

Postpartum Sexual Dysfunction: A Systematic Review

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BACKGROUND

- Prevalence of Postpartum Sexual Dysfunction (PPSD) ranges from 41%-83% postpartum (Gutzeit et al. 2020)
- Perineal trauma post Vaginal Delivery (VD) is linked to slower resumption of sexual activity (Gommesen et al. 2019)
- Rates of Caesarean Section (CS) on demand are increasing (Kahramanoglu et al. 2017), due to fear of PPSD

AIMS

- To review the impact of Mode of Delivery (MOD) on Postpartum Sexual Dysfunction using a validated outcome measure, the Female Sexual Function Index (FSFI)

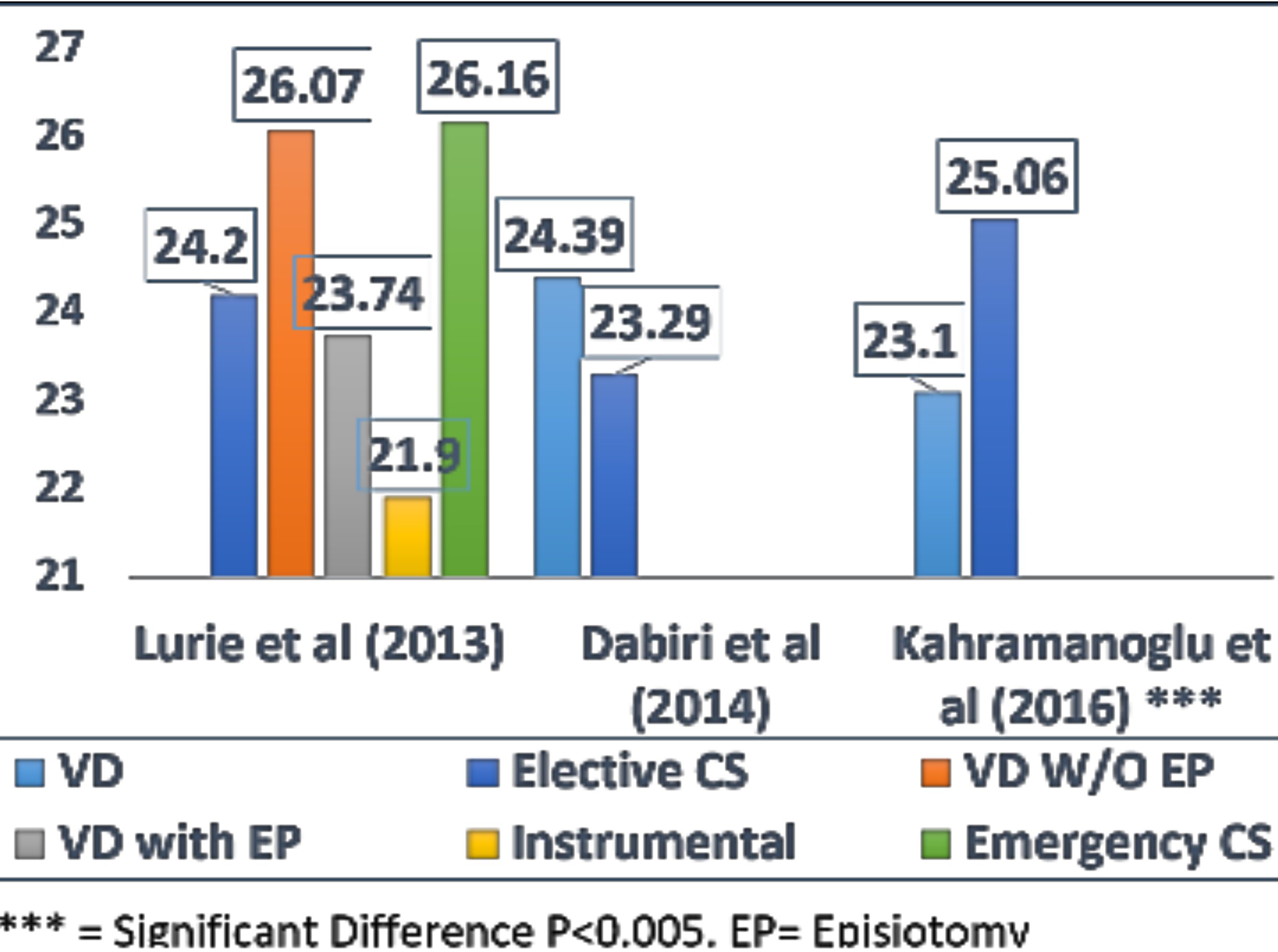


Figure 1 – Total FSFI Score 3 months

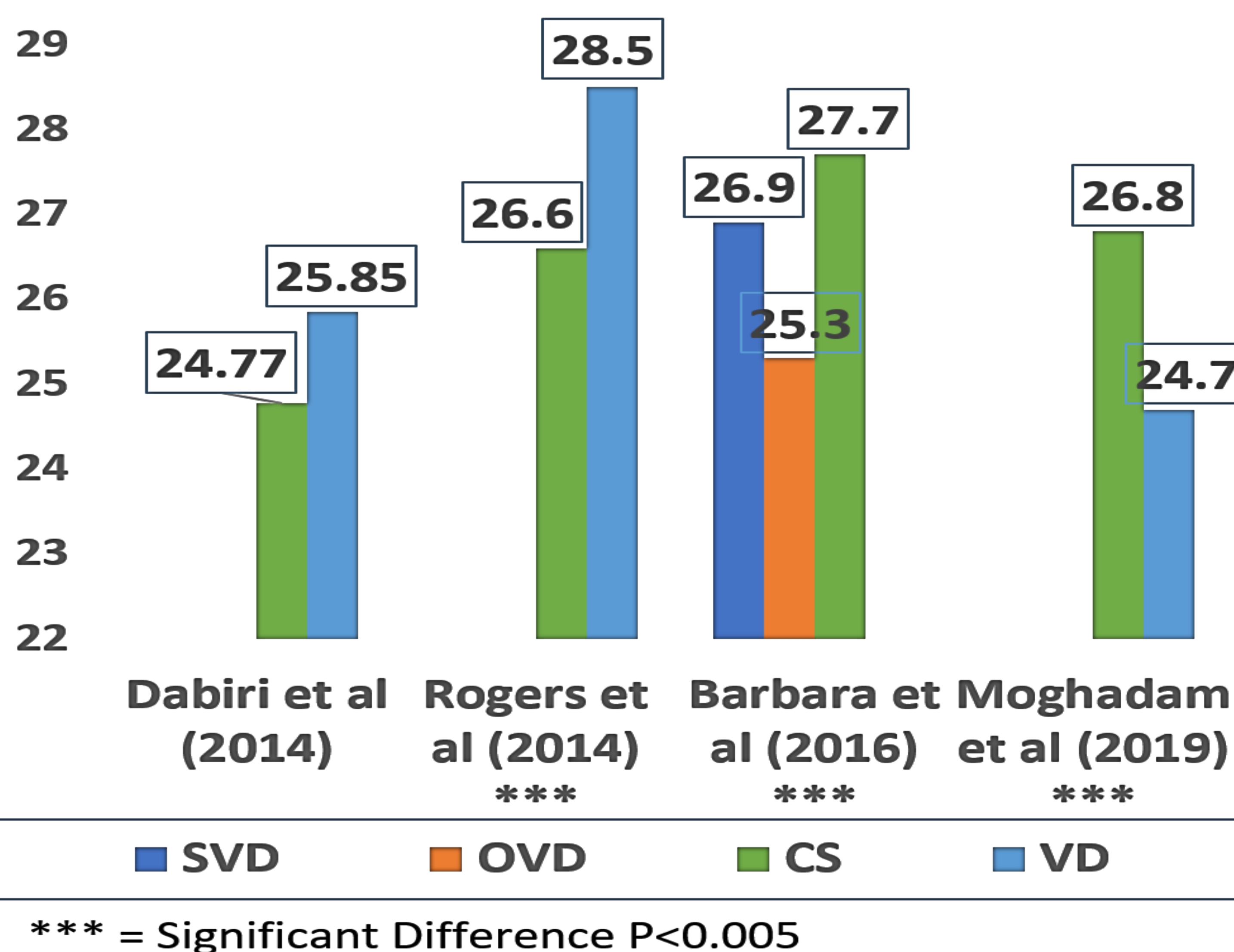


Figure 2 – Total FSFI Score 6 months

METHODS

- Data bases: Medline, Pubmed, CINAHL, AMED
- Initial search = 334 studies Removal of duplicates = 59, Full text screen = 25
- Final inclusion = 12, Post quality review = 10 (6 cohort, 4 cross-sectional)

Results

- Five of the ten studies reported a significant link between MOD and PPSD measured by FSFI (Total FSFI scores < or = 26 indicates female sexual dysfunction)
- Any significant changes were mainly in the three-to-six-month timeframe (See Figure 1 and 2)

Implications for practice

- Sexual health concerns should be addressed antenatally, to promote physiological birth and to minimise postpartum complications
- The first postpartum exam should discuss return to intercourse and normalise conversations pertaining to sexual health regardless of MOD

Implications for research

- Further prospective longitudinal studies with defined MOD groups and validated measures of PPSD are warranted
- Development of a sexual health screen for potential PPSD is warranted irrespective of MOD

CONCLUSION

- Most couples will have resumed sexual intercourse by 3-6 months postpartum
- No strong evidence to prove CS reduces the incidence of PPSD. Any significant differences were short lived (3-6 months)