

Health Education in Adherence To Syphilis Treatment During Pregnancy: A Challenge for Nurses in Primary Care

Educação em Saúde na Adesão ao Tratamento da Sífilis na Gestação: Desafio do Enfermeiro na Atenção Primária
Educación Sanitaria para la Adherencia al Tratamiento de la Sífilis Durante el Embarazo: Un Reto para las Enfermeras de Atención Primaria

RESUMO

A sífilis é um grande problema de saúde pública no Brasil, especialmente em gestantes com a transmissão vertical da sífilis. Assim, é de suma importância a conscientização da prevenção e tratamento para enfrentamento do problema. Como objetivo Identificar evidências científicas disponíveis na literatura acerca de intervenções educativas do Enfermeiro sobre a adesão ao tratamento da sífilis das gestantes e parceiros. Metodologia: Trata-se de um estudo bibliográfico, do tipo revisão integrativa da literatura, foi realizado um levantamento na Biblioteca Virtual em Saúde (BVS), especificamente nas bases LILACS, MEDLINE, BDENF e SCIELO, sendo utilizados os descritores: Enfermagem; gestante; Sífilis; cuidado pré natal. Resultados: A partir da análise dos 08 artigos, foi possível elaborar um consolidado das estratégias utilizadas pelos enfermeiros, dentre elas: adoção de práticas educativas; estratégias de busca ativa; orientações sobre prevenção e tratamento. Conclusão: Concluiu-se que os enfermeiros possuem percepção ampla acerca dos fatores que interferem para a adesão das gestantes ao tratamento de sífilis e seu parceiro. Ficou clara a necessidade de atividades educativas durante o pré-natal que ofereçam informações às pacientes sobre a sífilis e demais IST's. A assistência pré-natal deve ser considerada uma grande oportunidade para implantação de ações de prevenção e promoção à saúde.

DESCRIPTORES: Educação em saúde; Enfermagem; gestante; Sífilis; Atenção Básica.

ABSTRACT

Syphilis is a major public health problem in Brazil, especially among pregnant women due to vertical transmission. Therefore, raising awareness about prevention and treatment is crucial to addressing the problem. The objective was to identify available scientific evidence in the literature regarding educational interventions by nurses on adherence to syphilis treatment among pregnant women and their partners. Methodology: This is a bibliographic study, an integrative literature review. A search was conducted in the Virtual Health Library (VHL), specifically in the LILACS, MEDLINE, BDENF, and SCIELO databases, using the following descriptors: Nursing; pregnant women; Syphilis; prenatal care. Results: From the analysis of the 8 articles, it was possible to consolidate the strategies used by nurses, including: adoption of educational practices; active search strategies; and guidance on prevention and treatment. Conclusion: It was concluded that nurses have a broad understanding of the factors that interfere with pregnant women's adherence to syphilis treatment and that of their partners. The need for educational activities during prenatal care that provide patients with information about syphilis and other STIs was made clear. Prenatal care should be considered a great opportunity to implement prevention and health promotion actions.

DESCRIPTORS: Health education; Nursing; pregnant women; Syphilis; Primary Care.

RESUMEN

La sífilis es un importante problema de salud pública en Brasil, especialmente entre las mujeres embarazadas debido a la transmisión vertical. Por lo tanto, sensibilizar sobre la prevención y el tratamiento es fundamental para abordar este problema. El objetivo fue identificar la evidencia científica disponible en la literatura sobre las intervenciones educativas de enfermería para la adherencia al tratamiento de la sífilis en mujeres embarazadas y sus parejas. Metodología: Se realizó un estudio bibliográfico, una revisión integrativa de la literatura. Se llevó a cabo una búsqueda en la Biblioteca Virtual en Salud (BVS), específicamente en las bases de datos LILACS, MEDLINE, BDENF y SciELO, utilizando los siguientes descriptores: Enfermería; mujeres embarazadas; sífilis;

Integrative Review

Spezani BOD, Gracio ALR, Paixão SOP, Louzada BCS, Teodoro SAC, Carvalho SR
Health Education in Adherence To Syphilis Treatment During Pregnancy: A Challenge for Nurses in Primary Care

atención prenatal. Resultados: Del análisis de los 8 artículos, se logró consolidar las estrategias utilizadas por el personal de enfermería, incluyendo: la adopción de prácticas educativas; estrategias de búsqueda activa; y orientación sobre prevención y tratamiento. Conclusión: Se concluyó que el personal de enfermería posee un amplio conocimiento de los factores que interfieren con la adherencia al tratamiento de la sífilis en las mujeres embarazadas y sus parejas. Se evidenció la necesidad de realizar actividades educativas durante la atención prenatal que brinden a las pacientes información sobre la sífilis y otras ITS. La atención prenatal debe considerarse una excelente oportunidad para implementar acciones de prevención y promoción de la salud.

DESCRIPTORES: Educación para la salud; Enfermería; Mujeres embarazadas; Sífilis; Atención primaria.

RECEBIDO EM: 17/05/2025 APROVADO EM: 03/06/2025

How to cite this article: Spezani BOD, Gracio ALR, Paixão SOP, Louzada BCS, Teodoro SAC, Carvalho SR. Health Education in Adherence To Syphilis Treatment During Pregnancy: A Challenge for Nurses in Primary Care. *Saúde Coletiva* (Brazilian Edition) [Internet]. 2025 [cited year month day];16(103):18762-18779. Available from: DOI: 10.36489/saudecoletiva.2025v16i103p18762-18779

ID Bruno de Oliveira Dias Spezani
PhD in Bioethics, Applied Ethics, and Public Health ENSP/FIOCRUZ. Augusto Motta University Center - UNISUAM.
ORCID: <https://orcid.org/0000-0001-8921-9532>

ID Andréa Lucia Reis Gracio
Graduate in Nursing-UNISUAM
ORCID: <https://orcid.org/0009-0007-5490-2164>

ID Simone de Oliveira Paixão
Master's Degree in Education, Management, and Dissemination in Biosciences-IBqM/UFRJ.
ORCID: <https://orcid.org/0000-0003-4404-8738>

ID Barbara Christiane da Silva Louzada
Bachelor's Degree in Nursing - Luiza de Marillac College
ORCID: <https://orcid.org/0009-0008-6984-2309>

ID Sheila de Assis Costa Teodoro
Bachelor's degree in Nursing and Obstetrics from the Federal University of Rio de Janeiro (UFRJ).
ORCID: <https://orcid.org/0009-0003-5053-1360>

ID Silvia Regina Carvalho
Master's Degree in Nursing from the State University of Rio de Janeiro (UERJ)
ORCID: <https://orcid.org/0000-0003-2497-9930>

INTRODUCTION

The subject of this article is Health education and adherence to syphilis treatment in pregnant women: a challenge for nurses in primary care.

Syphilis is a sexually transmitted infection (STI) caused by a systemic bacterium that evolves chronically and sometimes silently, caused by the etiological agent *Treponema pallidum*. When left untreated, the disease can present various clinical manifestations at different stages. Syphilis can be classified as recent syphilis (primary, secondary, recent latent) and late syphilis (late latent and tertiary). The stages considered to be at greatest risk of transmission are primary and secondary⁴.

According to¹³, it is a chronic, cur-

able infectious disease caused by the bacterium *Treponema pallidum*. Sexual transmission is the main form of transmission, causing acquired syphilis. Pregnant women who test positive for syphilis (gestational syphilis) and who have not been treated or have been treated inadequately can transmit the infection to the fetus transplacentally or during vaginal delivery if there are maternal genital lesions in the birth canal (congenital syphilis).

In recent years, the rate of infection has increased significantly, as reported in prenatal consultations. For this reason, it is essential to detect the disease in a timely manner, with the necessary tests and treatment being carried out in the first trimester⁶.

Syphilis in pregnant women has become a notifiable disease due to its severity and in order to control its

transmission in the population, thus establishing public health policies. Notification was established by Ordinance No. 33 of June 14, 2005. At the first prenatal consultation, pregnant women should be tested for syphilis infection and repeat the test in the third trimester of pregnancy and hours before delivery (regardless of previous results), and in case of miscarriage.

It is believed that syphilis is transmitted mainly through sexual intercourse and, due to the spirochete's ability to cross the placental barrier, the fetus can also be affected and acquire congenital syphilis. It is therefore understood that syphilis can be classified as acquired or congenital, with acquired syphilis further divided into primary, secondary, tertiary, and latent stages. It should be noted that the stages of syphilis are characterized by distinct lesions in or-

gans and tissues, and when left untreated, syphilis becomes chronic⁷.

During the first and third trimesters of pregnancy, preventive tests are requested, including the VDRL test, hence the importance of prenatal care, which should begin before the fourteenth week of pregnancy. However, there is a lack of knowledge among pregnant women regarding the harm that untreated syphilis can cause to newborns, noting that women in labor often do not give prenatal care the necessary importance, believing that they are healthy and do not need monitoring¹⁰.

Congenital syphilis (CS) occurs when an infected mother transmits the disease to her baby through the placenta, and this infection can be transmitted to the fetus at any stage. The diverse consequences of the disease for the baby depend on the severity of the pathology in the mother, and there may be a risk of miscarriage, premature birth, and the child may present signs and symptoms of the disease at birth. CS has manifestations characterized by variations related to its occurrence in the first years of life (early CS) and after one year of age (late CS)¹¹.

According to Palhares (2020), in addition to compromising treatment, the lack of information about the disease also compromises self-care, understanding that it can affect the child, and the performance of specific tests. In this sense, prenatal care is an opportune moment to carry out educational activities related to syphilis, enabling prevention and health promotion actions. It is an opportunity for pregnant women and their partners to ask questions and receive advice from health professionals.

Therefore, even with strategies to promote prevention of sexually transmitted infections, especially syphilis, the role of nurses becomes quite challenging for diagnosis and treatment, whether due to acceptance of the disease or refusal of antibiotic treatment.

To achieve lower rates, there needs to be government and social mobilization, and nurses face the challenge of being mediators of knowledge and access to health services offered to pregnant women and other users¹³.

According to⁽¹³⁾, nurses act on several fronts in the control of syphilis treatment, providing prenatal clarification and guidance to partners and pregnant women on the correct treatment, with lecture groups, home visits (HV), performing rapid tests (RT) on these women, and ensuring treatment in positive cases for early treatment, minimizing risks. The negative outcomes of untreated maternal syphilis result in 40% early termination of pregnancy, 11% fetal death, and 12% to 13% premature birth or low birth weight. Early congenital syphilis leads to signs of jaundice, splenomegaly, bone abnormalities, anemia, and others.

The literature points to the importance of nurses in promoting comprehensive health education actions that qualify this care, with a warm welcome, guidance on the need for syphilis screening during prenatal care, notifying and conducting active searches in order to develop follow-up for the indicated therapy, and monitoring serological analyses to avoid complications and ensure greater safety for the mother and baby²⁰.

Nurses can prevent vertical transmission by promoting health and self-care among women and their partners, in addition to providing quality prenatal care. In the hospital environment, when SC is diagnosed, many mothers are surprised and shocked because they did not expect their child to be infected and need support and guidance from nurses regarding diagnosis, treatment, and health care, not only for themselves but also for their newborns.

Therefore, it is necessary to identify the difficulties that nurses face in their daily work, especially with regard to the difficulty of forming bonds and developing new strategies for caring for

the sexual partners of pregnant women so that they commit to caring for themselves and for the pregnant woman. Thus, the importance of the nurse's approach focused on the sexual partners of pregnant women with syphilis is recognized.

Given the current context, this study raised the following question: "What strategies do primary care nurses use to promote adherence to syphilis treatment in pregnant women?", which seeks in-depth investigation. This approach aims not only to understand the magnitude of the problem, but also to identify gaps in prevention and treatment strategies, enabling future contributions to the strengthening of effective public policies to combat syphilis, especially in its congenital form.

Thus, this research aims to identify scientific evidence available in the literature on educational interventions by nurses on adherence to syphilis treatment in pregnant women and their partners.

The motivation to address this topic arose from the author's experience working in women's health and pregnancy care, with a keen interest in deepening and expanding our knowledge to provide better care.

Based on this assumption, the present study is justified considering the increase in the incidence rate of women with syphilis and the high rate of possible vertical intrauterine transmission (from mother to baby, up to 80%). This study is justified by the fact that the occurrence of syphilis during pregnancy can lead to complications for the pregnant woman and the fetus when not properly monitored. Even with the increase in the number of prenatal consultations.

Annually, there are an estimated two million cases of pregnancies affected by the disease worldwide, accounting for about 25% of stillbirths or spontaneous abortions, and 25% of newborns have low birth weight or severe infection, contributing to an increase in cases of

prenatal death.

In general, we know that syphilis is on the rise today. Nurses need to know the importance of recognizing and assessing these women so they can receive treatment as quickly as possible. Their work in relation to the treatment provided to pregnant women requires great attention and commitment in their conduct. Aiming at safety and health promotion with a set of care measures aimed at improving care, we can do what we know with satisfaction and avoid risks and complications for pregnant women and their fetuses.

This study aims to contribute to better qualification, based on the knowledge, needs, and priorities of pregnant women facing syphilis, in which nurses use strategies aimed at promoting adherence to syphilis treatment in pregnant women and their partners, contributing to healthcare practice and the improvement of protocols, in order to indirectly contribute to reducing cases of congenital syphilis and strengthening healthcare practices in the Healthcare Network.

This study aims to contribute in three areas: research, teaching, and service. As a source of research, it can offer readers updated information for new studies on the proposed topic, making it possible to gain a greater understanding of prenatal care for pregnant women with syphilis and their partners and the prevention provided by nursing care, broadening the discussion between teachers and students about the importance of syphilis prevention.

It will also be relevant in the field of teaching, contributing to more up-to-date research on treatment adherence among pregnant women with syphilis in Primary Health Care (PHC), with the possibility of further study of the topic for those interested in the subject.

METHOD

This is a bibliographic study, an

integrative review of the literature on health education and adherence to syphilis treatment among pregnant women.

The choice of methodological style was based on the understanding that the literature review aims to bring together different ideas in order to provide a basis for creating a broader understanding of the subject^{2,22}.

In order to conduct a higher quality bibliographic review, it is important to choose the technique to be used, as methodological rigor ensures greater precision in the search and a more systematic literature review. Therefore, we opted for an integrative literature review^{2,22}.

The research was based on the following guiding question: "What challenges do nurses face in getting pregnant women diagnosed with syphilis to adhere to treatment?"

The search was conducted through the Regional Portal of the Virtual Health Library (VHL), which included the Latin American and Caribbean Health Sciences Literature (LILACS), Scientific Electronic Library Online (SciELO), Medical Literature Analyses and Retrieval System Online (MEDLINE), and the Nursing Database (BDENF).

We chose to use a time frame of publications from the last five years, in addition to using specific descriptors available in the Health Sciences Descriptors (DeCS), which are: Nursing; pregnant women; Syphilis; health education; Primary Care. These descriptors will be associated using the Boolean operator "AND."

Inclusion and exclusion criteria were used to conduct the third stage of the study. The inclusion criteria were: articles published in full, available electronically, free of charge, within the established time frame, in Portuguese and English, and within the proposed theme. The exclusion criteria were: duplicate articles, articles that did not address the proposed theme or

that were not consistent with the established descriptors, as well as dissertations, monographs, and theses.

It should be noted that the fourth, fifth, and sixth stages of the integrative review correspond to the phase of analysis, interpretation, discussion of the results found, and presentation of the review. In this phase, a pre-analysis of the material was performed through database searches. The findings were discussed and analyzed in light of the qualitative approach and theoretical support of the study, after a thorough reading of the articles, which facilitated the analysis and discussion, favoring the response to the objectives of this study.

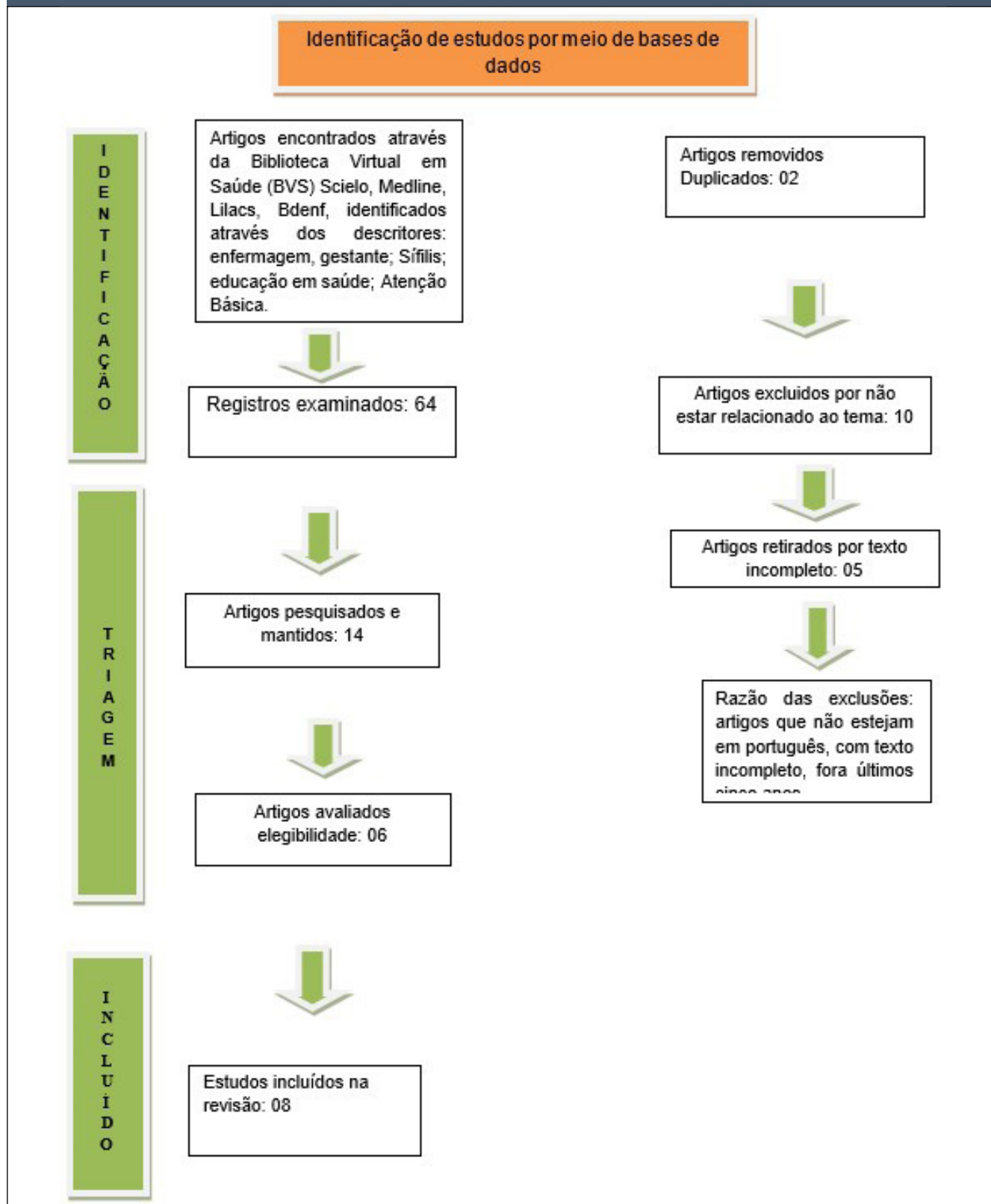
For the study selection phase, the studies were analyzed, first by title, author, and year of publication; then the abstracts of the articles were analyzed, and finally, the studies were read in full.

The initial sample contained 1,215 articles. After reading and applying the criteria, eight were selected that fully met the research objective. The results were presented in table form and discussed later. The main results were organized according to thematic analysis, structuring the texts in such a way as to form the basis for discussion of the categories. Articles were identified whose PRISMA flowchart will present the article tracking and selection system (Figure 1).

The analysis and synthesis of the extracted data will be performed through thematic content analysis. The data will be grouped by similarity, seeking to identify themes and categories that respond to the specific objectives of this research.

Regarding ethical aspects, as this is a bibliographic research with secondary data in the public domain, submission to the Research Ethics Committee will not be necessary (CNS Resolution No. 510/2016). Copyright will be respected with proper citation.

Figure 1: Flowchart of the integrative review of the databases.



Integrative Review

Spezani BOD, Gracio ALR, Paixão SOP, Louzada BCS, Teodoro SAC, Carvalho SR
Health Education in Adherence To Syphilis Treatment During Pregnancy: A Challenge for Nurses in Primary Care

RESULTS

to comprise the final sample for the study.

A total of 08 articles were selected

Table 3-Summary of the assessment of the quality of evidence according to GRADE

No.	Title	Authors	Year	Publication	Results
01	Os desafios da enfermagem no diagnóstico e tratamento da sífilis gestacional: uma revisão integrativa	Abreu; Oliveira	2023	Revista Interdisciplinar.	The main challenges for nursing in the diagnosis and treatment of gestational syphilis are the failure to provide prenatal care for pregnant women and their partners at basic health units and a lack of understanding of the disease.
02	Consequências da sífilis gestacional na saúde pública: uma revisão integrativa	Carvalho; Aquino; Cardoso	2023	Rev. Cient. Esc. Estadual Saúde Pública Goiás	Pregnant women's limited knowledge about syphilis, reinfection by untreated sexual partners, and the difficulty health professionals have in diagnosing and establishing treatment protocols are identified as the core of the problem. Deficiencies in prenatal care, diagnosis, and treatment were evident.
03	Assistência e fatores educacionais associados a sífilis congênita em uma maternidade referência: um estudo caso-controle	Rigo et al	2021	Revista Brasileira de Saúde Materno Infantil	Adequate health care, identifying a history of syphilis in pregnant women, and health education with better information about sexually transmitted infections can help prevent congenital syphilis, which indicates the need for a better approach by professionals during prenatal care.
04	Conhecimento sobre a sífilis e o acompanhamento de gestantes em uma clínica da família da Zona Oeste do Rio de Janeiro	Silva et al	2020	Saúde coletiva 2020; (10) N.52	Low levels of education hinder understanding of the disease, and although most pregnant women undergo treatment, their partners do not for various reasons: they are not informed of the disease by their partners or do not take the medication out of fear.
05	Construção coletiva de um fluxograma para acompanhamento das gestantes com sífilis no município de São José-SC	Silva et al	2020	Cogitare enferm. 25: e65361, 2020	The diagnosis, monitoring, and treatment of syphilis during pregnancy are related to proper management, associated with actions, strategies, and updates, providing qualified care during the gestational period to effectively eradicate congenital syphilis.
06	Conhecimento das gestantes acerca da Sífilis e a importância da educação em saúde	Palhares et al	2020	Brazilian Journal of Health Review	The need for educational activities during prenatal care that provide pregnant women with information about syphilis and other sexually transmitted diseases (STDs) was clear. Prenatal care should be considered a great opportunity to implement preventive and health promotion measures.
07	Estratégias de adesão ao tratamento para sífilis em gestantes utilizadas pelo enfermeiro da atenção básica	Santos;Alves Fontenele	2021	RECIMA21	There is a need for progress in strategies to combat gestational and congenital syphilis. More incentives for continuing education are recommended for professionals who provide care to the population.
08	Desafios para a prevenção e controle da sífilis congênita	Mesquita et al	2019	Millenium	It should be emphasized that the vulnerabilities of pregnant women must be considered and emphasized in order to value their needs and subjectivities to achieve quality prenatal care and prevent and control congenital syphilis.

DISCUSSION

Syphilis is one of the most common sexually transmitted infections (STIs) and remains a global public health problem, especially among women of childbearing age, increasing cases of congenital syphilis and resulting in devastating consequences, which implies and emphasizes the role of health professionals and their qualifications, being pointed out as a determining factor in prenatal care. The intervention and control of gestational syphilis is achieved by expanding access to quality prenatal care, identifying risks for syphilis and preventive actions such as health education and treatment involving partners¹.

According to (8), the authors emphasize that in primary care, it is evident that there are failures on the part of health professionals due to their lack of training in diagnosing the stage of syphilis, that is, they end up classifying cases inappropriately, resulting in treatment with incorrect antibiotic dosages. Other factors include professionals not advising patients on the forms of reinfection and not emphasizing the need for follow-up and attendance at appointments, since most babies are born asymptomatic.

Authors emphasize that the increase in cases of acquired syphilis in the general population, in pregnant women, and in congenital form in several countries shows the resurgence of the disease. The study demonstrates the importance of improving the approach to pregnant women, including information on syphilis prevention and risk, in order to improve prenatal care, since lower educational level and history of previous syphilis treatment were more strongly associated with congenital syphilis diagnosis in the maternity ward, while receiving information on STIs was less strongly associated. Thus, health education actions on IST should be effective

for the timely approach and adequate treatment of pregnant women with syphilis and their partners. Consequently, there will be less need for propaedeutics and treatment of children with suspected congenital syphilis¹⁶.

Nurses play a role in low-risk prenatal care, and it is precisely at this time that it is necessary to pass on information about CS and other conditions affecting pregnant women, from prevention to treatment, detailing the various consequences for the baby. The implementation of quality prenatal care, with an emphasis on strategies for actively seeking out pregnant women and their sexual partners. These strategies are considered fundamental actions to increase access to care and ensure the proper initiation of treatment¹⁶.

Congenital syphilis is still considered an important public health problem, despite being an easily diagnosed and totally preventable disease.

“ The lack of adequate treatment of pregnant women with syphilis can have consequences for the newborn, such as low birth weight, prematurity, fetal death, acute complications, neurological complications, deformities, and dental and bone abnormalities. ”

The occurrence of congenital syphilis is considered unacceptable today, when serological screening is mandatory in prenatal care and adequate treatment and prevention are perfectly capable of preventing infection of the fetus and maternal reinfection. These measures are simple, widely available, low cost, and have a major impact on disease control²².

According to the same author mentioned above, quality prenatal care is essential for reducing congenital syphilis rates. This is even more evident when situations of increased maternal and perinatal morbidity and mortality are identified. It is necessary to seek to reduce these indicators and correct possible failures. The main objective of care during this period is to welcome women from the beginning of pregnancy, promoting maternal and fetal well-being and the birth of a healthy child. Prenatal care integrates primary health activities requiring low-complexity resources and the implementation of actions with recognized effectiveness.

According to ²², there is a need for greater attention to pregnant women during prenatal care, educational actions in the community in which they live to help them understand and minimize recurrence.

When a pregnant woman is diagnosed with syphilis confirmed by a rapid test, in situations where it is not possible to understand the duration of the infection, it is always classified as late latent syphilis, and treatment with a full dose of penicillin is administered. Thus, the municipality in the study chooses to follow the same protocol as the Ministry of Health, including extended treatment for the pregnant woman's partner, even without performing a syphilis test. The use of management and health education tools for the care of pregnant women diagnosed with syphilis, when well designed and implemented with health teams properly trained for this

purpose, enables the eradication of congenital syphilis²².

Some factors that hinder the effectiveness of syphilis treatment are the difficulty of getting the partner to adhere to treatment, lack of continuity of treatment for pregnant women, and sometimes the unavailability of adequate medication. Thus, the quality of prenatal care provided is decisive in the prevention of congenital syphilis, and health professionals play a fundamental role, since their care will directly influence¹⁴.

It is believed that informing pregnant women about the severity of the disease, the mode of transmission, prevention, treatment, and consequences for the fetus, emphasizing the need for concomitant treatment of the partner, is a fundamental strategy for pregnant women to develop an interest in participating in the construction of health care for themselves and their fetuses, even if indirectly, so that they become allies in their own treatment, thus preventing vertical transmission of the infection¹⁵.

In this context, health education is a central nursing strategy, promoting adherence and strengthening care for the couple through a welcoming bond between professionals and users that facilitates understanding of the risks of syphilis and the need for joint treatment. The main nursing strategies that promote adherence include actively seeking out pregnant women and their partners, providing qualified care, expanding the availability of rapid testing, providing health education in accessible language, continuous monitoring with the use of the VDRL test after a positive result, and organizing services with guaranteed supplies, updated protocols, and ongoing education for professionals¹⁹.

Authors emphasize that controlling this disease requires quality prenatal care, with broad coverage and innovative strategies aimed at early detection of pregnant women;

guaranteed diagnosis of the disease during pregnancy and in the shortest possible time, allowing women to receive treatment before the 24th to 28th week of gestation, which is the most effective period for the fetus; and appropriate clinical management of the pregnant woman and her partner(s), including counseling about the disease and ways to prevent it¹⁹.

Educational practice is an action of the nursing professional and is part of nursing care. Conducting health education in a process that encourages questioning, dialogue, reflection, and shared action increases the knowledge of the participants. For health education to take place, it is essential that educators understand the reality, worldview, and expectations of each individual so that they can prioritize the needs of users and not just therapeutic requirements²¹.

CONCLUSION

The objective of the study was achieved, since it was possible to identify in the literature the health education strategies for adherence to treatment of gestational syphilis pointed out by primary care nurses, as mentioned in the literature.

Syphilis is one of the sexually transmitted infections that cause the most damage to pregnant women and their children. Although the etiological agent and its mode of transmission are known, and effective, low-cost treatment with excellent chances of cure is available, it still persists as a serious public health problem.

It should be emphasized that users of health services should receive information about syphilis and be convinced that prevention and treatment can result in important benefits for the health of the mother and the child to be born. It should also be noted that community approaches can be important in informing vulnerable populations and encouraging them to

seek means of detecting syphilis.

The following factors were cited as hindering the effectiveness of GS treatment: difficulty in getting partners to adhere to treatment; temporary shortage of benzathine penicillin G at the UBS; and interruption of treatment by some pregnant women.

The participation of nurses is essential in providing prenatal care and quality assistance to pregnant women, as they promote, prevent, and treat CS through the information and guidance provided during consultations.

The need for educational activities during prenatal care that provide patients with information about syphilis and other STIs was clear. Prenatal care should be considered a great opportunity to implement prevention and health promotion actions.

It was concluded that nurses have a broad understanding of the factors that interfere with pregnant women's adherence to syphilis treatment and that of their partners, but they need a better scientific and practical foundation to more effectively approach the sexual partners of pregnant women.

It is clear that there are still several aspects to be developed in terms of strategies to combat gestational and congenital syphilis. Therefore, it is hoped that this study will corroborate the knowledge and confrontation of this public health problem that is so present in nursing practice.

REFERENCES

1. Abreu, Daniel S.; OLIVEIRA, Francisco B. M. Os desafios da enfermagem no diagnóstico e tratamento da sífilis gestacional: uma revisão integrativa. *Rev. Interd.* v.16, n.1, 2023.
2. Botelho LLR, Cunha CCA, Macedo M. O método da revisão integrativa nos estudos organizacionais. *Revista Eletrônica Gestão e Sociedade*. 2011; 5(11):121-136.
3. Brasil. Ministério da Saúde. Como é a prevenção da transmissão vertical de HIV, sífilis e hepatite B. 2017. Recuperado de <http://www.aids.gov.br/pt-br/pub/2015/protocolo-clinico-ediretrizes-terapeuticas-para-prevencao-da-transmissao-vertical-de-hiv>.
4. Brasil. Ministério da Saúde. Boletim Epidemiológico. Sífilis 2017. 2017 [Citado 2020 Nov 06];48(36). Disponível em: <https://central3.to.gov.br/arquivo/518766/>
5. Brasil. Ministério da Saúde. Secretaria de Atenção à Saúde. Secretaria de Vigilância em Saúde. Orientações para a Implantação dos Testes Rápidos de HIV e Sífilis na Atenção Básica Rede Cegonha. Brasília, 2023. Disponível em: <http://www.exemplo.com/documento.pdf>. Acesso em: 10 set. 2025.
6. Brito L de ME, Mesquita KKCB, Melo JS, Santos TP dos. A importância do pré-natal na saúde básica: uma revisão bibliográfica. 2023Jun.14];10 (15):e51101522471. *RSD [Internet]*. 2021Nov.17 [citado em Disponível <https://rsdjournal.org/index.php/rsd/article/view/22471>]. Acesso em: 14 jun 2025.
7. Braga, B.R. LIMA, A. M. M. SOUZA, V.R. et al. O manejo da sífilis gestacional no pré-natal. *Rev enferm UFPE online*. 2020;14:e243643. Disponível em: <https://periodicos.ufpe.br/revistas/revistaenfermagem/article/view/243643/34761>. Acesso em: 29 de Set 2025.
8. Carvalho AS, Aquino GF, Cardoso AM. Consequências da sífilis gestacional na saúde pública: uma revisão integrativa. *Rev. Cient. Esc. Estadual Saúde Pública Goiás "Cândido Santiago"*. 2023;9(9f8):1-16
9. Dantas LA, et al. Perfil epidemiológico de sífilis adquirida diagnosticada e confirmada em hospital universitário materno infantil. *Enfermería Glob.*, 2018; 16 (2): 227-36.
10. Da Silva, J. P. M.; COSTA, A. C. L. de O.; XAVIER, R. A. L.; ALVES, C. N. M.; BARRETO, E. L. S. de L.; COSTA, W. K. L. A. Sífilis durante a gravidez: a importância e desafios da enfermagem. *Brazilian Journal of Health Review*, [S. l.], v. 6, n. 3, p. 10365-10378, 2023. DOI: 10.34119/bjhrv6n3-155. Disponível em: <https://ojs.brazilianjournals.com.br/ojs/index.php/BJHR/article/view/60015>. Acesso em: 16 oct. 2025.
11. Conselho Federal de Enfermagem (Brasil). Mesa destaca papel da enfermagem no combate à sífilis congênita [Internet]. Brasília: COFEN; 2019 [cited 2025 Set 10]. Available from: <https://www.cofen.gov.br/mesa-de-staca-papel-da-enfermagem-no-combate-a-sifilis-congenita>.
12. Dias, Mariana De Sales; CUNHA, Márcia Regina; MANTEGAZZA, Graziela; NICHIAITA, Lúcia yasuko Izumi. Síntese de evidências para políticas de saúde: enfrentando e reduzindo a sífilis congênita no âmbito da Atenção Primária à Saúde | campus virtual sp_ops. 2023. Disponível em: <https://pesquisa.bvsalud.org/portal/resource/pt/oer-4122>. Acesso em: 1 out. 2025.
13. Gonçalves MM, Silva AA da, Silva DMR da, Alencar AJC, Mororó DGA, Bezerra MMM. Os desafios no tratamento da sífilis gestacional. *Id on Line Rev. Mult. Psic.*; 2020;14(49):106-13. [Acesso em 12 out 2025]. Disponível em: <https://idonline.emnuvens.com.br/id/article/view/2323/3535>.
14. Mesquita, A. L.; SILVA, M. A.; SOUSA, A. J.; JÚNIOR, D.; FERREIRA, V. E.; LINHARES, M. S. Desafios para a prevenção e controle da sífilis congênita. *Millenium*, v.2, n 10. p. 31-37, 2019.
15. Palhares RF, Coelho CM, Anjos LD, Fonseca LT da, Fonseca FR e, Ferreira DB. Conhecimento das gestantes acerca da Sífilis e a importância da educação em saúde. *Braz. J. Hea. Rev.*, Curitiba; 3(3):7073-7080 may./jun. 2020. [Acesso em 12 out 2020]. Disponível em: <http://dx.doi.org/10.34119/bjhrv3n3-238>.
16. Rigo, F.L, et al. Assistência e fatores educacionais associados a sífilis congênita em uma maternidade referência: um estudo caso-controle. *Revista Brasileira Saúde Materno Infantil*, 2021;21(1):139-149. DOI: 10.1590/1806-93042021000100007. Acesso em: 16 de agosto de 2021.
17. Santana, M.V.S. BARBOSA, P.N.G. SANTOS, J.F.L.; Sífilis gestacional na Atenção Básica. *Diversitas journal*. Santana do Ipanema/AL. vol.4, n. 2, p.403-419, mai./ago.2019. Disponível em: https://diversitasjournal.com.br/diversitas_journal/article/view/783/793. Acesso em: 29 de Set 2025.
18. Silva, V. S. T. da. Os (Des) caminhos da Sífilis Congênita no Município de Botucatu/ São Paulo. 2016. 108 f. Dissertação (Mestrado) - Curso de Enfermagem, Universidade Estadual Paulista "Júlio de Mesquita Filho", Botucatu, 2016.
19. Santos, R. de J. Assistência de enfermagem na prevenção de sífilis congênita: uma revisão integrativa. *Saúde.Com*, v. 16, n. 4, 2021. DOI: 10.22481/rsc.v16i4.5730. Disponível em: <https://doi.org/10.22481/rsc.v16i4.5730>. Acesso em: 8 Nov 2025.
20. Silva, M. A. DANTAS, P. S. VETORAZO, J. V. P; A assistência de enfermagem no pré-natal em gestantes diagnosticadas com sífilis: através de uma revisão integrativa. *Revista Eletrônica Acervo Enfermagem*, v. 11, p. e7143, 20 abr. 2021. Disponível em: <https://acervomais.com.br/index.php/enfermagem/article/view/7143>. Acesso em: 09 de outubro 2025.
21. Silva B.,D., M.R.; Oliveira, E.P.; Tricarico, E.C.; Armada e Silva, H.C.D.; Bernado da Silva, R.B.; Santos, M.F.; Chicharo, S.C.R.; Conhecimento sobre a sífilis e o acompanhamento de gestantes em uma clínica da família da zona oeste do Rio de Janeiro. *Saúde coletiva* 2020; (10) N.52
22. Silva VB da S, Backes MTS, Mello JF de, Magagnin JS, Brasil JM, Silva CI da et al. Construção coletiva de um fluxograma para acompanhamento das gestantes com sífilis no município de São José-SC. *Cogitare enferm*. 2020 [Citado 2020 Nov 25];25:e65361. Disponível em: <https://revistas.ufpr.br/cogitare/article/view/65361/pdf>.
23. Silva JG, Gomes GC, Ribeiro JP, Jung BC, Nörberg PKO, Mota MS. Sífilis gestacional: repercussões para a puérpera. *Cogitare enferm*, 2019 [Citado 2020 Nov 15];24:e65578. Disponível em: <https://revistas.ufpr.br/cogitare/article/view/65578/pdf>.
24. Sousa LMM, Marques-Vieira CMA, Severino SSP, Antunes AV. A metodologia de revisão integrativa da literatura em enfermagem. *Rev Investigaçao Enferm*. 2017; 2(21):17.
25. Souza MT, Silva MD, Carvalho L. Revisão integrativa: o que é e como fazer. *Einstein*. 2019; 8(1):102-6.
26. Vicente, J.B. et al. Sífilis na gravidez e sífilis congênita: vivências de mulheres na perspectiva do interacionismo simbólico. *Rev. Bras. Enferm*. 76 (1) • 2023. Disponível em: <https://www.scielo.br/j/reben/a/pYRxxVHh-KXG5pTjQBWcxDCv/?lang=en>. Acesso em: 03 de Nov 2025.