ORIGINAL RESEARCH—PAIN

Prevalence and Predictors of Genito-Pelvic Pain in Pregnancy and Postpartum: The Prospective Impact of Fear Avoidance

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ABSTRACT

Introduction. There is limited knowledge regarding the symptom profile of genito-pelvic pain in pregnancy and postpartum, and potential psychosocial predictors of this pain. Prior studies have reported a positive association between prepregnancy pain and postpartum genito-pelvic pain. Greater fear avoidance has been associated with increased genital pain intensity in women, unrelated to childbirth. This relationship has not been examined prospectively in a postpartum population.
Aims. The study aims were to examine the symptom profile of genito-pelvic pain during pregnancy and at 3 months postpartum, and the impact of prepregnancy nongenito-pelvic pain and fear avoidance in pregnancy on genito-pelvic pain at 3 months postpartum.
Methods. First-time expectant mothers (N = 150) completed measures of fear avoidance (pain-related anxiety, catastrophizing, hypervigilance to pain), prepregnancy nongenito-pelvic pain, childbirth-related risk factors (e.g., episiotomy), and breastfeeding.
Main Outcome Measures. Those reporting genito-pelvic pain in pregnancy and/or at 3 months postpartum answered questions about the onset (prepregnancy, during pregnancy, postpartum) and location (genital, pelvic, or both) of the pain and rated the intensity and unpleasantness of the pain on numerical rating scales.
Results. Of 150 women, 49% reported genito-pelvic pain in pregnancy. The pain resolved for 59% of women, persisted for 41%, and 7% of women reported a new onset of genito-pelvic pain after childbirth. Prepregnancy nongenito-pelvic pain was associated with an increased likelihood of postpartum onset of genito-pelvic pain. Greater pain-related anxiety was associated with greater average genito-pelvic pain intensity at 3 months postpartum.
Conclusions. Results suggest that about half of women may develop genito-pelvic pain during pregnancy, which will persist for about a third, and a subset will develop this pain after childbirth. Prior recurrent nongenito-pelvic pain may enhance the risk of developing genito-pelvic pain postpartum, while greater pain-related anxiety in pregnancy may increase the risk for greater intensity of postpartum genito-pelvic pain. **Glowacka M, Rosen N, Chorney J, Snelgrove–Clarke E, and George RB. Prevalence and predictors of genito-pelvic pain in pregnancy and postpartum: The prospective impact of fear avoidance. J Sex Med 2014;11:3021–3034.**

Key Words. Postpartum Pain; Fear Avoidance; Pain-Related Anxiety; Catastrophizing; Hypervigilance to Pain; Genito-Pelvic Pain; Dyspareunia; Childbirth

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Introduction

Genital and pelvic (genito-pelvic) pain, often causing pain during sexual intercourse, can severely impact the quality of life and psychological and sexual adjustment of affected women and their families [1–3]. For some women, there are no relevant physical findings [4]. For others, genito-pelvic pain can result from underlying physical pathologies or psychosocial factors [1,4–6] or as a result of a particular event, such as pregnancy and childbirth [7,8]. The prevalence of genito-pelvic pain in pregnancy is estimated to be 22% [9]. The majority of women resume regular intercourse by 3 months postpartum, and the prevalence of women experiencing it is as painful is approximately 30% [10]; however, prevalence rates have been reported to be as high as 62% [7]. Estimates of this pain are limited by low response rates, retrospective and cross-sectional study designs, varying measures of pain intensity, and a failure to report or control for whether the onset of genito-pelvic pain predated childbirth [8].

Women with genito-pelvic pain report disruptions to their sexual and psychological functioning, including lower sexual satisfaction, desire, and sexual self-esteem, as well as greater anxiety than women without this pain [11]. Women who experience this pain postpartum may encounter additional pain-related consequences than women who have genito-pelvic pain that is not related to childbirth. Specifically, acute genito-pelvic pain may limit the recovery and function of women in the postpartum period and is a risk factor for developing chronic genito-pelvic pain problems [12] and postpartum depression [13]. First-time mothers may be particularly at risk for difficulties coping with the pain and maintaining intimacy in their relationships because they are already coping with novel stressors (e.g., sleep deprivation, role transitions) [14]. Given the potentially high prevalence of this condition, it is important to understand the symptom profile (i.e., onset, location) and predictors of genito-pelvic pain in pregnancy and postpartum to improve interventions for affected women. Thus, the aims of the current study are (i) to examine the symptom profile of genito-pelvic pain during pregnancy and at 3 months postpartum and (ii) to determine the impact of biomedical and psychosocial factors on genito-pelvic pain at 3 months postpartum.

Genito-Pelvic Pain Related to Childbirth

Paterson and colleagues conducted a retrospective study of 114 women to examine the symptom profile of genito-pelvic pain at 12 months postpartum. The majority of women who reported genito-pelvic pain recalled that the pain developed postpartum, whereas less than one-third of these women reported that the onset was during pregnancy. In those with a postpartum onset, the pain was located only in the genital area in most women. However, during pregnancy, women reported the location of pain in the genital region, pelvic region, and in both regions. This study was limited by a small sample of women with postpartum onset of pain that persisted to 12 months postpartum (n = 10) and a cross-sectional, retrospective design [8]. There is a lack of knowledge regarding the trajectory of genito-pelvic pain from pregnancy to postpartum. Increased knowledge of pain profiles and their predictors is important in order to identify key time points for interventions targeting genito-pelvic pain. Further, identifying differences in the location of genito-pelvic pain could help health care providers determine what recommendations are most appropriate for reducing the pain and associated disability.

Genito-pelvic pain after childbirth may be experienced for a variety of reasons, with biomedical factors having received the most empirical attention. Having a diagnosed chronic pain condition (e.g., migraine headaches, back pain), suffering from acute pain, and experiencing pain during sexual intercourse prior to childbirth have been found to increase the risk of postpartum genito-pelvic pain [7,8,15,16]. Studies of women with chronic genital pain conditions unrelated to childbirth suggest central sensitization may explain the link between prior pain conditions and subsequent genital pain [4]. Tears to the perineum, episiotomy, and assisted delivery (use of forceps or an obstetric vacuum) during childbirth have also been found to increase the risk of postpartum genito-pelvic pain, possibly due to perineal trauma [17–19]. Results regarding mode of delivery are mixed with some studies finding that vaginal delivery (vs. cesarean) increased the risk of genito-pelvic pain at 3 months postpartum [7,20], and others did not find this association [8,12]. Breastfeeding has been associated with this pain at 3 months postpartum [10], although studies have failed to find this association at a longer-term follow-up [8,21]. These inconsistent

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