



NICOLAUS COPERNICUS  
UNIVERSITY  
IN TORUŃ

**Journal of Education, Health and Sport. 2026;88:69515**

**eISSN 2391-8306.**

**<https://doi.org/10.12775/JEHS.2026.88.69515>**



**Journal of Education, Health and Sport. eISSN 2450-3118**

**Journal Home Page**

**<https://apcz.umk.pl/JEHS/index>**

FENGIER, Maria, GRZELAK, Oliwia, TRZASKOWSKI, Jakub, KĄCIKOWSKA, Justyna, SORDYL, Katarzyna, ROGULSKI, Krzysztof, KUŚMIERCZYK, Weronika, MAJKOWSKA, Magdalena, BOLEK, Oliwia, and SZCZEPAŃSKI, Piotr. Postpartum Sexual Health After Different Modes of Delivery, Implications for Patient Education – A Narrative Review. *Journal of Education, Health and Sport*. 2026;88:69515. eISSN 2391-8306.  
<https://doi.org/10.12775/JEHS.2026.88.69515>

The journal has had 40 points in Minister of Science and Higher Education of Poland parametric evaluation. Annex to the announcement of the Minister of Education and Science of 05.01.2024 No. 32318. Has a Journal's Unique Identifier: 201159. Scientific disciplines assigned: Physical culture sciences (Field of medical and health sciences); Health Sciences (Field of medical and health sciences). Punkty Ministerialne 40 punktów. Załącznik do komunikatu Ministra Nauki i Szkolnictwa Wyższego z dnia 05.01.2024 Lp. 32318. Posiada Unikatowy Identyfikator Czasopisma: 201159. Przypisane dyscypliny naukowe: Nauki o kulturze fizycznej (Dziedzina nauk medycznych i nauk o zdrowiu); Nauki o zdrowiu (Dziedzina nauk medycznych i nauk o zdrowiu). © The Authors 2026; This article is published with open access at Licensee Open Journal Systems of Nicolaus Copernicus University in Torun, Poland  
Open Access. This article is distributed under the terms of the Creative Commons Attribution Noncommercial License which permits any noncommercial use, distribution, and reproduction in any medium, provided the original author (s) and source are credited. This is an open access article licensed under the terms of the Creative Commons Attribution Non commercial license Share alike. (<http://creativecommons.org/licenses/by-nc-sa/4.0/>) which permits unrestricted, non commercial use, distribution and reproduction in any medium, provided the work is properly cited.  
The authors declare that there is no conflict of interests regarding the publication of this paper.  
Received: 03.03.2026. Revised: 13.03.2026. Accepted: 13.03.2026. Published: 15.03.2026.

## **Postpartum Sexual Health After Different Modes of Delivery, Implications for Patient Education – A Narrative Review**

**Maria Fengier<sup>1</sup>**

ORCID <http://orcid.org/0009-0002-9201-5703>

E-mail: [maria.fengier@op.pl](mailto:maria.fengier@op.pl)

<sup>1</sup> Medical University of Warsaw

Warsaw, Poland

**Oliwia Grzelak<sup>2</sup>**

ORCID <http://orcid.org/0009-0001-3649-1134>

E-mail: ogrzelak@protonmail.com

<sup>2</sup> Mazowiecki Szpital Bródnowski

Warsaw, Poland

**Jakub Trzaskowski<sup>3</sup>**

ORCID <http://orcid.org/0009-0001-1517-0948>

E-mail: trzaskowski.jakub@gmail.com

<sup>3</sup> Gajda-Med District Hospital, Pułtusk, Poland

**Justyna Kącikowska<sup>4</sup>**

ORCID <http://orcid.org/0009-0007-1399-9553>

E-mail: kacikowskajustyna@gmail.com

<sup>4</sup> Wolski Hospital named after Dr Anna Gostyńska

Warsaw, Poland

**Katarzyna Sordyl<sup>5</sup>**

ORCID <http://orcid.org/0009-0005-1438-154X>

E-mail: kasordyl@gmail.com

<sup>5</sup> Samodzielny Publiczny Zespół Zakładów Opieki Zdrowotnej w Wyszowie

Wyszów, Poland

**Krzysztof Rogulski<sup>6</sup>**

ORCID <http://orcid.org/0009-0006-7091-0546>

E-mail: krogul12@gmail.com

<sup>6</sup> National Medical Institute of the Ministry of Interior and Administration

Warsaw, Poland

**Weronika Kuśmierczyk<sup>7</sup>**

ORCID <http://orcid.org/0009-0000-5704-1485>

E-mail: weronika.kusmierczyk51@gmail.com

<sup>7</sup> Samodzielny Publiczny Szpital Kliniczny im. prof. W. Orłowskiego CMKP

Warsaw, Poland

**Magdalena Majkowska<sup>1</sup>**

ORCID <http://orcid.org/0009-0001-7472-9537>

E-mail: [magdalenamajkowska3@gmail.com](mailto:magdalenamajkowska3@gmail.com)

<sup>1</sup> Medical University of Warsaw

Warsaw, Poland

**Oliwia Bolek<sup>8</sup>**

ORCID <http://orcid.org/0009-0006-2399-9808>

E-mail: [oliwia.bolek99@gmail.com](mailto:oliwia.bolek99@gmail.com)

<sup>8</sup> Central Clinical Hospital of the Medical University of Warsaw

Warsaw, Poland

**Piotr Szczepański<sup>9</sup>**

ORCID <http://orcid.org/0009-0007-1064-6947>

E-mail: [piotr.szczepanski.med@gmail.com](mailto:piotr.szczepanski.med@gmail.com)

<sup>9</sup> University Clinical Centre of the Medical University of Warsaw, The Infant Jesus Clinical Hospital

Warsaw, Poland

**Corresponding Author**

Maria Fengier, E-mail: [maria.fengier@op.pl](mailto:maria.fengier@op.pl)

**Abstract**

**Background.** Female sexual dysfunction is a common problem among women in the postpartum period. Changes in sexual satisfaction are often attributed to hormonal changes, perinatal trauma, anxiety and relational problems. In recent years, increasing attention has been paid to instrumental obstetric interventions during delivery, the mode of birth, and their potential impact on women's sexual function. Postpartum sexual health is often neglected and disregarded as an unimportant part of human life. Although many women fear its decline in the postpartum, the impact of the mode of delivery on sexual health remains insufficiently addressed in educational programs.

**Aim.** The aim of this narrative review was to investigate the relationship between the mode of delivery and postpartum sexual function.

**Materials and methods.** A total of 18 studies were selected to analyze the possible correlation between the mode of delivery and sexual function. Various instruments assessing sexual function were used, including the FSFI, self-report questionnaires, SQOL, SHOW-Q. The primary database used for the literature search was PubMed for studies published between 2009 and 2025. Additionally, reference lists of relevant articles were screened.

**Results.** The majority of studies included in this review demonstrated no long-term difference in overall sexual function between vaginal delivery and cesarean section. Some studies, however, reported transient sexual dysfunction in the early postpartum period.

**Conclusions.** The analysis demonstrated that the mode of delivery has no long-term effect on women's sexual function, although some studies reported transient dysfunction in the early postpartum period. Counseling and education of pregnant women are important in addressing concerns about postpartum sexual dysfunction.

**Keywords:** postpartum, sexual health, vaginal delivery, cesarean section, FSFI, education

## 1. Introduction

Sexual dysfunction in the postpartum period is a significant health concern affecting a substantial proportion of women. Research indicates that up to 41–83% of women may experience sexual dysfunction at 3 months postpartum, and up to 38% do not return to their pre-pregnancy level of sexual function (Gutzeit et al., 2020).

Female sexual function is a multifactorial construct influenced by several aspects, such as biological factors (hormonal changes, lactation, perinatal trauma) as well as psychological factors (anxiety, depression, body image changes) (Sędziak, 2026).

In recent years, considerable attention has been paid to the impact of mode of delivery on sexual function in the postpartum period. Vaginal delivery is often associated with short-term perineal damage and long-term changes in the pelvic floor (Gutzeit et al., 2020), raising concerns about its influence on sexual function. Consequently, some women express a preference for cesarean section, as they believe it would preserve their sexual function.

Research in this area is clinically relevant, as it can help women make informed decisions about pregnancy and improve counseling regarding possible changes in sexual health postpartum.

Existing studies demonstrate heterogeneous results, with inconsistencies between short-term and long-term outcomes, as well as variability in the instruments used to assess sexual function. Therefore, the aim of this study was to review the available research comparing vaginal delivery and cesarean section and their effect on female sexual function.

### 1.1 Research objective

The objective of this study was to evaluate the evidence comparing the effect of vaginal delivery and cesarean section on sexual function in the postpartum period.

### 1.2 Research Problems

1. Does the mode of delivery influence postpartum sexual function?
2. Is there a difference in sexual function in the short term and in the long term?
3. Do obstetric interventions have an impact on postpartum sexual function?

### 1.3 Research hypotheses

H1. The mode of delivery does not have a significant impact on long-term sexual function.

H2. Mode of delivery may have a short-term influence on postpartum sexual function.

## 2. Research materials and methods

### 2.1 Participants

This narrative review included 18 studies published between 2009 and 2025, investigating a total of 45,372 women and assessing sexual function after vaginal delivery and cesarean section in the postpartum period.

### 2.2 Procedure / Instruments

The primary database used for this review was PubMed. Studies comparing sexual function after vaginal delivery and cesarean section in the postpartum period were selected based on their relevance to the research objective.

Due to the narrative character of the review, no strict exclusion criteria were applied. Studies of various designs, including cross-sectional and cohort studies, were included.

The instruments used to assess sexual function included the Female Sexual Function Index (FSFI), Sexual Health Outcomes in Women Questionnaire (SHOW-Q), Sexual Quality of Life Questionnaire (SQOL), structured interviews, and self-reported questionnaires.

### 2.3 Data collection and analysis

The data were extracted from the selected studies and qualitatively synthesized. The results were analyzed descriptively, with particular attention to short-term and long-term postpartum outcomes. Although this is a narrative review, elements of quality assessment (NOS) were applied to cohort studies.

#### 2.3.1 Statistical software

No statistical software was used, as this was a qualitative narrative review. Statistical methods were not applicable.

#### 2.3.2 AI

AI tools were solely used for linguistic refinement of the manuscript.

#### 2.3.3 Statistical Methods

Not applicable.

Table 1 Summary of studies comparing vaginal delivery (VD) and cesarean section (CS) and their impact on sexual function

Author (Year)	N (VD/CS)	Study Design	Instrument
Dabiri 2014	150 (81/69)	Cross-sectional descriptive	FSFI
Doke 2021	3112 (1556/1556)	Observational cohort	Interview (yes/no)
Hosseini 2012	213 (144/99)	Retrospective cross-sectional	FSFI
Yee 2013	160 (75%/25%)	Prospective cohort	Modified SHOW-Q
Tartaglia 2025	80 (80/0)	Prospective observational	FSFI
Szöllősi 2022	293 (144/149); 95 at 12 months (58/37)	Prospective cohort	FSFI, EPDS, RAS
Hjorth 2019	37,417 (28,611/8,806)	Prospective cohort	Self-reported questionnaire

Chang 2015	351 (200/151)	Prospective longitudinal	FSFI, CES-D, SF-MPQ
Crane 2013	109 (53/56)	Retrospective cohort	PFDI-20, FSFI
Klein 2009	99 (55/44)	Prospective cohort	FSFI
Alesheikh 2016	450 (225/225)	Cross-sectional	FSFI, DASS-21
Ghorat 2017	177 (123/54)	Cross-sectional	FSFI
Terece 2024	228 (51/177)	Cross-sectional	FSFI
El Sayed 2017	277 (140/137)	Cross-sectional	FSFI, SQOL
Baglar 2025	240 (160/80)	Cross-sectional	FSFI
McDonald 2015	1507 (876/368)	Prospective cohort	Self-report questionnaire
Malchi 2016	306 (153/153)	Historical cohort	FSFI
Amiri 2015	203 (90/113)	Prospective cohort	FSFI

Table 2. Main results and follow-up of included studies

Author (Year)	Main Results	Follow-up	NOS
Dabiri 2014	No significant difference between mode of delivery and sexual function	3 & 6 months	7/9
Doke 2021	6 weeks: higher non-resumption after CS (RR 1.14); lower dyspareunia (RR 0.59). 6 months: no difference in resumption; dyspareunia lower after CS (RR 0.49)	4 weeks, 6 weeks, 6 months	8/9
Hosseini 2012	No significant difference in six FSFI domains	6–24 months	8/9
Yee 2013	No significant difference between delivery modes	8–10 weeks; 6–8 months	9/9
Tartaglia 2025	Transient sexual dysfunction at 3 months; perineal tears and marital status influential	3 months	7/9
Szöllősi 2022	No difference by delivery type; depression and relationship problems correlated with FSD	3, 6, 12 months	7/9

Hjorth 2019	Cesarean section does not protect against long-term sexual problems	11–16 years	9/9
Chang 2015	No association after 6 weeks postpartum	Up to 12 months	8/9
Crane 2013	No significant difference at 1 year postpartum	1 year	6/9
Klein 2009	No significant difference at 12–18 months	12–18 months	7/9
Alesheikh 2016	No significant difference between VD and CS groups	12 weeks–6 months	-
Ghorat 2017	No significant difference 2 years postpartum	2 years	-
Terece 2024	Sexual dysfunction more pronounced in VD group	3–12 months	-
El Sayed 2017	No statistically significant difference	3–6 months	-
Baglar 2025	CS associated with higher sexual function scores at 3 months	3 months	-
McDonald 2015	Emergency CS and vacuum delivery increased dyspareunia risk at 18 months	3, 6, 12, 18 months	9/9
Malchi 2016	No significant difference between VD and CS	6 & 18 months	
Amiri 2015	No statistically significant difference between NVD and CS	3–6 months	8/9

### 3. Research results

#### 3.1 Long-term outcomes

Most research included in this review did not demonstrate a significant difference between the mode of delivery and overall sexual function in long-term follow-up (Hjorth et al., 2019; Klein et al., 2009; Hosseini et al., 2012).

### 3.2 Short-term outcomes

In contrast, some studies showed a lower risk of dyspareunia after cesarean section, particularly in short-term follow-up. Doke et al. (2021) reported a lower risk of dyspareunia after CS at 6 weeks (RR 0.59) and 6 months (RR 0.49) compared to vaginal delivery. Baglar et al. (2025), on the other hand, observed a reduced risk of dyspareunia following CS at 3-month follow-up. Studies also demonstrated an increased prevalence of transient sexual dysfunction in the early postpartum period (Tartaglia et al., 2025; Terece et al., 2024).

### 3.3 Obstetric interventions

In contrast, McDonald et al. (2015) found that instrumental delivery, such as vacuum extraction, as well as emergency CS, was associated with an increased risk of sexual dysfunction at 18 months postpartum.

## 4. Discussion

The majority of studies have consistently demonstrated no significant effect of the mode of delivery on women's sexual function. Research using standardized methodology such as FSFI or SHOW-Q, which include assessment of multiple domains of sexual function such as sexual satisfaction, orgasm, desire, and pelvic problems presented a broader and more comprehensive evaluation of sexual outcomes. In contrast, research assessing solely resumption to sexual activity after delivery or dyspareunia focused on partial elements determining one's sexual function which may have influenced the reported results.

An important aspect of evaluating postpartum sexual function is the progression or regression of symptoms over time. Long follow-up studies with observation time over 1 year offer a more comprehensive perspective on the dynamic changes in sexuality function. Hjorth et al. (2019) with an 11-16-year follow-up period and inclusion of women with multiple pregnancies over time, demonstrated that the long-term effect of the mode of delivery is not significant. Conversely, short-term cross-sectional studies have mainly focused on assessment during earlier postpartum periods, during which the decrease of sexual function could be attributed to other factors such as post-operative pain following cesarean section, breastfeeding-related hormonal changes and postpartum depression, rather than to delivery mode alone.

Importantly, substantial heterogeneity in the methodology was identified among the studies included. In Klein et al. (2009), Ghorat et al. (2017), Alesheikh et al. (2016), women who had undergone instrumental delivery, third and fourth degree tears, as well as vacuum and forceps

were excluded from the study. Most studies using this methodology reported no difference between vaginal delivery and cesarean section in terms of sexual function outcomes.

In contrast, McDonald et al. (2015), which additionally analyzed vacuum, forceps, and anal sphincter tears showed an increase in the risk of dyspareunia in the postpartum period, which suggests that obstetric intervention may have greater influence on the sexual function than solely the mode of delivery.

During delivery, many changes occur in women's bodies which can consequently affect their sexual function in the postpartum period. Great importance has been attributed to the state of pelvic floor after delivery. Women often fear that such events as minor tears, lacerations, painful hemorrhoids and constipation occurring after the vaginal delivery or even the mode of delivery itself will affect their sexual function (Fonti et al., 2009). Consequently, many women express a preference for cesarean section as the method of delivery. These findings might be an important counselling factor showing no long-term risk for women as far as the sexual function is concerned. This review may therefore help reduce the number of cesarean sections performed due to women's concerns about their sexual function.

#### 4.1 Public Health and Educational Implications

Given the fact that the rate of cesarean section in many countries is rising and that many women fear a decline of sexual function as a result of vaginal delivery, there is a need for further educational programs addressing women's concerns as well as structured counselling programs. Healthcare professionals play an important role in the educational process in this matter. Providing evidence-based information about postpartum sexual health may help reduce anxiety and support decision-making.

#### 4.2 Limitations

An important limitation of this review is the heterogeneity in the methodologies of the included studies. Researchers differed in their selected populations, some excluded women with obstetric problems, others included them and analyzed them separately, which does not provide a clear picture of the real cause of the sexual dysfunction. Another important limitation is the substantial number of cross-sectional studies included in this paper, as well as studies focusing only on short-term follow-up observations, which do not provide a full perspective on the dynamic changes in sexual function over time. There is also a potential risk of bias stemming from the fact that factors such as surgery-related pain, early postpartum hypoestrogenism or

other psychological changes after delivery may contribute to decreased sexual function and cannot be solely attributed to the mode of delivery.

## 5. Conclusion

The findings of this paper were enriched by several new studies concerning women's sexual function. However, its conclusions are consistent with previous reviews (Nikolaidou et al., 2022) and demonstrate that there is no long-term relationship between the mode of delivery and sexual function in women. There is, however, a risk of short-term sexual dysfunction in the early postpartum period. Therefore, pregnant women should be educated about the possible changes in their sexual health after delivery. These findings highlight the importance of high-quality educational programs improving sexual health awareness. Protective measures aimed at maintaining women's sexual function should be further studied and considered during pregnancy.

### Funding:

This research received no external funding

### Conflicts of Interest:

The authors declare no conflict of interest

### Author Contributions:

Conceptualization: Maria Fengier

Methodology: Maria Fengier

Literature search: Maria Fengier, Katarzyna Sordyl

Data extraction and qualitative synthesis: Maria Fengier

Original draft preparation: Maria Fengier

Review and editing: Jakub Trzaskowski, Justyna Kącikowska, Oliwia Grzelak, Oliwia Bolek, Magdalena Majkowska, Weronika Kuśmierczyk, Krzysztof Rogulski

Supervision: Piotr Szczepański

All authors have read and agreed to the published version of the manuscript.

### Institutional Review Board Statement:

Not applicable

Informed Consent Statement:

Not applicable

Data Availability statement:

Data are contained within the article

Ethical Approval:

Not applicable. This study is a narrative review.

Use of AI Tools

AI tools were used solely for linguistic refinement of the manuscript.

## References

1. Alesheikh, A., Jafarnejad, F., Esmaily, H., & Asgharipour, N. (2016). The relationship between mode of delivery and sexual function in nulliparous women. *Journal of Midwifery and Reproductive Health, 4*.
2. Amiri, F. N., Omidvar, S., Bakhtiari, A., & Hajiahmadi, M. (2017). Female sexual outcomes in primiparous women after vaginal delivery and cesarean section. *African Health Sciences, 17*(3), 623–631. <https://doi.org/10.4314/ahs.v17i3.4>
3. Baglar, I., Keles, E., & Bayık, R. (2025). Effect of mode of delivery on postpartum sexual function: A cross-sectional study. *Eastern Journal of Medicine, 30*. <https://doi.org/10.5505/ejm.2025.64497>
4. Chang, S. R., Chen, K. H., Ho, H. N., Lai, Y. H., Lin, M. I., Lee, C. N., et al. (2015). Depressive symptoms, pain, and sexual dysfunction over the first year following vaginal or cesarean delivery: A prospective longitudinal study. *International Journal of Nursing Studies, 52*(9), 1433–1444. <https://doi.org/10.1016/j.ijnurstu.2015.04.019>
5. Crane, A. K., Geller, E. J., Bane, H., Ju, R., Myers, E., & Matthews, C. A. (2013). Evaluation of pelvic floor symptoms and sexual function in primiparous women who underwent operative vaginal delivery versus cesarean delivery for second-stage arrest. *Female Pelvic Medicine & Reconstructive Surgery, 19*(1), 13–16. <https://doi.org/10.1097/SPV.0b013e31827bfd7b>
6. Dabiri, F., Yabandeh, A. P., Shahi, A., Kamjoo, A., & Teshnizi, S. H. (2014). The effect of mode of delivery on postpartum sexual functioning in primiparous women. *Oman Medical Journal, 29*(4), 276–279. <https://doi.org/10.5001/omj.2014.72>

7. Doke, P. P., Vaidya, V. M., Narula, A. P. S., Patil, A. V., Panchanadikar, T. M., & Wagh, G. N. (2021). Risk of non-resumption of vaginal sex and dyspareunia among cesarean-delivered women. *Journal of Family Medicine and Primary Care*, 10(7), 2600–2607. [https://doi.org/10.4103/jfmpe.jfmpe\\_2482\\_20](https://doi.org/10.4103/jfmpe.jfmpe_2482_20)
8. El Sayed, H. A. E., Ramadan, S. A. E. S., Ibrahim, H. A. F., & Moursi, H. A. A. (2017). The effect of mode of delivery on postpartum sexual function and sexual quality of life in primiparous women. *American Journal of Nursing Science*, 6(4), 347–357. <https://doi.org/10.11648/j.ajns.20170604.19>
9. Fonti, Y., Giordano, R., Cacciatore, A., Romano, M., & La Rosa, B. (2009). Post partum pelvic floor changes. *Journal of Prenatal Medicine*, 3(4), 57–59.
10. Ghorat, F., Esfehiani, R. J., Sharifzadeh, M., Tabarraei, Y., & Aghahosseini, S. S. (2017). Long-term effect of vaginal delivery and cesarean section on female sexual function in primipara mothers. *Electronic Physician*, 9(3), 3991–3996. <https://doi.org/10.19082/3991>
11. Gutzeit, O., Levy, G., & Lowenstein, L. (2020). Postpartum female sexual function: Risk factors for postpartum sexual dysfunction. *Sexual Medicine*, 8(1), 8–13. <https://doi.org/10.1016/j.esxm.2019.10.005>
12. Hjorth, S., Kirkegaard, H., Olsen, J., Thornton, J. G., & Nohr, E. A. (2019). Mode of birth and long-term sexual health: A follow-up study of mothers in the Danish National Birth Cohort. *BMJ Open*, 9(11), e029517. <https://doi.org/10.1136/bmjopen-2019-029517>
13. Hosseini, L., Iran-Pour, E., & Safarinejad, M. R. (2012). Sexual function of primiparous women after elective cesarean section and normal vaginal delivery. *Urology Journal*, 9(2), 498–504.
14. Klein, K., Worda, C., Leipold, H., Gruber, C., Husslein, P., & Wenzl, R. (2009). Does the mode of delivery influence sexual function after childbirth? *Journal of Women's Health*, 18(8), 1227–1231. <https://doi.org/10.1089/jwh.2008.1198>
15. Malchi, F., Afshari, P., Bostani, H., & Rasekh, A. (2016). Assessment of the relationship between modes of delivery and sexual function in primiparous women. *International Journal of Pharmaceutical Research and Allied Sciences*, 5(3), 307–310.
16. McDonald, E. A., Gartland, D., Small, R., & Brown, S. J. (2015). Dyspareunia and childbirth: A prospective cohort study. *BJOG: An International Journal of Obstetrics & Gynaecology*, 122(5), 672–679. <https://doi.org/10.1111/1471-0528.13263>

17. Nikolaidou, E., Antoniou, E., Sarella, A., Iliadou, M., Orovou, E., & Dagla, M. (2022). The effect of type of delivery on female postpartum sexual functioning: A systematic review. *Healthcare*, 10(7), 1212. <https://doi.org/10.3390/healthcare10071212>
18. Sędziak, O. (2026). Postpartum depression and sexual dysfunction: A literature review. *Journal of Sexual and Mental Health*, 24, e03326003. <https://doi.org/10.5603/jsmh.108840>
19. Szöllösi, K., Komka, K., & Szabó, L. (2022). Risk factors for sexual dysfunction during the first year postpartum: A prospective study. *International Journal of Gynecology & Obstetrics*, 157(2), 303–312. <https://doi.org/10.1002/ijgo.13892>
20. Tartaglia, S., Puri, L., Brugnoli, F., Quintiliani, F., Allegrini, C., Gallitelli, V., et al. (2025). Sexual function after vaginal delivery in primiparous women: A perspective in the first months postpartum. *Healthcare*, 13(5), 566. <https://doi.org/10.3390/healthcare13050566>
21. Terece, C., Turan, G., Uçkan, H. H., Eser, A., Özler, M. R., & Dunyamalyeva, A., et al. (2024). Impact of delivery mode on sexual functions in the first year after childbirth: A comparative study of vaginal and cesarean sections. *Thai Journal of Obstetrics and Gynaecology*, 32, 365–376.
22. Yee, L. M., Kaimal, A. J., Nakagawa, S., Houston, K., & Kuppermann, M. (2013). Predictors of postpartum sexual activity and function in a diverse population of women. *Journal of Midwifery & Women's Health*, 58(6), 654–661. <https://doi.org/10.1111/jmwh.12068>