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Page 264 to 266

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Orgasm During Pregnancy

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Sexuality is an important component of health and well-being in a woman's life. In accordance with the World Health Organization, sexuality should be considered as a biological reaction to visual, auditory, or tactile stimuli, and a consequence of physical, emotional, mental, and social well-being [1]. Sexual activity during pregnancy is a topic insufficiently addressed in clinical practice and in the literature. Many studies evaluating sexual activity during pregnancy were performed decades ago.

Further, many of these surveys have limitations and study design shortcomings such as small sample size, retrospective data, incomplete sexual histories, and recall bias and typically only included healthy, uncomplicated pregnancies. In summation, the effects are inconsistent with the published research [2]. In other words, sexuality during pregnancy is a sensitive matter and has been influenced by many factors such as physical, anatomical, psychological, social, hormonal and cultural elements [3].

Although earlier studies pointed out that sexual activity in normal pregnant women has no significant adverse effects, fear of harming fetus or mother during intercourse [4] belief that having sex during pregnancy period can provoke miscarriage, preterm birth [5] or preterm membrane rupture [6] and belief that coitus during pregnancy is religiously unaccepted [7] were found as the most important reasons for diminishing the sexual relationships within the braces.

Disgust for her husband's smell, cannot find a good office, [4] not enjoying sex, [8] work overload and unattractive appearance of the pregnant partner was found as other reasons for diminishing the sexual relationships within the braces [4]. Various surveys have evaluated sexual dysfunction (SD) by using the Female Sexual Function Index (FSFI) in pregnant women and one study measured in non-pregnant women sexual function by using GRISS, 16 but no study so far has used Golombok Rust Inventory of Sexual Satisfaction (GRISS) for SD during pregnancy [9].

The climax is a temporary point of pleasant sexual sensation that is tied in with some physiological changes in the physical structure. Woman's orgasm plays a vital role in sexual compatibility and marital satisfaction. Orgasm in women is a learnable phenomenon that is tempted by several genes [10]. The physiological changes during each trimester of pregnancy have a substantial impact on women's sexual behavior. Orgasm decreased significantly with the progression of gestation. Alterations in the domains of arousal, lubrication, and orgasm were particularly notable in primiparae in the third trimester of pregnancy [11].

Pregnancy contributes to strong hormonal changes, which can raise a stronger sexual drive, and may completely cut a woman's libido. The increased excitability of pregnant adult females is considered quite a natural process, as the woman begins to increase the uterus, the clitoris, and the blood circulation in the small pelvis increases [12].

Orgasm during pregnancy contributes to hardening of the abdomen because the orgasm can cause a small uterine contraction. Many women discover that orgasm during pregnancy is stronger and more burnished, and a certain percentage of women experience such feelings for the inaugural time in their lifetimes. Orgasms cause the uterus to contract, sometimes with big strength, lasting for one-half to one hour after intercourse. Contractions are more frequent as the due date approaches, but may be present in the early second trimester. In universal, these contractions do not result in a change in the cervical dilatation or effacement [13].

Experts assure that orgasm during pregnancy is primarily useful to the fetus, because during this time the blood circulation in the uterus increases, which helps improve blood circulation in the placenta, and this, in turn, permits the child to deliver more nutrients and oxygen [14]. The human female orgasm includes both subjective feelings of intense pleasure and release at sexual climax and a distinct set of physiological processes and behavioral responses [15].

Associated physiological processes include increases in respiration and heart rate, blood pressure, and involuntary rhythmic muscle contractions in the vagina, uterus, anal sphincters, and even oviducts [16]. Orgasm in both sexes is accompanied by the release of oxytocin, which contributes to muscle contractions and pleasurable sensations [17].

Typically, as pregnancy progresses, the frequency and length of intercourse decreases as well as the achievement of orgasm, sexual satisfaction and stimulation [18]. Orgasm has been reported to be potentially protective of preterm birth [12] but more intense orgasm might increase the risk of prematurity, [19] while other reports have not found any association [20].

Sexual intercourse is widely thought to facilitate the onset of labor [21]. The action of sexual intercourse in stimulating labor is unclear, it may in part be due to the physical stimulation of the lower uterine segment, the endogenous release of oxytocin as a result of orgasm, uterine activity which is thought to be provoked by orgasm [22] or from the direct action of prostaglandins in semen [23] as human semen is the biological source that is presumed to contain the highest prostaglandin concentration.

A Cochrane review concluded that the role of sexual intercourse as a method of induction of labor is uncertain and that further studies of sufficient power are needed to assess its value [24]. Another study in 2009 reported that women who had coitus were less likely to go into spontaneous labor prior to their scheduled induction date [25].

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