



CONGENITAL SYPHILIS: REFLECTIONS ON AN AGGRAVATION WITHOUT CONTROL IN HEALTH OF THE MOTHER AND SON

SÍFILIS CONGÊNITA: REFLEXÕES SOBRE UM AGRAVO SEM CONTROLE NA SAÚDE MÃE E FILHO

LA SÍFILIS CONGÉNITA: REFLEXIONES SOBRE UNA AGRAVACIÓN SIN CONTROL EN LA SALUD DE LA MADRE E HIJO

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ABSTRACT

Objective: to reflect on congenital syphilis as an aggravation without control, emphasizing it as a marker of prenatal care. **Method:** reflective study, conducted from literature review that included articles, laws, Ministry manuals and books from the databases Lilacs and Medline and the virtual library SciELO. After reading and registering the materials, there was proceeded the descriptive analysis. **Results:** congenital syphilis can be considered as a marker of prenatal care, implying the existence of serious structural errors in public health. Its recognition as a serious disease contributes to the development of public policies that seek to eradicate it, by granting health care guided on humanization and quality. **Conclusion:** it was emphasized the importance of recognizing congenital syphilis as a major public health problem, highlighting the participation of health professionals, who should direct the actions backed in technical and scientific knowledge to control the disease. **Descriptors:** Congenital Syphilis; Prenatal Care; Nursing.

RESUMO

Objetivo: refletir sobre a sífilis congênita como agravamento sem controle, enfatizando-a como marcador da assistência pré-natal. **Método:** estudo reflexivo, realizado a partir de revisão de literatura que incluiu artigos, legislações, manuais do Ministério da e livros, a partir das Bases de dados Lilacs e Medline e na biblioteca virtual Scielo. Após a leitura e fichamento dos materiais, procedeu-se à análise descritiva. **Resultados:** a sífilis congênita pode ser considerada como marcador da assistência pré-natal, implicando na existência de sérios erros estruturais na saúde pública. O seu reconhecimento como doença grave contribui para a elaboração de políticas públicas que buscam erradicá-la, pela concessão da assistência de saúde pautada na humanização e qualidade. **Conclusão:** destacou-se a importância do reconhecimento da sífilis congênita como importante problema de saúde pública, destacando a participação dos profissionais da saúde, que devem direcionar as ações respaldadas no conhecimento técnico-científico para o controle da doença. **Descritores:** Sífilis Congênita; Cuidado Pré-Natal; Enfermagem.

RESUMEN

Objetivo: reflexionar sobre la sífilis congénita como un agravamiento sin control, destacando la como un marcador de la atención prenatal. **Método:** estudio reflectante, realizado a partir de revisión bibliográfica que incluyó artículos, leyes, manuales del Ministerio y libros de las bases de datos Lilacs, Medline y la biblioteca virtual SciELO. Después de la lectura y registro de los materiales, procedió al análisis descriptivo. **Resultados:** la sífilis congénita puede ser considerada como un marcador de la atención prenatal, lo que implica la existencia de errores estructurales graves en la salud pública. Su reconocimiento como una enfermedad grave contribuye al desarrollo de las políticas públicas que buscan erradicarla, mediante la concesión del cuidado de la salud basada en la humanización y la calidad. **Conclusión:** se hizo hincapié en la importancia de reconocer la sífilis congénita como problema de salud pública, destacando la participación de profesionales de la salud, quienes deben dirigir las acciones apoyadas en el conocimiento técnico y científico para el control de la enfermedad. **Descriptores:** Sífilis Congénita; Prenatal; Enfermería.

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INTRODUCTION

Congenital syphilis is still considered an important public health problem; even in the case of disease is easily diagnosed and entirely preventable when treatment of the pregnant woman and the partner is performed properly. Regarding the rate of infection through vertical transmission, it is known that among the various diseases that can be transmitted during pregnancy and childbirth, syphilis is the one that has the highest rates of infection, 70-100% in the primary stages and secondary, and dropping to 30% in late latent and tertiary stages of maternal infection. As for outcomes such as miscarriage, stillbirth or perinatal death is about 40% of infected infants from mothers who were not treated or inadequately treated.¹

The number of cases of congenital syphilis is increasingly high, so that in the period 1998-2008, were reported to the Ministry of Health/MS 46.530 cases in children under one year old in Brazil. This shows the magnitude of the problem, but this is just the reality that we know, the situation is even greater when considering that underreporting of the disease is high.²

In 2005, there were reported and investigated 5.792 cases of congenital syphilis in infants younger than one year old in Brazil. Among these cases, 78% of mothers received prenatal care, of which 56% were diagnosed with syphilis during pregnancy, and only 13,3% had partners treated. Even without considering the percentage of missing information, such indicators reflect the low quality of prenatal care in the country and / or the lack of importance that health professionals have given to the diagnosis and treatment of syphilis, especially in pregnancy.³

Given these data, we can infer that the problem of congenital syphilis is closely related to low quality of prenatal care, and the number of women who do not have access to prenatal care. Among women who have queries antenatal and have positive serology for syphilis, there are those who do not return to pick up the results of the examinations, those who had the diagnosis of syphilis in pregnancy, but were not treated or the treatment was not appropriate, and even pregnant women who did not have their partners treated concomitantly during pregnancy.^{1,3}

In conclusion, at delivery, hospitals do not offer routine VDRL for pregnant women, baby and mother returning to the community with the possibility of injury. This neglect of

syphilis in pregnancy is promoting the increased number of cases of congenital syphilis, requiring, therefore, public policy and effective action to eliminate the disease.²

Since simplicity and easy handling clinical diagnostic/therapeutic syphilis during pregnancy, the disease is considered easy to control, especially for prenatal care quality. However, in practice it is found that has not been given the actual observance of prenatal care as the main tool for its control, or there may not be the incorporation of the measures of disease prevention in health care; a fact which confirms the increase in the number of cases of the disease. It is worth noting also that the measures of disease prevention are simple and inexpensive, however the treatment of a child with congenital syphilis is quite prolonged and costly.

Given the importance of the recognition of congenital syphilis as a public health problem, which deserves the ministerial policies aiming to minimize the number of cases of the disease and the complications that can cause such harm on the mother and child, it is justified to study. Moreover, it is expected to contribute to the expansion of knowledge and reflection by health professionals and managers about the importance of prenatal care quality, contributing to the adoption of actions, strategies and care that enable control of congenital syphilis.

OBJECTIVE

- To reflect on congenital syphilis as an aggravation without control, emphasizing it as a marker of prenatal care.

MÉTHOD

This is a reflective study, for which we conducted a review of the literature, aiming to gather knowledge about the topic under study, integrating it and facilitating its accumulation.⁴ The literature included articles, manuals of the Ministry of Health of Brazil, laws and books. Articles were searched in the databases LILACS (Latin American and Caribbean Health Sciences), MEDLINE (Medical Literature Analysis and Retrieval System Online) and virtual library SCIELO (Scientific Electronic Library Online). We included the full articles, available electronically; published in Portuguese, English or Spanish and published in the last eight years.

To search for such articles there was used the controlled descriptors: "congenital syphilis" and "prenatal". The search was conducted by online access in March 2011. After reading and registering the available

literature, it proceeded to the descriptive analysis and content of the same, which contributed to the debate about the issue.

♦ Evolution of public policies and programs related to congenital syphilis

In 1983, the Ministry of Health established the Program for Integral Assistance to Women's Health (PAISM), which is configured as a pioneer of government actions to incorporate feminist principles into public health policies.⁵ It is to ensure the integrity and autonomy to the woman through the following objectives: prevent and control sexually transmitted diseases / STDs, having as one of its goals the elimination of syphilis as a public health problem in Brazil.⁶

From PAISM, the Ministry of Health focused on policies that would provide assistance to women as a whole. The fight against sexually transmitted diseases became widespread in the country as well. Syphilis, serious illness, easily diagnosed and treatment started to be investigated more frequently by health professionals, especially in women during pregnancy.

Due to the high prevalence rate of vertical transmission and high mortality, syphilis during pregnancy was included as STD notification compulsory, according to Decree nº 542 of December 22, 1986.⁷ However, due to the lack of uniformity in diagnosis and therapy, as well as failures in the notification mechanism, it is known that the frequency of the disease is far greater than that of the official figures, showing that there are still high levels of sub record-and underreporting of this condition.⁸

In order to monitor and control the progress of this complaint, in 1997, the Ministry of Health has considered the goal of eliminating the disease registry even one case of congenital syphilis per 1.000 live births/year.¹

In 2000, the MOH created the Program for Humanization of Prenatal and (PHPN), which has as a priority to reduce the rates of maternal mortality, perinatal and neonatal care, as well as improved access, coverage and quality assistance in the primary level, ensuring its procedures among the performance of VDRL in the first prenatal consultation and thirtieth week of pregnancy, which has favored the diagnosis and a consequent improvement of the control of congenital syphilis.⁹

In 2002, the Ministry of Health launched the Project Birth in hospitals located in counties with priority service to more than 500 births per year, which has as main

objective to promote the training of multidisciplinary teams with a view to the reorganization of work to improve quality of care for pregnant women, postpartum and newborn, reducing vertical transmission of HIV and congenital syphilis control.¹⁰

The creation of Project Sunrise PHPN and were instrumental in improving the care provided by health professionals, as well as the humanization of care, which is the focus of the program and the project, there is concern with the performance of VDRL twice during pregnancy and at delivery, which allows diagnosis and maternal treatment, and prevention of vertical transmission. These policies have a great impact in the fight against syphilis, but for them to be fully effective it is necessary that professionals are aware of the importance of quality care and put into practice such extolling.

It should be emphasized as a major milestone in the Brazilian public arena, the Health Pact, approved by the National Health Council in 2006, which has as one of its three axes Pact for Life. The reduction of maternal and child mortality are among its key priorities, one of the components for implementing this priority to reducing rates of HIV transmission and syphilis.⁸

In 2007, it was officially launched the National Child Transmission of HIV and Syphilis, which has as its goals the reduction and regionalized tiered rates of mother to child transmission of HIV and syphilis by 2011. With this plan is to increase the coverage of testing for HIV and syphilis in prenatal care, increased treatment coverage of pregnant women with syphilis and their partners, as well as expansion of prevention.¹¹ However, such a proposal has not been reached again, since congenital syphilis is a bill of high magnitude and presents unfavorable indicators as to their control. Thus demonstrating the need for political priority for its approach.¹²

Another initiative recently developed by the Ministry of Health (MOH), which has among its objectives the humanization and effective assistance to women's health in pregnancy and childbirth, is Project Stork Network. This strategy consists of a network of care that aims to ensure women's right to reproductive planning and humane attention to pregnancy, childbirth and the postpartum period, as well as the child's right to safe birth and healthy growth and development, reflecting directly on reduction of maternal mortality in the country.¹³

It can be seen that all these programs have goals and objectives plausible, some even

daring, and had a positive impact on improving the health promotion of the mother and child, contributing to the prevention of congenital syphilis, but are still checked barriers that prevent the full realization of what was proposed by the programs, requiring a greater commitment on the part of professionals and managers in the quest for effective implementation of such programs.

♦ Importance of prenatal care in quality control of congenital syphilis

Through relatively simple interventions targeted to care for mothers and newborns, it is possible to obtain a large reduction of cases of congenital syphilis. The basis for disease prevention are already established in various parts of the world: most countries have general guidelines for control universal antenatal syphilis; levels of prenatal visits are usually high; detection tests are cheap and can be performed at the level of primary health care; penicillin treatment is not expensive, and the product is on the list of essential medicines for all countries. However, despite all these factors, congenital syphilis is still a major public health problem.¹⁴

However, to promote the improvement of this reality, health professionals, priority should: conduct health education activities those address and encourage forms of disease prevention; perform early diagnosis of syphilis in women of reproductive age, to take pregnant women and initiate an early prenatal care; to perform a prenatal care of quality and organized; institute the proper treatment of pregnant women and their partner(s), addressing clinical and epidemiologically identified cases, and notify all cases of congenital syphilis.¹¹

The role of health professionals such as nurses, the actions of health promotion should ensure comprehensive care in primary care, becoming a differentiator in serving their clientele. For this, it is necessary to know all the dynamics surrounding since the detection, diagnosis and treatment of syphilis to base their actions and strategies of health education in order to promote the health of the individuals involved.

It can be considered congenital syphilis as an important marker of quality of prenatal care, there is a significant relationship with their presence in a particular institution and the existence of serious structural errors in the public health.¹⁵

In a study of 46 postpartum women, who had a history of syphilis or positive VDRL attended at a teaching hospital in the state of

Pará showed that pregnant women who received prenatal care, only 55,6% did VDRL and only 13,9 % repeated the test in the 3rd quarter. Also showed that only 53,8% of mothers were diagnosed with syphilis during prenatal receive adequate treatment, since it also exposes the low quality of prenatal care. The realization incomplete or inadequate prenatal care, either by late onset or lack of attendance at appointments, prevents the realization of the routine for the diagnosis of syphilis and its early intervention and may explain many cases of congenital syphilis, registered.¹⁶

Note that according to data from Information and Notification System Diseases (SINAN) nearly three million women who become pregnant each year, in Brazil, only 75% provide prenatal care. Of these, only 50% use the VDRL early prenatal care and only 23% of the repeat in the third trimester of pregnancy, as recommended by the Brazilian standards.¹⁷ This fact shows the importance of better organize health services to attract and welcome early pregnancy, as well as provide opportunities for detection and timely and correct treatment of syphilis for pregnant women and their sexual partners.¹⁸⁻¹⁹

The persistence of congenital syphilis as a public health problem may be related to lack of awareness of health professionals that congenital syphilis in pregnancy and can lead to serious consequences for the woman and her fetus, the absence or low coverage of prevention programs; the existence of barriers to access to prenatal care and stigmatization and discrimination with sexually transmitted infections.²⁰ Thus, the nurse should be aware that network failures in prenatal and must act appropriately not only requesting the VDRL or following treatment, but mostly guiding the pregnant woman on the severity and consequences of the disease for both mother and baby, as well as showing the importance of diagnosis and treatment as soon as possible.

Regarding treatment concomitantly partner, the study of the National STD/AIDS revealed that only 17,3% of pregnant women in the country have the partner treated for syphilis.²¹ was observed in cross-sectional descriptive study conducted with 1500 mothers, among those with positive VDRL results, only 50% were able to bring a partner to participate in the pre-natal and be instructed as to the treatment of syphilis, and a percentage still could lower the partner was tested, among them not everyone agreed with tratamento.²² with this, pregnant women

experience these infections inefficiency of treatment, re-infection and transmission.

These findings reflect a worrying reality, because, by not performing partner treatment, pregnant women, even if treated, is re-exposed to *Treponema*, preventing the sequence chain of disease transmission and reinforcing the increasing incidence of vertical transmission. The active search partner and orientation of the couple as the treatment of both is not the nurse's role and he should always reinforce this in antenatal clinics.

Based on these, there is a need for qualification of prenatal care, which is the appropriate time to establish the guarantee of the rights of pregnant women, including the provision of specific inputs for syphilis.²³ Among these exams treponemal and non-treponemal and adequate treatment with penicillin G benzathine, since this is a crucial time to achieve the goal of eliminating the disease.

FINAL CONSIDERATIONS

This study highlighted the importance of the recognition of congenital syphilis as a major public health problem for all levels of government, by health professionals and the general population, in order to put into practice the public health policies aimed at its control create new and more efficient policies.

The participation of health professionals is paramount, especially nurses, since from their appropriate actions based on technical and scientific knowledge can interfere directly in control of congenital syphilis from a prenatal care quality, integral and humanized. Furthermore, it should be noted the importance of the nurse take your role as an educator in health and raise awareness about the importance of controlling the disease.

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