



ASSESSMENT OF QUALITY OF LIFE IN WOMEN WITH SOFT TISSUE BIRTH CANAL TEARS DURING THE EARLY AND LATE POSTPARTUM PERIODS

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Abstract. Soft tissue birth canal tears remain one of the most common obstetric complications encountered during vaginal delivery and are associated with significant physical, psychological, and social consequences for women during the postpartum period. Perineal, vaginal, and cervical injuries may adversely affect maternal well-being by contributing to persistent pain, impaired mobility, urinary and fecal dysfunction, sexual disorders, emotional distress, and reduced social functioning. The impact of these complications extends beyond the immediate postpartum period and may substantially influence long-term quality of life. Contemporary approaches to postpartum care increasingly emphasize patient-reported outcomes and health-related quality of life as important indicators of recovery and treatment effectiveness. This review examines current evidence regarding the effect of soft tissue birth canal tears on women's quality of life during both early and late postpartum periods. Particular attention is given to physical recovery, psychological adaptation, sexual health, social functioning, and factors associated with delayed rehabilitation. Understanding the multidimensional consequences of birth-related trauma is essential for optimizing postpartum management strategies, improving maternal health outcomes, and enhancing overall quality of life among affected women.

Keywords: postpartum period, quality of life, birth canal tears, perineal trauma, obstetric injuries, vaginal delivery, maternal health, postpartum recovery, sexual function, psychological well-being.

Introduction. Perineal, vaginal, and cervical tears are among the most common complications of vaginal childbirth and continue to represent a significant challenge in contemporary obstetric practice. The incidence of birth canal trauma varies considerably depending on parity, fetal characteristics, labor management, obstetric interventions, and maternal anatomical factors. Despite advances in obstetric care and preventive strategies, soft tissue injuries remain a major cause of postpartum morbidity and may negatively affect women's physical, psychological, sexual, and social well-being during both the early and late postpartum periods [1, 11, 14]. The consequences of birth canal tears extend beyond the immediate postpartum recovery phase. Women with perineal trauma





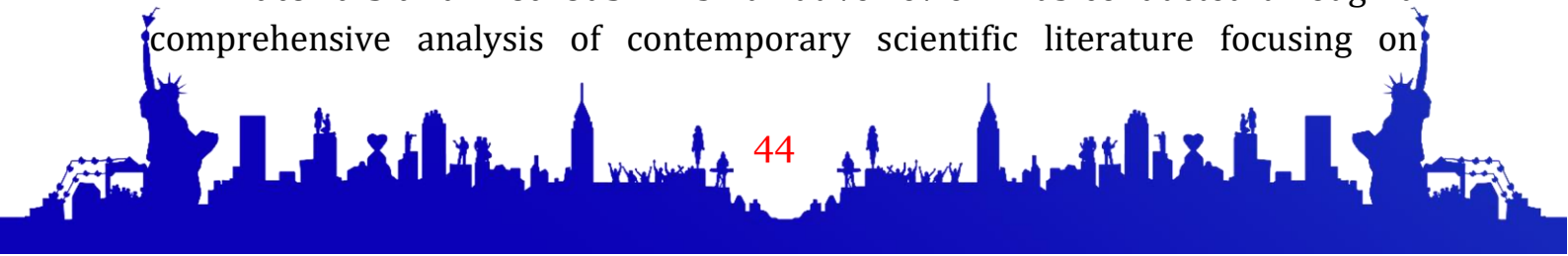
frequently experience persistent perineal pain, dyspareunia, urinary and fecal incontinence, pelvic floor dysfunction, limitations in daily activities, and emotional distress. These complications may adversely influence maternal adaptation to motherhood, interpersonal relationships, and overall quality of life [6, 8, 12]. Furthermore, severe obstetric perineal injuries involving the anal sphincter complex are associated with long-term functional impairment and may require prolonged rehabilitation and specialized medical care [15, 16].

In recent years, quality of life assessment has become an essential component of maternal healthcare evaluation. Modern healthcare systems increasingly recognize that successful postpartum recovery should not be measured solely by clinical outcomes but also by patient-reported experiences and functional well-being. Health-related quality of life encompasses physical health, psychological status, social functioning, sexual health, and overall life satisfaction, providing a comprehensive understanding of the long-term impact of childbirth-related trauma [5, 17].

Several studies have demonstrated that women who sustain soft tissue birth canal tears report lower quality-of-life scores during the postpartum period compared with women without birth injuries. Physical discomfort, fear of recurrent pain, impaired sexual function, and psychological concerns frequently persist for months after delivery, thereby affecting family relationships and social participation [9, 13, 18]. Recent investigations have also highlighted the importance of individualized postpartum rehabilitation programs, pelvic floor rehabilitation, psychological support, and multidisciplinary follow-up in improving long-term maternal outcomes [3, 4]. Despite growing scientific interest in postpartum quality of life, the available evidence remains heterogeneous, and many aspects of the relationship between birth canal trauma and maternal well-being require further clarification. A comprehensive analysis of contemporary literature is therefore necessary to summarize current knowledge regarding the short- and long-term effects of soft tissue birth canal tears on women's quality of life and to identify effective strategies for prevention and rehabilitation.

The aim of this review was to evaluate and synthesize current evidence regarding the impact of soft tissue birth canal tears on women's quality of life during the early and late postpartum periods, with particular emphasis on physical recovery, psychological well-being, sexual function, social adaptation, and rehabilitation outcomes.

Materials and methods. This narrative review was conducted through a comprehensive analysis of contemporary scientific literature focusing on



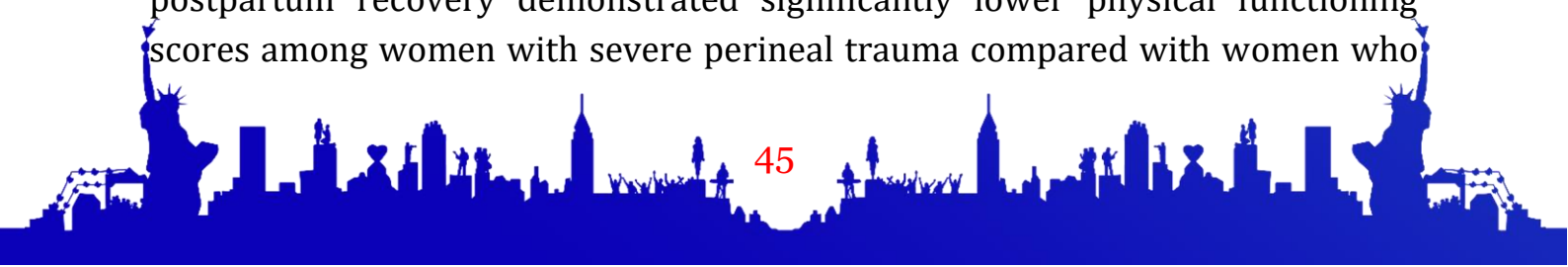


postpartum quality of life among women who sustained soft tissue birth canal tears during vaginal delivery. The review was based on publications addressing obstetric perineal trauma, postpartum recovery, pelvic floor dysfunction, sexual health, psychological well-being, and maternal quality of life.

Relevant studies were identified from major international biomedical databases, including PubMed/MEDLINE, Scopus, Web of Science, Google Scholar, and specialized obstetrics and gynecology resources. The review included peer-reviewed original investigations, systematic reviews, meta-analyses, clinical practice guidelines, consensus statements, and professional recommendations published between 2021 and 2024. Particular attention was paid to studies evaluating health-related quality of life following perineal, vaginal, and cervical tears, as well as obstetric anal sphincter injuries. Data regarding physical symptoms, pelvic floor disorders, urinary and fecal incontinence, sexual dysfunction, psychological outcomes, social functioning, and patient-reported quality-of-life measures were extracted and analyzed. A total of 20 contemporary sources were included in the final review. The selected literature was critically appraised and synthesized according to the following thematic domains: epidemiology of birth canal trauma, determinants of postpartum quality of life, physical and functional consequences of perineal injury, psychological and sexual health outcomes, rehabilitation strategies, and evidence-based approaches to improving maternal well-being during the postpartum period. Comparative qualitative analysis was performed to identify common findings, risk factors, and emerging trends in postpartum care for women affected by soft tissue birth canal tears.

Results. The analysis of contemporary literature demonstrates that soft tissue birth canal tears exert a substantial negative impact on women's quality of life during both the early and late postpartum periods. The severity and duration of this impact depend on the extent of tissue injury, the presence of obstetric anal sphincter involvement, the effectiveness of postpartum rehabilitation, and individual psychosocial factors [11, 14, 16].

Physical health impairment was identified as one of the most prominent consequences of birth canal trauma. Women who sustained perineal, vaginal, or cervical tears frequently reported persistent perineal pain, discomfort while sitting or walking, delayed wound healing, and limitations in routine daily activities during the early postpartum period [2, 8]. Studies evaluating postpartum recovery demonstrated significantly lower physical functioning scores among women with severe perineal trauma compared with women who

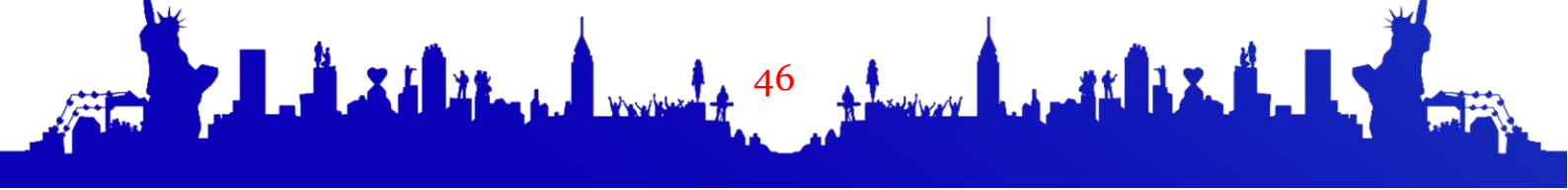




experienced uncomplicated vaginal delivery [6, 19]. Furthermore, obstetric anal sphincter injuries were associated with prolonged recovery, chronic pelvic floor dysfunction, and persistent anorectal symptoms extending into the late postpartum period [12, 16]. Pelvic floor disorders were consistently identified as important determinants of reduced quality of life. Women with severe perineal tears experienced a higher prevalence of urinary incontinence, fecal incontinence, pelvic organ support dysfunction, and pelvic floor muscle weakness [6, 12]. These conditions negatively affected physical activity, social participation, self-confidence, and overall well-being. According to Harvey et al. [12], women with obstetric anal sphincter injuries demonstrated significantly poorer quality-of-life indicators across multiple physical and functional domains compared with unaffected postpartum women. Psychological well-being was also significantly affected by childbirth-related trauma. Several studies reported increased rates of anxiety, emotional distress, reduced self-esteem, and symptoms of postpartum depression among women with perineal injuries [8, 9, 20]. Persistent pain, concerns regarding body image, fear of future childbirth, and uncertainty regarding recovery contributed to psychological morbidity and impaired maternal adaptation during the postpartum period [9, 20]. These findings support the concept that postpartum rehabilitation should address both physical and psychological aspects of recovery.

Sexual dysfunction emerged as one of the most frequently reported long-term consequences of soft tissue birth canal tears. Dyspareunia, reduced sexual satisfaction, fear of intercourse, and delayed resumption of sexual activity were commonly observed among affected women [13, 18]. LaCross et al. [13] demonstrated that obstetric perineal trauma was significantly associated with impaired sexual function during the first postpartum year. Similarly, Yildiz et al. [18] reported lower sexual health and quality-of-life scores among women with severe perineal injuries compared with women who experienced uncomplicated deliveries.

Social functioning and interpersonal relationships were also adversely affected. Women experiencing chronic pain, incontinence, or sexual dysfunction frequently reported decreased participation in social activities, reduced work productivity, and difficulties in family and partner relationships [5, 10]. The cumulative burden of physical symptoms and emotional distress contributed to lower overall health-related quality-of-life scores throughout the postpartum period [5, 10].





The reviewed studies consistently demonstrated the beneficial role of early rehabilitation interventions. Pelvic floor muscle training, physiotherapy, psychological counseling, structured postpartum follow-up, and individualized rehabilitation programs were associated with improved physical recovery, better pelvic floor function, enhanced sexual health, and higher quality-of-life indicators [3, 4, 7].

Bazarova and Khodjaeva [3] emphasized that comprehensive rehabilitation strategies significantly improved adaptation and quality of life among women with postpartum perineal injuries.

Current evidence also suggests that timely diagnosis, appropriate classification of birth canal trauma, meticulous surgical repair, and multidisciplinary postpartum care are essential for minimizing long-term complications and optimizing maternal well-being [1, 15, 17]. International guidelines increasingly advocate patient-centered approaches that integrate physical, psychological, and social dimensions of postpartum recovery [15, 17]. Overall, the literature indicates that soft tissue birth canal tears are associated with significant deterioration in multiple domains of quality of life during both the early and late postpartum periods. The greatest burden is observed among women with severe perineal trauma and obstetric anal sphincter injuries, highlighting the need for comprehensive preventive and rehabilitative strategies aimed at improving long-term maternal outcomes.

Conclusion. Soft tissue birth canal tears remain one of the most significant contributors to postpartum morbidity and have a substantial impact on women's quality of life during both the early and late postpartum periods. The available evidence demonstrates that childbirth-related perineal, vaginal, and cervical injuries adversely affect multiple dimensions of maternal well-being, including physical health, psychological status, sexual function, and social adaptation. Women who experience severe perineal trauma, particularly obstetric anal sphincter injuries, are at increased risk of persistent pain, pelvic floor dysfunction, urinary and fecal incontinence, dyspareunia, emotional distress, and reduced overall quality of life. These consequences may extend well beyond the immediate postpartum period and negatively influence family relationships, social participation, and long-term reproductive health.

The reviewed literature emphasizes that quality of life should be considered a key outcome measure in the evaluation of postpartum recovery. Comprehensive assessment of patient-reported outcomes enables a more accurate understanding of the long-term burden associated with birth canal trauma and facilitates the



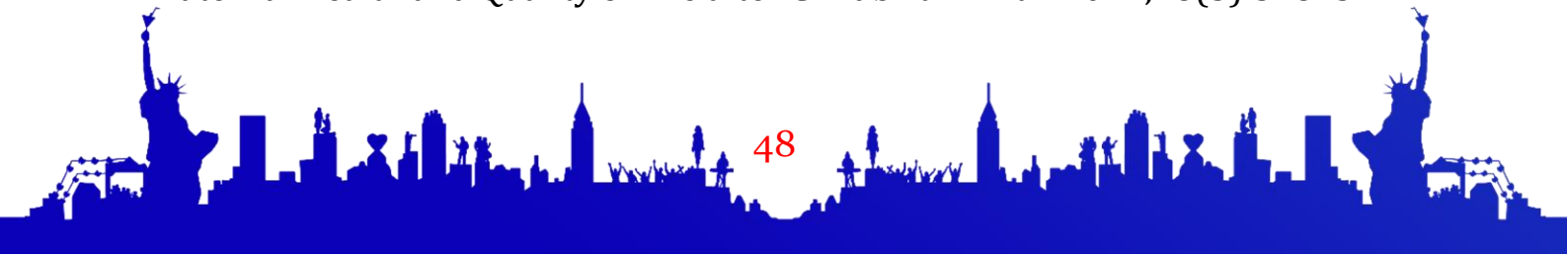


development of individualized rehabilitation strategies. Current evidence supports the implementation of multidisciplinary postpartum care, including early diagnosis of birth-related injuries, appropriate surgical repair, pelvic floor rehabilitation, physiotherapy, psychological support, and regular follow-up assessment. Such interventions contribute to improved functional recovery, enhanced psychological well-being, better sexual health outcomes, and higher overall quality-of-life indicators.

Further prospective multicenter studies are required to establish standardized approaches for the prevention, management, and rehabilitation of women with soft tissue birth canal tears. The integration of patient-centered care models and evidence-based rehabilitation programs may significantly improve maternal health outcomes and optimize quality of life throughout the postpartum period.

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