UDC 618.4/.5.008.8:618.17

LABOURS WITH PARTNERS AND SEXUAL HEALTH OF WOMEN

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Summary. Pregnancy and childbirth with partners has become very popular today around the world. But now you can observe a sharply contrasting picture of the comments of giving birth with a partner. Both positive and negative views were expressed on the feasibility and implications of involving men in the process of the birth of their child. So we decided to explore whether a birth with a partner affects sexual health of women.
In order to achieve the objectives, we examined 200 women who gave birth for the first time. All examinations were performed in dynamics twice by 1.5 months and 6 months after birth. The women were divided into two groups: *The first group (control)* – 100 women after the first physiological labours, who gave birth without a partner; *The second group (basic)* – 100 women after the first physiological labours, who gave birth with her husband (the father of the child). Despite some questionable moments of a partner delivery, we believe that with proper organization and training delivery partnerships have several advantages: they do not affect the sexual life of a couple in most cases; reduce by half the development of sexual dysfunction in the postpartum period; significantly reduce maternal and child injuries.
Key words: labours with partners, sexual health of women, postpartum period.
Резюме. Сьогодні дуже популярними в усьому світі є партнерські вагітність і пологи. Але на даний час можна спостерігати різко контрастну картину наслідків партнерських пологів. Висловлюються як позитивні, так і негативні думки про доцільність та наслідки участі чоловіка в процесі народження його дитини. Тому ми вирішили дослідити: чи впливають партнерські пологи на сексуальне здоров'я жінок? З метою вирішення поставлених завдань ми обстежили 200 жінок, які народили вперше. Всі обстеження проводили в динаміці двічі через 1,5 місяця та через 6 місяців після пологів. Жінок розподілили на дві групи: I група (контрольна) – 100 жінок після перших фізіологічних пологів, які народжували без партнера; II група (основна) – 100 жінок після перших фізіологічних пологів, які народжували з чоловіком (батьком дитини). Не зважаючи на деякі сумнівні моменти партнерських пологів, ми вважаємо, що при правильній організації та підготовці партнерські пологи мають ряд переваг: вони не впливають на статеве життя подружньої пари у більшості випадків; вдвічі знижують розвиток сексуальних дисфункцій в післяпологовому періоді; суттєво знижують травматизм матері і дитини.
***Ключові слова*:** партнерські пологи, сексуальне здоров'я жінок, післяпологовий період**.**
Резюме. Сегодня очень популярны во всем мире партнерские беременность и роды. Но в настоящее время можно наблюдать резко контрастную картину последствий партнерских родов. Высказываются как положительные, так и отрицательные мнения о целесообразности и последствиях участия мужчины в процессе рождения ребенка. Поэтому мы решили исследовать: влияют партнерские роды на сексуальное здоровье женщин? С целью решения поставленных задач мы обследовали 200 женщин, родивших впервые. Все обследования проводили в динамике дважды через 1,5 месяца и через 6 месяцев после родов. Женщин разделили на две группы: *I группа (контрольная)* – 100 женщин после первых физиологических родов без партнера; *II группа (основная)* – 100 женщин после первых физиологических родов с мужем (отцом ребенка). Несмотря на некоторые сомнительные моменты партнерских родов, мы считаем, что при правильной организации и подготовке партнерские роды имеют ряд преимуществ: они не влияют на половую жизнь супружеской пары в большинстве случаев; вдвое снижают развитие сексуальных дисфункций в послеродовом периоде; существенно снижают травматизм матери и ребенка.
Ключевые слова: партнерские роды, сексуальное здоровье женщин, послеродовый период

Pregnancy and childbirth with partners has become very popular today around the world. In our country, supporters for births with a partner began to appear only in late 1990s, and their number is increasing [1]. This is in line with WHO recommendations, according to which the presence of close relatives during childbirth is not only quite acceptable but also desirable. But now you can observe a sharply contrasting picture of the comments of giving birth with a partner, family situation of couples who took part in them ranges from a sharp deterioration in relations to the opposite effect of their harmonization [1]. Both positive and negative views were expressed on the feasibility and implications of involving men in the process of the birth of their child. Along with

the positive subjective opinions of male participants, there are many of those who express negative connotations, fear, the feeling of impotence and uselessness in this situation are described [4]. The consequence of their presence at birth, according to some men, are further deterioration of family, intimate relationships, depression, contradictory attitude to the child [1]. It is still unclear what impact births with partnered have on sexual health and quality of life for the couple later in life.

As defined by the WHO experts, the content and essence of the concept of "sexual health" is disclosed in the concept of a healthy sex life:

the ability to enjoy sexual life, have children and control sexual and reproductive behaviour according to social and personal ethics;

freedom from fear, shame, guilt, gossip, prejudices, misconceptions and other psychological factors that prevent sexual response and adversely impact sexual relations;

the absence of organic disorders, diseases and defects that limit sexual and reproductive functions.

Sexual health for every person of any age is a state of well-being in the manifestation of their sexuality, prevention of unwanted pregnancy, prevention, of sexually transmitted diseases, AIDS, and freedom from violence in sexual relationships (WHO).

Sexuality is a category of human individuality, which brings together private outlook and worldview, family, cultural, ethnic, religious traditions, summarized in the experience of every human being and transformed into manifestations of personality; it indicates the degree of freedom and a criterion of quality of life [4,5].

Modern psychological research identifies a number of possible areas of stressful effects of birth partnership:

First - categorical rejection by husband of his wife after the birth, as an object of sexual desire in the future;

Second - subconscious aversion to the child as the cause of the suffering of a loved one;

Third - the emergence of "transformed phobias" - states that are not directly associated with delivery that took place, but cause persistent psychological discomfort - the man himself does not link the emergence of new fears and complexes with births, but they are the trigger factor;

Often a partner in labour physically prevents normal activity of the medical personnel involved in childbirth;

The risk of infectious security violation if a partner neglects basic rules;

Excessive feelings of women about their own appearance and attractiveness in the eyes of the man often distract them from the doctor's instructions who lead the childbirth.

So we decided to explore whether a birth with a partner affects sexual health of women. If so, what impact do partnered births have on sexual health of women? Namely, we wanted to explore:

the ability of women to enjoy sexual activity after childbirth without a partner and after a partner childbirth;

psychological state of women after childbirth without a partner and after a partner delivery;

the incidence of obstetric injuries during delivery through the genital tract and its impact on the sexual health of women after giving birth without a partner and after a partner delivery.

In order to achieve the objectives, we examined 200 women who gave birth for the first time. All examinations were performed in dynamics twice by 1.5 months and 6 months after birth.

The women were divided into two groups:

The first group (control) – 100 women after the first physiological labours, who gave birth without a partner;

The second group (basic) – 100 women after the first physiological labours, who gave birth with her husband (the father of the child).

Criteria for inclusion in the study:

Physiological pregnancy;

The first physiological childbirth;

Absence of sexual disorders in men before and after birth;

Lactation of least 6 months.

Exclusion criteria from the study:

Extra genital pathology in the state of subcompensation or decompensation;

Hormonal contraception in the postpartum period.

Were not grounds for exclusion from normal delivery:

availability of premature rupture of membranes;

an amniotomy without further induction of labour;

the first degree of perineal rupture.

The diagnosis of physiological childbirth was established retrospectively.

Methods: history taking, questioning, testing, individual interviews, clinical, laboratory, endocrinological, ultrasonic, statistics and determination of the pH of the vagina.

Assessment of gestational dominant psychological component (AGDP) was carried out using the «Test pregnant relationship» after I. Dobryakov [2].

The importance of the study of vaginal pH to determine sexual dysfunction has been mentioned by many authors. The normal vaginal pH is 3.8-4.2; when sexually aroused, the figure increases from 6.5 to 7.8. It should be noted that the pH of men ejaculate is also 7.8.

In assessing the performance of sexual health of women is also important to take into account the level of hormones in peripheral blood:

gonadotropin hormone (FSH, LH)

sex steroids (estradiol, progesterone)

androgens (testosterone, total testosterone free, globulin that binds sex steroids, index of free testosterone);

prolactin;

oxytocin.

During our research, we adhered to the basic principles of sexual health assessment, taking into account the positive experience of observations in the field and already justified and approved world standards which are as follows:

assessment of sexual health should be based on the results of direct communication with the patient;

it is important to conduct a survey on the basis of criteria of sexual status and quality of life;

it is necessary to assess the state of sexual health of women and men and to treat them in a single key, taking into account the gender perspective;

It is important to assess sexual function parameters according to the particularities of race/ethnicity of patients;

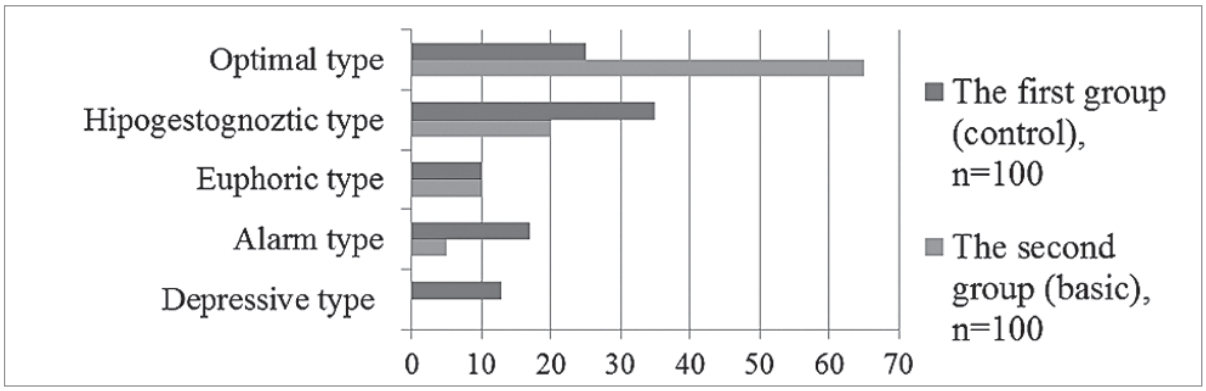
when examining the women in the survey, the estimation of sexual and gynaecological health should be conducted in one context [3,6].

Research results.

The average age of women was 28.5 ± 1.5 years.

Our research has shown that women who planned delivery in partnership with a man (child's father) is 2.5 times more often (than women who gave birth without a partner), demonstrated the best type PKHD (65% vs. 25%) met three times less anxious and 1.75 times less frequent hypogestognostic types of AGDP compared to the control group. We have not met depressive type of AGDP among the main group of women in contrast to the control one (see Fig. 1).

The labours ended without any traumatic births in most women giving birth with a partner (53%), in contrast to women who gave birth without a partner (28%), perinea and I-degree cracks in vaginal mucosa were noted twice less frequently in women of the main group compared with controls (18% vs. 39% and 11% versus 21% respectively). We believe that this fact has the greatest impact on the recovery of sexual activity in the postpartum period. Thus, the first sexual intercourse occurred at 55.4±12 days in the group of women who gave birth without a partner and 35.1 ± 14.5 days in the group of women after childbirth partnership, which is 20 days earlier (see Fig. 2).



* – the frequency difference between the first and second groups of women, $p<0,05$

Fig. 1. Distribution of women according to the AGDP type (according to I.Dobryakov)

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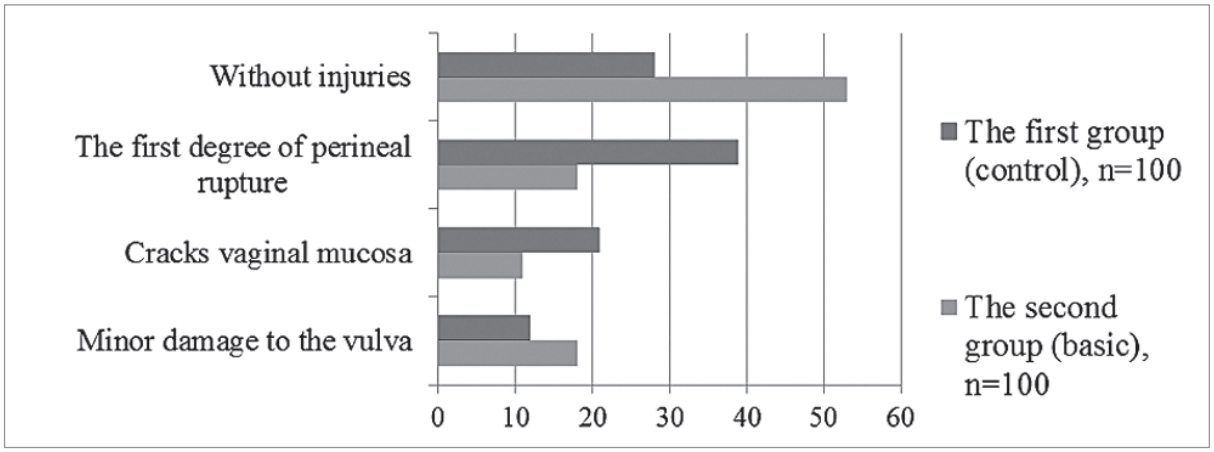

- – the frequency difference between the first and second groups of women, $p<0,05$

Fig. 2. Distribution of women according to the presence or absence of injuries during childbirth

No significant differences were found in the endocrine status of women in both groups during the studied periods of 1.5 months and 6 months postpartum.

Research of pH in the vagina in women before and after sexual arousal after 1.5 months and 6 months after birth, show that the incidence of sexual dysfunction in women after childbirth partnership is significantly lower than in women who gave birth without a partner (see Fig. 3).

As shown in Fig. 4, the incidence of sexual dysfunction in women after 6 months physiological birth with her husband (the father of the child) half that after physiological delivery without a partner (28% vs. 58%). The decrease in libido meets three times less often (12% vs. 44%); dyspareunia and anorgasmia were observed twice less often (12% vs. 23% and 8% vs. 18% respectively). The dynamics of observations 1.5 months and after 6 months after delivery we have seen a proportional decrease in the frequency and degree of manifestations of sexual dysfunction in both groups of women.

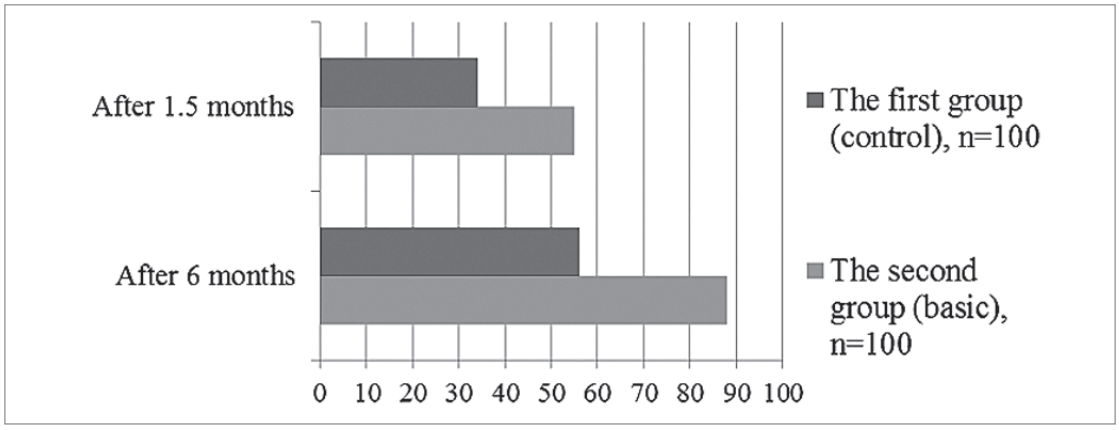

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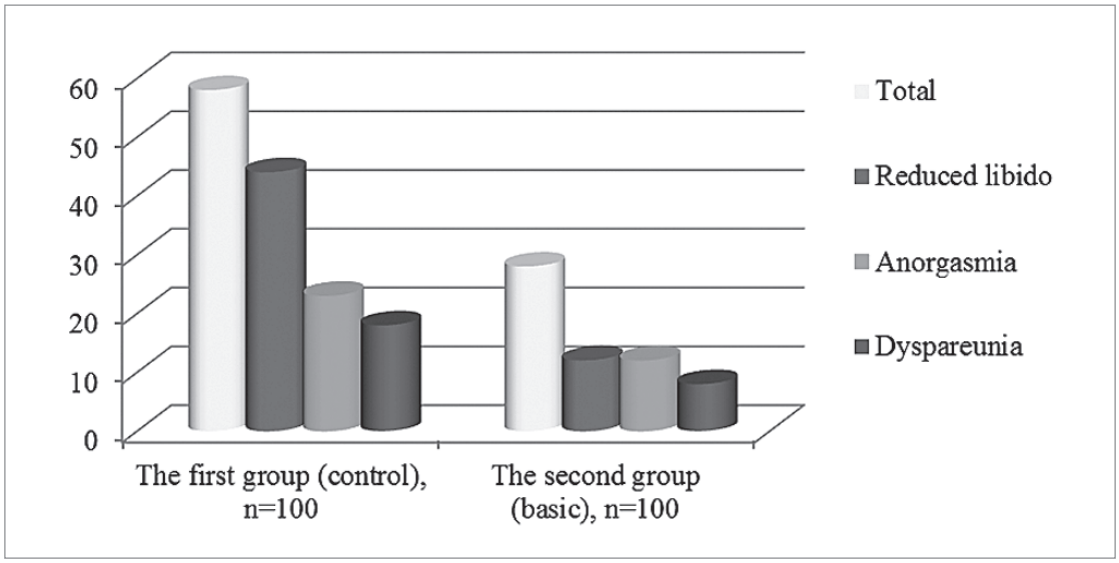
Fig. 3. Distribution of women depending on the availability of an increase in vaginal pH after sexual arousal after 1.5 months and 6 months after birth



- – the frequency difference between the first and second groups of women, $p<0,05$

Fig. 4. The incidence of sexual dysfunction in women after 6 months physiological birth with a partner without partner

Interviews of couples about sexuality in the postpartum period (1.5 months and after 6 months) gave the following results:

85% of women believe that the decision to give birth to their child with their husbands (the father of the child) is quite correct;

15% of women have doubts about the partnership in labour;

there were no negative reviews;

96% of women and 87% men note overwhelming feeling of love for their child;

60% of men and 42% of women indicated that sex after birth has not changed;

46% of women and 19% of men believe that sex after childbirth significantly improved;

12% of women and 21% of men indicated a slight decline in sexual relations; while men found that sex contacts were less frequent compared to the prenatal period; on the other hand, women did not associate this fact with the presence of men at birth.

Conclusions.

Despite some questionable moments of a partner delivery, such as inadequate behaviour of women in childbirth and/or partner during labour caused by stress and excitement; the possibility of significant trauma for a partner who was not quite prepared for the birth process, we believe that, with proper organization and training, partner deliveries have several advantages:

In most cases, they do not affect the sexual life of the couple, while 46% of women believe that their sexual relationship has improved after childbirth;

The development of sexual dysfunction in the postpartum period was reduced by half;

The injuries of the mother and child are significantly reduced;

Women and men mark overwhelming feeling of love for their child after a birth with a partner, the relationship of men and women become more harmonious.

Therefore, we believe that partnerships childbirth is an important factor in preserving sexual and reproductive health of the couple after the birth, and create a favourable situation for the formation of perinatal compliance.

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