DYSPAREUNIA AMONG WOMEN SUBJECTED TO NORMAL VAGINAL DELIVERY WITH EPISIOTOMY

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ABSTRACT

Objectives: To determine the frequency of dyspareunia among women subjected to normal vaginal delivery with episiotomy.

Material and Methods: This study was conducted in the Department of Gynecology, Hayatabad Medical Complex, Peshawar, Pakistan from October 2015 to April 2016. Through a case series study design, a total of 131 women prepared for normal vaginal delivery with episiotomy were selected in a consecutive manner from the OPD and followed up after 6 weeks to record dyspareunia.

Results: The mean age group of patients in our study was 23.9 ± 4.8 years. Most of the women were in the age group 15-25 years (65.6%). On follow up after 6 weeks, dyspareunia was recorded in 29.8% of women.

Conclusion: Dyspareunia after normal vaginal delivery with episiotomy is common in our population with no age predilection.

Key Words: Vaginal Delivery, Episiotomy, Dyspareunia.

This article may be cited as: Safdar SA, Parveen S, Khalil KUR. Dyspareunia among women subjected to normal vaginal delivery with episiotomy. Peshawar. J Med Sci 2018; 26: (1) 63-65.

INTRODUCTION

Delivery is a crucial event in a woman’s life, a landmark in personal fulfillment and biological affirmation. Nevertheless, the physical consequences of vaginal childbirth are important and may vary from mild subclinical conditions to significant severe pathologies either immediately or in the long term¹. Vaginal delivery is a natural process that usually does not require significant surgical intervention². During this process, perineal trauma which is an important aspect of childbirth can occur either in the form of spontaneous laceration or episiotomy³. Episiotomy is widely performed intervention in childbirth despite poor scientific evidence for its benefits. It is defined as surgical incision in the perineum to enlarge the vaginal opening for birth during the last part of the second stage of labor or delivery⁴. Episiotomy is on 50% to 90% of all primigravida women in the United States⁵. In Europe 30% to 35% of the vaginal deliveries ends up in the episiotomy⁶. Female sexual dysfunction is a serious morbidity which can occur in postnatal period. It may lead to a variety of physical, psychological, and social adverse effects on the patient⁷. There are many types of sexual dysfunction which differ widely in terms of clinical features and management and management can also vary with clinician’s experience⁸. Factors related to the frequency of partum dyspareunia is important to minimize the extent of perineal damage during childbirth⁹. Incidence of post-partum sexual dysfunction is 70.6% in the first 3 months which reduces to 55.6% in next 4th to 5th month and then reduces to 34.2% in the 6th month¹⁰. Women with episiotomy present a higher Pain (associated to sexual intercourse) than women without episiotomy¹¹.

MATERIAL AND METHODS

It was a case series study which was conducted in Gynae A ward of Hayatabad Medical Complex, Peshawar, Pakistan from October 2015 to April 2016. Through consecutive (Non Probability Sampling) technique, 131 post-partum women were selected. All women with full term pregnancy (37-42 weeks) undergoing normal vaginal delivery with episiotomy, fetal weight of 2500 – 4000 gms with vertex presentation and age of the mothers 15-35 years were included in the study while Grand multiparity, Multiple Pregnancies as detected by
ultrasound, History of vaginal/perineal surgery, Fetal weight of more than 4000gms as detected by antenatal ultrasound, Instrumental (forceps/vacuum) deliveries, Malpresentation/Malposition of the head as detected by physical examination and all postnatal women having sexual intercourse before six weeks were excluded from the study. The study was conducted after approval from hospitals ethical and research committee. All patients meeting the inclusion criteria were subjected to complete history, physical and vaginal examination and routine investigation including ultrasound. All the women after episiotomy were followed six weeks after delivery to detect dyspareunia. All the above mentioned information including name, age, hospital number was recorded in a predesigned proforma. Data was entered and analyzed using SPSS version 16.0.

**RESULTS**

The study was conducted on 131 women presenting subjected to normal vaginal delivery with episiotomy. The mean age of the women was 23.9 ± 4.8 years. (Table 1). We divided the age in 4 different groups. In age group up to 20.00 years we had 28.2% of women, in 20.01 to 25.00 years we had 37.4% women, in age group 25.01 to 30.00 years we had 19.9% women and in the age group 30.01 to 35.00 years we had 14.5% of women. (Table 2). All the patients were reviewed after 6 weeks of delivery and interview was done in a private setting. Dyspareunia was recorded in 39 (29.8%) of women. (Table 3). We stratified the dyspareunia among different age groups and applied chi square test. The difference was statistically not significant with a p value of 0.22 (Table 4).

**DISCUSSION**

The rate of episiotomy has risen considerably and it differs from country to country and in different studies15. Reported rates of episiotomies vary from as low as 9.70% in Sweden to as high as 100% in Taiwan13 Rates of episiotomies around the world was reported to be 71% in Germany and 49% Nigeria in a study published in 200614. In Argentina, episiotomy is a routine intervention in almost all nulliparous and primiparous births15. Evidences from previous studies have indicated that the routine use of episiotomy may do more harm than benefit16. Although some studies reported post-delivery pain and dyspareunia to decrease when episiotomy was avoided, this was not confirmed by some other research17.

Female sexual dysfunction (FSD) is a serious morbidity which could occur post-natally. It may lead to a variety of physical, psychological, and social adverse effects on the patient. Moreover, the consequent cycle of fear might compound the initial sexual disorder and makes it more difficult to treat18. Although it is normal to have hypoactive sexual desire (loss of libido) in the first 6-7 weeks after giving birth, this becomes abnor-
mal when the desire for sexual activity is persistently reduced or absent causing distress in the relationship. Sexual desire disorder after delivery may be due to the mother being preoccupied with the neonate or postpartum complications (e.g. infection, pain, and bleeding). It can often be associated with sexual pain disorder as well19.

Dyspareunia is the most common type of PPFSD. In our study, we observed that 29.8% of women complained of dyspareunia after 6 weeks of NVD with episiotomy. Solana-Arellano et al reported an incidence of 41.3% for dyspareunia in the 60-180 days period after giving birth20. Postpartum dyspareunia may be due to medical (physical) problems such as a mal-healed perineal or vaginal tear, postpartum infection, cystitis, arthritis, or hemorrhoids, which may get worse after delivery21. Although not looked in our study, dyspareunia might be caused by psychosocial factors like problems in relationship with the partner, work stress, financial crisis, depression, and anxiety. Dyspareunia, in many cases, can occur as a result of a combination of medical and psychosocial factors25.

In our study, we observed that 29.8% out of 131 of women complained of dyspareunia after 6 weeks of NVD with episiotomy. In other study Kathrine Fodstad 33% out of 179 women had dyspareunia23. Keeping in view of high rate of dyspareunia unnecessary use of episiotomy should be avoided.

**CONCLUSION**

Dyspareunia after normal vaginal delivery with episiotomy is common in our population with no age
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prevalence. There is no predilection for any specific age group as it can be found in any age of women.

**RECOMMENDATIONS**

It is highly recommended that further research should be conducted over the type of episiotomy performed and its relationship with gravidity or parity of women.

**REFERENCES**


CONFLICT OF INTEREST: Authors declare no conflict of interest

GRANT SUPPORT AND FINANCIAL DISCLOSURE NIL

**AUTHOR'S CONTRIBUTION**

Following authors have made substantial contributions to the manuscript as under:

**Safdar SA**: Planned study, Collected Data.

**Parveen S**: Manuscript Writing.

**Khalil KUR**: Statistical Analysis.

Authors agree to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.