

When sex hurts (female version)

For the female partner, if sex is uncomfortable or painful, there are a number of possible causes, and it should matter to all partners. Most of the pain experienced by women during sex is during penetrative (penis in vagina) sex and there can be more than one cause. While we work on identifying and treating the cause, do remember that there are pleasurable alternatives to penetrative sex, so your sex life does not have to be completely on hold.

Much of what we know about the cause of painful sex will be told from the history of the pain, so please take a few moments to think through the following points and make some notes. This will help you to understand your own pain and should you need to seek advice from a healthcare professional, it will help them to formulate a diagnosis and recommend appropriate investigations, treatments, or referrals.

Question	Answer
How long have you had pain with sex?	
Has sex always hurt?	If painful sex is a new symptom, is anything different?
Is the pain felt at the entrance to the vagina?	
Is the pain felt along the length of the vagina?	
Is the pain felt deep inside the vagina?	
Is the pain felt in the pelvis or lower abdomen?	
What type of pain do you experience?	e.g. is it a burning pain, stabbing, tearing, aching etc?
Do you have a vaginal discharge?	If yes, please note colour, any odour, itch, irritation or pain associated with the discharge.
Do you have any ulcers, lumps, or bumps?	If yes, please note where and when and type.
Do you bleed after sex?	Is yes, how much and for how long?
How long does the pain last?	
Does anything make the pain better?	If yes, what worked and how well did it work?
Does anything make the pain worse?	If yes, what made it worse and in what way was it worse?
Have you had any tests?	If yes, what, when and do you know the result?

Are you on any regular medication?	Please include contraceptives, IUDs, herbal or over the counter medication
When was your most recent cervical screening test/pap smear?	
Trigger warning: Do you have a history of sexual assault or abuse?	Please know you should only disclose this if you feel safe to do so.
Are there any cultural or religious factors that might be contributing?	
Any other thoughts, ideas or notes that you would like to make?	

Painful sex is distressingly common among women, with [Australian research](#) indicating that 20% of women experienced painful sex for at least one month in the year of the survey. There are many possible causes, and I will list out the major ones. Please, if this is a symptom that concerns you, seek out a healthcare professional who can assist in correctly identifying a cause as most have treatments available. Further resources are available on the [Jean Hailes](#) and [ANZ Vulvovaginal Society](#) websites [here](#) and [here](#) for consumers and [here](#) and [here](#) for clinicians.

Congenital condition

This refers to something you were born with. Some women have a thick hymen that does not stretch while others have a hymen with no gap in it at all (although this causes problems during periods, so would normally already be known). There can also be bands of tissue (a septum) across the vagina or the entrance to the vagina may be underdeveloped. These conditions typically require input from a gynaecologist as if this is the cause of pain, surgery will probably be required.

Inadequate lubrication

It is important that you are sexually aroused before penetration and if this is not the case, or if there are medical conditions or situations such as diabetes or menopause that may result in a reduction in your lubrication, there are ways to address this. Are you trying to have penetrative sex too soon, or are you not sure? Sometimes the body knows what the mind has not decided. Perhaps slow down, engage in more foreplay or stop. If you are sure, consider using lubricants if foreplay is not sufficient. Vaginal moisturisers or lubricants are either water-based (e.g. KY) or silicone-based; silicone-based formulations are more effective (e.g. Pjur, Replens, Sylk, Acigel-Restore). Postmenopausal women may also require hormonal treatments.

Size

Do you think there may be a mismatch in sizes, at least for now? This is especially possible if it is your first time or your first time for a long time. The vagina is truly amazing in its capacity to stretch, but if something is entering (or leaving), especially if it's fast, it can hurt (lots) and may even tear. Best advice? Be aroused, relaxed, well lubricated and go gently and slowly. Be prepared to change positions, perhaps where you have more control. Still too sore? Add some lubrication. Still too sore? Slow down or stop or try other ways to enjoy your sexuality, but keep trying. With patience and time, it will usually sort itself out. If it doesn't, you should have a physical examination – you may have a condition that needs specific assistance, such as one of the congenital conditions.

Infections

Infections including thrush, chlamydia, herpes or other sexually or non-sexually transmitted infections, pelvic infections or endometritis can cause pain. The location and type of pain will vary depending on the type of infection. There may be discharge or you may feel sick with fevers and muscle aches and pains. Tests can be done, and treatment can be simple, or it can be complicated in some women, but either way, treatment is usually successful.

Endometriosis, ovarian cysts, fibroids

These causes of painful sex will usually result in pain that is felt with deep penetration. It may or may not show on examination and while cysts and fibroids show on ultrasound, endometriosis may not. With endometriosis, there are usually other symptoms such as painful periods. If a cause has not been identified but your pain continues, a referral to a gynaecologist may be recommended. Any proposed treatment will depend on the cause.

Post-partum pain (i.e. pain after baby is born)

This pain may be because of lower hormone levels, especially while breastfeeding. It can also result from trauma to the vagina such as tears or an episiotomy and while these usually heal in time such that you are able to resume pain-free sex, this is not always the case. Some women benefit from using an oestrogen cream or pessary and others may require review with a gynaecologist, and perhaps follow up surgery will be recommended.

Skin conditions

Psoriasis, lichen planus and lichen sclerosis can cause pain with sex. There is usually a change in how the skin looks and feels, but sometimes this is subtle, and a biopsy and/or specialist review may be required. Long term management of these conditions with prescription medication can be very important.

Vaginismus

Some women have tightness in the pelvic muscles that is so significant that penetrative sex simply cannot occur, or sex is very painful. There are many potential causes for vaginismus, including, but not always, a history of sexual assault, and learning to understand how your body works can help. You may need the assistance of a pelvic floor physiotherapist, psychologist and/or sex therapist, but this can be game changing.

Vulvodynia

This is a distressing and difficult condition as there is very little in the way of physical signs- often nothing shows on examination or investigation. It can occur from the very first time a woman has sex, or it may be that the woman has previously had pain-free sex, however she now has painful sex, including with the same or with a different partner. The pain can be very specific, for example always located at a particular site and it may be a particular type of pain, e.g. burning or tearing (or other) sensation. This pain can often be reproduced by gentle touch with a finger or a swab or may be noted when using tampons. There are a number of different treatments available for this condition, including tablets and creams and the outlook is generally good.

Vaginal atrophy

This condition occurs in women post menopause as the vaginal skin thins and becomes more easily traumatised following the withdrawal of estrogen at the menopause and lubrication also lessens. This leads to a specific appearance of the vulva and vagina, which an experienced healthcare professional would be able to detect. Some women also experience recurrent urine infections or loss of bladder control. If non-hormonal lubricants are insufficient, topical oestrogen in the form of creams or pessaries or other forms of menopause replacement therapy in suitable women will restore normal functioning.

Interstitial cystitis

This condition can cause pain with deep penetration, but there will also be urinary symptoms such as having to go to the toilet more often, urgency, and having to get up at night to pass urine. There are a range of investigations, referral may be required and once the diagnosis is established, there are various treatment options available.