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SYSTEMATIC, INTEGRATIVE, AND SCOPING REVIEWS

THE ASSOCIATION BETWEEN MODE OF DELIVERY AND SEXUAL DYSFUNCTION IN THE POSTPARTUM PERIOD: A SCOPING REVIEW

A ASSOCIAÇÃO DO MODO DE PARTO E DISFUNÇÃO SEXUAL NO PERÍODO PÓS-PARTO: UMA REVISÃO DE ESCOPO

LA ASOCIACIÓN ENTRE EL MODO DE PARTO Y LA DISFUNCIÓN SEXUAL EN EL PERÍODO POSPARTO: UNA REVISIÓN DE ALCANCE

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Abstract: The puerperium is a period marked by various changes in the female body that may lead to female sexual dysfunction, with no clear consensus on which mode of delivery influences the onset of this condition. The present study aimed to identify research that associates the type of childbirth with female sexual dysfunction. This is a scoping review conducted in the timespan between September and October 2025 in the PubMed, Scopus, Web of Science, Embase, and Lilacs databases. The inclusion criteria chosen were: observational studies with samples consisting of postpartum women who were sexually active up to the time of the study, had undergone childbirth, and had at least one assessment of sexual function. Seventeen studies were included, totaling 6,636 women, 71.2% of whom had vaginal births. The association between mode of delivery and sexual function was inconclusive; however, births resulting in perineal trauma were most frequently associated with sexual dysfunction. Desire, pain, satisfaction, and lubrication were the most affected domains. Mode of delivery, particularly when associated with perineal injuries, may negatively affect aspects of female sexual function in the postpartum period, although the findings vary across studies and populations.

Keywords: Parturition; Sexual dysfunction; Postpartum period.

Resumo: O puerpério compreende um período que acarreta diversas modificações ao organismo feminino que podem desencadear disfunção sexual feminina, não havendo clareza sobre qual tipo de parto influencia no aparecimento desse distúrbio. O objetivo deste estudo foi identificar pesquisas que associam o tipo de parto à disfunção sexual feminina. Este estudo aborda uma revisão de escopo realizada no período de setembro a outubro de 2025, nas bases de dados Pubmed, Scopus, Web of Science, Embase e Lilacs. Os critérios de inclusão foram: estudos observacionais, com amostra composta por puérperas que possuíam vida sexual ativa até o período da pesquisa, que foram submetidas aos tipos de parto, com pelo menos uma avaliação da função sexual. Foram selecionados 17 estudos que totalizaram 6.636 mulheres, 71,2% com parto vaginal. A associação entre modo de parto e função sexual foi inconclusiva, porém, partos que culminam com lesão perineal são os que mais causam disfunção sexual. Desejo, dor, satisfação e lubrificação foram os domínios mais afetados. O modo de parto, particularmente quando associado a lesões perineais, pode influenciar negativamente aspectos da função sexual feminina no pós-parto, embora os achados ainda apresentem variações importantes entre os estudos e populações analisadas.

Palavras-chave: Parto; Disfunção Sexual; Período Pós-parto.

Resumen: El puerperio comprende un período que conlleva diversas modificaciones en el organismo femenino que pueden desencadenar disfunción sexual femenina, sin que exista claridad sobre qué tipo de parto influye en la aparición de este trastorno. El objetivo de este estudio fue identificar investigaciones que asocien el tipo de parto con la disfunción sexual femenina. Este estudio consiste en una revisión de alcance realizada entre septiembre y octubre de 2025, en las bases de datos PubMed, Scopus, Web of Science, Embase y LILACS. Los criterios de inclusión fueron:

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estudios observacionales, con muestras compuestas por mujeres puérperas que mantenían una vida sexual activa hasta el período de la investigación, que habrían sido sometidas a diferentes tipos de parto, con al menos una evaluación de la función sexual. Fueron seleccionados diecisiete estudios que incluyeron un total de 6.636 mujeres, de las cuales el 71,2% tuvieron parto vaginal. La asociación entre el tipo de parto y la función sexual fue inconclusa; sin embargo, los partos que culminan con lesión perineal son los que más causan disfunción sexual. El deseo, el dolor, la satisfacción y la lubricación fueron los dominios más afectados. El tipo de parto, particularmente cuando se asocia a lesiones perineales, puede influir negativamente aspectos de la función sexual femenina durante el posparto, aunque los hallazgos aún presentan variaciones importantes entre los estudios y las poblaciones analizadas.

Palabras clave: Parto; Disfunción sexual; Período posparto.

Introduction

The puerperium, or postpartum period, begins with the expulsion of the placenta and extends until the maternal body has fully returned to its prepregnancy state. For didactic purposes, it is divided into the immediate, late, and remote postpartum periods (Vieira *et al.*, 2010). Throughout pregnancy and the puerperium, a woman's body undergoes several physiological changes, particularly musculoskeletal adaptations, including alterations in the spine, abdominal muscles, and pelvic floor (Monteiro *et al.*, 2021).

The pelvic floor muscles (PFMs) play a fundamental role in supporting the pelvic organs, maintaining urinary and anal continence, and directly contributing to female sexual function (You *et al.*, 2009). However, hypotonia or weakness of these muscles can impair their function, contributing to the development of disorders such as urinary incontinence and sexual dysfunction in women (Clayton; Juarez, 2019).

Female sexual dysfunction encompasses a wide range of clinical conditions that impair the female sexual response, including reduced sexual desire, arousal, and satisfaction, as well as pain associated with sexual intercourse (Kershaw; Swati, 2022). During the postpartum period, various physical, hormonal, and emotional changes may negatively affect the female sexual response cycle (Bolsoy *et al.*, 2023).

According to the literature, the phases of the sexual response cycle that decline during the postpartum period and may lead to sexual dysfunction are associated with breastfeeding (Dahlgren *et al.*, 2022), postpartum depression (Bárbara *et al.*, 2016; Khajehei *et al.*, 2015), and body image (Freitas *et al.*, 2024). The literature also indicates that sexual function improves as women recover and adapt to their prepregnancy condition (Dahlgren *et al.*, 2022; Freitas *et al.*, 2024). However, although studies have reported an association between mode of delivery and sexual dysfunction during this period, it remains unclear which mode of delivery is more strongly associated with this outcome. Further investigation is therefore needed to better understand this relationship.

In light of the above, it is important to expand knowledge of the physiological changes that occur during the postpartum period and their relationship with female sexual function, taking into account the influence of mode of delivery. This understanding is essential for developing public health initiatives aimed at preventing these conditions, which significantly affect women's quality of life. Furthermore, it can help guide multidisciplinary interventions and clinical approaches focused on the rehabilitation and maintenance of sexual health in this population. In this context, this study aimed to identify studies investigating the association between mode of delivery and female sexual dysfunction.

Methods

This study was conducted as a scoping review to synthesize knowledge and address an explanatory research question, mapping available data, types of evidence, and research gaps (Peters *et al.*, 2015). Accordingly, this review followed the *Joanna Briggs Institute* (JBI) Manual. The review protocol was registered with the *Open Science Framework* (DOI: 10.17605/OSF.IO/8FZA9). The review comprised the following stages: (1) identification of the research question; (2) identification of relevant studies; (3) study selection; (4) preparation of the data-charting process; (5) data charting; and (6) summarizing and reporting the results.

Based on the current literature, the following research question was formulated: “What evidence is available regarding the association between mode of delivery and sexual dysfunction during the postpartum

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period?"

The electronic search was conducted from August to September 2025 in the following databases: PubMed, Scopus, Web of Science, and Embase. Combinations and variations of keywords were used across all databases. A manual search was also conducted by screening the reference lists of the studies included in the review. Studies published within the previous five years (2020–2025) were selected, provided that they were available in full text, free of charge, and without language restrictions.

The search strategy included combinations of the following descriptors and keywords: "natural childbirth delivery," "vaginal delivery," "parturition," "cesarean section," "sexual dysfunction," "sexual function," and "postpartum period," combined using the Boolean operators AND and OR. The search strategy used for each of the selected databases is presented in Table 1.

Table 1 - Search strategy used in the selected databases

Databases	Search strategy
Pubmed Scopus Web of Science Embase	((((((natural childbirth delivery) OR (vaginal delivery)) OR (parturition)) OR (cesarean section)) AND (sexual dysfunction)) OR (sexual function)) AND (postpartum Period Sexual)

The inclusion criteria for this study were original research articles that met the Population–Concept–Context (PCC) framework proposed by the Joanna Briggs Institute (JBI, 2005), which was used to guide the study search strategy. Table 1 presents the PCC framework for this scoping review.

Table 2 - Population, Concept and Context

Population	Women in the postpartum period who are sexually active.
Concept	Female sexual dysfunction, including aspects such as sexual desire, arousal, lubrication, orgasm, satisfaction, and pain.
Context	Low-, middle-, and high-income countries. Original research articles, regardless of study design, published in Portuguese, English, or Spanish. No restrictions were applied regarding the type of healthcare setting.

This study included analytical observational, quasi-experimental, and experimental studies involving women at 3, 6, 12, and 18 months postpartum. Eligible studies included samples of postpartum women who were sexually active at the time of the study and had undergone different modes of delivery. Additionally, studies were required to include at least one assessment of female sexual function. Systematic reviews were excluded, although the reference lists of relevant articles were screened to ensure that all pertinent publications were identified. Studies providing general discussions without statistical measures, qualitative studies, and articles that did not address the proposed topic were also excluded. Conference abstracts, research letters, editorials, opinion pieces, letters to the editor, project evaluation notes or reports, and study protocols were likewise excluded.

Three independent reviewers conducted the initial search and study selection. Disagreements were resolved through discussion with senior researchers to reach a consensus regarding the search and selection procedures. Two independent authors screened the titles and abstracts.

Duplicate and triplicate records were counted only once with the assistance of Rayyan software. Studies meeting the inclusion criteria were selected based on the screening of titles and abstracts. Subsequently, two researchers independently assessed the full texts of the included articles. The main study characteristics extracted were authors, year of publication, country, language, study objective, sample characteristics, including age range or mean age, methods used, and the type of questionnaire employed to assess female sexual function. A data extraction form was developed to collect the information from these studies.

For data charting, two researchers independently extracted the data. The results were subsequently compared during a meeting held via videoconferencing. Two additional researchers were consulted whenever questions arose during the critical appraisal of the relevant findings or regarding the data extraction process

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for this review.

To interpret the findings concerning sexual dysfunction and mode of delivery, a thematic analysis of the extracted data from the included studies was performed. The data were organized according to the main variables of interest, considering the association between mode of delivery (vaginal delivery, vaginal delivery with interventions, such as episiotomy or forceps, and cesarean delivery) and the occurrence of female sexual dysfunction during the postpartum period. Regarding the association between mode of delivery and the presence of postpartum sexual dysfunction, findings with statistically significant *p*-values (i.e., $p < 0.05$) were extracted.

The results of this review are presented in a flowchart (Figure 1) and in a table that summarizes the main characteristics of the included studies and presents the scientific findings relevant to the research topic (Table 3).

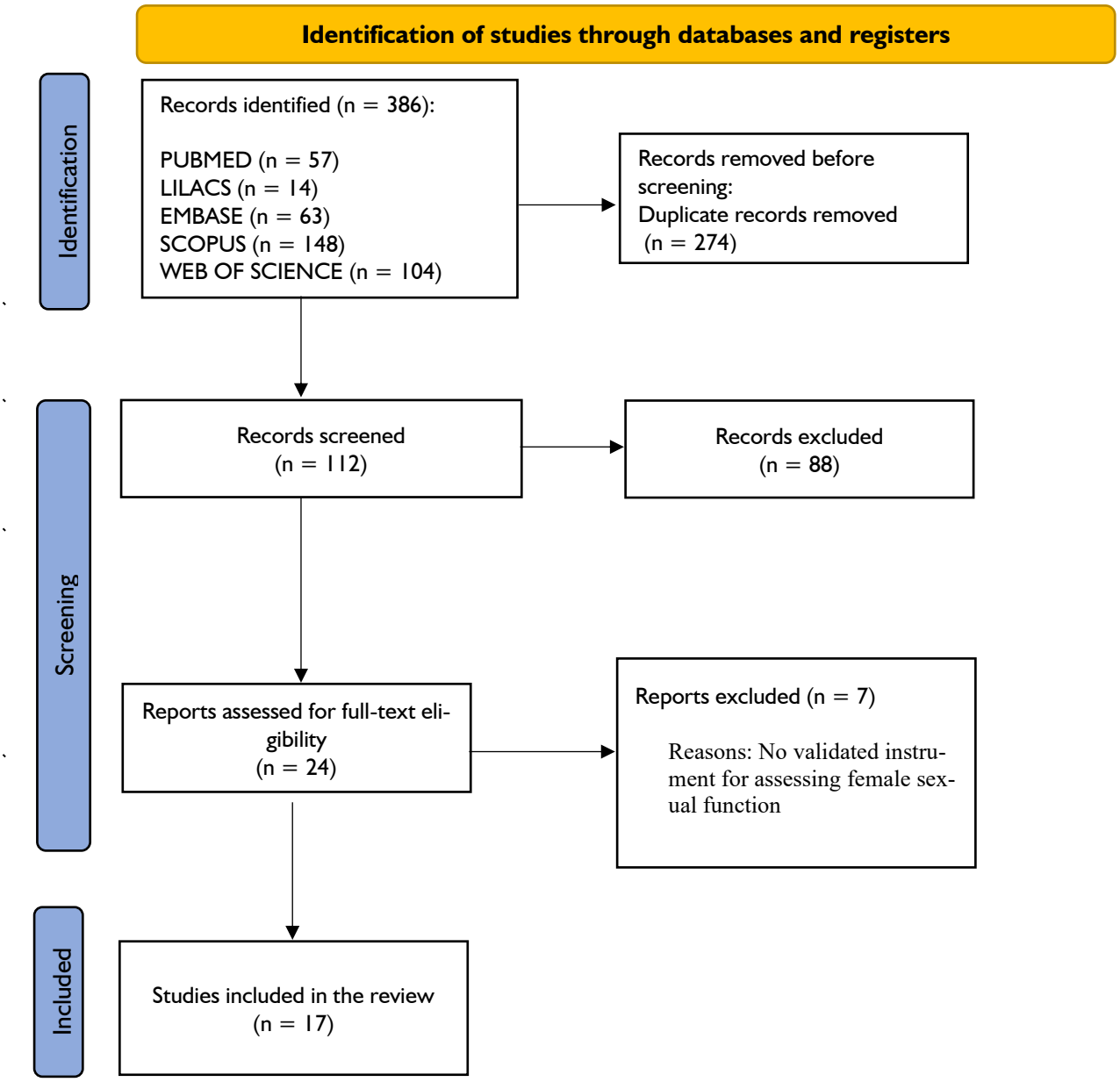
Results and Discussion

A summary of the electronic search conducted in August and September 2025 across the selected databases is presented in Figure 1. Initially, 386 articles were identified, of which 274 were excluded as duplicate or triplicate records, leaving 112 articles for title and abstract screening and assessment against the inclusion and exclusion criteria. Of these, 24 articles were assessed in full text, and only 17 met all the inclusion criteria and were therefore selected for this scoping review.

The characteristics of the articles examining the association between mode of delivery and sexual function in postpartum women are presented in Table 2. A total of 6,636 women participated in the 17 selected studies. Of these, 4,721 (71.2%) had vaginal deliveries, regardless of whether interventions were used. However, when the data were analyzed by country, the proportion of vaginal deliveries was significantly higher in studies conducted in high-income and developed countries (Dahlgren et al., 2022; Baud et al., 2020; Hidalgo-Lopezosa et al., 2022; Sigurdardottir et al., 2021; Spaich et al.; Zgliczynska et al., 2021; Hagenbeck et al., 2025; Artieta-Pinedo et al., 2025). According to a global assessment of cesarean delivery rates, developing countries, particularly those in Latin America and the Caribbean, have some of the highest cesarean delivery rates (Betrán et al., 2016). These differences across countries may reflect variations in healthcare systems, maternal healthcare policies, cultural preferences, and access to information about the risks and benefits of each mode of delivery (World Health Organization, 2015; Betrán et al., 2016).

Furthermore, most studies included in this review were conducted in developed or high-income countries, except studies from Brazil (Monteiro *et al.*, 2021; França *et al.*, 2024), Iran (Samiei *et al.*, 2024; Manouchehri *et al.*, 2023), Taiwan (Lee and Lu, 2023), and Turkey (Terece *et al.*, 2024). This predominance may reflect greater research infrastructure and funding for sexual health research in developed countries, where investment in science and technology is higher and public policies support scientific investigation and researcher training (UNESCO, 2020). This situation highlights the need to strengthen scientific research in developing countries and those classified as low- and middle-income countries to broaden understanding of experiences of sexuality across diverse contexts and promote more equitable and context-sensitive healthcare.

Figure 1 – Flowchart of the studies included in the review, 2025.



Source: Page *et al.*, 2021.

All articles included in this review used scales to assess female sexual function, with the *Female Sexual Function Index* (FSFI) being the most frequently used instrument, appearing in 10 studies (Ugwu, Dim, Elege, 2020; Samiei *et al.*, 2024; Baud *et al.*, 2020; Monteiro *et al.*, 2021; Cappel *et al.*, 2020; Spaich *et al.*, 2020; Zgliczynska *et al.*, 2021; Manouchehri *et al.*, 2023; Lee and Lu, 2023; Terece *et al.*, 2024). Sexual function is a multidimensional construct encompassing physiological, psychological, emotional, and social factors, reflecting the complexity of human sexual experience and its influence on quality of life (Calabrò *et al.*, 2021). In recognition of this multidimensional nature, internationally validated questionnaires assess various aspects of female sexual function. The FSFI, for example, evaluates desire, arousal, lubrication, satisfaction, orgasm, and pain (Rosen *et al.*, 2000). In addition to its multidimensional structure, the widespread use of the FSFI across the included studies may be attributable to its validation in several languages and cultural contexts (Neijenhuijs *et al.*, 2019), ease of administration, and broad recommendation as a standard instrument for studies on female sexual function (Meston *et al.*, 2020).

Female sexual dysfunction is recognized as a multifactorial condition involving biological, psychological, relational, and sociocultural factors (Huang *et al.*, 2024; Salari *et al.*, 2024). Previous studies have identified established risk factors, such as breastfeeding, as predictors of sexual dysfunction during the postpartum period (Matthies *et al.*, 2019; Szollosi and Szabo, 2021; Angelosova *et al.*, 2022). However, the predictive role

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of mode of delivery has not yet been firmly established in the current literature (Alimi *et al.*, 2023; Marvi *et al.*, 2021; Nikolaidou *et al.*, 2022). This finding is consistent with the results of the present study, which likewise found no significant differences between modes of delivery in terms of their impact on female sexual function.

In the present review, most studies compared vaginal delivery, without distinguishing between spontaneous and instrumental delivery, with cesarean delivery (Samiei *et al.*, 2024; Monteiro *et al.*, 2021; Sigurdardottir *et al.*, 2021; Cappel *et al.*, 2020; Zgliczynska *et al.*, 2021; Manouchehri *et al.*, 2023; Hagenbeck *et al.*, 2025; Lee and Lu, 2023; França *et al.*, 2024; Terece *et al.*, 2024). Four studies identified an association between mode of delivery and decreased sexual function (Sigurdardottir *et al.*, 2021; Zgliczynska *et al.*, 2021; Hagenbeck *et al.*, 2025; Terece *et al.*, 2024); however, two reported that vaginal delivery involving perineal laceration had a greater impact on sexual function (Zgliczynska *et al.*, 2021; Hagenbeck *et al.*, 2025). A review aimed at identifying risk factors for sexual dysfunction during the first year after childbirth found that women who underwent cesarean delivery had 0.68 times the odds of experiencing dyspareunia compared with women who underwent spontaneous vaginal delivery (Cattani *et al.*, 2021). However, another review found that, in the long term, planned cesarean delivery was associated with poorer sexual function across several domains compared with spontaneous vaginal delivery. Instrumental vaginal delivery was also associated with poorer sexual function than both spontaneous vaginal delivery and cesarean delivery (Fanshawe *et al.*, 2023). Instrumental vaginal delivery may cause perineal trauma, potentially impairing sexual function and resulting in reduced libido, lower orgasm frequency, sexual dissatisfaction, and increased pain during sexual intercourse (Fernandez-Fernandez and Medina-Moragas, 2024).

In the context of perineal trauma, four studies included in this review found that women with mild or no perineal trauma had better sexual function than those with moderate perineal trauma (Dahlgren *et al.*, 2022; Cappel *et al.*, 2022; Zgliczynska *et al.*, 2021; Lee and Lu, 2023). A study conducted in Sweden involving 954 postpartum women found that those who had experienced vaginal delivery with a second-degree perineal tear or anal sphincter injury were more likely to develop dyspareunia than those with a first-degree perineal tear or no perineal injury (Dahlgren *et al.*, 2022). Another study conducted in Canada involving 31 postpartum women and 18 nulliparous women also found that women who experienced no trauma or mild trauma reported greater sexual desire and arousal than those who experienced moderate trauma (Cappel *et al.*, 2020). Women with moderate to severe perineal trauma, such as more extensive second-degree tears or third- or fourth-degree tears, tend to experience persistent dyspareunia and lower sexual satisfaction because of greater muscle damage, more extensive scarring, and prolonged pain. In contrast, mild trauma is associated with better preservation of anatomical function, less pain, and faster recovery of sexual function (Gommesen *et al.*, 2019).

Regarding the domains of sexual function, six studies reported findings on their association with mode of delivery. Three studies identified associations with sexual desire; however, there was no consensus regarding which mode of delivery had the greatest influence on this domain (Cappel *et al.*, 2020; Hagenbeck *et al.*, 2025; Terece *et al.*, 2025). A study conducted in Germany found a positive association between cesarean delivery and sexual desire (Hagenbeck *et al.*, 2025), consistent with findings from a study conducted in Turkey, which reported that women who had vaginal deliveries had lower sexual desire than those who had cesarean deliveries (Terece *et al.*, 2025). However, a Canadian study found that women who had vaginal deliveries without trauma or with mild trauma reported greater sexual desire than those who experienced moderate trauma (Cappel *et al.*, 2020). The lack of consensus among these studies may be explained by the subjective nature of sexual desire, which is influenced by multiple individual, cultural, and contextual factors (Abdolmanafi *et al.*, 2018). Personal beliefs, relationship quality, emotional support, and the social and regional contexts in which women live may significantly affect how sexual desire is experienced and reported (van Lankveld, Jacobs, and Verboon, 2018).

Statistically significant findings regarding lubrication were reported in two studies. Both found that women who had vaginal deliveries experienced lower lubrication than those who had cesarean deliveries (Lee and Lu, 2023; Terece *et al.*, 2025). These findings differ from those of a systematic review in which the authors found no statistically significant differences between modes of delivery for most sexual function domains, including lubrication (Nikolaidou *et al.*, 2022).

Pain during sexual intercourse was assessed in all studies included in this review; however, only three

reported statistically significant findings for this domain (Baud et al., 2020; Lee and Lu, 2023; Terece et al., 2025). Nevertheless, the studies did not reach a consensus regarding the impact of mode of delivery on this domain. One study reported that women who underwent non-instrumental vaginal delivery experienced less pain than those who underwent cesarean delivery (Baud et al., 2020), whereas the other two studies found that women who underwent cesarean delivery reported less pain than those who had vaginal deliveries (Lee and Lu, 2023; Terece et al., 2025). These findings may be explained by the fact that both modes of delivery can have adverse effects on maternal health. Although vaginal delivery offers benefits, such as a lower risk of maternal complications, it may involve physical changes to the female genitalia, perineal trauma, and pain during sexual intercourse. In contrast, cesarean delivery does not cause perineal trauma, but postpartum discomfort, such as pain or discomfort at the surgical incision site, may negatively affect sexual function (Pereira et al., 2018).

Although the present study did not aim to evaluate interventions, the importance of strategies to promote sexual function during the postpartum period should be emphasized. Evidence from the literature suggests that approaches such as pelvic floor physiotherapy, health education, and multidisciplinary follow-up may contribute positively to the recovery of female sexual function. Accordingly, future studies should investigate the effectiveness of these interventions, particularly in relation to potential differences associated with mode of delivery.

One of the main limitations of this study was the heterogeneity in the postpartum time points considered in the included articles, which hindered data standardization and may have limited the comparability of findings across studies. This variation in assessment timing may directly influence outcomes related to sexual dysfunction, as physiological and psychological changes during the postpartum period evolve over time. Another relevant limitation was the lack of adequate control for potential confounding factors, such as postpartum depression, relationship quality, and a previous history of sexual dysfunction, all of which may significantly affect female sexual function independently of mode of delivery. Additionally, the exclusion of qualitative studies may have limited understanding of the subjective aspects of women's experiences of postpartum sexual dysfunction. Nevertheless, these limitations do not invalidate the findings of this study, as its objectives were achieved.

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Table 3 - Methodological Characteristics and Results of Studies Evaluating the Association Between Mode of Delivery and Sexual Dysfunction During the Postpartum Period, 2020–2025

	Authors (year), Country	Objective	Sample	Methods	Results
1	Fernandez-Fernandez, Medina-Moragas (2024), Spain	To investigate the effects and consequences of episiotomy and second-degree perineal tears on postpartum sexual function.	39 women with perineal tears and 44 women who underwent episiotomy.	Cross-sectional study. Instrument used to assess sexual function: WSF. Variables assessed: sexual function and pain during sexual activity.	No significant differences were found between the groups in any of the sexual function domains ($p > 0.05$).
2	Dahlgren *et al.* (2022), Sweden	To assess sexual function in early pregnancy and after childbirth and explore the impact of mode of delivery on sexual function at 12 months postpartum.	148 women who underwent cesarean delivery, 658 women who underwent spontaneous vaginal delivery, and 148 women who underwent forceps-assisted vaginal delivery.	Prospective cohort study. Instrument used to assess sexual function: PISQ-12. Variables assessed: sexual function in early and late pregnancy, at 8 weeks postpartum, and at 12 months postpartum; mode of delivery; perineal tears; vaginal tears; self-reported health; body mass index (BMI); educational level; and age.	Women with second-degree perineal tears and anal sphincter injuries had 1.69 and 4.32 times the odds of developing dyspareunia, respectively, compared with women without perineal injuries or with first-degree tears ($p < 0.05$). No association was found when these outcomes were compared with cesarean delivery ($p > 0.05$).
3	Ugwu, Dim, Elege (2020), Nigeria	To compare postpartum sexual function between women who underwent cesarean delivery and those who underwent vaginal delivery.	43 women who underwent cesarean delivery and 48 women who underwent vaginal delivery.	Prospective cohort study. Instrument used to assess sexual function: Female Sexual Function Index (FSFI). Variables assessed: sexual function at 6 weeks and 3 months postpartum, and resumption of sexual activity.	There was no significant difference in overall sexual function between the groups ($p > 0.05$). Women who underwent vaginal delivery with perineal tears or episiotomy had lower scores for orgasm, pain, and satisfaction.
4	Samiei *et al.* (2024), Iran	To assess changes in genital self-image and their correlation with sexual function in women during pregnancy and the postpartum period.	165 women who underwent cesarean delivery and 67 women who underwent vaginal delivery.	Prospective cohort study. Instrument used to assess sexual function: Female Sexual Function Index (FSFI). Variables assessed: sexual function before childbirth and at 12 to 16 weeks postpartum, and female genital self-image.	No significant association was observed between sexual function and mode of delivery ($p > 0.05$).
5	Baud *et al.* (2020), Sweden	To assess bowel, urinary, and sexual symptoms six years after childbirth, comparing non-	208 women who underwent cesarean delivery and 309 women	Cross-sectional study.	At 6 years postpartum, women who underwent cesarean delivery reported 2.5 times more pain during

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		instrumental vaginal delivery with elective cesarean delivery.	who underwent vaginal delivery.	Instrument used to assess sexual function: Female Sexual Function Index (FSFI). Variables assessed: sexual function 6 years postpartum and the presence of urinary, bowel, and sexual symptoms.	sexual intercourse than women who underwent non-operative vaginal delivery ($p = 0.002$).
6	Hidalgo-Lopezosa *et al.* (2022), Spain	To determine the prevalence of female sexual dysfunction among postpartum women and identify associated factors.	27 women who underwent cesarean delivery and 90 women who underwent vaginal delivery.	Cross-sectional study. Instrument used to assess sexual function: QSF. Variables assessed: postpartum sexual function, postpartum self-esteem, and sociodemographic, obstetric, neonatal, and psychological variables.	Women who underwent operative vaginal delivery had 11.2 times the odds of experiencing sexual dysfunction compared with those who underwent episiotomy, cesarean delivery, or non-operative vaginal delivery ($p = 0.036$).
7	Monteiro *et al.* (2021), Brazil	To assess sexual function in postpartum women following a pelvic floor muscle training program	14 women who underwent cesarean delivery and 14 women who underwent vaginal delivery.	Prospective pilot study. Instrument used to assess sexual function: Female Sexual Function Index (FSFI). Variables assessed: postpartum sexual and urinary function, and pelvic floor muscle strength.	No significant difference was observed in sexual function according to mode of delivery ($p > 0.05$).
8	Sigurdardottir *et al.* (2021), Iceland	To identify the prevalence of pelvic floor disorders (PFDs) and related bother among primiparous women 6 to 10 weeks postpartum and compare cesarean delivery with vaginal delivery.	120 women who underwent cesarean delivery and 601 women who underwent vaginal delivery.	Cross-sectional study. Instrument used to assess sexual function: Australian Pelvic Floor Questionnaire (APFQ). Variables assessed: sexual function, body mass index (BMI), and pelvic floor disorders.	Women who underwent vaginal delivery were found to have lower sexual function scores ($p = 0.020$).
9	Cappel *et al.* (2020), Canada	To compare genital and subjective sexual responses, as well as sexual function, among women who underwent different modes of delivery, including a control group of nulliparous women.	15 women who underwent cesarean delivery, 16 women who underwent vaginal delivery, and 18 nulliparous women.	Cross-sectional study. Instrument used to assess sexual function: Female Sexual Function Index (FSFI). Additional instrument used to assess sexual response: psychological sexual assessment. Variables assessed: sexual function, genital sexual response, and subjective sexual response.	No significant differences were observed between the groups according to mode of delivery ($p > 0.05$). Women who underwent vaginal delivery without vaginal trauma or with mild vaginal trauma had higher sexual desire, arousal, and overall sexual function scores than those with moderate genital trauma.

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10	Spaich *et al.* (2020), Germany	To clarify whether mode of delivery and perineal injuries affect postpartum sexuality and whether patients' expectations during the peripartum period influence sexual function after childbirth.	218 women who underwent cesarean delivery, 263 women who underwent spontaneous vaginal delivery, and 41 women who underwent operative vaginal delivery.	Prospective study. Instruments used to assess sexual function: Female Sexual Function Index (FSFI) and Sexual Activity Questionnaire (SAQ). Variables assessed: peripartum expectations as potential influences on postpartum sexuality.	No significant differences were observed between the groups according to mode of delivery ($p > 0.05$).
11	Zgliczynska *et al.* (2021), Poland	To compare sexual quality of life before pregnancy and after childbirth and investigate whether pregnancy- and childbirth-related factors influence female sexuality during this period.	156 women who underwent cesarean delivery, 70 women who had vaginal delivery with an intact perineum, and 207 women who had vaginal delivery with perineal trauma.	Retrospective study. Instrument used to assess sexual function: Female Sexual Function Index (FSFI). Variables assessed: sexual function before pregnancy and at 3, 6, and 12 months postpartum.	A statistically significant decrease in sexual function was observed among women who underwent vaginal delivery with perineal trauma and those who underwent cesarean delivery.
12	Manouchehri *et al.* (2023), Iran	To examine the relationship between mode of delivery, body image, and sexual function in postpartum women.	91 women who underwent cesarean delivery and 112 women who underwent vaginal delivery.	Cross-sectional study. Instrument used to assess sexual function: Female Sexual Function Index (FSFI). Variables assessed: sexual function, body image, and sociodemographic variables.	No significant differences were observed in the mean FSFI scores between the groups according to mode of delivery ($p > 0.05$). Women who underwent vaginal delivery reported greater sexual satisfaction than those who underwent cesarean delivery ($p = 0.032$).
13	Hagenbeck *et al.* (2025), Germany	To assess female sexual function in relation to postpartum pelvic floor disorders and identify factors associated with sexual function in women up to 24 weeks postpartum.	587 women who underwent cesarean delivery and 1,563 women who underwent vaginal delivery.	Cross-sectional study. Instrument used to assess sexual function: Pelvic Organ Prolapse/Urinary Incontinence Sexual Questionnaire, IUGA-Revised (PISQ-IR). Variables assessed: sexual function and other pelvic floor disorders.	Cesarean delivery was positively associated with the "desire" and "condition impact" domains, whereas perineal tears were associated with poorer sexual function.

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14	Lee and Lu (2023), Taiwan	To investigate the associations between postpartum fatigue, postpartum depression, mode of delivery, and sexual dysfunction among Taiwanese women.	41 women who underwent cesarean delivery and 94 women who underwent vaginal delivery (with and without perineal tears).	Cross-sectional study. Instrument used to assess sexual function: Female Sexual Function Index (FSFI). Variables assessed: sexual function, postpartum depression, fatigue, and sociodemographic and obstetric characteristics.	No significant differences were observed in the mean FSFI scores between the groups according to mode of delivery ($p > 0.05$). Lubrication difficulties and greater pain were reported by women who underwent vaginal delivery compared with those who underwent cesarean delivery ($p < 0.05$). Lubrication difficulties and pain during sexual intercourse were more pronounced among women with perineal tears than among those without perineal tears ($p < 0.05$).
15	França *et al*. (2024), Brazil	To analyze the association between different modes of delivery and sexual function in postpartum women of reproductive age.	61 women who underwent cesarean delivery and 30 women who underwent vaginal delivery.	Cross-sectional study. Instrument used to assess sexual function: QS-F. Variables assessed: sexual function, time since childbirth, and number of deliveries.	No significant differences were observed in the mean QS-F scores between the groups according to mode of delivery ($p > 0.05$).
16	Artieta-Pinedo *et al*. (2025), Spain	To describe postpartum sexual function and develop, in collaboration with a midwife (or nurse-midwife), care tailored to women's needs.	44 women who underwent cesarean delivery, 51 women who underwent operative vaginal delivery, and 187 women who underwent non-operative vaginal delivery.	Cross-sectional study. Instrument used to assess sexual function: Female Sexual Function Questionnaire (FSM). Variables assessed: postpartum sexual function, postpartum self-esteem, and sociodemographic, obstetric, neonatal, and psychological variables.	No significant differences were observed in the mean QS-F scores between the groups according to mode of delivery ($p > 0.05$). Women who underwent episiotomy or experienced perineal tears showed negative outcomes across all domains of sexual function.
17	Terece *et al*. (2024), Türkiye	To investigate the effect of mode of delivery on sexual function.	177 women who underwent cesarean delivery and 51 women who underwent vaginal delivery.	Cross-sectional study. Instrument used to assess sexual function: Female Sexual Function Index (FSFI). Variables assessed: body mass index (BMI), breastfeeding duration, income, and time since childbirth.	Vaginal delivery was associated with lower scores in the desire, lubrication, orgasm, satisfaction, and pain domains, as well as a lower overall score, compared with cesarean delivery. Vaginal delivery was associated with a 20.8-fold increased risk of sexual dysfunction.

Conclusion

Based on the included studies, no consistent evidence was found of an association between mode of delivery and sexual dysfunction during the postpartum period. However, operative vaginal delivery was associated with negative effects on sexual intercourse, possibly due to perineal trauma. The pain and desire domains were most frequently associated with mode of delivery, although there is still no consensus regarding which mode of delivery may have more detrimental effects on sexual function. Given the methodological limitations and heterogeneity of the studies, further research using more standardized methods and rigorous control of confounding factors is recommended to better understand this relationship.

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