

# OB/GYNs' Attitudes and Perceptions Regarding Sexual Health of Patients After Delivery

Andrea Lukes, MD<sup>1</sup>, MHSc and Sheryl Kingsberg, PhD<sup>2</sup>

<sup>1</sup>Carolina Women's Research and Wellness Center, Durham, NC and <sup>2</sup>Case Western Reserve University School of Medicine, Cleveland, OH

## Introduction

- Female sexual health should be a concern for OB/GYNs
- By addressing patients' sexual health and encouraging dialogue, physicians may gain insight about the changes that may occur after delivery
- Laxity of the vaginal introitus is one of the many physical changes that occurs and may result in diminished sensation and sexual satisfaction during intercourse
- To tighten the vaginal introitus in order to improve women's physical sensation and sexual satisfaction, it would be important to understand OB/GYNs perspectives about the procedure

## Purpose of Survey

- To gain insight into OB/GYNs' discussions regarding sexual health and physical changes after childbirth with their patients
- To assess their reaction to a new treatment to improve tightness of the vaginal introitus following childbirth

## Methods

- Utilizing the OB/GYN Alliance database of approximately 12,000 OB/GYNs, an online survey was conducted including practice-based OB/GYNs and urogynecologists in the US
- Physicians were contacted via e-mail with a request to participate in the study; a link in the e-mail took them to the survey site
- Excluded from study: physicians who spend less than 50% of their time in a clinical environment or those involved in sub-specialties of Gynecologic Oncology, Reproductive Endocrinology & Infertility or Maternal Fetal Medicine

## Main Outcome Measures

- Frequency tabulation of physician and patient demographics, responses to sexual health discussions and perceived physical changes after vaginal births

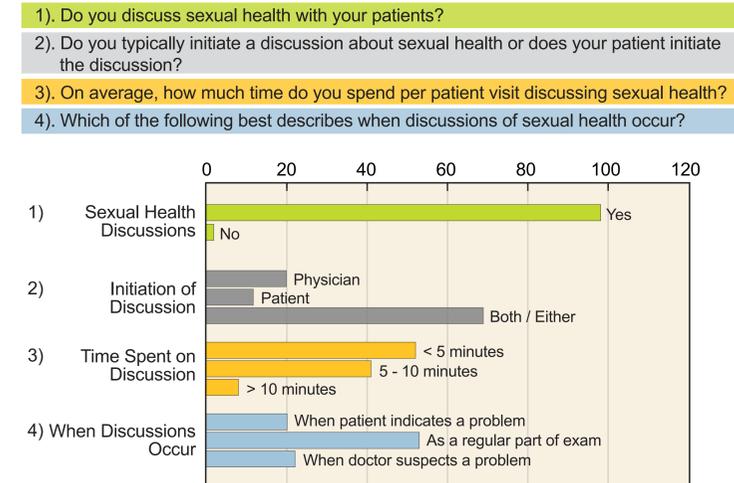
## Physician Demographics

A total of 524 OB/GYNs completed the survey within 48 hours of receiving an e-mail request from the OB/GYN Alliance

Question	Response
Respondent gender	56% male, 44% female
Respondents age	37% were 40 - 49 years old Average age = 42 years
Number of patients treated per week	58% treat 50 - 100 patients a week
Number years in practice	37% were 40 - 49 years old Average age of OB/GYNs, 42 years
% Trained in sexual medicine	13%
% Who perform minimally invasive procedures in the office	67%

## Sexual Health Discussions

Most physicians have sexual health discussions with their patients, initiated by either doctor, patient or both; in most cases <5 minutes is spent in discussion; and in ~50% respondents discussions occur during a regular exam



## OB/GYNs' Sexual Health Discussions with Patients

Most OB/GYNs believe patients sexual health is important but site reasons why they don't always talk about it.

Statement	Percent Who Agree
My patients' sexual health is important to me	96%
My patients feel comfortable talking to me about their sex life	82%
I feel comfortable talking to my patients about their sex life	93%
My patients are embarrassed to discuss the details of their sex life with me	31%
There is not enough information on female sexual function available	66%
There is not enough time during an annual exam to discuss potential problems with a patient's sex life	61%

Question: Using the scale below (5 Strongly Agree, 4 Agree, 3 Neither Agree or Disagree, 2 Disagree or 1 Strongly Disagree). Please indicate how strongly you agree or disagree with the following statements:

## Training to Diagnose Female Sexual Dysfunction (FSD)

Just over half of doctors feel adequately trained to diagnose their patients with a FSD

- 57% OB/GYNs feel they are adequately trained to accurately diagnose patients with a sexual dysfunction
- Only 13% OB/GYNs in survey reported they had additional training in sexual medicine or sexual dysfunction

Question: Do you feel adequately trained to accurately diagnose your patients with a sexual dysfunction?

## Common FSD Diagnoses

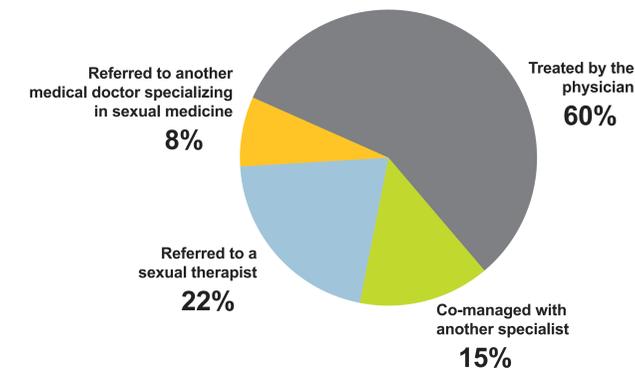
Doctors reported lack of desire as the most common FSD

- When OB/GYNs were asked about percent of patients in their practice they have diagnosed with sexual dysfunction in each of the four categories:
  - 47% Desire
  - 26% Pain Disorder
  - 14% Arousal
  - 13% Orgasm

Question: Approximately what percentage of your sexual dysfunction diagnosis is based on each of the following dysfunction types?

## Treatment of FSD

Most patients diagnosed with a FSD are treated by their OB/GYN



Question: When you diagnose women with a sexual dysfunction, how are they managed next?

## Discussions of Changes in Sexual Satisfaction

OB/GYNs are not regularly discussing changes in sexual satisfaction after childbirth with their patients

- 41% of OB/GYNs proactively discuss changes patients have had in sexual satisfaction after deliveries
- Approximately half of OB/GYNs only discuss these changes if the patient brings it up
- 8% indicated sexual satisfaction or sex life were rarely discussed

Question: Considering your patients who have had children, do you discuss changes in their sexual satisfaction or sex life after their vaginal delivery?

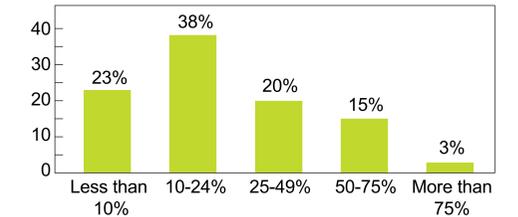
## Change in Sexual Satisfaction After Vaginal Childbirth

OB/GYNs indicate twice as many women report a decrease in sexual satisfaction after vaginal childbirths (66%) compared with those after caesarean births (33%)

Question: Of those patients who have reported a change in sexual satisfaction or sex life since having children, what percentage had vaginal vs. caesarean births?

## Physical Changes After Delivery

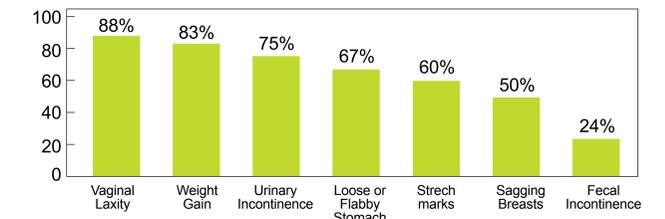
Over half of physicians reported that <25% of their patients discuss physical changes after childbirth



Question: What percentage of your patients who have had vaginal deliveries have discussed physical changes post-delivery that have affected their sexual satisfaction or sex life?

## Physicians Feedback on Patients' Physical Changes After Vaginal Childbirth

Vaginal Laxity is the #1 physical change patients discuss with their physicians related to delivery



Question: Of those patients with physical changes related to delivery, what specific changes do they discuss or do you find on exam? Check all that apply

## Vaginal Laxity Reported by Patients

Most doctors believe vaginal laxity is under-reported by patients

- 84% of OB/GYNs responded "YES" when asked if they believed changes in vaginal laxity/looseness or changes of physical sensation during vaginal intercourse after vaginal deliveries are under-reported by their patients

## Conclusions

- The survey of OB/GYNs reinforces the importance of engaging patients in sexual health dialogue and confirms a high prevalence of vaginal laxity as a physical change experienced after vaginal delivery. The vast majority of OB/GYNs had interest in a nonsurgical treatment of vaginal laxity.

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