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The prenatal nurse in the Family Health Strategy with pregnant women with syphilis

La enfermera prenatal en la Estrategia de Salud de la Familia con gestantes con sífilis

O enfermeiro no pré-natal na Estratégia Saúde da Família com gestantes portadoras de sífilis

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Abstract

The aim was to describe how the nurse of a family health strategy unit has conducted prenatal care for pregnant women with syphilis and their partner. It was qualitative research through field research with semi-structured interviews applied to nurses who work in the family health strategy in the west side of RJ, after authorization by committee number CER4.876.196. Nine nurses participated in a unit, where prenatal care is carried out as recommended by the Ministry of Health, access to services and medication are offered, however, there is a difficulty in prenatal counseling for the couple, due to resistance on the part of of the partner to carry out the treatment. There is a need for nurses to develop a strategy to encourage the presence of the partner in prenatal care, facilitate the coming of this man to the health unit and awareness of the couple's treatment.

Descriptors: Syphilis; Pregnant Women; Medical Chaperones; Nursing; Prenatal Care.

Resumén

El objetivo fue describir cómo la enfermera de una unidad de estrategia de salud de la familia ha realizado la atención prenatal a la gestante con sífilis y su pareja. Se trató de una investigación cualitativa a través de investigación de campo con entrevistas semiestructuradas aplicadas a enfermeras que laboran en la estrategia de salud de la familia en el occidente de RJ, previa autorización del comité número CER4.876.196. Nueve enfermeras participaron en una unidad, donde se realiza el cuidado prenatal recomendado por el Ministerio de Salud, se ofrece acceso a servicios y medicación, sin embargo, existe una dificultad en la consejería prenatal para la pareja, debido a la resistencia de parte de el socio para realizar el tratamiento. Es necesario que las enfermeras desarrollen una estrategia que incentive la presencia de la pareja en el prenatal, facilite la llegada de este hombre a la unidad de salud y el conocimiento del trato de la pareja.

Descriptores: Sífilis; Mujeres Embarazadas; Medical Chaperones; Enfermería; Atención Prenatal.

Resumo

Objetivou-se descrever como o enfermeiro de uma unidade da estratégia de saúde da família tem conduzido o pré-natal nas gestantes com sífilis e seu parceiro. Tratou-se de uma pesquisa qualitativa através de pesquisa de campo com entrevistas semiestruturada aplicada a enfermeiros que atuam na estratégia saúde da família na zona oeste RJ, após autorização comitê número CER4.876.196. Participaram nove enfermeiros de uma unidade, onde é realizado o pré-natal conforme preconizado pelo ministério da saúde, o acesso aos serviços e a medicação são oferecidos, porém, existe uma dificuldade no aconselhamento no pré-natal para o casal, pela resistência por parte do parceiro de realizar o tratamento. Observa-se a necessidade de o enfermeiro desenvolver uma estratégia para estimular a presença do parceiro no pré-natal, facilitar a vinda desse homem na unidade de saúde e conscientização de realização do tratamento do casal.

Descritores: Sífilis; Gestante; Acompanhantes Formais em Exames Físicos; Enfermagem; Cuidado Pré-Natal.

Introduction

Syphilis is a sexually transmitted infection caused by a Treponema pallidum bacterium, which can affect everyone who has a sexually active life who does not use protection or the fetus during pregnancy, as well as during childbirth[1].

It is known that syphilis is curable and exclusive to humans, being able to be transmitted also through donation, exposure to infected or congenital blood, but it can affect all organs and systems of the affected body, however, among the manifestations are cutaneous and mucosal lesions, central nervous system (CNS) lesions, bone, and digestive lesions, among others[2].

Thus, clinical manifestations before the first two years of life are considered early congenital syphilis, after this period it is considered late congenital syphilis, whose lesions can appear from birth, the most common being bullous and cutaneous-mucosal lesions, in the late stage the injuries become irreversible[3].

However, care in the pregnancy-puerperal cycle is essential for pregnant women to experience a healthy pregnancy, but over time, the level of responsibility for care provided to mothers and newborns has changed and has become a priority of public health[4].

With a focus on prenatal care, pregnancy is a complex experience with different aspects for each woman, with biological and emotional changes that involve society, health services and the family in which it is inserted, which by the Ministry of Health (MS) , the period prior to the birth of the child, in which a set of actions is applied to the individual and collective health of pregnant women, which during this period must be monitored in such a way that it is possible, when necessary, to carry out clinical and laboratory tests, receive guidance and taking prophylactic medication and vaccines[5,6].

The main indicator of prognosis at birth is access to prenatal care. As a result, ensuring prenatal care is essential and reduces maternal and neonatal morbidity and mortality rates. For this reason, prenatal care aims to ensure the development of pregnancy, allowing the delivery of a healthy newborn, no impact on maternal health, including addressing psychosocial aspects and educational and preventive activities[7,8].

In Brazil, prenatal care for women users of the Unified Health System (SUS) is developed in Basic Health Units (UBS) and can also be carried out in the private sector, in both modalities, it is up to the nurse to direct, plan and organize nursing services to ensure direct communication between professionals and the community, aiming to promote and protect the health of pregnant women[9].

Prenatal care has presented several gaps, increasingly compromising the quality of the service, increasing the risks to the health of women and children, which requires updating of care protocols, adjusting to the reality of the population, aiming reducing maternal and infant mortality and overcoming deaths from preventable situations through more effective health care, among which the possible early diagnosis with the objective of reversing the installed disease[10].

It is pertinent that pregnant women understand how essential prenatal consultations are and that they realize that in consultations, they can and should reveal their anxieties, fears, and doubts about the unique moment of being a mother and that they are sure that such attitude will bring you great benefits for the health of the mother-child dyad[11].

Quality prenatal care takes place with the technical and human qualification of professionals who monitor pregnant women substantially in primary care in favor of the prevention of congenital syphilis and, consequently, the improvement of indicators of maternal and fetal morbidity and mortality[12].

The consultation is established according to the characteristics of each pregnant woman, in which low-risk prenatal care is performed by the nurse for technical and humanistic quality nursing care, but it has great importance in the detection and prevention of congenital syphilis, whose laboratory tests performed in the 1st and 3rd trimester can indicate the existence of the disease in the maternal organism, enabling early diagnosis and treatment, through the application of the surveillance-care-prevention triad, the basis of most public health programs, which acts on surveillance and can solve the problem , in addition to intervening allowing the prevention of the disease[13,14].

After the diagnosis, being positive, the nurse must provide guidance and follow up with the aim of providing quality of life and safety for the pregnant woman[14].

Despite the COVID-19 pandemic, prenatal care is a service that is being continued, and pregnant women are being monitored within the normal range, as it is a priority in primary care, in which the proposed topic is still high. from existing cases to pregnant women with syphilis, allowing reflection on care, treatment, assistance and early diagnosis, so that they can get as close as possible to a quality practice, through a systematic, individual and contextualized care process, requiring a effective communication between nurse and client.

Although pregnant women are monitored in prenatal care, we still find pregnant women with syphilis in the maternity ward, thus, it is necessary that more discussions are raised to alert and consequently produce an epidemiological drop in the theme. The study aims to describe how the nurse of a family health strategy unit has conducted prenatal care for pregnant women with syphilis and their partner.

Methodology

This is a descriptive field study with a qualitative approach. The qualitative method is one that can be defined and applied to the study of history, relationships, representations, beliefs, perceptions and opinions, products of the interpretations that humans make about how they live, build their artifacts and themselves themselves feel and think[15].

The research scenario was a Basic Family Health Care Unit located in the west side of RJ, formed with eight Family Health teams and a Family Health Care Center (NASF). The research took place in August 2021, after authorization

from the Ethics Committee under number 4,876,196. The sanitary criteria of social distance, mask and ventilated environment were used during the interviews due to the COVID-19 pandemic.

The inclusion criteria were nurses who work in prenatal care for at least 06 months; and exclusion were professionals who were unavailable during data collection. To preserve their identity, participants in this research were identified by letters and numbers.

The content analysis used was that of Bardin, where there was the condensation and highlighting of information for analysis, culminating in inferential interpretations; with intuition, reflective and critical analysis, with the collection of data, a content analysis was carried out by surveying the answers obtained through the script of questions and the full transcription of the interviews. The data obtained were broken down into nuclei or units that were presented by categories.

For Bardin, content analysis can be defined as a set of communication analysis techniques aiming to obtain, through systematic procedures and objectives of description of the content of messages, indicators (quantitative or not) that allow the inference of knowledge related to production conditions and receiving these messages[16].

Results and Discussion

Chart 1 presents the characterization of the interviewees regarding age, gender, race, employment relationship and performance in prenatal care in the Family Health Strategy.

Chart 1. Profile of socio-cultural level, employment relationship and length of experience of nurses at the Family Clinic in the West Zone of Rio de Janeiro. Rio de Janeiro, RJ, Brazil, 2021

Identity	Age	Sex	Week hours	Employment Relationship	Time of Performance in Prenatal	Post in Family Strategy
Clove	31/40	M	60	No	6 months	Ongoing
Orchid	24/30	F	60	No	1 year	Ongoing
Sunflower	24/30	F	60	No	6 months	Ongoing
Daisy	31/40	F	40	Yes	5 years	Yes
Tulip	24/30	M	60	No	1 year	Ongoing
Azalea	24/30	F	60	No	1 year	Ongoing
Violet	24/30	F	60	No	1 year and 6 months	Ongoing
Jasmine	24/30	F	60	No	1 year and 6 months	Ongoing
Begonia	24/30	F	40	Yes	5 years	Yes

Source: Araujo,2021

09 interviews were carried out with nurses who work in the Family Health Strategy units in the neighborhood of Realengo, 77% (7) being female, characteristic of the profession that started with women only, and at the moment, the existence of a male nurse is very expressive, male nursing professionals no longer face as many prejudices as they used to. The number of male nurses has been steadily increasing. The professionals are mostly young people between 24 and 30 years old 77% (7) whose workload is justified 60 hours for residents and 40 hours for preceptors or nurses of the ESF team. R1 residents are those who have worked for 6 months, and the other residents are in their second year (2) 22.2% and other professional team nurses with 5 years of experience (2) 22.2%.

All reported only working on the strategy, and the resident has a weekly workload of 60 hours. The residency programs last two years, usually with a workload of 60 hours a week, with 80% devoted to practical activities and 20% to theoretical activities, therefore, they need to dedicate themselves exclusively to residency in the period, being prohibited to carry out other concomitant professional activities[17].

And as for graduate studies, 77.8% (7) reported that they were doing it. The specialization course corroborates the improvement of care provided to pregnant women, evidently in the performance of essential skills for qualified prenatal care. This is a consistent situation in a survey in Rio de Janeiro where postgraduate courses in women's health also meet the needs for professional qualification in this area[17]. And the two preceptors reported having graduate degrees. It is noteworthy that professional qualification must be considered according to the needs of the labor market in which there is competitiveness and is essential for nurses who provide care.

Table 1. In-service training and number of Antenatal appointments, and syphilis testing at a West End family clinic. Rio de Janeiro, RJ, Brazil, 2021

Identification	Number	%
06 to 09 consultations	6	66.6
10 to 12 appointments	3	33,4
Participation in Continuing Prenatal Education		
Yes	4	44,4
No	5	55,6

Exam Period		
1st 2nd and 3rd Quarter	9	100

As for prenatal consultations, 66.6% are made (6) 6 consultations per shift, according to the management contract of the municipality of Rio de Janeiro, there must be up to eight nursing consultations per prenatal shift[17].

As for syphilis exams during prenatal care, 100% is requested in all quarters, the Ministry of Health manual recommends that, when performing prenatal care, nurses should reinforce guidance on the risks related to T. pallidum infection through of sexual transmission in women with syphilis and their partner(s)[18].

Also, the regular use of condoms (male or female) in the post-treatment period is recommended. Advising the partner(s) on the importance of not applying for blood donation, until the cure of the infection is established, and that monthly cure control must be carried out through the VDRL, considering an adequate response to the treatment. declining bonds.

The elevation of titles four or more times (example: from 1:2 to 1:8) above the last VDRL performed, justifies a new treatment; it must be verified that the partner's treatment was performed correctly[18].

As for the participation in continuing education, only (4) 44.4% reported that they did and that, due to the current moment of pandemic, participation in training was scarce, but they did not fail to follow the guidelines of the municipal health secretary and health ministry.

The answers to the open questions were separated into 4 different categories, as shown below:

Counseling with pregnant women and partners about syphilis

It is observed that 90% of respondents during the first visit provide counseling to pregnant women and if the partner is present at the consultation, counseling is also provided before and after exams.

Counseling practice should contain not only guidelines in relation to STIs, but the linking of patients, the offer and awareness of the sexual partner and the articulation of harm reduction strategies[19].

> *"[...] In the first prenatal consultation, they request the rapid HIV test, SIFILIS, HEP b and c, for early detection of ists, they advise and guide the couple on the importance of rapid tests, and they seek to bring the partner for at least 1 consultation during the prenatal and the same day performs the rapid test*." [Jasmine, Begonia].

> *"[...] It is important to actively search for a partner, in addition to counseling and testing, it also actively searches for a partner*." [Violet, Jasmine].

They highlight the active search as a fundamental tool for the work of nurses and Community Health Agents, contributing both to the early capture of pregnant women and to the promotion of a greater link between these women and the health service[19].

It is understood that UBS are the gateway for the diagnosis of STIs in pregnant women in the SUS, being responsible for attracting these pregnant women for prenatal care and testing.

Vertical transmission of treponema pallidum can occur at any gestational stage or clinical stage of the maternal disease. The main factors that determine the probability of transmission and the duration of exposure to the intrauterine fetus. There is no transmission through breast milk[19].

There was a need to promote actions aimed at controlling cases, including actions to notify the disease, active search, appropriate treatment of sexual partners and serological monitoring to prove the cure of the disease. The importance of professional nurses in syphilis screening was highlighted in prenatal care, in carrying out health education activities and attracting sexual partners for treatment[18].

Syphilis treatment and monitoring

Therefore, 100% of respondents report undergoing syphilis treatment according to the protocol of the Ministry of Health as, according to the manual of the Ministry of Health, syphilis treatment should be started as Tertiary or late latent syphilis (> 1 year or unknown time): Penicillin Benzatine 7, 2 million IU, IM, 3 doses of 2.4 million, with an interval of 7 days between each dose.

> *"[...] The treatment is carried out at the first moment, the scheme is started, and I request the VDRL requesting the presence of the partner in the unit"* [Violet, Carnation, Orchid, Sunflower].

> *"[...] The treatment is done with benzyl penicillin being administered 2,400.00 weekly in a period of 3 weeks and the VDRL is performed"* [Jasmine].

It is understood that prenatal care, in the context of primary care, should be based on health promotion and disease prevention actions, also adding curative actions that incorporate not only early diagnosis, through the request of tests, but, above all, the timely treatment of health problems that may occur during the gestational period and labor[19].

According to the Ministry of Health, the recommended treatment for syphilis is that penicillin is the drug of choice for all presentations of syphilis and the clinical evaluation of the case will indicate the best therapeutic regimen. The therapeutic regimens can be consulted in the publication Manual of Disease Control. E Penicillin G Benzatine Interval between series Cure control (Serology) Primary syphilis: 1 series total dose: 2,400,000 IU and single monthly dose VDRL. Secondary or latent syphilis with less than 1 year of evolution: 2 series total dose: 4,800,000 IU 1 week and monthly VDRL. Syphilis with unknown duration or with more than 1 year of evolution or tertiary: 3 series Total dose: 7,200,000 IU 1 week and monthly VDRL[20].

Adherence to the treatment of syphilis in pregnant women and partners

The majority of nurses 80% answered that there is no difficulty for pregnant women to adhere to the treatment of syphilis, but regarding the treatment with a partner, for various reasons, they do not have good adherence to the proposed treatment, and 95% responded who call the partner to participate in prenatal care, but there is resistance from the partner to go to the consultations, and also some pregnant women are afraid of the positive result of the syphilis test and therefore do not communicate to the partner to go to the prenatal consultations.

The importance of the couple's union in prenatal care was evaluated, as well as the actions performed by nursing, promoting, and suggesting that this couple is united in adherence to STI treatment.

> *"[...] I usually don't have many problems regarding follow-up, but some partners have resistance"* (Daisy, Tulip, Sunflower).

> *"[...] The pregnant woman attends and undergoes treatment, but some have difficulty identifying the partner and do not notify him for treatment"* (Daisy).

In a study, also carried out in Ceará in the city of Crato, the nurses highlighted some weak points regarding non-adherence to treatment, which were related to the partners of pregnant women, such as: level of education, lack of knowledge about the disease, work activities, level of relationship with the pregnant woman and absence in prenatal care[21].

It so happens that in Brazil, the number of partners of pregnant women with syphilis who attend services to undergo treatment is a minority, a fact that is often justified by the transfer of responsibility for the contamination to the woman[19].

Pregnant women attend consultations and are concerned about the disease, but the lack of education and little understanding of the disease sometimes makes treatment difficult.

> *"I invite the partner to participate in at least one prenatal consultation and I give the day for him to participate"* (Clove).

> *"[...] Most of the time they do not follow up, with resistance about the treatment and prejudice"* (Sunflower, Jasmine).

The partner is pointed out as the biggest vector of syphilis and that, in most cases, he is not treated together with his partner, generating cases of reinfection, and consequently causing increasingly greater damage to the fetus. Few undergo the treatment and the causes reported were fear of treatment, resistance to treatment and lack of communication from the partner about the disease[22].

Difficulty that nurses face in counseling the couple

Even though we are in the period of the COVID 19 pandemic, prenatal consultations in basic health units continue to be carried out daily, following the sanitary protocols in care.

> *"[...] Yes when there is an awkward situation between the couple. Many discover the disease and do not value the treatment"* (Sunflower).

Therefore, 60% of respondents report difficulties in counseling the couple, the devaluation of talking about the diagnosis and lack of communication, the lack and/or inadequacy of the partner's treatment was highlighted in the studies as the main factor of failure in the treatment of pregnant women with syphilis. In the context of STIs, the fear of the partner's reaction is related to not communicating the diagnosis, which can lead to treatment failures therefore, reinforcing the need to rethink the counseling actions developed in primary care[23].

> *"[...] Yes. The partner does not accept or perform the treatment, the pregnant woman has little contact with the partner, and he did not know about the pregnancy"* (Daisy).

It was observed that most pregnant women blame their partners for their contamination and, consequently, for their child. This behavior can reveal the passivity of women in caring for their own health and, as a result, the maintenance of cases of acquired syphilis in this defined population, as well as cases of Congenital Syphilis[24].

Despite reports from professionals providing accessible time and even the certificate of the day, if the partner attends the prenatal consultation. This is a delicate moment when the partner is invited to the consultation, as it often involves revealing occasional relationships with other partners, getting in touch with past relationships, reflecting on sexuality, condom use and ethics in the relationship. Furthermore, people fear being identified and having their intimacy revealed in the community in which they live and where they are known. These aspects generate anxiety, fear of prejudice and of losing a partner, among other conflicts[19].

It is noteworthy, however, that studies have stated that knowing how to create opportunities for the presence of the partner in prenatal consultations becomes a strategy to introduce conversations about sexuality, favoring humanized care, the control and prevention of HIV/Aids and syphilis and an approximation of this partner in health services both in relation to the control of these STI, as well as in their effective participation in prenatal consultations and in childbirth[24].

Conclusion

The conclusion of this research is that nurses have offered treatment to the couple, that there is free access for couples to carry out the treatment, they follow the care protocols recommended by the Ministry of Health and that these professionals are also trained to carry out the treatment. of syphilis in pregnancy.

Therefore, it is important to monitor the couple and sensitize the partner to participate in prenatal care would be a way to improve statistics.

Nursing has a broad and determinant role in improving the quality of care offered to pregnant women with the reception, offering exams, carrying out the

treatment, monitoring and follow-up of the pregnant woman until the cure, but the media could also offer more campaigns with information about syphilis.

The impasse in the treatment was due to little attendance at the prenatal consultations made by the partners and communication difficulties of the pregnant women with their partners in relation to the disease.

There is a need for nurses to develop strategies to motivate partners to monitor prenatal consultations, facilitate the arrival of this man at the health unit and improve information to the couple regarding the care and treatment of gestational syphilis.

Finally, it can be said that there is a difficulty when approaching the couple and in counseling actions, as well as an active search for this partner, for various reasons, fear of treatment, lack of a steady partner in some relationships and the lack of communication of the partner.

In addition, the nurse must carry out educational actions and other prevention actions to provide more information to pregnant women about the severity and mode of transmission of syphilis and its consequences for the fetus. The nurse needs to make strategies for the partner to complete the treatment, encouraging the presence of the partner in prenatal care and facilitating the arrival of this man in the health unit.

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