



www.figo.org

Contents lists available at ScienceDirect

International Journal of Gynecology and Obstetrics

journal homepage: www.elsevier.com/locate/ijgo



CLINICAL ARTICLE

Postpartum adverse effects and sexual satisfaction following cesarean delivery in Beijing

Ruiya Qian^a, Zhenghong Chen^b, Lirong Tang^a, Weiyuan Zhang^{c,*}^a Department of Gynecology, Beijing Obstetrics and Gynecology Hospital, Capital Medical University, Beijing, China^b Department of Neuroepidemiology, Beijing Neurosurgical Institute, Capital Medical University, Beijing, China^c Department of Obstetrics, Beijing Obstetrics and Gynecology Hospital, Capital Medical University, Beijing, China

ARTICLE INFO

Article history:

Received 14 February 2015

Received in revised form 10 July 2015

Accepted 16 October 2015

Keywords:

Cesarean delivery

Postpartum period

Sexual behavior

Urinary incontinence

Vaginal delivery

ABSTRACT

Objective: To investigate short- and long-term postpartum complications of different delivery methods in terms of sexual satisfaction, stress urinary incontinence (SUI), and pelvic-floor dysfunction in the Beijing region. **Methods:** A questionnaire-based study was conducted between June 30, 2013 and July 1, 2014. Female residents of Beijing aged 20–65 years, who were attending routine physical examinations, were enrolled and completed a face-to-face survey including questions on short- and long-term complications related to sexual satisfaction, SUI, and pelvic-floor dysfunction postpartum. **Results:** In total, 2649 individuals were enrolled. In comparison with patients that underwent vaginal delivery, patients that had undergone cesarean delivery experienced a greater length of time before resuming intercourse (2.70 ± 2.09 months vs 4.32 ± 4.10 months; $P < 0.001$) and higher incidences of decreased libido (93 [6.1%] vs 234 [20.7%]; $P < 0.001$), vaginal dryness (39 [2.6%] vs 177 [15.7%]; $P < 0.001$), sexual dissatisfaction (117 [7.7%] vs 234 [20.7%]; $P < 0.001$), and painful intercourse (48 [3.2%] vs 252 [22.3%]; $P < 0.001$) after delivery. Cesarean delivery did not demonstrate any long-term protective effects against future SUI in comparison with vaginal delivery. **Conclusion:** Cesarean delivery resulted in a greater incidence of adverse effects on postpartum sexual function and cesarean delivery provides no long-term protective effects against postpartum SUI.

© 2015 International Federation of Gynecology and Obstetrics. Published by Elsevier Ireland Ltd. All rights reserved.

1. Introduction

With the improvements in terms of quality of life and life expectancy that can be gained through good sexual health and pelvic floor function, gynecologists and the general public are paying increasing attention to these areas of health care. Female pelvic-floor dysfunction is a group of disorders affecting the pelvic floor, including urinary incontinence, pelvic organ prolapse, female sexual dysfunction, and fecal incontinence. The main causes of pelvic-floor dysfunction include pelvic-floor muscle relaxation or injury, and pelvic support defects or degradation [1]. Epidemiological surveys have shown that pregnancy and childbirth are major and independent risk factors for female pelvic floor dysfunction [2].

Presently, research into female pelvic-floor dysfunction primarily focuses on 1 year postpartum or the perimenopausal period owing to a paucity of high-quality data spanning longer periods. Female sexual dysfunction refers to a class of conditions that significantly affect women, resulting in low sexual desire, and difficulties with sexual arousal, orgasm, or pain during intercourse [3]. A World Health

Organization survey found that 25.2% of cesarean operations in China occurred without a clear indication for cesarean delivery [4]. A study funded by the National Natural Science Fund reported that the cesarean delivery rate in Beijing in 2011 was 58.5% [5]. In part, many women chose a cesarean delivery because of a fear that vaginal delivery may cause vaginal relaxation, which might affect their sex life following delivery [6]. However, this raises the question of whether cesarean delivery really does provide protective effects for postpartum sexual function.

Stress urinary incontinence (SUI) is a common disease that seriously affects the physical and mental health of female patients. According to a 2006 general population survey conducted in Beijing, the rate of SUI among the study population was 38.5%, with the incidence increasing with age [7]. The present study was designed to study the impact of different methods of delivery on postpartum sexual function, SUI, and pelvic organ prolapse in a population of female patients from the Beijing area.

2. Materials and methods

A questionnaire-based observational study was conducted from June 30, 2013 to July 1, 2014. Considerations when choosing study sites included the socioeconomic demographic of potential study participants, previous successful collaborations with potential study sites, hospital

* Corresponding author at: Department of Obstetrics, Beijing Obstetrics and Gynecology Hospital, Capital Medical University, No.251 Yaojiayuan Road, Chaoyang District, Beijing 100026, China. Tel.: +86 10 8596 9386; fax: +86 10 8596 8396.

E-mail address: zhangweiyuan05@163.com (W. Zhang).

equipment (ultrasound facilities were necessary), and expertise in gynecologic medicine, resulting in the selection of six hospitals in Beijing (one municipal maternal and child health hospital, two district-level maternal and child health hospitals, and three community hospitals). In order to be eligible for inclusion in the present study, female patients had to be 20–65 years of age, requesting routine physical examinations at any of the six study hospitals, have at least one child, be residents of Beijing, have normal comprehension and cognitive abilities, and be capable of answering the complete questionnaire independently. All of the participants were free from severe heart, liver, lung, kidney, and endocrine diseases, as well as psychosis and any other psychological conditions; potential study participants were examined for any conditions that would lead to study exclusion at each hospital. All patients provided written informed consent before the investigation and the study was approved by the Beijing Obstetrics and Gynecology Hospital Ethical Review Board.

At enrollment, patients were divided into two groups based on the method of delivery of their last pregnancy, a vaginal-delivery group and a cesarean-delivery group.

The study investigators conducted face-to-face interviews and performed a physical examination (including gynecologic examination and ultrasound) combined with a unified questionnaire. The questionnaire was prepared in order to collect similar information to the international standard pelvic floor dysfunction questionnaire [8], and the international standard female sexual function index and urinary incontinence questionnaire [9,10]. The questionnaire gathered general information on the participants including age, residence, occupation, level of education, marital status, economic status, and method of delivery of most recent pregnancy, and specific information about sexual behavior, patients' urinary systems, and changes in pelvic floor conditions both before and after the delivery of their most recent pregnancy. The pelvic organ prolapse quantification system score was used to evaluate pelvic organ prolapse, according to ICS 1990 standards [11]; the other variables included in the study were SUI (classified as mild or moderate-to-severe, urge incontinence, and mixed urinary incontinence).

All of the study investigators were gynecologists from the six study hospitals. Before the commencement of the project, all of the study investigators received standardized training in the assessment of pelvic organ prolapse score and in the completing of the questionnaires. Data checking and processing were performed at Beijing Obstetrics and Gynecology Hospital.

EpiData 3 (EpiData Association, Odense, Denmark) was used to establish the data bank and the data were analyzed with SPSS version 20.0 (IBM, Armonk, NY, USA). Small-sample datasets were analyzed using a Fisher exact test. Quantitative data were expressed as the mean \pm standard deviation. $P < 0.05$ was considered statistically significant.

3. Results

Of patients presenting at the study hospital, 2649 agreed to participate in the study. Of the study participants, 1521 patients had undergone vaginal delivery, and 1128 patients had undergone cesarean delivery. The cesarean-delivery rate was found to be highest in younger patients, decreasing as the age of participants increased. The rate of cesarean delivery following maternal request was also found to be highest among younger patients and lower among older patients. The highest cesarean-delivery rate was observed for patients in the 20–29 years of age group, with a total 228 (60.3%) patients in this age range undergoing cesarean delivery. Patients in this age range also exhibited the highest rate of cesarean deliveries following maternal request, with 84 (36.8%) individuals undergoing cesarean delivery after explicitly requesting it. The indication for cesarean delivery was fetal distress in 99 (8.8%) deliveries (Fig. 1). Among the neonates in these cases, there were 7 (7.1%) cases of asphyxia; four of the cases were mild and three of the cases were severe; two of the neonates experiencing severe asphyxia died. The 1128 individuals that had undergone cesarean delivery were asked what the indication for their cesarean delivery was. Following this, the investigators reviewed 338 (30.0%) of the patients' hospital records for the indication for their cesarean deliveries. A coincidence rate of 96% between the cesarean delivery indication and main discharge diagnosis was observed. In the vaginal-delivery group, fetal distress occurred in 93 (6.1%) cases. Among these cases, there were 5 (5.4%) cases of asphyxia. The asphyxia was mild in nature in four cases and one of the cases of asphyxia was severe; the neonate experiencing severe asphyxia died.

Whether patients had careers ($P = 0.005$) and the level of their education ($P < 0.001$) were found to differ significantly between patients in the two delivery groups; patients with jobs had a higher rate of cesarean delivery and patients with a lower level of education had the lowest rate of cesarean deliveries in the study population. A significant correlation was observed between household income and the rate of cesarean delivery ($P < 0.001$). The cesarean-delivery rate was over 50% in patients that had a monthly family income of more than 15000 Yuan (2419 USD) (Table 1).

In the vaginal-delivery group, the mean age (\pm SD) of participants at the time of their first delivery was 25.83 ± 3.17 years; in the cesarean-delivery group, it was 27.15 ± 4.13 years. The mean ages of the study participants were 40.29 ± 9.89 years and 35.73 ± 7.87 years in the vaginal-delivery and cesarean-delivery groups, respectively. The mean interval between a patient's age at their first delivery and their age in the present study was 14.46 ± 10.39 years in the vaginal-delivery group and 8.60 ± 7.40 in the cesarean-delivery group ($P < 0.001$). In the vaginal-delivery group, 1227 (80.7%) individuals resumed engaging in sexual intercourse prior to 3 months postpartum; this compared with

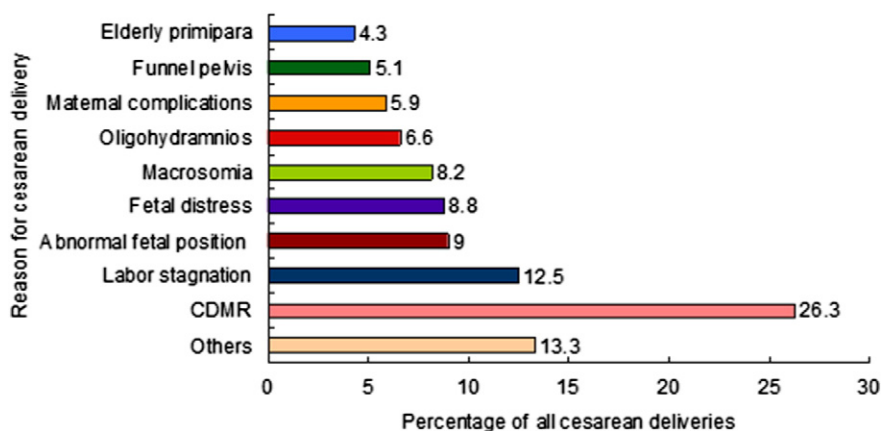


Fig. 1. Reasons provided by patients for the 1128 cesarean deliveries recorded. Any reasons accounting for less than 4.0% of the cesarean deliveries were not included. Abbreviation: CDMR, cesarean delivery following maternal request.

Download English Version:

<https://daneshyari.com/en/article/6186685>

Download Persian Version:

<https://daneshyari.com/article/6186685>

[Daneshyari.com](https://daneshyari.com)