No sex please, we're British midwives

Wray, J

<table>
<thead>
<tr>
<th>Title</th>
<th>No sex please, we're British midwives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Authors</td>
<td>Wray, J</td>
</tr>
<tr>
<td>Publication title</td>
<td>The Practising Midwife</td>
</tr>
<tr>
<td>Publisher</td>
<td>Elsevier</td>
</tr>
<tr>
<td>Type</td>
<td>Article</td>
</tr>
<tr>
<td>USIR URL</td>
<td>This version is available at: <a href="http://usir.salford.ac.uk/id/eprint/13995/">http://usir.salford.ac.uk/id/eprint/13995/</a></td>
</tr>
<tr>
<td>Published Date</td>
<td>2009</td>
</tr>
</tbody>
</table>

USIR is a digital collection of the research output of the University of Salford. Where copyright permits, full text material held in the repository is made freely available online and can be read, downloaded and copied for non-commercial private study or research purposes. Please check the manuscript for any further copyright restrictions.

For more information, including our policy and submission procedure, please contact the Repository Team at: library-research@salford.ac.uk.
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 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 in inadequate handling of educational matters. 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.

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. 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?

**No sex please, we’re British midwives**

No sex please, we’re British midwives.

Julie Wray

Senior Lecturer, School of Nursing, University of Salford

**Postnatal Period – Recommendations for Practice**

Despite 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 midwives can and should be participating in all of these activities.

Julie Wray is Senior Lecturer, School of Nursing, University of Salford

