

Prenatal care in the prevention of congenital syphilis: an integrative review*Atención prenatal en la prevención de la sífilis congénita: una revisión integradora**Assistência pré-natal na prevenção da sífilis congênita: uma revisão integrativa***Camila Pateis Vieira Silva¹**

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Abstract

The aim was to discuss the factors that make it difficult to prevent Congenital Syphilis during the period of prenatal care. This is an integrative literature review, carried out from data collection, through a bibliographic survey. From the search, articles were selected from the databases LILACS, BDNF, Coleciona SUS, SES-SP, CVSP - Brazil. The search resulted in 36 articles, after reading the abstracts, 6 articles were selected for this review. The articles were categorized into factors that make it difficult to prevent Congenital Syphilis during prenatal care, year of publication and journal. From this study, it was possible to identify the main weaknesses in relation to the diagnosis and early treatment of syphilis during prenatal care. It is concluded that for the eradication of Congenital Syphilis it is necessary to have adequate assistance, which includes an active search for pregnant women, prenatal counseling, request and performance of exams in a timely manner, adequate treatment and trained professionals to meet the needs of patients. population demand.

Descriptors: Syphilis, Congenital; Disease Prevention; Prenatal Care; Nursing Care; Nursing.**Resumen**

El objetivo fue discutir los factores que dificultan la prevención de la Sífilis Congénita durante el período de atención prenatal. Se trata de una revisión integrativa de la literatura, realizada a partir de la recolección de datos, a través de un levantamiento bibliográfico. A partir de la búsqueda, se seleccionaron artículos de las bases de datos LILACS, BDNF, Coleciona SUS, SES-SP, CVSP - Brasil. La búsqueda resultó en 36 artículos, luego de la lectura de los resúmenes, se seleccionaron 6 artículos para esta revisión. Los artículos fueron categorizados en factores que dificultan la prevención de la Sífilis Congénita durante el prenatal, año de publicación y revista. A partir de este estudio, fue posible identificar las principales debilidades en relación al diagnóstico y tratamiento precoz de la sífilis durante el prenatal. Se concluye que para la erradicación de la Sífilis Congénita es necesario contar con una adecuada asistencia, que incluye búsqueda activa de gestantes, consejería prenatal, solicitud y realización de exámenes en tiempo oportuno, tratamiento adecuado y profesionales capacitados para atender las necesidades de pacientes demanda de la población.

Descriptoros: Sífilis Congénita; Prevención de Enfermedades; Atención Prenatal; Atención de Enfermería; Enfermería.**Resumo**

Objetivou-se discutir os fatores que dificultam a prevenção da Sífilis Congênita durante o período da assistência pré-natal. Trata-se de uma revisão integrativa de literatura, realizada a partir de coleta de dados, por meio de levantamento bibliográfico. A partir da busca foram selecionados artigos das bases de dados LILACS, BDNF, Coleciona SUS, SES-SP, CVSP - Brasil. A busca resultou em 36 artigos, após a leitura dos resumos, foram selecionados 6 artigos para esta revisão. Os artigos foram categorizados em fatores que dificultam a prevenção da Sífilis Congênita durante o pré-natal, ano de publicação e revista. A partir deste estudo foi possível identificar as principais fragilidades em relação ao diagnóstico e tratamento precoce da sífilis durante o pré-natal. Conclui-se que para a erradicação da Sífilis Congênita é necessário que haja uma assistência adequada, o que inclui uma busca ativa das gestantes, aconselhamento no pré-natal, solicitação e realização de exames em tempo oportuno, tratamento adequado e profissionais capacitados para atender a demanda da população.

Descriptoros: Sífilis Congênita; Prevenção de Doenças; Cuidado Pré-Natal; Cuidados de Enfermagem; Enfermagem.

Introduction

Syphilis is a Sexually Transmitted Infection (STI), named by the World Health Organization (WHO) as a curable pathology, caused by the bacterium *Treponema pallidum*. Despite the advancement of technologies for early diagnosis and effective treatment of syphilis, the infection is still considered a public health problem in the country. Therefore, the control of this infection is still considered a challenge for the Ministry of Health (MH), which has the goal of eliminating the disease, with a record of up to one case of Congenital Syphilis (SC) per 1,000 live births/year^{1,2}.

Its form of transmission can occur through unprotected sex, blood transfusion and through vertical transmission, that is, from the mother with active infection to the baby intrauterinely, during childbirth or through contact with the lesions¹.

This STI is divided into stages and through the signs and symptoms we evaluate the stage in which the infection is. In Primary Syphilis, a single wound appears at the entry site of the bacteria, which may appear between 10 and 90 days after contact, in the secondary phase symptoms appear from six weeks to six months after the initial wound healing, in the latent phase there are no signs or symptoms, and lasts for more than two years. The tertiary phase can appear up to 40 years after infection and is the most dangerous, as the signs and symptoms are risky, such as bone, cardiovascular and neurological injuries, which can lead to death^{1,3}.

In cases where pregnant women contract syphilis, early diagnosis and treatment carried out with greater care should be prioritized in order to avoid CS. This, in turn, is transmitted vertically to the fetus and so that this does not occur, in addition to requiring a quick diagnosis, it is essential that there is a follow-up during prenatal care, so that the correct treatment of the infection can be carried out. The rapid syphilis test is one of the first tests that the pregnant woman undergoes and soon after, if the result is positive, the therapeutic regimen with Intramuscular Benzathine Penicillin (IM) is started⁴.

In Brazil, the MH has been developing strategies to control syphilis. In 2010, compulsory notification of infection became mandatory. In addition, the Unified Health System (SUS) provides rapid tests and drug treatment free of charge in Basic Health Units (UBS), so mandatory testing of pregnant women during prenatal care is recommended. CS is a risk factor for the mother and the newborn, as it can cause spontaneous abortions, early neonatal, fetal death and perinatal sequelae. However, prenatal care can prevent the mother and fetus from suffering these possible consequences, so it is important for pregnant women with syphilis to seek this care at the beginning of pregnancy and obtain a quick and welcoming treatment^{1,3,5}.

In the period from 2010 to 2019, it was observed that the incidence rate of CS reached, in 2018, nine cases per thousand live births, decreasing to 8.2 cases per thousand live births in 2019, the detection of syphilis in pregnant women reached 21.5 cases per thousand live births in 2018 and in 2019 it decreased to 20.8 per thousand live births. Thus, comparing the year 2019 to the year 2018, there were

Despite the reduction in syphilis cases in almost the entire country, it is important to highlight that part of the decrease may be related to data transfer problems between SUS management sectors, which can cause a difference in the total number of cases between the municipal, state and federal syphilis databases. In addition, the decrease in the number of cases may also be related to the delay in reporting and supplying the databases of the Notifiable Diseases Information System (SINAN), resulting from the local mobilization of health professionals caused by the COVID-19 pandemic⁶.

Due to the high prevalence of cases of pregnant women with syphilis and cases of CS in Brazil, it is essential that these women have access to early diagnosis and assistance in the correct treatment for the prevention of CS. Access can be understood as the patient's ability to obtain, when needed, health care in an easy and convenient way⁷.

Finally, syphilis is an infection that has a cure, diagnosis and treatment available free of charge by the SUS. Some strategies have been developed so that its incidence rate is reduced throughout the country. In pregnant women, diagnosis and treatment must be carried out early to avoid transmission to the baby, preventing injuries from occurring during the development of the fetus and newborn. Therefore, the present study aims to discuss the factors that make it difficult to prevent Congenital Syphilis during the prenatal care period.

Methodology

This is an integrative literature review, based on data collection, through a bibliographic survey, in order to identify how pregnant women with syphilis are assisted during prenatal care. For this study, the six phases for the construction of the Integrative Literature Review (RIL) were considered⁸.

A flowchart was structured (Figure 1) based on the PRISMA recommendation, which aims to help authors improve the contents of systematic reviews of other types of research and meta-analyses. This recommendation encompasses a 27-item checklist and 4-phase flowchart that ensure the quality of systematic reviews and meta-analyses⁹.

A primeira fase para a construção da RIL é a elaboração da pergunta norteadora da pesquisa, onde foram determinados os estudos incluídos no trabalho, os meios adotados para a identificação e as informações coletadas de cada estudo selecionado⁸.

In the second phase, a literature search was carried out and the regional data portal Virtual Health Library (BVS) was used to carry out the searches, in the period of March and April of the year 2021. From the search, articles were selected from the databases. of data from the Latin American and Caribbean Literature on Health Sciences (LILACS), the Nursing Database (BDENF), Coleciona SUS, State Health Department of SP and the Virtual Campus of Public Health (CVSP - Brazil).

The Health Sciences Descriptors (DeCS) tool was used to assist in the search for scientific studies and the



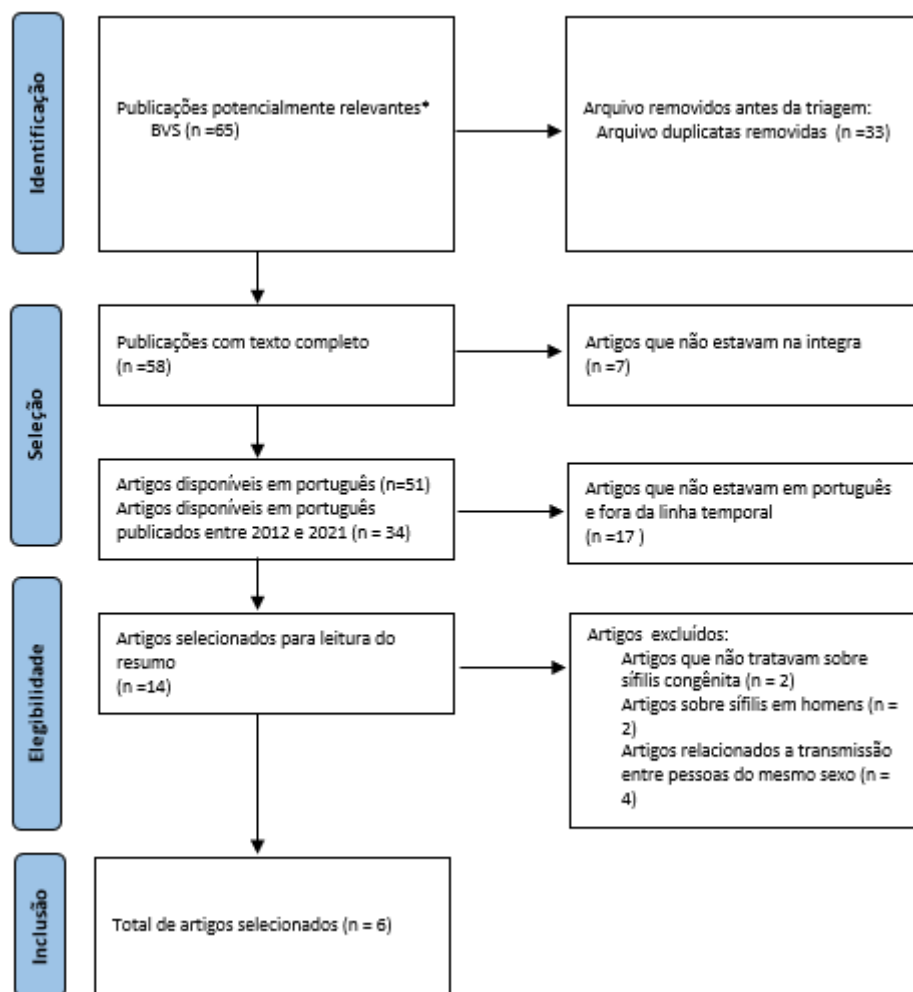
following descriptors were selected: "Syphilis", "Congenital syphilis" and "Prenatal care". The results of each of the terms were cross-referenced using the Boolean operators "OR" and "AND", in order to restrict the search to abstracts that presented the two conjugated terms at the same time.

The period from 2012 to 2021 was considered as a period, since from 2012 the MH began to use rapid tests for the detection of syphilis in the scope of prenatal care for pregnant women and their sexual partner(s).

As inclusion criteria for articles, we considered: original articles available in full, in Portuguese, related to

From the search, 36 articles were found. With the application of exclusion criteria, 14 articles were selected for reading and evaluation of abstracts. After reading the abstracts, 06 articles were selected through peer review, which include the main aspects to carry out the review.

Figure 1. Flowchart with the steps of the research in the databases. Rio de Janeiro, RJ, Brazil, 2021



In the third phase, the collection of data from the articles was started, these data were included: definition of subjects, methodology, sample size, measurement of variables, method of analysis and underlying concepts used⁸.

As Evidence-Based Practice emphasizes hierarchically characterized evidence classification systems, the fourth phase is determined by the critical analysis of the included studies, where an organized approach was carried out to consider the rigor and characteristics of each study. In this phase, they were also selected and categorized according to the following variables: factors that make it difficult to prevent Congenital Syphilis during prenatal care, year of publication and journal in which it was published⁸.

In the fifth phase, the results are discussed, based on the interpretation and comparison of the data that were evidenced in the analysis of the articles to the theoretical framework. Therefore, the conclusions were highlighted and the biases were clarified, protecting the validity of the integrative review⁸.

Finally, in the sixth phase, the review was presented explicitly, so that the reader can critically evaluate the results, and a comparison of the selected studies was carried out. The data were presented in table format, in order to identify similarities and differences in the topics that emerged in the analysis⁸.

Results

Regarding the year of the articles that were selected for this research, in the years 2013, 2014, 2016 and 2017, it was noted that one article was published each year respectively, and in the year 2020 2 articles were published (Chart 1).

Regarding the type of journal in which the articles were published, nursing journals were the ones that published the most (03 articles), while the other articles were published in collective health, Primary Health Care (PHC) and Public Health journals (Chart 1).

Chart 1. Distribution of studies according to year of publication and journal. Rio de Janeiro, RJ, Brazil, 2021

Título	Autores	Ano de publicação	Revista
Assistência pré-natal a gestante com diagnóstico de sífilis	Suto <i>et al.</i>	2016	Rev. enferm. atenção saúde
O manejo da sífilis gestacional no pré-natal	Rosa <i>et al.</i>	2020	Rev. enferm. UFPE on line
Pré-natal do parceiro na prevenção da sífilis congênita	Horta <i>et al.</i>	2017	Rev. APS
Sífilis congênita: evento sentinela da qualidade da assistência pré-natal	Domingues <i>et al.</i>	2013	Rev. saúde pública
Sífilis congênita: reflexões sobre um agravamento sem controle na saúde mãe e filho	Sousa <i>et al.</i>	2014	Rev. enferm. UFPE on line
Sífilis na gestação: barreiras na assistência pré-natal para o controle da transmissão vertical	Macêdo <i>et al.</i>	2020	Cad. saúde colet., (Rio J.)

With regard to the “Factors that make it difficult to prevent Congenital Syphilis during prenatal care, the following categories emerged: Late start of prenatal care.

Lack of professional training. Difficulty in the adherence of pregnant women to treatment. Difficulty in carrying out an active search for a sexual partner and Inadequate assistance, as described in Chart 2.

Chart 2. Classification of studies according to analysis categories. Rio de Janeiro, RJ, Brazil, 2021

Título	Autores	Categorias
Assistência pré-natal a gestante com diagnóstico de sífilis	Suto <i>et al.</i>	Falta de capacitação dos profissionais; Dificuldade na realização de busca ativa da parceria sexual; Assistência inadequada
O manejo da sífilis gestacional no pré-natal	Rosa <i>et al.</i>	Assistência inadequada; Dificuldade na realização de busca ativa da parceria sexual; Dificuldade na adesão da gestante ao tratamento; Falta de capacitação dos profissionais.
Pré-natal do parceiro na prevenção da sífilis congênita	Horta <i>et al.</i>	Assistência inadequada; Dificuldade na realização de busca ativa da parceria sexual.
Sífilis congênita: evento sentinela da qualidade da assistência pré-natal	Domingues <i>et al.</i>	Início tardio da assistência pré-natal; Assistência inadequada; Dificuldade na realização de busca ativa da parceria sexual; Dificuldade na adesão da gestante ao tratamento.
Sífilis congênita: reflexões sobre um agravamento sem controle na saúde mãe e filho	Sousa <i>et al.</i>	Início tardio da assistência pré-natal; Assistência inadequada; Dificuldade na realização de busca ativa da parceria sexual; Dificuldade na adesão da gestante ao tratamento.
Sífilis na gestação: barreiras na assistência pré-natal para o controle da transmissão vertical	Macêdo <i>et al.</i>	Início tardio da assistência pré-natal; Falta de capacitação dos profissionais; Assistência inadequada; Dificuldade na realização de busca ativa da parceria sexual; Dificuldade na adesão da gestante ao tratamento.

Regarding the category Late start of prenatal care, it concerns the phenomenon of some women starting prenatal care at an advanced gestational age, directly impacting on obtaining an early diagnosis for the prevention of CS. Regarding the lack of training of professionals, it corresponds to the difficulty in the clinical management of syphilis and the lack of knowledge of some documents necessary for the notification of the disease. In addition, the

lack of discussions on the subject in the professional environment can be cited, making it difficult to discuss clinical protocols for the correct clinical management of syphilis in pregnancy.

Regarding the category Difficulty in adherence of pregnant women to treatment, it is related to the active search for pregnant women by health professionals and by Community Health Agents (ACS), who have a fundamental



role in monitoring these users and in the pregnant woman's lack of knowledge about the benefits of prenatal care.

Regarding the category Difficulty in carrying out an active search for a sexual partnership, it concerns the non-participation of the partner in prenatal care, contributing to a possible reinfection of syphilis and increasing the risk of vertical transmission.

The last category Inadequate care encompasses the low performance of testing for syphilis, the long delivery time of the VDRL results, the change of health unit during care and the lack of health education during prenatal care.

Finally, the studies were classified according to the level of scientific evidence, based on the Oxford Center for Evidence-based Medicine table, according to Chart 3.

Chart 3. Classification of studies according to methodology and level of evidence. Rio de Janeiro, RJ, Brazil, 2021

Titulo	Autores	Metodologia	Nível de Evidência
Assistência pré-natal a gestante com diagnóstico de sífilis	Suto <i>et al.</i>	Estudo transversal com abordagem quantitativa	3B
O manejo da sífilis gestacional no pré-natal	Rosa <i>et al.</i>	Estudo bibliográfico do tipo revisão integrativa	2A
Pré-natal do parceiro na prevenção da sífilis congênita	Horta <i>et al.</i>	Estudo bibliográfico do tipo revisão integrativa	2A
Sífilis congênita: evento sentinela da qualidade da assistência pré-natal	Domingues <i>et al.</i>	Estudo transversal do tipo descritivo	C
Sífilis congênita: reflexões sobre um agravamento sem controle na saúde mãe e filho	Sousa <i>et al.</i>	Estudo reflexivo do tipo descritivo	2A
Sífilis na gestação: barreiras na assistência pré-natal para o controle da transmissão vertical	Macêdo <i>et al.</i>	Estudo descritivo do tipo caso-controle	3B

Discussion

Primary Health Care (ABS) is the gateway for pregnant women to start prenatal care. For quality care, it is important that women start prenatal care until the 12th week of pregnancy, through an active search. For the early diagnosis of syphilis and prevention of CS, the request, performance and evaluation of exams must be ensured in a timely manner. In case of positive results, it is important that the diagnosis is given early so that the treatment of syphilis is effective¹⁰.

With the selection of articles in this study, it was observed that in all publications there is a discussion about the fragility of inadequate prenatal care and the difficulty in carrying out the active search for their partners. The discussion of these topics goes through two of the categories listed, "inadequate care" and "difficulty in the active search for a sexual partner", proving to be of great relevance for the identification of problems and thus helping to reduce CS rates.

It is noteworthy from the analysis of studies that inadequate care is one of the difficulties for the treatment of syphilis and prevention of CS. He reported, through the data collected from SisPreNatal, that in none of the nine units surveyed the minimum quantities of consultations were met. Thus, in another study, it was found that in 24 Brazilian states, only 43% of postpartum women had 6 or more prenatal consultations^{11,12}.

Another scenario described in a study shows that of the 15 pregnant women analyzed, 4 had not received the adequate number of consultations by the time of the

interview. Finally, a study carried out in 2020 reveals that of the 1206 women studied, 57.6% had fewer prenatal consultations. According to the above, so that vertical transmission of syphilis does not occur, it is important that there is continuous monitoring during prenatal care, so it is recommended that pregnant women perform the minimum number of six consultations that are established by the MH^{5,13}.

Another triggering factor is the low percentage of pregnant women who perform the two VDRL exams, which is below the recommended by the Humanization Program in Prenatal and Birth. In the study carried out, of the puerperal women who had the minimum number of prenatal consultations, only 3% had the VDRL exam in the first and third trimester of pregnancy. In a study carried out in a maternity hospital in the state of Pará, which followed 46 postpartum women during the gestational period and of the pregnant women who underwent prenatal care, only 55.6% performed the VDRL and only 13.9% repeated the test in the 3rd trimester. According to a study, it is expressed that of the pregnant women who underwent the VDRL, only 17.8% received the result within 15 days. Thus, the failure to control syphilis is evident, contributing to the problems that can occur in the development of the fetus and newborn^{5,11,12,14}.

According to the study, it was revealed that of the 1206 women studied, 23.9% did not have information on the prenatal card about the VDRL record. The study complements that there is a lack of guidance to pregnant women, as four of them were unable to inform the test



result. Therefore, it is worth mentioning that the orientation of the pregnant woman by the nursing professional is essential, since health education in PHC is essential for the prevention of CS and health promotion. Therefore, it is necessary that nurses benefit from their technical-scientific knowledge and know how to dialogue with the public they are attending, so that knowledge and information are transmitted effectively^{5,13}.

One of the main problems in the control of syphilis during pregnancy is the approach to the partner. It is notable the difficulty of convincing sexual partners to participate in prenatal care and the importance of carrying out serological tests for early diagnosis and adherence to treatment, reducing the risk of vertical transmission. In this sense, the main obstacle to the control of CS is the non-treatment or inadequate treatment of sexual partners^{11,12}.

The syphilis bulletin in 2012 showed that only 11.5% of the partners had been treated. In another study, only 52.4% of women reported that their partners received concomitant treatment. These data prove that the capture of partnerships is still insufficient for quality care, which demonstrates a need for a more effective active search on the part of health professionals^{5,15}.

There are some difficulties for the partner to adhere to prenatal care, such as reconciling work hours to participate in the care with the pregnant woman, the lack of knowledge about the importance of prenatal care, in addition to not feeling prepared to participate in the delivery. In addition, another contributing factor is the historical construction of health policies, which formerly excluded men from some care, such as prenatal care. Social, personal, cultural issues need to be evaluated, as the sexist culture is still very present in our country^{14,16}.

Another study shows that although 2/3 of the pregnant women underwent treatment within the stipulated period, between the first and third trimester, it was considered inadequate treatment, according to the parameters of the MH, because the partners were not treated simultaneously. In line with this, another study confirms the lower adherence to treatment, but highlights that the partner's treatment is not considered a measure to classify maternal treatment as adequate^{11,17}.

Another factor that is fundamental for the prevention of CS is the adherence of pregnant women to the treatment of syphilis. Which may be related to the greater number of consultations during prenatal care. Therefore, women who consult more than six times obtain greater adherence to treatment. In view of this, it can be said that the pregnant woman who completes at least six consultations during prenatal care has a greater chance of obtaining a positive outcome, as, in most cases, it is enough to fight CS¹⁷.

Some of the difficulties in the adherence of the pregnant woman to the treatment are the rupture of the continuity of care, due to the change of health unit during the assistance and the absence of actions that instruct the target audience, which leads to the lack of knowledge of the importance of carrying out the exams and of the treatment. Innovative strategies are necessary so that there is an early

active search of the pregnant woman to start prenatal care in the first gestational trimester, guarantee the diagnosis of the disease in a timely manner and the appropriate clinical management for the pregnant woman and her partner, providing guidance on the disease and the form of prevention. In this way, it can increase treatment adherence and reduce the vulnerability of pregnant women and their partners to syphilis¹³.

Through the evaluation carried out in a 2020 study, situations of unequal opportunities in health care were identified. Therefore, it is important that an active search be made to include women in situations of vulnerability, maintaining access to prenatal care as wide as possible, so that there is greater adherence of pregnant women to the treatment of syphilis⁵.

Regarding prenatal care, it can be said that the late start of follow-up contributes to the timely diagnosis of syphilis and consequently prevents early intervention, which contributes to several cases of CS and reflects on inadequate prenatal care. -Christmas. In a study, 15 trajectories were analyzed, 5 of which started prenatal care late, in another study, it was noticed that 57.1% started prenatal care in the last trimester of pregnancy. These data indicate a failure in the active search for pregnant women, which can result in a reduced number of prenatal consultations, and if the pregnant woman has tested positive for syphilis, her treatment can be compromised, since the prevention of syphilis transmission is effective when treatment ends up to one month before the baby is born^{4,5,13,14}.

The lack of training of nursing professionals for prenatal care is alarming, because it can interfere with the quality of care provided to pregnant women diagnosed with syphilis. A 2020 study confirms the need for these professionals to be able to interpret rapid tests and laboratory tests, ensuring effective treatment in cases of positive results. In view of the above, it becomes evident the need for the nursing professional, who performs prenatal consultations, to seek training on the subject, in order to obtain knowledge about the management of CS, preventing injuries from occurring during the development of the fetus and newborn^{11,14}.

The lack of notification and Sub-Registration are flaws in the health services that come from the lack of training of health professionals, contributing to the prevalence of syphilis in pregnancy and SC. Based on a study analysis, it is reported that between 1986 and 2005 only 32% of cases of syphilis in pregnancy and 7.4% of CS were reported, evidencing the underreporting of cases associated with the low quality of records of reactive cases. And from the data collection, one of the nurses questioned claimed to be unaware of the notification form and investigation of syphilis in pregnant women and SC. Therefore, the lack of training of nurses is serious, due to interference in the quality of care offered to pregnant women and requires institutions to offer continuing education, as it is the most viable solution to this failure in care¹¹.

From reading the articles, failures were observed during prenatal care, contributing to the growth of CS cases. Among these failures are inadequate care, the late start of



prenatal care, the lack of professional training, the difficulty in the pregnant woman's adherence to treatment and the difficulty in carrying out an active search for a sexual partnership.

In relation to prenatal care, according to the MH and the Law of Professional Nursing Practice, regulated by Decree No. 94.406/87, it is up to the nurse to carry out the nursing consultation, providing continuous monitoring of consultations and intensifying the pregnant woman's active search for awareness of the importance of prenatal consultations¹⁸.

At the same time, the publication of the new National Primary Care Policy (PNAB) in 2017, corroborates the difficulty in maintaining effective prenatal care, since there was a significant reduction in the number of CHAs and an increase in registered users per team. . Thus, the number of users is increased and the number of CHAs is reduced, making it difficult to monitor and actively search for pregnant women, also influencing the coordination, integrality and longitudinality of care¹⁹. In order to understand how these elements may be related, it is important to carry out studies related to the prevention of CS, seeking the health of the binomial, mother and baby, and aiming at the eradication of this disease.

Conclusion

It is concluded that from this study it was possible to identify the main weaknesses in relation to the diagnosis and early treatment of syphilis during prenatal care and to describe characteristics of the periodic monitoring of

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Silva CPV, Rocha RSM, Silva PO, Silva QF, Oliveira ES, Francisco MTR, Marta CB pregnant women in consultations, corroborating the premise of the importance of monitoring the prenatal care according to current clinical protocols.

However, despite the advances with the reduction of syphilis indicators, as well as the deepening of scientific publications regarding the weaknesses of prenatal care, CS remains a serious public health problem. There is a concern of nurses in researching this topic, since they deal with the challenge of early diagnosis and treatment of syphilis during nursing consultations and in educational groups developed in PHC.

However, it is important to remember that the nursing professional takes on several activities, which can make assistance in health services difficult. These professionals are overloaded due to the unsatisfactory number of employees to assist the population, resulting in inadequate assistance in the care of pregnant women. So far, no research has been found that addresses this issue, so it is necessary to develop studies that address the issue.

In summary, it can be concluded that for the eradication of Congenital Syphilis it is necessary to have adequate assistance, which includes an active search for pregnant women, prenatal counseling, request and performance of exams in a timely manner, adequate treatment and professionals able to meet the demand of the population. Thus, this study shows the need for the MH to maintain the publication of journals, with the objective of directing care and achieving the previously proposed goal of eliminating the disease.

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