


Assessment instruments to evaluate sexual function and satisfaction of pregnant women in prenatal health care context: scoping review protocol

Alexandra Tereso¹

 orcid.org/0000-0002-4746-3649


Alice Curado²

 orcid.org/0000-0002-9942-7623

Ana Brantes³

 orcid.org/0000-0002-2815-260X

Ricardo Antunes⁴

 orcid.org/0000-0003-4771-3975

¹ PhD. Nursing School of Lisbon (ESEL), Lisbon. Nursing Research, Innovation and Development Centre of Lisbon (CIDNUR), Lisbon, Portugal.

² PhD. Nursing School of Lisbon (ESEL), Lisbon. Nursing Research, Innovation and Development Centre of Lisbon (CIDNUR), Lisbon, Portugal.

³ Master. Nursing School of Lisbon (ESEL), Lisbon. Nursing Research, Innovation and Development Centre of Lisbon (CIDNUR), Lisbon, Portugal.

⁴ PhD. Nursing School of Lisbon (ESEL), Lisbon. Nursing Research, Innovation and Development Centre of Lisbon (CIDNUR), Lisbon, Portugal.

Abstract

Introduction

Despite the fears and beliefs related to sexual function and satisfaction during pregnancy, the healthy experience of sexuality (which is not reduced to these aspects but encompasses them) is relevant to women. Although quality of life is associated with sexual function and satisfaction, the effect of pregnancy in those dimensions, needs to be further explored in order to prevent problems and respond appropriately to women needs.

Objective

This scoping review aims to map, in the scientific literature, the assessment instruments to evaluate the sexual function and sexual satisfaction of pregnant women in prenatal health care context.

Methods

The Joanna Briggs Institute guidelines are used to conduct this protocol. The key information sources to be searched include several databases, such as MEDLINE, CINAHL, MedicLatina, Pubmed, Web of Science, Google Scholar and Open Access Scientific Repository of Portugal.

Quantitative, qualitative, or mixed studies and secondary studies published in Portuguese, English, Spanish, French, and between 2018 and 2023 will be included. For inclusion criteria will be considered studies referring to instruments to evaluate sexual function and satisfaction of pregnant woman 18 years or over, in prenatal health care context [Population Concept Context framework]. Titles and abstracts of identified citations will be screened independently and assessed for eligibility by two reviewers. Potentially relevant full-text studies and data will be extracted using a data extraction form. The extraction table will show the data mapped in a descriptive way responding to research questions. Selected documents by each reviewer will be uploaded to the Covidence web tool, to optimize the systematic review process and facilitate collaboration between reviewers. For the management of references, the Mendeley software will be used.

Discussion

Mapping the instruments will enable to summarize the valid, reliable, and specific assessment instruments, their possibilities, and limitations. This results, will contribute to improve the access to information about sexual function and satisfaction during pregnancy, to identify women needs, and plan specific health care interventions. The outcomes relevance will help to guide health professionals and researchers to use the most appropriate assessment tools in prenatal health care context.

Systematic review registration

Open Science Framework - registration number: osf.io/csg8t

Keywords

Pregnant Woman; Sexual Satisfaction; Scales; Sexual Health.

Corresponding author:

Alexandra Tereso

E-mail: alexandra.tereso@essel.pt

Received: 05.07.2023

Accepted: 18.12.2023

How to cite this article: Tereso A, Curado A, Brantes A, Antunes R. Assessment instruments to evaluate sexual function and satisfaction of pregnant women in prenatal health care context: scoping review protocol. Pensar Enf [Internet]. 2024 Jan; 28(1): 6-13. Available from: <https://doi.org/10.56732/pensarenf.v28i1.286>



Introduction

Despite the fears, myths and misconceptions related to sexual function and satisfaction during pregnancy, the healthy experience of sexuality (which is not reduced to these aspects but encompasses them) is relevant to the pregnant women. Although quality of life is associated with woman sexual function and satisfaction, the effect of pregnancy in those dimensions, needs to be further explored. According to the American College of Obstetricians and Gynaecologists¹, most sexual activity is safe for women having healthy pregnancies and this includes sexual intercourse or penetration with fingers or sex toys. Nevertheless, the sexual needs of pregnant women are rarely discussed with health professionals in prenatal care, and sexual activity and pleasure during this period, seems to be a taboo.² Pregnancy is a peculiar stage in terms of the physical, hormonal, psychological and social changes that occur³⁻⁴ and is likely to affect intimacy and sexual function.⁵ Cassis et al.³ and Rezende⁶ stressed that female sexual function remains an under-investigated and neglected topic in medical research. These authors consider that there are several unanswered questions regarding the changes in sexual function during pregnancy.^{3,6}

Sexual dysfunction can be considered as an inability to participate in desired sexual intercourse and may be a sign of biological or psychological problems, or a combination of both. Low sexual desire, low sexual arousal, lack of orgasm, and intercourse pain are symptoms of sexual dysfunction. These symptoms prevent women from experiencing satisfaction from sexual activity, may affect their quality of life, are associated with negative effects on self-esteem, as well as in interpersonal relationships.⁴

There is a lack of consensus over whether female sexual dysfunction (FSD) increases with increasing gestation, or whether there is a temporary improvement in the second trimester. In a different perspective, Khalesi et al.⁷ in their research, concluded that pregnant women sexual interest decreased in the first trimester, increased in the second trimester, and decreased at the end of the third trimester. In relation to primiparous women, Cassis et al.³ found a huge risk factor for the development of, or worsening of pre-existing, sexual dysfunction. The vast majority (86.1 %) of primiparous women in their study were suffering from FSD during the third trimester of pregnancy. About this, authors such as McDonald et al.⁸ also refer a strong association between FSD and decreased physical, emotional, and overall life satisfaction. In a different perspective, Dwarica et al.⁹, stressed that sexual satisfaction can fluctuate throughout a relationship and with significant life events and that should as well be considered.

Several authors mention that the effect of pregnancy on women sexual function and satisfaction is not well studied and highlighted the changes undergone during pregnancy, their impact in overall quality of life, and the relevance of those experienced changes by women and their partners, being discussed with health care professionals.^{3,6,9-13}

Most women are sexually active during pregnancy and many express concerns over the impact of sexual activity on the foetus and the pregnancy.^{5,10-11,14-17} The research conducted

by Branecka-Wóznia et al.² with patients of the pregnancy pathology ward, demonstrated that higher levels of sexual satisfaction in every dimension, were associated with higher level of satisfaction with life and emphasize the need for comprehensive perinatal care and professional sexual counselling.

Surucu et al.¹⁸ in their study found out, that the sexual dysfunction rates of the participants were high during pregnancy, and their sexual quality of life decreased as the pregnancy months progressed. With different results, the research of Kucukdurmaz et al.¹⁹ reported that the sexual dysfunction rate was higher in the first and third trimesters compared to the second trimester.

Cassis et al.³ mention that the improvement in sexual functioning that they found in the second trimester, has been seen in several previous studies like the one conducted by Vannier and Rosen.²⁰ In the first trimester, many pregnant women suffer from physical symptoms such as nausea and vomiting, breast sensitivity and a worsening sense of well-being. Some of these symptoms decrease in the second trimester and there is a psychological adjustment to the changes as well as less fear of miscarriage. For some women, pregnancy may result in improved awareness of their bodies and therefore increased sensuality. Others feel less inhibited. For others, the vaso congestion of the genitals during pregnancy may increase sexual desire and improve sexual response.⁶ In the third trimester women experience more physical and anatomical changes such as increased size of the abdomen, which interferes in the sexual activity, vaginal discharge, foetus movements and increased vaginal humidity, amongst others. There is also the fear of preterm labour and all these factors may contribute to the subsequent decline in sexual activity and function in the last trimester. Dwarica et al.⁹ also included as factors contributing to the decrease in sexual activity during pregnancy, the physical discomfort, fear of injury to the foetus, loss of interest, physical awkwardness, painful coitus, and perceived lack of attractiveness. In this context we emphasize that only one study reported an increase in sexual satisfaction in the third trimester.²¹

In a different perspective, Oche et al.¹⁷ highlighted that, myths about sex during pregnancy related to preterm labour or miscarriage, are very strong factors in the avoidance of sexual contact. These authors evaluated the attitude, sexual experiences, and changes in sexual function during pregnancy, and they found out, despite most of the respondents mentioning desire and sexual satisfaction, 99% refer less frequency in sexual intercourse during pregnancy. The decline in sexual activity was associated with fear of harm to the foetus and premature labour. However, some of the women who maintained sexual activity, mentioned the need to show love for partners, to ensure marital harmony and satisfy their sexual urge. As so, those authors consider that it is imperative that health professionals take the initiative to approach these subjects during individual examination time, thus encouraging woman to communicate more freely in an open manner.

Unfortunately, sexual function during pregnancy is not always routinely addressed by care providers.^{7,10} In a survey

that included 141 pregnant women in Canada, Bartellas et al.¹⁰ found that only one third of women received information from their provider about sexual activity during pregnancy and nearly half brought up the topic themselves. Khalesi et al.⁷ in their work, concluded that sexual function showed significant regressions over time during pregnancy and that it is a widespread problem during this stage. These authors expect, because of their study, to draw the attention of health providers, to sexual problems of pregnant women. They argue that it's unacceptable that health professionals neglect these issues, and that an effort should be made to prevent or treat the sexual problems of pregnant women. During pregnancy, health care professionals can play a decisive role in prenatal care appointments and parental preparation classes addressing the sexual function and satisfaction. This can be determinant, not only to develop knowledge about the effect of pregnancy in these areas, but also, to identify problems and be able to respond appropriately to the pregnant woman needs. Cassis et al.³ and Rezende⁶ concluded that the importance of sexual function in overall quality of life is well known and so it is of paramount importance that this topic is discussed with women and their partners by their healthcare providers. In this regard, sexual health should be regarded as an important component of general health; effective and accurate guidance is considered to contribute to the maintenance of psychological health and the improvement of women's health.¹⁸

Barriers, which can contribute to a lack of screening for sexual dysfunction, include patient discomfort with sexual topics, scarcity of provider training about sexual medicine, and a perceived shortage of time to address these concerns during health care appointments.²²

To improve the access to information about sexual function and satisfaction during pregnancy, it's important to identify and map the valid, reliable, and specific assessment instruments and their possibilities and limitations to prevent problems, identify women needs, and plan specific health care interventions. In this context, the synthesis of the evidence about the effectiveness of the application of these instruments to evaluate sexual function and satisfaction of pregnant women will allow health professionals and researchers to choose, in a more judicious way, the instrument which best suits a particular group or population.

Methods

From preliminary search in PROSPERO (database of prospectively registered systematic reviews), MEDLINE (EBSCOhost), the Cochrane Database of Systematic Reviews (EBSCOhost), and the Joanna Briggs Institute (JBI) Evidence Synthesis, no scoping reviews about the topic were identified.

Aim and research questions

The aim of this scoping review (ScR) is to map, in the scientific literature, the assessment instruments to evaluate the sexual function and sexual satisfaction of pregnant women in prenatal health care context.

Consistent with JBI methodology²³ this scoping review will highlight the available evidence and identify what instruments allow the evaluation of sexual functioning and sexual satisfaction of the pregnant women. The ScR is appropriate for this review, as this methodology is used to identify and analyse factors related to a particular concept. The defined review questions are:

1. What instruments have been used to evaluate sexual function of pregnant women in prenatal health care context?
2. What instruments have been used to evaluate sexual satisfaction of pregnant women in prenatal health care context?
3. Is there evidence of the effectiveness of the application of these instruments to improve sexual function and sexual satisfaction of pregnant women?

This ScR a priori protocol, is being described in accordance with the reporting guidance to address a systematic review protocol, provided by Preferred Reporting Items for Systematic review and Meta-Analysis Protocols (PRISMA-P) checklist ([Additional file 1](#)). The planned review will be reported according to the PRISMA extension for ScR (PRISMA-ScR) Checklist ([Additional file 2](#)).²⁴ This protocol will be conducted in accordance with the JBI guidelines²³ and will include all research studies referring to instruments that evaluate sexual function and sexual satisfaction of pregnant women.

The structure of this ScR protocol, ensuring systematic and repeatable work, will follow these stages: define and align the objective and review questions; develop and align the inclusion criteria with the objectives/questions; describe the planned approach to searching, selection, data extraction, and presentation of the evidence.²⁵

This study protocol has been registered in the Open Science Framework (registration number: osf.io/csg8t).

Eligibility criteria

These criteria will follow the participant, concept, and context (PCC) framework.²⁵

Participants

This review will consider studies that include pregnant women with more than 18 years.

Concept

This protocol will consider studies that explore instruments to evaluate pregnant women sexual function and sexual satisfaction, and the effectiveness of this instruments application to improve sexual function and sexual satisfaction of pregnant women.

Context

The context considered is prenatal care.

Study design

This ScR will cover all scientific articles on the subject whether they result from a single or multidisciplinary view (midwifery, nursing, psychology, medicine, or others). The selected documents will be linguistic limited to Portuguese,

English, Spanish and French languages. With respect to time, documents published from 2018 onwards will be included. This period of 5 years was considered, to follow the JBI guidelines²⁵, which guide researchers to consider an interval between 5 and 10 years.

Quantitative, qualitative, or mixed studies, will be used either published or unpublished. Analytic documents that consider or analyse points considered important to the research subject will also be considered.

Information sources

To identify documents potentially relevant to the ScR, two types of information sources will be used:

1. Electronic databases via EBSCOhost: CINAHL Complete, MEDLINE Complete, MedicLatina and Cochrane Database of Systematic Reviews, and via OVID: JBI EBP. Other electronic databases: ScienceDirect, ISI WEB OF KNOWLEDGE, Pubmed, Web of Science and Google Scholar.
2. Other documents from sources such as the Open Access Scientific Repository of Portugal, main organizations focused on sexuality during pregnancy, national and international health organizations that published reports, guidelines or orientations to health professionals related to this research study.

Search strategy

The search strategy for this ScR follows the next points:

1. The defined search strategy will have an initial search carried out in two significant databases (CINAHL Complete and MEDLINE Complete) to identify relevant articles about pregnant women sexual function and sexual satisfaction. The search strategy will be based on the mnemonic "PCC" according to the JBI recommendations.²⁵ This review will consider studies that include pregnant women (with more than 18 years) as participants; studies that explore instruments to evaluate pregnant women sexual function and sexual satisfaction, and the effectiveness of this instruments application to improve sexual function and sexual satisfaction of pregnant women. The context considered is prenatal care. From this, key words (Table 1) and indexed language (Table 2) mentioned in the titles and abstracts of the searched articles related to the topic are defined. The search strategy, including all identified keywords, and index terms, will be adapted for each included database.²⁵

Table 1 – Key words identified in CINAHL and MEDLINE

PCC	Key words
Population	Pregnant women Expectant mothers Pregnancy
Concept	Sexual function Sexual intercourse Sexual behaviour Sexual activity Sexuality Sexual satisfaction
Concept	Questionnaires Instruments Evaluation Scales
Context	Prenatal care Antenatal care Health care

The search expression with natural language identified in the initial search in CINAHL and MEDLINE databases, operated with Boolean operators, includes truncation and wild cards: (Pregnan* OR Expectant mothers) AND (Sexual function OR Sexual intercourse OR Sexual

behavior?r OR Sexuality OR Sexual satisfaction) AND (Questionnaires OR Instruments OR Evaluation OR Scales) AND (Prenatal care OR Antenatal care OR Health care).

Table 2 – Search strategy for CINAHL Complete and MEDLINE Complete, including search limits.

Data Bases	PCC	Descriptors	Search Limits
CINAHL Complete	Population	MH “Pregnancy” MH “Expectant Mothers”	Date of publication (from 2018 to 2023) Language (Portuguese, English, Spanish and French)
	Concept	MH “Sexual Intercourse” MH “Sexual Behavior Analysis” MH “Sexual Satisfaction”	
	Concept	MH “Questionnaires” MH “Structured Questionnaires” MH “Scales”	
	Context	MH “Prenatal Care”	
MEDLINE Complete	Population	MH “Pregnancy” MH “Pregnant Woman”	
	Concept	MH “Sexual Behavior” MH “Coitus” MH “Sexuality”	
	Concept	MH “Surveys and Questionnaires”	
	Context	MH “Prenatal Care”	

The search expression with indexed language, to be used in CINAHL is: (MH “Pregnancy” OR MH “Expectant Mothers”) AND (MH “Sexual Intercourse” OR MH “Sexual Behavior Analysis” OR MH “Sexual Satisfaction”) AND (MH “Questionnaires” OR MH “Structured Questionnaires” OR MH “Scales”) AND MH “Prenatal Care”.

The search expression with indexed language, to be used in MEDLINE is: (MH “Pregnancy” OR MH “Pregnant Woman”) AND (MH “Sexual Behavior” OR MH “Coitus” OR MH “Sexuality”) AND MH “Surveys and Questionnaires” AND MH “Prenatal Care”

- Secondly, a search will be conducted by adapting the terms described in the previous section for each of the sources mentioned. For refinement, the bibliographic references of all identified articles and studies will be reviewed to include additional studies.
- Research the information by adapting the terms described in point 1 to each of the mentioned sources. The reading of titles and abstracts by the two reviewers independently (using previously established questions), will allow them to select the ones that meet the eligibility criteria and that will be chosen to read in full.

- Reading and analysis of the reference list of all selected documents, to identify additional bibliography, considered as grey literature.

Data charting process

Data management

The Covidence (an online software tool) in partnership with Cochrane allows the researcher to optimize the entire systematic review process and is an element that facilitates the independent collaboration of the reviewers. So, the selected documents will be uploaded to the Covidence web tool. For the references management, the Mendeley software will be used.

Data selection process

Two reviewers will independently carry out the four stages of data selection: identification, selection, eligibility, and inclusion.²⁵ If ties occur in the evaluation of the reviewers, a third reviewer will participate.

Data collection process

The data collected in each of the selected documents will be organized according JBI²⁵ as shown in table 3, which will group the most relevant information to answer the research questions, as well as the characteristics of the studies/documents. This selection will be an iterative process and the frame will be adjusted as the data extraction proceeds.

Table 3 – Data extraction instrument.

Evidence source details and characteristics	
Study ID	Title
	Authors
	Year of publication
	Country of origin
	Clinical setting
Characteristics	Aim/Purpose/Objective

	Methods (study design)	
	Participants/sample	
	Ethical considerations	
Relevant results	Type(s) of instrument(s) used to evaluate sexual function and/or sexual satisfaction of pregnant women	Description of specific type of each instrument and it's characteristics and specificities Instruments possibilities and limitations Effectiveness of each instrument application to improve sexual function and/or sexual satisfaction of pregnant women
Level of evidence		
Limitations		
Suggestions		

Critical appraisal of individual sources of evidence

As one of the objectives of the ScR is to cover as much information, and in this case as much information as possible about assessment tools, and because it is not mandatory criterion²⁴, we abdicate of the assessment of the quality of documents.

Synthesis of results

The research results will be presented in the PRISMA flowchart ([Additional file 3](#)). The data extraction table will show them in an organized and descriptive way, considering the review questions. Thus, it is important to identify the assessment instruments, their characteristics, specificities, and their possibilities and limitations to evaluate sexual function and sexual satisfaction of pregnant women in prenatal health care contexts. These results will be presented in a descriptive and analytical way, with an associated table where the characteristics of the studies and documents are described.

Discussion

To approach the sexual function and sexual satisfaction during pregnancy, it's important to map the valid, reliable, and specific instruments and their limitations and contributions to the identification of the pregnant women needs. As there is no universal instrument to evaluate sexual function and sexual satisfaction during pregnancy, it is necessary to know the effectiveness of these instruments and their limitations. This requires analysing their specificity, validity, reliability, and applicability in prenatal health care contexts that also can be very diverse. Therefore, it is crucial to map instruments that can identify needs of the pregnant women that requires health professionals' intervention. Mapping these instruments will allow to summarize the most widely used ones and identify their possibilities and limitations. It is further added that the

choice for an instrument should consider suitable levels of evidence and degrees of recommendation.²⁶

Study Limitations

Finding's limitations that may occur can be related with the access to information sources, namely linguistic and time limits that may exclude some relevant sources.

List of abbreviations

JBI - Joanna Briggs Institute
 PRISMA-P - Preferred Reporting Items for Systematic review and Meta-Analysis Protocols
 ScR - Scoping Review

Dissemination

The results will be disseminated through presentation scientific events, publication in a peer-reviewed journal, academic nurses training, and working multidisciplinary groups about the research subject.

Authorship

Tereso and Curado have designed and elaborated this ScR protocol. Brantes and Antunes participated in the writing of the manuscript text and in the methodological options. The four authors have read and agreed with the content and are responsible for the accuracy and completeness of the final version.

Conflicts of interest and Funding

The authors declare that they have no conflicts of interest with respect to the authorship or publication of this article. They declare there's no funding and state that the opinions expressed in this article are their own and not from an official position of the institutions or financial agent.

Acknowledgments

Not applicable.

Sources of support / Financing

No sources of support.

References

- American College of Obstetricians and Gynaecologists. Ask ACOG: is it safe to have sex during pregnancy? [Internet]. Washington: ACOG; 2021. [citado 22 de maio de 2023] Disponível em: <https://www.acog.org/womens-health/experts-and-stories/ask-acog/is-it-safe-to-have-sex-during-pregnancy>
- Brancka-Wóznik D, Wójcik A, Błazejewska-Jaskowiak J, Kurzawa R. Sexual and life satisfaction of pregnant women. *Int. J. Environ. Res. Public Health* [Internet]. 2020 [citado 22 de maio de 2023]; 17 (16): 5894. Disponível em: <https://www.mdpi.com/1660-4601/17/16/5894> doi:10.3390/ijerph17165894
- Cassis C, Mukhopadhyay S, Morris E, Giarenis I. What happens to female sexual function during pregnancy? *Eur J Obstet Gynecol Reprod Biol* [Internet]. 2021 [citado 22 de maio de 2023]; 258: 265–268. Disponível em: <https://www.sciencedirect.com/science/article/pii/S0301211521000038?via%3Dihub> doi:10.1016/j.ejogrb.2021.01.003
- Mahnaz E, Nasim B, Sonia O. Effect of a structured educational package on women's sexual function during pregnancy. *Int J Gynecol Obstet* [Internet]. 2020 [citado 22 de maio de 2023]; 148 (2): 225–230. Disponível em: <https://obgyn.onlinelibrary.wiley.com/doi/10.1002/ijgo.13051> doi: 10.1002/ijgo.13051
- Ninivaggio C, Rogers RG, Leeman L, Migliaccio L, Teaf D, Qualls C. Sexual function changes during pregnancy. *Int Urogynecol J* [Internet]. 2017 [citado 5 de junho de 2023]; 28 (6): 923–9. Disponível em: <https://link.springer.com/article/10.1007/s00192-016-3200-8>
- Filho JR. *Rezende obstetrícia*. 14ª Ed. Rio de Janeiro: Guanabara Koogan; 2022. 1076 p.
- Khalesi ZB, Bokaie M, Attari SM. Effect of pregnancy on sexual function of couples. *Afri Health Sci* [Internet]. 2018 [citado 5 de junho de 2023]; 18 (2): 227–234. Disponível em: <https://www.ajol.info/index.php/ahs/article/view/173572> doi:10.4314/ahs.v18i2.5
- McDonald E, Woolhouse H, Brown SJ. Consultation about sexual health issues in the year after childbirth: a cohort study. *Birth* [Internet]. 2015 [citado 17 de junho de 2023]; 42 (4): 354–61. Disponível em: <https://onlinelibrary.wiley.com/doi/epdf/10.1111/birt.12193>
- Dwarica DS, Gretchen, GC, Fitzgerald, CM, Joyce, C., Brincat, C. Lynn, M. Pregnancy and sexual relationships study involving women and men (PASSION Study). *J Sex Med* [Internet]. 2019 [citado dia 2 de junho de 2023]; 16 (7): 975–980. Disponível em: <https://doi.org/10.1016/j.isxm.2019.04.014>
- Bartellas E, Crane JMG, Daley M, Bennett KA, Hutchens D. Sexuality and sexual activity in pregnancy. *Bjog Int J Obstet Gynaecol* [Internet]. 2000 [citado dia de junho de 2023]; 107 (8): 964–8. Disponível em: <https://obgyn.onlinelibrary.wiley.com/doi/epdf/10.1111/j.1471-0528.2000.tb10397.x> doi:10.1111/j.1471-0528.2000.tb10397.x
- Pauleta, J.R.; Pereira, N.M.; Graça, L.M. Sexuality during pregnancy. *J. Sex. Med* [Internet]. 2010 [citado dia 17 de junho de 2023]; 7 (1): 136–142. Disponível em: <https://www.sciencedirect.com/science/article/abs/pii/S1743609515328162?via%3Dihub> doi:10.1111/j.1743-6109.2009.01538.x
- Galazka I, Drosdzol-Cop A, Naworska B, Czajkowska M, Skrzypulec-Plinta V. Changes in the sexual function during pregnancy. *J Sex Med* [Internet]. 2015 [citado dia 15 de junho de 2023]; 12 (2): 445–54. Disponível em: <https://academic.oup.com/jsm/article-abstract/12/2/445/6980200?redirectedFrom=fulltext> doi: 10.1111/jsm.12747
- Dekker A, Matthiesen S, Cerwenka S, Otten M, Briken. Health, sexual activity, and sexual satisfaction. *Dtsch Arztebl Int* [Internet]. 2020 [citado dia 30 de junho de 2023]; 117 (39): 645–652. Disponível em: <https://www.aerzteblatt.de/int/archive/article/215859> doi: 10.3238/arztebl.2020.0645
- Gokyildiz S, Beji NK. The effects of pregnancy on sexual life. *J Sex Marital Ther* [Internet]. 2005 [citado dia 30 de junho de 2023]; 31 (3): 201–15. Disponível em: <https://www.tandfonline.com/doi/full/10.1080/00926230590513410>
- Aydin M, Cayonu N, Kadihasanoglu M, Irkilata L, Atilla MK, Kendirci M. Comparison of sexual functions in pregnant and non-pregnant women. *Urol. J* [Internet]. 2015 [citado dia 17 de junho de 2023]; 12 (5): 2339–44. Disponível em: <https://pubmed.ncbi.nlm.nih.gov/26571317/>
- Kračun I, Tul N, Blickstein I, Velikonja VG. Quantitative and qualitative assessment of maternal sexuality during pregnancy. *J Perinat Med* [Internet]. 2019 [citado dia 5 de junho de 2023]; 47 (3): 335–340. Disponível em: <https://www.degruyter.com/document/doi/10.1515/jpm-2018-0206/html> doi: 10.1515/jpm-2018-0206.
- Oche MO, Abdullahi Z, Tunau K, Ango JT, Yahaya M, Raji IA. Sexual activities of pregnant women attending antenatal clinic of a tertiary hospital in North-West Nigeria. *Pan Afr Med J* [Internet]. 2020 [citado dia 24 de junho de 2023]; 37 (140). Disponível em: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7757294/pdf/PAMJ-37-140.pdf> doi:10.11604/pamj.2020.37.140.25471
- Surucu SG, Vurgec BA, Senol DK, Gozuyesil E, Bilgic D, Koroglu CO, Daglar G, Avci N, Cayir G, Peker BH, Beji NK, Peker H, Yalcin O. Evaluation of women's sexual

quality of life, depression, and sexual functions in the pregnancy and postpartum periods: a multi-centered study. *J. Obstet. Gynaecol. Res* [Internet]. 2022 [citado dia 22 de junho de 2023]; 48 (6): 1379-1389. Disponível em: <https://obgyn.onlinelibrary.wiley.com/doi/10.1111/jog.15227> doi: 10.1111/jog.15227.

19.Küçükdurmaz F, Efe E, Malkoç O, Kulus E, Amasyali AS, Resim S. Prevalence and correlates of female sexual dysfunction among turkish pregnant women. *Turk J Urol* [Internet]. 2016 [citado 30 de maio de 2023]; 42 (3): 178-83. Disponível em: <https://www.urologyresearchandpractice.org/en/prevalence-and-correlates-of-female-sexual-dysfunction-among-turkish-pregnant-women-132949> doi:10.5152/tud.2016.49207

20.Vannier SA, Rosen NO. Sexual distress and sexual problems during pregnancy: associations with sexual and relationship satisfaction. *J Sex Med* [Internet]. 2017 [citado dia 26 de junho de 2023]; 14 (3): 387–95. Disponível em: <https://academic.oup.com/ism/article-abstract/14/3/387/6973455?redirectedFrom=fulltext&login=false> doi: 10.1016/j.jsxm.2016.12.239

21.Chang SR, Chen KH, Lin HH, Yu HJ. Comparison of overall sexual function, sexual intercourse/activity, sexual satisfaction, and sexual desire during the three trimesters of pregnancy and assessment of their determinants. *J Sex Med* [Internet]. 2011[citado dia 26 de junho de 2023]; 8 (10): 2859–67. Disponível em: <https://academic.oup.com/ism/article-abstract/8/10/2859/6980026?redirectedFrom=fulltext&login=false> doi: 10.1111/j.1743-6109.2011.02420.x

22.Shifren JL, Monz BU, Russo PA, Segreti A, Johannes CB. Sexual problems and distress in United States women: prevalence and correlates. *Obstet Gynecol* [Internet]. 2008 [citado dia 30 de junho de 2023]; 112 (5): 970– 978. Disponível em: https://journals.lww.com/greenjournal/abstract/2008/11000/sexual_problems_and_distress_in_united_states.3.aspx doi: 10.1097/AOG.0b013e3181898cdb

23.Aromataris E, Munn Z (Editors). *JBIM Manual for Evidence Synthesis* [Internet]. JBI, 2020 [citado dia 30 de junho de 2023]; Disponível em: <https://synthesismanual.jbi.global>. <https://doi.org/10.46658/JBIMES-20-01>

24.Tricco AC, Lillie E, Zarin W, O'Brien K, Colquhoun H, Levac D, et al. PRISMA extension for scoping reviews (PRISMA-ScR): checklist and explanation. *Ann Intern Med* [Internet]. 2018 [citado dia de mês de ano]; 169 (7): 1–7. Disponível em: <https://www.acpjournals.org/doi/10.7326/M18-0850>

25.Peters M, Godfrey C, McInerney P, Munn Z, Tricco A, Khalil H. Chapter 11: scoping reviews (2020 version). In: Aromataris E, Munn Z, editors. *JBIM Manual for Evidence Synthesis* [Internet]. JBI; 2020 [citado dia 30 de junho de 2023]. p. 406–451. Disponível em: [https://jbi-global-](https://jbi-global-wiki.refined.site/space/MANUAL/4687342/Chapter+11+%3A+Scoping+reviews)

[wiki.refined.site/space/MANUAL/4687342/Chapter+11+%3A+Scoping+reviews](https://jbi-global-wiki.refined.site/space/MANUAL/4687342/Chapter+11+%3A+Scoping+reviews) doi: 10.46658/JBIMES-20-01

26.Roever L, Resende ES, Biondi-Zoccai G, Borges, ASR. Degrees of recommendations and levels of evidence: what you need to know? *Evid based Med Pract* [Internet]. 2016 [citado dia 30 de junho de 2023]; 2 (2): 2–5. Disponível em: <https://www.semanticscholar.org/paper/Degrees-of-Recommendations-and-Levels-of-Evidence%3A-Roever-Resende/f1e598b3a66c68b278760ebba9dab9569defb13f> doi: 10.4172/2471-9919.1000101