



RESEARCH ARTICLE

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CONGENITAL SYPHILIS: CHALLENGES FOR PREVENTION

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ARTICLE INFO

Article History:

Received 25th June, 2019

Received in revised form

29th July, 2019

Accepted 20th August, 2019

Published online 30th September, 2019

Key Words:

Syphilis; Nursing;
Pregnant women.

ABSTRACT

Background/Purpose: Congenital syphilis is defined as the contamination of the fetus with *Treponema pallidum* by means of transplacental transmission at any period of gestation or clinical stage of the disease in pregnant women who have not undergone adequate treatment. The present study aimed to evaluate the knowledge of pregnant women about congenital syphilis, based on the research regarding the guidelines received on syphilis during prenatal care and the obstacles faced by pregnant women in the consultations. **Methods:** The research is descriptive with a qualitative approach. The semi-structured interview with open and closed questions was used as the collection instrument. The research was carried out at the Municipal Health Unit of the Jurunas neighborhood, in the municipality of Belém-PA. Ten pregnant women enrolled in the prenatal program were interviewed. **Results:** It was perceptible to find in the studied population a pauperization in relation to the information and knowledge about the central theme, which may be intertwined with the potential risk of contamination of the pregnant woman. **Conclusion:** It was concluded that nursing has not made available to pregnant women the potential risks they may face in their pregnant women.

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Citation: Letícia Martins dos Santos, Laryssa do Socorro Araújo da Silva, Sara Cardoso dos Santos et al 2019. "Congenital syphilis: challenges for prevention", *International Journal of Development Research*, 09, (09), 30015-30017.

INTRODUCTION

Syphilis is a disease that has as its etiological agent a bacterium called *Treponema pallidum* of the genus *Treponema*, from the family *Treponema taceae*, which includes two genera: *Leptospira* and *Borrelia*, a genus that has four pathogenic species and six other non-pathogenic species (FLORES, 2011; AVELLERA & BOTTINO, 2006). Although the disease has been known in the Western world since the 15th century, only in 1850 did the concept of vertical transmission appear, and placental transmission was first

described in 1906 (FLORES, 2011). Congenital syphilis is defined as the contamination of the fetus with *Treponema pallidum* by means of transplacental transmission at any period of gestation or clinical stage of the disease in pregnant women who have not undergone adequate treatment and their incubation period is around 10 to 90 days (average of 21 days) (BRASIL, 2010). Congenital form in developing countries remains a public health problem and affects 10-15% of pregnant women. Estimates point to Congenital Syphilis as responsible for more than 500,000 fetal deaths per year in the world (CAMPOS, 2007). In Brazil, although Congenital Syphilis has been notifiable since 1986, only 32% of cases of gestational syphilis and 17.4% of congenital syphilis are

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reported. According to the World Health Organization (WHO) in the period from 1996 to 2009 in Brazil, there were 1189 deaths from Congenital Syphilis (LINO *et al.*, 2008). These data reflect important shortcomings in the quality of care services in the prenatal and delivery periods. As with other infections during pregnancy or childbirth, the consequences of congenital syphilis vary and may be triggered by factors such as fetal exposure to bacteria, bacterial virulence, adequate maternal infection treatment, maternal co-infection with HIV or other cause of immunodeficiency. All these consequences can cause high rates of abortion, stillbirth or neonatal death, as well as symptomatic or asymptomatic congenital syphilis at birth (BRASIL, 2010). Prenatal care is considered one of the pillars of maternal and child health care in order to reduce maternal and neonatal morbidity and mortality (LINO *et al.*, 2008). Quality and humanized prenatal care is critical to maternal and newborn health. Assistance to women in pregnancy should include preventive actions to promote health, as well as diagnosis and appropriate treatment of problems that occur during pregnancy (BRASIL, 2010). It is recommended by the Ministry of Health that pregnant women, during prenatal care, should perform at least six consultations with health professionals, two of them with the doctor. Most of the consultations are with the professional nurse, who also advises that the beginning of the care should be in the first trimester, that is, the earliest possible, because it is a fundamental assistance to maternal and child health (CAMPOS, 2007). However, it is necessary to carry out the research whose objective is to understand what is happening so that the incidence of congenital syphilis is still a serious public health problem, given that its prevention and treatment are accessible in primary care, and can thus avoid serious complications of health for both the fetus and the mother, we thus sought to evaluate pregnant women's knowledge about congenital syphilis during prenatal care.

MATERIAL & METHODS

The present study was descriptive, with a qualitative approach. The research was conducted at a Municipal Health Unit (MHU), located in Jurunas neighborhood, Belém, Pará, Brazil. The unit chosen has basic community care, in pediatrics, gynecology, general practice, nursing, nutrition, dentistry. The study was carried out with 10 pregnant women who were enrolled in the prenatal program during the data collection period. For the data collection, a research script was used with open and closed questions, making it possible to clarify with better accuracy what one wanted to achieve. Patients with the following characteristics were included in the study: women in the 1st, 2nd or 3rd trimester of pregnancy, over 18 years of age, younger than 34 years, enrolled in the MHU of the study, who agreed to participate in the study by signing the ICF. The data were analyzed using the content analysis proposed by Minayo (2008). This analysis allows to make replicable and validate inferences about a given context and its data, using scientific and specialized procedures. For this content analysis, the thematic analysis technique was used, which consists in discovering the sense nuclei that compose a communication whose presence or frequency means something to the analytical objective.

RESULTS AND DISCUSSION

Based on Table 1, it was observed that there is a diversity of educational level, with four pregnant women presenting

incomplete 1st grade, one with complete 1st grade, three with incomplete 2nd grade and one with a complete 2nd grade. There is a direct relationship between the lack of knowledge about syphilis and its management in prenatal care, with a low level of education of the pregnant woman possibly infected. The highest number of women have incomplete primary education and are in their 20s (PIRES *et al.*, 2014). Regarding the marital life of the interviewees, eight had a stable union, a factor that helps in the treatment, if the contamination was registered, two other interviewees only dated, which could be detrimental to the treatment. Data show that women who are supported by their partners are more likely to carry out their treatment in case of contamination (PIRES *et al.*, 2014). In the interviewees' reports, they were unaware of the pathology, causing high rates of disease contagion. The group of pregnant women interviewed indicated not to present knowledge, as well as absence, deficit and creation of erroneous concepts about the infection. The lower the knowledge of the pregnant women, the greater the likelihood of these becoming susceptible to acquire this disease, since the knowledge is fundamental for the change of behavior, especially with regard to the transmission of pathologies (FIGUEIRO-FILHO *et al.*, 2007).

Regarding the information received about syphilis in the gestational period, the interviews revealed total ignorance, which leads us to note that even when being in prenatal care, many pregnant women did not receive information about the disease. Studies show that the main risk factor for congenital syphilis is inadequate or non-existent prenatal care, accounting for 70 to 90% of the cases found. Congenital syphilis is an example of a disease that can be detected and treated during prenatal care and screening for the presence of this bacterium during the highly effective pregnancy, even in places with a low prevalence of syphilis in the population (GUINSBURG & SANTOS, 2010). We also evaluate the knowledge that pregnant women have about the form of transmission, because syphilis is an infectious disease and deserves prominence among STIs. There was a complete lack of knowledge about syphilis among the pregnant women and about their symptoms and forms of transmission. Patients followed by this study were in prenatal care and should be advised about the disease since knowledge about the forms of transmission is the best way to adopt preventive behaviors. In the group of pregnant women studied, most declared that they did not use any type of preventive method. These reports are worrisome because they come from pregnant women in prenatal care, so they should already be oriented about sexually transmitted diseases, especially those with a congenital form. Studies show that hospital expenses with syphilis treatment are higher than prophylactic measures, requiring quality prenatal care programs, incentive to carry out more educational campaigns, programs to encourage the use of protection in sexual relations in women, especially among those who do not have a fixed partner during their sexual life (SOUZA & SANTOS, 2013). Regarding the knowledge of pregnant women about congenital syphilis and its form of propagation, it was verified a lack of knowledge regarding the transmission, there are a series of errors in relation to the knowledge of the participants of the study covers the disease, since they do not know the disease they will know the correct prevention measures and the possible consequences in them and in the fetuses if there is infection during pregnancy. There are a large number of women infected with syphilis during gestation, favoring an increase in the congenital cases of this disease and

consequently making it difficult to eliminate it. The Ministry of Health launched in 1993 a project that aims to reduce this infection to 1 case or less per 1,000 live births (ALMEIDA *et al.*, 2015). However, if these women are being contaminated and are unaware of the disease and its form of transmission, it becomes difficult to prevent, perform examinations if necessary and consequently adequate treatments, contributing significantly to the vertical transmission. Among pregnancies it is estimated that: 25% culminate in late abortion or fetal death, 11% in neonatal death, 13% in premature delivery or low birth weight, and 20% have complications of congenital syphilis. About 500,000 cases of fetal death are reported annually worldwide with congenital syphilis (ALBUQUERQUE, 2014). According to the reports of the pregnant women interviewed in this study, it was possible to observe the lack of knowledge about the consequences that congenital syphilis can bring to the fetus. Of the 10 participants, 8 responded that they were not sure if they would have consequences or what they would be. In view of these reports, the pregnant women in follow-up should receive all the information and get their doubts about this and other diseases, especially the consequences of their consequences for the pregnant woman and the fetus, as well as their diagnosis. According to the Ministry of Health (2012), the VDRL is the serological test that must be performed for screening for syphilis in the pregnant woman and it should be done in the 1st and 3rd trimester of pregnancy.

Conclusion

The deficiency in the nursing care provided to the pregnant women attended at the Basic Health Unit was verified by this study, because of the 10 interviewees, all reported not having been informed about how to detect, transmit or avoid syphilis. The role of the nurse is of paramount importance in the prevention and identification of maternal and fetal abnormalities during pregnancy. The professional should be able to carry out anamnesis, physical examination and examination request, thus contributing to the knowledge of these women about this disease, helping in the discovery of the disease and adherence to treatment as early as possible.

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