COUNSELING ON HIV / AIDS AND SYPHILIS TO PREGNANT WOMEN IN PRIMARY CARE

ACONSELHAMENTO EM HIV/AIDS E SÍFILIS ÀS GESTANTES NA ATENÇÃO PRIMÁRIA

ABSTRACT

Objective: to analyze the representations of Primary Care professionals about HIV / AIDS counseling and syphilis among pregnant women. Method: a qualitative study, based on the Theory of Social Representations, with ten nurses and three physicians working in the Family Health Strategy. Data collection was done through an open interview with semi-structured script and the analysis followed the Method of Structural Analysis of Narration. Results: empirical categories “Representations on HIV / AIDS and syphilis counseling” and “Representations on HIV / AIDS and syphilis prevention” emerged. Conclusion: professionals recognize the importance of HIV / AIDS and syphilis prevention. However, they find it difficult to do so through counseling. It is essential that they be trained and that investments are made by the institutions, in this sense, aiming at improvements in the functioning of the services. Descriptors: Counseling; Primary Health Care; Family Health Strategy; Pregnant Women; Nursing Care.

RESUMO


RESUMEN

Objetivo: analizar las representaciones de los profesionales de la Atención Primaria acerca del asesoramiento en VIH / SIDA y sífilis a las gestantes. Método: estudio cualitativo, fundamentado en la Teoría de las Representaciones Sociales, con diez enfermeras y tres médicos actuantes en la Estrategia de Salud de la Familia. La recolección de datos ocurrió por medio de una entrevista abierta con un itinerario semiestructurado y el análisis siguió el Método de Análisis Estructural de la Narración. Resultados: emergieron las categorías empíricas “Representaciones sobre el asesoramiento en VIH / SIDA y sífilis” y “Representaciones sobre la prevención del VIH / SIDA y sífilis”. Conclusión: los profesionales reconocen la importancia de la prevención del VIH / SIDA y sífilis. Sin embargo, encuentran dificultades para realizarla a través del asesoramiento. Es fundamental que sean capacitados y que las inversiones sean realizadas por las instituciones, en ese sentido, buscando mejoras en el funcionamiento de los servicios. Descriptores: Aconselhamento; Atención Primaria de Salud; Estrategia de Salud Familiar; Mujeres Embarazadas; Atención de Enfermería.
INTRODUCTION

It is known that the World Health Organization (WHO) estimates that more than one million cases of Sexually Transmitted Infections (STIs) per day occur worldwide, and in 2016, it has launched a set of guidelines that provide support to countries in formulating and implementation of policies, improvements and expansion of prevention and structure services to people with STIs, mainly with the Human Immunodeficiency Virus (HIV) and syphilis.1 2

It is reported that the vertical transmission (VT) of these infections has been the target of interventions by the entity, which established criteria for recognizing progress towards the elimination of maternal transmission of HIV and syphilis, considered an important public health problem.1 4

Thus, it is stated that new global strategies require shared work from different countries to achieve the goal of zeroing new HIV infections in newborns by 2020 and, by 2030, the elimination of congenital syphilis. The latter can occur at any stage of gestation and during delivery, and about 40% of cases can progress to spontaneous abortion, perinatal death and stillbirth.5 6

It is considered that in low- and middle-income countries, where Brazil is included, access to preventive interventions for these pregnant women remains limited.6 7 Data from 2017 indicate that in Brazil, 200,253 cases of syphilis in pregnant women between 2005 and June 2017.8 Regarding HIV, the notification in the period between 2000 and June 2017 was 108,134 pregnant women infected.9 The rate of detection of pregnant women with HIV and syphilis in Brazil has increased in recent years from the increased coverage of the rapid tests.

It is evident that the Pan American Health Organization (PAHO) has established a joint approach to HIV and syphilis to eliminate VT from these infections. In Brazil, we chose to use the HIV VT rate of ≤ 2% and incidence rate of up to 0.3 cases per thousand live births and the incidence rate of congenital syphilis of ≤ 0.5 cases per thousand live births, in the last three years, to enable municipalities in the national certification process.9 This epidemiological scenario, coupled with the underreporting of cases, reflects a problem that should be extinguished for Brazil to approach the certification of the elimination of VT from these infections.9 10

Thus, it is shown that the country adhered to this strategy and established a Plan of Action for the prevention and control of HIV and other STIs of PAHO / WHO 2016-2021. Concomitantly, the Ministry of Health (MH) has launched the guide to encourage and guide the adoption of practices aimed at achieving certification of all municipalities in the country detailing the validation process, indicators and shared responsibility for each area of management of the System Unified Health (UHS) to certify the elimination of VT from these infections.10 11

It is observed that the Family Health Strategy (FHS) is part of the Brazilian care model that establishes bonds and co-responsibility with users, distributes informational folders, provides a condom and directs care to the user. It also develops preventive interventions aimed at preventing transmission of these infections. Screening exams and early diagnosis, treatment and follow-up developed and counseling in STI performed are characterized by a space of dialogue and emotional support to pregnant women and other users who seek primary health care.12

When considering the importance of Primary Care in the elimination of maternal transmission of HIV and syphilis, it is important to know how the health professionals of the FHS think about and experience the care and follow-up of pregnant women in the Basic Health Units (BHU) since their representations influence their ways of acting.

OBJECTIVE

● To analyze the representations of Primary Care professionals about HIV / AIDS and syphilis counseling for pregnant women.

METHOD

It is a qualitative research based on the Theory of Social Representations.13 The study was carried out at BHU in the municipality of Pedro Leopoldo. Ten nurses and three physicians from five FHS teams who were directly involved in HIV / AIDS and syphilis prevention activities in the health services were part of the study. The inclusion criteria were those professionals who worked for at least six months at the city's FHS so that a minimum degree of knowledge and performance could be guaranteed in the local health care network and experience in the follow-up of pregnant women in the prenatal period.

It is clarified that the number of participants was not defined. The professionals were initially selected by criteria of convenience and logistic practicality during the collection, and the
It is very important, especially during pregnancy, although here I did not have a pregnant woman with HIV / AIDS and syphilis. But it is a situation that one can see in front of it. So I think it's too important to make such. (NUR.9)

It is important to note that the preventive intervention of HIV / AIDS and syphilis counseling for pregnant women makes it possible to overcome subjective blockages, fears and anguishes in relation to these diseases, allowing women to assess their real possibilities and risk of infection, as well as the adoption of preventive measures that are feasible during pregnancy to improve the quality of life of the baby and the baby, regardless of their serological condition. (10)

It is also reported that the Centers for Disease Control (CDC) recommends the provision for all women of childbearing age of family planning and the opportunity to receive counseling addressing individual needs, in addition to prenatal care. (16) Therefore, the demystification of the risks related to the vertical transmission of STIs is necessary to guarantee the integrity, especially considering the high prevalence of seropositivity in young, married women with low schooling who live in regions where access to services health is hampered. (17)

However, the biological dimension and the reductionism that permeate the professionals' understanding of STIs and their role in health care are also countered, aspects that still have a strong influence on both the professional training model and the organization of health services. health. (18)

Regarding the FHS work process, the recognition of prenatal consultation and family planning groups as legitimate spaces for counseling and the request for laboratory tests as the main focus of this intervention.

On the first day of the prenatal period, the serology tests are followed and requested to be followed during prenatal care, according to the protocol of the Ministry of Health (NUR.3)

Counseling is done during prenatal care. There are family planning groups where the target audience are pregnant and those who are interested in participating, where doubts and explanations are given about how the diseases are contracted, in addition to requesting diagnostic tests for pregnant women. (NUR.6)

I'm counseling the pregnant woman, normally, when the test is negative, I explain to her that everything is negative and I use condoms to avoid risk of infection. (PHY.1)

In this sense, the multidimensional aspect intrinsic to the practice of counseling, which
should contain not only guidelines in relation to STIs and request for exams, but also the linkage of seropositive patients, the offer and adherence to treatment, is important. Sexual partner awareness and the articulation of harm reduction strategies for drug users.  

Understood as a care tool based on behavioral, biomedical and structural interventions, counseling requires health professionals to observe aspects such as the autonomy of the subjects, dialogue about their risk practices, choices of prevention methods, doubts about treatment, coping with stigma, among other needs directly or indirectly exposed.  

It is evidenced that, in this study, the professionals pointed out the scarcity of the offer of training and skills to update knowledge related to the practice of counseling. Thus, they affirm that the theoretical content was constructed during the academic formation and improving through the experiences lived in the quotidian and / or through the individual search for updates available in clinical protocols.  

The experience I even had was during college internships and right here after I took up the service that accompanies these women. (NUR.5)  
The base I have is college and I've already graduated six years and I did not have any updates on that. We have a hard time talking. (NUR.6)  
Here, in the city hall, I use more of the guide lines that we have available. I take great care of them. I did not have training here in the service. (NUR.9)  

It is known that the Ministry of Health, through the Strategy Stork Network, has since 2013 launched a multiplier training program for professionals and managers of the basic network throughout the country, with the main axes being the expansion of the offer of tests HIV and syphilis counseling, STI / AIDS counseling and the reorganization of the services and work processes of FHS teams to carry out the planned control actions.  

However, the technical unpreparedness of primary care professionals can lead to inefficiency and low performance of control actions such as: requesting laboratory tests and / or rapid tests without proper guidance and psychosocial monitoring of pregnant women; errors in the prescription of exams according to gestational age increasing the risk of late diagnosis and vertical transmission; inefficient approach of sexual partner; treatment failures, among others.  

♦ Representations on HIV / AIDS prevention and syphilis  

It is shown in this category that health professionals emphasize the importance of HIV / AIDS and syphilis prevention, the empowerment of pregnant women regarding the serology of these STIs, based on prenatal consultations, and reinforce the examinations such as anti-HIV for HIV detection and VDRL for the detection of syphilis. Thus, they allow the pregnant woman to know her serological status, reducing the risk of transmission of these infections to the newborn.  

We guide the pregnant woman about the importance of taking the test and the risks and consequences for both her and the baby. We emphasize the importance of people doing these exams according to the periodicity. (NUR 5)  
I see how disease prevention prevents pregnancy complications. This is all a benefit for the pregnant woman and the baby itself. (NUR 10)  
I think it is to ensure a prenatal care with a slightly controlled risk margin and avoid harm to the baby and, if any test is positive, we can implement prevention measures. (NUR 6)  

It is understood that prenatal care in primary health care should be based on actions to promote health and prevent aggravation by adding curative actions that incorporate not only early diagnosis, through the request of exams, but mainly, the timely treatment of injuries that may occur during the gestational period and / or labor.  

It should be stressed that the primary objective of prenatal care is to ensure the satisfactory development of pregnancy by providing safe delivery to the woman and the birth of a healthy newborn without any impact on maternal and child health. Prenatal quality is also associated with social and psycho-emotional factors, since access to health services for gestation monitoring can reduce social inequities among susceptible women as a result of social problems such as poverty and low rates of schooling.  

It is understood that the failures related to prenatal care protocols associated to inappropriate management of clinical intercurrences are factors that interfere considerably in the prevention of risks of complications and / or transmission of infections from the pregnant woman to the newborn.  

A study was carried out in Goiás, which analyzed the characteristics of prenatal care in primary care and showed inadequacies related to the late onset of prenatal care, other tests and low participation in educational activities. From the perspective of pregnant women, another study carried out in Rio Grande do Norte, which evaluated...
the quality of the care provided in prenatal care consultations at BHU, showed that most of them considered good care.24 However, in a study that aimed to describe indicators of quality of prenatal care in Brazil, it was shown that, under the Program for Improving Access and Quality (PMAQ-AB), of the 6,125 users who had prenatal care in the family health units, 89% had six or more consultations, 69% performed all the complementary exams and only 15% of the interviewees received prenatal care adequately.25

It is reported that the Clinical Protocol and Therapeutic Guidelines for Integral Care for Persons with STIs of the Ministry of Health established that screening for STI / HIV / AIDS in pregnant women should occur at the first prenatal visit, ideally in the first and third trimesters of gestation. However, in the case of pregnant women who do not have access to prenatal care, the diagnosis can occur at the time of delivery, in the maternity ward, through the TR for HIV. The screening of STI / syphilis in pregnant women should occur at the first prenatal visit, ideally in the first trimester of pregnancy (28th week), at delivery, regardless of previous exams, and in the case of abortion.21

It should be noted that, in this study, professionals reinforced the need to comply with the protocol for requesting exams and other preventive actions also for pregnant women who report having a fixed partner and, in this sense, refer that the professional limit and the modesty of the pregnant woman are elements that make it difficult to approach counseling.

There are many pregnant women who do not have a fixed partner and we advise, at least, to preserve this period of pregnancy to avoid the vertical transmission of the disease. (PHY.2)
I aim to always use the condom, even if it is only with a partner, even for other issues and other infections that I may have. (PHY.1)
My difficulty is knowing the limit that I can go in pregnant women and her modesty in talking about it. (PHY.2)

It is inferred that it is a delicate moment when the partner is invited to the consultation, as it often implies revealing eventual relationships with other partners, coming into contact with past relationships, reflecting on sexuality, condom use and ethics in the relationship. In addition, people fear being identified and having their intimacy revealed in the community in which they live and where they are known.21 These aspects generate anxiety, fear of prejudice and loss of the partner, among other conflicts.

It should be emphasized, however, that subsequent studies affirm that knowing how to offer the partner’s presence in prenatal consultations becomes a strategy to introduce conversations about sexuality favoring humanized assistance, control and prevention of HIV / AIDS, and syphilis and an approximation of this partner in the health services both in relation to the control of these STIs and in their effective participation in prenatal consultations and in childbirth.19

It is understood that another important aspect is the awareness of the health professionals regarding the control of HIV / AIDS and syphilis in pregnant women in their area of coverage.

I have never had any pregnant women who have had a positive result, neither for HIV nor syphilis, during this time I am here. I have not had the opportunity and I do not even want to have it. (NUR.4)
HIV and syphilis, thank God, I’ve never picked up any positive pregnant women yet. (PHY 1)

It is stated that the control of the area of coverage allows reducing the impact of the epidemic on the population, promoting health and improving the quality of services provided. It also allows to know, to size and to map the population of greater vulnerability and, with that, to reformulate strategies of prevention and monitoring.16 The perceptions about the importance of the prevention and control of HIV / AIDS and syphilis in the pregnant women were explicit in the speeches of professionals, but little progress on these commitments. Emphasize that the municipality collects the exams, identifies the cases and forwards the pregnant women to another municipality if the serology is positive.

I had only one experience with a pregnant woman with syphilis. We did the treatment not here in the county, but we do the exams if we have a positive screening. We make the necessary referrals. (NUR.2)

It should be emphasized that all pregnant women and their sexual partners should be investigated for STIs and informed about the possibility of perinatal infections. IST screening during pregnancy is an effective intervention whose effectiveness depends on factors such as access to health care, training of professionals, expansion of testing coverage, treatment and control of these pregnant women in the BHU when they are to the continuity of treatment in other reference units.21
It is understood that the BHU are the gateway for the diagnosis of STIs in pregnant women in the UHS, and are responsible for capturing these pregnant women for prenatal care and testing. Treponema VT can occur at any gestational stage or clinical stage of maternal disease. The main factors that determine the probability of transmission are the stage of syphilis in the mother and the duration of exposure of the intrauterine fetus. There is no transmission through breast milk. More than 50% of the reported cases are asymptomatic at birth, therefore, the importance of the serological screening of the mother.

It is considered that congenital syphilis control strategies guarantee that all pregnant women receive prenatal care and that syphilis screening is routinely included for all women so that cases of maternal and congenital syphilis are duly notified and treated including stillbirths and syphilis abortions.

Confirmation of the diagnosis of diseases such as HIV / AIDS and syphilis has led to important biological and psychosocial changes due to cultural aspects such as stigma and taboo associated with STIs, with potential damages in the marital, social and family relations of the pregnant women. The weakening of social ties may lead to loss of support for these women, leading to losses in prenatal care due to low self-esteem, distance from health services, abandonment or non-adherence to treatment, and denial of serum-positivity.

It is pointed out that, in Rio de Janeiro, researchers evaluated the adequacy of syphilis and HIV control actions in prenatal care performed in a UHS unit and, among the evaluations, it was evidenced that health services are organized in a manner not to favor health care with fragile mechanisms of contact, lack of well-established references and professionals who are not well qualified for this service, delegating themselves, in many cases, to the pregnant women themselves, the difficult task of carrying out a referral and communicating the diagnosis of an STI in another health service.

It has been revealed in another study that counseling is contributing to the knowledge of the risks of STIs by pregnant women. On the other hand, there was a higher prevalence of requests for HIV tests than for syphilis, with both infections reporting compulsory at the federal level.

**CONCLUSION**

It is shown, as results of this study, that professionals know the importance of counseling as a strategy for the prevention of HIV / AIDS and syphilis. However, they claim to have difficulties performing it. The practice performed by these professionals is based on their representations, many of them arising from the experience lived in the daily life, in which there are limitations of all nature.

In order to obtain the quality of the counseling action, the awareness and preparation of health professionals is essential and investments must be made in this regard. The professional must have the availability and sensitivity to identify the vulnerable conditions of pregnant women, even considering their life contexts.

It is understood that, in this way, it will be possible to develop a risk reduction plan for STIs, allowing a greater chance of resolution, success during counseling and, consequently, a contribution to the breakdown of the mother-to-child transmission chain.

**REFERENCES**


6. Organização Pan Americana de Saúde; Organização Mundial da Saúde - Américas.


12. Fonseca PL, Iriart JAB. STD/Aids counseling for pregnant women who underwent the anti-HIV test on admission for delivery: the meanings of practice. Interface


20. Ministério da Saúde (BR), Secretaria de Vigilância em Saúde, Departamento de DST, Aids e Hepatites Virais. Guia orientador para a realização das capacitações para executing and multiplicadores em Teste Rápido para HIV e Sífilis e Aconselhamento em DST/Aids na Atenção Básica para gestantes [Internet].

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