

## ORIGINAL ARTICLE

### SEXUALITY OF WOMEN IN THE POSTPARTUM PERIOD: REFLEXES OF EPISIOTOMY

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#### ABSTRACT

**Objective:** to analyze the perception of women in the postpartum period regarding the influence of episiotomy on their sexuality.

**Method:** descriptive, exploratory study with a qualitative approach, with twelve women who had vaginal delivery with episiotomy, using a nonprobability sampling technique for recruitment, initially at the Hospital Universitário of the city of Niterói. Semi-structured interviews were administered from August to September 2018. The data collected was submitted to thematic content analysis.

**Results:** the fear of resuming sexual activity because of the pain and mothers' dissatisfaction with their body image because of the episiotomy had a negative impact on the resumption of sexual intercourse in the postpartum period.

**Conclusion:** the results obtained reveal the need for a qualified and safe assistance that respects women's right to information about the practice of episiotomy before delivery, in order to provide them with comprehensive care with a focus on sexuality.

**DESCRIPTORS:** Women's Health; Sexuality; Postpartum period; Episiotomy; Humanization of Care.

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## SEXUALIDADE DA MULHER NO PUERPÉRIO: REFLEXOS DA EPISIOTOMIA

### RESUMO

*Objetivo: analisar a percepção das puérperas em relação à influência da episiotomia na sua sexualidade.*

*Método: estudo descritivo, exploratório, com abordagem qualitativa, realizado com doze puérperas de parto normal e episiotomizadas, pela técnica não probabilística para o recrutamento, que se deu inicialmente no Hospital Universitário da cidade de Niterói. Utilizou-se entrevistas semiestruturadas, aplicadas nos meses de agosto a setembro de 2018. Os dados coletados foram submetidos à análise de conteúdo na modalidade temática.*

*Resultados: constatou-se que o medo de iniciar a atividade sexual por causa da dor e a insatisfação com o próprio corpo relacionada à autoimagem como mulher ocasionada pela episiotomia contribuíram negativamente para que as participantes retornassem às suas atividades sexuais normais pós-parto.*

*Conclusão: os resultados traduzem a necessidade de uma assistência qualificada e segura, respeitando o direito à informação das mulheres quanto à execução da episiotomia, a fim de propiciar-lhes um cuidado integral com foco na sexualidade.*

**DESCRITORES:** Saúde da Mulher; Sexualidade; Período pós-parto; Episiotomia; Humanização da Assistência.

## SEXUALIDAD DE LA MUJER EN EL PUERPÉRIO: REFLEJOS DE LA EPISIOTOMÍA

### RESUMEN:

*Objetivo: analizar la percepción de las puérperas en relación con la influencia de la episiotomía en su sexualidad.*

*Método: estudio descriptivo, exploratorio, con abordaje cualitativo, que se realizó con doce puérperas que pasaron por parto normal y episiotomía, por medio de la técnica no probabilística para reclutamiento, hecha inicialmente en el Hospital Universitario de ciudad de Niterói. Se utilizaron entrevistas semiestructuradas, aplicadas en los meses de agosto a septiembre de 2018. Se sometieron los datos obtenidos al análisis de contenido en modalidad temática.*

*Resultados: se constató que el miedo de iniciar la actividad sexual a causa del dolor y la insatisfacción con su cuerpo asociada a la autoimagen como mujer producida por la episiotomía contribuyeron de modo negativo para que las participantes volvieran a sus actividades sexuales normales posparto.*

*Conclusión: los resultados traducen la necesidad de una asistencia cualificada y segura, respetando el derecho a la información de las mujeres en cuanto a la ejecución de la episiotomía, con el fin de propiciarles un cuidado integral con foco en la sexualidad.*

**DESCRIPTORES:** Salud de la Mujer; Sexualidad; Período posparto; Episiotomía; Humanización de la Asistencia.

## INTRODUCTION

Nursing care during the postpartum period is key for the promotion of strategies that meet the demands of care for women. There are few studies on the importance of postpartum care, since the main topics are related to prenatal care and delivery and birth care, and care for women during the postpartum period is often neglected, with disregard for the difficulties faced by them<sup>(1,2)</sup>.

The experiences of women in the postpartum period, which ranges from four to six weeks after delivery, causes physiological, endocrine and genital changes that affect their bodies<sup>(3)</sup>. Thus, one of the most important strategies of nursing care concerns the implementation of actions that favor rapid recovery of women, with the resumption of their sexual activities.

Sexuality is currently considered one of the five parameters of the individual's health. As a central aspect of our personality, sexuality requires an understanding of the self (woman) in her emotional relationships and of how she will relate to others to express feelings of love and pleasure<sup>(3)</sup>. Thus, sexuality in women has different meanings and expressions, which are daily experienced by them, and it is an important strategy to be emphasized in the care provided to women in the postpartum period.

It is known that women face a wide range of changes in physical, hormonal, emotional levels in the postpartum period, which can affect their well-being and their relationships, making them vulnerable to sexual dysfunctions during this period, such as difficulty producing vaginal lubrication, decrease in libido, arousal and orgasm, mainly due to alterations in hormonal levels and higher levels of prolactin, which reduces sexual desire, interfering with sexuality<sup>(4)</sup>.

This situation can be aggravated when women undergo episiotomy, a practice that should be avoided, because it can cause physical damage, since the pelvic floor muscles play an important role in sexuality.

The changes caused by episiotomy can have a negative impact on women's sexuality, since an intact perineum provides greater protection during sex<sup>(4)</sup>. Episiotomy can also generate several reflexes in postpartum women whether physical or emotional, including bruises, pain, dyspareunia, anatomical changes in the vagina, infection, urinary and fecal incontinence due to the enlargement of the vaginal opening, lacerations, decrease in routine activities during the postpartum period. It also has a negative impact on women's self-image and self-esteem, influencing the exercise of their sexuality<sup>(5)</sup>.

Episiotomy is a procedure that does not prevent severe perineal lacerations, and increases the rate of postpartum infection and bleeding, contributing to increased maternal mortality<sup>(6)</sup>. According to the World Health Organization, episiotomy should not be used routinely, because more positive birth experiences should be favored<sup>(7)</sup>.

Thus, nursing workers are expected to provide guidance to these women regarding self-care to guarantee their full sexuality in this delicate period, of great transformations. Nurses should focus not only on physical changes in the women's bodies, but also listen carefully to them, to understand their fears and insecurities regarding sexuality, with a clinical-educational focus<sup>(8)</sup>.

Therefore, this study aimed to analyze the perception of postpartum women regarding the influence of episiotomy on their sexuality.

## METHOD

Descriptive, exploratory study with a qualitative approach, with twelve women in remote postpartum, who underwent episiotomy at a vaginal delivery. They were recruited with the use of snowball sampling<sup>(9)</sup>, through the nonprobability technique, in which the initial participants recruit future subjects from among their acquaintances.

The first participant was recruited during the obstetric appointment at the outpatient clinic of Hospital Universitário Antônio Pedro, of Universidade Federal Fluminense, and recommended another participant. This process went on until the established number of 12 postpartum women was obtained or until data saturation. Inclusion criteria were women in remote postpartum who underwent episiotomy; who were older than 18 years and willing to participate in the study. Once the names of the new participants were recommended, these individuals were contacted by phone. They were invited to participate in the study, informed about its purpose and inclusion and exclusion criteria. A date was set for an interview at the home of each of the recommended participants who accepted the invitation. At the data collection site, the participant signed the Free and Informed Consent Form. The confidentiality and anonymity of the interviews was ensured with the use of an alphanumeric code: P (from Postpartum woman), followed by a number, according to the order of the interview (P1 to P12). Inclusion criteria were as follows: women over eighteen years old; who had a vaginal delivery with episiotomy. Women who had not yet resumed sexual activity were excluded.

The information was collected through semi-structured interviews from August to September 2018. Data was recorded on a digital device with prior authorization from the participants, transcribed and submitted to thematic content analysis<sup>(10)</sup>. The Recording Units(RU) were then identified based on thematic analysis. Colorimetry allowed the identification and grouping of each RU, providing an overview of the theme.

The interviews originated the following recording units: sexuality of women in the postpartum period; fear of resuming sexual activity; sexual discomfort as a reflex of episiotomy; change in life behavior; episiotomy perceived as the denial of the right to choose; episiotomy and postpartum complications and the new meaning of their body. These recording units supported the construction of the following thematic categories: 1) Women's sexuality after episiotomy; 2) Feelings and sensations of postpartum women regarding their bodies after episiotomy.

The study was approved on June 19, 2018 by the Research Ethics Committee of Faculdade de Medicina da Universidade Federal Fluminense under protocol no 2.721.361/2018.

## RESULTS

### Women's sexuality after episiotomy

The fear of having sex after episiotomy is expressed by the participants in their statements, and is one of the main reasons for postponing the resumption of sexual activity.

*[...]It took me about 4 or 5 months to have sex again with my boyfriend. I was afraid to have sex because I thought it would hurt my vagina [...]* (E1)

*[...]It took me more than 40 days to resume sex because I was afraid of it... and when I resumed sex, it was very painful, it burned, I felt as if my vagina would be hurt.. I was afraid, because when I tried to have sex the pain was excruciating [...]* (P8)

*[...]It took me a lot to have sex again; longer than the usual period of 45 days. I think it took almost 2 months to have a sexual intercourse. And this happened because of the episiotomy, it hurt a lot, and I was afraid that something bad could happen. A few months later this pain subsided a little, but things have not yet returned to normal [...]* (P10)

Pain and lack of sensitivity in the perineum were frequently reported in the women's testimonies. Women do not have to resume their sexual activities in the postpartum period if they have no desire for it. Nursing professionals are expected to provide these women with an opportunity to resume their sexuality naturally, with support and clarification of doubts related to episiotomy.

*[...]And when I had sex for the first time after the episiotomy, it really hurt a lot. It was very bad (...) even after it really healed, it hurts a lot. Whenever I have sex, I feel pain. It still hurts at the scar site. Every time I have sex I feel something there, a discomfort [...]* (P1)

*[...] When I had sex, I had a lot of pain, it burned, I felt as if I would hurt my vagina. When I resumed sexual activity, I only felt pain in the first 5 or 6 times. Then it got better [...]* (P2)

*...] This is what happens when you have a delivery with episiotomy, that is, the site of the scar is more sensitive. It still hurts from time to time, particularly when the weather changes, when something (an object, etc.) gets in touch with the site of the scar, the pain is very strong. it doesn't compare to the pain felt before. But it still hurts [...]* (P6)

The discomfort experienced following episiotomy, as well as dissatisfaction with their body image directly interfered with the women's sexual life. So, it can be seen that this procedure has significant harmful effects regarding women's sexuality and their daily routine activities:

*[...]I'm a little ashamed because it's disgusting. I didn't feel what I feel today. The wound healed, but I was afraid of hurting my vagina, I was even afraid of bleeding. I think the procedure was poorly done. It changed my sexual life forever. I try to forget [...]*(P4)

*[...]Things have changed, but in fact I just need to be a little more careful to avoid any strong impact on the site, otherwise it hurts. In fact, I think it has nothing to do with my sexual intercourse. It always hurts. Wearing a little tighter outfit is enough to cause pain there [...]* (P5)

*[...] Only the site of the incision is more sensitive, so some positions sometimes cause discomfort. I didn't feel that before [...]* (P9)

### **Feelings and sensations of postpartum women regarding their bodies after episiotomy.**

The women were not informed that they would undergo the procedure before or at any time during labor and delivery. Some of them only realized that they had undergone an episiotomy at the time of the episiorraphy:

*[...].. I didn't know at that time that they were going to make the incision, I only knew when it was sutured. The pain was so strong that U think he (the doctor) didn't even anesthetize me. Because I didn't feel the pain of the incision, I just felt the pain of the suture [...]* (P6)

*[...]You know what, at the time of the incision, I didn't feel anything. They didn't tell me anything about it. I guess the pain was so strong that I didn't even feel it. I only felt pain during the suture [...]* (P8)

*[...]the episiotomy was horrible. Eight stitches were made after my baby was born. Nobody told me anything about the incision. They just made it and didn't explain why. There was a swelling in the area. It hurts a lot [...]* (P11)

On the other hand, in the statements below, the participants reported the need for episiotomy, justifying it as something really necessary to facilitate childbirth. This is not consistent with the actual indications for performing this surgical procedure:

*[...]The episiotomy helped me a lot... the doctor told me that although I was collaborating, the procedure was necessary because I was very young and my vaginal opening should be enlarged. Everything he (doctor) told me to do, I did without hesitation. I would do*

*anything he asked. It was good for me, he (doctor) told me the procedure was the best thing to do because I am very young, so I accepted it without questioning...]* (P12)

Thus, episiotomy has a negative impact on the postpartum period, since the women reported infection at the site of the procedure and difficulties in their daily activities. It is inferred, therefore, that the women who did not return to the Health Unit to adequately treat these complications, were not properly advised on the need for care during the postpartum period.

*[...] They (the episiotomy stitches) broke down, causing infection. And I think there were larvae in the wound. My vagina looked like a stuck-out tongue I don't know why. I did not eat anything that could cause infection. The stitches broke down, and I don't know why. It was burning a lot.. I spent a lot of time looking at myself in the mirror, but my mother said that I shouldn't do this because it is bad. I think that's what caused the infection. So I asked my mom to look at my vagina, and she said that there were some larvae there. But I didn't see the doctor. Instead, I got into a bathtub filled with alcohol, vinegar and warm water, and the larvae started to come out [...]* (P1).

*[...] I did have complications, then I had a swelling at the incision site, it hurts and it was stinky. I did not go to the hospital because there was only some pus draining, a strange, abnormal discharge. But I bandaged the wound, and kept it clean and dry, and things got better [...]* (P2).

*[...] I had an infection at the incision site. I didn't know how to clean it. Pus was draining and it hurt [...]* (P10)

In the testimonies below it can be seen that the episiotomy scar hurts and has a significant impact on the women's body image, causing feelings of shame and dissatisfaction with their bodies. Thus, the reflexes of this surgical procedure are present at the time of delivery and especially in the postpartum period, when these women realize the changes caused by the pregnancy-postpartum cycle:

*[...] This scar hurts... even when wax, it hurts. It is because I think the procedure was botched. The skin is swollen and thick. There were six stitches, a very big scar ... I don't even like looking at it [...]* (P5)

*[...] Well, it's a dark scar, so it is not very apparent. And my skin is dark, so it's not very visible. But you can feel it, sometimes it itches, and when the weather changes, it hurts [...]* (P8)

*[...] I think it is a very strange scar. It's not a big scar, but I don't like her. I avoid looking at it because it is very unpleasant. I think it (the scar) is ugly, it makes me feel bad [...]* (P11).

Therefore, postpartum women need ongoing care for the sake of their health, sexuality and body image.

## DISCUSSION

Episiotomy is an invasive and painful intervention that can generate fear in women during childbirth. Unaware of the repercussions of the intervention, these women are afraid of the incision and the pain they may experience in their genitalia. This fear pervades their sexuality, especially physical issues, which can cause complications such as hematoma, dyspareunia, body changes, self-image and self-esteem disorders, culminating in fear of resuming sexual activity<sup>(4)</sup>. Thus, episiotomy impacts the quality of life of women due to improper attitudes and practices of health professionals<sup>(11,12)</sup>.

So, the fear, pain, discomfort and embarrassment of these women in their relationships

with their partners, caused by episiotomy, lead to the postponement of sexual activity in the postpartum period<sup>(13)</sup>, because when episiotomy becomes a regular practice, there is no concern with the establishment of care conducts and guidelines on sexuality for women that could help them safely resume their sexual activities.

One complication of episiotomy is dyspareunia, which affects the sexual function<sup>(1,3,4,14,15)</sup>. The World Health Organization and the Ministry of Health recommend the restricted use of episiotomy, i.e., in case of risk for severe perineal lacerations, and classify its routine use as a harmful practice that should be discouraged. This procedure is indicated in 10% to 15% of cases, on average<sup>(16)</sup>, and should be carefully evaluated by health professionals, since more positive birth experiences that do not lead to complications in the postpartum period, focused on the women's well-being and on their sexuality should be favored<sup>(17)</sup>.

A study that addressed the routine use of episiotomy focusing perineal protection examined 11 randomized clinical trials with 5977 women, comparing two groups of women: one group submitted to selective episiotomy and the other to routine episiotomy. The women who underwent selective episiotomy suffered less severe perineal trauma than the others. The justification for performing this type of episiotomy was to prevent severe perineal trauma. It was not considered valid in view of the current evidence on the subject, as well as because routine episiotomy does not bring any benefits to the women and their babies<sup>(18)</sup>.

As for women's dissatisfaction with their bodies after episiotomy, this was corroborated in another study<sup>(4)</sup> that showed that they were ashamed of the scars on their bodies after episiotomy. The procedure made it difficult for them to resume their sexual life, showing that episiotomy interferes with the relationship between women and their partners regarding sexuality<sup>(4,11)</sup>.

Thus, the need to not only reduce the characteristics of interventional delivery, but also to encourage dialogue and health education for women is reaffirmed. These women must be guided, so that they can clarify their doubts and overcome their fears, especially regarding their sexuality and the necessary care after episiotomy<sup>(19)</sup>.

The humanization of obstetric care involves providing care focused on women, with respect for their reproductive rights, subjectivities and cultures, aspects involved in the delivery process<sup>(20)</sup>. When health professionals perform episiotomies and do not inform the patients about the need for the procedure, the focus is no longer on the women and their right to their own decisions regarding their bodies. Thus, an unequal relationship is established when the decisions of health professionals prevail, to the detriment of the women.

Ordinance No. 1820, of August 13, 2009, established the guarantee of clear, objective, respectful and understandable information about the objectives, risks and benefits of the diagnosis - surgical, preventive or therapeutic -, as well as the guarantee of free and informed consent form for conducting any intervention<sup>(20)</sup>.

Women generally think that their bodies are unable to give birth naturally, and therefore they need professional help, in this case, from a doctor, to enlarge the vaginal opening through episiotomy, to facilitate the birth with less health risks for the mother/infant binomial. This reveals that women are poorly informed about the procedure and unaware of the functioning of their bodies during the delivery process, because of the impact of episiotomy on their lives, particularly regarding the power conferred to health professionals in a system that considers episiotomy essential to assist women in a process (delivery) that, however, is natural<sup>(8)</sup>.

It should be noted that the procedure does not favor the sharing of information related to women's care, as the participants stated that the intervention helps women and facilitates the delivery process, but the decision is made by the health professional, who has the technical knowledge on the procedure. Thus, not sharing information and decisions about care weakens the autonomy of the women, who are entirely responsible for the

decisions about their bodies, and denies their values and experiences related to delivery and birth.

The physical discomforts of women undergoing episiotomy are evident. The most common are pain, walking difficulties, burning, itching, incomplete bladder, inability to control bowel movements, emptying, as well as site infection, as a late sign. Such discomforts can have a negative impact on the motherhood experience, since women who have these complications are at higher risk of posterior perineal trauma, healing complications, greater risk of infection, dyspareunia and perineal pain<sup>(21)</sup>.

Lack of guidance must be discussed here, since many participants were not informed by health professionals on appropriate care to the affected region and hence did not take the appropriate cleaning measures, and were unable to treat infection, when there was swelling. Health education and guidance on care of the incision site are key to reduce these complications, and health professionals play the main role in this process. Thus, when such late complications occur, women should seek the health services to perform postpartum-related care, and based on the testimonies, this is not happening.

The testimonies revealed women's dissatisfaction with their body image regarding the episiotomy scar. Body image is a physical aspect, and it is the way individuals see and perceive themselves, which can generate low self-esteem, mainly related to the episiotomy scar. This scar is perceived as something negative and disturbing when seen on the body<sup>(22)</sup>. Therefore, it is always necessary to assess the real need for episiotomy, based on sound criteria, to avoid a negative impact on women's self-image and self-esteem, which can cause damage to their sexuality.

One limitation of this study was the difficulty for women to talk about sexuality, as this somewhat remains as a taboo topic, and they do not feel comfortable to talk openly about it.

## CONCLUSION

The present study demonstrated the importance of addressing the sexuality of women in the postpartum period, particularly of those who undergo episiotomy, to contribute to self-care and the full exercise of their sexuality in a satisfactory way.

Episiotomy in women during delivery to facilitate a vaginal birth causes complications, especially local pain, dyspareunia and disorders in women's self-image and self-esteem regarding their bodies. Thus, this intervention should be performed carefully, and not routinely in maternity hospitals. It is understood that episiotomy should be performed exclusively when there is real need for the procedure. Moreover, women should always be informed about the intervention to ensure a shared autonomy for safe care.

Thus, new studies that encourage reflection on the sexuality of postpartum women are recommended, since the topic remains a taboo. Further research may debate strategies to reduce women's fears and conflicts related to the subject.

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