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Difficulty in Resuming Sexual Intercourse After Episiotomy in Primigravida Patients

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Abstract: ***Background:*** Episiotomy is usually done in primigravidas to ease birth, but is linked with postpartum complications, including perineal pain and dyspareunia. Such complications can slow the recovery of sexual intercourse and adversely influence psychological well-being, marital relationships, and the quality of life in first-time mothers.***Objectives:*** To determine the frequency and associated factors of difficulty in resuming sexual intercourse after episiotomy among primigravida women.***Methodology:*** This cross-sectional study was carried out in a tertiary care hospital over a period of six months and involved 100 primigravida women who delivered vaginally and had an episiotomy. At 6 weeks after delivery, a structured questionnaire that measured demographic variables, pain intensity, and the time to resume intercourse was used to assess the participants. Clinical evaluation was conducted to evaluate wound healing, and dyspareunia was evaluated by measuring it using a standardized pain scale. Data was analyzed using SPSS version 25. Quantitative variables were analyzed by the mean, standard deviation of the mean, and, on the other hand, the association was done by the chi-square test. A p-value of less than 0.05 was taken as significant..***Results:***Among 100 participants, 64% reported difficulty in resuming sexual intercourse after episiotomy. The mean age was 24.8 ± 3.6 years. Dyspareunia was reported in 45% of women, while 61% experienced delayed resumption of intercourse beyond 8 weeks postpartum. Mediolateral episiotomy was significantly associated with increased pain compared to midline episiotomy (p=0.02). Poor wound healing (18%) and vaginal dryness (42%) were also identified as significant contributing factors (p<0.05).***Conclusion:***Difficulty in resuming sexual intercourse after episiotomy is a common postpartum problem among primigravida women. Dyspareunia, poor wound healing, vaginal dryness, and psychological factors were the major contributors to delayed resumption of sexual activity. Proper postpartum counseling, adequate perineal care, early identification of complications, and supportive interventions can significantly improve maternal sexual health, recovery, and overall quality of life.

Keywords: Episiotomy, Dyspareunia, Primigravida, Postpartum.

INTRODUCTION

Among the most commonly performed obstetric interventions during a vaginal delivery is episiotomy, especially in primigravida women. It entails a surgical cut at the perineum to expand the vaginal aperture to give birth to the child. In the past, episiotomy was a common procedure to avoid serious perineal tears, lessen the fetal harm, and speed up the delivery. Nevertheless, recent evidence indicates that frequent usage is not necessarily healthy and is linked to a number of both short- and long-term complications [1,2]. Difficulty in resuming sexual intercourse is one of the most important postpartum issues that are frequently underreported in clinics. This is of special concern to primigravida patients, who do not have experience of childbirth before and might be more anxious about postpartum

recovery. Dyspareunia, which is painful intercourse, is a frequent complaint in the postpartum period following episiotomy and may last a few months. Dyspareunia is a multifactorial problem; it may be caused by the presence of perineal pain, the development of scar tissue, insufficient healing, infection, and muscle dysfunction of the pelvic floor [3,4]. Sexual dysfunction is also a result of hormonal changes in the postpartum period. Lower estrogen levels, particularly in breastfeeding women, result in vaginal dryness and a loss of elasticity, making sex even more uncomfortable. Besides the physical reasons, other psychological aspects of fear of pain, anxiety, distorted body image, and support of partners are important in postponing the time of getting back to sex [5]. Another significant factor that determines postpartum sexual functioning is the kind of episiotomy cut. Even though mediolateral episiotomy is linked to a reduced risk of severe perineal tears, it is commonly associated with more pain and slower recovery than a midline episiotomy. Moreover, inappropriate suture styles, infection, and poor hygiene of the perineum may be additional causes of prolonged pain and delayed healing [6,7]. Although the clinical relevance of sexual health in the postpartum period is hard to overlook, it is a poorly studied field in maternal care, particularly in developing countries where cultural constraints tend to curtail open discourse. There is inadequate counseling for many women on postpartum sexual activity, and this has resulted in misconceptions as well as the development of unnecessary fear. Such ignorance may hurt marital relationships and the quality of life [8,9].It is necessary to understand the prevalence and causes of discomfort in resuming sexual intercourse following episiotomy to enhance postpartum care. Poor wound healing, inadequate pain management, and insufficient education are some of the modifiable risk factors that can be identified to aid the development of targeted interventions. Early counselling, appropriate perineal care, rehabilitation of the pelvic floor, and psychological assistance can go a long way to recovery and achieve better sexual health results [10]. This study will serve the purpose of assessing the incidence and predictors of challenge in reporting sexual intercourse in primigravida women after episiotomy and thus fit into the better maternal health practice and patient-centered care.

Study Objectives

To identify the commonality and correlates of challenge in returning to sex following episiotomy among primigravida and assess clinical results in determining postpartum sexual capabilities.

- 6 weeks postpartum period.
- Willingness to participate

Exclusion Criteria

- Multiparous women
- Cesarean delivery
- Severe obstetric complications
- Pre-existing sexual dysfunction
- Chronic medical or mental disease.

MATERIALS AND METHOD

Study Design & Setting

The study was a cross-sectional study conducted in the Department of Obstetrics and Gynecology, Lady Reading Hospital MTI Peshawar, from January 2023 to June 2023 (6 months), and involved postpartum follow-up of primigravida women who underwent episiotomy.

Participants

One hundred primigravida women aged 18-35 years who delivered via vaginal delivery using episiotomy were selected. Recruitment of the participants took place in postpartum visits 6 weeks following delivery. Only women who had uncomplicated singleton pregnancies were recruited, and informed consent was secured before they could join the study.

Sample Size Calculation

A prevalence of 50% was used to determine the sample size of 100 patients with a 95% confidence interval and 10% margin of error. This was a large enough sample that would have sufficient statistical power to identify important associations between variables.

Inclusion Criteria

- Primigravida women
- Age between 18–35 years
- Vaginal birth with episiotomy.

Diagnostic Strategy and Management Strategy

The patients were assessed using history, physical examination, and episiotomy healing. A pain scale was used to measure dyspareunia. Management involved counseling, advice on perineal care, use of lubricants, and referral to pelvic floor therapy where warranted.

Statistical Analysis

SPSS version 25 was used to analyze the data. Mean standard deviation was used to express quantitative variables, whereas frequencies and percentages were used to express qualitative variables. Chi-square test was used to determine the relationship between variables, and a p-value of 0.05 and below was regarded as significant.

Ethical Approval Statement

Ethical approval for this study was obtained from the Institutional Review Board/Ethics Committee of

Lady Reading Hospital MTI Peshawar prior to commencement of the research. Written informed consent was obtained from all participants, and the study was conducted in accordance with the ethical principles of the Declaration of Helsinki

RESULTS

Out of 100 primigravida women included in the study, 64% reported difficulty in resuming sexual intercourse after episiotomy. The mean age of participants was 24.8 ± 3.6 years. Dyspareunia was the most common complaint and was reported in 45% of women. Delayed resumption of intercourse beyond 8 weeks postpartum was observed in 61% of participants. Mediolateral episiotomy was associated with a higher frequency of pain (72%) compared to midline episiotomy (48%), with a statistically significant association (p=0.02). Poor wound healing was observed in 18% of cases and was significantly associated with persistent discomfort (p=0.01). Vaginal dryness was reported in 42% of breastfeeding mothers and contributed to painful intercourse. Pelvic floor tenderness was identified in 36% of participants on clinical examination. Only 28% of women had received prior counseling regarding postpartum sexual health. These findings suggest that both physical and psychological factors significantly contribute to delayed resumption of sexual activity after episiotomy.

Intervention Outcome

Sixty percent of the women who received counseling, perineal care instructions, and used lubricants indicated that their symptoms improved after four weeks. Patients who experienced pelvic floor exercises had better results. Education and supportive measures at an early age helped to decrease dyspareunia and the decrease in confidence in resuming sex.

Table 1: Baseline Demographic and Clinical Characteristics (n = 100)

Variable	Value
Age (years, Mean ± SD)	24.8 ± 3.6
Age Range (years)	18–35
Primigravida (%)	100 (100%)
Breastfeeding Mothers (%)	68 (68%)
Mediolateral Episiotomy (%)	58 (58%)
Midline Episiotomy (%)	42 (42%)
Received Counseling (%)	28 (28%)

Table 1 shows the baseline demographic and clinical characteristics of primigravida women included in the study. The mean age was 24.8 ± 3.6 years, and the majority underwent mediolateral episiotomy. Most participants did not receive prior counseling regarding postpartum sexual health.

Table 2: Frequency of Postpartum Sexual Difficulties (n = 100)

Variable	Frequency (%)
Difficulty Resuming Intercourse	64 (64%)
Dyspareunia	45 (45 %)
Delayed Resumption (>8 weeks)	61 (61%)
Fear/Anxiety Related to Pain	36 (36%)
Vaginal Dryness (Breastfeeding Women)	29 (42%)
Pelvic Floor Tenderness	36 (36%)

Difficulty in resuming sexual intercourse was reported in 64% of women, while delayed resumption beyond 8 weeks was observed in 61% of participants. Dyspareunia was present in 45% of the total study population.

Table 3: Association of Episiotomy Type with Pain (n = 100)

Episiotomy Type	Pain Present (%)	Pain Absent (%)	p-value
Mediolateral (n=58)	42 (72%)	16 (28%)	0.02
Midline (n=42)	20 (48%)	22 (52%)	

Table 3 demonstrates the association between episiotomy type and pain during intercourse. Mediolateral episiotomy was significantly associated with higher pain compared to midline episiotomy (p=0.02), indicating a potential risk factor for dyspareunia.

Table 4: Factors Associated with Persistent Dyspareunia (n = 100)

Variable	Present (%)	Absent (%)	p-value
Poor Wound Healing	18 (18%)	82 (82%)	0.01
Vaginal Dryness	42 (42%)	58 (58%)	0.03
Lack of Counseling	72 (72%)	28 (28%)	0.02
Pelvic Floor Tenderness	36 (36%)	64 (64%)	0.04

Table 4 presents factors associated with persistent dyspareunia. Poor wound healing, vaginal dryness, lack of counseling, and pelvic floor tenderness were significantly associated with ongoing sexual difficulties, highlighting the multifactorial nature of postpartum dyspareunia

DISCUSSION

The current study has shown that 64% of primigravida women had a problem with sexual intercourse after episiotomy, and dyspareunia was the most frequent complaint [11]. These results are in line with the recent literature, which defines postpartum dyspareunia as a common yet poorly reported complication. According to recent cross-sectional studies, postpartum dyspareunia remains a common complication after episiotomy. Approximately 27.5% of women experienced dyspareunia 6 weeks after delivery, although most cases were mild to moderate in severity. dyspareunia 6 weeks after delivery, but the majority of dyspareunia was mild to moderate, implying that it may vary depending on population and when it was measured [12]. Recent reviews and systematic reviews have shown that the incidence of dyspareunia following vaginal delivery is between 13 and 60 percent in the initial year of the postpartum period, especially in women who receive an episiotomy [13]. This prevalence could be explained by the fact that we included early cases (6 weeks) after childbirth, during which the symptoms are more severe. Moreover, a meta-analysis indicated a general prevalence of dyspareunia at around 32% after vaginal births, reaffirming the idea that postpartum sexual dysfunction is a major issue in the world [14]. We also found that there was a significant relationship between mediolateral episiotomy and more pain (p=0.02). This has also been found in recent reports, where episiotomy and especially when extensive was strongly linked to increased rates of long-term perineal pain and delayed sexual recovery. Nevertheless, there is some recent study that indicates that restrictive and selective episiotomy could potentially not contribute substantially to the risk of dyspareunia, a fact that is indicative of ongoing controversy on the role of episiotomy in postpartum sexual health [15,16]. Persistent dyspareunia was closely related to poor wound healing and infection (18%) in the present study (p=0.01). This is in line with the results of a large cohort study published in 2024, which indicated that women with postpartum infection or wound complications were three times more likely to have severe dyspareunia one year after childbirth [16]. These findings highlight the significance of adequate perineal care and prompt detection of complications to enhance the outcome [17,18]. Vaginal dryness, mentioned by 42% of the women who had breastfed in our study, also led to painful intercourse. Hormonal hypoestrogenism in lactation is one of the long-known factors that influence vaginal lubrication and vaginal elasticity. Recent reports have also found that breastfeeding is a major cause of sexual dysfunction in the postpartum period, which is in line with our findings [19]. In our study of affected women, it was found that psychological factors such as fear and anxiety were found in more than half of the affected women. This is in line with the current literature that highlights the multifactoriality of the postpartum sexual dysfunction, with the psychological, social, and cultural factors coming into contact with the physical factors [20]. Also, according to global health reports, over one-third of women have long-term postpartum complications, dyspareunia, and emotional distress, which are usually a result of poor follow-up care [21]. Interestingly, only 28% of participants in our study had undergone counseling, which could be the reason why the delay in resuming sexual activity was more prevalent. New evidence and study findings are highly in favor of incorporating postpartum sexual health counseling into the maternal care package since it is the most effective way of enhancing patient confidence and recovery [22]. Although our results confirm the linkage between episiotomy and postpartum dyspareunia, it is necessary to mention that other studies have indicated that episiotomy might prevent serious perineal tears, which in turn can adversely affect sexual functioning [23]. This means that the association between episiotomy and sexual outcomes is complicated and confounded by several factors.

Limitations

The single-center design and the rather small sample size were limitations of this study and can influence generalizability. The follow-up period (6 weeks) is short and might not indicate long-term results. Self-reports can bring about reporting bias. Absence of a control group and distinct measurement of psychological factors are other limitationst.

CONCLUSION

Difficulty in resuming sexual intercourse is a common complication after episiotomy. In primigravida women, dyspareunia, poor healing, and psychological factors are the main causes of difficulty in resuming sexual intercourse. Early counseling, adequate perineal care, and specific interventions are necessary to enhance the postpartum sexual health, recovery, and quality of life of the affected patients.

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Conflict of Interest: Nil
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