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SYPHILIS IN GESTATION: PERSPECTIVES AND NURSE CONDUCT

SÍFILIS NA GESTAÇÃO: PERSPECTIVAS E CONDUTAS DO ENFERMEIRO

SÍFILIS EN LA GESTACIÓN: PERSPECTIVAS Y CONDUCTAS DEL ENFERMERO

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ABSTRACT

Objectives: to discuss nurses' actions in prenatal care for pregnant women with syphilis and to identify difficulties found by professionals in adhering to the treatment of pregnant women and their partners. **Method:** this is a qualitative study, descriptive-exploratory type, developed with four women in the age group between 40 and 55 years old, with the production of data from semi-structured interviews, analyzed by the Content Analysis Technique in the Categorical Analysis modality. **Result:** three categories of nurses' actions in the follow-up of pregnant women with syphilis emerged from the speeches: << Aspects that hinder effectiveness in the treatment of gestational syphilis >>; << Importance of compulsory notification of syphilis >>. **Conclusion:** the nurse's action on pregnant women with syphilis has adequate behavior according to the Ministry of Health. In the difficulties to treatment, they mentioned lack of medication, the resistance to pregnant women and painful treatment. Compulsory notification was identified only in the reference unit hindering the real incidence of pregnant women with syphilis and deficiencies in the quality of care. **Descriptors:** Nurse; Prenatal Care; Pregnancy; Women's Health; Neurosyphilis; Congenital Syphilis.

RESUMO

Objetivos: discutir as ações do enfermeiro na atenção pré-natal a gestantes com sífilis e identificar dificuldades encontradas pelos profissionais na adesão ao tratamento das gestantes e parceiros. **Método:** estudo qualitativo, tipo descritivo-exploratório, desenvolvido com quatro mulheres na faixa etária entre 40 e 55 anos, com a produção de dados a partir de entrevistas semiestruturadas, analisada pela Técnica Análise Conteúdo na modalidade Análise Categorical. **Resultado:** das falas emergiram três categorias << Ações dos enfermeiros no acompanhamento à gestante com sífilis >>; << Aspectos que dificultam a eficácia no tratamento da sífilis gestacional >>; << Importância da notificação compulsória da sífilis >>. **Conclusão:** a ação do enfermeiro às gestantes com sífilis tem condutas adequadas segundo o Ministério da Saúde. Nas dificuldades ao tratamento citaram falta do medicamento, resistência das gestantes e tratamento doloroso. A notificação compulsória foi identificada apenas na unidade de referência, dificultando a real incidência de gestantes com sífilis e deficiências na qualidade da assistência. **Descritores:** Enfermeiro; Pré-Natal; Gestante; Saúde da Mulher; Neurosífilis; Sífilis Congênita.

RESUMEN

Objetivos: discutir las acciones del enfermero en la atención prenatal a gestantes con sífilis e identificar dificultades encontradas por los profesionales en la adherencia al tratamiento de las gestantes y compañeros. **Método:** estudio cualitativo, tipo descriptivo-exploratorio, desarrollado con cuatro mujeres entre 40 y 55 años, con la producción de datos a partir de entrevistas semi-estructuradas, analizada por la Técnica Análisis de Contenido en la modalidad Análisis Categorical. **Resultado:** de los discursos surgieron tres categorías << Acciones de los enfermeros en el acompañamiento a la gestante con sífilis >>; << Aspectos que dificultan la eficacia en el tratamiento de sífilis gestacional >>; << Importancia de la notificación compulsoria de sífilis >>. **Conclusión:** la acción del enfermero a las gestantes con sífilis tienen conductas adecuadas según el Ministerio de la Salud. En las dificultades al tratamiento citaron falta de medicamento, resistencia de las gestantes y tratamiento doloroso. La notificación compulsoria fue identificada apenas en la unidad de referencia dificultando la real incidencia de gestantes con sífilis y deficiencias en la calidad de la asistencia. **Descriptores:** Enfermería; Atención Prenatal; Embarazo; Salud de la Mujer; Neurosífilis; Sífilis Congénita.

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INTRODUCTION

In antiquity, women were solely responsible for domestic activities other than caring for the partner, children, and the family's sustenance was the obligation of the father or partner. After feminist movements in the twentieth century, there was an increase in the insertion of women in education and the labor market between the 70s and 90s. The occurrence of the transition of these women from the domestic environment to paid work outside the home is recognized as an advance causing changes within the family. The authority of these women who leave their homes to work outside has conquered a new feminine space. On the other hand, the opposite was also observed with women who performed the only function in the household without remuneration, seen as an object of public health policies only in their reproductive aspect, especially the care directed to the gravitic-puerperal, that is, emphasizing the view of women as mothers especially in the 1970s.¹

Therefore, it was necessary to create health strategies aimed at treating women in their entirety, not only in the maternal and reproductive sense. In this context, the Ministry of Health (MOH) created in 1983 the Program of Integral Care to Women's Health (PAISM), implementing it in 1984. The program aimed to expand reproductive health care policies based on guidelines with services qualifying the team of professionals to meet specific demands prioritizing women in humanized care covering all stages experienced by them. The PAISM was established as a historical reference of public policies in the country, including the promotion, prevention, and rehabilitation of women's health, including reproductive health, family planning, prevention of cervical cancer and breasts cancer, as well as issues related to sexually transmitted diseases (STDs).²

Thus, it is important to treat women's health more and more especially during pregnancy, and this phase will require specific care. In the absence of adequate follow-up, serious complications can occur for both the pregnant woman and the fetus. The care and guidelines developed during the gestational period are called prenatal care.

Quality prenatal care is highlighted as the first target to be reached when seeking to reduce rates of maternal and perinatal morbidity and mortality. The main objective of this period is to welcome the woman from the beginning of the pregnancy, providing

maternal, fetal well-being and the birth of a healthy child. Prenatal care integrates primary health activities requiring resources of low complexity and implementation of actions with recognized effectiveness.³

Prenatal care at usual risk should be initiated by the Family health teams (ESF), supported by the Technical Manual of the Prenatal and Birth Humanization Program (PHPN), which integrates the National Policy on Women's Health (PNSM).⁴

The PHPN was created by the Ministry of Health in 2000, aiming at securing and guaranteeing universal access to quality care for pregnant women, childbirth, the puerperium and the neonatal period, as well as reducing maternal and perinatal morbidity and mortality rates improving care of the pregnant woman respecting her rights as a citizen.⁵

The traditional Basic Health Units (UBS) provide care respecting the spontaneous demand in general, focused on medical specialties. On the other hand, in the Family Health Units (USF) are inserted in the Family Health Strategy (ESF) proposing specific care by a defined area in which each team is responsible for a determined number of families. The ESF is made up of multi-professional teams composed of a doctor, dentist, nurse, nursing technicians and Community Health Agents (ACS).⁶

Prenatal consultation is offered at the USFs that are part of the ESF program, founded by the MS in 1993 and implemented in the country in 1994. A health professional, doctor or nurse receiving a pregnant woman should understand the real meaning of gestation for this patient and family seeking to strengthen ties, creating a situation of friendship and trust between the parties involved. In the USF, nurses can practice their profession by attending pregnant women, parturients, new mothers, and newborns, according to Art. 8, in section II of Decree 94,406 of June 8, 1987, in a more visible and frequent way, even home visits.⁷

The participation of the nurse is fundamental for the strengthening of prenatal care, given that this consultation will take place with the identification of gestational risk factors to reduce the health implications of pregnant women, especially those with syphilis. Thus, the nurse's role provides extension in the coverage and quality improvement in prenatal care, which must be aware that the qualified and humanized care is given through the incorporation of welcoming behaviors, without unnecessary interventions, easy access to quality health

services with actions that integrate all levels of care such as promotion, prevention and health care of the pregnant woman and newborn from basic outpatient care to high risk hospital.⁸⁻⁹

Syphilis with almost 600 years and known since the 15th century is still considered a serious public health problem in the world. Although, with the discovery of penicillin in 1940 and improved health care, it has led to a sudden decrease in their incidence, both in acquired form to the point where total eradication of the disease was predicted until the end of the 20th century.¹⁰

It originates from the Latin word *lues venerea* that corresponds to the plague, arose in 1579 in the sixteenth century discovered by Jean Fernel. It is also known as evil venereal, Gallic evil, pudendrago and bubas. The term syphilis appears in the title of the poem *Syphilis sive morbus gallicus* by author Girolamo Fracastoro of Verona. It was only at the end of the eighteenth century that syphilis became understood as a disease.¹¹

Syphilis corresponds to an infectious pathological condition of chronic evolution originated by the *spirochete bacterium Treponema pallidum* that allows sexual transmissions in an acquired or vertical way, occurring outbreaks and periods of latency of variable duration. It is manifested in three phases: primary, secondary and tertiary syphilis. Monitoring of syphilis in pregnant women is essential so compulsory notification is mandatory. Epidemiological surveillance aims to control the vertical transmission (VT) of *Treponema pallidum*, to monitor the behavior of infection in pregnant women and in parturients for planning, evaluation of measures, treatment, prevention, and control.¹²

Pregnant women with syphilis are referred to high-risk prenatal care, and the physician is responsible for monitoring it. However, the team responsible for the pregnant woman in the ESF should continue this care. In this scenario, the nurse emerges as the protagonist and able to guide the pregnant woman about the correct use of medication to prevent possible consequences for mother and child, among other behaviors.

In view of this, it is observed that prenatal non-follow-up is considered a major risk factor for congenital syphilis (CS). Added to this factor, there are poor qualification of human resources and insufficient number of professionals for quality prenatal care and the inadequate infrastructure of the health center.¹³

Considering the potential and fatal severity of CS, the Brazilian guidelines recommend two tests during prenatal follow-up: one at the first visit, another around the 30th week of gestation, and a third at the time of delivery.¹⁴

Methods for diagnosing maternal infection depend on the stage of the disease. From this perspective, the Venereal Disease Research Laboratory (VDRL) should be requested at the beginning of prenatal care, repeated in the third trimester and at the time of delivery. The first two tests are intended to ensure early diagnosis to the pregnant woman with syphilis, treatment in a timely manner and the third test is for the early treatment of the child. VDRL may be qualitative (reagent or non-reagent) or quantitative (antibodies). The quantitative has a preference for being useful in the initial diagnosis of syphilis.¹⁵

It is estimated that 12 million new cases of syphilis exist in the world annually, 90% in underdeveloped countries and its congenital form has never ceased to be a public health problem occurring in 10% to 15% of pregnant women. The disease also has high prevalence and incidence in rich countries like USA, Australia, and European nations. Data show that syphilis in newborns causes more than 500,000 fetal deaths per year worldwide. In Latin American and Caribbean countries, the incidence of CS is 3.1%. In Bolivia, the prevalence of gestational syphilis (GS) with VT rate of 15.7% is 7.2%. In Brazil, its incidence in parturients varies between 1.4% and 2.8% and the VT of 25%.¹⁵

In view of the need to reduce the incidence of congenital syphilis and its serious consequences, the role of nurses in prenatal care is important to adopt measures that may minimize risks to pregnant women and newborns, contributing to the decrease of the above mentioned rates. It is pointed out that if not treated correctly, GS can cause undesirable effects for the concept, such as abortion, prematurity, and death, besides being the main cause of fetal death in postpartum VDRL reagents.¹¹

The integral care to the woman's health in the plan of elimination of CS comprises a set of actions that includes diagnosis and early treatment of syphilis in the population in general, pregnant concomitant treatment of the sexual partner as well as the newborn with clinical, serological evidence and epidemiological aspects.¹⁶

With the upsurge of syphilis in pregnant women, it became compulsory since July 2005 by Decree 33 which included syphilis in pregnant women in the national list of

compulsory notification diseases. Brazil is a priority for policies to encourage the qualification of this care by investing in the availability of diagnostic tests and treatment for the identified diseases, with syphilis being a priority. This surveillance aims to control the VT and monitor the infection behavior among pregnant women, facilitating planning, evaluation of prevention and control measures. The incentive for the diagnosis and treatment of the partner should be considered to avoid recontamination of the woman and possible CS.¹⁷

The motivation for this study was based on the experience of the authors during academic teaching practices in UBS in which the care of the nurse during the prenatal care with an emphasis on pregnant women with syphilis was evidenced. In this context, the study had a guiding question: how should the nurse lead prenatal care to pregnant women with syphilis?

OBJECTIVES

- To discuss the actions of nurses in prenatal care for pregnant women with syphilis.
- To identify difficulties found by professionals in adhering to the treatment of pregnant women and partners.

METHOD

This is a qualitative study, descriptive-exploratory type, developed in the Joint Unit of Felipe Camarão/UMFC in Natal (RN), Brazil. The municipality is divided into four sanitary districts, corresponding to each geographic area as East, West, North and South District, being the North subdivided in I and II by the great area of the place totaling four sanitary districts. The municipality of Natal, capital of the State of Rio Grande do Norte, currently has a population of approximately 803,739 inhabitants.¹⁸

The choice of location is justified by the fact that the UMFC is located in a needy neighborhood and a reference to the community. It acts as a field of academic practices for several courses contributing to the process of training future professionals. Also, it has professional nurses who assist women during the gestational process, enabling the expression of the experiences lived on the subject making the local field favorable to research the object of study. Obstetric care is carried out by nurses, nursing technicians, doctors, nutritionists, dentists, pharmacists, social workers, psychologists and ACS.

The study subjects were nurses who work at the UMFC who assist pregnant women during prenatal care through purposive sampling. As a way of better targeting data collection, the following inclusion criteria were considered:

Foram excluídos:

- a) The subject should have nursing graduation;
- b) To act in the UMFC for at least six months;

The inclusion criteria were:

- a) Individuals who did not present a completed nursing course;
- (b) Who worked in that institution for a period less than six months.

This research is a clipping of a larger project << Gestational syphilis: behaviors and perspectives of the nurse during the prenatal follow-up of the pregnant woman carrying syphilis >>. Before the data collection, an official letter to the Municipal Health Department of Natal (SMS) was requested to authorize the development of the research in the institution, informing about the study and objectives, obtaining a signature of the letter of consent. Since it was a question of researching with human beings, the precepts defined by Resolution 466/12 of the National Health Council (CNS/MS), which regulates research and guidelines for human beings, were followed. The research was sent to the Research Ethics Committee of Estácio do Ceará-Estácio/FIC University Center for evaluation and issuance of the respective opinion, which was favorable under number 847.210 and CAAE 33943214.3.0000.5038.

After the opinion, the pre-test of the data collection instrument was started. The study subjects were four nurses invited orally during a visit to USFC to participate in the study, reporting their goals, benefits for obstetric care and academic relevance. It was emphasized that their participation would contribute to the understanding of the factors that hinder the care for pregnant women with syphilis and behavior in the case.

Before the interview, participants were asked to sign the Informed Consent Term (TCLE) explaining that they could request their exclusion at any time, and clarification through the contacts in the TCLE. The interviews were listed in order of care and, in the end, each respondent was asked to synthesize what represented the moment of gestation in their conception in a word. These words were used as codenames for the participants guaranteeing their anonymity.

Data collection took place at the UMFC at a time previously scheduled from August 1 to 15, 2014. Thus, through prior contact with the institution's management, the names and work room of the nurses that met the criteria proposed by the research were identified and, later, there were schedules for probable days and times available in the Unit.

The collection instrument consisted of two parts. The first one consists of the socio-demographic characterization of the participant and the second with the guiding question of the study. The transcription of the interviews occurred as they were developed not to allow the loss of information, observations captured and experienced by the researchers during the testimonies.

The analysis of the data was guided by the process of Content Analysis defined by Bardin.

RESULTS

The subjects included four nurses who provide care to pregnant women with syphilis during prenatal care. All the nurses were female; there was a variance between 40 and 55 years old, with a predominance of the age group above 50, which included three subjects.

Regarding the year in which the professionals graduated, it was identified that they were graduated between 1988 and 1998 and most of them did it during the last 20 years. On the postgraduate degrees, two affirmed *latu sensu* concluded. Of them, 01 was specialist in Public Health and the other in Psychiatric Nursing, Management in Environmental Education and Intensive Care Unit.

In the working time in the institution, only 01 of the subjects worked two years ago, and all three have been working for more than five years. It was identified that all subjects (04) had no employment relationship with other institutions.

The process of analysis of content applied to the material of the interviews resulted in three thematic categories:

- 1) Actions of the nurse in the follow-up of pregnant women with syphilis;
- 2) Aspects that hinder the effectiveness of gestational syphilis treatment;
- 3) Syphilis: compulsory notification disease

DISCUSSION

♦ Category 1: Actions of the nurse in the follow-up of pregnant women with syphilis

Follow-up is essential for pregnant women with syphilis. At that moment, the nurse

English/Portuguese

attending these women asks about their status, evaluating the effectiveness and adherence to the treatment as well as the partner. This category presents considerations about the actions of nurses in the pregnant woman with syphilis during the prenatal period, being the main exponent of their speeches.

[...] Actually, even the nurse does naturally guide the treatment as early as possible of pregnant women and partners ... laboratory follow-ups with monthly tests to define the cure. (ALEGRIA)

[...] It is more to advise on the importance of the treatment, risks for congenital syphilis that often do not give importance [...] to the medical professional to try to refer to the doctor in the area and to those who medicines for drug treatment. (PAIXÃO)

Regarding the follow-up of pregnant women with syphilis, the professionals interviewed affirmed the VDRL's monthly request in their behaviors, as Alegria and Paixão affirmed. Thus, the nurses who accompany these patients in the UBS had adequate behaviors according to how the MS recommends about the monthly request of the VDRL for all the pregnant women affected by *treponema pallidum*.¹²

It was noticed in the research that the nurses reinforced the actions of prevention and diagnosis as early as possible in prenatal, informing the pregnant women the right to undergo the syphilis tests as many times necessary in the gestational period. The research corroborates with authors emphasizing how important the nurse's management of pregnant women with syphilis, acting according to current care protocols and reinforcing the importance of treatment mainly in the active phase of the disease to reduce cases of CS and negative perinatal outcomes.¹⁹

Regarding referrals to high-risk prenatal care, it was observed that the professionals' behavior is different from the MS recommendations, which mentions that pregnant women with syphilis should be referred for high-risk prenatal care. They should also guide, remove doubts and make pregnant women aware of safe conditions that reduce or eliminate VT risks promoting healthier habits as goals that meet by the literature.²⁰

The approach of the sexual partner of pregnant women with syphilis acquires great importance including capturing them as well as extension in prenatal care for them, in favor of the fight against the VT. Thus, Basic Health Care (ABS) is the privileged space for

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convening partners in health centers and a challenge in view of ethical aspects involved such as confidentiality of identity and information, extramarital affective relationships, same-sex relationships and degree of social involvement of professionals with the community, and a stronger attitude of managers and professionals is needed to attract these partners as a strategy to combat VT.²¹

This study on nurses' behavior in the care of pregnant women with syphilis comes from authors who demonstrate that the nurse has an important role for appropriate management of the patients and control of the disease, since not only the nurse but all the professionals in the area have important role because it is a link to information based on primary care that includes sexually transmitted diseases (STDs).²²

Pregnant women and pregnant women's counseling and partners have a decisive contribution to effective actions in the fight against syphilis, so a harmonious and ethical relationship can be implemented based on the patients' safe commitment to the solvency of their problems,²³ according to the following speech [...] the nurse's behavior is to accommodate the patient so she feels safe ... giving the proper guidelines, treatment, and conduct to the case (*Simpatia*).

In view of the above, the nurse is important in the control of gestational syphilis by informing about the treatment correctly; use of condoms in sexual relationships; promote health education; practice of examinations and recruitment of partners.²⁴

The behaviors reported by Paixão, Alegria, and Simpatia meet the recommendations of the MS, which recommends complementary examinations according to the local prenatal protocol; rapid tests; to guide vaccination of pregnant women against tetanus and hepatitis B; identify pregnant women with an alarm signal and/or identified as high risk, and refer them to a doctor; develop educational activities, both individual and in groups; to guide pregnant women and the team about risk factors and vulnerability.²⁵

And when asked about the importance of developing nursing care for these pregnant women, the nurses answered as follows:

[...] we are preventing diseases that have consequences for the mother and the baby that is why in the educational meetings we inform the importance of the exams. (Paixão)

The importance of nursing care [...] ensures a good performance in the execution of

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prenatal care avoiding future consequences (Amor).

[...] my role is to avoid the possibility of acquiring congenital syphilis. (Alegria)

These affirmations based on studies show that efforts aimed at the nurses' reception and orientation by the nurse can contribute decisively to efficient actions in the fight against syphilis sustained in the commitment to the safety of the pregnant woman/partner/fetus with responsibility towards the pregnant women prevented through adequate prenatal care, including prevention of problems and treatment of complications during the gestational period up to postpartum.²⁶

♦ Category 2: Aspects that hinder the effectiveness of gestational syphilis treatment

This category shows considerations on aspects that make the treatment of gestational syphilis difficult, with an emphasis on the difficult adherence of the partners, given that this was the main difficulty pointed out in the reports of Amor e Alegria:

[...] perhaps the difficulties are related to the low adherence of the pregnant woman and the partner to the treatment; access to high-risk prenatal care; absence of protocol to ensure the nurse's care for the pregnant woman with syphilis. (Amor)

[...] the greatest difficulty is adherence of the partner to the treatment since most neglect it. Some even start it but interrupt it for reporting it is very painful. Therefore, the issue of men's adherence to treatment must be further addressed. (Alegria)

This study is in agreement with authors when affirming that during prenatal care the nurse plays a fundamental role in approaching pregnant women with syphilis and should emphasize the importance of joint treatment of partners and pregnant women, since the treatment of the partner is a factor determinant for the cure of the mother, since it prevents reinfection of the woman and the disease.²³

It also corroborates other studies that emphasize the treatment of the partner as a determinant for the effective cure of the mother, as well as for the end of the illness. In this context, the subjects of the study stated that they knew the adequate treatment of syphilis during pregnancy, which should be complete and adequate with benzathine penicillin, completed 30 days before delivery and the partner concomitantly treated.^{3,26}

It is agreed with the relevance of the registry in the treatment of the pregnant

woman and partner in the control of the affected and/or treated, aiming at the early and valid detection of women of childbearing age with risks to reinfection for VT.²³

Another aspect addressed among those who hinder the treatment of gestational syphilis was the temporary absence of the Benzetacil medication supplied to the UBS for the treatment. This fact was mentioned in the reports of Simpatia and Paixão:

[...] the fact that only a minority of pregnant women resist treatment because they find benzotaxis to be painful is among the aspects that make it difficult to provide care. Therefore, the issue of not hindering the treatment stipulated has to be well worked out. Lately, there was a lack of medication here in the RN for about a month. But the fault was corrected. Anyway, the difficulties are few. (Simpatia)
[...] there is a report of the difficulty of the treatment by the institution because there is a lack of medication for the treatment of the UBS and some pregnant women even buy it. It is difficult for the partner to join the treatment, which will only be effective if it is a partner/pregnancy joint. Another worrying fact is that some pregnant women are relapsed and abandon treatment. (Paixão)

Thus, it is noticed that besides the lack of temporary availability of the medication necessary for the treatment, there is the great resistance to the pregnant women to the treatment, reporting that it is quite painful. The research indicates that certain pregnant women with syphilis are relapsed and abandon the treatment. This fact is worrisome since it is a disease with a VT and to prevent it, it is necessary for the pregnant woman and her partners to take care of the treatment together and correctly.

This study is in agreement with authors who reinforce the importance of treating pregnant women diagnosed with syphilis, especially in the active phase, aiming to reduce cases of CS and possible negative consequences for the child, such as stillbirth, prematurity and neonatal mortality.¹⁹

Thus, when gestational syphilis is not treated or inadequately treated, it can lead to miscarriage, prematurity, and stillbirth.¹⁵ It is imperative that the nurse and staff advise the pregnant women about the importance of correct treatment preventing the VT and clarifying possible outcomes that may arise if treatment is discontinued or not completed.

Finally, this study agrees with authors about the expectations of the professionals' performance in quality prenatal care capable of early diagnosis of syphilis, guiding the

concomitant treatment between pregnant and partner, aiming at the vertical prevention of the disease and, consequently, improvement indicators of maternal and perinatal morbidity and mortality.²⁷

♦ Category 3: Syphilis: compulsory notification disease

This category intends to discuss the importance of compulsory notification of syphilis in pregnant women. Thus epidemiological surveillance can adopt strategies from these data, reducing their incidence and prevent CS.

A compulsory notification is an official communication to the health authorities of the existence of an illness or injury to health made by any health professional or citizen for the purpose of adopting pertinent intervention measures. Established at the end of the 19th century, compulsory notification is an important precursor to surveillance services in Public Health and used up to the present day as a strategy to improve knowledge about the behavior of diseases in society.²⁸

Studies show that lack of notification is a reality in several countries. In Latin America, there is an underreporting of 34% in Peru, 32.2% in Argentina, 26% in Chile and 22.2% in Venezuela. In Brazil, although CS and GS were compulsorily notifiable diseases since 1986 and 2005, respectively, only 32% of cases of syphilis in pregnant women and 17.4% of CS were reported. These data allow reflecting on the failures of quality of care in the prenatal and delivery periods.¹⁵

Authors claim that the compulsory notification of a disease aims to accumulate data necessary to allow an analysis that leads to interventions for its reduction and/or its consequences. In the case of GS notification, the clear intention is to reduce its incidence to eliminate CS.²⁹

It is agreed that GS was inserted as a compulsory notification disease due to high prevalence and VT rates ranging from 30% to 100% and its diagnosis should be confirmed when the pregnant women present clinical evidence of the disease and/or non-treponemic reactive serology, which is obtained in prenatal care, delivery or curettage, and the epidemiological surveillance is responsible for the control of the VT.²³

The research also corroborates with authors when they affirm that although they are considered diseases of compulsory notification, the records of the incidence of GS and CS are still much lower than expected, demonstrating important deficiencies in the

quality of the information, making difficult a more accurate analysis of the disease.²⁷

For syphilis in pregnant women, the research process takes place in primary care since this is the scenario in which the diagnosis of the disease and prenatal care develops. Therefore, it is the duty of primary care professionals to notify and investigate cases. However, the respondents stated that they did not notify it, and this is a failure that must be corrected to improve the quality of care.²⁹

In view of the above, it was possible to notice that in the health unit where the research was conducted there is no case report, which is done only in the reference unit in which high-risk prenatal care takes place. This hinders to know the real incidence of pregnant women with syphilis in the prenatal care of the unit, reflecting deficiencies in the quality of care.

Therefore, it is necessary to improve the quality of prenatal care from the training of the professionals involved, emphasizing the importance of notifying cases of syphilis in pregnant women to monitor the problem and evaluate the proposed actions.

CONCLUSION

The results of this study pointed out that the actions developed by nurses in the management of pregnant women with syphilis were: to follow the monthly request of the VDRL; to guide pregnant women and partners about the disease and need to treat it correctly to prevent VT; to refer pregnant women to high-risk prenatal care; to guide the use of condoms in sexual relations; to promote health education and recruitment of partners who do not adhere to treatment; among others.

Regarding the aspects that hinder the effectiveness of the treatment of the SG were mentioned: difficult adherence of the partner to the treatment; temporary lack of penicillin G benzathine in UBS and interruption of treatment by some pregnant women.

Regarding the theoretical and/or practical implications of the results, it is important to emphasize public health policies aimed at STD prevention as well as a holistic approach to raise awareness among pregnant women with syphilis and assisted partners in UBS, prevention of these diseases, and the need to prevent CS.

The study contributes to envisage nurses working in prenatal care for pregnant women with syphilis, as well as to reflect on the behaviors and difficulties that these

professionals experience in the quality of care.

It is relevant to note that the actions developed by nurses during prenatal care for pregnant women with syphilis are in accordance with those recommended by the MS.

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