

## ORIGINAL ARTICLE

### A Prospective Study to Find Incidence of Postpartum Dyspareunia at a Tertiary Care Centre.

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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.

**Materials and Method :** A total of 190 post partum women were enrolled in the study. Time period of study was from May to December 2017. We investigated the relationship of sexual function with delivery mode after following the women till 6 months postpartum 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 undergoing normal delivery with episiotomy (38.2%) followed by normal delivery without episiotomy (35.5%) and caesarean section (26.3%).

**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.

**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 period suffer from problems such as

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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. There is controversy over the effect of mode of delivery, episiotomy and perineal laceration on sexual function. To explore the hypothesis that sexual function especially dyspareunia is associated with mode of delivery, we planned the present study and we compared occurrence of dyspareunia in primiparous women who delivered vaginally with or without episiotomy or cesarean delivery.

### **AIM OF STUDY**

To determine incidence of postpartum dyspareunia

### **MATERIALS AND METHOD**

A total of 190 postpartum women were enrolled in the study. The Time period of study was from May 2017 to December 2017. The study was conducted in Department of Obstetrics & Gynaecology, SMS Medical College, Jaipur after taking permission from ethical committee.

All women were questioned according to predesigned proforma about the sexual functions (dyspareunia) and they were followed six months post partum and presence of dyspareunia was co-related with mode of delivery. Data was compiled and it was entered into MS Excel sheet and was statistically analysed. A p value of <.001 was considered significant.

Primiparous women were selected to avoid the confounding effect of a previous birth. Informed consent was taken before the study.

### **RESULT**

Table 1 shows that percentage of patients having dyspareunia in each age group was comparable. 35% of women in age group <20yrs, 38% in age group 20-25years, 42% in age group 25-30yrs and 40% in age >30years had postpartum dyspareunia.

Table 2 compares the mode of delivery and postpartum dyspareunia. We found that dyspareunia was associated maximally in patients with normal delivery with episiotomy.

**Table 1. Relation between Age and Post Partum Dyspareunia**

Age (yrs)	Dyspareunia	No Dyspareunia	Total patients	P value
>20	7	13	20	NS
20-25	31	49	80	NS
26-30	30	40	70	NS
>30	8	12	20	NS

**Table 2. Relation between mode of delivery and Post Partum Dyspareunia**

Type of delivery	Dyspareuni(n=76) No (%)	No Dyspareuni(n=114) No (%)
Normal delivery without episiotomy	27 (35.5)	41 (35.9)
Normal delivery with episiotomy	29 (38.2)	32 (28.2)
Cesarean Delivery	20 (26.3)	41 (35.9)

**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 apposed to prevalence of 9.5%, 14.5% reported by KR Mitchell<sup>6</sup> and Danielson et ai<sup>7</sup> respectively.

The findings of the study showed an increase rate of postpartum dyspareunia among women delivered by vaginal delivery with episiotomy followed by vaginal delivery without episiotomy. The relation between mode of delivery and postpartum dyspareunia, according to our study, is significant. This is consistent with Boran SA<sup>8</sup> who stated that episiotomy is associated with dyspareunia. It was seen that women who underwent an episiotomy during delivery experienced delayed sexual activity and had severe dyspareunia at 6 months postpartum. These finding are consistent with Solana et ai<sup>9</sup> study also.

Limiting perinea! trauma during delivery is important for the resumption of sexual intercourse after childbirth. Routine episiotomy should be avoided to prevent perineal trauma.

**CONCLUSION**

Women experiencing maternal morbidity had more frequently dyspareunia and resumed sexual activity later, when compared to women without morbidity. 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. 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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