

شبكة المعلومات الجامعية







شبكة المعلومات الجامعية التوثيق الالكتروني والميكروفيلم



شبكة المعلومات الجامعية

## جامعة عين شمس

التوثيق الالكتروني والميكروفيلم

### قسم

نقسم بالله العظيم أن المادة التي تم توثيقها وتسجيلها على هذه الأفلام قد أعدت دون أية تغيرات



يجب أن

تحفظ هذه الأفلام بعيدا عن الغبار في درجة حرارة من ١٥-٥٠ مئوية ورطوبة نسبية من ٢٠-٠٠% To be Kept away from Dust in Dry Cool place of 15-25- c and relative humidity 20-40%



# بعض الوثائـــق الإصليــة تالفــة



# بالرسالة صفحات لم ترد بالإصل

# IMPACT OF EPISIOTOMY ON MATERNAL POSTPARTUM SEXUAL FUNCTION AT EL- MANIAL UNIVERSITY HOSPITAL: SHORT TERM FOLLOW- UP

Thesis Submitted for Partial Fulfillment of the Requirements of the Master

Degree in Maternity and Newborn Health Nursing

By
Zineb Mohamed Abdel-Hamid
(B.Sc. Nursing)

Under the Supervision of

Dr. Ragaa Ali Mohammed
Professor of Maternity and Newborn
Health Nursing and Vice Dean of
Community Services and Environmental
Affaires

Dr. Hayat Imam Gommaa
Assistant Professor and Head
of Department of Maternity
and Newborn
Health Nursing

Faculty of Nursing
Cairo University
2011

#### APPROVAL PAGE

This Thesis for Master Degree in Nursing

Ву

Zineb Mohamed Abdel-Hamid

Has Been Approved for the Department of Maternal and Newborn Health Nursing

By

Dr. Ragaa Ali Mohammed

Professor of Maternity and Newborn Health Nursing

Faculty of Nursing

Cairo University

Dr. Hayat Imam Gommaa

Assistant Professor of Maternity and Newborn Health Nursing

Faculty of Nursing

Cairo University

Date

4/1/2011

#### Impact of Episiotomy on Maternal Postpartum Sexual Function at El-Manial University Hospital: Short Term Follow-Up

Abstract By

#### Zineb Mohamed Abdel-Hamid

Episiotomy at the time of vaginal birth is a common. Sexual function after episiotomy reports significant increase perineal pain and sexual problems. The aim of this study was to evaluate the impact of episiotomy on maternal postpartum sexual functions. Prospective cohort study with short-term follow up design was used to achieve the aim of the study. A total of 120 mothers who delivered vaginally with episiotomy have been recruited. The study was carried out at the postpartum unit at El-Manial Maternity Hospital. Four tools were utilized, an interviewing schedule, an assessment sheet, the female sexual function index, and follow-up sheet. Data was collected through three phases: Interviewing phase, Assessment phase and Follow up phase. The pilot study was carried out on 10% of the sample. Ethical issues as voluntary participation, informed oral consent, confidentiality and the right of proper service were ensured. The result revealed that the mothers mean age was 21.08±1.87. Seventy two point five of mothers were housewives, 69.2% of them were primigravida, and 95.8% of the sample had mediolateral episiotomy. Statistical significant differences were found between six domains of FSFI: desire, excitement, lubrication, orgasm, satisfaction, and dysparunia at base line and after two, four and six months postpartum. Also statistical differences were found between the total mean scores of FSFI at base line and after two, four, six months postpartum with total mean score (28.5 $\pm$ 0.13, 21. 3  $\pm$  0.169, 26.5  $\pm 0.153$ , and 27.9 $\pm$  0.118) in relation to episiotomy; (p= 0.000, 0.000, 0.001). It was concluded that episiotomy may have a negative impact on the mother's postpartum sexual functions. The study recommended that a policy of restricting episiotomy should be adopted.

Key words: Episiotomy, female sexual function index (FSFI), postpartum.

| Chairperson | of | tl | hi | S | ] | C | ıe | sis |
|-------------|----|----|----|---|---|---|----|-----|
| Signature:  |    |    |    |   |   |   |    |     |

#### **ACKNOWLEDEMENTS**

First and foremost, I feel always indebted to Allah, the kindest and the most merciful for enabling me to accomplish this research work.

I would like to express my gratitude and greatest indebtedness to **Prof. Ragaa Ali Mohammed**, Professor of Maternal Newborn Health Nursing and Vice Dean of community Services and Environmental Affaires, Faculty of Nursing, Cairo University, who spent many hours, reading this thesis and guiding me. I have the highest respect and admiration for her personality in providing scientific comments, generous and valuable advice, careful guidance, critical evaluation, continuous support and precious cooperation to accomplish this work.

I would like to express my deepest gratefulness, honest appreciation and sincere respect to **Dr. Hayat I. Gommaa**, Assistant Professor and the Head of Maternal Newborn Health Nursing Department, Faculty of Nursing, Cairo University, for her intensive support, effort, and faithful guidance for the fulfillment of this work.

Special thank is due to the shared mothers for their cooperation in this work, and who gave me the opportunity to gather the required information to accomplish this study.

I would like to extend my deepest gratitude to my family, especially my husband, my father, my mother, my son, and my brothers for their tolerance, great support and encouragement. Last but not the least, best wishes to all my colleagues in the Faculty of Applied Medical Sciences, October 6 University especially the Nursing Department.

Zineb M. Abdel-Hamid

#### LIST OF CONTENTS

| CHAF | TER  | PAGE |
|------|--|------|
| I    | INTRODUCTION   | 1    |
|      | Significance of The Study                              | 3    |
|      | Aim of The Study                                       | 4    |
|      | Research Question                                      | 5    |
| II   | REVIEW of LITERATURE                                   | 6    |
|      | 1- Perineal Muscles.                                   | 6    |
|      | 1.1 Anatomy of The Perineal Muscles                    | 6    |
|      | 1.2 Function of The Perineal Muscles                   | 7    |
|      | 2- Episiotomy and Maternal Postpartum Sexual Functions | 7    |
|      | 2.1 Definition of Episiotomy                           | 7    |
|      | 2.2 Incidence of Episiotomy                            | 8    |
|      | 2.3 Causes of Episiotomy                               | 9    |
|      | 2.4 Complication of Episiotomy in Relation to The      | 10   |
|      | Postpartum Sexual Functions                            |      |
|      | 2.5 Types of Episiotomy and The Postpartum             | 13   |
|      | Sexual Functions                                       |      |
|      | 2.6 Suture Types and The Postpartum Sexual Functions   | 15   |
|      | 2.7 Nursing Management of The Episiotomy               | 17   |
|      | 2.7.1 Antenatal Management                             | 17   |
|      | 2.7.2 Intrapartal Management                           | 18   |
|      | 2.7.3 Postnatal Management                             | 19   |
|      | 2.8 The Postpartum Sexual Health                       | 21   |
|      | 3- Sexual Activity                                     | 23   |
|      | 3.1 The Physiology of The Human Sexual Response        | 23   |
|      | 3.2 Nursing Role in Resumption of The Sexual           | 24   |
|      | Activity   |      |

#### LIST OF CONTENTS (CONT.)

| CHA | PTER  | PAGE |
|-----|---|------|
|     | 4. Quality of Life in Relation to Postpartum Sexual |      |
|     | Health  | 29   |
|     | 4.1 Definition of The Sexual Health                 | 29   |
|     | 4.2.Definition of The Quality of Life               | 31   |
|     | 4.3 Factors Affecting Postpartum Quality of Life    | 31   |
|     | 4.3.1 Physical Health Problems                      | 31   |
|     | 4.3.2 Modes of Delivery                             | 33   |
|     | 4.3.3 Social and Psychological Factors              | 34   |
|     | 4.3.4 Postnatal Depression                          | 35   |
| III | SUBJECT AND METHODS                                 | 37   |
|     | Aim   | 37   |
|     | Design  | 37   |
|     | Setting   | 37   |
|     | Sample  | 37   |
|     | Tools   | 38   |
|     | Procedure   | 41   |
|     | Pilot Study   | 44   |
|     | Limitation of The Study                             | 44   |
|     | Statistical Analysis                                | 45   |
| IV  | RESULT  | 46   |
| V   | DISCUSSION  | 64   |
| VI  | SUMMARY, CONCLUSION & RECOMMENDATION                | 70   |
|     | REFERENCES  | 74   |
|     | APPENDICES  | 92   |
|     | Appendix (A) Interviewing Questionnaire Sheet       | 92   |
|     | Appendix (B) Assessment Sheet                       | 95   |

#### LIST OF CONTENTS (CONT.)

| CHAPTER  | PAGE |
|--|------|
| Appendix (C) Female Sexual Function Index          | 96   |
| Appendix (D) Follow-up Sheet                       | 102  |
| Permission to Use The Female Sexual Function Index | 103  |
| THESIS PROPOSAL                                    |      |
| ARABIC SUMMARY                                     |      |

#### LIST OF TABLES

| TABLE |  | PAGE |
|-------|--|------|
| 1     | Distribution of the subjects by their demographic        | 49   |
|       | characteristics.   |      |
| 2     | Distribution of the subjects by their obstetric history. | 49   |
| 3     | Distribution of the subjects according to their previous | 50   |
|       | information about episiotomy and source of this          |      |
|       | information.   |      |
| 4     | Distribution of the subject at base line and after two   | 55   |
|       | months postpartum.                                       |      |
| 5     | Distribution of the sample at base line and after four   | 56   |
|       | moths postpartum.  |      |
| 6     | Distribution of the subject at base line and after six   | 57   |
|       | months postpartum  |      |
|       |  |      |

#### LIST of FIGURES

| FIGURE |  | PAGE |
|--------|--|------|
| 1      | Distribution of the sample according to their previous   | 51   |
|        | information about relation of episiotomy to sexual       |      |
|        | functions  |      |
| 2      | Distribution of the sample according to types of         | 51   |
|        | episiotomy and suture type                               |      |
| 3      | Distribution of the sample according to the perineal     | 52   |
|        | examination of the episiotomy site                       |      |
| 4      | Distribution of the sample according to the time of      | 52   |
|        | resuming their sexual activity.                          |      |
| 5      | Distribution of the sample according to the total mean   | 58   |
|        | scores of FSFI at base line and after two, four, and six |      |
|        | months postpartum  |      |
| 6      | Age factor that affect FSFI variables                    | 59   |
| 7      | Level of education factor that affect FSFI variables     | 60   |
| 8      | Occupation factor that affect FSFI variables             | 61   |
| 9      | Knowledge about episiotomy factor that affect            | 62   |
|        | FSFI variables   |      |
| 10     | Episiotomy types factor that affect FSFI variables       | 63   |