

Prevalence and Risk Factors for female sexual dysfunction in Individuals with postpartum depression: A Systematic Review and Meta-analysis

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Li, X¹; Liao, SS²; Liu, CX³; Fu, S⁴.**ADMINISTRATIVE INFORMATION****Support** - None.**Review Stage at time of this submission** - Preliminary searches.**Conflicts of interest** - None declared.**INPLASY registration number:** INPLASY202370119

Amendments - This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 31 July 2023 and was last updated on 31 July 2023.

INTRODUCTION

Review question / Objective To estimate the prevalence of female sexual dysfunction in postpartum depressed populations, and to summarize the risk factors for postpartum female sexual dysfunction.

Condition being studied Postpartum depression refers to a depressive episode that occurs after childbirth and can last for a long time. Studies from 80 different countries or regions showed that the incidence of postpartum depression reached 17.22%. The risks of postpartum depression to mothers and offspring are manifold. Recent studies have shown a possible link between postpartum depression and female sexual function. Sexual health is an important part of health and well-being, but postpartum depressive sexual dysfunction usually appears during pregnancy and lasts up to 12 months postpartum. Understanding the occurrence and influencing factors of sexual

dysfunction in postpartum depression and guiding corresponding intervention programs is of great significance to improve family relations and promote women's health.

METHODS

Search strategy For this study, we intended to search six databases (PubMed, EMBASE, Web of Science, Cochrane Library, CINAHL and PsycINFO). To define participants, "postpartum depression" is combined with "sexual function" related terms by the Boolean operator "AND". In order to determine the prevalence and risk factors of sexual dysfunction in the postpartum depression population, the "prevalence" and "risk factors" were combined with the study population. PubMed database as an example, the search strategy is as follows: #1 "Postpartum Depression" OR "Post-Partum Depression" OR "Post Partum Depression" OR "Postnatal Depression" OR "Post-Natal Depression" OR "Post Natal Depression" OR

"Puerperal Depression" OR "Postnatal Dysphoria" OR "Postpartum Dysphoria";#2 Sexual OR Sex OR Psychosexual OR Orgasmic OR Frigidity Dyspareunia; #3 Prevalence OR Incidence OR "Risk Factor*" OR "Relevant Factor*" OR "Associate Factor*" OR Influence OR Effect OR Predictor OR;#4 #1 AND #2 AND #3.

Participant or population People with postpartum depression.

Intervention There is no intervention.

Comparator There is no Comparator.

Study designs to be included Observational studies including case-control studies, cohort studies and cross-sectional studies.

Eligibility criteria ① The subjects were mothers who have already given birth; ② There are specific evaluation or screening tools for postpartum depression and sexual dysfunction (e.g. the Edinburgh Postpartum Depression Scale and Arizona Sexual Experience Scale); ③ The specific prevalence of postpartum depression was reported; ④ The research type is observational research; ⑤ The language used is English.

Information sources For this study, we intended to search six databases (PubMed, EMBASE, Web of Science, Cochrane Library, CINAHL and PsycINFO). In addition, horizontal literature search includes checking references and using the relevant literature options on PubMed and web of science.

Main outcome(s) The prevalence of postpartum depression and its influencing factors.

Quality assessment / Risk of bias analysis The Newcastle Ottawa scale (NOS) was used to evaluate the literature quality of cohort studies and case-control;The quality of cross-sectional studies was evaluated using the criteria recommended by the agency for healthcare research and quality (AHRQ) to evaluate cross-sectional studies.

Strategy of data synthesis Meta-analysis was carried out with Review Manager 5.4 software. The incidence of sexual dysfunction and 95% confidence interval were calculated. Judge the heterogeneity between studies according to Q test and I². If $p > 0.05$ and $I^2 \geq 50\%$ of Q test, use fixed effect model for combined analysis, otherwise use random effect for combined analysis. If there is heterogeneity in the study, subgroup analysis and

Meta regression analysis are used to explore the source of heterogeneity in different studies.

Subgroup analysis Subgroup analyses will be performed based on the following categorical variables if there are at least 3 studies in each subgroup: type of scale (e.g., Arizona Sexual Experience Scale), cut-off values of sexual function scales, income levels by country according to the World Bank standard (<https://www.worldbank.org>), mode of delivery, follow-up time, average age, study design and sampling method.

Sensitivity analysis Sensitivity analysis examined the consistency of preliminary results by excluding studies one by one. Significant level was set at $p \geq 0.05$ (two tailed). Funnel plot and Egger's test will be used to examine the publication bias.

Language restriction English.

Country(ies) involved China.

Keywords sexual dysfunction, postpartum depression, meta-analysis, prevalence, influence factor.

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