

# Antenatal Vulvar Pain Management, Labour Management, and Postpartum Care of Women With Vulvodynia: A Survey of Physicians and Midwives



K.B. Smith

Kelly B. Smith, PhD;<sup>1</sup> Rosemary Basson, MD;<sup>1,2</sup> Leslie A. Sadownik, MD, MEd;<sup>1</sup> Jordanna Isaacson, BA;<sup>3</sup> Lori A. Brotto, PhD<sup>1</sup>

<sup>1</sup>Department of Obstetrics & Gynaecology, University of British Columbia, Vancouver, BC

<sup>2</sup>Department of Psychiatry, University of British Columbia, Vancouver, BC

<sup>3</sup>Department of Educational and Counselling Psychology, and Special Education, University of British Columbia, Vancouver, BC

## Abstract

**Objective:** To examine maternity providers' recommendations for pregnant women with vulvodynia regarding management of vulvar pain and postpartum care, and to examine if, and how, a woman's chronic vulvar pain affects providers' examination and management during labour.

**Methods:** This research was part of a larger study that invited physicians and midwives to answer a questionnaire regarding pregnancy and childbirth care in women with vulvodynia. To achieve the current objectives, the questionnaire included both dichotomous (yes or no) and open-ended items. The current sample ( $n = 116$ ) consisted of 75 physicians and 41 midwives.

**Results:** Over 60% of the sample reported making recommendations for vulvar pain management during pregnancy, and 32.8% of providers reported making special postpartum care recommendations for women with vulvodynia. Differences between physicians and midwives were noted for some of these recommendations. For example, to manage vulvar pain, only physicians recommended the use of/change in medications ( $P < 0.001$ ) and only midwives recommended complementary medicines ( $P = 0.02$ ) and the use of lubricants ( $P = 0.006$ ) and made recommendations for sexual well-being ( $P = 0.02$ ). The majority of the sample (75%) reported that a woman having vulvodynia affected labour examination and management; providers most frequently reported minimizing exams and early use of epidural. Over 80% of midwives and 54% of physicians minimized exams during labour for women with vulvodynia ( $P = 0.01$ ).

**Conclusion:** Further research is needed to understand the optimal provision of care for pregnant and postpartum women with

vulvodynia. We advocate for increased education of vulvodynia aimed at providers of antenatal, labour, and postnatal care.

## Résumé

**Objectif :** Examiner les recommandations données par les fournisseurs de soins de maternité aux femmes enceintes atteintes de vulvodynie sur la prise en charge de la douleur vulvaire et les soins postpartum, déterminer si la douleur vulvaire chronique des femmes influence l'évaluation et la prise en charge durant le travail, et évaluer cette influence, le cas échéant.

**Méthodologie :** Cette étude a été menée dans le cadre d'une étude de plus grande envergure qui consistait à inviter les médecins et les sages-femmes à répondre à un questionnaire sur les soins prodigués aux femmes atteintes de vulvodynie durant la grossesse et l'accouchement. Le questionnaire comprenait des questions fermées (oui ou non) et des questions ouvertes. L'échantillon étudié ( $n = 116$ ) était formé de 75 médecins et de 41 sages-femmes.

**Résultats :** Plus de 60 % des répondants ont dit formuler des recommandations sur la prise en charge de la douleur vulvaire durant la grossesse, et 32,8 % ont dit donner aux femmes atteintes de vulvodynie des recommandations particulières sur les soins postpartum. Des différences ont été notées entre les recommandations des médecins et celles des sages-femmes. En ce qui a trait à la prise en charge de la douleur, par exemple, seuls les médecins recommandaient la prise de médicaments ou la modification de la médication ( $P < 0,001$ ), et seules les sages-femmes recommandaient le recours à la médecine parallèle ( $P = 0,02$ ) et aux lubrifiants ( $P = 0,006$ ), et donnaient des recommandations visant à favoriser le bien-être sexuel ( $P = 0,02$ ). La majorité des répondants (75 %) a signalé que la vulvodynie influençait l'évaluation et la prise en charge de la femme durant le travail; les effets les plus fréquemment mentionnés par les fournisseurs étaient la réduction des examens et la mise en place précoce de la péridurale. Plus de 80 % des sages-femmes et 54 % des médecins ont dit limiter les examens effectués chez les femmes atteintes de vulvodynie durant le travail ( $P = 0,01$ ).

**Conclusion :** D'autres études seront nécessaires pour connaître les soins optimaux à prodiguer aux femmes atteintes de vulvodynie durant la grossesse et la période postpartum. Nous

**Key Words:** Vulvodynia, pregnancy, obstetric delivery, obstetrics, physicians, midwifery

Corresponding Author: Dr. Kelly B. Smith, Department of Obstetrics & Gynaecology, University of British Columbia, Vancouver, BC. [Kelly.Smith@vch.ca](mailto:Kelly.Smith@vch.ca)

Competing interests: The authors declare that they have no competing interests.

Received on December 14, 2016

Accepted on September 25, 2017

recommandons de former davantage les fournisseurs appelés à prodiguer des soins avant, pendant et après la naissance sur la vulvodynie.

Copyright © 2018 The Society of Obstetricians and Gynaecologists of Canada/La Société des obstétriciens et gynécologues du Canada. Published by Elsevier Inc. All rights reserved.

J Obstet Gynaecol Can 2018;40(5):579–587

<https://doi.org/10.1016/j.jogc.2017.09.014>

## INTRODUCTION

Vulvodinia is a distressing chronic pain condition defined as vulvar pain “without clear identifiable cause.”<sup>1</sup> It is estimated that by the age of 40 approximately 7% to 8% of American women will have experienced symptoms of vulvodinia, many of whom have not sought treatment or received a diagnosis (Canadian data not available).<sup>2</sup> The prevalence in women younger than 20 may be even higher, with 20% of sexually active adolescent girls reporting pain with intercourse in a Québec-based study.<sup>3</sup> Provoked vestibulodynia (PVD), the most common type of vulvodinia, involves pain when pressure is applied to the vulvar vestibule (e.g., with intercourse or tampon use) and difficulty with vaginal examinations, and is the most common cause of dyspareunia in reproductive-aged women.<sup>4</sup> The pain, and often associated pelvic and perineal muscle tightening, may interfere with a woman’s ability to consummate a relationship and achieve pregnancy. Because anticipated vaginal penetration elicits fear and anxiety, there is often a decline in sexual desire and other components of the sexual response cycle.<sup>5</sup>

Despite the high prevalence of vulvodinia among women of reproductive age, there is limited literature examining pregnancy, labour, and the postpartum period among affected women. Women with vulvodinia are thought to require unique obstetrical care<sup>6,7</sup>; however, research has only recently started to assess providers’ care of and recommendations for pregnant women with vulvodinia.<sup>8</sup> Recent studies have found that women with vulvodinia are more likely to experience postpartum pain<sup>9</sup> and that women with PVD and/or vaginismus (i.e., phobic anxiety about vaginal penetration/pain) are more likely to have Caesarean deliveries<sup>10</sup> compared with women without such (anticipated) pain. A qualitative study of 18 pregnant or postpartum women with vulvodinia found that the majority had increased anxiety regarding labour and delivery, and that the women were often dissatisfied with the medical care they received.<sup>11</sup>

The aims of the current study were to examine maternity care providers’ recommendations given to pregnant women

with vulvodinia, specifically regarding: (1) the management of women’s vulvar pain during pregnancy and (2) women’s postpartum care. A third aim was to assess if and how a woman’s chronic vulvar pain affects providers’ examination and management during labour. This research is part of a larger study regarding physicians’ and midwives’ maternity care of women with vulvodinia.<sup>8</sup>

## METHODS

### Sample

In total, 186 health care providers responded to a brief questionnaire regarding management of pregnancy and childbirth in women with vulvodinia. We excluded respondents for the following reasons: reported practicing physical therapy (n = 6), complementary therapies (n = 1), or neurology (n = 1); did not indicate current practice specialty (n = 2); or had large amounts of missing data (n = 9). In addition, only respondents who reported current clinical practice and who reported providing ante-, intra-, or postpartum care were administered the pregnancy- and postpartum-related items of interest in this study. The current analyses were also restricted to those respondents who consistently reported seeing both pregnant and non-pregnant women with vulvodinia in their practice. Thus, respondents were excluded from the current analyses if: they reported being retired from all clinical practice (n = 2), on leave (n = 3), or in training (n = 2); they reported that they did not provide ante-, intra-, or postpartum care (n = 20); or they indicated that they did not see women with vulvodinia, including pregnant women with vulvodinia, in their practice (n = 23). Lastly, we excluded one respondent from the current analyses who indicated that he/she had not discussed vulvar pain during antenatal care or encountered a woman with vulvodinia in labour (but who reported seeing pregnant and non-pregnant women with vulvodinia). Our final sample consisted of 116 clinicians (75 physicians; 41 midwives).

### Procedure

This research was part of a larger study that examined clinicians’ obstetrical care of women with vulvodinia and that targeted physician and midwives who provided ante-, intra-, or postpartum care. The methods for the study have been previously reported.<sup>8</sup>

In brief, recruitment involved the use of listserv notifications, a newsletter submission, distribution of hard copies of the questionnaire and/or posters (e.g., to physician and midwifery offices), and word of mouth. Study respondents were administered an investigator-derived questionnaire that could be completed online or on paper in approximately five minutes or less. The completion of the

Download English Version:

<https://daneshyari.com/en/article/8781665>

Download Persian Version:

<https://daneshyari.com/article/8781665>

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