

Short Communication

Opinions of Postpartum Women about the Impact of Pregnancy and Childbirth on Sexual Life

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Submitted: 22 May 2017

Accepted: 20 June 2017

Published: 29 June 2017

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Keywords

- Pregnancy and sexuality; Childbirth; Sexual life; Female sexuality; Partner in delivery

Abstract

Introduction: Sexual life is often a very sensitive topic, but it may be especially delicate subject for pregnant women. Women are worried about possible impact of pregnancy and childbirth on their sexual life.

Aim: The aim was to collect and analyze information given by patients in postpartum units about their opinions of impact of pregnancy, childbirth and partner's presence during delivery on their sexual life.

Materials and methods: Cross-sectional study was carried out involving 351 women in postpartum period. Data were collected from August 2016 until December 2016 in the Maternity Hospital using patient questionnaires.

Results: Mean age was 30.3 years (SD 5.1; range, 18 - 43 years). 52.1% (n=183) participants were primiparous and 47.9% (n=168) were multiparous. 92.0% (n=323) had coitus during pregnancy and 8.0% (n=28) did not have. In 41.6% sexual desire decreased during pregnancy. 29.6% (n=104) were worried about impact of childbirth on sexual life, 35.3% (n=124) were worried if letting partner to participate in childbirth would change partners opinion about their sexual life. 49.6% (n=174) got advice from gynecologist about their sexual life during pregnancy, 26.2% (n=92) would like to talk about sexual life with gynecologist.

Conclusions: Most of the women are sexually active during pregnancy. Primiparous compared to multiparous are more often worried that childbirth and partner's presence during delivery may influence their sexual life. Those who admit sexual life as important for them more often are worried about possible impact and want to talk about sexuality with their gynecologist.

ABBREVIATIONS

SD: Sexual Dysfunction; SPSS: Statistical Package for the Social Sciences; CS: Cesarean Section

INTRODUCTION

Sexuality is an important component of health and well-being in a woman's life [1]. Female sexual dysfunction (SD) is a multidimensional disorder with a prominent impact on overall general well-being and quality of life [2]. Decrease in sexual function affects a woman's mood and social relations with others. In parallel with this effect, SD often leads to emotional stress [3]. Epidemiologic studies suggest that more than 20% of women experience some form of SD, but little is known about why some women develop problems with sexual activity but others not [4]. The anatomical, physiological and emotional changes that occur during pregnancy impact a woman's whole life, including her sexuality [5]. The various mental, emotional and hormonal swings during pregnancy and postpartum period place a great deal of pressure on the woman and these can lead to secondary effects on her partner [6]. Sexuality can be negatively influenced

by the pregnancy and the childbirth but there can also be a significant improvement of sexual relationship of the couple [7].

There has been a marked increase in the number of men accompanying their partners in hospital labor wards at the birth of their child. Overall, the majority of men reported a positive and emotionally uplifting experience, but a number of negative aspects were also identified [8]. Pregnant women have desires expected from the men during labor and delivery [9], but sometimes there is confusion about who is responsible for the decision for their attendance and what is the role of partner's attendance [8]. Usually women decide if they wish their partner's presence during delivery. Understanding and responding to women's beliefs and attitudes during the childbearing period is an important focus of international maternity health policy. In addition to the physiological aspects of pregnancy and birth, there are psychological, psychosexual, and psychosocial aspects unique to the individual life experiences of pregnant women [10].

Gynecologists are the physicians who have the knowledge about the impact of different reproductive endocrine changes on women's wellbeing, mood and physiology of the sexual response

throughout life [11], however many antenatal care providers are dubious in the issues of sexual consulting in pregnancy, especially in a high risk [7], and many areas of patients' sexuality are not routinely discussed. Studies show patients would like to discuss sexuality related issues with their physicians but are often reluctant to do so because of fear the physician will be embarrassed or will dismiss their concern [12]. About a half of pregnant women who discussed the issue of sexuality during pregnancy with their health care provider had to initiate the dialog [7,13]. The main sources of knowledge about sexual life during pregnancy listed by women included internet and other media (63.5%), books and magazines (57.4%) and conversation with partner (43.2%). Less respondents mentioned consultation with medical staff (30.4%), conversation with a friend (20.3%) or with a mother (6.1%), while 8.8% were not interested in this subject [14]. 76% of women who had not discussed sexual activity in pregnancy with their doctor felt it should be discussed [13]. Although research in the field of sexual medicine has progressed exponentially, in clinical practice we seem to be lagging behind [15].

As there still exist many contradictions and myths about sexuality during pregnancy and impact of delivery on future sexual life, there is need for continuous research helping to understand women's attitudes and improve planning of health care process respecting individual expectations. The aim of this study was to find out opinions of postpartum women about impact of pregnancy, childbirth and partner's presence during delivery on their sexual life and to ascertain women's experiences and attitudes to sexual issues in perinatal health care process, to analyze information given by patients on purpose to improve perinatal consultation understanding patient's needs and worries regarding sexuality and pregnancy.

MATERIALS AND METHODS

A cross-sectional study was carried out involving 351 women in postpartum period in Riga Maternity Hospital. Data were collected from August 2016 until December 2016 using patient questionnaires. The study was accepted by the Ethics Committee of Riga Stradins University. Inclusion criteria were: postpartum patients on 1st till 4th day after delivery who agreed to participate in the study. Exclusion criteria were: refuse to participate in the study and incomplete questionnaire. A special research questionnaire consisting of two socio demographic questions and 19 questions about pregnancy, delivery, partner's participation in childbirth and gynecologist's role in discussing questions about sexual life was created as a self administrated tool. Researcher was not involved in clinical care of patients to minimize any influence on answers. Comfortable and private conditions and enough time were given to complete questionnaires accurately. Each questionnaire got a code and no private data were used. Prior to participation patients were not screened to rule out any particular medical conditions because of the extensive overlap of possible health parameters. 24 patients refused to participate in the study mostly because of being busy with care of the newborn, but 17 questionnaires were filled incorrectly. Data from correctly completed questionnaires were analyzed. Response rate reached 89.5%. The data were analyzed by *Microsoft Excel* and *IBM SPSS Statistics v.22.0*. Comparisons involving categorical variables

used χ^2 tests, logistic regression adjusted for age and education level, p value less than 0.05 was chosen as a level of statistical significance.

RESULTS AND DISCUSSION

Research included 351 women at a mean maternal age of 30.3 years (SD 5.1; range 18-43 years). Majority of patients (63.6%) had a higher education, only 36.4% had secondary education or lower, see participants' education level in (Table 1). Current childbirth: 73.8% (n=259) had vaginal childbirth, but 26.2% (n=92) had Cesarean Section. 52.1% (n=183) participants reported that they were primiparous and 47.9% (n=168) were multiparous. 92.0% (n=323) had coitus during pregnancy and 8.0% (n=28) did not have coitus during pregnancy, half of those who did not have explained it with medical contraindications 50.0% (n=14) and another half with loss of desire 50.0% (n=14). 64.5% answered that frequency of coitus has decreased during pregnancy. See frequency of coitus during pregnancy in (Table 2). In the largest part 41.6% (n=146) sexual desire during pregnancy decreased, see changes in sexual desire in (Figure 1). Changes in ability to achieve orgasm during pregnancy: 18.5% (n=65) improved; 21.4% (n=75) decreased; 60.1% (n=211) did not change. Importance of sexual life is decreasing during pregnancy, see (Table 3). 29.6% (n=104) of participants were worried about impact that childbirth has on sexual life, but 70.4% (n=247) were not worried. 63.8% (n=224) of participants' partners attended childbirth, 3.7% (n=13) another person participated and in 32.5% (n=114) of cases none other than medical personnel participated. 23.6% (n=83) were worried to let partner participate in childbirth, 76.4% (n=268) were not worried about that. 35.3% (n=124) were worried if letting partner to participate in childbirth it would change partner's opinion about their sexual life, 64.7% (n=227) were not worried. 49.6% (n=174) of the pregnant women got advice from gynecologist about their sexual life during pregnancy, but 50.4% (n=177) did not get advice from gynecologist. 26.2% (n=92) of participants would want to talk about sexual life, but 73.5% (n=258) would not.

There were differences found between primiparous and multiparous postpartum woman comparing frequency of worry about childbirth's impact on sexual life - primiparous were more often worried than multiparous (37.2% vs. 21.4%, χ^2 10.4; df 1; OR 2.2, 95% CI 1.3 - 3.6; $p=0.001$), see (Figure 2). There were

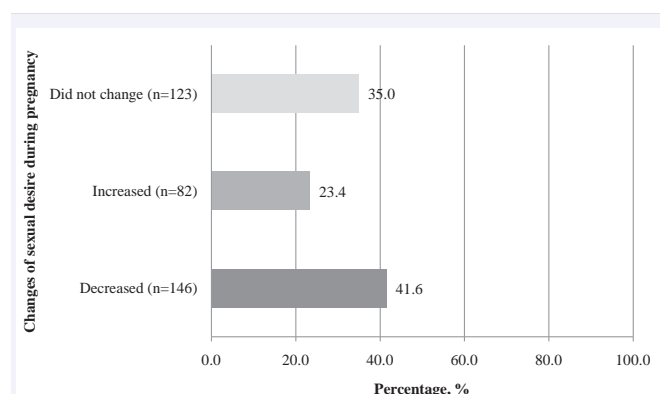


Figure 1 Changes of sexual desire during pregnancy (%).

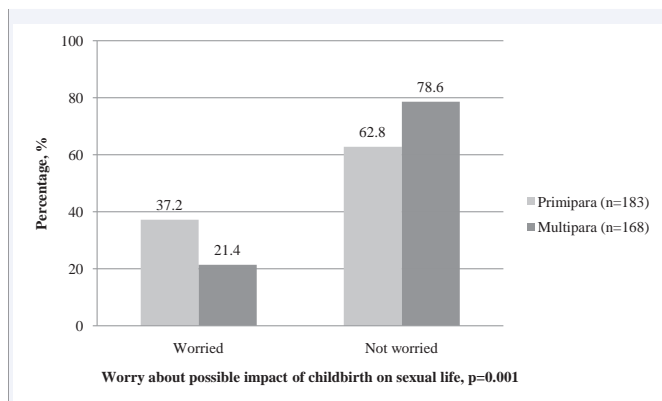


Figure 2 Percentage of worry about possible impact of childbirth on sexual life in primiparous and multiparous women (%).

differences between primiparous and multiparous postpartum woman also found comparing frequency of worry about impact of partner's participation in childbirth on sexual life - primiparous were more often worried than multiparous that letting partner participate in childbirth could change partner's opinion about their future sexual life (43.2% vs. 26.8%, χ^2 10.3; df 1; OR 1.8, 95% CI 1.1 – 3.0; $p=0.001$), see (Figure 3). There were differences found in frequency of worry between those women who admit sexual life important for them and those who had not thought about importance of sexual life – first group was more often worried about impact that childbirth might have on their sexual lives (32.3% vs. 19.1%, χ^2 4.3; df 1; OR 1.3, 95% CI 0.8 – 2.2; $p=0.038$). Differences were observed comparing importance of sexual life and the willingness to talk about it with gynecologist. Those women who admitted sexual life important for them more often wanted to talk about it with their gynecologist comparing with women who had not thought about importance of sexual life (29.2% vs. 12.7%, χ^2 7.3; df 2; OR 2.5, 95% CI 1.2 – 5.3; $p=0.025$).

There were no differences found in worry about possible impact of delivery on sexual life comparing the mode of current delivery (vaginal birth vs. CS, $p=0.548$) and there were no differences found comparing changes of sexuality regarding the mode of delivery in the previous time of pregnancy and delivery (vaginal birth vs. CS, $p=0.469$).

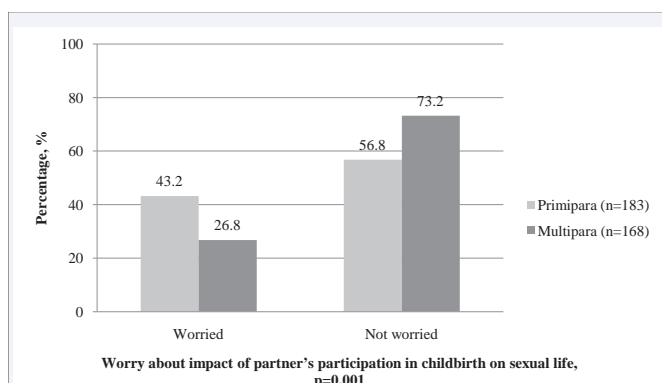


Figure 3 Percentage of worry about impact of partner's participation in childbirth on sexual life in primiparous and multiparous women (%).

The nature of female sexuality is complex and contextual and is correlated with mental health and feelings for the partner, as well as with other factors that may modify the physical and psychological condition of a woman. During the gestational period, in addition to the presence of a great hormonal impact, emotional changes may occur in life style and self-image, possibly changing the expression of sexuality and sexual behavior [19]. The intimate relationship of parents is multifaceted with the process of childbearing being one of the most complex events in a couple's relationship. Many changes to postpartum sexual health are normative as parents adapt to their new roles as mothers and fathers [20]. This study along with the literature data proves that most of women are sexually active during pregnancy, although for majority sexual desire decreases during pregnancy. [1,5,19]. In literature, for most women ability to achieve orgasm decreases during pregnancy [1,7,16,17], in this study largest part of women did not notice any changes, however it decreased in 21.4%, but increased in 18.5% of cases. Sexual life during pregnancy was important to the largest part (43.3%) of participants and almost one third (29.6%) were worried about possible impact of childbirth on their future sexual life. Primiparous were more worried and it could be taken in consideration in the planning of antenatal / intranatal care policies improving consultation and medical support.

Certainly there is a perception among some women that vaginal delivery can adversely affect sexual satisfaction [18]. A positive perception of one's body image, identified as an antecedent to postpartum sexual health, also emerged as an outcome of postpartum sexual health [20]. Results of this study prove that it is important to discuss with women possible medical processes during delivery and postpartum period, as well as discuss advantages and challenges in case of partner's attendance. Continuous intrapartum support has been advocated to be made the norm because it is beneficial in reducing labor analgesia use, operative birth or dissatisfaction about birthing experience. This has encouraged the participatory role of male partners during delivery, however some specialists oppose the presence of the male partners at delivery arguing that the men may find the experience emotionally traumatic or interfere with the work of the staff [21]. Our study showed that in 63.8% of deliveries partners attended childbirth and most of the women (64.7%) were not worried if letting partner to participate in childbirth would change partner's opinion about their sexual life. However, professional pre-delivery discussion about women's fears and doubts could improve emotional outcomes in postpartum period.

In this study only 26.2% admitted that they would like to discuss sexual life with gynecologist, although in literature most of pregnant women would recommend a discussion on sexuality during pregnancy as a topic in antenatal clinic [6,7,19]. Healthcare professionals should educate and counsel women, and reassure them that intercourse is safe for women with healthy pregnancies [17]. Nevertheless, the lack of professional counseling to pregnant women about their sexual life has been extensively reported. Both the lack of time and the formality involved in approaching this subject can impair a full assessment of sexual health [19]. Only 49.6% of women from our study were consulted regarding sexuality during pregnancy, which proves

Table 1: Education level.

Level of education	N	% from all respondents
Elementary school	13	3.7
Secondary school	52	14.8
Professional school	63	17.9
Bachelor's degree	124	35.4
Master's degree	97	27.6
Doctoral degree	2	0.6
Total	351	100

Table 2: Frequency of coitus during pregnancy

Frequency of coitus	N	% from all respondents
More than 3 times a week	33	9.4
1-3 times a week	100	28.5
1-3 times a month	126	35.9
Less than 1 time a month	64	18.2
Did not have coitus during pregnancy	28	8.0
Total	351	100

Table 3: Importance of sexual life before and during pregnancy.

Importance of sexual life	Before, N	Before, %	During pregnancy, N	During pregnancy, %
Important	285	81.2	152	43.3
Not important	3	0.9	73	20.8
Have not thought about that	63	17.9	126	35.9
Total	351	100	351	100

insufficient level of implication of sexual health in routine medical consultations. Wide interpretation of this study results and ascription to all population of obstetrical patients is restricted by relatively small study group, but it gives an opportunity to see and analyze tendencies and actualize the problem.

CONCLUSIONS

Most of the women are sexually active during pregnancy and for most of them questions about sexual life are important. Primiparous more often are worried about childbirth's impact on sexual life than multiparous. Primiparous compared to multiparous are more often worried that letting partner participate in childbirth would change partner's opinion about their sexual life. More important sexual life is for women, more worried they are about possible impact of childbirth on their sexual life. Those who admit sexual life as important for them more often want to talk with their physician about sexuality.

ACKNOWLEDGEMENTS

Study was accomplished solely for scientific purposes with no

funding.

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Cite this article

Briedite I, Ancane G, Jansone G (2017) Opinions of Postpartum Women about the Impact of Pregnancy and Childbirth on Sexual Life. *JSM Sexual Med* 2(1): 1007.