

Assessment of woman's sexual function during pregnancy

Avaliação da função sexual da mulher no período gestacional

Evaluación de la función de la mujer sexual durante el embarazo

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ABSTRACT

Objective: The study's goal has been to assess the woman's sexual function during pregnancy. **Methods:** It is a descriptive, cohort, and analytical research with a quantitative approach that was carried out in primary health care units, which has had 161 pregnant participating women. There were used two instruments: the participants' identification tool and the Sexual Quotient-Women Version. Data were analyzed using statistical software SPSS 17.0. **Results:** It was found that 77.6% of pregnant women were aged from 18 to 30 years old and were single. Most of them considered having a sexual relationship with the partner ranging from good to excellent; furthermore, they reported a satisfactory performance in sexual activities. It was found that 19% of pregnant women were with the domain named 'Preliminaries' in an impaired status. **Conclusion:** Most of the women had a satisfactory sexual performance, nonetheless, some results showed bad to good levels. Therefore, it is necessary that the health professional can act in line with actions and interventions aimed at prevention, promotion and rehabilitation of sexual health during pregnancy.

Descriptors: Obstetric nursing, sexual health, pregnancy, sexual behavior.

RESUMO

Objetivo: Avaliar a função sexual da mulher no período gestacional. **Método:** Estudo quantitativo, descritivo-analítico e transversal realizado em Unidades de Saúde da Atenção Primária com 161 gestantes. Utilizaram-se dois instrumentos: um de identificação das participantes e o Quociente Sexual - Versão Feminina (QS-F). Os dados foram analisados usando o *software* estatístico SPSS 17.0. **Resultados:** Verificou-se que 77,6% das gestantes apresentaram idade entre 18 e 30 anos e são solteiras. A maioria delas considerou ter um relacionamento sexual com o parceiro de bom a excelente e ainda um desempenho satisfatório nas relações sexuais. Constatou-se que 19% das gestantes estavam com o domínio "preliminares" prejudicado. **Conclusão:** A maioria das gestantes apresentou um desempenho

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sexual satisfatório; entretanto, alguns resultados apontaram para níveis de bom a ruim. Assim, faz-se necessário que o profissional da saúde atue em consonância com ações e intervenções que visem à prevenção, à promoção e à reabilitação da saúde sexual no âmbito da gravidez.

Descritores: Enfermagem obstétrica, Saúde sexual, Gravidez, Comportamento sexual.

RESUMEN

Objetivo: Evaluar la función sexual de las mujeres durante el embarazo. **Método:** Cuantitativo, descriptivo, transversal analítico a cabo en los centros de salud de atención primaria a 161 mujeres embarazadas. Una identificación de los participantes y sexual-versión Cociente Mujeres: se utilizaron dos instrumentos. Los datos fueron analizados utilizando el software estadístico SPSS 17.0. **Resultados:** Se encontró que el 77,6% de las mujeres embarazadas tenían entre 18 y 30 años y no estar casado. La mayoría de ellos consideran tener una relación sexual con la pareja de bueno a excelente rendimiento satisfactorio e incluso durante las relaciones sexuales. Se encontró que el 19% de las mujeres embarazadas estaban con el dominio "preliminares" lesionada. **Conclusión:** La mayoría de las mujeres tenían una relación sexual satisfactoria, sin embargo, algunos resultados mostraron mal en buenos niveles. Por lo tanto, es necesario que el profesional de la salud, actúan de acuerdo con las acciones e intervenciones dirigidas a la prevención, promoción y rehabilitación de la salud sexual en el embarazo.

Descriptor: Enfermería obstétrica, Salud sexual, Embarazo, Conducta sexual.

INTRODUCTION

Sexual health is a subject rarely explored by Brazilian literature, though, in recent years this topic has been increasingly researched both nationally and internationally. It should be emphasized that sexual health should be understood as a broad consideration of sexuality. The latter, in turn, should be defined as a central aspect of the human being throughout the life that includes sex, gender roles, sexual orientation, pleasure, intimacy and reproduction.¹

Regarding the female sexual function, investigations report that the woman experiences her sexuality in a peculiar way in each phase of her life, especially during the gestational period.²⁻³ It is known that the gestational period is accompanied by several physical, hormonal and psychological factors that, together with cultural, social and religious influences, can have an impact on women's sexual activity and behavior, leading to decreased desire, interest and sexual activity.⁴⁻⁵ Moreover, taboos, fears and erroneous myths about female sexuality during pregnancy, still remain rooted in society.

Among the several modifications that can affect sexuality during pregnancy can be mentioned changes in body image perception, decrease in energy level, quality of the marital relationship, body discomforts and mood changes.⁶

The literature reports that in the first trimester there is an increase in plasma volume of approximately 50%, triggering alterations such as breast hypersensitivity, nausea, fatigue, drowsiness and constipation or diarrhea. These factors, consequently, can cause reduction of sexual desire, which is directly proportional to the time that the pregnant woman needs for reflection and adaptation to the novelty of being a mother.^{7,4}

In the second gestational semester, sexuality may be maximized due to rapid and abundant lubrication, an increase

in orgasm time, a greater stabilization of hormonal rates and a minimization of the symptoms of the previous trimester, These findings favor the female sexual performance.⁸ The physical changes in the third trimester, in particular the increase in abdominal volume, mean that the pregnant woman has a discomfort and difficulty to assume a comfortable position during the sexual act, as well as the presence of tonic spasms and pelvic discomfort, due to the slowness of the vasocongestion of this region. Such factors occur rapidly and may not allow an adaptation of the female organism, contributing to the reduction of the pregnant woman's desire for sex.⁷

A Brazilian study of altered sexual function performed with pregnant women indicated that 70% of them had symptoms of sexual dysfunction in the third gestational trimester.⁶ Another investigation showed that the sexual function of Brazilian and healthy pregnant women was more compromised as the childbirth time approached.⁹

In view of the lack of knowledge about women's sexuality and especially of the woman who is pregnant and the small number of national studies related to the sexual function of women, it is justified to carry out this study in order to promote a nursing care that effectively encompasses questions about sexuality during the gestational period. So, it was decided to carry out this research, which has had the objective of evaluating the sexual function of the woman during the gestational period.

METHODS

It is a descriptive, cohort, and analytical research with a quantitative approach that was carried out in five units from the Primary Health Care Network localized in a city from *Minas Gerais* Southern region, which had obstetric care on defined days of the week. Data were collected from October 2013 to January 2014. The subjects were women in the usual risk gestational period that underwent prenatal follow-up in the pre-established units. The sample consisted of 161 pregnant women, who met the following eligibility criteria: 18 years old or older, presenting a positive pregnancy test, being literate and having practiced sexual activity in the last month. As exclusion criterion: having participated in data collection previously.

The approach to pregnant women was performed by the principal investigator on defined days of the week for each health unit, and each collection day verified some eligibility criteria through the medical records and then randomly half of these were randomly drawn. After such conducts, the participants were explained the purpose and importance of the research and asked them to collaborate to carry out this study. If so, the pregnant women were taken to a reserved room in the Health Unit and were questioned about the presence of sexual activity in the last month, if a positive response was requested to sign the Free and Informed Consent Term.

Two instruments were used to collect the data: a semi-structured form developed by the researchers specifically for this study, whose purpose was to characterize the population regarding the sociodemographic profile, obstetric anamnesis and sexual function, which were completed through the interview; and the Sexual Quotient-Women Version (SQ-W) scale,¹⁰

which evaluates female sexual performance and satisfaction in general or by domains alone, which were filled by means of the self-completion technique by the pregnant woman. In order to respect women's privacy after responding to the SQ-W the researcher placed the same in an envelope.

The instrument of identification of the characterization of the participants was submitted to a process of refinement and after this procedure the final form contemplated the following sociodemographic variables: age, current marital status, if have a partner or sexual partner, race, religious belief, schooling, current work, monthly family income, number of children; the variables for the obstetric history were described by the number of pregnancies, number of births, number of abortions, type of gestation, gestational age, complications in previous pregnancies, complications in the current gestation; and in relation to the variables representative of sexual function we have: the use of vaginal cream/lubricant, average amount of sexual intercourse in the week, consideration of the sexual relationship with the partner, lives with the partner, quantitative of people living together, has a private place for the sexual relationship and occupation/work of the companion in relation to the time.

The SQ-W scale was developed in the *Programa de Estudos em Sexualidade (ProSex)* [Sexuality Studies Program] belonging to the Institute of Psychiatry from the Clinical Hospital of the Medical School at *Universidade de São Paulo*, and its use is authorized for the present research. It is an instrument of easy manipulation and comprehension, composed of ten self-response questions that investigate each phase of the sexual response cycle and other aspects of the female sexual activity. The domains contemplated in the SQ-W are: Desire and Sexual Interest; Preliminary; Personal Excitement and Connection with the Partner; Comfort during Sexual Intercourse, and Orgasm and satisfaction during Sexual Intercourse.¹⁰

Data analysis was performed by using the software Statistical Package for Social Sciences (SPSS) version 17.0, and was expressed in a descriptive and analytical way. Sociodemographic data and obstetric anamnesis were presented through descriptive statistics. Subsequently, the Shapiro-Wilk test was performed and the data were not normal, so the non-parametric methodology was chosen. The Spearman correlation coefficients were estimated with their respective test. For all analyzes the significance level of 5% was used.

It should be noted that data collection only took place after the approval of the Ethics Committee in Research with Human Beings from the *Universidade Federal de Alfenas - Minas Gerais* under the Legal Opinion No. 389.958/2013 and *Certificado de Apresentação para Apreciação Ética (CAAE)* [Certificate of Presentation for Ethical Appraisal] No. 19604113.5.0000.5142.

RESULTS AND DISCUSSION

The results referring to the description of the sociodemographic characteristics of the pregnant women evaluated showed that 77.6% (125) of them had an age ranging from 18 to 30 years old and 50.9% (82) reported being single.

According to the level of schooling, there was a higher frequency of pregnant women with a high school education, 37.9% (61), followed by 20.5% (33) with an incomplete average level. Regarding the occupational status, 37.9% (61) of the interviewed women work and 34.8% (56) are housewives; it was also verified that the majority of pregnant women had monthly family income between the bands above a minimum wage and up to three minimum wages, 65.3% (105).

Statistical analysis was performed between all sociodemographic variables and total SQ-W and their domains. Nevertheless, the variables "schooling" and "monthly family income" presented significant direct and positive statistics. These data will be presented below.

Table 1 shows the final score of the SQ-W scale for the pregnant women, it is verified that 47.2% (76) obtained a level of performance and sexual satisfaction from "Regular to Good" and that the sum of the results of "Unfavorable to Regular" and "Bad to Unfavorable" compute a percentage of 22.4% (36).

Table 1 - Distribution of pregnant women who underwent prenatal care in Primary Health Care Units regarding the SQ-W final score. *Alfenas-MG*, 2014 (n = 161)

Result	SQ-W final score	
	f	%
Good to Excellent	49	30.4
Regular to Good	76	47.2
Unfavorable to Regular	30	18.7
Bad to Unfavorable	6	3.7

Source: Authors.

Table 2 displays the distribution of pregnant women according to the domains that the SQ-W scale evaluates. It is noticed that only the Preliminaries domain had a higher percentage of pregnant women with score ≤ 2 (impaired domain). This reveals that the couple needs to openly talk about which preliminary attitudes at the moment of sexual intercourse bring pleasure to both, since the body of the pregnant woman is in constant transformation.

Table 2 - Distribution of pregnant women who underwent prenatal care in Primary Health Care Units regarding the SQ-W domains. *Alfenas-MG*, 2014 (n = 161)

Domains	score ≤ 2 (impaired domain)		score ≥ 2 (non-impaired domain)	
	f	%	f	%
Desire and sexual interest (Q1, Q2 e Q8)	1	0.6	160	99.4
Preliminaries (Q3)	32	19.9	129	80.1
Women's excitation and connection with the partner (Q4 e Q5)	4	2.5	157	97.5
Comfort during sexual intercourse (Q6 e Q7)	4	2.5	157	97.5
Orgasm and sexual satisfaction (Q9 e Q10)	6	3.7	155	96.3

Source: Authors.

The results presented by Table 3 show a direct and positive correlation between the schooling variable and the total SQ-W ($r = 0.237, p = 0.002$), as well as in the desire and sexual interest domains ($r = 0.262, p = 0.001$) and female arousal and partner connection ($r = 0.234, p = 0.003$). This allows us to infer that pregnant women with more years of education had higher sexual desire and interest, greater partner connection and sexual satisfaction.

It has been evidenced that there was a significant direct and positive correlation between the monthly family income and the desire and sexual interest domains ($r = 0.194, p = 0.014$) and female arousal and partner connection ($r = 0.312, p = 0.000$), as well as for total SQ-W ($r = 0.175, p = 0.027$) (Table 3). Based on these findings, it is inferred that the higher the family income of the interviewee, the better their performance and sexual satisfaction.

Table 3 - Correlation coefficient (r) values and p values for the correlation of the SQ-W and total SQ-W domains for schooling and monthly family income. *Alfenas-MG*, 2014 (n = 161)

Variable	Desire and sexual interest	Preliminaries	Women's excitation and connection with the partner	Comfort during sexual intercourse	Orgasm and sexual satisfaction	Total SQ-W
Schooling						
r	0.262	0.126	0.234	0.060	0.119	0.237
p	0.001**	0.111	0.003**	0.449	0.132	0.002**
Monthly family income						
r	0.194	0.091	0.312	-0.072	0.096	0.175
p	0.014*	0.250	0.000**	0.364	0.227	0.027*

Source: Authors.

Notes: *Statistically significant difference for $p \leq 0.05$.

**Statistically significant difference for $p \leq 0.01$. Spearman's correlation coefficient and test at 5%. Use of the Spearman's correlation coefficient and respective test at 5%.

Among the variables of the obstetric history and the sexual function present in the characterization form of the population, it is revealed that the "Frequency of the weekly sexual intercourse" and the "Consideration regarding the sexual relationship with the partner" were those that presented significant statistics, as if observed in Table 4.

The variable "Frequency of weekly sexual intercourse" showed a direct and positive correlation for both the SQ-W and the desire and sexual interest domains ($r = 0.208; p = 0.008$); ($R = 0.212, p = 0.007$) and orgasm and satisfaction ($r = 0.249, p = 0.001$). These findings show that the higher the frequency of sexual intercourse the better the performance and satisfaction

of the pregnant women may have been, as well as higher rates of desire, sexual interest and orgasm. In addition, it is inferred that in this variable the caresses, kisses, hugs, cuddles or other gestures that stimulate the sexual relationship can help the pregnant women in the increase of the sexual activity.

Regarding the variable "Consideration regarding the sexual relationship with the partner", a direct and positive correlation was identified with total SQ-W and all domains. These results are consistent since the better the opinions of the pregnant women regarding the sexual relationship with the partner, the more satisfaction and sexual performance these women can experience in their sexual relationships.

Table 4 - Correlation coefficient (r) values and p values for the correlation of the SQ-W and total SQ-W domains for the variables 'frequency of the weekly sexual intercourse' and 'consideration regarding the sexual relationship with the partner'. *Alfenas-MG*, 2014 (n = 161)

Variable	Desire and sexual interest	Preliminaries	Women's excitation and connection with the partner	Comfort during sexual intercourse	Orgasm and sexual satisfaction	Total SQ-W
Frequency of the weekly sexual intercourse						
r	0.208	0.212	0.056	0.001	0.249	0.229
p	0.008**	0.007**	0.477	0.986	0.001**	0.003**
Consideration regarding the sexual relationship with the partner						
r	0.274	0.262	0.288	0.243	0.344	0.405
p	0.000**	0.001**	0.000**	0.002**	0.000**	0.000**

Source: Author.

Notes: *Statistically significant difference for $p \leq 0.05$.

**Statistically significant difference for $p \leq 0.01$. Spearman's correlation coefficient and test at 5%. Use of the Spearman's correlation coefficient and respective test at 5%.

The female sexuality during pregnancy encompasses many aspects from the gestational changes of the body to religious, cultural and social issues. Nevertheless, the literature provides some instruments for the evaluation of sexual function as such, including the SQ-W scale that seeks to evaluate the performance and sexual satisfaction of women, either by domains or globally, which was used in the present research.

The analysis of the sociodemographic aspect in relation to the age of the pregnant women is in agreement with the data from the *Brasileiro de Geografia e Estatística (IBGE)* [Brazilian Institute of Geography and Statistics],¹¹ which refer to the prevalence of mothers with ages ranging from 20 to 24 years old and from 25 to 29 years old. Furthermore, according to the Health Ministry,¹² the age group considered ideal for female reproduction is between 20 and 35 years old, so the findings of the present study are in line with both surveys.

Findings from a study carried out in Iran about sexual dysfunction in pregnant women corroborate the data from the present study, when a sample of 257 pregnant women with a average age of 26.45 years old, included in the age group from 21 to 30 years old.¹³

Although most of the pregnant women were single, they all had companions. A fact that can contribute to the minimization of impacts related to the changes arising from pregnancy, whether they are physiological, psychic or social. In this perspective, the partner's understanding directly reflects the way in which the woman experiences her pregnancy, especially in the area of sexuality, since the understanding and communication between the spouses should take place transparently in the face of fears and doubts.

The instructional level can impact the development of a pregnancy. Thus, low schooling can be considered an obstetric risk factor for both the health of the woman and the newborn. In this investigation we verified the presence of an instructional level profile with high school, in the majority of the interviewed. The result of the present study resembles that of another study,⁴ which found a predominance of pregnant women with a level of schooling between 10 and 13 years old (70.4%), compatible with either incomplete or complete secondary education.

It should be emphasized that the educational level is closely related to adherence to prenatal care, as well as the woman's understanding of the issues addressed in the consultations and/or groups of pregnant women.¹²

Regarding the occupational status, there was a majority distribution among pregnant women who work and those who are housewives. Non-different findings are described in a study¹⁴ carried out in Lisbon to evaluate the impact of pregnancy on sexual activity, in which 78.8% of the women in the study have performed labor during the gestational period. The occupation favors the individual remuneration, fact that for a pregnant woman is relevant, since the arrival of the child will entail in financial expenses. In this way, the presence of a monthly salary can lessen the worries and stress related to such expenses, which favors a greater tranquility and may reflect on a sexual involvement with your partner with greater pleasure and satisfaction.

In the present investigation, it was verified that the majority of pregnant women have monthly family income between

the bands above a minimum wage and up to three minimum wages. These results corroborate with those described in a study carried out in *São Paulo*, which aimed to compare whether pregnant women with Gestational Mellitus Diabetes presented greater impairment of sexual function when compared to healthy pregnant women, both groups presented 59% and 62.8%, respectively, for a monthly family income of a minimum wage up to three minimum wages.¹⁵

When asked about the frequency of weekly sexual intercourse, prevailed the sexual practice once a week. Research on the frequency of sexual intercourse between the preconception and gestational periods found a 75% reduction in sexual intercourse, she emphasized, although there was a greater decline in the third trimester.¹⁶ On the other hand, a study conducted by other authors detected pregnant women who had a more pronounced libido, a fact that provoked a desire to have sex more often than before pregnancy.¹⁷ It is inferred that the variation of the sexual act in pregnancy may either increase or decrease factors related to physical changes, hormonal changes, pregnancy unwanted, physical or moral violence by the partner, mental health of the pregnant woman, among others may hinder the exercise of sexuality during pregnancy.

The analysis regarding the data of the opinion of the pregnant women regarding the sexual relationship with the partner demonstrates high levels of satisfaction of the same ones. Still, a considerable percentage presented median indices for such questioning. Thus, the need for greater involvement on the part of health professionals to promote sexual health during the prenatal period is emphasized.

A study that compared the quality of the relationship with the companion between pregnant teenagers and adults resulted in that the pregnant women perceive a high quality in the relationships with the companions and there was no statistically significant difference between the pregnant adults and adolescents.¹⁸

In the present study, there was an extremely significant direct and positive correlation between the schooling variable and total SQ-W, as well as in the Desire and Sexual Interest and Women's Excitation and Partner Tuning domains. The fact that the variable education is correlated with the best performance and sexual satisfaction is congruent, since health education inferred in schooling, permeates the acquisition of knowledge mediating health behaviors. Thus, it is believed that the higher the instructional level of the individual, the more information the same will seek regarding doubts related to their health, and especially in the scope of sexuality.

When analyzing the correlation between the monthly family income and the SQ-W, a statistically significant statistic was found, with a direct and positive correlation, so that the higher the family income the better the performance and sexual satisfaction. These results are in line with the research that investigated the repercussions of pregnancy on the sexuality of women and the level of sexual satisfaction of pregnant women.¹⁹ In this research it was verified that the pregnant woman's economic level influences her sexual satisfaction. Moreover, it has been shown that women with lower family incomes have revealed greater concerns about

what might happen during and after pregnancy, this may favor the issues of sexuality being left in the background.

It is noteworthy that the arrival of a new being brings several modifications to the couple, from physical issues to women to social interaction. It is worth considering that, when discussing this new phase due to the economic aspect, gestation implies a growth of the family, so it is expected an increase in expenses that may not be included in the family budget. Such a situation may lead to concerns of the couple, and especially the woman, and consequently result in changes in their sexual behavior.

The variable "Frequency of weekly sexual intercourse" showed a direct and positive correlation with SQ-W as well as with the Desire and sexual interest, Preliminaries and Orgasm and satisfaction domains. In the literature the frequency of sexual intercourse during pregnancy is quite contradictory. Research carried out at a Maternity of Lisbon identified that 75% of pregnant women reported a decrease in sexual activity since the first trimester. Regarding sexual satisfaction, 52% reported feeling satisfied with the frequency of sexual intercourse, 34% considered a tolerable situation and 14% were dissatisfied.²⁰ Another study identified that the decrease in sexual frequency happens mainly in the first trimester of pregnancy.¹⁹

Variations related to the frequency of sexual activity evidenced by the literature might be associated with the willingness of the pregnant woman and the partner to sexual activity, either to increase or decrease the sexual relationship between the couple. So it becomes a cycle, if there is a greater willingness of the couple for the sexual practice, consequently there may be a greater frequency of sexual relations; and if this sexual practice promotes a high satisfaction rate for the couple, and especially for the pregnant woman, it can bring feelings of desire and satisfaction that will cause a new cycle begins.

In relation to the variable "Consideration regarding the sexual relationship with the partner", it has the following answers: (1) bad, (2) regular, (3) good, (4) very good and (5) great/excellent. Thus, it was observed that the higher the values attributed by the participants to the variable previously explained, the better the performance and the satisfaction of them. When analyzing this variable, it is possible to note the congruence between the satisfaction of the pregnant women regarding the sexual relationship with the partner and their sexual performance and satisfaction, since the higher the sum of the SQ-W scores, the better their satisfaction, as well as their opinion regarding the sexual relationship with their partner. Therefore, it is inferred that pregnant women were satisfied about their sexual performance with their partner.

A study carried out in *Fortaleza* city aiming to identify the repercussions of pregnancy on the sexuality of the woman and to detect the level of sexual satisfaction of the women, verified by means of a numerical scale that there was sexual satisfaction of the woman during the pregnancy, with percentages of 28.57% at the optimal level, 57.14% at the good level and 14% at the regular level. Also, the pregnant women considered an improvement in the sexual relationship with the partner, sharp femininity feelings and more pleasure in the sexual act

in the gestational period.¹⁹ These findings corroborate with those of the present study.

Concerning the sexual performance assessed by the SQ-W, the majority presented satisfactory sexual performance at the "Regular to Good" level. Nonetheless, some of them presented alterations regarding this variable, reporting the presence of some difficulties in the sexual relationship being related to the aspects of sexuality, such as: desire and sexual interest; to preliminaries; to excitement and connection with the partner; or comfort in sexual intercourse and orgasm and satisfaction; or to external factors that may directly or indirectly affect your sexual relationship.

Given the aforementioned result, it is important to highlight that the role of nursing should be directed to the provision of educational actions that are in line with the maintenance, prevention and promotion of sexual health in the gestational and postpartum period, in order to avoid complications that may arise during the pregnancy-puerperal cycle.

In relation to the domains of total SQ-W, it is noted that the Preliminaries domain presented a significant number of pregnant women with impairment for this domain. This study presents results superior to the findings of this investigation, since it found that 27.9% of the healthy pregnant women stated that the preliminaries were not enough to stimulate them to continue the sexual intercourse.¹⁵ It is emphasized that the achievement of adequate sexual stimulation by the partner will give women feelings of pleasure and satisfaction.

Bearing in mind the aspects discussed in this study, it is necessary to investigate during the prenatal consultations, the history of the pregnant woman's sexual life, which will allow the identification of sexual behaviors of the couple. In this sense, it is necessary to interrelate sexual behavior during both periods of preconception and conception, in order to establish strategies that build a sexual health plan for the couple, which promotes qualified assistance and that minimizes the sexual changes present during the pregnancy period.

CONCLUSION

In this research it was verified that the majority of the pregnant women presented a satisfactory sexual performance, yet, some results pointed to levels from good to bad. In view of the reasonable satisfaction rates, the promotion of educational actions aimed at the sexual health of women in the gestational period should be evidenced.

With regards to the results, it is necessary that the health professional can act in consonance with actions and interventions aimed at the prevention, promotion and rehabilitation of sexual health in the context of pregnancy. The nurse, as part of the daily care, must establish effective communication regarding sexuality with its users during the assistance offered.

The literature reports that either sexual disorders or dysfunctions are often not perceived by women as being associated with their health, or when they can perceive, feel embarrassed and fearful about exposing the problem and therefore do not seek professional help during prenatal care. Therefore, it is opportune and beneficial for professionals to

be prepared and sensitized to receive and intervene in matters related to sexual function in pregnancy whose dimension is so present in the lives of women and in gestation in particular.

The development of this research was aimed at obtaining subsidies to suggest actions that result in adequate and quality assistance to pregnant women. Thus, it is believed that the insertion of some interventions in prenatal nursing care may contribute to a better response of the woman to the performance of her sexual function. Among the interventions we highlight: the realization of an individual consultation with the pregnant couple (approaching the theme sexuality); the application of instruments that assess the sexual function in a holistic way, of both the woman and the man; the realization of groups of pregnant women working on the sexuality theme through instruments that contemplate the exchange of experiences among health professionals, pregnant women and spouses, and finally the creation of self-informative booklets on aspects of sexual function and sexuality in the gestational period.

It was concluded that by using such strategies, then doubts, fears, mistrusts and sexual changes could be either mitigated or even solved, a fact that would contribute to give more confidence to pregnant women. In addition to providing an improvement of sexual self-care and promote a better interaction between the couple.

The transversal approach can be listed as limiting factors in this study, a fact that limits the evaluation of data in a single moment and the female sexual functioning itself is a construct difficult to measure. Therefore, new studies with longitudinal and prospective methods are suggested to elucidate the relationships among the sexual function, the characteristics of the gestational period and the companion's opinion about sexuality during the gestational period.

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