

## **Results and conclusion.**

We found the statistically significant increase in the occurrence of urinary incontinence during pregnancy. We found no significant relation between prevalence of urinary incontinence during pregnancy and either BMI before pregnancy or weight gain during pregnancy. All females of age 36 and more suffered from urinary incontinence during the third trimester.

There is a decrease in frequency of sexual intercourses, a decrease in female orgasm sensation and a decrease in satisfaction with the sexual life during pregnancy. Frequency of sexual dysfunctions increases: dyspareunia, insufficient lubrication and hypogastric pain.

Females with significant dyspareunia before pregnancy have higher risk of extensive injury to the vaginal wall during labour.

10% of women do not have full comfort of life due to birth injury six months after the labour. 24% of women start with sexual life less than six weeks after the first labour; 7% of women have no sexual intercourse six months after the delivery. 38% of females declare that the sexual life six months after the delivery is still not as high quality as prior to pregnancy.

In the comparison of the way of labour (Caesarean section vs. vaginal delivery) we found no difference in frequency of sexual intercourses six months after the labour, in orgasm sensation, in prevalence of dyspareunia, insufficient lubrication and hypogastric pain. There are significant differences just three months after the delivery; but there is no benefit of delivery by Caesarean section in sexuality task six months after the labour. Women delivering by Caesarean section start their sexual life slightly earlier.

In comparison of females suffering from significant dyspareunia six months after the labour to the healthy women we found no significant difference in usage of Kristeller expression, gestational age, administration of oxytocin during labour, usage of epidural analgesia, level of education of birth attendant, age of female, BMI before pregnancy and six months after the delivery, weight gain during pregnancy, size of the newborn (weight, head circumference, biacromial diameter) and practising of perineal massage. Forceps delivery, episiotomy, planned pregnancy and lactation were the only risk factors for dyspareunia.

Females with extensive birth injury to the vaginal wall had significantly longer healing process compared to the females with injury to the perineum; they had a later beginning of the sexual life, a higher prevalence of dyspareunia and a higher