

Successful water birth in a woman with vaginismus

Ö. Moraloğlu, Y. Engin-Üstün, G. Özaksit, L. Mollamahmutoğlu

Dr. Zekai Tahir Burak Women's Health Education and Observation Hospital, Ankara (Turkey)

Summary

Vaginismus is a common sexual dysfunction. The case of a successful water birth in a woman with vaginismus is presented. Water birth should be considered as an alternative method of birth in women with vaginismus.

Key words: Water birth; Vaginismus.

Introduction

Giving birth in warm water is a choice for women seeking pain relief. Evidence is accumulating on the benefits and risks of water birth. In 1983, Odent [1] published the results of the first 100 water births in *The Lancet*. The overall outcome in water births seems to be similar to that achieved with traditional methods [2-4]. Zanetti-Daellenbach *et al.* [5] revealed that water deliveries performed in a selected low-risk collective needed less analgesia, had a shorter duration of first and second stage labor, a lower episiotomy rate and were not associated with any adverse maternal or fetal outcome.

The case of successful water birth in a woman with vaginismus is presented. This case offers an alternative to labor for women with vaginismus.

Case Report

A 20-year-old woman, gravida 1, parity 0 at 38 weeks of gestation admitted to our hospital with active labor. From her history we learned that she had never been able to experience vaginal intercourse, and despite attempts on at least ten separate occasions had never successfully completed a pelvic exam, and had never used tampons. She experienced vaginismus during her 9-month marriage. She got pregnant without penetration. Earlier in the course of the problem she had never seen a health professional. The patient was asked detailed questions in a personal interview. Other causes of local pain or atrophy (such as anatomic abnormalities, infections, mucosal tears, hypersensitive scars, and so on) were ruled out in our patient.

On gynecological examination, no vulvar skin abnormalities were visible. Gynecological examination confirmed a vaginal/pelvic spasm. The patient's buttocks were tight and her thighs were adducted. Cooperation at gynecologic examination was achieved only with an ultrasound probe. With the aid of ultrasonography, 7 cm dilatation and 80% effacement was noted. The woman was informed about the water birthing method. Her test results for HIV, hepatitis B and C were negative. After written informed consent, the patient decided to give birth in water. The water temperature was about 34°C and the

obstetrical team wore gloves during the entire labor and birth. The fetal condition during labor was assessed by intermittent auscultation of the fetal heart. In 70 min the patient delivered a 3,200 g female infant in excellent condition by water birth. There was even no perineal laceration. The patient was extremely satisfied.

Discussion

Rate of water birth is reported as 50% [6]. A review of Pinette *et al.* [7] showed 74 articles regarding water births. They described complications that were associated with underwater birth. Possible complications that were associated with water birth included fresh water drowning, neonatal hyponatremia, neonatal waterborne infectious disease, cord rupture with neonatal hemorrhage, hypoxic ischemic encephalopathy, and death. A Cochrane review revealed that there were no significant differences in the incidence of low APGAR scores, higher admission rates to a neonatal intensive care unit or higher incidence of neonatal infections [8].

Vaginismus is defined as a recurrent or persistent involuntary spasm of the musculature of the outer third of the vagina that interferes with sexual intercourse [9]. Prevalence data suggest that sexual problems in women are highly prevalent. Vaginismus is also a common sexual dysfunction in Turkey [10, 11]. The prevalence rate was reported to be 73% [11]. Patients with vaginismus had higher rates of cesarean delivery (OR = 3.8). Vaginismus is found to be an independent risk factor for cesarean delivery [12]. On the other hand, Watts *et al.* [13] revealed that women with vaginismus had higher trait anxiety and neuroticism and lower extraversion than the controls. There was also a trend toward a greater prevalence of diagnosed anxiety disorders in the vaginismus group. Levels of general anxiety are elevated among women with vaginismus [13]. Because the anxiety of giving birth was added to this, it was impossible for us to perform a vaginal examination. However after informed consent, the patient successfully gave birth in water without complications.

To our knowledge, water birth in a woman with vaginismus is unique. Water birth should be considered an alternative method of birth in women with vaginismus.

Revised manuscript accepted for publication July 15, 2010

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Address reprint requests to:
 Y. ENGIN-ÜSTÜN, M.D.
 492. sokak 5/6 Birlik mahallesi
 Çankaya-Ankara (Turkey)
 e-mail: ustunyaprak@yahoo.com