



## A prospective study depicting prevalence & risk factors of post-partum dyspareunia- Trend towards a holistic approach

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### Abstract

**Introduction:** Sexual health is a state of physical, mental and social well-being in relation to sexuality. Female sexual function changes considerably during pregnancy and the postpartum period. In this study, by comparing sexual function in primiparous women who delivered vaginally with episiotomy or cesarean delivery, we tried to determine whether type of delivery could affect the prevalence of sexual dysfunction in postpartum period.

### Aim of study

- To determine prevalence of post-partum dyspareunia.
- To evaluate risk factors responsible for development of post-partum dyapareunia.

**Methodology:** A total of 190 post-partum women were enrolled in the study. Time period of study being May 2017 to December 2017 (8months). to investigate the relationship of sexual function with delivery mode, episiotomy, and laceration. They were followed till 6 months post-partum period.

**Result:** Prevalence of post-partum dyspareunia was found to be 40% in our study. The findings of the study showed an increase rate of postpartum dyspareunia among women delivered by operative vaginal delivery followed by normal vaginal delivery ( $p < 0.05$ ). Postpartum dyspareunia is significantly associated with episiotomy, infection, scar tissue formation at episiotomy site.

**Conclusion:** Sexual health problems are common in the postpartum period but despite this it is a topic that lacks professional recognition. After delivery, many women experience reduced sexual desire and reduced vaginal lubrication & shorter orgasms. Therefore a holistic approach needs to be adopted.

**Key Message:** To improve maternal sexual function after delivery, we recommend that routine episiotomy be avoided at delivery. Individualization of decision of episiotomy is need of the hour.

**Keywords:** post-partum dyspareunia, prevalence, vaginal delivery, episiotomy

### Introduction

Female sexual function changes considerably during pregnancy and the postpartum period. In addition, women's physical and mental health, endocrine secretion, and internal and external genitalia vary during these times. However, there are *limited studies on the relationship between delivery and sexual function* <sup>[1, 2]</sup>. Little is known about the long-term consequences of severe maternal morbidity, since the majority of studies on this subject evaluates women not longer than six weeks after delivery. These conditions may lead to deterioration of quality of life and adverse effects on both mother and child.

Sexual health is a state of physical, mental and social well-being in relation to sexuality, and the World Health Organization (WHO) also considers its quality as a health indicator <sup>[3]</sup>. In this context, sexual dysfunction in fact may be considered a consequence of maternal morbidity. However, there are not many studies addressing this issue. Many women in postpartum suffer from problems such as: dyspareunia, loss of desire, loss of vaginal lubrication, pain on orgasm, post coital bleeding, itching and burning. It is estimated that 20% of women have dyspareunia in their first three months of postpartum in a way that the pain persisted in one woman out of five until 6 months after delivery and one ninth could not ever resume sexual intercourse <sup>[4]</sup>.

General medical disorders and treatments may interfere with sexual motivation, desire, subjective arousal and excitement, orgasm, pleasure, and freedom from pain. Hormone levels interfere with desire and arousal, and therefore can impact on sexual function.

Sometimes sexual changes after childbirth cause substantial disruption in the relationship between spouses and only 15% of women who suffer from sexual dysfunction problems consult with health care providers <sup>[5]</sup>. Hence awareness of such problems for health care providers can solve many problems in this field. In this study, by comparing sexual function in primiparous women who delivered vaginally with episiotomy or cesarean delivery, we tried to determine whether type of delivery could affect the prevalence of sexual dysfunction in postpartum period.

### Aim of study

- To determine prevalence of post-partum dyspareunia.
- To evaluate risk factors responsible for development of post-partum dyapareunia.

### Methodology

A total of 190 post-partum women were enrolled in the study. Time period of study being May 2017 to December 2017 (8months). The study was conducted in dept. of

obstetrics & Gynaecology at a tertiary care center. We selected primiparous women to avoid the confounding effect of a previous birth. Informed consent was taken before the study.

There is controversy over the effect of mode of delivery, episiotomy and perineal laceration on sexual function. To explore the hypothesis that sexual function is associated with mode of delivery and laceration we planned the present study in postpartum women to investigate the relationship of sexual function with delivery mode, episiotomy, and laceration. They were followed till 6 months post-partum period.

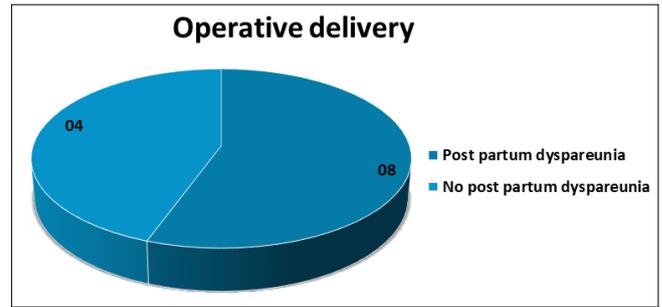
**Result**

**Statistical analysis**

The SPSS for Windows software version was utilized to analyze the data. Descriptive statistics was used (frequency and standard deviation). P value less than 0.05 was considered significant.

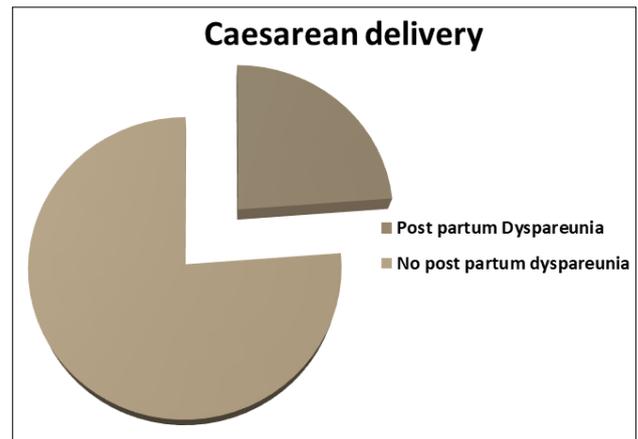
Prevalence of post-partum dyspareunia was found to be 40% in our study.

delivery & post-partum dyspareunia.

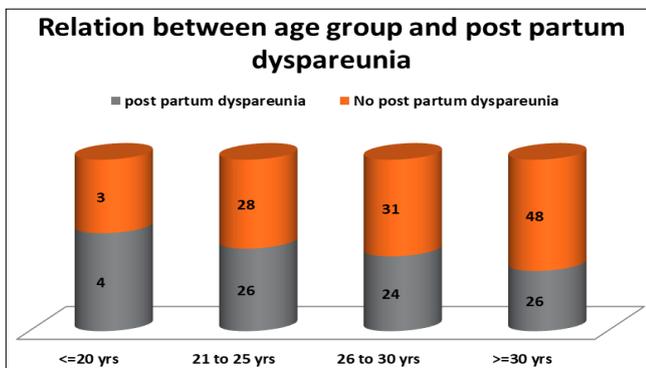


P value <=0.05.

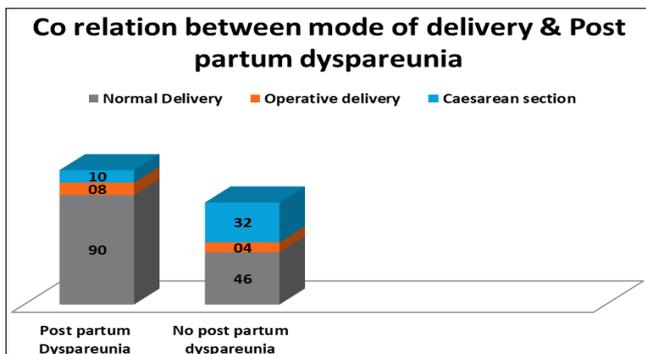
**Fig 4:** Distribution of cases depending on co relation between operative delivery & post-partum dyspareunia.



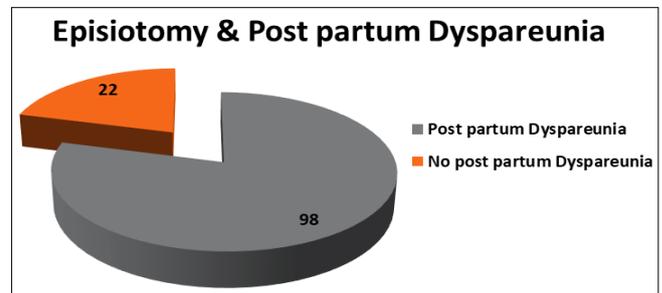
**Fig 5:** Distribution of cases based on co relation between Caesarean delivery & post-partum dyspareunia.



**Fig 1:** Distribution of cases depending on age group.

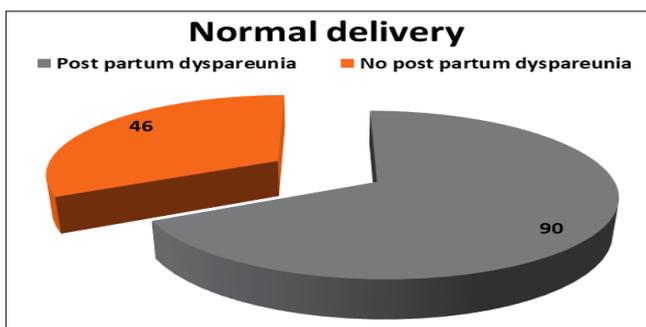


**Fig 2:** Distribution of cases based on co relation between mode of delivery & post partum dyspareunia.



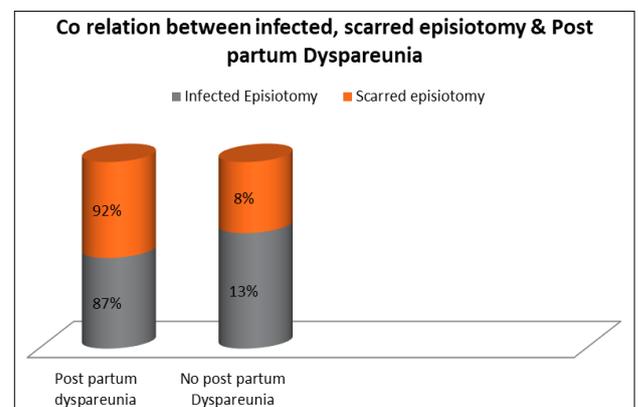
P value <=0.05

**Fig 6:** Distribution of cases depending on co relation between episiotomy & post-partum dyspareunia.



P value <= 0.05.

**Fig 3:** Distribution of cases based on co relation between normal



P value <= 0.05

**Fig 7:** Co relation between infected, scarred episiotomy & Post-partum Dyspareunia.

## Discussion

It is very difficult to exactly determine the prevalence of postpartum dyspareunia since many patients especially in our communities don't disclose their problem and hence seek medical attention due to sociocultural barriers. The results showed that 40% of women developed the condition as opposed to prevalence of 9.5%, 14.5% and 9.3% reported by KR Mitchell <sup>[11]</sup> and Danielson *et al* <sup>[7]</sup> respectively.

The findings of the study showed an increase rate of postpartum dyspareunia among women delivered by operative vaginal delivery followed by normal vaginal delivery. The relation between mode of delivery and postpartum dyspareunia, according to our study, is significant ( $p < 0.001$ ). This finding is apposed by Barrett G *et al* <sup>[8]</sup> & Dabiri F *et al* <sup>[9]</sup> results. Postpartum dyspareunia is significantly associated with episiotomy, infection, scar tissue formation at episiotomy site. This is consistent with Boran SA <sup>[6]</sup> who stated that episiotomy is associated with dyspareunia.

Compared to women with intact perineum, those who had both episiotomy and second-degree perineal tears, had lower levels of libido, orgasm, and sexual satisfaction and more pain during intercourse. The presence of at least one sexual problem (reduced sexual desire, reduced vaginal arousal, reduced vaginal lubrication, reduced frequency of orgasm, dissatisfaction with sexual life and dyspareunia) was statistically significant more common after birth. Limiting perineal trauma during delivery is important for the resumption of sexual intercourse after childbirth. Routine episiotomy and fundal pressure should be avoided to prevent perineal trauma.

It is suggested that women who underwent an episiotomy during delivery experienced delayed sexual activity and had severe dyspareunia at 3 months postpartum. The study findings showed that there is a significant association between postpartum dyspareunia, infected episiotomy and scarred episiotomy. These finding are consistent with Solana *et al* <sup>[10]</sup>.

## Conclusion

Women experiencing maternal morbidity had more frequently dyspareunia and resumed sexual activity later, when compared to women without morbidity. Consequences that may last longer than 6 weeks after childbirth should be examined. Such studies could provide relevant information for clinical follow-up.

Sexual health problems are common in the postpartum period but despite this it is a topic that lacks professional recognition. After delivery, many women experience reduced sexual desire and reduced vaginal lubrication & shorter orgasms. Therefore a holistic approach needs to be adopted.

## Key Message

To improve maternal sexual function after delivery, we recommend that routine episiotomy be avoided at delivery. Individualization of decision of episiotomy is need of the hour.

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