



## FACTORS AFFECTING SEXUAL WELLBEING AFTER FIRST TRIMESTER TERMINATION OF PREGNANCY

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### Context

Although it is estimated that worldwide over 50 million terminations of pregnancy (TOP) take place every year, little is known about its effects on sexual wellbeing. Previous research on the topic mainly shows a neutral effect.

### Objective

To assess sexual wellbeing during one-year follow-up after first trimester TOP, and background factors affecting it.

### Methods

This is a secondary analysis of a randomized controlled trial assessing effects of intrauterine contraception after TOP. Data on sexual health was collected by questionnaires at the time of the TOP, at 3 months and 1 year. The questionnaire included several validated patterns: a modified McCoy Female Sexuality Questionnaire (MFSQ), State-trait anxiety index (STAI), Euro-Quality of Life (EQoL).

### Patients

Altogether 748 women participated the primary study. Inclusion criteria were age  $\geq 18$  years,  $\leq 12$  weeks of gestation, accepting intrauterine contraception and signing the informed consent form.

### Main Outcome Measures

Sexual wellbeing was measured by nine questions rated on a seven-point Likert scale, based on the MFSQ. There were three questions in the dimension of overall sexuality, two questions in the dimension of sexual functioning, and two questions about sensations during sex. Two questions concerning satisfaction with a partner were analyzed separately minding only those reporting a relationship.

### Results

We received 715 (95.6%) questionnaires at baseline, 472 (63.1%) at 3 months, 385 (51.5%) at 1 year. Baseline data plus at least one follow-up questionnaire were available from 516 (69.0%) women, and were included in the analysis.

There were no significant changes in the McCoy index (MI), or any of the dimensions during the follow-up. Method of abortion, duration of gestation, age, smoking, alcohol consumption, previous pregnancies, miscarriages or abortions did not explain changes in MI.

MI at 3 months and at 1 year had a strong correlation to MI at baseline. Also, the better the reported

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quality of life (EQol), the better the MI, at all time points.

Women with clinically relevant anxiety at baseline (STAI>40) had a significantly lower MI compared to those with normal anxiety score ( $p<0.001$ ): mean 35.5 (SD 5.7) vs. 37.8 (SD 5.1). The difference remained significant at all time points.

#### Conclusions

We found that sexual wellbeing is strongly correlated to other measures of wellbeing; mental health and quality of life. These factors influence sexual wellbeing more than the TOP itself.