Comparing the Prevalence, Risk Factors, and Repercussions of Postpartum Genito-Pelvic Pain and Dyspareunia

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ABSTRACT

Introduction: Childbirth is a risk factor for developing genito-pelvic pain and/or dyspareunia during the postpartum period and potentially in the longer term. These two types of pain can occur simultaneously or sequentially and could be affected by different risk factors and have a range of repercussions to women's lives, including their sexual functioning.

Aim: This study reviewed the available evidence to compare and contrast the prevalence, risk factors, and repercussions of postpartum genito-pelvic pain vs dyspareunia.

Methods: All available data related to postpartum genito-pelvic pain and dyspareunia were reviewed.

Main Outcome Measures: A description of the prevalence, risk factors, and sexual and psychological consequences of postpartum genito-pelvic pain and dyspareunia and the methodologic limitations of previous studies.

Results: The prevalence of postpartum genito-pelvic pain is much lower than that of postpartum dyspareunia. There is evidence of converging and differential risk factors for acute and persistent experiences of these two types of pain. Postpartum genito-pelvic pain and dyspareunia are associated with impaired sexual functioning. Rarely are these pain experiences examined together to make direct comparisons.

Conclusion: There has been a critical lack of studies examining postpartum genito-pelvic pain and dyspareunia together and integrating biomedical and psychosocial risk factors. This approach should be spearheaded by a multidisciplinary group of researchers of diverse and relevant expertise, including obstetricians, gynecologists, anesthesiologists, and psychologists.

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Key Words: Genito-Pelvic Pain; Genital Pain; Postpartum Pain; Childbirth; Dyspareunia; Postpartum Sexuality

INTRODUCTION

Genital and pelvic (genito-pelvic) pain is poorly understood, often misdiagnosed or ignored, and frequently viewed as shameful by the women who experience it.[1,2] Genito-pelvic refers to pain that can be located on the vulva (including the perineum), inside the vagina, in the pelvic region, or in any combination of these areas. It can be spontaneous or provoked. Population-based studies have reported the prevalence of genito-pelvic pain as 14% to 34% in younger women and 6.5% to 45% in older women.[3] The most common presenting complaint of women who have this condition is dyspareunia, defined as pain during sexual activities involving vaginal penetration. The experience of genito-pelvic pain and/or dyspareunia adversely affects quality of life, psychological and sexual well-being, and intimate relationships of affected women and their partners.[4] The sexual repercussions of this pain are typically much more wide reaching; affected women have reported disruptions to all aspects of their sexual response, including lower sexual desire, lower arousal, difficulties with orgasm, and less satisfaction compared with women without this pain.[5–7] Recently, controlled studies have found that male partners of women with genito-pelvic pain also experience more erectile problems and less sexual satisfaction.[8,9] The etiology and maintenance of genito-pelvic pain involves a complex interplay of biological, psychological, and social factors.[4,10]

Childbirth is a risk factor for developing genito-pelvic pain and/or dyspareunia during the postpartum period and potentially in the longer term.[11–15] This pain in turn has been associated with impaired sexual functioning compared with before pregnancy.[16,17] It involves an acute pain experience with associated

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Table 1. Studies of Postpartum Genital and/or Pelvic Pain*

Study	Type of pain	Study design	N/parity	Prevalence	Risk factors
Macarthur and Macarthur[20]	Perineal pain	Prospective; 1 d, 7 d, 6 wk	444/all parities	92% at day 1, 61% at 7 d, 7% at 6 wk	Increased perineal trauma, primiparous, instrumental deliveries,† and epidural analgesia associated with greater pain at all time points
					At 6 wk, incidence of perineal pain was no different between trauma groups (ie, degree of tearing)
Glowacka et al[21]	Genital and/or pelvic pain	Prospective; 32 wk gestation, 3 mo postpartum	140/primiparous	27% at 3 mo	Prepregnancy nongenital pain conditions predicted postpartum onset of pain
					Pain-related anxiety (but not catastrophizing or hypervigilance) in pregnancy predicted greater pain intensity at 3 mo postpartum
					Mode of delivery, episiotomy, perineal tearing, epidural, breastfeeding not associated with pain at 3 mo
Leeman et al[22]	Perineal pain	Prospective; discharge from hospital 3 mo postpartum	565 midwifery patients/all parities	81% at discharge, 9.3% at 3 mo	Increased perineal trauma at discharge associated with more pain at discharge but not at 3 mo
Thompson et al[28]	Perineal pain	Prospective; 4 d and 2, 4, 6 mo	1,193/all parities	24% at 2 mo, 6% at 4 mo, 4% at 6 mo	Vaginal and instrumental deliveries associated with more perineal pain
					Primiparas reported more perineal pain compared with multiparous
Brown and Lumley[29]	Perineal pain	Retrospective; 6–7 mo	1,336/all parities	21%	Instrumental deliveries, primiparous associated with greater perineal pain
Eisenach et al[23,40]	Pain in pelvis, perineum or abdomen that started after childbirth	Prospective; 36 h and 2, 6, 12 mo	1,288/all parities	10% (9.8%–10.1%) at 2 mo, 2.8% (1.4%–5.3%) at 6 mo, 0.9% (0.3%–1.2%) at 12 mo	Severity of acute pain at 36 h increased risk of pain at 2 mo
					Mode of delivery did not predict pain at 2 mo
					History of pain (during pregnancy or menstruation), degree of tissue damage related to acute pain at 36 h but unrelated to pain at 2 mo
					Sample size not large enough to examine predictors of pain at 6 and 12 mo
Kainu et al[11]	Pain in birth canal (vulva or anus) or incision site	Retrospective; 12 mo	600/all parities	10%	Pain at 12 mo more common in women with history of other types of pain or chronic illness and who recalled more pain on day after delivery

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