

SEXUAL HEALTH DURING PREGNANCY AND THE POSTPARTUM



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Disclosures

- I have the following relevant financial relationship to disclose:
 - Husband works full-time for Genomic Health

Learning Objectives

- Understand patterns of sexuality during pregnancy and the postpartum
- Review strategies to help improve patient care

Sexual Changes

- First Trimester
 - Loss of interest (nausea, vomiting, breast tenderness)
 - Awareness of early pregnancy → decreased sexual function
 - Lower FSFI scores – arousal, lubrication, orgasm, satisfaction
 - Decreased frequency sexual activity
- Second Trimester
 - Studies are mixed – sexual activity may decrease or increase
- Third Trimester
 - Intercourse less comfortable due to physical changes
 - Decline in frequency sexual activity
 - Decline in orgasm
 - Increase in vaginal pain
- Postpartum
 - Increased dyspareunia
 - Worsened body image

Antepartum



Physical Factors Associated with Pregnancy

- Dyspareunia
 - Vaginal congestion with reduced lubrication
 - Subluxation of pubic symphysis and sacroiliac joints
 - Retroverted uterus
 - Weight of partner on uterus during intercourse in third trimester
- Fatigue
- Back Pain
- Deep engagement fetal head
- Infection (candida, BV)
- Hemorrhoids
- Urinary tract infections
- Stress Incontinence
- Vulvar varicose veins

Read, J. BMJ 2004; 329 (4): 559-561

Reamy KJ, White SE. J Psychosom Obstet Gynaecol 1985; 4:263

Adaptation to Altered Coital Positions & Activities During Pregnancy

- As pregnancy progresses
 - woman-on-top, side-by-side, on-all-fours, and rear entry are more common
- Alternatives to vaginal intercourse while maintaining sexual intimacy
 - Kissing, hugging, breast fondling, sex toys, massage, mutual masturbation, oral sex
- Couples with greater degree intimacy accept and negotiate a wider variety of sexual positions



Factors Affecting Sexual Satisfaction

- Whether pregnancy was desired
- Pre-pregnancy sexual function
- Support network
- Quality of partner relationship
- Previous pregnancy and delivery outcomes
- Chronic diseases
- Depression, anxiety
- Socioeconomic constraints
- Health status of current children

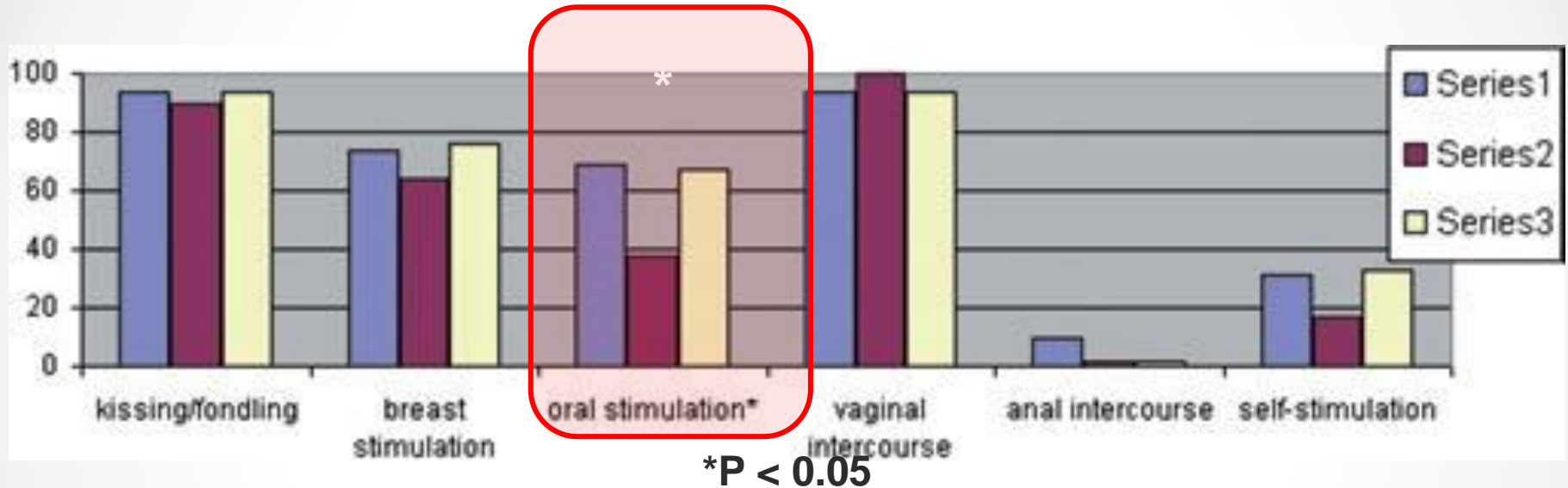
Female Sexual Function During Pregnancy

	Vaginal discomfort (mean ± SD)	Vaginal dryness (mean ± SD)	Decrease in sexual desire (mean ± SD)	Sexual dissatisfaction (mean ± SD)	Orgasmic dysfunction (mean ± SD)	Diminished clitoral sensation (mean ± SD)	Total IFSF score (mean ± SD)
First trimester (N = 116)	3.1 ± 1.7	3.9 ± 1.8	2.1 ± 0.8	2.3 ± 1.4	2.1 ± 1.4	2.1 ± 1.2	21.4 ± 10.1
Second trimester (N = 223)	3.2 ± 1.8	3.5 ± 1.8	2.3 ± 1.0	2.8 ± 1.6	2.5 ± 1.5*	2.2 ± 1.2	22.3 ± 10.0
Third trimester (N = 253)	2.1 ± 2.0*	2.2 ± 2.0*	2.1 ± 1.6	1.6 ± 1.7*	1.6 ± 1.5*	2.0 ± 1.5	15.9 ± 12.3

•*P < 0.05.

•SD = standard deviation; IFSF = Index of Female Sexual Function.

Sexual Practices During Pregnancy and Beyond



Series 1 = 1st trimester

Series 2 = 3rd trimester

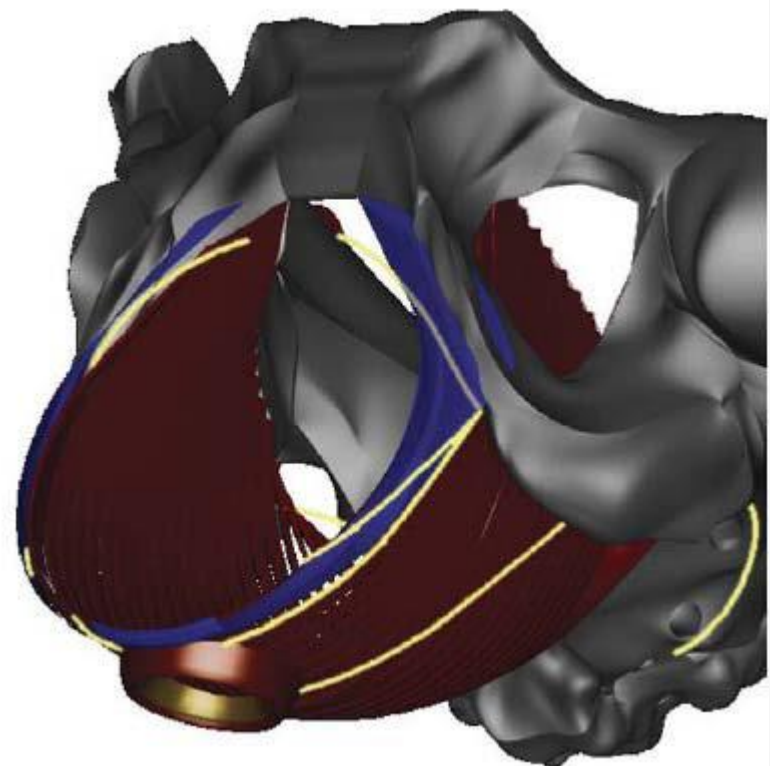
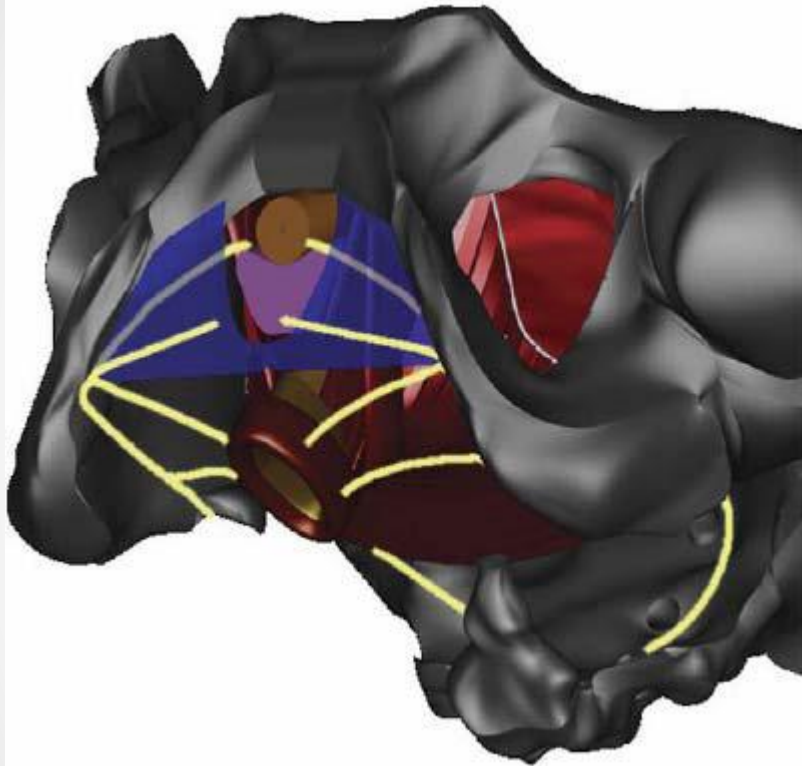
Series 3 = 6 months PP
Series 3 = 6 months postpartum

Body image did not change significantly during pregnancy but was worse at 6 months postpartum

Intrapartum



The Pelvic Floor During the Second Stage of Labor



Urogenital Diaphragm = **Blue**
Levator Ani = **Dark Red**
Pudendal Nerve = **Yellow**

Mode of Delivery and Sexual Function

- Protective effect of C/S on sexual function is limited to the early postnatal period (0 – 6 months)
 - Dyspareunia
 - Pelvic pain
- After 6 months the differences are reduced/reversed, not statistically significant
 - Dyspareunia
 - Sexual Response

• Barrett, G et al. Birth 2005; 32:4, 306-311

Leeman LM, Rogers RG.. Obstet Gynecol. 2012 Mar;119(3):647-55

Second Stage of Labor and Sexual Function

Prospective cohort of primiparous women comparing C/S prior to 2nd stage of labor to vaginal birth and sexual function at 6 months postpartum

Sexual function	Vaginal Birth <i>n</i> = 336	Caesarean Section <i>n</i> = 138	
Sexually active (%)	281 (88)	123 (92)	0.14
Female Sexual Function Index scores (mean ± SD)	28.5 ± 5.4	26.6 ± 6.3	0.004
Desire (mean ± SD)	3.8 ± 1.2	3.3 ± 1.2	<0.001
Arousal (mean ± SD)	4.1 ± 1.8	4.1 ± 1.5	0.89
Lubrication (mean ± SD)	4.5 ± 2.0	4.4 ± 4.1	0.73
Orgasm (mean ± SD)	4.2 ± 2.0	4.3 ± 1.7	0.52
Satisfaction (mean ± SD)	4.7 ± 1.4	4.6 ± 1.3	0.49
Pain (mean ± SD)	5.1 ± 1.2	4.9 ± 1.3	0.37
Pain			
No perineal pain, PPI = none (%)	301 (92)	131 (95)	0.27

Route of Delivery

- Planned primary C/S (prior to onset of labor)
 - Lowest rates of long-term sexual dysfunction
- Normal spontaneous vaginal delivery (NSVD)
 - Exposure to genital and anal sphincter lacerations
 - Morbidity dependent on degree of trauma to perineum
- Operative delivery (forceps/vacuum)
 - Highest rate of short-term maternal/neonatal complications
 - Long-term sexual dysfunction
 - More relevant during first delivery and/or macrosomia

confounding factors – age, parity, associated co-morbidities, substance abuse, relationship issues, use of validated measures of sexual function

Perineal pain

- Dyspareunia reported by 41% - 67% of women 2 – 3 months postpartum
 - Depends on severity of perineal trauma at delivery
- Perineal pain resolves by 3 months, while dyspareunia may take longer
- Women with a history of chronic pelvic pain may experience persistent postpartum genital or pelvic pain beyond 1 year*

Handa VL Semin Perinatol 2006; 30:253-256

*Paterson LQP, et al; JSM 2009

So What About the Male Partner?



Sexual Problems During or After Pregnancy

- For the Male Partner
 - Lack of desire
 - Erectile dysfunction
 - Premature ejaculation (49.5%)*
- Fears raised by:
 - Watching the delivery
 - Causing pain on intercourse
 - Fatherhood

Read, J. BMJ 2004; 329 (4): 559-561

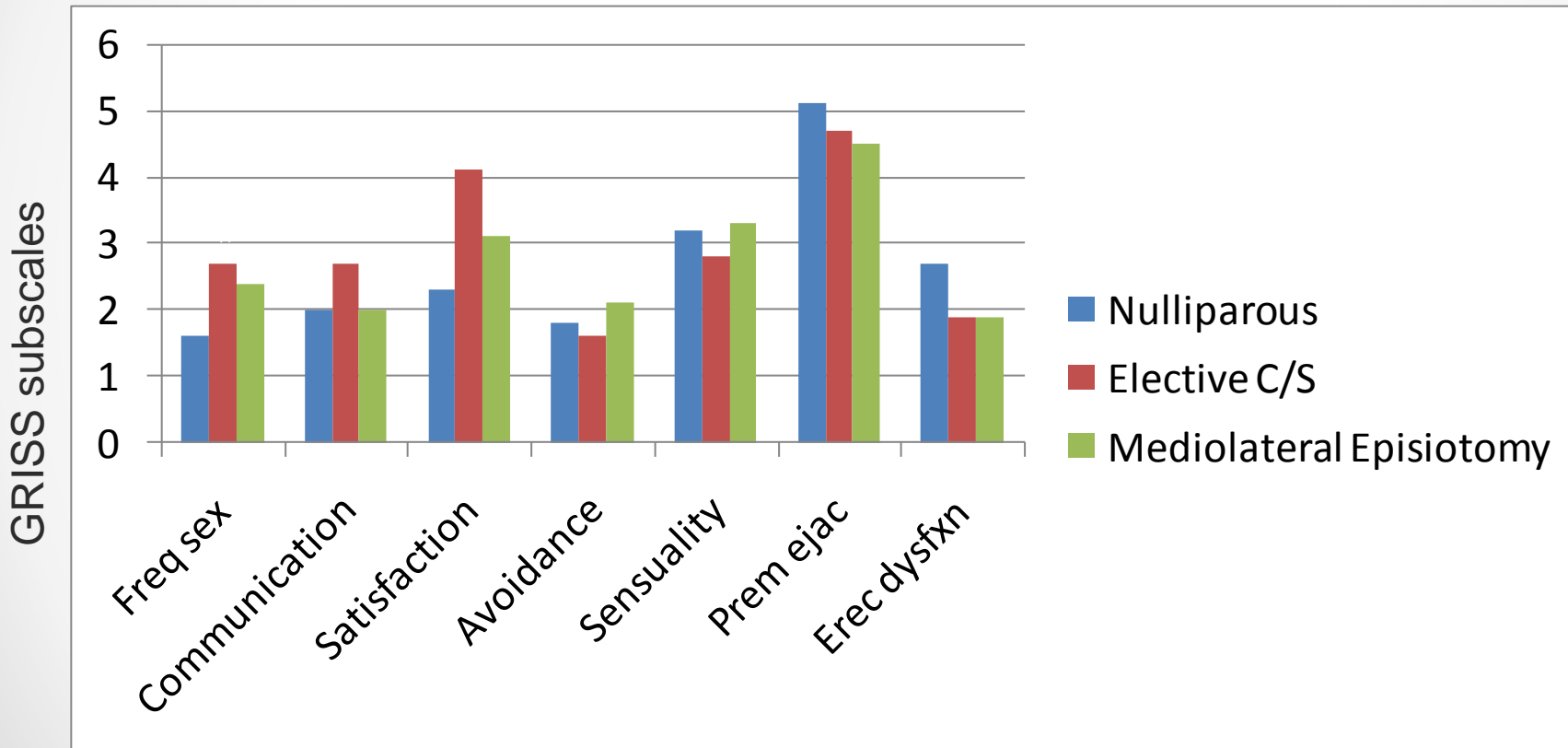
*Gungor S BI, et al. J Sex Med 2008; 5: 155-63

Does Mode of Delivery Affect Sexual Functioning of the Man Partner?

- 107 men accompanying wives to outpatient clinics in OB/GYN
- Three groups defined by men whose partners had:
 - Elective cesarean delivery (N=21)
 - Vaginal delivery with mediolateral episiotomy (N=36)
 - Not given birth (N=50)
- GRISS – Golombock-Rust Inventory of Sexual Satisfaction

Does Mode of Delivery Affect Sexual Functioning of the Man Partner?

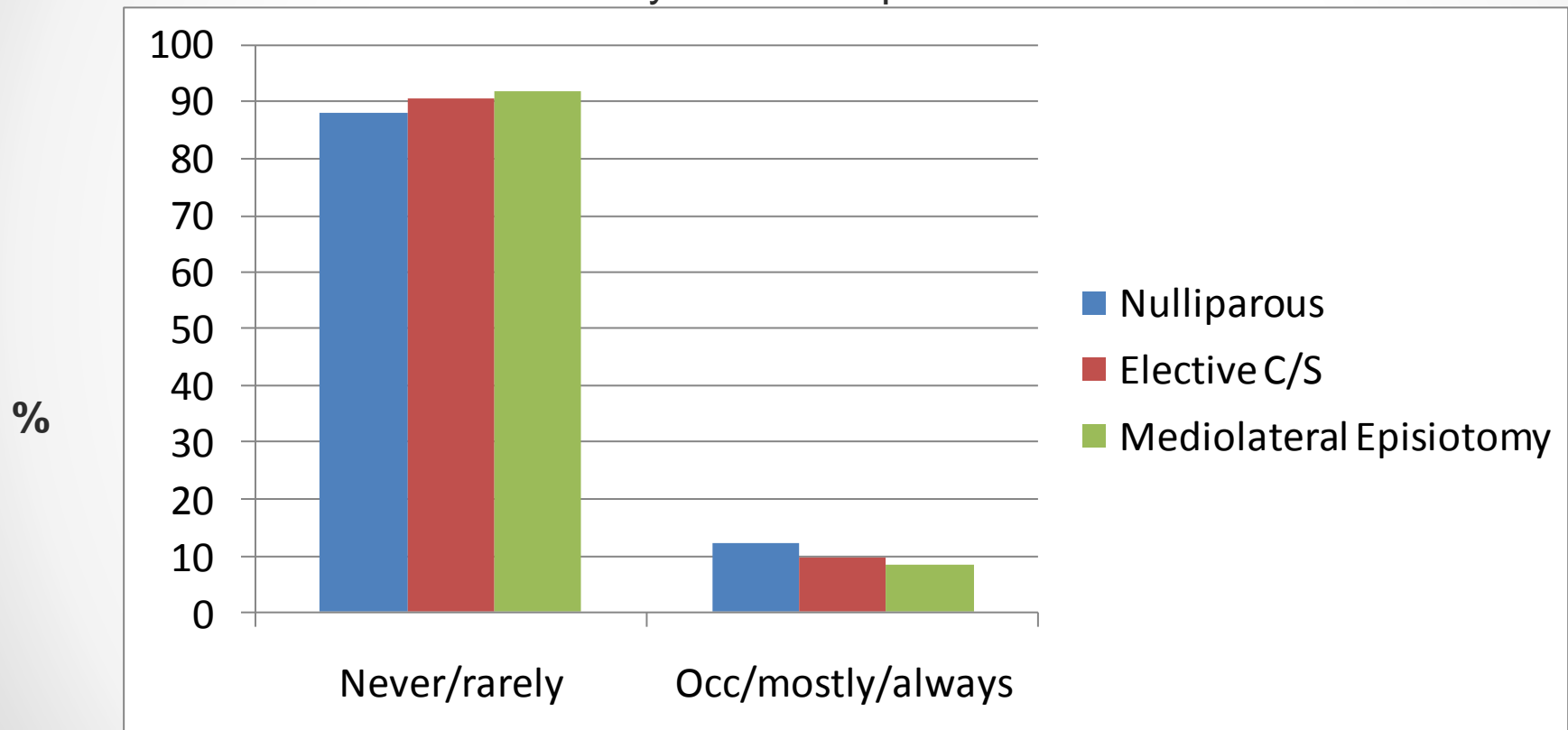
Specific Areas Sexual Function
GRISS – Golombock-Rust Inventory of Sexual Satisfaction



***P < 0.05**

Does Mode of Delivery Affect Sexual Functioning of the Man Partner?

Q: Do you ever happen to think your spouse's vagina is so loose that it affects your sexual pleasure?



Postpartum



Factors Influencing Postpartum Sexuality

- Underlying sexual dysfunction
 - Sexual pain disorders
 - Hypoactive sexual desire
- Route of delivery
 - Perineal injury
- Breastfeeding
- Postpartum mood changes
- **Relationship with Partner**

Postpartum

- Sexual intercourse can be resumed as early as 2 weeks postpartum based on one's comfort & desire
 - Usual recommendation is 6 weeks
- Within 3 months postpartum, 80% - 93% of women have resumed intercourse
- During this period, 66% experience at least one problem related to sexual function
 - Dyspareunia (45-55%)
 - Decreased libido
 - Difficulty achieving orgasm
 - Vaginal dryness
- Usually resolve in first postpartum year

Connolly A, et al. Int Urogynecol J Pelvic Floor Dysfunct 2005; 16: 263-267

Brubaker L, et al Obstet Gynecol 2008;111:1040-4

Barrett G, et al . BJOG 2000; 107: 186-95

Breastfeeding



Hormonal Changes

Vaginal dryness, dyspareunia(OR 4.4), decreased arousal, delayed recovery of sexual function after childbirth, leaking milk, increased nipple sensitivity

Erotic feelings – (experienced by 20-50%)

Oxytocin – arousing sensations similar to orgasm from intense uterine contractions

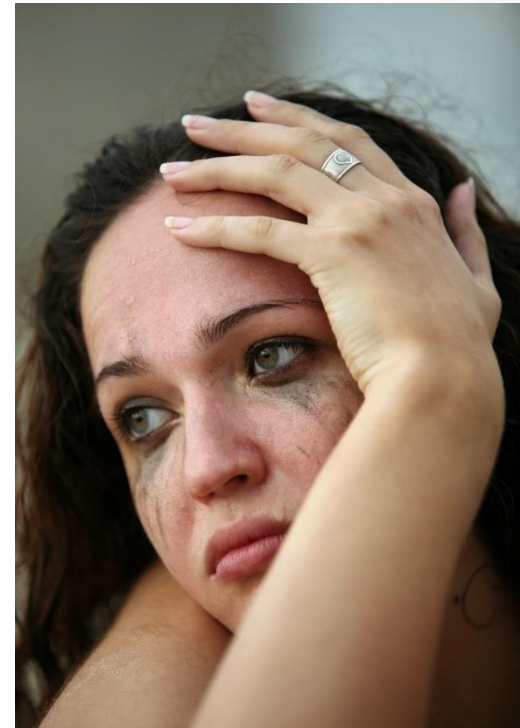
Signorello LB, et al . Am J Obstet Gynecol 2001; 184: 881–8

.Von Sydow K. J Psychosom Rsch 1999; 47:27-49

Avery MD, et al . J Midwifery Womens Health 2000;45:227–37

Postpartum Depression

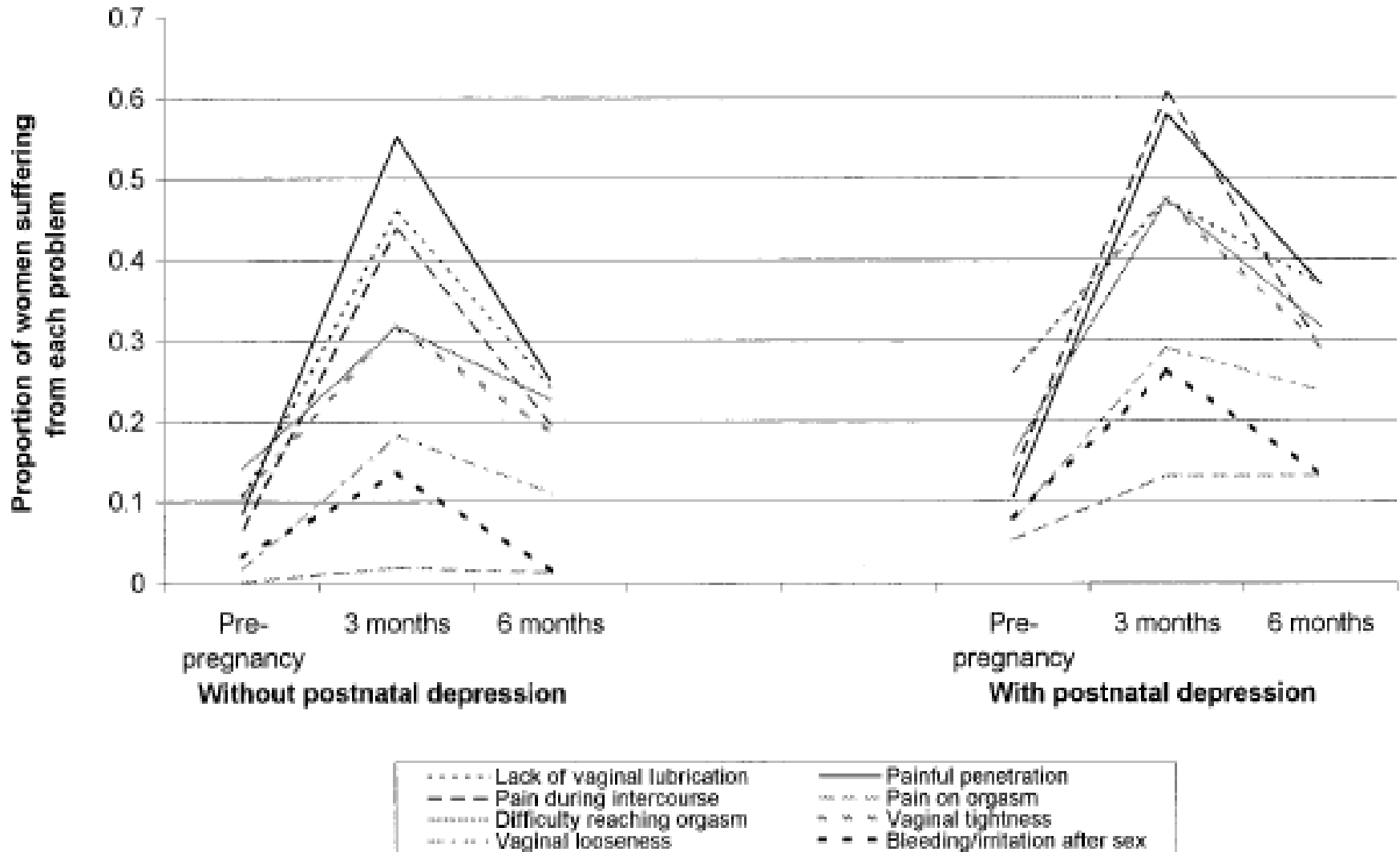
- Affects ~13% of women
- Depressed women have decreased sexual desire
- More likely to report sexual health problems postpartum
- Often sex is not improved even after depression is treated
- 25% felt they resumed intercourse too soon



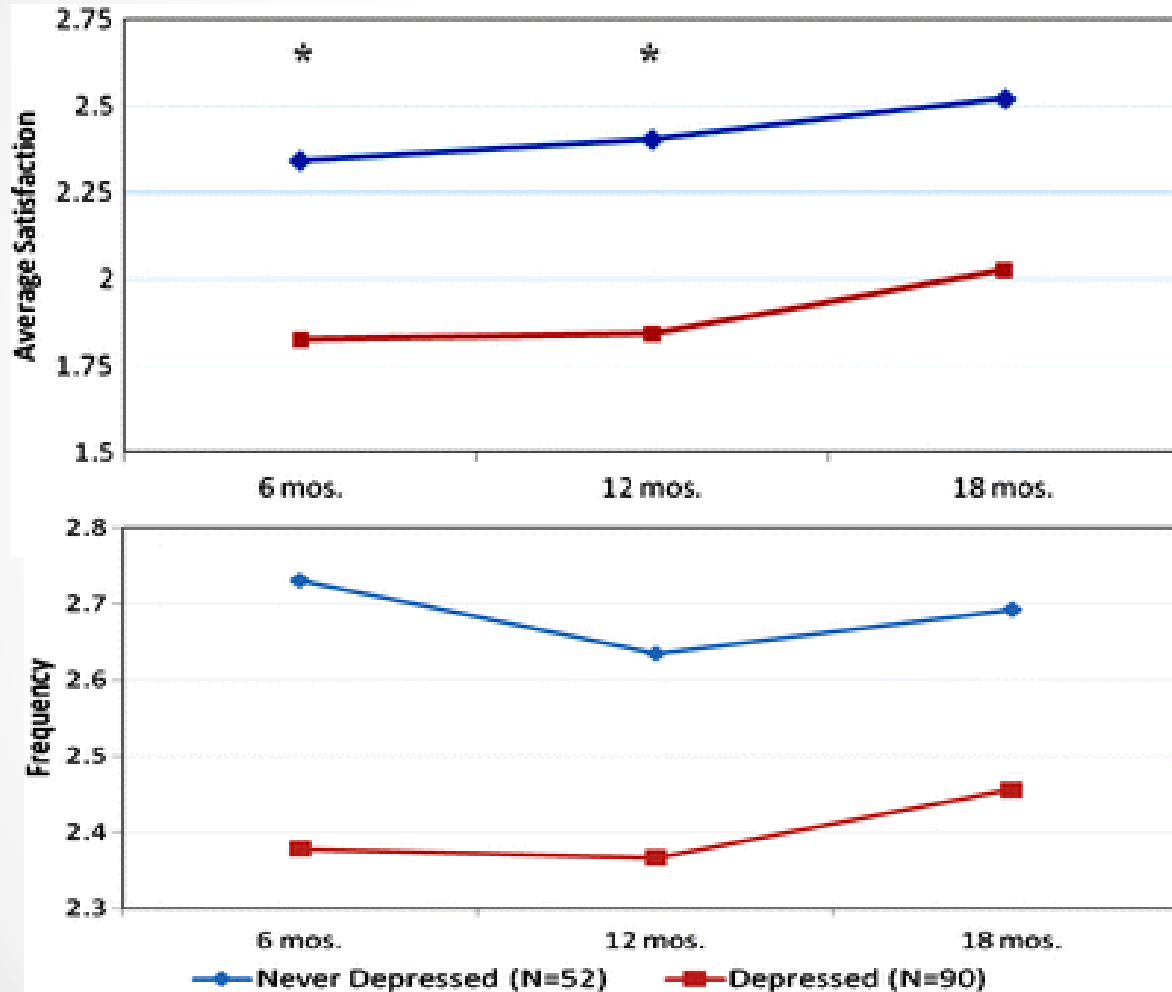
Morof D, et al Obstet Gynecol 2003; 102: 1318-25

Moel JE, et al Arch Womens Ment Health 2010;13:495-504

Postnatal Depression and Sexual Health



How Does Depression Affect Sex Longer Term



Average sexual satisfaction/frequency reported on the LIFE-II. $F(2,286) = 5.34, p < .005.$

Depressed (N = 120) Never depressed (N = 56)

Counseling on Sexuality during Pregnancy and the Postpartum

- Antepartum
 - Engage in dialogue with couple on emotional, marital and sexual expectations during pregnancy
 - Discuss changes in anatomy, physiology and sexual function that commonly occur in pregnancy
 - Determine if there is any sexual dysfunction before pregnancy
 - Screen for Risk of Depression
 - Discuss alternative positions
- Acknowledge possible fears, doubts, dispel misconceptions

Counseling on Sexuality during Pregnancy and the Postpartum

- Intrapartum
 - Think about reducing risk of perineal trauma
 - Counsel multiparous patients on use of perineal massage
 - Avoid operative delivery if possible
 - Understanding the Ob outcomes are better than with a C/S
 - Careful exam to repair any laceration but no need for excess suture
 - Avoid chronic
 - Discuss importance of perineal care prior to discharge

Leeman LM, Rogers RG. *Obstet Gynecol.* 2012 Mar;119(3):647-55

Beckmann MM, Garrett AJ. *The Cochrane Database of Systematic Reviews.* 2006, Issue 1.

Kettle C, et al. *The Cochrane Database of Systematic Reviews,* 2010

Counseling on Sexuality during Pregnancy and the Postpartum

- Postpartum
 - **Screen for sexual dysfunction**
 - Provide anticipatory guidance if patient not yet SA
 - Assess perineum for healing
 - Assess urinary or fecal incontinence/weakeness of pelvic floor
 - Screen for depression
 - Encourage lubricants and different positions, especially for breastfeeding women