

# P3

## FEMALE SEXUAL FUNCTION AFTER PERINEAL TRAUMA SUSTAINED DURING CHILDBIRTH

*C. Cassis, Whittington Hospital, London, UK*

### Introduction

Female sexual function remains an under-investigated and neglected topic in medical research. This is even more pertinent when placed in the context the post-natal period. Studies have found a strong association between female sexual dysfunction (FSD) and decreased physical, emotional and overall life satisfaction<sup>1</sup>. Although FSD and the impact it has on quality of life is becoming increasingly recognised, the effect of perineal trauma on FSD is relatively under-researched.

### Methods

255 primiparous women were recruited from a tertiary hospital. 85 had no perineal trauma as they delivered by planned caesarean section; 85 sustained a second degree tear or had an episiotomy and 85 had obstetric anal sphincter injuries (OASI). All groups completed the Female Sexual Function Index (FSFI) at 3 and 6 months post-natally.

### Results

FSFI scores in all three study groups showed sexual function was improved at six months compared to three months postnatally and that this difference was statistically significant. The rate of FSD vary between 62.7% and 77.6% at three months and then drop to between 22.4% and 35.3% at six months postnatal.

FSD rates were lowest in the women who had no perineal trauma at both time points. The highest rates of FSD at three and six months postnatally were found in the OASI and second degree/ episiotomy groups respectively. The OASI group had the highest percentage of women not engaging in sexual activity at both three and six months postnatally.

### Conclusions

From these findings it is evident that there is a very high rate of FSD in the postnatal period. The OASI group had statistically significantly lower FSFI scores compared to the other two groups at both three and six months postnatally.

### References

Laumann EO, Paik A, Rosen RC. Sexual dysfunction in the United States: Prevalence and predictors. *Journal of the American Medical Association*. 1999;281(6):537-544. doi:10.1001/jama.281.6.537