

Development of a sexual quality of life scale for the postpartum period and assessment of its psychometric properties

Final report

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In cooperation with

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1 Project report

1.1 Background

Giving birth can be a stressful event for women and have consequences on health and quality of life (Grylka-Baesclin et al., 2019; Khajehei, 2012). Sexual quality of life as a part of general wellbeing is commonly ignored (Khajehei, 2012) and is a taboo topic in both Iran and in Switzerland. However, the World Health Organisation (WHO) has an emphasis on sexual health, which is defined as "...a state of physical, emotional, mental and social well-being in relation to sexuality" (World Health Organization, 2017). The WHO especially focuses on the importance of sexuality in association with women's and reproductive health (World Health Organization, 2017). Sexual dysfunction is one of the most important issues that could affect wellbeing and health along with factors such as the stability of marriage and partnership (World Health Organization, 2017). More than half of women experience sexual dysfunctions after childbirth (Wallwiener et al., 2017; Yeniel & Petri, 2014).

Several studies related to postpartum sexuality have been conducted in Iran (Golmakani, Dormohammadi, & Mazloum, 2013; Hosseini, Iran-Pour, & Safarinejad, 2012; Rezaei, Azadi, Sayehmiri, & Valizadeh, 2017; Shirvani, Nesami, & Bavand, 2010) but no published research for Switzerland was found. Most of the Iranian studies focus on the prevalence of sexual dysfunction after childbirth and related factors (Golmakani et al., 2013; Hosseini et al., 2012; Shirvani et al., 2010). No study had a focus on the development of a scale or testing an intervention to improve sexual quality of life during the postpartum phase. The results of a systematic review showed that the prevalence of sexual dysfunction during the postpartum period in Tehran was 46% and it was 54% in other cities (Torkzahrani, Banaei, Ozgoli, Azad, & Emamhadi, 2016). Although previous studies in Iran and Germany assessed some factors associated with sexual dysfunction such as primiparity, exclusive breastfeeding, age, type of delivery, education, time since delivery, mode of birth, family income and partnership problems (Baksu, Davas, Agar, Akyol, & Varolan, 2007; Matthies et al., 2019; Rezaei et al., 2017; Wallwiener et al., 2017), there is no study focusing on exploring the most important factors of post-partum sexual quality of life. Therefore, a lack of evidence about postpartum sexual quality of life in Iran and in Switzerland exists.

1.2 Joint project and collaboration

1.2.1 Objectives

Due to the high prevalence of sexual dysfunctions among women after childbirth and its negative consequences and, also, since no sexual-related interventions for the postpartum period existed for Iranian and Swiss mothers, we explored the most important factors related to sexual quality of life among primiparous women during the postpartum period, and developed and validated a scale for assessing their sexual quality of life. The objectives of our study were as follows:

- To explore the most important factors related to women's sexual quality of life during the postpartum period in Iranian and Swiss mothers.
- To development the Iranian version of 'Postpartum Sexual Quality of Life scale' and assess its psychometric properties (face, content, and construct validity and reliability).

1.2.2 Scientific activities in the context of the Seed Money Grant

The scientific activities enabled by the Seed Money Grant comprised a two-phase research project, the scientific collaboration between the research partners and a visit of the Iranian researcher to Switzerland. Table 1 provides and overview of the scientific activities.

Table 1: Overview of scientific activities

Study phase, exchange, outputs	Activity
First study phase, qualitative study	<ul style="list-style-type: none"> • Individual and focus group interviews with 23 Iranian mothers three months after childbirth • Individual interviews with 13 Swiss mothers three months after childbirth • Content analysis first in Iran and then application of the Iranian coding system with the Swiss data, investigating similarities and differences
Second study phase: scale development and validation	<ul style="list-style-type: none"> • Literature research at Teheran University of Medical Science • Development of an initial item pool for the 'Postpartum Sexual Quality of Life scale' including items which emerged from the Swiss data • Assessing validity and reliability of the preliminary Iranian version of the instrument: <ul style="list-style-type: none"> - Qualitative face validity (10 women) - Quantitative face validity (10 women) - Qualitative content validity (12 experts) - Quantitative content validity (12 experts) - Construct validity (282 women) - Reliability assessment (test retest) (25 women) • Item reduction and designing the final Iranian version of the 'Postpartum Sexual Quality of Life scale'
Scientific exchange	<ul style="list-style-type: none"> • Frequent email exchange • Several WhatsApp calls during the study period • Visit of Dr. Azam Rahmani to Switzerland from September 12 to September 21, 2019 (see Annexe 5.1 and Annexe 5.2). The programme included: <ul style="list-style-type: none"> - Project work Dr. Azam Rahmani and Dr. Susanne Grylka - Exchange with Research Unit for Midwifery Science and heads of the BSc and MSc programmes - Informal exchanges with staff of the Institute of Midwifery at ZHAW - Presentation by Azam Rahmani about her research to the staff of the School of Health Professions (G-forscht) - Visit to Cantonal Hospital Winterthur and birth house Zurich Oberland
Scientific outputs	<ul style="list-style-type: none"> • Joint publication about differences in postpartum sexual quality of life in Iranian and Swiss mothers in preparation for the journal 'Culture, Health & Sexuality, an International

	<p>Journal for Research, Intervention and Care' (https://www.tandfonline.com/loi/tchs20)</p> <ul style="list-style-type: none"> • Iranian version of the 'Postpartum Sexual Quality of Life scale' • Accepted abstract for a presentation at the 32nd ICM Triennial Congress in Bali, Indonesia, 21-25 June 2020 (International Confederation of Midwives, https://www.midwives2020.org/, Annexe 5.3) • Invitation for a German article in Obstetrica 10/2020 about postpartum sexual quality of life in Switzerland • Ongoing master thesis MSc Hebamme at Zurich University of Applied Sciences about postpartum sexual quality of life of fathers
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The planned visit of the Swiss researcher to Iran was not conducted because of the postponed visit of the Iranian researcher in Switzerland due to visa challenges. Additionally, the Swiss part of the Seed Money Grant was exhausted due the qualitative part of study which was larger than initially planned. This was due to the great interest in the study with easy recruitment of participants.

1.3 Scientific achievements of the Seed Money project

1.3.1 Report first study phase: Factors associated with postpartum sexual quality of life in Iranian and Swiss mothers

Objectives:

The qualitative part of the joint research project aimed to a) explore the most important factors related to women's sexual quality of life during the postpartum period among Iranian and Swiss mothers and b) investigate similarities and differences between the two countries.

Method:

We used qualitative methods conducting 17 individual interviews and two focus group discussions, including a total of 23 primiparous women in Iran as well as 13 individual interviews with Swiss mothers three months after giving birth. The semi-structured interview guide was developed in Iran and adapted during the exchange of the researchers. It was then translated by the Iranian research team into English and subsequently by the Swiss research team into German. Firstly, data was analysed using conventional content analysis in Iran and afterwards, the application of the Iranian coding system and the investigation similarities and differences was conducted in Switzerland. Differences were discussed between the researchers and data analysis was deepened for sub-categories showing the most important discrepancies. To enhance the rigor of the data, maximum variation sampling, and peer checks were applied.

Results:

Subcategories and categories were summarised in seven themes: 'Self-awareness', 'Marital/partnership life before pregnancy', 'Marital/partnership life in the context of parenthood', 'Sexual worldview', 'Sexual performance before giving birth', 'Sexual storm after childbirth' and 'An earthquake in the life of a mother after childbirth'. The major similarities between countries were found in aspects related to the special physical and mental condition of women after giving birth. Subcategories showing the most important differences were more related to social and cultural aspects and were as follows: 'Fear of childbirth', 'Negative feelings about being a woman', 'Social self-perception', 'Husband's/partner's positive behaviour', 'Husbands/partner's negative behaviour', 'Expectations of the spouse/partner', 'Expectations of marital life', 'Emotional relationship with husband/partner', 'Management of marital life', 'Managing conflicts in marital/partnership life', 'Redefine non-sexual relationship with husband/partner', 'Advantage of sexual

behaviours', 'Sex interest', 'Sexual experience', 'Negative sexual behaviour of man before birth', 'Negative sexual behaviour of woman before birth',

Summarising the main differences illustrated that marital life was more important for Iranian than for Swiss women. Additionally, accepting a husband's sexual request despite the lack of readiness was regarded as a positive behaviour of women in Iran but rarely quoted in Switzerland. However, the adaptation of sexual behaviour to the postpartum situation (e.g. sexual position, variety, or timing) was a relevant aspect for Swiss mothers. Lack of time, a demanding child, tiredness, mood swings as well as pain were mentioned in both countries as factors leading to a decreased sexual activity during the postpartum period.

Conclusion:

Three months after birth, many women had not resumed the same level of sexual activity as before pregnancy. Cultural differences showed variations in sexual behaviour. Knowledge about factors affecting postpartum sexual quality of life is important, because women complain of a lack of information and counselling about sexuality after childbirth. Postpartum care should consider sexual quality of life as an additional topic.

An abstract accepted for the 32nd ICM Triennial Congress in Bali, Indonesia in 2020 to present the main results of this study phase can be seen in the annexe (Chapter 5.3).

1.3.2 Report second study phase: Psychometric Evaluation of the Sexual Quality of Life Assessment Scale during Postpartum (SQLAS-PP)

Objectives:

The second part of the study aimed to develop and validate the Iranian version of 'Postpartum Sexual Quality of Life scale'.

Method:

The pre-final draft of the scale was developed based on the results extracted from the first part of the study (qualitative studies in Iran and Swiss) and the literature review. This version of the scale contained 67 items (15 items from Swiss, 7 items from literature review, and 45 items from Iran) and each item was rated on a five-point response scale (always to never).

A sample of women during the postpartum period was recruited from 17 health centres in Tehran (affiliated to Tehran University of Medical Sciences). The sample size was estimated based on the number of items in the questionnaire multiplying by 5, as recommended in developing factor analysis. Thus, a sample of 240 women was considered optimal. However, because of the risk of incomplete questionnaires, 290 women were approached and each completed the questionnaire.

Several statistical methods were used to analyse the data:

Validity

We assessed content, face, and construct validity of the Sexual Quality of Life Assessment Scale as follows:

Content validity: Qualitative and quantitative content validity were applied. An expert panel consisting of a team of 12 investigators who were specialized in sexuality and psychometric evaluation assessed the content validity of the questionnaire. In the qualitative phase, they evaluated wording, grammar, item allocation, and scaling of the questionnaire. In the quantitative phase, the content validity index (CVI) and the content validity ratio (CVR), were calculated. Clarity, simplicity, and relevancy of each item were assessed by CVI evaluation. The CVI was calculated based on the proportion of items that received a rating of 3 or 4 by the experts. The essentiality of the items was tested by calculating the CVR; in fact, the experts rated each item as essential, useful but not essential, or not essential.

Face validity: Qualitative and quantitative methods were applied to evaluate face validity. In the qualitative phase, 10 young women were asked to evaluate the questionnaire and indicate if they felt difficulty, or ambiguity in responding to the questionnaire. In the quantitative phase, the impact score (frequency × importance) was calculated to indicate the percentage of women who identified the item as important or quite important. Items were considered appropriate if they had an impact score equal or greater than 1.5, corresponding to a mean frequency of 50% and a mean importance of 3 on the 5-point Likert scale.

Construct validity. Exploratory factor analysis (EFA) was performed to determine the underlying constructs of the questionnaire. A principle component analysis (PCA) with varimax rotation was applied and the factor loading equal or greater than 0.4 was considered acceptable.

Reliability

The Cronbach's alpha coefficient was calculated to assess the internal consistency of the questionnaire. Values equal or greater than 0.70 were considered satisfactory. In addition, in order to assess the questionnaire's stability, test-retest reliability was conducted. 25 participants completed the questionnaire twice with a two-week interval. The values of 0.40 or higher were considered satisfactory ($r \geq 0.81-1.0$ as excellent, 0.61- 0.80 very good, 0.41-0.60 good, 0.21-0.40 fair, and 0.0-0.20 poor).

Results

Participants

In total, 282 women completed the questionnaire correctly. The mean age of participants was 28.4 ± 5.9 years, 78.4% were housewives, and 79.1% had a moderate economic status. Two-thirds of the women (66.3%) had a caesarean section, 80.1% breastfed their baby.

Validity

Face validity. The impact score was calculated to examine quantitative face validity. Impact scores of the items ranged from 1.1 to 5. Therefore, 9 items with values less than 1.5 were omitted and 58 items were preserved for the next steps of psychometric assessment. In the qualitative face validity, participants stated that they had no problems in reading and understanding the items.

Content validity. In the quantitative content validity, items with CVR and CVI less than 56 and 78 respectively, were omitted; therefore, 10 items were deleted in this part of the validity. In the qualitative phase, some criteria such as grammar, wording, and item allocation were edited according to the experts' opinions.

Construct validity. The exploratory factor analysis (EFA) was used to evaluate construct validity. The Kaiser-Meyer-Olkin (KMO) and Bartlett's test illustrated that the data were proper for factor analysis (KMO index = 0.867, $\chi^2 = 5422.212$, $P = 0.000$). Principal component analysis with varimax rotation identified two factors with eigenvalues greater than 1.5 and factor loading equal or greater than 0.4; accounting for 54.2% of variance. The factor loadings were as follows:

- Factor 1: "Sexual performance" that included 6 items.
- Factor 2: "Postnatal psychological changes" that included 5 items.
- Factor 3: "Sexual beliefs" that included 3 items.
- Factor 4: "Marital life in the context of parental experience" that included 4 items.
- Factor 5: "Changes in postpartum sex life" that included 4 items.

Reliability

Internal consistency was used to evaluate the reliability of the questionnaire. The Cronbach's alpha coefficient for the questionnaire was 0.87, above the acceptable threshold. In addition, the ICC for the questionnaire was found to be 0.84 (good to excellent), lending support to the stability of the questionnaire.

Dissection:

The final 22-item Sexual Quality of Life Assessment Scale during Postpartum (SQLAS-PP) contained 5 subscales such as changes in postpartum sex life, postnatal psychological changes, sexual beliefs, marital life in the context of parental experience, and sexual performance. The results of the present study showed that the SQLAS-PP has acceptable validity and reliability to assess sexual quality of life in postpartum. In fact, the CVI and the CVR indicated a good content validity and the Cronbach's alpha coefficient and the results of test re-test were acceptable and indicated satisfactory reliability and stability for the scale.

Items in sexual 'performance' subscale contained 6 questions including:

- My husband tries to give me sexual enjoyment.
- I try to give my husband sexual enjoyment.
- I know my husband's sexual preferences well.
- I can talk about sex and associated fears with my husband.
- My husband tries to prepare me for sex.
- I always try to accept my husband's sexual request because of my love for him.

Since these items mostly focused on performance related to sexuality, the name of 'sexual performance' was chosen for this subscale.

There were 5 items in 'postnatal psychological changes' subscale which mostly reflected psychological evolutions that happen after childbearing. These items included:

- After giving birth, I feel depressed and hopeless.
- I am worried and anxious due to increased responsibilities.
- After childbirth, I have become sensitive and irritable.
- After childbirth, my confidence has declined as a sexual partner.
- After childbirth, I feel tired and have no energy due to a lack of sleep.

Another subscale had 3 items that were related to 'sexual beliefs':

- A man must prepare his wife for sex.
- Sex should be based on mutual desire and mental readiness.
- The man must care about the woman's satisfaction in the relationship.

Items in 'marital life in the context of parental experience' subscale contained 4 questions including:

- After giving birth, my husband has become kinder and gives me more love and attention.
- Sometimes, we plan childcare; so that we have time for ourselves.
- My husband helps me with childcare.
- My husband helps me with housework.

Since these items mostly focused on performance of couples in the context of parenting, we preferred to choose this name for this subscale.

Finally, there were 4 items in 'changes in postpartum sex life' subscale:

- After birth, the frequency of our sexual relationship has decreased.
- After birth, the duration of our sexual relationship has become shorter.
- After birth, I have pain during our sexual relationship.
- My sexual desire has decreased compared to before childbirth.

The findings of this study provide preliminary evidence for the psychometric properties of the Sexual Quality of Life Assessment Scale during Postpartum (SQLAS-PP). Since there is no scale regarding sexual quality of life in postpartum, this scale could be applicable for psychometric properties assessment in other societies and also identifying challenges and planning interventions to promote the sexual quality of life of women during postpartum.

1.3.3 Scientific merit of the collaboration

The scientific collaboration between Dr. Azam Rahmani from Teheran University of Medical Science and Dr. Susanne Grylka from Zurich University of Applied Sciences was close and very fruitful. The project benefited from the experiences of both researchers and from the collaboration. The Iranian researcher, with expertise in sexual and reproductive health as well as scale development generated the guide for the interviews with women and the coding scheme for the qualitative analysis, conducted the literature research and developed the item pool for the 'Postpartum Sexual Quality of Life scale'. The Swiss researcher with expertise in postnatal quality of life, translating and validating scales and midwifery research translated the interview guide into German and advised how to address postnatal quality of life. She applied the Iranian coding scheme for the qualitative analysis with the Swiss data investigating similarities and differences and gave inputs for the selection of items for the instrument. In order to enable the scientific exchange, the interview guide, the item pool for the scale development and part of the Iranian and Swiss citations of mothers were translated into English.

Close collaboration was required at different milestones during the project:

- November to December 2018: planning the study, developing and translating the interview guide
- January to September 2019: preparation for the visit of Dr. Azam Rahmani to Switzerland
- April to October 2019: Analysis of the interviews with Iranian and Swiss mothers
- May 2019: Item generation for the 'Postpartum Sexual Quality of Life scale' with inclusion of items emerging from the Swiss interviews

- September to November 2019: Planning of a joint publication about differences in sexual quality of life between Iranian and Swiss mothers and follow-up projects

2 Outlook

Both researchers are very grateful for the close and fruitful collaboration started in the frame of this Seed Money Grant. This collaboration should be continued with further steps in Iran and in Switzerland. Therefore, it is planned to apply for further grants to continue this project:

- Call for Bridging Grants with South Asia and Iran 2019, January 2020
- Call of Health Promotion Switzerland for the development of a multilingual progressive WebApp including information about sexuality during pregnancy and the postpartum period, January 2020. Main applicant is the Swiss researcher and the Iranian researcher will be included as an expert in the field.
- SPIRIT - Swiss Programme for International Research by Scientific Investigation Teams of the Swiss National Science Foundation, September 2020

Dr. Susanne Grylka and Dr. Azam Rahmani plan to apply together for a Bridging Grant with South Asia and Iran 2019 advertised by Leading House South Asia and Iran at Zurich University of Applied Sciences to continue their joint research and conduct further preparations for a SPIRIT application. This includes namely the application of the Iranian version of the 'Postpartum Sexual Quality of Life scale' in a large population and assessment of criterion validity. Furthermore, it includes the translation of the preliminary version of the instrument into English and subsequently into German including the assessment of face validity in an expert group and a pre-test in the target population in Switzerland. In addition, Dr. Susanne Grylka will submit a preproposal for the development of a multilingual App with information about sexuality during pregnancy and the postpartum period by Health Promotion Switzerland. Dr. Azam Rahmani will be included as an expert in the field and for the translation into Farsi and consideration of cultural aspects. In September 2020, the Swiss researcher will fulfil the requirement of the Swiss National Science Foundation to apply for grants. The Swiss and the Iranian researcher plan to submit a preproposal to apply and validate the German version of the 'Postpartum Sexual Quality of Life scale' and develop, implement and evaluate culturally adapted interventions for Iranian and Swiss women with impaired postpartum sexual quality of life.

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4 Annexes

4.1 Programme for the visit of Azam Rahmani to Switzerland

WEEK 37/38	DATE	ORGANISATIONAL NOTES	MORNING	LUNCHTIME	AFTERNOON	EVENING
THURSDAY	12.09.2019	ARRIVAL	Welcome at the airport by Susanne			17.00 – 18.00 Exchange with Carmen Düni
FRIDAY	13.09.2019		No planned program			
SATURDAY	14.09.2019	Sightseeing Switzerland - Susanne				
SUNDAY	15.09.2019					
MONDAY	16.09.2019		<p>10.30 – 11.00 Welcome by Beatrice Friedli, Head of Institute of Midwifery (TN 04.46)</p> <p>11.00-12.00 Presentation of Skills Training and Skills Labs Tour by Claudia Putscher, Head of the Skills Competences Group (TN O1.23 & TS 4. floor)</p> <p>09.00 – 10.00 Presentation MSc Midwifery by Dr. Astrid Krahl, Head of the MSc Midwifery program (TU 309)</p> <p>10.00 – 12.00</p>	<p>12.00 – 13.30 Lunch with Beatrice Friedli, Petra Graf, Susanne Grylka und Silvia Ammann-Fiechter</p>	<p>14.30 – 15.00 Welcome by Prof. Dr. Jessica Pehlke – Milde, Head of the R&D Institute of Midwifery (TU 306)</p> <p>15.00-15.30 Exchange over coffee with Irina Radu, Research associate (TU307/308)</p> <p>16.30-17.30 Exchange with collaborators R&D Institute of Midwifery (TU 312)</p> <p>14:00 - 15:00 Exchange Silvia Ammann, International Office (TU 312)</p> <p>Project work with Susanne (TU 312)</p>	<p>17.30-20.00 Dinner with midwives of the Department R&D in Winterthur</p>
TUESDAY	17.09.2019					

WEEK 38	DATE	ORGANISATIONAL NOTES	MORNING	LUNCHTIME	AFTERNOON	EVENING
			Informal exchange with lecturers and researchers of the Institute of Midwifery ¹ -Moderation Susanne (TN O2.11)			
WEDNESDAY	18.09.2019		No planned program	12.00 – 13.00 G-researches ² (TS 03.08) Presentation: Dr Azam Rahmani	14.00 – 15.00 Presentation BSc Midwifery Program by Gabriele Hasenberg, Co-Head of the BSc Midwifery Program (TN O1.23)	
THURSDAY	19.09.2019		Project work with Susanne 11.30 – 12.00 Welcome by Prof. Dr. Andreas Gerber-Grote, Dean School of Health Professions ZHAW (TN 04.52) By Petra Graf Heule – Head of Competence Group Clinical Placements and Institutions		Project Work with Susanne (TU 312)	
FRIDAY	20.09.2019		08:15 – 09.30 Presentation Clinical Placements and institutions (TN O1.19) Visits to maternity care institutions in Winterthur and Zurich:	Journey to Bäretswil and lunch on the way	14.00 Birthing Home Geburtshaus Zürich Oberland	
SATURDAY	21.09.2019	DEPARTURE	10.00 Winterthur Cantonal Hospital			

4.2 Fotos visit Dr. Azam Rahmani in Switzerland



4.3 Abstract 32nd ICM Triennial Congress in Bali, Indonesia

Abstract ICM Congress Bali 2020

Postpartum sexual quality of life in Iranian and Swiss women

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BACKGROUND: Sexual quality of life is an important aspect of women's health and wellbeing but might be impaired after having given birth. Sexual dysfunction is prevalent during the postpartum period. However, little is known about factors affecting postpartum sexual quality of life and about variations in postpartum sexuality in different cultural contexts.

OBJECTIVES: To explore the most important factors related to women's sexual quality of life during the postpartum period among Iranian and Swiss mothers.

METHODS: Qualitative study using individual interviews and focus group discussions with 24 Iranian and 13 Swiss primiparous women at three months after having given birth. We used conventional content analysis and investigated differences between countries.

RESULTS: Codes were summarised in seven themes: 'Self-awareness', 'Married/partnership life before pregnancy', 'Married/partnership life in the context of parenthood', 'Sexual worldview', 'Sexual performance before giving birth', 'Sexual storm after childbirth' and 'An earthquake in the life of a mother after childbirth'. Marital life was more important for Iranian than for Swiss women. Additionally, accepting husband's request despite the lack of readiness was regarded as a positive behaviour of women in Iran but rarely quoted in Switzerland. However, the adaptation of sexual behaviour to the postpartum situation (e.g. sexual position, variety or timing) was a relevant aspect for Swiss mothers. Lack of time, a demanding child, tiredness, mood swings but also pain were mentioned in both countries as factors leading to a decreased sexual activity during the postpartum period.

CONCLUSIONS: Three months after birth, many women did not find back to the same level of sexual activities than before pregnancy. Cultural differences showed variations in sexual behaviour.

KEY MESSAGE: Knowledge about factors affecting postpartum sexual quality of life is important, because women complain a lack of information and counselling about sexuality after childbirth. Postpartum care should consider sexual quality of life as an additional topic.

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