



Vaginismus impact on conception and pregnancy

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Objective:

Assess the impact of vaginismus on spontaneous pregnancy difficulties and pregnancy issue.

Design:

Transversal and mono-centric descriptive retrospective study.

Method:

We included in this study 30 cases of patients followed-up for desire of pregnancy, diagnosed with vaginismus in the C department of Gynecology-obstetrics of the maternity and neonatal center of Tunis, from January 2015 to December 2019, over a period of 4 years.

Results:

The average age was 26 years. Vaginismus was classified as primary in 80% of cases. The rigid family environment or strict upbringing is the most common etiology in our patients (70%). All the women studied (100%) reported pain during the first sexual intercourse. Sexual intercourse was incomplete in 90% of cases. The impact on the couple was mainly represented by: a disruption of the couple's relationship.

Spontaneous pregnancy occurred in 73.33% of patients with incomplete intercourse, ejaculation at the entrance to the vagina without penetration. Vaginismus was an indication for cesarean section in 15 cases.

Discussion:

Vaginismus can pose significant challenges when attempting to conceive. The painful contractions of the vaginal muscles can make sexual intercourse difficult or even impossible.

This can lead to frustration, strain on intimate relationships, and increased anxiety surrounding the idea of becoming pregnant. The fear of pain or unsuccessful attempts may also cause psychological barriers that further complicate the process.(1,2))

A study including 19 patient suffering from vaginismus revealed that Two couples conceived through medically assisted procreation (IVF) for a reason other than vaginismus, 4 through ejaculation to the vulva (including one unwanted pregnancy), 7 through vestibular ejaculation at the entrance of the vagina, and 3 through "home self-insemination.(3)

A register-based study in an Israeli hospital during the years 1988–2007 found an increased risk for delivery by caesarean section, vacuum extraction and the need to induce labour in women with vaginismus. .In 73.2% of the patients, a difficulty in performing a pelvic exam was noted as a factor contributing to the decision about a cesarean delivery. In 51.2% of cases, the patient requested to undergo a cesarean delivery. In 7.3% of patients, it was impossible to induce labor because of vaginismus(4).

Conclusion:

Women testimonies, allow us to consider, in the future a better training of health professionals adapted to the care, of pregnant women having a vaginismus during pregnancy, childbirth, the stay in follow-up of birth and the perineal rehabilitation.

References :

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