

Nursing consultation in the puerperia: experience report of assistance to the puerpera with syphilis

Consulta de enfermagem no puerpério: relato de experiência de assistência à puérpera portadora de sífilis
Consulta de enfermería en la puerperia: relato de experiencia de asistencia a la puerpera con sífilis

RESUMO

Objetivo: Descrever a Sistematização da Assistência de Enfermagem à uma puérpera portadora de sífilis, em pós parto imediato de parto vaginal. Tendo como referencial teórico o modelo conceitual de Wanda Horta, utilizando os Diagnósticos de Enfermagem da Taxonomia II da NANDA, as intervenções de enfermagem da NIC e os resultados da NOC. Método: Trata-se de uma pesquisa descritiva do tipo relato de experiência vivenciada por acadêmicos de enfermagem do 6º período, em enfermaria clínica de puerpério patológico em um hospital de ensino referência na atenção à gestante de alto risco, no mês de agosto de 2021, mês referente a coleta de dados. Resultados: A assistência qualificada e sistematizada do enfermeiro impacta na diminuição de novos episódios de sífilis congênita e favorece uma atenção puerperal adequada às necessidades de saúde. Conclusão: Este relato evidencia a contribuição da consulta do enfermeiro no puerpério de mulheres portadoras de sífilis, revelando seu papel no combate do aumento de casos de sífilis congênita.

DESCRIPTORES: Sífilis; Cuidados de Enfermagem; Período Pós-Parto; Consulta de enfermagem.

ABSTRACT

Objective: To describe the Systematization of Nursing Care to a puerperal woman with syphilis, in the immediate postpartum period of vaginal delivery. Having as theoretical reference the conceptual model of Wanda Horta, using the Nursing Diagnoses of Taxonomy II of NANDA, the nursing interventions of the NIC and the results of the NOC. Method: This is a descriptive research of the experience report type experienced by nursing students of the 6th period, in a clinical ward of pathological puerperium in a teaching hospital that is a reference in the care of high-risk pregnant women, in the month of August 2021, month referring to data collection. Results: The qualified and systematized care of nurses has an impact on the reduction of new episodes of congenital syphilis and favors puerperal care that is adequate to health needs. Conclusion: This report highlights the contribution of the nurse's consultation in the puerperium of women with syphilis, revealing its role in combating the increase in cases of congenital syphilis.

DESCRIPTORS: Syphilis; Nursing care; Postpartum Period; Nursing consultation.

RESUMEN

Objetivo: Describir la Sistematización de la Atención de Enfermería a una puérpera con sífilis, en el puerperio inmediato del parto vaginal. Teniendo como referente teórico el modelo conceptual de Wanda Horta, utilizando los Diagnósticos de Enfermería de la Taxonomía II de la NANDA, las intervenciones de enfermería de la NIC y los resultados de la NOC. Método: Se trata de una investigación descriptiva del tipo relato de experiencia vivida por estudiantes de enfermería del 6º período, en una sala clínica de puerperio patológico de un hospital de enseñanza referencia en la atención de gestantes de alto riesgo, en el mes de Agosto 2021, mes referente a la recolección de datos. Resultados: La atención calificada y sistematizada de enfermeros incide en la reducción de nuevos episodios de sífilis congénita y favorece una atención puerperal adecuada a las necesidades de salud. Conclusión: Este informe destaca la contribución de la consulta de enfermería en el puerperio de mujeres con sífilis, revelando su papel en el combate al aumento de casos de sífilis congénita.

DESCRIPTORES: Sífilis; Cuidado de enfermera; Período posparto; Consulta de enfermería.

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INTRODUCTION

It is understood that during pregnancy the woman's body undergoes numerous and complex physiological changes, where functional and hormonal changes occur every day and in an expressive way, which can lead to feelings of fragility, insecurity and anxiety, where these intensify when associated with gestational complications.¹

Problems related to urinary tract infection, malnutrition, anemia and Sexually Transmitted Infections - STIs are more common complications than expected during the pregnancy period, actively contributing to the increase in maternal and infant mortality rates, characterizing itself as a serious and serious public health problem.²

Among the main complications that can occur, we have syphilis, which is an STI caused by the bacterium *Treponema pallidum*, which in advanced stages can compromise physiological functions of the skin, cardiac system and nervous system.¹ According to the stage of evolution, syphilitic infection can be classified into early syphilis, which comprises the phases: primary, secondary and latent up to 1 year, and late syphilis, which includes the phases: latent after one year and tertiary.³

Currently, one of the main social pro-

blems that the disease causes is the transmission of the bacteria via the placenta to the fetus, by untreated or inadequately treated pregnant women, causing a hematogenous spread, configuring the condition of congenital syphilis.^{3,4}

Although the rate of vertical transmission varies according to the stage of the disease and the stage of pregnancy, the probability of transmission is high. There is between 50% and 100% probability of transmission in primary and secondary syphilis, 40% in early latent syphilis and 10% in late latent syphilis, and direct transmission during labor is also possible. Once the infection is transmitted, about 40% of cases can progress to miscarriage, stillbirth and perinatal death.^{4,5}

Given this scenario, the World Health Organization - WHO defined that the disease should be one of the main priorities, in the sense of preventive interventions, during the years 2016 and 2021, in order to reduce the number of cases by up to 90% in the year 2030, given that it has effective treatment, clear preventive measures and fast and low-cost screening.

Despite this, data from the Live Birth Information System - SINASC estimate that each year, 12,140 live births have a confirmed diagnosis of congenital syphilis.⁶ Thus, it is noted that the need to face the high rates of syphilis transmissibility

remains a challenge.

In this sense, nurses play a key role during the puerperal period, where they have the opportunity to promote holistic and humanized care, exercising their role as educators, guiding during the nursing consultation on the prevention of reinfection, on good practices of sexual health and family planning.⁷

In this context, the nursing consultation, which is a private activity of the nurse, becomes an essential tool for the prevention, promotion and recovery of health, considering that it aims to identify health and illness situations, as an aid for the application of the Nursing Process - PE.⁸

The NP, based on COFEN resolution No. 358/2009, has five interrelated, interdependent and recurring stages, namely: nursing data collection (or nursing history), nursing diagnosis, nursing planning, implementation, nursing assessment. These steps, within the context of the puerperium, are extremely important for the puerperal woman with syphilis, as it offers support for the development of interdisciplinary care focused on the needs of the client.^{9,10,11}

In view of the above, the report proposed to describe the Systematization of Nursing Care - SAE to a puerperal woman with syphilis, in the immediate postpar-

tum period of vaginal delivery followed by insertion of an IUD. Having as theoretical reference the conceptual model of Wanda Horta¹², In view of the above, the report proposed to describe the Systematization of Nursing Care - SAE to a puerperal woman with syphilis, in the immediate postpartum period of vaginal delivery followed by insertion of an IUD. Having as theoretical reference the conceptual model of Wanda Horta using NANDA Taxonomy II Nursing Diagnoses, NIC (nursing interventions classification) and NOC (nursing outcomes classification).¹³

METHOD

This is a descriptive study of the experience report type, with a qualitative approach, reflective narrative character, which includes a description of the experience of nursing students in the sixth academic year, during hospital practice of the Obstetric and Gynecological Nursing curricular activity in August 2021, the month in which the data were collected. The analyzed data come from everyday practice, care observation and secondary data.

Data were collected in the clinical ward of pathological puerperium in a teaching hospital that is a reference in the care of high-risk pregnant women and newborns in the state of Pará. These were exported to Google Docs Software, in documents, for online access and collaboration in the construction of the study.

For the elaboration and structuring of the NCS, the scientific basis used was the conceptual model of Wanda Horta¹² using the NANDA Taxonomy II Nursing Diagnoses, the NIC and the NOC.¹³

In addition to the elaboration of the NCS from the stages of the Nursing Process, we sought to reflect on the relevance of implementing the SAE in the contribution of the nursing consultation for patients with STIs. For the refinement and discussion of these collected materials, indexed searches in the SciELO, LILACS and BDNF databases were evaluated, using the following descriptors: syphilis, nursing care and postpartum period. As

exclusion criteria, the following were established: studies prior to the year 2015 and research found outside the determined databases.

As it is a study that aims at the theoretical deepening of situations that emerge

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spontaneously and contingently in professional practice, according to item VII of Art. 1 of Resolution No. 510 of 7, 2016, there was no need for evaluation by the ethics committee in research with human beings.¹⁴ However, in view of ethical ade-

quacy, in order to avoid breach of confidentiality and possible material and moral damages to the participant and third parties, as well as to guarantee confidentiality, information that allows identification of the patient such as name, codename, initials, individual records, postal information, telephone numbers, electronic addresses, photographs, figures, morphological characteristics, among others. The work was carried out with scientific rigor in order to produce relevant and reliable results.

RESULTS

For the elaboration of the NCS, the data corresponding to the nursing history stage, mentioned below, were collected:

Multiparous, 21 years old, in the 4th puerperium of normal normal delivery, conscious, oriented, communicative, responsive to verbal requests, walking without assistance, hemodynamically stable. Referred to the institution with a report of treatment of syphilis with 3 doses of Benzathine Penicillin 2400.00UI during prenatal care. Admitted to PPP at 37 weeks and 5 days (GI by LMP on 12/05/2020) without lower abdominal pain and vaginal leakage.

History of prenatal care: beginning on 05/31/2021, experienced 5 consultations, 2 with a doctor and 3 with a nurse. He performed anti HIV serology (non-reactive), hepatitis B (non-reactive), syphilis (reactive). Brings exams with rising titers: VDRL 6/17 - 1:8, 7/13 - 1:8, 8/16 - 1:32, 8/18 - 1:64. Patient reports having already had a dose of retreatment on 08/24/2021.

Personal history: Denies drug allergies, alcoholism, smoking. Family history: Denies DM and SAH. Gynecological history: last delivery 2 years ago, without complications in previous pregnancies.

History of delivery: she was admitted in the second stage. On 09/26/2021, at 8:50 am, she gave birth to a full-term male NB, Weight: 3050g, APGAR: 9/10, performed timely clamping of the cord. Cephalic vaginal delivery, positioned on a stool, without episiotomy. A copper IUD

was introduced 10 minutes after delivery of the placenta, at the request of the patient. After insertion, a revision of the birth canal was performed without laceration. At the end of the contracted uterus, physiological lochia. She was assisted by a resident physician. They stayed in rooming-in.

BHN: The puerperal woman is fed a bland diet, orally. Spontaneous urination and evacuation. She performs regular tampon changes. Sleep and rest (+/- 6h) interrupted. Under treatment with Benzathine Penicillin (D1/3). Complaints: no complaints at the moment. Physical examination: Pale skin and mucous membranes, expansive chest, eupneic, breathing room air, turgid, symmetrical breasts, protruding and hypercolored nipples, normal flaccid abdomen, contracted uterus below the umbilicus, physiological loquiation. Lower limbs without edema.

Through clinical evaluation and postpartum phase, the following active problems and potential nursing diagnoses were listed: a) Risk of uterine atony and hemorrhage related to the puerperal period and bleeding. b) Negligence regarding the execution of the treatment related to deficient knowledge. c) Risk of altered motherhood related to concern about the treatment of the NB, evidenced by interrupted sleep and rest and feelings of guilt and anxiety.

From the diagnoses, for the Nursing Planning stage, the following Nursing Interventions were listed: a) Monitoring vital signs 8h/8h; Follow uterine involution and monitor uterine fundus tone, height and position; Monitor volume of vaginal bleeding at each assessment interval; Assess sensory and motor function of the lower limbs before walking; Monitor hemoglobin and hematocrit levels; advise to maintain sexual abstinence for 40 days. b) Administer the drugs according to the syphilis therapeutic protocol; Instruct the client on the appropriate drug regimen; Emphasize the importance of completing all treatment concomitantly with the partner; Explain the mode of transmission of STIs and teach measures to reduce the risk

of infection; Educate the client about safe sexual practices; Forward to UBS for postpartum follow-up and repeat VDRL. c) Provide comfort measures for the client; Encourage potentially anxiety-reducing practices; Encourage the mother to hold the NB close to her face and talk to the child; Encourage EBF; Reinforce maternal self-confidence.

In order to establish objective criteria for the Nursing Assessment, after implementing the actions listed above, the following expected results were listed: a) Stable vital signs; Mild to moderate vaginal bleeding; Physiological uterine involution. b) Verbalizes understanding of STI and its possible effects; Practice safe sex; Performs complete therapeutic regimen; Remains without signs and symptoms of reinfection. c) Interacts with the RN; Verbalizes affirmative statements about the NB.

DISCUSSION

The implementation of the NCS comprises benefits, including: enhancing the use of the nursing process as a guiding strategy for care, improving the quality of care, guiding the organization of the nursing team, granting professional autonomy and maximizing the documentation of professional nursing practice.¹¹

Nurses record their interventions through nursing evolution, for this they integrate assertive information on socioeconomic conditions, previous and current health conditions that support their reflection and decision-making in the establishment of actions aimed at health promotion and prevention of diseases and injuries.¹⁵ Nursing records, arising from care practice, are considered objective tools that prove and portray the interventions developed based on the principles of care, that is, they have clinical documentary relevance.¹⁶

The documentation of nursing actions is located, among the stages of the NP, in the last stage, linked to the nursing evaluation, with statistical measurements of procedures, quality indicators, among others.

¹⁷This written documentation, in addition to being assertive in terms of giving visibility to the attributions of the profession as a whole, can be used as an instrument for evaluating the assistance provided, also enabling the establishment of objective communication between the members of the multiprofessional health team, managers of the health service.

However, for the application of the NCS as well as the documentary records to reach their respective finalistic potential, it is necessary to improve skills for the construction of the NCS. Studies point to the fragility in the use of this care planning method, indicating that since the academic training it indicates difficulties regarding the understanding and applicability of the NP and impacts on the institutionalization of NCS.^{18,19}

It is believed that pedagogical practices that include the study of NCS with emphasis on the nursing process, contribute to academic training and to the formation of professional identity.²⁰ The NCS, based on the NP, helps professional practice to value scientific knowledge and also encourages a multidimensional understanding of the human being, as well as its implications for feasible care planning.²¹

When activities are developed with a focus on nursing records, there is the possibility of academic and professional improvement. The construction of a feasible NCS values sensitive care to active listening and an expanded clinic with non-mechanical and rigid actions, which positively impacts the quality of care.²¹

The construction of the systematization of care converges to a pertinent reflection in relation to the quality of care during the pregnancy-puerperal cycle. Syphilis, although curable and easily diagnosed, remains with undesirable rates of prevalence, which leads to relevant rates of episodes of congenital syphilis, a sentinel event that reflects the low degree of importance that health professionals and managers place on the diagnosis and treatment of syphilis during pregnancy.⁴

This challenge of STI prevention and control follows hospital care, in which it

finds the key population for the promotion of information, communication and health education actions. In this sense, in addition to efforts to alleviate the rates of congenital syphilis at the primary care level, committed interventions at the hospital level also have transformative potential to contribute to changing this social reality.

CONCLUSION

In this report, the importance of Systematization of nursing care was highlighted, through the Nursing Process, in favor of a better quality of care. For the pedagogical practice in the Obstetrics discipline, it was possible to perceive that during the puerperium of women affected by Syphilis, NCS contributes to assistance based on relevant guidelines for the cure and prevention of recurrence of STI.

For the students, the study made it possible to reflect on the relevance of the NP in promoting the understanding of multidimensional diversity in the process of caring for others. Still, it contributed to the reflection that a professional assistance, qualified and systematized, impacts on the reduction of new episodes of congenital syphilis and favors an adequate puerperal care to the health needs.

Thus, this report highlights the contribution of the nurse's consultation in the puerperium of women with syphilis, revealing its role in combating the increase in cases of congenital syphilis. It also contributed to the understanding of the importance and purposes of nursing records.

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