Operative Vaginal Delivery Could Be Linked to Sexual Problems for New Mothers

Women who give birth by operative vaginal delivery are more likely to develop sexual problems after birth, a new study suggests.

Operative vaginal delivery involves the use of tools to help the birth along. An obstetrician may use forceps—a metal tool that is sometimes compared to salad tongs—to gently pull the baby’s head out of the vagina. Another option is vacuum extraction, in which a vacuum pump is used.

An obstetrician may decide to use one of these methods when the mother is exhausted from labor or having trouble pushing. Operative delivery may also be chosen when there are health concerns for the mother or baby.

It’s common for women to have sexual problems, such as low libido and painful intercourse, after giving birth. Scientists have tried to determine if certain methods of childbirth influence the types of problems a woman might have. But their findings have been mixed.

Italian scientists decided to investigate the issue further. They wanted to know how three types of delivery affected women’s sexual function: operative vaginal delivery, spontaneous vaginal delivery (done without forceps or vacuum pumps), and caesarian section.

The current study involved 269 women with an average age of 34 who had delivered their first babies by one of the three methods. (In Italy, vacuum extraction is customary in operative vaginal deliveries.)

About three days after childbirth, the women completed a questionnaire about their sexual function during their final trimester of pregnancy. Six months after childbirth, the women answered the same questions about their postpartum period.

Based on their questionnaire scores, about 41% of the women had some degree of sexual dysfunction at the six-month point.

Women who had had operative vaginal delivery were more likely to have trouble with arousal, vaginal lubrication, and orgasm when compared to those who had undergone caesarian section. They also had more problems with orgasm than those who had had spontaneous vaginal delivery.
About 40% of the women were breastfeeding their babies. This group generally had more pain and poorer vaginal lubrication than women who were not breastfeeding.

About 85% of the women who had given birth vaginally had had episiotomies – small incisions between the vagina and anus that are meant to reduce the impact of vaginal tears during birth. This rate is higher than the episiotomy rate in similar studies, but the scientists were not sure how much episiotomies influenced sexual health in this study.

They added that researching other factors, like cultural issues and partner relationships, could also help doctors understand women's sexuality after childbirth.

The study was published last month in the Journal of Sexual Medicine.

**Resources**

*The Journal of Sexual Medicine*

Barbara, Giussy, MD, et al.

“Impact of Mode of Delivery on Female Postpartum Sexual Functioning: Spontaneous Vaginal Delivery and Operative Vaginal Delivery vs Cesarean Section”

(Full-text. March 2016)


*Medscape Medical News*

Brown, Troy, RN

“ACOG Urges More Frequent Use of Operative Vaginal Delivery”

(October 23, 2015)


*Mayo Clinic*

“Episiotomy: When it's needed, when it's not”

(July 30, 2015)

“Forceps delivery”

(July 8, 2015)

http://www.mayoclinic.org/tests-procedures/forceps-delivery/basics/definition/prc-20014741

“Vacuum extraction”

(July 3, 2015)

http://www.mayoclinic.org/tests-procedures/vacuum-extraction/basics/definition/prc-20020448