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# Sexual Distress and Sexual Problems During Pregnancy: Associations With Sexual and Relationship Satisfaction

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ABSTRACT

**Introduction:** Sexual problems are common during pregnancy, but the proportion of pregnant women who experience sexual distress is unknown. In non-pregnant samples, sexual distress is associated with lower sexual and relationship satisfaction.

**Aim:** To identify the proportion of women experiencing sexual distress during pregnancy and to compare the sexual and relationship satisfaction of women who report sexual distress during pregnancy with that of women without distress.

**Methods:** Two-hundred sixty-one pregnant women completed a cross-sectional online survey.

**Main Outcome Measures:** Women completed validated measurements of sexual functioning (Female Sexual Function Index; score $< 26.55$ indicates a sexual problem), sexual distress (Female Sexual Distress Scale; score $\geq 15$ indicates clinically significant distress), sexual satisfaction (Global Measure of Sexual Satisfaction), and relationship satisfaction (Couples Satisfaction Index).

**Results:** Overall, 42% of women met the clinical cutoff for sexual distress. Of sexually active women ($n = 230$), 26% reported concurrent sexual problems and distress and 14% reported sexual distress in the absence of sexual problems. Sexual distress and/or problems in sexual functioning were linked to lower sexual and relationship satisfaction compared with pregnant women with lower sexual distress and fewer sexual problems.

**Conclusion:** Sexual distress is common during pregnancy and associated with lower sexual and relationship satisfaction. Health care providers should ask pregnant women about feelings of sexual distress. Identifying pregnant women who experience sexual distress and referring them to appropriate resources could help minimize sexual and relationship problems during pregnancy. **Vannier SA, Rosen NO. Sexual Distress and Sexual Problems During Pregnancy: Associations With Sexual and Relationship Satisfaction. J Sex Med 2017;14:387−395.**



**Key Words:** Pregnancy; Sexual Function; Sexual Distress; Sexual Satisfaction; Relationship Satisfaction

## INTRODUCTION

Although 10% to 22% of pregnant women report increased sexual frequency, satisfaction, and desire during this time (compared with before pregnancy),[1] problems with sexual functioning are far more common. In cross-sectional research, 31% to 58% of pregnant women report sexual problems, including decreases in sexual desire, arousal, lubrication, and orgasm and increases in genito-pelvic pain.[1−4] During the third trimester, as many as 52% to 73% of women meet clinical cutoffs on standardized measurements for sexual problems.[5,6] Pregnancy also is linked with lower sexual satisfaction: one cross-sectional study of 589 pregnant women found that 63% were dissatisfied with their sex life.[7] Because sexual and relationship satisfaction are closely related in non-pregnant samples,[8−10] sexual problems during pregnancy can be associated with lower relationship satisfaction. In turn, sexual and relationship difficulties in pregnancy can set the stage for postpartum sexual and relationship problems, which are common,[11−14] and ongoing relationship problems can have critical consequences for the parent-child relationship and later child development.[15−17] The aim of the present study was to examine the prevalence of a potentially key aspect of pregnant women's sexual functioning and sexual and relationship satisfaction, namely sexual distress.

In the past two decades clinicians and researchers have highlighted the importance of including measurements of sexual

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distress when assessing the prevalence of female sexual problems.[18,19] Sexual distress is defined as negative emotions about one's own sex life, including guilt, frustration, stress, worry, anger, and embarrassment.[20] Sexual distress is an independent construct from sexual satisfaction (eg, distress is more closely related to sexual functioning and more sensitive to treatment)[21] and is required for a clinical diagnosis of sexual dysfunction.[22,23] There are several characteristics of sexuality during pregnancy that can foster feelings of sexual distress. First, changes in sexual functioning, such as a decrease in sexual desire or onset of pain during intercourse, can be sudden and unexpected, especially if women have not discussed these changes with a health care provider.[1] Second, many pregnant women worry that sexual activity could harm their pregnancy, and these worries can lead to increased distress.[24] Third, sexual distress tends to increase when women believe that their sexual problems have led to lower sexual frequency or lower sexual pleasure for themselves or their partner,[25] which are outcomes that are common during pregnancy.[1] Nevertheless, researchers have neglected to examine sexual distress in pregnancy.

Although sexual changes and problems are common during pregnancy, one cannot infer the presence of sexual distress from the presence of a sexual problem. In research with non-pregnant samples, most women with sexual problems did not report sexual distress.[19,26] In population-based samples of Finnish and American women, 34% to 43% met the clinical cutoff for sexual problems, 12% to 20% reported concurrent sexual problems and distress, and 15% of the Finnish sample reported sexual distress in the absence of a sexual problem.[27,28] A British population study found even lower rates: although 51% of the sample reported sexual problems, only 11% reported sexual distress.[29] Thus, although many women experience sexual problems during pregnancy,[5,6] it is likely that a smaller proportion is actually distressed by these problems and might require intervention. In addition, there could be a subset of pregnant women who experience sexual distress in the absence of a sexual problem. Moreover, sexual distress might be more likely to co-occur with specific sexual problems. For example, Witting et al[27] found that non-pregnant women experiencing problems with arousal, lubrication, and satisfaction were more likely to be distressed compared with women who reported problems with desire.

Although there are other identified factors that might play a role in women's sexual and relationship satisfaction during pregnancy (eg, body image, sexual self-esteem, impending role changes, and physiologic changes[24,30]), women's sexual distress could be a key source of variability. In clinical and community samples, women who reported more sexual distress also reported lower sexual satisfaction.[31,32] Similarly, in a cross-sectional, nationally representative survey, women with concurrent low desire and sexual distress were more likely to describe themselves as unhappy with their relationship compared with women without sexual distress.[32] Thus, pregnant women who report sexual distress could be at an increased risk for sexual and relationship dissatisfaction, and this might be particularly true for women who report concurrent sexual problems.

## AIMS

Our first aim was to describe the proportion of women experiencing sexual distress during pregnancy alone and concurrently with global and specific sexual problems. Our second aim was to compare the sexual and relationship satisfaction of women who report sexual distress during pregnancy alone and concurrently with sexual problems with the sexual and relationship satisfaction of women without distress. Based on the literature reviewed, we hypothesized that (i) women with concurrent sexual distress and problems would report lower sexual and relationship satisfaction compared with women with no problems or distress and women with problems only and (ii) women with sexual distress would report only lower sexual and relationship satisfaction compared with women with no problems or distress. Given the limited research assessing sexual problems and sexual distress, all other comparisons were made on an exploratory basis.

## METHODS

### Participants and Procedure

Participants were recruited online from August 2015 to March 2016 through Facebook (62.5%), classified ads (6.9%), word of mouth (5.8%), Reddit (5.4%), and unspecified sources (19.5%) as part of a larger study on sexuality during pregnancy. Eligible participants were pregnant (no minimum pregnancy length), older than 18 years, in a romantic relationship, residing in the United States or Canada, and fluent in English. Eligible participants who provided consent completed a single online survey (mean completion time = 35.74 minutes, SD = 18.82). Upon completion, participants were entered into a prize draw for a $25 gift card and received a list of online resources related to sexuality and relationships in pregnancy. This study received approval from our institution's ethical review board.

The final sample included 261 women. In total, 411 women provided consent, but 111 withdrew before completing the survey. Data from 39 participants who completed the survey were removed from analyses for answering an "attention check" question incorrectly (n = 35), skipping more than 20% of a measurement (n = 2), or duplicate IP address (n = 2). Excluded participants did not differ from the final sample on any demographic variables. There were fewer than 1% missing data and mean substitution was used to replace missing values.[33]

### Main Outcome Measures

#### Sample Characteristics

Participants responded to questions assessing age, sex, sexual orientation, race and ethnicity, education, income, relationship