativity carried a similar account. A young mother had had two cesarean deliveries and wanted very much to give birth vaginally. She went to the hospital at 1:00 PM, when she was 5% cm. dilated. By 7:00 PM she was still only 6 cm. dilated. At 11:00 PM the doctor came in and told her that he was going to schedule a section for 9:00 AM if the baby had not been born and suggested they try the "latest": nipple stimulation. So at 11:30 PM her husband began it and continued for 15 minutes. At 12:55 her baby was born.¹⁷

Clitoral Stimulation It is difficult to find articles in the professional literature that mention clitoral stimulation during labor. They do appear, however, in publications promoting the holistic model of birth. In The Clarion, the newsletter of the Cesarean Prevention Movement, Cassie Haley described the relief that she got when her midwife applied clitoral stimulation. She rocked her pelvis while concentrating on the sensation at her clitoris. "I had an orgasmic feeling quite a few times and that felt good!" the account stated.¹⁸ Mary Field, in her birth account in the newsletter of the Association of Radical Midwives, told how she self-stimulated her own clitoris while giving birth. According to Field, "This made me feel very sexy and suppressed the pain. . . . Clitoral massage during labor is a noninvasive and gentle analgesic."¹⁹ Robbie Davis-Floyd, Ph.D., wrote in Childbirth Alternatives Quarterly that she "had to hide from the midwives and everyone else present" what she wanted her husband to do for her, which was to stimulate her clitoris. "He was very embarrassed, but I loved it." She then went on to say that clitoral stimulation is an "intensely private thing" and that the solution might be to ask others to leave, permitting the birthing couple to enjoy "private times".²⁰ Thousands of couples in recent years have avoided that predicament by staying home to give birth without any third party present. The New Nativity, a newsletter for do-it-yourself homebirth couples, has printed 244 personal accounts of such births. References to clitoral stimulation have appeared in many of them. Perineal

Massage and Support Another facet of the sexual experience of birth that the professional literature has not covered is perineal massage and support. However, this subject has been discussed in alternative birth publications. Lisa Alan wrote, "Mark massaged my perineum so well, and so STRONG. When he took his hands away I felt lost. So after that he never took his hands off my perineum until she was out. He pushed up (t) to help her come slowly and it felt heavenly."²¹ According to Georgia Tapp, "As the moment of birth approached, John was busy doing perineal massage (That felt absolutely TERRIFIC!) and stretching my vaginal opening to facilitate the baby's head. At last the head crowned. John's face was so serious and yet so joyful, I was fascinated with his expression."²² Barry R. Komisaruk, a behavioral neuroscientist at Rutgers University, and Beverly Whipple, also at Rutgers, conducted research that is closely related to the discussion of perineal massage. Their work involved women who stimulated themselves by applying pressure to the interior of their birth canal to the point where they felt sexual pleasure. They found that those women were able to tolerate 37 percent more pain inflicted in another part of their bodies than they would have been able to tolerate otherwise. If the women reached orgasm, they were able to tolerate 75 percent more pain than without the stimulation, the studies found.²³ An article entitled "Special Delivery" described a vibrating device used by Swedish obstetrician Dr. Sune Dahlgren which, when applied to the birthing woman's cervix, cuts the length of labor in half. The vibrations relax the cervix permitting it to open. The device is a 5-inch stainless steel rod with a spoon-shaped tip that is powered by a portable generator. The article stated that women at the Eskilstuna Central Hospital who have used the vibrator are so delighted with the results that it is in popular demand. "Mothers who have given birth before without the vibrator are thrilled with the difference."^{24-24a} Are endorphins involved? Whether they are or not, coitus just prior to or during the early stages of labor has been found to have a very beneficial effect on its progress, making Dahlgren's vibrating device obsolete. Coitus Like nipple stimulation during labor, coitus is something that has been used in some primitive cultures to augment labor. Also, as with nipple stimulation, articles about its effect are difficult to find in the medical literature. What one does find there, instead, are articles about purified porcine relaxin and its effect in stimulating labor.^{25,26,27} Relaxin is the hormone responsible for the extraordinary separation of the public bones of the guinea pig during pregnancy as has been recorded by several investigators. In the late 1920s, Frederick L. Hisaw demonstrated that the hormone originates in the corpus luteum. As stated above, this hormone lengthens pelvic ligaments and softens the cervix of the uterus.²⁸ In 1980 Alastair H. MacLennan, M.D. et al conducted research with 30 laboring women who had been given intravaginal applications of purified porcine relaxin the evening before surgical induction of labor. Ten of the women went into labor before the planned induction whereas none of the 30 controls who had received a sterile water placebo went into labor. The authors commented that "an increased availability of porcine or human relaxin may eventually make it a useful alternative in the induction and management of labour."²⁹ It took only two years for a good source of human relaxin to be discovered. It turned out to be in seminal fluid where it was found "at high levels", no less, as reported by Gillian D. Bryant-Greenwood, M.D., in 1982. It originates in the prostate gland.³⁰ A number of homebirth couples have taken advantage of relaxin's unique properties in its most readily available form and found it much to their liking. One of them, Earlene Stover, wrote in the birth account of her son, Jacob, August 25, 1985: "We made love in the afternoon. The nipple stimulation kept the oxytocin coming, I'm sure.... That evening Andrew and I again had some quiet time together to cuddle in the dim light of our living room. After a while I began getting the shakes and said, 'Surely I can't be in transition already?' But when I checked my dilation, sure enough, I was 7 centimeters! . . . Soon after that Jacob's warm, wet, squirmy body was born. How I love that feeling!"³¹ Another mother, Dayna Diuguid-Bielata, attributed the ease of her second child's birth to prayer and "making love with Phil while about 4 centimeters dilated. My water broke right after that and I progressed rapidly. Talk about intense orgasm! This was like millions of little endless ones that climaxed into a feeling of pure and utter love!"³² Wishing to hear from others who have used lovemaking prior to or during the early phase of labor, we published an appeal for information on the subject. The responses we received were uniformly positive and enthusiastic. K.V., of Maine,

wrote, "This time, for us, what got the baby in also helped to get the baby out. If I hadn't been there myself, and the results hadn't been so instantaneous, I hardly would have believed it. It still makes me smile-what a cozy, wonderful (sneaky?) way to start a labor." R.G., of British Columbia, Canada, said, "Two hours after intercourse I was in true labour! Twenty-five minutes after the first contraction, my baby girl was in my hands as I was semi-squatting on the living room floor. What a glorious moment, one I will never forget... I was extremely happy to have had a homebirth with my 2% year old son and husband with me. Actually I was secretly hoping for a homebirth because I strongly feel birth belongs at home with loved ones, not in an acute care hospital setting." D.S., of Connecticut, confided that when her contractions were between 5-7 minutes apart "I asked my husband to make love to me as I was in a very romantic mood and wanted to feel him inside me urgently. It was a wonderful experience. I had a few orgasms during contractions-an absolutely delightful sensation. There was no pain at all. I'm glad I (we!) seized the moment and made love prior to the midwives' arrival. . . . Since the baby has been born I feel very close to AJ, something not experienced with my first husband, although we had 4 children together (all born in the hospital). "Our lovemaking has gone from great to extraordinary. . . . "I had wanted to have a homebirth in 1985 when Alyssa was born. My ex-husband was against the idea." This mother also said something else that relates to the progress of labor. She said that she 'got stuck' at 9 cm. dilation and remained there for 5 hours because she felt the midwives resented her partner's presence at the birth. "I could sense the mounting tension and this made it difficult for me to relax and 'let go' of the baby. ... I wish now that we had decided not to have the midwives 'help out'." Other comments include the following: "I believe that lovemaking during labor does hasten things along, because being in that loving way with your husband at this very special moment relaxes your body, so that it may open up properly!" . . . "My husband and I at 9-10 days post due date decided to try the "tried and true". Well, after a wonderful experience and a huge orgasm we had a baby girl." . . . "Yes, I will admit it. We did have intercourse during my last child's birth. This was our 2nd homebirth. The birth was so exquisitely and potently WOMANLY. The baby fell into my vagina in an indescribable release of my muscles/self." . . . "Around 8:30 at night my husband and I made love. About 6% hours later our daughter was born! Our midwife barely made it, and later 'scolded' us for not telling her beforehand that we were going to make love! I'm convinced that it works!" Here is one more that should be mentioned: F.L. of Tennessee, wrote, "I began my first labor immediately after masturbating to multiple orgasm." Thus you have a sampling of the testimonies that we received from couples who enjoyed lovemaking during labor (plus one case of a solitary experience). From them and the overall discussion it becomes apparent that birth has been bowdlerized by the medical community with its emphasis on technology and its belief in what Robbie Davis-Floyd, Ph.D., terms the "inherent defectiveness of the mother's birthing machine."³³ The deprivation of both privacy and sensory stimulation suitable to the conjugal act of birth is what gives women the appearance of incompetence regarding the act. Under such circumstances the same thing would happen to a man regarding his genital ejaculation, as was described in the parody by Janet Isaacs Ashford, entitled Natural Love.³⁴ The fact is that a woman's genital expression of birth is no more difficult for her than a man's genital expression in coitus is for him. Bryant-Greenwood wrote, "Given the commonality of hormones in the sexes and a common embryological origin of the reproductive tract, it would be a biological precedent if relaxin were solely a hormone of the female."³⁵ It was no surprise to researchers, therefore, when they found relaxin in the prostate gland of the male. It is recognition of this fundamental commonality between the sexes which has made couples realize that women can and should have their genital expression (birth) with ease. Therefore, they have penetrated the curtain of disinformation surrounding the experience of birth to get at the truth.

CONCLUSION This paper is a brief description of what has been discovered about the effect of lovemaking on the progress of labor. It is hoped that further discussion and research on the subject will be undertaken by others because the intimate, husband/wife model of birthing is pregnant with possibility regarding the happiness and wellbeing of all family members. Husband and wife are partners in a conjugal covenant of love of which birth is an integral part. There are dynamic things going on within the love dyad from which all others are

excluded. Obstetrical technicians have prescribed the rituals of hospital deliveries, including the commandment that says, "Thou shall not have relations with your husband for six weeks prior to your due date and extending until six weeks after birth." This appears unwise from many standpoints. To restrict marital intimacy late in pregnancy is to put mother and baby at risk. Without nipple stimulation mother is bereft of oxytocin in her blood stream, thereby leaving her vulnerable to the risk of excessive blood loss. Without coitus in the early stage of labor mother's pelvis and cervix are not adequately primed for the descent of the baby, thereby creating the problem of cephalopelvic disproportion which can seriously damage the brain of the baby. But most important of all, being arbitrarily denied the chance to be his wife's partner in the sexual expression of birth is a serious blow to a husband's self-esteem. This can have tragic consequences later on for himself and the family and for society at large as well. An osteopathic physician in a small town, who at one time delivered many babies, had an interesting letter printed in *The New Nativity*. In it he said: "Looking back, I know I was guilty of stealing the show from many fathers. I shall never forget the look of rejection on the face of one particular father who was severely reprimanded by his wife for touching his newborn daughter as mother and daughter were wheeled out of the delivery room. That father later became an alcoholic and died following a severe pickup-truck accident. Suicide was suspected. If conditions had been different that tragic happening may have been avoided."³⁶

There are other tragic happenings in marriage that are best avoided, including physical violence, desertion, and marital infidelity. It is hoped that other researchers will determine, through detailed questionnaires, if marriages are more harmonious among couples who give birth together in a private, intimate way than among those who 'deliver' in hospitals. Our previous research paper³⁷ suggests that this is the case. Lovemaking during labor appears to have a highly beneficial effect on the progress of labor and on the outcome of birth as well. It could conceivably make intimate, husband/wife birthing in the dimly-lit seclusion of the bedroom far safer than the highly-touted, but illconceived, medical model of birth. Once husbands discover the benefits coming to them, too, when they share birthing in a truly personal, sexual way, as many of them want to do, the pendulum of popularity will surely swing that way and a fair, unbiased assessment can be made.

References

NOTES

1. Mehl, L. (1981). Psychophysiological aspects of childbirth. In Feher, L., *The psychology of birth*. New York: Continuum Pub. Corp., p. 58.
2. Verny, T. (1981). *The secret life of the unborn child* New York: Dell Pub. Co., Inc., p. 120.
3. Odent, M. (1984). *Birth reborn*. New York: Pantheon Books, p. 16.
4. Kalichman, N. (1951). On some psychological aspects of the management of labor. *Psychiatric Quarterly* 25, No. 4, p. 655-671.
5. Newton, N. (1955). *Maternal emotions*. New York: Paul B. Hoeber, Co., p. 87.
6. Moran, M. (1981). *Birth and the dialogue of love*. Leawood, KS: New Nativity Press, p. 6.
7. Masters, W., and Johnson, V. (1966). *Human sexual response*. Boston: Little, Brown & Co., p. 275.
8. Dick-Read, Jessica (1965). *What every woman should know about childbirth*. London: William Heinemann Medical Books, Ltd.
9. Masters, W., and Johnson, V., op. cit., p. 33, 299.
10. Kitzinger, S. (1977). *Education and counseling for childbirth*. London: Baillere Tindall, p. 185.
11. Armstrong, P., and Feldman, S. (1990). *A wise birth*. New York: William Morrow & Co., Inc. p. 96.
12. Finocchiaro, M. (1986). *Everything we had hoped for*. In Moran, M., ed., *Happy birth days*, Leawood, KS: New Nativity Press, p. 58.
13. Cowley, J., and Brooksbank, B. (1991). Human exposure to putative pheromones and changes in aspects of social behaviour. *J. Steroid Biochem. Molec. Biol.* 39, No. 4B, pp. 647-659.
14. Berliner, D., et al (1991). The human skin: Fragrances and pheromones. *J. Steroid Biochem. Molec Biol* 39, No. 4B, pp. 671-679.
15. Jhirad, A., and Vago, T., (1973). Induction of labor by breast stimulation. *Obstetrics & Gynecology*, March p. 350.
16. Breast stimulation may be natural alternative to drug-enhanced labor. *Medical World News*, Feb. 27, 1984.
17. Cole, Mrs. Lila (1985). Letter to the Editor. *The New Nativity*, No. 34/35, Summer/ Fall, p. 10.
18. Haley, Cassie (1983). *Slow but sure*. *The Clarion* (P.O. Box 152, Syracuse, NY 13210) Vol. 1, No. 4 & 5, Spring/Summer, p. 4-5.
19. Field, M. (1984/85). The jewel in the crown: Clitoral massage as an analgesia for labor. *Newsletter of the Assoc, of Radical Midwives*, Winter, No. 24, London. Reprinted in *The New Nativity*, No. 36, p. 6-7.
20. Davis-Floyd, R. (1985). Letter to the editor. *Childbirth Alternatives Quarterly* (327 N. Glenmont Drive, Solana Beach, CA 92075) Summer.
21. Alan, L. (1986). *Birthing Tara-It felt heavenly*. In M. Moran, ed.

Happy Birth Days. Leawood, KS: New Nativity Press, p. 121-22. 22. Tapp, G. (1986). It was so loving and warm. In M. Moran, ed. Happy Birth Days. Leawood, KS: New Nativity Press, p. 44-45. 23. Whipple, B., and Komisaruk, B. (1985). Elevation of pain threshold by vaginal stimulation in women. *Pain* 21, No. 4, (April) p. 357-367. 24. Special Delivery. *Newsweek*, July 30, 1973, p. 75. 24a. Dahlgren, S. (1976). Shortening of labour with low frequency vibrations against cervix uteri. *Acta Obstet. Gynecol. Scand.*, [Suppl.] #55, p. 1-103. 25. Greenwood, F., and Bryant-Greenwood, G. (1982). Need for human relaxin. *Adv. Exp. Med. Biol* 143, p. 215. 26. MacLennan, A., et al (1980). Ripening of the human cervix and induction of labour with purified porcine relaxin. *The Lancet*, Feb. 2, p. 220-23. 27. Evans, M., et al (1983). Ripening of the human cervix with porcine ovarian relaxin. *Amer. J. Obstet. Gynecol.* 147, No. 4, p. 410-14. 28. Hisaw, F. (1927). Experimental relaxation of the symphysis pubis of the guinea-pig. *Anat. Rec.* 37, p. 126. 29. MacLennan, A., op cit, p. 223. 30. Bryant-Greenwood, G. (1982). Relaxin as a new hormone. *Endocrine Reviews* 3, No. 1, p. 71. 31. Stover, E. (1986). Another intimate birth. In M. Moran, ed. Happy birth days. Leawood, KS: New Nativity Press, p. 23-24. 32. Diuguid-Bielata, D., A husband excluded. *Two Attune* (P.O. Box 12-A, Harborside, ME 04642) #1, p. 8-9. 33. Davis-Floyd, R. (1988). Birth as an American rite of passage. In Michaelson, K., ed., *Childbirth in America: anthropological perspectives*. So. Hadley, MA: Bergin & Garvey. p. 153-172. 34. Ashford, J. (1988). 327 Glenmont Drive, Solana Beach, CA 92075. 35. Bryant-Greenwood, G., op cit, p. 70. 36. A Missouri D.O. (1990). A doctor speaks out about birth. *The New Nativity*, No. 54/55, Summer/Fall, p. 10. 37. See footnote 6.

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