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# Sexuality lived by high risk pregnant women in a high complexity maternity

**ABSTRACT** | Objective: To verify the sexuality experienced by high-risk pregnant women in a highly complex maternity hospital. Methods: Descriptive, exploratory and quantitative study, carried out in a high-risk maternity hospital in the city of Recife-PE. 110 pregnant women participated in the study by being interviewed using a validated and structured questionnaire about sexuality before and during pregnancy. The data were analyzed descriptively and statistically. Results: Most pregnant women were between 25 and 34 years old and 82% never talked about sex with any health professional, during pregnancy. Regarding the score given to the variable sexual desire, the median went from 8.00 (before pregnancy) to 4.00 (during pregnancy) ( $p: 0.001$ ). Conclusion: It was found that during pregnancy several changes occur in women, and among them, sexuality can be extremely fragile, especially in high-risk pregnant women, because in addition to pregnancy there is also some pathological condition.

**Keywords:** Pregnant women; Pregnancy; High-Risk; Sexuality.

**RESUMEN** | Objetivo: Verificar la sexualidad experimentada por mujeres embarazadas de alto riesgo en un hospital de maternidad altamente complejo. Métodos: Estudio descriptivo, exploratorio y cuantitativo, realizado en una maternidad de alto riesgo en la ciudad de Recife-PE. 110 mujeres embarazadas participaron en el estudio al ser entrevistadas utilizando un cuestionario validado y estructurado sobre sexualidad antes y durante el embarazo. Los datos fueron analizados descriptiva y estadísticamente. Resultados: La mayoría de las mujeres embarazadas tenían entre 25 y 34 años y el 82% nunca habló sobre sexo con ningún profesional de la salud durante el embarazo. Con respecto a la puntuación dada a la variable deseo sexual, la mediana pasó de 8.00 (antes del embarazo) a 4.00 (durante el embarazo) ( $p: 0.001$ ). Conclusión: Se descubrió que durante el embarazo se producen varios cambios en las mujeres, y entre ellos, la sexualidad puede ser extremadamente frágil, especialmente en mujeres embarazadas de alto riesgo, porque además del embarazo también existe una condición patológica.

**Palabras claves:** Mujeres embarazadas; Embarazo de Alto Riesgo; Sexualidad.

**RESUMO** | Objetivo: Verificar a sexualidade vivenciada por gestantes de alto risco de uma maternidade de alta complexidade. Métodos: Estudo descritivo, exploratório e quantitativo, realizado em uma maternidade de alto risco do município de Recife-PE. 110 gestantes participaram do estudo sendo entrevistadas por meio de um questionário validado e estruturado sobre a sexualidade antes e durante a gestação. Os dados foram analisados descritiva e estatisticamente. Resultados: Maior parte das gestantes tinham entre 25 a 34 anos e 82% nunca conversaram sobre sexo com nenhum profissional de saúde, durante a gravidez. Em relação a nota conferida a variável desejo sexual, a mediana passou de 8,00 (antes da gestação) para 4,00 (durante a gestação) ( $p:0,001$ ). Conclusão: Verificou-se que durante a gravidez ocorrem diversas alterações na mulher, e dentre elas, a sexualidade pode estar extremamente fragilizada, especialmente em gestantes de alto risco, pois além da gestação se faz presente também alguma condição patológica.

**Palavras-chaves:** Gestantes; Gravidez de Alto Risco; Sexualidade.

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## INTRODUCTION

Complications involving sexuality are treated as an important public health problem that can affect the entire life of an individual who is often reluctant to discuss or seek help for the problem for social and cultural reasons. <sup>(1)</sup>

Pregnancy, in turn, is one of the most striking moments in women's lives, bringing with it several changes, both for themselves and for their partner. During this period, several changes occur in the physical, psychological and socio-family environment. <sup>(1)</sup>

Amid these various modifications, there may also be a decrease in desire, interest and sexual activity or in some cases cause an opposite effect, with the increase in the woman's libido added to

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the decrease in interest on the part of the partner. There are several explanations for this, among them the fear of hurting during intercourse, because when talking about sexuality and the body, these do not only involve the biological issue, but also a great cultural involvement. <sup>(2)</sup>

The continuity of sexual activity during the gestational period of women without previous obstetric complications is not a complicating factor, concluding that sexual practice during this period is beneficial when performed safely. <sup>(3)</sup>

It is shown that there is a slight decline in women's sexual interest, mainly in the first trimester, justified by the period with the greatest hormonal changes, while others show that the greatest difficulty for sexual intercourse occurs in the last trimester, which precedes the moment of delivery, in view of the great physical changes in this period, therefore, pregnancy can be the period in which there are greater difficulties to exercise sexuality in a satisfactory way, which can create internal conflicts, such as decreased self-esteem on the part of the pregnant woman, and external ones regarding the difficulty suitability of the couple to the moment. <sup>(4)</sup>

It is important to note that this theme is often addressed repeatedly during prenatal care, limited to family planning and care for the newborn, placing the woman as a passive figure. <sup>(4)</sup>

In view of all these points addressed and the existence of few studies on the topic, the question arose about sexuality and high-risk pregnancy. Thus, this study aimed to verify the sexuality of high-risk pregnant women in a highly complex maternity hospital in the city of Recife - PE.

**METHODS**

This is a descriptive, exploratory research with a quantitative approach, carried out at the obstetric center of the Agamenon Magalhães hospital, located in the city of Recife-PE.

The study population consisted of all women admitted to the high-risk ward and obstetric center in the period corresponding to data collection, making a total sample of 110 participants. Pregnant women aged 18 years or over were included. No sampling technique was used, as a census-type study was carried out, using a technique similar to that called time-space sampling, that is, the population was made up of all women who were in that geographical space and at that time established .

Data collection took place from January to March 2019 through semi-structured interviews. The collection process took place from three different stages: in the first moment, the objective of the study was explained to the women by reading the Free and Informed Consent Term (ICF) and subsequent signature; in the second, data related to the socio-demographic profile were collected and in the third moment, sexuality issues were raised before and during pregnancy, through a face-to-face interview conducted in a confidential environment.

For the analysis of sexuality, a validated instrument was used - the Pregnancy and Sexuality Questionnaire (PSQ). It is a semi-structured instrument, which contains objective and subjective questions, composed of two distinct parts. <sup>(5)</sup>

The data were analyzed descriptively and statistically using the Statistical Package for the Social Sciences version 23.0. To assess the significant difference between the assessments referring to before and during pregnancy, the

Mc-Nemar Chi-square test was used for categorical variables and the Wilcoxon test paired for numerical variables. The margin of error used in the decision of the statistical tests was 5% and the value of  $p < 0,05$  was considered significant.

The research was approved by the Ethics and Research Committee of the Catholic University of Pernambuco under number CAAE 007950 18.5.0000.5206, respecting the precepts of Resolution 466 of December 12, 2012 <sup>(6)</sup>, which deals with research involving human beings.

**RESULTS**

Of the 110 pregnant women interviewed, the average age found was 27,96 years (standard deviation = 6,94) and a median of 27 years. It was found that most pregnant women finished high school (37,3%), 56,4% were single and 45,5% of pregnant women had more than 5 years of relationship.

According to Table 1, most pregnant women had never talked to a health professional about sex either before or during pregnancy. Only a small percentage responded positively to this question, 12,7% for those who had already talked about sex before pregnancy and 18,2% for those who had already asked about the subject during pregnancy.

Regarding the frequency of sexual intercourse before and during the gestational period, 58,2% of the interviewees answered that they had intercourse at least three times a week, while during pregnancy this percentage decreased to 45,5% (Table 1).

**Table 1: Sexual practices in high-risk pregnant women in a highly complex maternity hospital in the city of Recife – PE, 2019.**

Variável	Avaliação				Valor p
	Antes da gestação		Durante a gestação		
	N	%	N	%	
<b>Já conversou com algum profissional de saúde a respeito de sexualidade?</b>					<b>p(1) = 0,238</b>

Sim	14	12,7	20	18,2	
Não	96	87,3	90	81,8	
<b>Quem mais comumente toma iniciativa para a relação sexual?</b>					p(1) < 0,001*
Eu mesma	4	3,6	16	14,5	
Meu esposo	29	26,4	53	48,2	
Nós dois na mesma proporção	77	70,0	41	37,3	
<b>Quantas vezes você tem relações sexuais?</b>					**
Nunca	-	-	11	10,0	
Até 2x / mês	17	15,5	40	36,4	
3x / Semana	64	58,2	50	45,5	
7x / Semana	29	26,4	9	8,2	
<b>Com que frequência é o seu orgasmo durante a atividade sexual com o seu parceiro?</b>					p(1) < 0,001*
Nunca	1	0,9	16	14,5	
As vezes	47	42,7	63	57,3	
Sempre	62	56,4	31	28,2	
<b>Costumava sentir dor ou desconforto durante o ato sexual?</b>					p(1) < 0,001*
Nunca	86	78,2	32	29,1	
Depende da posição	20	18,2	59	53,6	
Sempre	4	3,6	19	17,3	

Note: \* Significant difference at the level of 5.0%; \*\* It was not calculated due to the difference in the number of categories of the question; 1 Through the Mc-Nemar test.  
Source: Research data

**Table 2: Desire and sexual satisfaction before and during pregnancy, in high-risk pregnant women from a highly complex maternity hospital in the city of Recife – PE, 2019.**

Como avalia	Estatística	Avaliação		Valor de p
		Antes da gestação	Durante a gestação	
Seu desejo sexual	Média	8,92	6,03	p(1) < 0,001*
	Desvio padrão	1,34	3,16	
	Mediana	9,00	6,00	
	P25	8,00	4,00	
	P75	10,00	8,25	
Sua satisfação sexual	Média	9,18	6,47	p(1) < 0,001*
	Desvio padrão	1,24	3,29	
	Mediana	10,00	7,00	
	P25	9,00	4,00	
	P75	10,00	10,00	

Note: \* Significant difference at the level of 5,0%; 1 Through the paired Wilcoxon test.  
Source: Research data

According to Table 2, the average of the variable “sexual desire” decreased from 8,92 before pregnancy to 6,03 during the pregnancy, while the variable sexual satisfaction decreased from 9,18 to 6,47 respectively (p < 0,001).

## DISCUSSION

Nowadays, there is an increasing impulse in the discussion about sexuality during the gestational period. It appears that sexual activity is no longer a taboo subject since complications related to it are treated as a public health problem. (7)

It was found that most of the women interviewed had a low level of education and even those with high school education, a low educational level was found. Regarding the degree of education, the Ministry of Health of Brazil considers that low education is a risk factor in pregnancy, because the less education, the less regular health services. (8) This, in turn, can imply the quality of sexual life, because if she does not attend the health service regularly, it is unlikely that she will answer her questions about sexuality during this period.

Similar results can be found in recent studies that also found that sexual dysfunction was lower in women with a higher level of education. (9, 10) Therefore, it is necessary that health professionals, especially the obstetric nurse, provide education to couples, which, in cases of physiological pregnancy, there are no contraindications regarding the performance of sexual activity. As for cases in which it is indicated to cease sexual intercourse, the nurse must help couples to find alternative ways of conducting intimate contact. (11)

As for marital status and length of relationship, this can be explained by the changes in behavior of

couples over the years, where the majority live only in stable unions. Regarding sexuality, this can be a positive factor, because the longer the relationship, the greater the intimacy and the greater the freedom for sexual relations. <sup>(12)</sup>

In this study, data referring to the period prior to pregnancy showed that both men and women had the same initiative for sex with the same frequency and that this changed from pregnancy, where men started to have more initiative than women. There was a slight decline in the number of times of sexual intercourse during the week, where most of them had more sexual intercourse before pregnancy.

This is justified by cultural factors and exacerbated anxiety, in addition to physiological and anatomical changes that occur during pregnancy, such as: enlarged abdominal circumference; breast augmentation; skin pigmentation; edema of limbs and / or face; congestion and increased vaginal moisture; varicose veins. <sup>(7)</sup>

It is of great importance that the health team advises on sexual activity during pregnancy, as mentioned above. Such guidance should also be given to the partner, since in some cases of high-risk pregnancies, sexual abstinence is necessary <sup>(9)</sup> and often the partner does not clearly understand the situation and this can imply the quality of the couple's affective and sexual relationship. <sup>(13)</sup>

It is important to emphasize that in some cases the woman can preserve more through the partner's orgasm than from her own, in an attempt to just satisfy the partner's desire and maintain the relationship. <sup>(14-15)</sup>

The results of this research corroborate with most studies focused on sexuality during pregnancy <sup>(2, 4, 7, 16)</sup>, because it is notable that the majority of the participants reported having had a reduction in the quality of their sexual life and this can be justified by several factors already mentioned.

There was a significant decrease mainly for sexual satisfaction, sin-

ce many couples have difficulties adapting to reality, in addition factors such as ability to concentrate and sexual techniques of the partner can also influence this result in a positive or negative way, it is necessary to adjust to maintain the quality of sex life. <sup>(16)</sup>

The present study had limitations regarding the number of women participating, as it corresponds to a small sample of pregnant women considered to be at high risk, since the research was carried out in only one maternity hospital.

## CONCLUSION

Through the study it was possible to know the quality of sexual life of high-risk pregnant women, observing the changes and comparing them with sexual practice before pregnancy. It was noticed the constant lack of dialogue between health professionals and pregnant women about sexuality and their lack of interest or fear of asking about the subject. 🐦

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