

Childbirth not significant contributor to later sexual dysfunction

10 October 2013, by Karin Rush-Monroe



(Medical Xpress)—Childbirth is not a major contributor to sexual dysfunction in women later in life, according to a new study led by UC San Francisco researchers.

Past studies have pointed to a negative short-term effect of childbirth in general, and [vaginal delivery](#) in particular, on postpartum sexual function. This has led some [women](#) to push for cesarean rather than vaginal birth without other medical indications, according to the researchers.

In one of the few studies to examine sexual function in women more than two years after childbirth, the researchers controlled for women's age, race or ethnicity, partner status, general health status, and diabetes status. They detected no significant associations between women's childbirth history and their likelihood of reporting [low sexual desire](#), less than monthly sexual

activity, or low overall sexual satisfaction later in life.

"These findings provide reassuring evidence for women, who have had or are planning to have children, that neither the total number of deliveries nor type of delivery is likely to have a substantial long-term detrimental effect on their sexual function," said senior author Alison Huang, MD, MAS, assistant professor of medicine, UCSF Division of General Internal Medicine. "Instead, discussions between women and their doctors should be focused on other health and contextual factors that may influence sexual activity later in life."

The study is available online in the journal *Obstetrics & Gynecology*.

Data of ethnically diverse women analyzed

Researchers analyzed data from a large, population-based, ethnically diverse group of women aged 40 years and older enrolled in Kaiser Permanente Northern California. They examined whether women's current [sexual function](#) was influenced by the number of times they had given birth, whether their past deliveries were cesarean or vaginal, and other aspects of their childbirth history such as delivery after 40 weeks of gestation, induction and augmentation of labor (including use of oxytocin and operative forceps- or vacuum-assisted vaginal delivery), spinal anesthesia, episiotomy, third or fourth degree perineal lacerations, and a birth weight of the baby greater than or equal to 4,000 grams (8.8185 pounds.)

The women were participants in the Reproductive Risks of Incontinence Study at Kaiser, supported by the Office of Research on Women's Health and the National Institute of Diabetes and Digestive and Kidney Diseases. Of 1,844 women with at least one [childbirth](#) event, 1,094 had medical record data for at least one delivery, and ninety-five percent of the women, or 1,036, were 10 or more years past their

last delivery.

In other findings from the analysis:

- Increasing age was a predictor of both low sexual desire and less than monthly sexual activity;
- African American and Asian participants were significantly more likely to report less than monthly sexual activity than white participants;
- Participants who lacked a sexual partner were significantly more likely to report low desire, less than monthly sexual activity or low satisfaction;
- Compared to participants who reported excellent or very good overall health, participants who reported good, fair, or poor overall health were also more likely to report low desire, less than monthly [sexual activity](#), or low satisfaction.

More information:

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Provided by University of California, San Francisco

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