PROJETO TERAPÊUTICO SINGULAR DE UMA GESTANTE COM SÍFILIS: UM RELATO DE EXPERIÊNCIA

SINGULAR THERAPEUTIC PROJECT FOR A PREGNANT WOMAN WITH SYPHILIS: AN EXPERIENCE REPORT

PROYECTO TERAPÉUTICO SINGULAR DE UNA EMBARAZADA CON SÍFILIS: UN INFORME DE EXPERIENCIA

William Caracas Moreira1, Denilton Alberto de Sousa Júnior2, Sery Neely Santos Lima Cruz3, Débora de Moura Santos4, Lany Leide de Castro Rocha Campelo5, Fernando Sérgio Pereira de Sousa6

RESUMO

Objetivo: relatar a experiência vivenciada por acadêmicos de Enfermagem frente à implementação do Projeto Terapêutico Singular de uma gestante com sífilis. Método: trata-se de um estudo descritivo, tipo relato de experiência. Relata-se a experiência vivenciada por acadêmicos de Enfermagem durante o estágio supervisionado na Estratégia Saúde da Família frente à implementação do Projeto Terapêutico Singular a uma gestante com diagnóstico de sífilis e exposta a outras vulnerabilidades. Resultados: alcançaram-se, dentre as principais metas do projeto terapêutico, detecção e tratamento de sífilis na gestante; realização da laqueadura pós-parto; aproximação da família para com a assistência ofertada pela equipe da unidade básica de saúde e, como situação limite, tentativas frustradas de relacionamento terapêutico junto ao genitor para diagnóstico e início do tratamento de sífilis, pois se apresentou alto nível de resistência aos profissionais. Obteve-se, apesar dos avanços, como um dos desfechos, a identificação de sífilis congênita no recém-nascido. Conclusão: possibilitaram-se reflexões e avanços ao universo científico da prática dos acadêmicos de Enfermagem e do profissional da Enfermagem, tendo o PTS como interface, construindo um novo pensar sobre a formação do enfermeiro, além de promover uma assistência integral e equânime à gestante e ao seu contexto.

Descritores: Assistência Integral à Saúde; Atenção Primária à Saúde; Gestantes; Sífilis; Sífilis Congênita; Enfermagem.

ABSTRACT
**Objective:** to report the experience of nursing students in the implementation of the Single Therapeutic Project for a pregnant woman with syphilis. **Method:** This is a descriptive study, experience report type. It reports the experience of nursing students during their supervised internship in the Family Health Strategy regarding the implementation of the Single Therapeutic Project for a pregnant woman diagnosed with syphilis and exposed to other vulnerabilities. **Results:** were achieved, among the main goals of the therapeutic project, detection and treatment of syphilis in pregnant women; achievement of postpartum sterilization; approximation of the family to the assistance offered by the basic health unit team and, as a limit situation, frustrated attempts of therapeutic relationship with the genitor for diagnosis and initiation of treatment of syphilis, because there was a high level of resistance to professionals. Despite the advances, one of the outcomes was the identification of congenital syphilis in the newborn. **Conclusion:** reflections and advances to the scientific universe of the practice of nursing students and nursing professionals were made possible, having the STP as an interface, building a new thinking about the formation of nurses, in addition to promoting a comprehensive and equitable care to pregnant women and their contexto.

**Descriptors:** Comprehensive Health Care; Primary Health Care; Pregnant Women; Syphilis; Congenital Syphilis; Nursing.

---

**RESUMEN**

**Objetivo:** reportar la experiencia vivida por estudiantes de enfermería en la implementación del Proyecto Terapéutico Singular de una gestante con sífilis. **Método:** se trata de un estudio descriptivo, tipo de relato de experiencia. Se reporta la experiencia vivida por estudiantes de enfermería durante la pasantía supervisada en la Estrategia Salud de la Familia respecto a la implementación del Proyecto Terapéutico Singular a una gestante diagnosticada con sífilis y expuesta a otras vulnerabilidades. **Resultados:** entre los principales objetivos del proyecto terapéutico, se logró la detección y tratamiento de la sífilis en gestantes; realización de ligadura de trompas posparto; acercamiento de la familia a la asistencia brindada por el equipo de la unidad básica de salud y, como situación límite, intentos fallidos de relación terapéutica con el progenitor para el diagnóstico e inicio del tratamiento de la sífilis, al existir un alto nivel de resistencia a los profesionales. A pesar de los avances, uno de los resultados fue la identificación de la sífilis congénita en el recién nacido. **Conclusión:** se posibilitaron reflexiones y avances al universo científico de la práctica de estudiantes de Enfermería y profesionales de Enfermería, teniendo como interfaz al PTS, construyendo un nuevo pensamiento sobre la formación del enfermero, además de promover la atención integral y equitativa a la gestante y a su contexto.
It is known that syphilis is considered a serious public health problem, challenging the world for centuries. It is reported that it is a chronic disease, infectious, caused by Treponema pallidum, transmitted sexually or vertically through pregnancy and has confirmed cases in all countries of the world. It should be added that the pathogen has a variable incubation period of three to 90 days, with an average of 21 days, the so-called latency phase. After the latency period, the period of pathogen activity begins, presenting distinct clinical, immunological and histopathological characteristics.¹

It is believed that there are about one million pregnant women with syphilis worldwide, and about 1/3 of these pregnancies cause serious complications, with a vertical transmission rate of 70 to 100% in recent untreated syphilis, and 30% in late syphilis, which may result in cases such as: stillbirth, neonatal death, prematurity, newborn with low birth weight and Congenital Syphilis (CS).² It was shown, according to the Epidemiological Bulletin of Syphilis in Brazil, conducted by the Ministry of Health (MH) in the year 2016, that in the year 2015, 33,365 cases of syphilis in pregnant women were reported nationwide.³

The elimination of syphilis epidemics is included as one of the millennium goals proposed by the United Nations (UN) by the year 2030. In this context, the Pan American Health Organization (PAHO) proposed the renewal and articulation of strategies to confront CS, defining, as a goal for the year 2020, an incidence of 0.5 cases per thousand live births. It should be added that in Latin America, Brazil is responsible for 85% of the cases of CS.⁴

It is inferred, in accordance with the Department of Informatics of the Brazilian Unified Health System (UHS), that the country has an incidence of acquired syphilis with about 650 thousand diagnosed cases, considering the years from 2010 to 2019, and, of this number, 49.9% of the cases correspond to pregnant women with syphilis.⁵
It is noted that Brazil, through public health policies, has established CS as a compulsorily notifiable disease and that syphilis screening should be performed by Primary Health Care (PHC), using rapid tests and that the reading and interpretation of the results take a maximum of 30 minutes, followed by a non-treponemal test, such as the Venereal Disease Research Laboratory (VDRL),² should be performed during prenatal care, at least twice during pregnancy (first and last trimesters).⁶

It is known that, unlike many neonatal infections, congenital syphilis is a preventable disease that can be eliminated thanks to effective prenatal detection, and the treatment of infected pregnant women, through simple and low-cost diagnostic and therapeutic resources, in addition to its control during pregnancy, is a challenge for health professionals and managers. This is due to the short gestational interval for the diagnosis and treatment; to the difficulty of approaching sexually transmitted diseases, especially during pregnancy, and, probably, to the ignorance of the population and health professionals about the magnitude of this grievance and the damage it can cause to the health of women and children.⁷

It is pointed out that the development of comprehensive care actions for pregnant women with syphilis in PHC should be articulated and planned in order to consider all the complexity and breadth involved in the historical, political and social scenario. Thus, it is revealed that, in order to be able to produce this care based on integrality, the tool of the Singular Therapeutic Project (STP) was used. The STP is a set of behaviors, actions, and measures, whether clinical or not, that seeks dialogue with the vulnerabilities of the target population and the health needs identified by health professionals, always seeking an interdisciplinary articulation for the resolution of a case considered complex.⁸

It is emphasized that the STP is an essential tool to promote the user's protagonism in the care of his/her own health, as it "demarcates technologies and devices of care production that permeate the assisted person's autonomy, valorization and subjectivity".⁹

This research is justified, in this context, by the constant need to promote care for pregnant women with syphilis in all areas of health care, with actions aimed at providing safe and quality care during pregnancy, always minimizing adverse events related to health.

It is revealed that the object of this study, the implementation of the STP for a pregnant woman diagnosed with syphilis in a condition of sociodemographic vulnerability, is relevant and original, particularly by understanding that pregnancy is the target of attention in health services, and PHC is one of the most effective resources to promote the health of pregnant women, because it always seeks to meet the demands, considering the various aspects of maternal-fetal health, through quality prenatal care.
OBJECTIVE

To report the experience of nursing students in the implementation of the Single Therapeutic Project for a pregnant woman with syphilis.

METHOD

This is a descriptive study, experience report type, from the experience of undergraduate nursing students in the implementation of the STP in a Family Health Strategy (FHS) located in the urban area of the city of Picos (PI), with morning operation from Monday to Friday and covering a mixed population in socioeconomic and demographic aspects.

It is understood that the reported experience occurred in the period from August to December 2019 during the completion of the mandatory internship of the Nursing course of the Federal University of Piauí (UFPI) in the aforementioned FHS. At the time of a nursing consultation directed to prenatal care and conducted by the nurse of the service, a pregnant woman with a profile compatible with the realization of the STP was identified through her clinical situation and vulnerabilities.

It is noteworthy that, in view of the need for the elaboration of the STP to happen through the unique action of the professional-referrer of the user/family, and of this professional with the entire team, as an experience that represents the resoluteness of the principles of the Unified Health System (UHS), integrality and equity, needing incentive to be put into practice by professionals, the unit’s nurse and the academics assumed the role of reference professionals for the pregnant woman, being responsible for the articulation with the other actors involved.

It is informed that the actions aimed at the application of the STP took place in a systematic way and consisted of four essential moments: situational diagnosis; definition of goals and actions; division of co-responsibilities and the evaluation and re-evaluation.

The situational diagnosis was made by capturing the case through the patient’s complaint, demand, or health situation, clinical and family history with the investigation of medical records, identification of risk factors and vulnerabilities, genogram and ecomap, clinical diagnosis, and list of difficulties. After this, the second stage began, which sought to identify the goals, establishing deadlines and the main actions to be developed.

It is emphasized that the third moment started from the principle that care must have co-responsibility. It was then defined which professionals would be necessary, their functions, and integration with the other professionals in question. The fourth and last stage was dedicated to the evaluation and reevaluation of the case with highlights to the main results achieved.
It is noteworthy that the actions involved in the realization of the STP were performed, both in the physical unit and at the pregnant woman’s home, under weekly supervision of the supervising teacher in the stages of construction and adaptation of the STP so that there was a permanent dialogue among all those involved in its implementation.

It is noteworthy that the report of the experiences came from the information described in the weekly monitoring reports in the basic health unit and home visits, in addition to the reports of the supervisions with the supervisor professor, and the field journal used by the nursing students, which were also filled out by the professionals (nurses, nursing technicians, and doctors).

**RESULTS**

It was tried, from the STP, an initial approach facilitated with the pregnant woman in order to collect information about the situational diagnosis of the case: M.E.C.N.; 28 years old; unemployed, Catholic, with incomplete elementary school, living in the urban area of the city of Picos and married for ten years; with a pregnancy 24s3d; coming from three previous pregnancies, zero abortion and three vaginal deliveries; with family history related to hypertension, Diabetes Mellitus and twin pregnancy. It is revealed that the children are two females (one 12 years old and the other nine years old) and one male (five years old), respectively, and it is important to emphasize that all were enrolled and attending school. The use of alcohol, tobacco, and other drugs was denied.

It was identified, as for the spouse, refusal to participate in prenatal consultations, as well as in the actions proposed in the STP, and he works as a driver in a transport company (freight) and works informally as a sex worker. Regarding family relations, it is mentioned the fact that he has a son with his wife's stepmother.

Regarding the sociodemographic characterization, living in a place without basic sanitation and with difficult access due to topographic characteristics related to altitude, in a poor area and with a history of illicit activities; as for the house, it has five rooms, including a living room/kitchen/laundry, bedroom, hallway, backyard and bathroom, with a visibly degraded physical structure, with cracked walls and exposed electrical installations.

It is emphasized that, as to the clinical history and health status described in the medical record from the nursing developments in prenatal visits, it was evidenced: heartburn; weakness; odontalgia; onychocryptosis in the first chirodactyl of the left hand; vaginal itching; leucorrhea and edema in the anterior mid region of the left thigh (near the genitalia). Furthermore, during the performance of routine exams pertinent to quality prenatal care, the main result was a positive VDRL for syphilis since the first trimester of gestation.
It is noteworthy that the initial prenatal care preceded the implementation of the STP, therefore, some actions had already been implemented before its elaboration, such as: folic acid supplementation; delivery of insect repellent; treatment of onychocryptosis; Pap smear test with finding lumpy, whitish and odorless discharge, with plaques adhered to the vaginal wall suggestive of candidiasis; prescription and medical orientation for the treatment of candidiasis (miconazole cream 2%, vaginally, with applicator filled at night when lying down, for seven days); prescription and orientation as to treatment for syphilis with the use of benzetacil 1,200,000 IU, one ampoule intramuscularly in each buttock every 8/8 days for three weeks, and dental consultation in the unit with referral to the Center of Dental Specialties (CDS) due to the need for endodontic or exodontic treatment.

Based on the situational diagnosis, we went to the stage of defining goals and actions, considering as the main vulnerabilities of pregnant women low education, low monthly income, unhealthy housing conditions, presence of sexually transmitted infections, and resistance to actions by health professionals. Thus, the goals were outlined according to the approximation of reality and the power of implementation of actions by nursing students and health professionals who accompany the pregnant woman (Figure 1).

<table>
<thead>
<tr>
<th>GOALS</th>
<th>DEADLINES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Detect syphilis in the partner</td>
<td>Short</td>
</tr>
<tr>
<td>If positive, treat immediately</td>
<td>Average</td>
</tr>
<tr>
<td>Monitor syphilis treatment of pregnant woman</td>
<td>Average</td>
</tr>
<tr>
<td>Prevent reinfection of pregnant woman with syphilis</td>
<td>Average</td>
</tr>
<tr>
<td>Monitor the syphilis treatment of the genitor</td>
<td>Long</td>
</tr>
<tr>
<td>Prevention of CS</td>
<td>Long</td>
</tr>
<tr>
<td>Arrange for the use of compressive stockings</td>
<td>Short</td>
</tr>
<tr>
<td>Provide document to authorize postpartum sterilization</td>
<td>Average</td>
</tr>
<tr>
<td>Cervical ligature</td>
<td>Long</td>
</tr>
<tr>
<td>Puerperal evaluation</td>
<td>Average</td>
</tr>
<tr>
<td>Construction of the bond between the team and family</td>
<td>Average</td>
</tr>
<tr>
<td>Health surveillance to avoid reinfection by syphilis</td>
<td>Long</td>
</tr>
</tbody>
</table>

Figure 1. Goals established by the STP for pregnant women with syphilis and other vulnerabilities. Picos (PI), Brazil, 2019.

It was noticed that the construction and implementation of the STP allowed an improvement in the previously resistant bond between nursing students, professionals and pregnant women. It became possible, from then on, to talk more openly about aspects related to protection against sexually transmitted infections and family planning, identifying that the pregnant woman does not use any barrier method and also that she does not intend to have other children, which is why she wants to have a tubal ligation as soon as possible.

It is detailed that, even in the face of the team's orientations and actions aimed at therapeutic follow-up, the pregnant woman and her partner remained resistant to treatment against the STI, as
evidenced by positive testing for syphilis in the mother at the end of the second trimester and the father's refusal to test for VDRL.

It is noted, throughout the third trimester, greater adherence to drug therapy by the pregnant woman, evidenced by the results of the VDRL test with low titers and considered a scar, configuring the cure of the grievance. The spouse, however, was resistant to the performance of the exam and the adequate treatment, configuring inadequate treatment and with risk of damage to the fetus, since syphilis can be transmitted vertically to the fetus.

It is noted that the dynamics of the construction of the therapeutic project highlights the various challenges and obstacles to be overcome by health professionals, in this specific case, the lack of adherence of the family as a whole and, especially, the couple's resistance to follow the guidelines provided by the health team and/or nursing students.

It is believed, however, that in addition to improving the assistance to the mother, the SPT contributed to the enrichment of the FHS team, which, by elaborating goals and deadlines, problematized, discussed, and reflected collectively in a critical manner, incorporating the interdisciplinary notion. After the shared evaluation of the case, the procedures were agreed upon by several members of the multiprofessional team, called the reference team, namely: nurse, physician, social worker, psychologist, community health agent (CHA), and nursing students.

Based on the interpretation and perception of the reference professionals, the actions with individual or joint responsibility among health workers were elaborated, considering, however, that the subjects involved in the assistance are co-responsible for the promotion of their own health, and, for such, there must be the participation of the service users in the promoting, preventive, therapeutic, and rehabilitative actions of their own health (Figure 2).

<table>
<thead>
<tr>
<th>ACTIONS</th>
<th>RESPONSIBLE PROFESSIONALS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perform the treatment for syphilis at the referral hospital</td>
<td>Pregnant woman</td>
</tr>
<tr>
<td>Monitor the treatment of syphilis in pregnant women both in the FHS and at home</td>
<td>Nurse + Nursing Students</td>
</tr>
<tr>
<td>Liaison with NASF</td>
<td>Nursing student</td>
</tr>
<tr>
<td>Provide the request for sterilization</td>
<td>Social worker</td>
</tr>
<tr>
<td>Home visits and active search for partners</td>
<td>Nurse + Nursing Students + CHA</td>
</tr>
<tr>
<td>Talk to the father so that he can adhere to the care offered by the health services</td>
<td>Pregnant woman + FHS team* + Nursing Students</td>
</tr>
<tr>
<td>Detect and treat the pregnant woman's sexual partner</td>
<td>Nurse + Nursing Students</td>
</tr>
<tr>
<td>Follow up on prenatal care</td>
<td>FHS team* + Nursing Students</td>
</tr>
<tr>
<td>Psychological support</td>
<td>Psychologist</td>
</tr>
<tr>
<td>Promote the use of compressive stockings</td>
<td>Nursing Students</td>
</tr>
</tbody>
</table>

* Physician; Nurse; CHA.

It is observed that figure 2 depicts the possibilities of actions and co-responsibilities in conducting the therapeutic project, with emphasis on the fact that the pregnant woman is responsible for the treatment of STI in the reference public hospital, given the lack of medication
and materials for emergency support in cases of anaphylaxis and other complications in the FHS. Thus, the health care provided by the other actors involved corresponded to the monitoring of treatment in prenatal consultations and home visits.

The need for psychosocial support to the pregnant woman became evident during the discussions for formulating this stage of the SPT. She showed resistance, refusing to be monitored by a psychologist from the health care network; faced with this positioning of the user, the nurse and the nursing students experienced yet another therapeutic impasse.

It is noteworthy that, despite the impasses, the implementation of the project raised the greatest involvement of the team that, in all, conducted eight home visits at different times in order to promote the active search for the genitor and perform rapid tests for the detection of syphilis, Human Immunodeficiency Virus (HIV) and hepatitis B and C. It is regretted, however, that the goal could not be reached, since the genitor was not found at his residence, even during the previously agreed upon visits or at times when he would usually be at home.

The positive effects of the implementation of the STP, according to the evaluation and reevaluation of the case, based on the pre-established goals and the main results achieved after the first evaluation before delivery, are: success in monitoring the treatment of the pregnant woman, with low titers in the second VDRL test; approximation and bonding between professionals, pregnant woman and family; obtaining the document to authorize postpartum sterilization and promoting the use of compression stockings, preventing further problems related to blood circulation.

It is pointed out, in the second STP evaluation, which occurred after the cesarean delivery, among the main results, the highlight for: performing sterilization; the identification of CS in the newborn and the hospitalization of the newborn for hospital procedures related to infection.

It was evaluated that, despite all the efforts of the professionals and nursing students regarding the prevention and control measures of syphilis transmission and control implemented according to local conditions, the results were not effective, since the newborn was diagnosed with CS, which triggered a feeling of frustration in the team.

However, in the third STP evaluation, performed after the puerperal visit, it was observed that the father was aware of the need to perform the VDRL test and to treat the STI identified with acceptance of the treatment scheme and the first dose confirmed. This reinforces the importance of the team's insistence in creating and maintaining the link with the family, as, in time, the results will prove positive and the effort will be compensated.
It is added that the care for the newborn diagnosed with CS will be maintained in the therapeutic project, considering that it favors a systematic and continuous follow-up, in this situation, guaranteed through its periodic evaluation in the childcare consultations.

**DISCUSSION**

It is reflected that, as in other studies, the non-incorporation of the STP as a tool in the routine care of users with severe or complex health problems and/or associated vulnerabilities in primary health care levels may compromise the quality of the population's health, especially regarding the emergence of preventable diseases, such as CS.

It is inferred, by the strangeness and resistance shown by the family when approached by the multidisciplinary team, by the difficulty and delay of the team in mobilizing effective strategies to achieve important goals, such as adherence to treatment for syphilis by both parents in time to prevent the infection of the newborn, the need to consider the STP as an essential strategy for the organization of the care process since its planning.

Analyzing, on the other hand, the initial impact of the implementation of the STP in the FHS of this study as a way to produce new care practices, taking into account the demand of the service and the non-imposition of a specific case, the immediate mobilization of the FHS team in the re-evaluation of its conduct, especially in more complicated situations, was noticed, enabling not only the choice of the case reported here, but the better knowledge by the entire team of the population and its health needs, crucial elements for the organization of the service and the unique approach to each case.

The identified pregnant woman showed initial resistance to prenatal care, meeting several criteria established as risk factors for this, such as age below 34 years at delivery, low education, low family income, two or more previous births, in part also associated with a greater tendency to be diagnosed with syphilis during pregnancy. It was possible, through the implementation of the STP, with regard to the phase related to the situational diagnosis, to identify, in addition to the vulnerabilities and risk factors mentioned, an adverse family context, with the partner's refusal to undergo screening and treatment for syphilis, factors that may have contributed to the transmission of the disease to the newborn.

It is observed that, even though PHC is one of the main strategies responsible for monitoring and solving most of the individuals' health problems, both during the daily care and in the implementation of the STP, whenever the need is identified, the success of the process not only depends on the professionals. Furthermore, it is added that, although the STP is a strictly necessary approach to better assist a certain profile of user, the scarcity of scientific publications,
which exemplify or demonstrate how to implement it, makes the challenge of developing this tool ever greater. 

It has been shown in other studies that the bond with the team or a reference professional is an indispensable factor for the user's adherence to the STP and, consequently, the promotion of health and autonomy through co-responsibility. It is pointed out, on the other hand, that even though this requirement was achieved through the construction of the bond with the mother, as evidenced in this study, the lack of bonding with her family, especially the father, corroborated the failure of a very important goal of this STP: the absence of CS in the newborn.

It is important to emphasize that not reaching the genitor, despite several attempts, is an impasse also demonstrated in other studies, which pointed out that men's resistance to care for their health may be related to feelings such as fear and shame and also to behavioral factors such as impatience, carelessness and life priorities, as well as to issues related to the organization of health services and gender-related factors. It is believed, regarding the factors mentioned, in this case, among other things, that the fear that their informal employment would become public contributed substantially to their refusal to receive health care.

Therefore, there is a need to rethink the actions directed to men's health as a Health Policy in order to include care strategies that permeate the singularities of gender and the determinants involved in the health-disease process of this public.

It is understood that the care in the health service itself and home visits in the STP should, together with other strategies, promote the reception and value the uniqueness as the main factor, thus highlighting the power of qualified listening, health education and psychosocial support, allowing the involvement and construction of the bond (person/family/community) with the appreciation of their history, culture and daily life.

It is informed that, regarding the prescribed and oriented treatments related to STI therapy (candidiasis and syphilis), all the recommendations of the MH were followed as a routine of the service, plus the attempts to approach the partner, from the implementation of the STP, with the goals related to the detection and treatment of syphilis in both parents and prevention of CS in the newborn.

It is emphasized that, although studies indicate that the concomitant increase in the incidence of syphilis in pregnancy and CS is related to failures in the prevention of vertical transmission of the disease, especially in regions with less coverage of the FHS, this report points to the parents' resistance to the proposed health care as the main reason for the failure in the protection of the newborn, a fact that reinforces the need to join the efforts of various actors of the health care
network, as proposed by the STP, in the search for strategies that promote the empowerment, the consolidation of the bond and the commitment of both parties.

It is reiterated that, although the newborn received a diagnosis of CS, there was a failure to prevent the vertical transmission of the disease, since CS is a condition that can be avoided by the correct diagnosis and subsequent treatment of the infected pregnant woman. There are, however, difficulties in the timely diagnosis and appropriate treatment of pregnant women and their partners. It is understood, however, that the intrinsic results of the implementation of the STP in the prenatal care of the pregnant woman in this study, despite the difficulties, proved satisfactory with regard to fetal vitality, since pregnant women with syphilis have a risk of fetal loss up to 21% higher than pregnant women who do not have this infection.

It is pointed out that the impasses and difficulties that triggered feelings of disappointment and frustration in the team at various times did not overshadow the feeling of satisfaction in achieving most of the established goals and in living the experience of teamwork, which enabled a better understanding of the clinical picture and bond with the pregnant woman and, subsequently, the awareness of the genitor for the need to perform the VDRL test and STI treatment. It becomes possible to affirm, from this point of view, that the implementation of the STP promoted a new look at the interdisciplinary strategies aimed at caring for the individual and the community, contributing to the professional training of the nursing students involved and enabling innovative perspectives to the work process of health professionals.

It is also noteworthy that, although a large part of the publications related to experiences in the implementation of the STP are related to mental health care in specialized services, that the use of this care device in other health care settings, such as the one presented in this report, has proven to be of great effectiveness for care in complex situations where an interdisciplinary and intersectoral dialogue is necessary.

It is understood that this dialogical relationship could be conceived through joint work between the services and professionals, considering, in a hierarchical manner, their levels of complexity and by establishing a relationship guided by the autonomy of actions and respect between services.

It is inferred that the routine implementation of the STP also in the PHC sphere is a strategy that systematizes care, and that a singularized care is built with the subject and the health team, ensuring the subject’s autonomy, organizing the work process and strengthening the interdisciplinary work and, therefore, improving health conditions.

It is important to point out that the use of the STP allowed the effective performance of the interdisciplinary team through joint, integrated, and interrelated actions performed by health professionals from the signing of the commitment and the co-responsibility of all actors involved.
By implementing it, it has the function of enhancing the learning of nursing students regarding the formation of the link between health professionals and users, in addition to the possibility of using the STP to deal with complex situations in the context of PHC, since the occurrence of syphilis and CS has been associated with social, economic, infrastructure and access to health services factors, often affecting populations with greater social vulnerability.

Among the main limiting factors of this study were the short period for the STP application, the family's resistance to the care offered, and the genitor's lack of interest in taking care of his own health and/or that of his family through the offer of health care assistance.

Through the STP, it was possible to broaden the view of nursing students regarding the complexity and challenges that permeate the comprehensive health care to pregnant women diagnosed with syphilis, to newborns with CS, and their families.

It is noteworthy that the search for the construction and strengthening of bonds between the health team and the user/family was quite evident in the experience lived by the nursing students, since resistance on the part of the pregnant woman, father and family presented itself as the "critical knot" when articulating care strategies. Thus, the need to restore the bonds was established as one of the main goals of the therapeutic project, and it was observed, with the continuity of care provided by the health team and the nursing students, that this barrier was gradually overcome through the services offered.

The reported experience proved to be, above all, challenging, considering the circumstances experienced during the period of construction and implementation of the STP. It boosted the maturation of nursing students in the development of negotiation and interpersonal relationship skills, with fundamental importance to propel nursing students to a critical reflection of being a "nurse" in this field of action and to the improvement of professional practice.

It is inferred, therefore, that this study fostered reflections and advances in the scientific universe of professional nursing practice, having the STP as an interface, by providing the construction of a new way of thinking about nursing education, by enabling the consolidation of theoretical knowledge through its application in practice, study of the local reality, with the participation of the community, and scientific production based on interdisciplinarity.

REFERENCES


Correspondence
Fernando Sérgio Pereira de Sousa
Email: fernando_sergio_1@hotmail.com

Submission: 04/16/2020
Accepted: 04/06/2021

Copyright © 2021 Journal of Nursing UFPE on line/REUOL.
This is an open access article distributed under the Attribution CC BY 4.0 Creative Commons Attribution-ShareAlike 4.0 International License, which allows others to distribute, remix, adapt and create from your work, even for commercial purposes, as long as they credit you for the original creation. It is recommended to maximize the dissemination and use of licensed materials.