



Impact of Perineal Trauma on Sexual Function Among Postpartum Mothers

KEYWORDS

Sexual function; Perineal trauma; Postpartum sexual function

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ABSTRACT A cross-sectional retrospective study was conducted to assess the sexual function of postpartum mothers after normal vaginal delivery. Objectives of the study were to find the impact of perineal trauma on sexual function of postpartum mothers and to find the association of sexual function with selected demographic variables. The population under study was 200 postpartum mothers of age group between 18 to 35 years were selected with purposive sampling technique in a selected hospital. The descriptive and inferential statistics were used to analyse the data. The study results show that there was an impact of perineal trauma on sexual function among postpartum mothers. Majority 178 (89%) of the postpartum mothers had decreased sexual function whereas 22 (11%) had normal sexual function. The findings show that there was no association of female sexual function index score with selected demographic variables at 0.05 level of significance.

Introduction

Childbirth is the natural and universal phenomenon. It is a stressful event for majority of the women. It brings many physical, emotion and social change that may alter the woman's sexual needs and affect on her partner relationship. Perineal trauma at childbirth is a common occurrence and can result from episiotomy or spontaneous laceration. Episiotomy is the traditional practice and it often occurs with the first time deliveries with the aim to facilitate childbirth and avoid perineal vaginal tears (Sayiner et al, 2009). Sexuality is the physical need of the human beings. The benefits of sexuality includes improve immunity, heart health, lower blood pressure, improve sleeps, remove pain and stress, boost libido, improve bladder control in women, increase intimacy and improve relationship. Sexuality refers to the sensation, emotion and cognitions that that are associated with physical sexual arousal and that usually give rise to sexual desire or behaviour (Richard et al 2003). While keeping in mind the private, public and historical sources of our sexual heritage, we can broaden and deepen our understanding by studying sexuality from biological, psychological, behavioural, clinical and cultural perspectives. Learning accurate information about sexuality can help to prevent sexual problems (William et al, 1988).

Objectives

1. To find the impact of perineal trauma on sexual function of postpartum mothers.
2. To find the association of sexual function with selected demographic variables.

Methodology

A cross sectional retrospective study was conducted in the Outpatient Department of Obstetrics and Gynaecological and Paediatric Department of selected hospital, Mangaluru. The investigator obtained a formal written permission from the concerned authority of the hospital. Data collection period was from 1st February 2016 to 16th April 2016. The population under study was 200 postpartum mothers of age group between 18 to 35 years were selected with

purposive sampling technique. The purpose of the study, method of data collection and time duration were explained to the postpartum mothers. An informed consent was obtained from the participants. Postpartum mothers resumed sexual function after the last delivery had spontaneous vaginal delivery with episiotomy and who is willing to answer the Female Sexual Function Index were selected for the study. Exclusion criteria were postpartum women with caesarean section, elderly mother and dyspareunia. Subjects were taken to one room to answer the baseline proforma and Female Sexual Function Index. Privacy was maintained during the study. Each subject was given 15-20 minutes to complete the tool. Female sexual function was assessed by using Female Sexual Function Index. The participants were cooperative throughout the study. The collected data was analysed using the descriptive and inferential statistics.

Results

Demographic characteristic of the subjects

Among 200 postpartum mothers, majority 10 of them were in the age group of less than 20 years (5%), 62 were in the age group of 21-25 years (31%), 118 were in the age group of 26-30 years (59%) and remaining 10 were in the age group of 31-35 years (5%). Majority of postpartum mothers 73 were completed PUC 36.5%, 64 were graduates (32%), 55 high school (27.5%) and remaining were 8 post graduates (4%). Majority of the postpartum mothers were homemakers (143, 71.5%) and remaining were private employees (57, 28.5%). Majority of the postpartum mothers were first parity (138, 69%), minimum were second parity (54, 27%) and few were third parity (6, 3%) and remaining (2, 1%) were fourth parity. All 100 % of the postpartum mothers had normal delivery with episiotomy and birth weight ranging from 2.5-3 kg that is (129, 64.5%), 40 had birth weight ranging from 2-2.5 kg were (20%), 29 babies birth weight ranging from 3 -3.5 kg were (14.5%) and remaining babies were >35 that is (2, 1%). Majority of mothers resumed sexual intercourse within 2-4 months after delivery (120, 60%), (78, 39%) mothers resumed within 5-7 months and very few mothers resumed sexual intercourse

within 8-10 months were (2, 1%).

Description of factors under the domains of Female Sexual Function Index

Among 200 postpartum mothers, 88 postpartum mothers had feeling of sexual desire 'sometimes' (about half the time) (44%) over the past 4 weeks, 93 postpartum mothers had rated their level of sexual desire or interest as 'moderate' (46.5%).

Most of the postpartum mothers had sexual arousal ("turned on") 'a few times' (less than half the time) (36.5%) during sexual activity, 'moderate' level of sexual arousal ("turn on") during sexual activity or intercourse (51%), 'moderately confident' (43.5%) about becoming sexually aroused during sexual activity or intercourse and 'sometimes' (about half the time) satisfied with arousal during sexual activity or intercourse (35.5%).

The maximum postpartum mothers were lubricated 'sometimes' (90, 45%), had 'very difficulty' to become lubricated (88, 44%), maintained this lubrication 'sometimes' (78, 39%), and had 'slight difficulty' (110, 53.5%) to become lubricated during sexual activity or intercourse until the completion of sexual activity.

Most of the postpartum mothers had reached orgasm 'sometimes' (107, 53.5%), had 'slight difficulty' to reach orgasm (82, 41%) and 'about equally satisfied and dissatisfied' (90, 45%) with their ability to reach their orgasm during sexual activity or sexual intercourse.

The maximum postpartum mothers were 'about equally satisfied and dissatisfied' with their amount of emotional closeness (82, 41%) and 'about equally satisfied and dissatisfied' with the sexual relationship with their partner (65, 32.5%), whereas 78 postpartum mothers were 'moderately satisfied' with their overall sexual life (39%).

Most of the postpartum mothers had pain 'sometimes' (about half the time) during vaginal penetration (102, 51%), 93 had pain 'sometimes' (about half the time) following vaginal penetration (46.5%) and most of them had rated their level of discomfort or pain as 'moderate' (115, 57.5%) during or following vaginal penetration.

Table 1: Depicts mean and standard deviation which was calculated from the score obtained from the items under each domain.

Table 1: Assessment of Female Sexual Function of postpartum mothers N=200

| S. No | Domain | Mean \pm SD |
|-------|--------------|-------------------|
| 1. | Desire | 3.123 \pm 0.943 |
| 2. | Arousal | 3.276 \pm 0.777 |
| 3. | Lubrication | 4.297 \pm 4.757 |
| 4. | Orgasm | 3.751 \pm 0.707 |
| 5. | Satisfaction | 4.223 \pm 1.118 |
| 6. | Pain | 3.977 \pm 1.027 |

Table 2: Impact of perineal trauma on female sexual function of postpartum mothers N=200

| Minimum score | Maximum scores | Mean \pm SD |
|---------------|----------------|------------------|
| 14.80 | 30.80 | 22.23 \pm 3.54 |

The minimum score obtained from Female Sexual Function Index was 14.80 and maximum score was 30.80. The mean and SD was 22.23 \pm 3.54 of Female Sexual Function Index.

Table 3: Frequency and distribution of impact of perineal trauma on sexual function of postpartum mothers N=200

| Grading | Female sexual function score | Frequency f | Percentage % |
|---------------------------|------------------------------|-------------|--------------|
| Decreased sexual function | \leq 26.55 | 178 | 89 |
| Normal sexual function | $>$ 26.55 | 22 | 11 |

Table 3 shows that out of 200 postpartum mothers, 178 postpartum mothers had decreased sexual function (89%) whereas 22 postpartum mothers had normal sexual function (11%). Thus, the perineal trauma has influence on the sexual function of the women post delivery.

Table 4: Frequency and percentage distribution of normal and decreased sexual function of postpartum mothers in relation to age and parity N=200

| | Normal sexual function | | Decreased sexual function | |
|-----------------|------------------------|-------|---------------------------|-------|
| | f | % | f | % |
| Age | | | | |
| < 20 | - | - | 10 | 5.60 |
| 21-25 | 6 | 22.27 | 57 | 32.00 |
| 26-30 | 14 | 63.63 | 102 | 57.30 |
| 31-35 | 2 | 9.09 | 9 | 5.00 |
| Parity | | | | |
| 1 st | 12 | 54.54 | 127 | 71.30 |
| 2 nd | 8 | 36.36 | 45 | 25.80 |
| 3 rd | 1 | 4.54 | 5 | 2.80 |
| 4 th | 1 | 4.54 | 1 | 0.50 |

Association of sexual function with selected demographic variables

There was no association of Female Sexual Function with their selected demographic variable at 0.05 level of significance. Hence the null hypothesis was accepted and research hypothesis was rejected.

Discussion

The findings of the study show that majority of the postpartum mothers were in the age group of 26-30 years (59%). Majority of postpartum mothers were Muslim (42.5%), Education qualifications of postpartum mothers showed that majority had studied up to PUC (36.5%). Majority of postpartum mothers were homemakers (71.5%). The data also shows that 138 postpartum mothers were first parity (69%). All postpartum mothers had normal delivery and had episiotomy. From the findings of the study it can be seen that 129 babies had a birth weight ranging from 2.6 -3.0 kg (64.5%) and 120 mothers resumed sexual intercourse within 2-4 months (60%).

Similarly, Geraldine B et al. in their study found that 86% (415/480) had resumed sexual intercourse since the birth of their child and 2% (10/480) had attempted to resume although they had not achieved penetrative sexual intercourse. Sexual intercourse had not been resumed by 55 women (11%) since the birth of their child. For 15 women,

this was because they had no partner. The other 40 women had partners but had not resumed intercourse. Reasons given by women included, tiredness/ lack of energy (n=14 women) physical problems such as unhealed perineum (n=9), loss of libido (n= 8), need for conception (n=3), feeling unattractive to partner (n=2) and partner ill or working away (n=2) [Alum et al, 2005].

The present study showed that 178 (89%) of postpartum mothers were having decreased sexual function whereas 22 (11%) of postpartum mothers were having normal sexual function. Majority of the mothers belongs to age group of 26-30 had decreased sexual intercourse 57% (102) and 71 % (127) in 1st Parity. Majority of the postpartum mothers belongs to the age group 26-30 had normal sexual function 63.63% (14) and 54.54% (12) in 1st parity.

Similarly Gulay R et al. in their studies the finding showed 11 women in the episiotomy group (n=31) reported in sexual arousal, lubrication, frequency of orgasm and dissatisfaction with their sexual life after birth and in intact perineum group (n= 9) did not report a problem concerning changes in sexual arousal and three of the women in the intact perineum group had dyspareunia before birth while two had this after giving birth [Rathfisch et al, 2010].

Conclusion

The findings show that sexual health problems are common in postpartum period but despite this, it is a topic that lacks professional recognition. Midwives who care for women in labour should be aware of risk factors related to perineal trauma and must be careful to protect the perineum during birth. Perineal trauma plays a vital role in alteration of sexual function of the mothers post delivery.

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