Objective: to assess the possible leprosy reactions that interfere in the pregnancy-puerperal cycle. Method: exploratory, quantitative, and qualitative study conducted with eight female leprosy and former leprosy patients who got pregnant before, during, or after the diagnosis of the disease, whose data were collected through semi-structured interviews and survey in medical records. The research project was approved by the Research Ethics Committee, CAEE No. 25000.196371/2011-70. Results: after the analysis of the data, five categories emerged: knowledge about the disease; response to the diagnosis; feelings about prejudice; discovery of pregnancy associated with the diagnosis of leprosy; and leprosy reactions. Conclusion: there was exacerbation of leprosy symptoms and development of leprosy reactions in women during the pregnancy-puerperal cycle. Descritores: Leprosy; Pregnancy-Puerperal Cycle; Nursing.

INTRODUCTION

Leprosy is a chronic infectious disease of great importance to public health because of its magnitude and its high disabling power, affecting mainly the economically active age group. It has peculiar features, such as slow evolution and dermatoneurological manifestations, with its high disabling potential directly related to the capacity of Mycobacterium leprae to penetrate into nerve cells and its immunogenic power.\(^1\)

In Brazil, the studies on reproductive health have aroused interest among researchers, managers, and society, because it is a relevant topic for the delineation of population policies and socioeconomic development. In 2012, 51.5% of the Brazilian population was composed of women and a total of 48,126,847 women were in the reproductive age.\(^2\)

Knowledge on how to carry out family planning is an extensive necessary set to achieve success. In order to perform this planning, it is necessary that women and/or men know their bodies and any changes that may occur in them and lifestyles and, still, the rights that protect them. Family planning is inserted into a context that involves not just the desire to have children or not, but it includes social, demographic, cultural, and religious factors.\(^3\)

Women's access to the family planning program is related to the easiness that the users of services have to perform it together with healthcare professionals, be they doctors or nurses. This is an individualized planning appropriate to the biological and social characteristics of these users. Therefore, in order to perform a proper family planning, it is necessary that the service offers human resources, physical structure, and material and educational inputs in accordance with the demand. In addition to health professionals' training, there should be disclosure of the family planning service, so that care can be effective and satisfactory.

Taking such factors into account, it is necessary that professionals who work in these services are enabled and sensitized to this issue and prepared to deal with the difficulties of the individuals to whom the services will be provided. In this context, it is important to note that health education is an essential issue for joining the family planning program and any other health program offered by the Unified Health System (SUS). With user embracement performed by the health teams and the provision of required inputs, the user will have one more incentive to adhere to the guidelines in order to effectively follow the family planning program.

The emphasis given to the discussion on the importance of completing family planning is based on the fact that female leprosy and former leprosy patients in reproductive age run the risk to become pregnant. Pregnancy is a factor that can induce a relapse, exacerbate pre-existing injuries, and increase the evolution of the indeterminate form of the disease to the virchowian form in groups with immunological incompetence (10% of the world's population) and in patients undergoing irregular and inadequate treatment.

Pregnancy is an event in which the body is induced to different physiological adaptations in order to keep fetal viability; however, such changes may interfere with women's immune pattern, leading to the acquisition of infections. In this case, these infections can provide a situation of risk to the mothers and/or the fetus. Despite the advent of antibiotics and the advances in the health field, maternal infections continue to be a maternal, fetal, and neonatal problem.\(^4\)

Leprosy is one of the diseases among the infectious ones that can arise during pregnancy. When it is not detected and monitored early, it negatively affects the quality of life of female leprosy patients through the disabilities that may occur and social prejudice that affect an increasingly young population, i.e., in reproductive age.\(^3\)

During pregnancy, high levels of steroids, thyroid hormone, and estrogens cause decreased cellular immunity, specifically Th1-type cytokine, in the response of the lymphocytes, causing prevalence of Th2-type response. Immunodepression reverses around the 12th postpartum week, even in lactating women. It changes the organic balance and may cause harmful effects in patients. This fact explains the maternal susceptibility to infections, among which is leprosy, whose Th1-and Th2-type responses are responsible for the clinical manifestations of the disease.\(^4\)

Many times, the triggering factor of leprosy is childbirth and the critical period for pregnant women with leprosy is comprised between the last trimester and the first three months of lactation, when immunosuppression reaches its apex. This condition requires a special follow-up of women with leprosy in reproductive age, in order to prepare them properly for a safe contraception and prevention of a high-risk pregnancy.

A pioneering study conducted by Tajiri (1936) with 112 with leprosy patients found that 50% of women had referred to worsening or onset of symptoms of the disease during...
pregnancy and the puerperal period. The author also refers to a study conducted by Sousa Araújo in the State of Pará, Brazil, in 1937, which had presented the same conclusions.²

It is recommended that pregnancy should be avoided in patients with leprosy by using contraceptive methods and including other actions of family planning until the disease has been controlled and treated, especially in women with multibacillary forms. In these forms, the probability of occurrence of reactions is high and the management of pregnant patients with leprosy reactions is more difficult due to the adverse effects of prolonged corticotherapy. Thalidomide is formally contraindicated in pregnant women, because it is a teratogenic drug. Its use in Brazil is regulated by the Law 10,651 enacted by the Presidency of the Republic on 16th April 2003.³

A study conducted with pregnant women with leprosy during pregnancy, puerperal period, and lactation found reaction episodes with neuritis in 54% of the cases. Reactions, such as erythema nodosum leprosum, constitute a common problem of pregnancy and lactation and can be mistaken due to the exacerbation of the disease. The same study found that pregnant women with leprosy and leprosy reactions had given birth to premature neonates in 25% of the cases, and with low weight in 16%, mainly among parturient women with multibacillary leprosy.⁴

The proposal of women's integral healthcare points out to the wide range of needs in this field in addition to the immediate reproductive needs. The goal of this proposal is to regard women as subjects and not as reproductive objects. It also seeks to problematize the social conditions of inequality that configure the daily lives of women as determinants in the production process of their complaints, diseases, ailments, and the ways through which women relate to these aggravations.⁵

According to the literature reviewed, some problems have been identified, such as female leprosy and former leprosy patients, who may have high risk for leprosy reactions, with increased obstetric risk for them and their fetuses.⁶ In this way, there is the need to investigate possible leprosy reactions in female leprosy and former leprosy patients who got pregnant before, during, or after the diagnosis of leprosy. The actions performed with this group are an important component of reproductive healthcare in order to prevent women and their fetuses from obstetric complications related to leprosy immunological reactions.

**OBJECTIVE**

- To assess the potential leprosy reactions which interfere with the pregnancy-puerperal cycle.

**METHOD**

This study is part of the “Guarda - chuva” project << Assessment of contraceptive methods in women of childbearing age with leprosy>>. It is a quantitative and qualitative study with cross-sectional analytical approach, which had Cecilia Minayo⁷ as its theoretical and methodological framework. The subjects were eight women who became pregnant before, during, or after the diagnosis of leprosy. They were in the age group from 14 to 49 years, had been reported from 2006 to 2011, registered at basic health units of the II, III, IV, V, and VI Health Districts of Maceió, State of Alagoas, Brazil, and agreed to participate in the study.

The study was composed of two steps. The first was a survey conducted with the medical records in order to collect quantitative data, and the second consisted of conducting semistructured interviews with the women in order to collect qualitative information, which were recorded and transcribed in full. The data collected from the medical records were used to create a database using an Excel worksheet (Windows®) and they were typed twice by the researcher. The validation was carried out in order to check typos and obtain reliable and error-free data.

This study was authorized by the Municipal Health Department of Maceió and the Research and Teaching Ethics Committee of CESMAC University Center (COEPE), certificate CAEE No. 25000.196371/2011 CAEE-70, and received favorable opinion for its publication under Protocol No. 1291/12.

**RESULTS**

According to the information obtained through the research, eight female leprosy and former leprosy patients were identified. They were aged between 14 and 49 years and had become pregnant before, during, or after being diagnosed with leprosy. All of them lived in Maceio with an average of 25.6 years and there was one adolescent among them. They were cared for by the basic health units of the II, III, IV, V, and VI Health Districts of Maceió and were reported from 2006 to 2011, as shown in Table 1.
Carvalho RKAL de, Tavares CM, Oliveira e Silva JM de et al.

**Table 1. Distribution of subjects as to the age at diagnosis, year of diagnosis, clinical/operational classification form, physical disability at the time of diagnosis and cure, and admission and discharge mode.**

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Agate</td>
<td>19</td>
<td>2007</td>
<td>Tuberculoid/Paucibacillary</td>
<td>Grade zero</td>
<td>Not assessed</td>
<td>New case</td>
<td>Cure</td>
</tr>
<tr>
<td>Sapphire</td>
<td>34</td>
<td>2008</td>
<td>Virchowian/Multibacillary</td>
<td>Grade zero</td>
<td>Not assessed</td>
<td>New case</td>
<td>Cure</td>
</tr>
<tr>
<td>Pearl</td>
<td>34</td>
<td>2011</td>
<td>Dimorphic/Multibacillary</td>
<td>Grade zero</td>
<td>Not assessed</td>
<td>New case</td>
<td>Cure</td>
</tr>
<tr>
<td>Cristal</td>
<td>28</td>
<td>2009</td>
<td>Tuberculoid/Paucibacillary</td>
<td>Grade I</td>
<td>Grade zero</td>
<td>Relapse</td>
<td>Cure</td>
</tr>
<tr>
<td>Emerald</td>
<td>29</td>
<td>2009</td>
<td>Indeterminate/Paucibacillary</td>
<td>Grade zero</td>
<td>Grade zero</td>
<td>New case</td>
<td>Cure</td>
</tr>
<tr>
<td>Jade</td>
<td>17</td>
<td>2010</td>
<td>Indeterminate/Paucibacillary</td>
<td>Grade I</td>
<td>Grade I</td>
<td>New case</td>
<td>Cure</td>
</tr>
<tr>
<td>Amethyst</td>
<td>20</td>
<td>2008</td>
<td>Dimorphic/Multibacillary</td>
<td>Grade I</td>
<td>Grade I</td>
<td>New case</td>
<td>Cure</td>
</tr>
<tr>
<td>Topaz</td>
<td>24</td>
<td>2011</td>
<td>N/A/Paucibacillary</td>
<td>Grade zero</td>
<td>Not assessed</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

**Note:** Ag. = age at diagnosis; Year = year of notification; C./Op. Class. = clinical/operational classification form; Phys. Dis. Diag. = physical disability at the time of diagnosis; Phys. Dis. Disc./Cu. = physical disability at the time of discharge/cure; Adm. Cau. = admission cause; Disc. Type = discharge type; --- · N/A in the medical record.

With respect to the year of notification, 2008 and 2009 had together the largest notification rate in comparison with all other years, corresponding to 50% of the total cases, followed by 2011 with 25%, and 2007 and 2010 with 25%.

According to Madri’s classification (1953), which adopts polarity criteria based on the clinical features of leprosy, it is classified as: (a) tuberculoid (T) and Virchowian (V), which are the poles of the disease; (b) transitional and initial group of the disease, indeterminate form (I); and (c) unstable and intermediary, the borderline form (B) or dimorphic (D). This way, regarding the clinical form, two women were diagnosed with tuberculoid form, one with virchowian form, two with indeterminate form, two with dimorphic form, and one was not classified.

In 1982, the World Health Organization (WHO) classified leprosy for therapeutic purposes according to the bacilloscopic index as: paucibacillary (bacilloscopic index less than 2+); and multibacillary (bacilloscopic index greater than or equal to 2+). In 1988, the WHO established clinical criteria, considering as paucibacillary the cases with up to five skin lesions and/or one affected nerve trunk, and multibacillary the cases with more than five skin lesions and/or more than one affected nerve trunk. When the bacilloscopic exam is available, patients with positive results are considered multibacillary, regardless of the number of lesions. When the operational classification of cases reported was assessed, it was observed that 62.5% were classified as paucibacillary (PB) and 37.5% multibacillary (MB). There was a predominance of PB cases, which, according to the Ministry of Health, reveals early diagnosis.

When the classification of the clinical form was compared with the operational classification, a significant disparity was found between them. The division of cases between PB and MB guides the type and length of treatment, and also guides health professionals in the provision of care. Therefore, the erroneous inclusion of the individuals in group PB or MB may lead them to be treated with a medication regime not specific to their needs.

The treatment is based on the operational classification and uses a polychemotherapeutic regime. For paucibacillary patients, it consists of six doses, including one dose of rifampicin (600 mg/month) and dapsone (100 mg/day). For multibacillary patients, the regime consists of 12 doses, including clofazimine, one dose of 300 mg/month and 50 mg/day.

At the moment of diagnosis, 62.5% of the women had physical disability grade zero, and 37.5% grade 1. This findings lead to consider that even though the percentage of cases without disabilities was high, there is still a significant percentage of patients who seek health services belatedly due to difficulty of access to the service or lack of awareness of the signs and symptoms of the disease, contributing to the late diagnosis and also causing the onset of physical deformities. At the time of discharge after cure, 25% had disability grade zero and 25% grade 1, whereas 50% had not been assessed in this regard. It is worth noting that a high percentage of cases had not been assessed, which leads to raise two hypotheses. One is that health professionals could have been negligent with the causes, or they did not know how to assess the disabilities, thus requiring training on the subject. The other relevant point is that the patients were leaving the health units with physical

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disabilities even after treatment, a fact that indicates the incorrect implementation of the treatment and/or that the patients had abandoned the treatments.

With respect to the admission cause, six women had been admitted as new cases, one due to relapse, and the data relating to this aspect were not found in one woman's medical record. As for the type of discharge, all women had been discharged after cure.

Table 2 shows that of the eight women interviewed, five were illiterate or had incomplete elementary education, two had complete elementary education or incomplete secondary education, whereas only one had complete secondary education, and none of them had higher education. With respect to head of family, the same situation was found, i.e., six were illiterate or had incomplete elementary education, one had complete elementary education or incomplete secondary education, and none of them had higher education. Furthermore, the prevalence of low education level reinforces the data of the Brazilian Institute of Geography and Statistics, according to which 66% of the Brazilian population has only up to incomplete elementary education.

The present study found high rate of illiterate individuals, which reinforces the idea that the disease mostly affects individuals with low education level. This fact can decrease the opportunity of access to information concerning health-disease.

With respect to occupation, it was observed that five women were maids and three housewives. This fact shows that the level of education entirely reflected on the profession/occupation of these women, given that the labor market is increasingly demanding greater qualification for diverse remunerated activities.

Table 3. Distribution of the number of women with leprosy according to reproductive characteristics and contraceptive methods.

<table>
<thead>
<tr>
<th>Variables</th>
<th>No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marital status</td>
<td></td>
</tr>
<tr>
<td>Married</td>
<td>3</td>
</tr>
<tr>
<td>Consensual union</td>
<td>4</td>
</tr>
<tr>
<td>Single</td>
<td>1</td>
</tr>
<tr>
<td>Pregnancy history</td>
<td></td>
</tr>
<tr>
<td>Nulliparous</td>
<td>-</td>
</tr>
<tr>
<td>1-2</td>
<td>3</td>
</tr>
<tr>
<td>3-4</td>
<td>5</td>
</tr>
<tr>
<td>More than 4</td>
<td>-</td>
</tr>
<tr>
<td>Use of contraceptive method (CM)</td>
<td></td>
</tr>
<tr>
<td>Condom</td>
<td>3</td>
</tr>
<tr>
<td>Oral contraceptive</td>
<td>4</td>
</tr>
<tr>
<td>Tubal ligation</td>
<td>-</td>
</tr>
<tr>
<td>Injectable contraceptive</td>
<td>1</td>
</tr>
<tr>
<td>Intrauterine device (IUD)</td>
<td>-</td>
</tr>
<tr>
<td>CM indication</td>
<td></td>
</tr>
<tr>
<td>Physician</td>
<td>1</td>
</tr>
<tr>
<td>Own account</td>
<td>6</td>
</tr>
<tr>
<td>Nurse</td>
<td>1</td>
</tr>
<tr>
<td>Leprosy onset and its relationship with the pregnancy-puerperal cycle</td>
<td></td>
</tr>
<tr>
<td>Post-puerperal period</td>
<td>2</td>
</tr>
<tr>
<td>During pregnancy</td>
<td>4</td>
</tr>
<tr>
<td>Out of the pregnancy-puerperal cycle</td>
<td>2</td>
</tr>
<tr>
<td>Leprosy reactions</td>
<td></td>
</tr>
<tr>
<td>Post-puerperal period</td>
<td>-</td>
</tr>
</tbody>
</table>
Table 3 illustrates that the number of married women and in consensual union almost corresponded to all of the participants (seven), constituting an important factor of the topic under study. Taking into consideration that sexual activity can be more frequent among couples that live together, a high number of female leprosy and former leprosy patients has bigger chances to become pregnant. Therefore, pregnancy should be postponed for two or three years post-treatment (if paucibacillary) and six to seven years post-treatment (if multibacillary), due to the high risk of more severe and recurrent leprosy reactions.5

The reproductive history of these women shows that three of them had one to two children, and five had three to four. Regarding contraception, all women claimed they used some contraceptive method. The most cited among the users in descending order were: oral contraceptive; condom; injectable contraceptive; and tubal ligation, i.e., safe methods, which is positive for the importance of effective contraception in the face of the presence of leprosy. However, the use of oral contraceptive may have its effectiveness reduced when used in combination with thalidomide and rifampin. This way, there are only two appropriate methods for women with leprosy under treatment, barrier and intrauterine device (IUD), preferably in association in order to increase effectiveness. On the other hand, a fact that drew attention was that six women were using contraceptive methods without professional guidance.

The data confirms the importance and the need for considering contraception a priority in health education of female leprosy and former leprosy patients. In addition to being a specific attention object, due to the disorders that pregnancy can cause in these patients. These results are strengthened by the fact that seven of these women were married or lived in consensual union.

Most women were unaware about the risks of pregnancy associated with leprosy, considering that there would be absence of disorders when becoming pregnant with the disease and that pregnancy would not affect the disease. Only two women claimed to know the risks caused by becoming pregnant.

Among the women assessed, two showed the first symptoms of leprosy during the post-puerperal period, and two out of the pregnancy-puerperal cycle. This is not a concern, because it is known that female immunity is preserved during this period, i.e., after the critical phase of the last trimester of pregnancy and the first three months of lactation, when the reduction of cellular immunity occurs.

The pregnancy-puerperal cycle has been associated with high incidence of onset of the first signs or aggravation of leprosy. The period between the last trimester of pregnancy and the first three months of lactation are more critical as a result of hormonal, metabolic, and immune system changes. In the present study, there were four women who had the onset of the disease during this period with type I leprosy reaction.

DISCUSSION

According to the statements of the subjects, it is possible to associate the information discussed above. These statements were organized from the following categories: knowledge about the disease; response to the diagnosis of leprosy; feelings about prejudice; and discovery of pregnancy associated with the diagnosis of leprosy.

According to the literature, leprosy is an infectious and contagious disease caused by a bacterium (Mycobacterium leprai) that mainly affects the peripheral nerves (BRASIL, 2008). It is the only disease that causes alteration in sensitivity and, therefore, its diagnosis and treatment are not difficult. It is known that the more information the individuals have, the more vast the chances of early diagnosis and cure, collaborating significantly in the prevention of physical disabilities and progression of the disease. The level of information that the interviewees had about the disease can be observed in the following statements:

I’ve heard of it, but only on TV [...] before the patches appeared in me, I watched a TV program talking about the disease, but I had never wanted to know how it was. (AGATE)

I didn’t suspect it was the disease, but some skin disease, because the patches grew fast. (AGATE)

I didn’t know what it was, then chatting with a colleague of mine she said: woman, go to the doctor to see what it is, but I think it is leprosy. (SAPPHIRE)

The diagnosis of leprosy produces a negative emotional impact, since it usually involves an intense subjective experience and the individuals need a longer time to get used to the idea that they suffer from a serious
disease. The receptivity of the diagnosis can be characterized by two extremes: the denial of being sick; and passive acceptance. The denial of the diagnosis is the response of the individuals facing the fear of discrimination and prejudice. On the other hand, passive acceptance is usually linked to the lack of knowledge and/or religious matters. In view of the new reality, the individuals are often concerned with the physical appearance and altered self-esteem, as can be observed in the following statements:

Terrible!!! My God in heaven, it can't be [...] I think if I were someone else I would be depressed quickly, because you see your whole body covered with patches [...] (AGATE)

I cried a lot, because I didn't know how far it would go [...] because I thought there was no cure, I was desperate, I could just die by crying so much. (PEARL)

In view of the foregoing, it was possible to notice that prejudice is the result of the own history of the disease, which brings the burden of being "incurable" and contagious, which is no longer justified today. Prejudice is real, not only on the part of society, but also on the part of leprosy patients. The attitudes of sick individuals related to themselves and their social environment are associated with embarrassment in exposing their patches, the concern to infect their closest relatives, and the anxiety caused by the prejudices of the society. These attitudes cause changes in self-esteem and in the relationship that sick individuals have with their work and, especially, with their families.

For this reason, it is important to note that the union and the participation of the families are indispensable during the evolution of the disease, because individuals with leprosy look for other individuals that give support during the crises of identity, a fact that does not often occur. The individuals acquire self-stigmatization and start excluding themselves from society. [...] It is a prejudice that, you know, it will exist under any circumstances, not even by the person, but the curiosity to know what it is [...] what was that? What is this? What happened to you? [...] It is a disease that makes you look horrible! When I was asked, I said: I'm with leprosy, I'm undergoing treatment [...] when I didn't want to say, I didn't say [...] it was just a patch that showed up and that was it. Because, you know, every day having to say the same things, explain what it is [...] (SAPPHIRE)

According to the Brazilian Society of Leprosy, the relationship between leprosy reactions and pregnancy is not common in the first trimester. However, in the last trimester and the postpartum period, leprosy reactions appear with greater frequency and exacerbation of symptoms due to the reduction of immunity. Therefore, pregnancy can develop with silent neuritis in all its phases, although it predominates during lactation. With respect to the knowledge demonstrated by the subjects of the study, it is observed that there was a relationship between prospect, fear, and leprosy reaction.

They itched (patches), burned, and sometimes they tingled, and sometimes I couldn't sleep. The patches became more evident, there were several patches and lumps all over my body, they all protruded (patches) and I was almost 100% covered with patches [...] I thought I was never going to get better. (PEARL)

According to a study conducted with pregnant women with leprosy, there was occurrence of reaction episodes with neuritis in 54% of the cases during pregnancy, puerperal period, and lactation. [...] my bones ached; I felt a thin pain that made me desperate [...] sometimes I didn't have the guts to walk around the house [...] think of that horrible pain. (AMETHYST)

Regarding the discovery of pregnancy associated with the diagnosis of leprosy, it was observed through the statement that there was a primary concern with the child in view of the possibility of hurting him/her. Regret from the possibility of having avoided the pregnancy was also present in the statements of the subjects.

The first thing I asked was if I it was going to harm my baby, because him (physician) said I would have to take medicine and I had already been pregnant for a few months, it was the first thing that I asked, but it was then that he told me that the medication I was going to take was weaker because of the child. (AGATE)

If I had known before that I had Leprosy, definitely I wouldn't have gotten pregnant, but I didn't know [...] the doctor said that after the treatment I had to wait a while to have children again. (PEARL)

It can be noted that leprosy remains a serious public health problem and that the essential condition to reach the goal of eradicating the disease is the full integration of treatment in primary care services, which in practice occurs through the decentralization strategy. In order to meet this challenge, there is a need for the commitment of the three governmental levels (federal, state, and municipal), especially on the part of municipal managers who, by being closer to the users, should guarantee access...
to relevant information on prevention, diagnosis, integral treatment, and rehabilitation to all patients and in all health units.

**CONCLUSION**

The results showed that leprosy causes a great impact on individuals' daily lives. It was possible to identify feelings, such as despair, fear, anger, guilt, sadness, depression, stigma, and prejudice. It was also confirmed that stigma and prejudice are striking situations that affect leprosy patients, and they are related to lack of knowledge about the disease. Pregnancy had a strong influence on the evolution of leprosy, leading to symptoms exacerbation and development for leprosy reactions, thus reducing the quality of life of these women. It was possible to detect the need for a special follow-up of women with leprosy in reproductive age, in order to guide them toward safe contraceptive actions and prevention of high-risk pregnancy.

In the face of the evidences found, it is worth emphasizing the need for judicious monitoring of female leprosy and former leprosy patients, guiding on the risks for the mother and the baby—in case of concomitant pregnancy—in order to promote the adoption of appropriate contraceptive methods. It should be also stressed that there is a need for recognition of leprosy as a possible dermatologic disease present in pregnancy, because several studies have already highlighted the prevalence of dermatoses in pregnancy and leprosy being set aside.

The present study has been considered relevant to health professionals due to the confirmation of the need for educational works for both the patients and the families, bearing in mind the current interference of the disease in the daily life of these individuals. From this perspective, it is believed that this study can contribute to the basic health service, since it provides a reassessment of the activities performed by professionals involved, contributing to the rescue of citizenship and respect for these women.

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