

ORIGINAL RESEARCH—WOMEN'S SEXUAL HEALTH

Association Between Sexual Health and Delivery Mode

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ABSTRACT

Introduction. Female sexual function changes considerably during pregnancy and the postpartum period. In addition, women's physical and mental health, endocrine secretion, and internal and external genitalia vary during these times. However, there are limited studies on the relationship between delivery and sexual function.

Aim. The present study aimed to demonstrate the association between sexual function and delivery mode.

Methods. Mothers who delivered a single baby at term were recruited for the study, and 435 mothers were analyzed.

Main Outcome Measures. The Female Sexual Function Questionnaire (SFQ28) scores and mothers' backgrounds were assessed at 6 months after delivery.

Results. The delivery mode affected the SFQ28 partner domain. Episiotomy affected the arousal (sensation) domain. Multiple regression analysis revealed that maternal age and cesarean section were significantly associated with several SHQ28 domains.

Conclusion. This study suggests that routine episiotomies at delivery should be avoided to improve postpartum maternal sexual function. Maternal age and cesarean section were found to affect postpartum sexual health. **Song M, Ishii H, Toda M, Tomimatsu T, Katsuyama H, Nakamura T, Nakai Y, and Shimoya K. Association between sexual health and delivery mode. Sex Med 2014;2:153–158.**

Key Words. Female Sexual Function Questionnaire (SFQ28); Delivery Mode; Episiotomy

Introduction

Female sexual function changes considerably during pregnancy and the postpartum period. During this time, the perineum and pelvic floor muscles are damaged. During breastfeeding, prolactin secretion, which suppresses libido and stimulates estrogen secretion, is increased. Changes in female sexual function during pregnancy and the postpartum period are related to endocrine changes and anatomical change [1]. In Japan, the

term “sexless” is defined as a frequency of sexual intercourse of <1 time/month. Sexlessness is considered a social issue, and pregnancy and delivery are considered contributory factors [2]. In the literature, approximately 80–95% of mothers return to sexual activity within 3 months of delivery [1], but this has not been proven in Japanese women [3]. Women's physical and mental health, endocrine secretion, and internal and external genitalia vary during pregnancy and the postpartum period.

Several studies demonstrated the association between sexual function and delivery mode, episiotomy, and laceration [4–6]. Other studies revealed no association between mode of delivery and sexual function [7–11]. Yeniel and Petri reviewed the effect of pregnancy and mode of delivery on postpartum sexual function. There is no clear evidence of a relationship between the mode of delivery and changes in sexual function [12]. There is controversy over the effect of mode of delivery episiotomy and perineal laceration on sexual function. To explore the hypothesis that sexual function is associated with mode of delivery and laceration is important, because sexual health is one of critical parts of maternal health. We planned the present study in Japanese postpartum women to investigate the relationship of sexual function with maternal status, delivery mode, episiotomy, and laceration.

Aim

The present study aimed to demonstrate relationships between sexual function and delivery mode. We determined sexual function by the Female Sexual Function Questionnaire (SFQ28), which consisted of the desire domain, the arousal (sensation) domain, the arousal (lubrication) domain, the arousal (cognitive) domain, the orgasm domain, the pain domain, the enjoyment domain, and the partner domain. Each factor of SFQ-28 was examined to improve delivery management and postpartum maternal health.

Methods

Participants

Mothers who delivered a single baby at term at Kawasaki University Hospital and related hospitals were recruited for this study during a postnatal examination >1 month after delivery. Six months following delivery, questionnaires were sent by mail to mothers who gave informed consent. Questionnaire responses were analyzed. The data were collected from November 2011 to June 2013. As shown in Figure 1, a total of 674 mothers were enrolled in the study. Informed consent was obtained from each patient. A total of 502 mothers returned questionnaires. Sixty-seven mothers were excluded because of incomplete answers of questionnaires. A total of 435 mothers were included in the study. This study was approved by the Ethical Committee of Kawasaki Medical School.

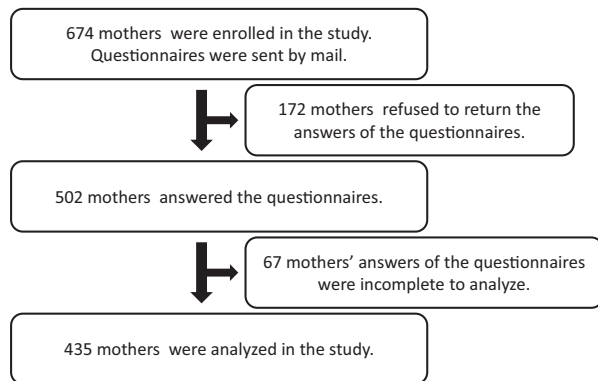


Figure 1 A flowchart of the present study.

Main Outcome Measures

The SFQ28

The SFQ28 is a self-reported measure of female sexual function and was developed to be multidimensional and patient centered. The SFQ28 addresses all aspects of the sexual response cycle (desire, arousal, orgasm) as well as pain, which is consistent with the criteria in the Diagnostic and Statistical Manual of Mental Disorders and the newly generated American Foundation for Urologic Disease definitions [13]. We analyzed SFQ score as sexual function: the primary outcome.

Sociodemographic Items

The self-reported questionnaire included sociodemographic and medical items as follows: maternal age, educational level, occupational status, marital status, cohabiting status, partner's occupational status, obstetric history, and psychiatric history.

Statistical Analysis

Data are reported as mean \pm standard deviation. Statistical significance was assessed using analysis of variance and the Wilcoxon signed-rank test with a 5% significance level. The correlation coefficients between two variables were determined by Spearman rank analysis. A multiple regression analysis was undertaken to identify the variables that predicted sexual health. We performed forward-backward stepwise selection method for a multiple regression analysis. The data were analyzed with IBM SPSS statistics ver. 20 (IBM, Armonk, NY, USA).

Results

Of the questionnaires that were sent, 435 completely answered questionnaires were returned.

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