

# EFFECT OF MODE OF DELIVERY ON FEMALE'S SEXUAL FUNCTION

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**Ghufran .J. Al Sereah<sup>1\*</sup> , Hadeel Hamid<sup>2</sup>**

**1 Assistant professor, University of Basrah, College of Medicine, Department of Gynecology and Obstetrics.**

**2 Diploma of Gynecology and Obstetrics, Alwanee teaching hospital, Basrah, Iraq**

\*Corresponding Author : Ghufran .J. Al Sereah

Email: [Zshafh1@gmail.com](mailto:Zshafh1@gmail.com)

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## Abstract

Background : sexual disorder is very common after delivery and it's rate is still under researches . the purpose of this study is to compare the effect of vaginal delivery versus caesarean section (C\S) on sexual function

Patients: retrospective study have been done at AL Jenainah and Al Rebat Antenatal care clinic in Basrah over a period of six months (10th May -10th November 2016 ) . 100 participant answered questionnaires (6 months after delivery) were included in this study

Results :56women delivered vaginally with episiotomy and 44 delivered by caesarean section. mean age is 28 years, all of them primiparous patients (had only one child).

80.4% who delivered vaginally and 72.7% who delivered by c\s were housewives ,44.6% (25 women), 30.4% (17 women) who delivered vaginally were finished secondary and high education respectively, while 31.8% (14women) , 38.6% (17women) who delivered by c\s were finished secondary and high education respectively .

Out of the women only orgasm and satisfaction appear to be in high association with mode of delivery with p-value (0.000, 0.002) respectively.

Conclusion: although our result showed strong association between orgasm and satisfaction with mode of delivery still the other variables may be affected by other factors like breast feeding and contraception which are not taken in consideration in our study

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Keywords: Caesarean section, Sexual dysfunction, Vaginal delivery.

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## Introduction

Partners may experience sexual disorder as a result of child birth but for cultural and religious reasons women's life surrounded by profound silence which result in unhappy state with her partner. Sexual dysfunction is define as inability to achieve or enjoy orgasm during any stage of normal sexual activity including physical pleasure, desire, preference, arousal or orgasm (Basson etal :2004 )<sup>1</sup> . femal sexual dysfunction occurs when a patient is experiencing disordered desire, arousal, orgasm, or pain related to these symptoms<sup>2</sup> . It is a common problem postnatal with prevalence varying from 41-83% at 2-3 months postpartum<sup>3</sup> .in study in Iran ,the prevalence of physical sexual problems after child birth reported about 78%<sup>4</sup> .Because caesarean delivery prevent damage to perineum ,it is thought that this may prevent the occurrence of sexual dysfunction after delivery while almost all studies showed that vaginal birth result in loose vagina and negatively affect sexual life by measuring vaginal pressure in c\s and vaginal birth<sup>5</sup> where as other studies showed no association with mode of delivery

**Aim of study :** To compare the effect of vaginal versus caesarean section delivery on sexual function

**Patients and Methods:** A retrospective comparative study was done at Al Jenianah and Al Rebat Antenatal care clinic in Basrah between 10<sup>th</sup> May – 20<sup>th</sup> November 2016 . 100 randomly selected women were recruited in this study, all of them attended the clinic either for their baby's vaccination or family planning or seeking advices for their health. Those 100 women delivered either vaginally or caesarean section 6 months after delivery. All women agreed (after taking their concept) to answer the questionnaires, though some participants considered these questionnaires too personal still they were not shy to answer. The questionnaires included:age, primiparous ( had one baby) , level of education , occupation, sexual functions ( libido , orgasm ,lubrication , arousal and painful coitus ).

Exclusion criteria: prolonged labour , perineal tears 2nd,3rd degree ,multiparous , those more than 6 months multiple pregnancy ,those with medical disease , on antidepressant treatment .

Statistical analysis : the collected data were categorized ,tabulated and analysed by using statistical package ,SPSS ,Chi –square test was used . statistical significance was attained with value <0.005.

**Results :** Fifty six women delivered vaginally,44 by caesarean section (Table I)

**Table I:** Socio-demographic characteristic

Parameter	Details	Vaginal Delivery		Caesarean Section	
		Number	Percent	Number	Percent
Education level	Illiterate	1	1.8	1	2.3
	Primary	13	23.2	12	27.3
	Secondary	25	44.6	14	31.8
	High Education	17	30.4	17	38.6
Occupation	Housewives	45	80.4%	32	72.7%
	Employee	11	19.6	12	27.3

Mean age is 28 years, 44.6%of women with vaginal delivery finished secondary school while 38.6%of women with C\ S finished high school . 80.4% of women with vaginal delivery were housewives , 27.3% of those delivered by C\ S were employee (TableII). This table shows no statistical significant difference of female sexual response with route of

delivery including arousal, lubrication, excitation and libido with p-value (0.456,0.493,0.519,0.529 ) . but strong association ( highly significance ) with orgasm p-value (0.000) and satisfaction (p-value 0.002). no association between dyspareunia (painful coitus ) and mode of delivery (p-value 0.543)

**TableII:** Relation between route of delivery and sexual function

	Sexual function	vaginal delivery		caesarean section		p-value
Excitation	Present	28	50	27	61.4	0.519
	Absent	26	46.4	16	36.4	
	decreased	2	3.6	1	2.3	
Libido	Present	36	64.3	32	72.7	0.529
	Absent	3	5.4	3	6.8	
	decreased	17	30.4	9	20.5	
Arousal	Present	30	53.6	27	61.4	0.456
	Absent	24	42.9	14	31.8	
	decreased	2	3.6	3	6.8	
Orgasm	Present	19	33.9	24	54.5	0.000
	Absent	29	51.8	6	13.6	
	decreased	8	41.3	14	31.8	
Lubrication	Present	54	96.4	42	95.5	0.493
	Absent	0	0	1	2.3	
	decreased	2	3.6	1	2.3	
Dyspareunia	Present	27	84.2	18	40.9	0.545
	Absent	29	51.8	26	59.1	
	decreased	0	0	0	0	
Satisfaction	Present	20	35.7	24	54.5	0.002
	Absent	36	64.3	15	34.1	
	decreased	0	0	5	11	

## Discussion:

Varieties of health problems occurred after deliveries, some of them may persist lifelong; others resolved 6 months after delivery.

Postnatal sexual problem is one of these problems which needs further evaluation because it is under researched. participant shared our study showed good response rate, this may have explained their awareness and interest in this problem and reflect their level of education. Dyspareunia (painful coitus ) is the main problem ,many women may suffer in the postpartum period especially vaginal delivery with episiotomy , a lot of literatures shows strong association between dyspareunia and mode of delivery ,but our study showed no such association this may be explained by vaginal tissue may be healed and dyspareunia

disappeared by 6 months as most of researches have shown that 90% Of women resume normal sexual function by 3-4 months after birth <sup>7</sup> result of our study also showed that vaginal delivery and caesarean section are not differ in term of arousal, lubrication, excitation and libido and this in agreement with Rehab Mohamed etal; study <sup>8&9</sup> adverse effect of vaginal delivery particularly orgasm has been studied by Basak Baksu etal;<sup>7</sup> which showed loss of orgasm and satisfaction 6 months after birth and this is in agreement with our study though the two variable orgasm and satisfaction showed association with mode of delivery but still other variables (dyspareunia, lubrication...etc) may be affected by other factors like breast feeding and contraception which are not taken in consideration and this may explain the limitation we faced in interpretation of result

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Author 1- Conception, Design, Materials, Data Collection, Writing

Author 2- Materials, Writing, Literature Review, Data analysis

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Availability of Data and Material:

The datasets related to the current study are available from the corresponding author on reasonable request

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