
ORIGINAL RESEARCH—WOMEN'S SEXUAL HEALTH

The Relationship between Sexual Functioning and Depressive Symptomatology in Postpartum Women: A Pilot Study

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[Correction added after online publication 22-Dec-2010: The names of Drs. Grigoriadis and Ross have been updated.]

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ABSTRACT

Introduction. Previous research on postpartum sexuality has primarily focused on the impact of physical factors on the resumption and frequency of sexual intercourse; fewer studies have focused on the impact of psychological factors on women's sexual functioning.

Aim. The aim of this study is to assess current sexual functioning and sexual behavior in women with and without symptoms of postpartum depression using validated measures of postpartum depression and sexual functioning.

Methods. Women attending postpartum appointments were consecutively recruited over a 12-month period and completed questionnaires assessing sexual functioning, current sexual behavior, and mental health.

Main Outcome Measures. The Female Sexual Function Index (FSFI), the Edinburgh Postnatal Depression Scale (EPDS), and items assessing current sexual behaviors.

Results. A total of 77 women returned completed questionnaire packages (mean postpartum weeks: 13, range 3–24). Of these, 57 women (74%) had engaged in sexual activity with a partner in the 4 weeks prior to completing the questionnaire. The mean FSFI score was 23.0 (range 6–34), with 37 women (65%) scoring in the range associated with clinical sexual dysfunction. Women with elevated EPDS scores had significantly lower total FSFI, arousal, orgasm, and satisfaction FSFI subscale scores (all P values <0.005) than nondepressed women, suggesting more problematic sexual functioning. Desire, lubrication, and pain FSFI subscale scores were not significantly associated with depression status.

Conclusions. A substantial proportion of women experience sexual problems in the postpartum period; these problems are particularly pronounced among women with symptoms of postpartum depression. Longitudinal research is needed to better understand the relationship between sexual dysfunction and depression among postpartum women, and to identify implications for prevention and treatment of both conditions. **Chivers ML, Pittini R, Grigoriadis S, Villegas L, and Ross LE. The relationship between sexual functioning and depressive symptomatology in postpartum women: A pilot study. J Sex Med 2011;8:792–799.**

Key Words. Postpartum Sexual Function; Postpartum Depression; Childbirth; Mental Health; Sexual Desire; Sexual Satisfaction

Introduction

During the postpartum period, women experience many changes in their mental and sexual health that may require physical, social, and psychological adaptation. Up to 86% of women report sexual concerns [1], including decreased interest in sex and frequency of intercourse, as well as lower levels of sexual satisfaction during the postpartum period [2]. Postpartum sexuality research has primarily focused on the physical changes that affect sexual activity, the frequency of sexual intercourse, overall sexual satisfaction, and sexual desire [3]. This perspective on postpartum sexual functioning is beginning to shift, however, as researchers examine both biological and psychological factors influencing postpartum sexuality. Changes in psychological functioning are not uncommon for women in the postpartum period; between 10% and 15% of women will experience postpartum depression (PPD) [4]. A recent meta-content review suggested that women's psychiatric symptoms in the postpartum period are significantly associated with decrements in sexual functioning; depressed mood and emotional lability were negatively associated with sexual interest, enjoyment, coital activity, and perceived tenderness of the partner [3]. A small number of empirical studies have also reported greater likelihood of sexual problems among women with symptoms of PPD [5–7].

Reduced sexual interest, desire, and sexual satisfaction, lower frequency of intercourse, and later resumption of intercourse are associated with a higher number of psychiatric symptoms in the postpartum period [8–11]. Variability in the relationship between PPD and sexual functioning has also been demonstrated cross-culturally. PPD was associated with an unsatisfactory sex life, insufficient sexual information, and sexual worries after birth among women in the United Kingdom, whereas among Taiwanese mothers, PPD was associated with poor relationship quality and low sexual self-confidence [12].

Although these studies provide valuable insight into the relationship between postpartum sexuality and mental health, there are limitations to the available evidence [3]. Typically, in studies with adequate measures of mental health status [5,7,10,11], sexual functioning data were derived either from a single question about resumption of penile–vaginal intercourse, or from very few non-standardized questions. In contrast, those studies using validated assessments of sexual functioning

[13–15] have typically used nonstandardized measures of mental health status. To our knowledge, only one study has investigated the relationship between PPD and sexual functioning using validated measures; 70 postpartum women participating in a randomized clinical trial of antidepressant treatment for PPD provided information about their sexual functioning using the Arizona Sexual Experience Scale, and were evaluated for depression using the Hamilton Rating Scale for Depression at both trial entry and week 8 of treatment [16]. Results demonstrated that the majority of the sample (73%) reported sexual problems at baseline, but that this proportion had decreased significantly (to 37%) by week 8 of treatment. Of note, women whose depression had remitted by week 8 were significantly less likely to report sexual concerns than women whose depression did not remit. This study clearly illustrates the high prevalence of sexual problems among women with PPD, as well as a potential relationship between severity of depression and severity of sexual problems. However, because women who opt to participate in a randomized trial of antidepressant treatment may not be representative, additional studies, including those with untreated women, are needed to further characterize the relationship between mental health and sexual functioning in the postpartum period.

Methods

Participants and Procedures

Women attending postpartum appointments at an obstetrical clinic or a reproductive mental health clinic at a tertiary care hospital in Toronto, Canada, were consecutively recruited over a 12-month period. Women of 18 years of age or older who delivered a healthy term infant, and were currently in a sexual relationship were eligible to participate in the study. Potential participants were approached between 6 and 20 weeks postpartum by either their mental health or obstetrical care provider. All procedures received human ethics approval from the host institution.

Measures

Demographics, Pregnancy and Delivery Characteristics, Medication Use, and Information about Perinatal Sexuality

Items assessing the following were developed for the purposes of this study: age, sexual identity (heterosexual, bisexual, lesbian, other), relationship

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