



Mode of delivery and pain during intercourse in the postpartum period: Findings from a developing country



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ABSTRACT

Objective: This study examines the association of the reporting of pain during intercourse in the postpartum period with mode of delivery, and describes women's reports of pain during intercourse and their health care seeking behavior over a period of 40 days–6 months postpartum.

Methods: A cross-sectional study recruited women in their 2nd and 3rd trimester of pregnancy from private obstetric clinics affiliated with 18 hospitals in two regions of Lebanon. Face-to-face interviews using a structured questionnaire were conducted at the women's homes from 40 days to 6 months postpartum. Verbal, informed consent was obtained from all women participating in the study before the interview.

Results: In a sample of 238 women, 67% reported experiencing pain during intercourse postpartum and 72.3% did not seek care. Women having a cesarean delivery (1.96; CI (1.29–2.63)), who were primiparous (OR = 2.44; CI (2.05–2.83)) and residing in the Mount Lebanon region (OR = 1.25; CI (1.09–1.40)) were significantly more likely to report pain during intercourse postpartum.

Conclusions: Cesarean births may increase the chances of reporting of pain during intercourse postpartum among primiparous women. Given that the increasing cesarean section rates worldwide are perceived to be protective of women's sexual health, prenatal and postpartum care need to address women's sexual health problems.

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Introduction

Sexual health in the postpartum period is an important concern for mothers and, despite some research efforts pointing to changes in sexual relationships postpartum and to the commonality of experiencing pain during intercourse [1–4], the extent of these problems and their underlying contributing factors remain largely understudied, especially in developing country settings.

The literature reveals a significant proportion of women reporting discomfort and/or pain during intercourse in different postpartum periods [1,5–8]. Some studies indicate the persistence of pain during intercourse throughout the first year postpartum and beyond. Reports from Scotland [2], Sweden [8] and Italy [9] show that 19.7%, 10.7% and 16.2% of women respectively reported pain during intercourse or difficulty in having sexual intercourse up to 1 year and 18 months postpartum. Furthermore, information about the health care seeking behavior of women for sexual health problems is scarce

in the literature, except in a few reports [3,10] indicating that women rarely seek care for this problem and rarely discuss it with a health professional.

Despite the presence of a limited number of studies looking at sexual dysfunction related to cesarean section [11] it is presumed that cesarean sections protect women from perineal trauma therefore from sexual dysfunctions. This argument has been used as a perceived benefit for elective cesarean sections in contexts of increased patient autonomy. There is a certain consistency in the literature suggesting an association between assisted vaginal delivery and sexual dysfunction including pain during intercourse [2,3,10,12,13]. Nevertheless, reported associations between pain during intercourse and cesarean deliveries remains largely inconclusive [10]. In Glazener's study with Scottish women [2] no difference in reporting of pain during intercourse was found between those having spontaneous vaginal delivery and cesarean delivery. Similar findings are reported from a multicenter, international controlled trial on breech presentation at term [7]. A study among primiparous women in England reported that cesarean deliveries were protective against pain during intercourse at 3 months postpartum compared to vaginal birth; however, these differences between the groups disappeared over the long-term. In contrast, a cohort analysis from a randomized controlled trial found that pain during intercourse was more common among women who had

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cesarean births compared to those having vaginal births [14]. Similarly, Goetsch [15] has reported a substantial proportion of women (29%) who had a cesarean delivery to be suffering from pain during intercourse in the postpartum period.

Other studies looking into different factors associated with pain during intercourse in the postpartum period point to a consistent association with parity, with the complaints being more common in primiparous than in multiparous women [8,16,17].

Although our knowledge about the scope and persistence of sexual health problems in the postpartum period is improving, it is mainly based on studies from Western countries and much research is needed from different regions of the world to reveal the extent of this problem and to inform practice in ways to improve women's postpartum quality of life. This needs to be considered, especially in view of the dramatic increase in the rate of cesarean sections in many developing countries including Lebanon, where reported rates are exceeding 40% of births [18], and the use of postpartum care services remains unsatisfactory (51% only, in Lebanon [19]). The current study examines the association of reporting of pain during intercourse in the postpartum period with the mode of delivery and describes women's reports of pain during intercourse and their health care seeking behavior over a period of 40 days–6 months postpartum.

Materials and methods

Study design and study population

A cross-sectional study was undertaken with the aim of exploring women's postpartum health problems. Women in their 2nd or 3rd trimester of pregnancy were recruited from private obstetrics clinics affiliated with 18 private hospitals in two regions of Lebanon: Mount Lebanon and the South. A total of 269 women had completed the postpartum interview. A sub-sample of 238 women is used for analysis in this paper, excluding 30 women reporting not having resumed sexual intercourse after childbirth by the time of the interview and one refusal to answer the question related to pain during intercourse.

Data collection method and tools

Four trained field workers contacted women and solicited verbal and informed consent following which the baseline interview was filled over the phone. Following their birth, these interviewers visited the women at home to complete a structured questionnaire over a period from 40 days up to 6 months postpartum.

The instruments used in this study consisted of structured questionnaires developed in Arabic by the study team based on previous research conducted by the same researchers [20] and with input from clinicians regarding postpartum morbidity. The questionnaires were pilot-tested for the comprehension of the wording used, cultural sensitivity and ease of administration.

The baseline interview included women's contact information, their socio-demographic profile and an assessment of their expectations with childbirth. The postpartum home interview assessed postpartum morbidity, including pain during intercourse, where women were asked to respond to a checklist of common symptoms and conditions indicating whether they had suffered from any of the mentioned conditions anytime during the postpartum period. The care taken for each reported condition and the onset of the problem were also recorded.

Data analysis

Data were entered and analyzed using the SPSS software. Reporting of pain during intercourse was considered as the outcome

Table 1

Proportion of women experiencing pain during intercourse postpartum, the onset of the reported problem and women's health care seeking behavior (n = 238).

	N	%
Proportion reporting pain during intercourse	159	66.8
Time of reporting in the postpartum period		
6 weeks–2 months	28	17.7
2–3 months	83	52.5
4–6 months	47	29.8
Onset		
Before or during pregnancy	23	14.6
Postpartum	135	85.4
Health care seeking behavior		
Visited a physician	31	19.5
Visited other care providers	2	1.3
Asked advice from family/friends	3	1.9
Home remedies	2	1.3
Did nothing	115	72.3
Other	6	3.7

for this analysis. Mode of delivery was considered the main predictor for reporting of pain during intercourse; other predictors were parity, educational level, occupational status, age, region of residence and experiencing complications during pregnancy or birth. The chi-square statistics with continuity correction was used to compare proportions. The multivariate analysis was conducted using stepwise logistic regression to assess the relationship between reporting of pain during intercourse and mode of delivery. The independent variables found to be statistically significant or those that are considered as confounders were added to the regression analysis. Two-sided significance tests were used throughout all analyses. Odds ratios with 95% confidence interval and p-value of 0.05 were used to indicate statistically significant associations.

Ethical considerations

The study protocol was approved by the Institutional Review Board of the American University of Beirut. Verbal, informed consent was obtained from all women participating in the study at all stages of contact.

Results

In our sample of 238 women, the average age was 28 years, 58.8% were multiparas and 65% received at least a high school level education. The proportion giving birth with a cesarean section was 43.7%.

Table 1 shows that 66.8% of women reported pain during intercourse sometime between 6 weeks and 6 months postpartum, with 52.5% of the women in our sample reporting this problem between 2 and 4 months postpartum and 29.8% reporting it between 4 and 6 months postpartum. The onset of the problem was the postpartum period for 85.4% of women.

Among those who reported pain during intercourse in the postpartum period, 72.3% did not take any action to remedy their problem and only 19.5% reported visiting a physician.

There were no significant associations between the independent variables considered for this analysis, such as age, parity, education and region of residence. Table 2 shows the adjusted odds ratios for reporting of pain during intercourse in the postpartum period. Primiparous women (OR = 2.44; CI (2.05–2.83)) those from the Mount Lebanon region (OR = 1.25; CI (1.09–1.40)), and those having had a cesarean delivery (1.96; CI (1.29–2.63)) were significantly more likely to report pain during intercourse in the postpartum period.

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