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De Souza A[1], Dwyer P[1], Thomas E[1], Charity M[2], Schierlitz L[1]
1. Mercy Hospital for Women, 2. University of Melbourne

A PROSPECTIVE ANALYSIS OF SEXUAL FUNCTION DURING PREGNANCY

Hypothesis / aims of study

The sexual health of women throughout pregnancy is an area often neglected by health care professionals in the management of the patient. There are only a few studies which address sexual function and are limited by their selection criteria, retrospective data and lack of use of validated questionnaires. This study aims to prospectively determine the effects of pregnancy on female sexual function with incontinence and prolapse symptoms as secondary endpoints.

Study design, materials and methods

This is a prospective questionnaire based cohort study. English literate primigravidas in the first trimester able to give informed consent were eligible to participate. Ethics approval was obtained prior to commencement. Patients were recruited at the first hospital visit and completed four validated questionnaires; Female Sexual Function Index (FSFI), Urinary Distress Inventory 6 Short Form (UDI-6), Incontinence Impact Questionnaire 7 Short form (IIQ-7) and Prolapse Incontinence Sexual Questionnaire Short form (PISQ-12). All questionnaires were repeated at 28 weeks gestation. Exclusion criteria were multigravidas, non English literate patients and inability to give informed consent.

Significance testing for FSFI, PISQ and UDI was undertaken using paired t-tests while IIQ was analysed using McNemar's Chi-square test due to the dichotomous nature of the variable. Post-hoc power calculations showed that with a p-value of 0.05 and a moderate effect size (0.6), the significance tests for FSFI, PISQ and UDI would have power greater than 0.8.

Results

128 women completed all surveys at the first antenatal visit and again at 28 weeks gestation. The median age was 30 [range 27-33]. Median gestation at first visit was 12 weeks [range 11-14]. Median gestation at second survey was 28 weeks [range 28-29].

	Median score 12 week visit	Median range 12 weeks [25th-75th centile]	Median score 28 week visit	Median range 28 weeks [25th-75th centile]	P value
FSFI	27.0	19.7-30.9	25.1	19.5-29.9	0.48*
UDI-6	3.0	2.0-5.0	5.0	2.0-6.75	p<0.001*
PISQ	41.0	37.0-43.0	39.0	35.0-41.0	p=0.002*
IIQ-7	0	0	0	0-3	p<0.001∞

* significance for paired t-test ∞ significance for McNemar's Chi-square test

Interpretation of results

No statistical difference was noted in overall sexual function as determined by the FSFI questionnaire. Significant differences were noted in the UDI and IIQ between pregnancy booking and 28 weeks gestation. A statistically significant difference was also detected in the PISQ however a 2 point change is unlikely to be clinically relevant for the majority of women. Change in urinary function may be responsible for the statistical difference in the PISQ.

Concluding message

Symptoms causing urinary bother increase between the first trimester and the third trimester of pregnancy. There is no significant change in sexual function for primigravidas between the first and third trimesters of pregnancy as demonstrated by the FSFI. Women and their partners can be reassured that female sexual function is not significantly affected in the first 6 months of pregnancy.

Specify source of funding or grant	**Women and Babies Research Foundation**
Is this a clinical trial?	**Yes**
Is this study registered in a public clinical trials registry?	**No**
Is this a Randomised Controlled Trial (RCT)?	**No**
What were the subjects in the study?	**HUMAN**
Was this study approved by an ethics committee?	**Yes**
Specify Name of Ethics Committee	**Human Research and Ethics Committee Mercy Hospital for Women**
Was the Declaration of Helsinki followed?	**Yes**
Was informed consent obtained from the patients?	**Yes**