ORIGINAL ARTICLE

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 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.

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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 term[1]. Vaginal delivery is a natural process that usually does not require significant surgical intervention[2]. During this process, perineal trauma which is an important aspect of childbirth can occur either in the form of spontaneous laceration or episiotomy[3]. 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 delivery[4]. Episiotomy is on 50% to 90% of all primigravida women in the United States[5]. In Europe 30% to 35% of the vaginal deliveries ends up in the episiotomy[6]. 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 patient[7]. 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 experience[8]. Factors related to the frequency of partumdyspareunia is important to minimize the extent of perineal damage during child birth[9]. 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 month[10]. Women with episiotomy present a higher Pain (associated to sexual intercourse) than women without episiotomy[11].

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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).

Table 1: Descriptive statistics for age

	N	Min	Max	SD
Age	131	17	34.5	4.8

Table 2: Age distribution

Age in years	Frequency & percentage
15-20	37 (28)
21-25	49 (37)
26-30	26 (20)
31-35	19 (15)
Total	131 (100)

Table 3: Frequency of dypareunia

	Frequency & percentage
No	92 (70)
Yes	39 (30)
Total	131 (100)

Table 4: Age wise distribution of dyspareunia

Age in years	Yes	No.	Total
15-20	11	26	37
21-25	10	39	49
26-30	10	16	26
31-35	08	11	19

DISCUSSION

The rate of episiotomy has risen considerably and it differs from country to country and in different studies[12]. Reported rates of episiotomies vary from as low as 9.70% in Sweden to as high as 100% in Taiwan[13] Rates of episiotomies around the world was reported to be 71% in Germany and 49% Nigeria in a study published in 2006[14]. In Argentina, episiotomy is a routine intervention in almost all nulliparous and primiparous births[15]. Evidences from previous studies have indicated that the routine use of episiotomy may do more harm than benefit[16]. Although some studies reported post-delivery pain and dyspareunia to decrease when episiotomy was avoided, this was not confirmed by some other research[17].

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 treat[18]. Although it is normal to have hypoactive sexual desire (loss of libido) in the first 6-7 weeks after giving birth, this becomes abnormal 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 well[19].

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 birth[20]. 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 delivery[21]. 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 factors[22].

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 dyspareunia[23]. 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

predilection. 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 gravidy or parity of women.

REFERENCES

1. Minini G, Zanelli S, Inselvini P, Caria M, Grosso S, Quaresmini D. Mechanisms of pelvic floor trauma during vaginal delivery. Pelvic floor disorders. 2010:137-41.
2. Eskandar O, Shet D. Risk factors for 3rd and 4th degree perineal tear. J ObstetGynaecol. 2009;29: 119-22.
3. Wheeler J, David D, Fry M, Brodie P, Homer C. Is Asian ethnicity an independent risk factor for severe perineal trauma in childbirth? Asystematic review of the literature. Women Birth. 2012;25:107-13.
4. Fernando RJ, Sultan AHH, Kettle C, Thakar R, Radley S. Methods of repair for obstetric anal sphincter injury. Cochrane Database Syst Rev. 2006;3:CD002866.
5. Frankman EA, Wang L, Bunker CH, Lowder JL. Episiotomy in the United States: has anything changed? Am J Obstet Gynecol. 2009;200(5):573.
6. Euro-Peristat project with SCPE & EUROCAT. European perinatal health report. The health and care of pregnant women and babies in Europe in 2010. [online]. [cited on May 2013]. Available at https://www.tno.nl/downloads/european_perinatal_health_report_2010.pdf
7. Solana-Arellano E, Villegas-Arrizon A, Legorreta-Soberanis J. Women's dyspareunia after childbirth: A case study in a hospital in Acapulco, Mexico. Revista Panamericana de SaludPublica. 2008;23:44-51.
8. Sayasneh A, Pandeva I. Postpartum Sexual Dysfunction: A literature review of risk factors and role of mode of delivery. BJMP. 2010;3(2):23-27.
9. Parveen B, Haq GS, Sheikh A. Routine versus selective episiotomy in primigravidae. Pak J Surg. 2012;28(4):285-90.
10. Xu XY, Wang HY, Su L. Women's sexual health after delivery and its related influential factors. J Clin Rehab Tissue Eng Res. 2009;11:1673-8225.
11. Leal I, Lourenço S, Oliveira R, Carvalheira A, Maroco J. Sexual function in women after delivery: Does episiotomy matter? Health. 2014;6(5):356-63.
12. Hargrove A, Penner K, Williamson T, Ross S. Family physician and obstetrician episiotomy rates in low-risk obstetrics in southern Alberta. Can Fam Physician. 2011;57(4):450-56.
13. Graham ID, Carroli G, Davies C, Medves JM. Episiotomy rates around the world: an update. Birth. 2005;32(3):219-23.
14. Onwuhafua PI. Childbirth in Germany and Nigeria compared. Niger J Med. 2006;15(4):387-92.
15. Hartmann K, Viswanathan M, Palmieri R, Gartlehner G, Thorp J, Lohr KN. Outcomes of routine episiotomy: a systematic review. JAMA. 2005;293(17): 2141-48.
16. Carroli G, Mignini L. Episiotomy for vaginal birth. Cochrane Database Syst Rev. 2009;(1):CD000081
17. Grant A, Gordon B, Mackrodat C, Fern E, Truesdale A, Ayers S. The Ipswich childbirth study: one year follow up of alternative methods used in perineal repair. BJOG. 2001;108(1):34-40.
18. Klein MC, Gauthier RJ, Robbins JM et al (1994) Relationship of episiotomy to perineal trauma and morbidity, sexual dysfunction, and pelvic floor relaxation. Am J Obstet Gynecol 171:591-98.
19. Solana-Arellano E, Villegas-Arrizón A, Legorreta-Soberanis J, Cárdenas-Turanzas M, de la Cruz JE, Andersson N. Women s dyspareunia after childbirth: a case study in a hospital in Acapulco, Mexico. Revista Panamericana de Salud Pública. 2008 Jan;23(1): 44-51.
20. Buhling KJ, Schmidt S, Robinson JN, Klapp C, Siebert G, Dudenhausen JW (2006) Rate of dyspareunia after delivery in primiparae according to mode of delivery. EurJObstetGynecolReprod Biol 124:42-46.
21. Andrews V, Thakar R, Sultan AH, Jones PW (2008) Evaluation of postpartum perineal pain and dyspareunia — a prospective study. Eur J Obstet Gynecol Reprod Biol 137:152-56.
22. Chang SR, Chen KH, Lin HH, Chao YM, Lai YH (2011) Comparison of the effects of episiotomy and no episiotomy on pain, urinary incontinence, and sexual function 3 months postpartum: a prospective follow-up study. Int J Nurs Stud 48: 409-18.
23. Fodstad K, Staff AC, Laine K. Effect of different episiotomy techniques on perineal pain and sexual activity 3 months after delivery. Int Urogynecol J Pelvic Floor Dysfunct. 2014;25(12):1629-37.

CONFLICT OF INTEREST: Authors declare no conflict of interest

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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.