

Lowered testosterone levels reduce sexual desire in women? ^[1]

Dear Alice,

Do you have any information on the effects of low testosterone concerning sexual desire in women? After I got pregnant, I have had a significant drop in sexual desire and think it could be related to low testosterone. Any info on the subject? By the way, this problem had nothing to do with stress, marital problems, or the baby. Everything in my life is great except I lost my sexual desire and want to get it back. THANKS.

— Wanting to be horny

Answer

Dear Wanting to be horny,

You say your lack of sexual desire started during your pregnancy and that although it has continued, that it has nothing to do with stress, marital problems, or your baby. That may be so, however, the complex hormonal changes that occur during pregnancy, through childbirth and after, have profound effects on a new mother. The abrupt reduction in the hormones that supported the pregnancy stimulates the release of other hormones, which help the uterus return to its normal size and support the production and secretion of breast milk. These hormonal changes affect a woman's sexual desire, arousal, and response. Decreased sexual desire can result from fatigue and stress associated with the changes in one's life, including taking care of the new baby, a partner, one's self, and/or other family members. If your body is still recuperating from the delivery, you may feel fatigue and discomfort for several weeks as your episiotomy (tear or surgical incision of the perineum) or Caesarean Section incision heals.

The following insights may prove helpful:

- Studies show that fatigue experienced by new mothers profoundly affects their sexual desire and sexual energy. Research conducted the University of Sydney and Macquarie University in Australia found that breastfeeding mothers are more likely to be fatigued, lack sexual desire, and feel depressed. Requirements for caloric intake and energy expenditure are vastly increased to produce breast milk, so breastfeeding mothers often feel exhausted.

In addition, the milk hormone, Prolactin, inhibits ovarian stimulation, so estrogen levels remain low, leading to vaginal dryness and discomfort or pain with intercourse/penetration (use of a lubricant can help with this).

- A study published in *JAMA* shows that androgenic hormones (testosterone and DHEAS — dehydroepiandrosterone) are major contributors to sexual functioning in women, but have no direct relationship between dose and sexual interest and/or response. A profile of sexual function in healthy premenopausal women evaluated such factors as desire, arousal, orgasm, and pleasure. DHEAS was weakly correlated with arousal and responsiveness, however, the majority of women with low sexual function did not have low DHEAS levels. This supports the perspective that many factors besides hormones affect women's sexuality.
- The bond of the mother with her baby frequently shifts a mother's interest away from procreation (read, "sexual interest") as she nurtures her infant. This biological foundation hormonally ensures that the baby gets the necessary care and that the mother's stamina is not depleted by another pregnancy.
- "The New View" of female sexual dysfunction (including women's sexual desire) was founded by a group of women's health and women's sexuality professionals, with Leonore Tiefer, Ph.D., at the forefront. The New View supports a woman's desire as unique and "normal," rather than problematic, hence "the new view." Reading about this new view on the [Female Sexual Dysfunction website](#) [2] may give you a new perspective.

The way you feel and have felt for a while is, in all likelihood, temporary. A woman's desire ebbs and flows throughout her lifetime, as does a man's. Consider removing the pressure you are placing on yourself by thinking about what is happening in a different way ("reframing" it) and focusing on you and your baby. Give this some time. Take care of yourself by eating well, exercising moderately, and resting adequately. Or, get someone else, even for a few hours at a time or a few hours each week, to take care of you, or to take care of the baby while you take care of yourself.

Finally, you and your partner may need to find ways of spending time together to remember and create tender, loving, caring feelings that will take you closer to feeling desire. Be patient with yourself.

Alice!

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