

# Pregnancy Following Treatment in Patients with Vaginismus in East Java Indonesia in 2022

Eighty Mardiyani Kurniawati<sup>1\*</sup>, Gatut Hardianto<sup>1</sup>, Hari Paraton<sup>1</sup>, Tri Hastono Setyo Hadi<sup>1</sup>,  
Anis Widyasari<sup>2</sup>, Nur Anisah Rahmawati<sup>3</sup>

1. Department of Obstetrics and Gynecology, Faculty of Medicine, Universitas Airlangga, Surabaya, Indonesia
2. Department of Obstetrics and Gynecology, Faculty of Medicine, Public Health and Nursing, Universitas Gadjah Mada, Dr. Sardjito Hospital, Yogyakarta, Indonesia
3. Faculty of Public Health, Universitas Airlangga, Surabaya, Indonesia



## Article Info

**doi** [10.30699/jogcr.8.5.538](https://doi.org/10.30699/jogcr.8.5.538)

**Received:** 2023/04/17;

**Accepted:** 2023/07/03;

**Published Online:** 09 Sep 2023;

Use your device to scan and read the article online



## Corresponding Information:

Eighty Mardiyani Kurniawati,  
Department of Obstetrics and Gynecology,  
Faculty of Medicine, Universitas Airlangga,  
Surabaya, Indonesia

**Email:** [eighty-m-k@fk.unair.ac.id](mailto:eighty-m-k@fk.unair.ac.id)

## ABSTRACT

Vaginismus is a medical condition characterized by involuntary tightening of the muscles around the vagina. This situation disrupts sexual relations and impacts the chances of pregnancy. This study explores the occurrence of pregnancy in women with vaginismus after treatment in 2022 in East Java Indonesia. There were 60 patients with a diagnosis of vaginismus in 2022. Married less than 1 year as many as 6 people (10%), 1-5 years as many as 49 people (82%), and more than 5 years as many as 5 people (8%). Management is carried out independently and collaboratively. The management is independent dilatation with the help of dilators, Botox injection, hymenectomy, and collaboration with psychiatrists and andrologists. Of the 60 patients who underwent anamnesis and physical examination, five patients successfully obtained pregnancy treated with Botox injections, independent dilatation or independent dilatation, and andrology consultation. Proper management of vaginismus can increase the chances of pregnancy.

**Keywords:** Vaginismus, Hospital, Women's Health, Pregnancy



Copyright © 2023, This is an original open-access article distributed under the terms of the Creative Commons Attribution-noncommercial 4.0 International License which permits copy and redistribution of the material just in noncommercial usages with proper citation.

## Introduction

Pregnancy is one of the important goals in the harmony of the couple. Planned pregnancies can increase the score of husband and wife satisfaction (1). Couples can experience infertility in the process of planning a pregnancy. The inability of a woman to get pregnant after unprotected sexual intercourse for 12 months is called infertility (2). Infertility is a common problem that can occur in women throughout their reproductive life. Previous research has shown the impact of infertility on reproductive health and quality of life for couples. They highlight how infertility affects women's relationships with their social environment (3).

Infertility can occur in women who experience vaginismus. Involuntary vaginal muscle spasms that interfere with penetration are called vaginismus. Vaginismus can cause problems in sexual intercourse but cases are relatively easy to diagnose and treat (4).

Although vaginismus is treatable, the prevalence of vaginismus is unclear. A meta-analysis study found that out of 10 studies, only 4 articles reported the prevalence of vaginismus in the general population. The prevalence was recorded as 0.4% -8% (5). The difficulty in obtaining prevalence data generally occurs because women do not check themselves even though they have complaints.

The management of patients with vaginismus tends to be unique and adapts to the needs of the patient. The choice of treatment is determined by the patient. Treatment options consist of vaginal dilators, psychotherapy, and psychiatric treatment. Patients with vaginismus need professional care and good listeners. Multidisciplinary teams need these skills to identify, diagnose and offer good quality services. Treatment also involves a partner (6). A multidimensional approach can increase the speed of diagnosis and

treatment of vaginismus so that patients can get services more quickly (7). One predictor of successful treatment of vaginismus is the cause of psychological rather than physical problems. Doctors need to fully understand the vaginismus condition. Exploration can be done at the intrapersonal, interpersonal, and cultural levels (8). The results of vaginismus treatment need to be studied, especially the chance that treatment can help couples get pregnant. This study explores the occurrence of pregnancy in women with vaginismus after treatment in 2022 in East Java Indonesia.

## Case Presentation

Vaginismus case were found in a single hospital - in East Java Indonesia. Based on Medical Record Data, throughout 2022 there were 60 patients with a diagnosis of vaginismus. The results of the assessment of patient characteristics showed that almost all patients were of reproductive age. A Total of 56 respondents aged 20-35 years (93%) and 4 respondents aged more than 35 years (7%). Most of the respondents have been married for more than 1 year. Married less than 1 year there were 6 people (10%), 1-5 years 49 people (82%), and for more than 5 years as many as 5 people (8%). Management was carried out independently and collaboratively. The management carried out was independent dilatation with the help of a dilator, Botox injection, hymenectomy, and collaboration with psychiatrists and andrology. Examination of andrology was carried out if there are problems with the couple. Of the 60 patients who were evaluated conducted by anamnesis and physical examination, five patients successfully obtained pregnancy treated with Botox injection, independent dilatation or independent dilatation, and andrology consultation. This research has received an ethical certificate from the Faculty of Medicine, Airlangga University No.93/EC/KEPK/FKUA/2023.

## Discussion

Pregnancy after vaginismus treatment is one of the goals of health care for women with vaginismus. Women with vaginismus had problems with their sex life. in addition to sexual function. After achieving pregnancy, challenges for women with vaginismus remain especially in antenatal care and treatment for their vaginismus. Previous research found several facts. The problem of female vaginismus is not only related to psychology but also the impact after experiencing pregnancy. Pregnant women with vaginismus are at risk of discrimination during their pregnancy due to the feelings of shame and lack of understanding experienced by medical staff. Obstetricians should carefully and attentively approach pregnant women with vaginismus to ensure adequate medical care during pregnancy (9). Women who are pregnant have the potential to experience sexual problems with their partners (10).

Despite the challenges, the cesarean delivery rate of women with vaginismus who are treated is similar to that of the general population. Women with vaginismus who receive treatment for vaginismus can choose vaginal delivery, without increased perineal morbidity or recurrence of vaginismus (11). Although safe in vaginal delivery in the literature, risks for pregnant women remain such as high rates of labor dystocia and perineal morbidity. The behavior of women with vaginismus who tend to be afraid and anxious contributes to complications. Psychological conditions contribute to prolonged pregnancies, the choice of cesarean section, mechanical dystocia, and perineal injuries (12). Vulvodynia and vaginismus are associated with an increased risk of complications during pregnancy and childbirth as are pregnant women without a history of vaginismus (13). Doctors have an important role in influencing the patient's perspective in determining the type of delivery. Fear of future sexual dysfunction influences how decisions are made (14).

In this study, some women received Botox injection treatment. Even if vaginismus is resolved, recurrence of vaginismus may occur so treatment products such as Botox Injection can be used during pregnancy. Several studies have discussed the use of botulinum toxin A (btxA) in cosmetics, as well as in other diseases. Side effects for pregnant women and the fetus are still not widely studied. Previous studies have stated that the use of btxA is safe for pregnant women and the fetus (15). The use of local botulinum toxin injections needs to be considered by paying attention to recurrence, pain scale, and sexual intercourse problems that occur (16). Another study found that botulinum toxin type A does not enter the systemic circulation due to IM injection at the recommended dose (17). The risk of complications for pregnant women and the fetus does not increase even if the BoNT injection is carried out. Patient consent is mandatory in the treatment of diseases during pregnancy (18).

The management of vaginismus also includes independent dilatation. This dilation is done using a vaginal dilator. One study reported using vaginal dilators in pregnant women with vaginismus for 20 minutes each session. In a day, women with vaginismus can do a maximum of two independent dilations. This dilation can be done for 5 minutes per cycle starting from 35 weeks of gestation until delivery. Programs using vaginal dilators for pregnant women can be beneficial for reducing perineal lacerations and improving labor outcomes (19). The technique and side effects of treatment need to be communicated with pregnant women. Women with vaginismus need a multimodal program that treats both physical and psychological aspects. This treatment will help women achieve painless sexual intercourse (20). Program support for at-risk groups needs to pay attention to the level of depression problems, education level, information during pregnancy, fear of childbirth, and certain medical diseases (21). Women with certain

diseases also experience problems with their sexuality as do patients with cervical cancer (22). The goal of health care is to support women with vaginismus to continue with sexual therapy during pregnancy. This support remains the same for vaginal women who have not achieved pregnancy. The right support can help prevent cesarean section and reduce anxiety about childbirth (23).

## Conclusion

Regarding the desirable rate of survival in the present study, the most important limitation is lack of life

Proper management of vaginismus can increase the chances of pregnancy. The effects of using therapy during pregnancy and the risk of complications occurring in women with vaginismus should be considered by medical staff.

## Acknowledgments

None.

## Conflict of Interest

The authors have no conflict of interest.

## References

- Lawrence E, Rothman AD, Cobb RJ, Rothman MT, Bradbury TN. Marital satisfaction across the transition to parenthood. *J Fam Theory*. 2008; 22(1):41-50. [PMID] [PMCID] [DOI:10.1037/0893-3200.22.1.41]
- Soave I, Lo Monte G, Marci R. Spontaneous Pregnancy and Unexplained Infertility: A Gift With Many Whys. *N Am J Med Sci*. 2012;4(10): 512-3. [DOI:10.4103/1947-2714.102010] [PMID] [PMCID]
- Shreffler KM, Greil AL, McQuillan J. Responding to Infertility: Lessons from a Growing Body of Research and Suggested Guidelines for Practice. *Fam Relat*. 2017;66(4):644-58. [DOI:10.1111/fare.12281] [PMID] [PMCID]
- Lahaie M-A, Boyer SC, Amsel R, Khalifé S, Binik YM. Vaginismus: a review of the literature on the classification/diagnosis, etiology and treatment. *Women's Health*. 2010;6(5):705-19. [DOI:10.2217/WHE.10.46] [PMID]
- Sabetghadam S, Keramat A, Malary M, Rezaie Chamani S. A Systematic Review of Vaginismus Prevalence Reports. *J Ardabil Uni Med Sci*. 2019; 19(3):263-71. [DOI:10.29252/jarums.19.3.263]
- Souza M, Gusmão MCG, Antunes RA, Souza MM, Rito ALS, Lira P, et al. Vaginismus in Assisted Reproductive Technology centers: an invisible population in need of care. *JBRA Assist Reprod*. 2018;22(1):35-41. [DOI:10.5935/1518-0557.20180013]
- Bokaie M, Khalesi ZB, Yasini-Ardekani SM. Diagnosis and treatment of unconsummated marriage in an Iranian couple. *Afr Health Sci*. 2017;17(3):632-6. [DOI:10.4314/ahs.v17i3.5] [PMID] [PMCID]
- McEvoy M, McElvaney R, Glover R. Understanding vaginismus: a biopsychosocial perspective. *Sex Relatsh Ther*. 2021:1-22. [DOI:10.1080/14681994.2021.2007233]
- Achour R, Koch M, Zgueb Y, Ouali U, Ben Hmid R. Vaginismus and pregnancy: epidemiological profile and management difficulties. *Psychol Res Behav Manag*. 2019;12:137-43. [PMID] [PMCID] [DOI:10.2147/PRBM.S186950]
- Asadi L, Behboodi-Moghadam Z, Shirazi M, Moshirenia F, Khorsandi B. Needs and Concerns of Sexual and Reproductive Health of Pregnant Women in the COVID-19 Pandemic. *J Obstet Gynecol Cancer Res*. 2023;8(3):222-31.
- Zulfikaroglu E, Yaman S. Obstetric outcomes of 297 women treated for vaginismus. *Eur J Obstet Gynecol Reprod Biol*. 2022;276:134-8. [DOI:10.1016/j.ejogrb.2022.07.018] [PMID]
- Tourrilhes E, Veluire M, Hervé D, Nohuz E. [Obstetric outcome of women with primary vaginismus]. *Pan Afr Med J* [Internet]. 2019; 32: [160 p.]. [PMID] [PMCID] [DOI:10.11604/pamj.2019.32.160.16083]
- Baril S, Czuzoj-Shulman N, Abenhaim HA. Obstetric outcomes in women with vulvodynia or vaginismus. *Arch Gynecol Obstet*. 2023;308(2): 471-7. [DOI:10.1007/s00404-022-06669-z] [PMID]
- Hadadianpour S, Sanjari N, Fallahian M. Tendency toward Cesarean on Maternal Request in Fear of Sexual Dysfunction. *J Obstet Gynecol Cancer Res*. 2021;6(4):209-16. [DOI:10.30699/jogcr.6.4.209]
- Morgan JC, Iyer SS, Moser ET, Singer C, Sethi KD. Botulinum toxin A during pregnancy: a survey of treating physicians. *J Neurol Neurosurg Psychiatry*. 2006;77(1):117-9. [PMID] [PMCID] [DOI:10.1136/jnnp.2005.063792]
- Ghazizadeh S, Nikzad M. Botulinum toxin in the treatment of refractory vaginismus. *Obstet Gynecol*. 2004;104(5):922-5. [PMID] [DOI:10.1097/01.AOG.0000141441.41178.6b]

17. Tan M, Kim E, Koren G, Bozzo P. Botulinum toxin type A in pregnancy. *Can Fam Physician*. 2013;59(11):1183-4.
18. Li W, Tang M. Application of botulinum toxin in pregnancy and its impact on female reproductive health. *Expert Opin Drug Saf*. 2020;19(1):83-91. [DOI:10.1080/14740338.2020.1707803] [PMID]
19. Rahman MN, Wilopo SA, Emilia O. The Efficacy of Divabirth Vaginal Dilator to Prevent Pelvic Floor Trauma During Labor: A Protocol Study. *Int J Surg Protoc*. 2022;26(1):88-93. [DOI:10.29337/ijsp.179] [PMID] [PMCID]
20. Pacik PT, Geletta S. Vaginismus Treatment: Clinical Trials Follow Up 241 Patients. *Sex Med*. 2017;5(2):e114-23. [PMID] [PMCID] [DOI:10.1016/j.esxm.2017.02.002]
21. Özçelik Eroğlu E, Yıldız Mİ, Türkoğlu Ö, Tanrıöver E, Evran A, Karahan S, et al. High/severe fear of childbirth and related risk factors among pregnant women: is vaginismus a risk factor? *J Obstet Gynecol*. 2022;42(7):2860-6. [DOI:10.1080/01443615.2022.2110459] [PMID]
22. Ibrahim AYM, Altimimi S, Kamal Mahmoud A, Hussein Ali M, Mehdi Mohammed N, Taher Habash R, et al. Patients with Trachelectomy Surgery Sexual Performance Domains in Cervical Cancer Patients. *J Obstet Gynecol Cancer Res*. 2023;8(4):400-7.
23. Eserdağ S, Akalın EE. Evaluation of Characteristics and Clinical Outcomes of Vaginismus Treatment During Pregnancy. *South Clin Ist Euras*. 2021;32(2):134-40. [DOI:10.14744/scie.2020.03411]

#### How to Cite This Article:

Kurniawati, E. M., Hardianto, G., Paraton, H., Setyo Hadi, T. H., Widiasari, A., Nur Rahmawati, A. Pregnancy Following Treatment in Patients with Vaginismus in East Java Indonesia in 2022. *J Obstet Gynecol Cancer Res*. 2023; 8(5):538-41.

Download citation:

[RIS](#) | [EndNote](#) | [Mendeley](#) | [BibTeX](#) |