DOI: https://doi.org/10.36489/saudecoletiva.2020v10i52p2124-2137

Knowledge on syphilis and follow-up of pregnant in a clinic of the family of the West Zone of Rio de Janeiro

Conocimiento sobre sífilis y seguimiento de mujeres embarazadas en una clínica familiar en la zona occidental de Río de Janeiro

Conhecimento sobre a sífilis e o acompanhamento de gestantes em uma clínica da família da Zona Oeste do Rio de Janeiro

ABSTRACT
Congenital syphilis is still considered an important public health problem, even though it is a disease that is easily diagnosed and totally preventable. Objective: To identify the knowledge of pregnant women in relation to syphilis during pregnancy. Methodology: This is an exploratory-descriptive field study with a qualitative approach, applied to 15 pregnant women in a Family Clinic in the west of the city of Rio de Janeiro - RJ, Brazil. Results: Low level of education making it difficult to understand the disease and, in most cases, pregnant women undergo treatment, but in contrast, partners do not perform it for several reasons: they are not informed of the disease by their partner or do not take medication for fear. Conclusion: Pregnant women claim to have entered prenatal care easily, but there are still gaps in the performance of appropriate treatment and awareness of partners to embarrass the treatment, in addition to little knowledge about the disease.
DESCRIPTORS: Syphilis; Knowledge; Understanding.

RESUMEN
La sífilis congénita todavía se considera un problema importante de salud pública, a pesar de que es una enfermedad fácil de diagnosticar y totalmente prevenible. Objetivo: identificar el conocimiento de las mujeres embarazadas en relación con la sífilis durante el embarazo. Metodología: Este es un estudio de campo descriptivo exploratorio con un enfoque cualitativo, aplicado a 15 mujeres embarazadas en una clínica familiar en el oeste de la ciudad de Río de Janeiro - RJ, Brasil. Resultados: bajo nivel de educación, lo que dificulta la comprensión de la enfermedad y, en la mayoría de los casos, las mujeres embarazadas se someten a tratamiento, pero a cambio las parejas no lo realizan por varias razones: su pareja no les informa la enfermedad o no toman medicamentos por miedo. Conclusión: Las mujeres embarazadas afirman haber ingresado fácilmente a la atención prenatal, pero todavía hay lagunas en el desempeño del tratamiento adecuado y la conciencia de las parejas para avergonzar el tratamiento, además de poco conocimiento sobre la enfermedad.
DESCRIPTORES: Sífilis; Conocimiento; Prácticas.

RESUMO
A sífilis congênita ainda é considerada como um importante problema de saúde pública, apesar de se tratar de uma doença de fácil diagnóstico e de ser totalmente evitável. Objetivo: Identificar o conhecimento das gestantes em relação à sífilis na gestação. Metodologia: Trata-se de um estudo de campo do tipo exploratório-descritivo com abordagem qualitativa, aplicado a 15 gestantes em uma Clínica da Família na Zona Oeste do município doRio de Janeiro – RJ, Brasil. Resultados: Baixo índice de escolaridade dificultando o entendimento da doença e, na sua maioria, as gestantes fazem o tratamento, mas em contrapartida os parceiros não o realizam por diversos motivos: não são informados da doença pela companheira ou não tomam amedicação por medo. Conclusão: As gestantes afirmam ter ingressado com facilidade no pré-natal, mas ainda existem lacunas na realização do tratamento adequado e de sensibilização dos parceiros embuscar o tratamento, além de pouco conhecimento em relação à doença.
DESCRITORES: Sífilis; Conhecimento; Práticas.

RECEIVED ON: 11/11/2019 **APPROVED ON:** 11/11/2019

Maria Regina Bernardo da Silva
Master in Family and Community Health. MBA in Health Management. Lecturer at Castelo Branco University. RJ, Brazil.
https://orcid.org/0000-0002-3620-3091

Eliane Pinto de Oliveira
Nurse at Castelo Branco University. Post-Graduation in Emergencies and Urgencies and Family Health Management. RJ, Brazil.
https://orcid.org/00000-00016928-5655

Eliane da Costa Tricarico
Nurse at Castelo Branco University. Ronaldo Gazolla Municipal Hospital. RJ, Brazil.
https://orcid.org/0000-0003-0850-8493

Halene Cristina Dias Armada e Silva
PhD student at UERJ. Master's in Nursing. CAP Coordinator 5.2. RJ, Brazil.
https://orcid.org/0000-0003-0850-8493

Raquel Bernardo da Silva
Master's student in Primary Health Care at UFRJ. Nursing Residence Preceptor (PESF). RJ, Brazil.
https://orcid.org/0000-0003-0850-8493

Mariane Fernandes dos Santos
Master's student in Family and Community Health. Professor at Castelo Branco University. RJ, Brazil.
https://orcid.org/0000-0003-0850-8493

Sandra Conceição Ribeiro Chícharo
PhD student at UFF. Specialist Nurse in Intensive Care. Castelo Branco University and São José University Center. RJ, Brazil.
https://orcid.org/0000-0003-0850-8493

INTRODUCTION

The World Health Organization (WHO) has conducted a survey on syphilis and shows that the incidence is about one million cases per year among pregnant women and advocates the timely detection and treatment of these and their sexual partners, considering that the infection can be transmitted to the fetus, with serious implications[1].

In Brazil and Latin America, it is a compulsory notification disease included in the Notifiable Diseases System (SINAN), and every case should be investigated and notified whether alive or dead fetus, the child of a mother with syphilis[2].

Despite having the well-defined etiologic agent, known forms of transmission and treatments with excellent cure rates, the disease is amenable to elimination, as long as the infected woman and her partner are identified and treated before delivery.[1].

Despite the expansion of the diagnosis, most cases continue to be detected late. In 2017, in Rio de Janeiro, 49.5% of SINAN cases were reported by pregnant women, with 2557 cases in the first trimester of pregnancy, 856 in the second trimester, 564 in the third trimester and 49 cases of unknown gestational age[3].

Syphilis is a disease transmitted sexually (acquired syphilis) and vertically (congenital syphilis) through the mother's placenta to the fetus. Contact with contagious lesions (hard cancer and secondary lesions) by the genitals is responsible for 95% of syphilis cases. Other rarer forms of transmission with less epidemiological interest are indirect (contaminated objects, tattooing) and blood transfusion[2].

The disease evolves in a similar way between pregnant and non-pregnant women and can be classified according to the form of contagion as acquired and congenital. Acquired syphilis, due to sexual contagion or blood transfusion, can be recent and late with more than a year of evolution and classified as late and tertiary latent. Congenital syphilis, acquired by transplacental transmission, is classified as recent when diagnosed until the second year of life and late when diagnosed after the second year due[4].

Possible outcomes of syphilis during pregnancy include spontaneous abortion, preterm birth and perinatal death in up to 40% of cases. The surviving newborns, in more than 50% of the cases, are asymptomatic and may, over time, manifest deafness, visual problems and even mental retardation[5].

In Brazil, the Ministry of Health adopted the Family Health Strategy (ESF) as a strategy to plan collective health actions in the context of promotion and prevention, together with care actions, such as prenatal care, so that it can make a preventive diagnosis[4].

Prenatal care is extremely important for public health, and nurses are fully capable of conducting consultations. But, even though prenatal care being recommended by the Ministry of Health and being practiced by nurses in Basic Health Units, it was possible to verify that there are still some difficulties for pregnant women to reach the health service, and nursing professionals, many times, do not perform the consultation according to what is established, which can lead to a deficit in the quality of the consultation[6].

Low-risk prenatal care can be performed by a nurse, obstetrician or not, supported by the Professional Nursing Practice Law, Decree No. 94.406/87. It

is also up to the nurse: to carry out the nursing consultation; perform the nursing prescription; prescribe medications, as long as established in public health programs and routinely approved by the health institution; provide assistance to parturient women, women who have recently given birth and carry out health education, supported by Law No. 7,498/86[7].

The Ministry of Health and, according to the Epidemiological Surveillance Service (EVS), in accordance with Resolution SS No. 41 of 03/24/2005, recommends that during prenatal care, all pregnant women be subjected to at least two exams of VDRL, still perform a new VDRL at the time of delivery to guarantee the newborn the possibility of early treatment, if the pregnant woman has not been treated or has been reinfected after treatment[2-7].

The introduction of rapid testing in the diagnostic arsenal to improve screening coverage for syphilis in pregnancy allows for immediate treatment.

The Ordinance of the Ministry of Health, of December 30, 2011, establishes the possibility of using a rapid test for the diagnosis of syphilis in pregnant women and their partners by professionals trained in health units, in stage I of the diagnosis of syphilis. The rapid test would be used when the pregnant woman arrives for prenatal consultation late or when there is no access to the laboratory to perform the treponema pallidum test[8].

Failures have been observed in prenatal care, both in the performance of the serological test, and in the treatment of pregnant women and their partners, indicating the loss of important opportunities to carry out the strategic actions necessary to control syphilis[9].

It is noted that the early capture and adherence of the pregnant woman to prenatal care, as well as quality care, gives this pregnant woman the opportunity to receive information and guidance that prevent an unplanned pregnancy and protect herself from sexually transmitted infections, and it is at this moment that the monitoring performed by the nursing team enters[10].

Concerns about the care of pregnant women added to the public health problems that syphilis presents must be valued and extremely important. And that the approach to pregnant women about syphilis has a good understanding and responsibilities towards the disease, towards themselves and the community.

The proposal for comprehensive assistance to women's health aims at comprehensive care, with educational and clinical actions, for the establishment of health promotion, involving nursing in public health. Because, it is up to nursing, as well as the multidisciplinary team, to increase such educational actions, making the pregnant woman informed about the importance of continuing treatment and the treatment of her partner for eradication and not recurring the disease[11].

Recommendations are still maintained for the treatment of partners, such as the disease eradication plan. It then states that the sexual transmission of Treponema pallidum occurs only when lesions of mucocutaneous syphilis are present. Such manifestations are uncommon after the first year of infection, but people who are sexually exposed to a person who has primary, secondary or initial latent syphilis should be evaluated clinically and serologically and treated[12].

Considering the missed opportunities in the prevention and treatment of pregnant women during prenatal care in relation to syphilis, it is essential to identify: What is the knowledge of pregnant women in relation to syphilis disease? Therefore, the objective of this research is to identify the knowledge of pregnant women in relation to syphilis.

METHODOLOGY

This is an exploratory-descriptive field study with a qualitative approach. A qualitative method is one that can be defined and applied to the study of history, relationships, representations, beliefs, perceptions and opinions, products of the interpretations that humans make about how they live, build their artifacts and the themselves, feel and think[13].

The research scenario was a Family Clinic in the West Zone of Rio de Janeiro - RJ, and it took place in the reception room with the pregnant women who were being monitored during prenatal care. The research took place from 10 to 30 November 2017, after authorization by the SMSRJ Ethics Committee, Opinion No. 2.127.729. Fifteen pregnant women were included, regardless of their gestational age, who, after the first consultation, had a positive VDRL test and who agreed to participate by signing the Informed Consent Form (TCLE).

Initially, some difficulties happened due to the location of the family clinic being in an area of urban conflict. In 2018, there were 61 alert notifications to the health unit, of which 41 were red alerts to close the unit, data provided by SUBPAV from the Safer Access Program, so only 36% of pregnant women were interviewed. The data collection technique was the individual semi-structured interview[14].

The content analysis used was that of Bardin. For the author, content analysis, as a method, becomes a set of communication analysis techniques that uses systematic and objective procedures to describe the content of messages[15].

The organization of content analysis, according to Bardin, consists of three phases: pre-analysis, material exploration and treatment of results, inference and interpretation. In the treatment of the results, the information was condensed and highlighted for analysis, culminating in inferential interpretations; with the intuition of reflective and critical analysis[15].

Upon obtaining the data, an analysis of the content was carried out by surveying the answers obtained through the questionnaire and the full transcription of the interviews. The data obtained through the interviews were divided into nuclei or units that were presented by categories.

RESULTS AND DISCUSSION

Fifteen pregnant women who agreed to participate in the present study were interviewed, to whom the informed consent was presented and all the terms of the study were explained and, which from now on, become the reference sample, making up 36% of pregnant women with syphilis in this period.

It is observed that 60% of the incidence of syphilis is in pregnant women aged 20 to 25 years, with low education, mostly with incomplete primary education (46.7%), without work activity (60%), low income (60%), they have other children (60%), with a steady partner (80%) and where the vast majority say they do not use or use condoms only occasionally (93.35%).

In this research, it was evident that there is a direct association between ignorance of syphilis and its management in prenatal care due to the low level of education of the infected pregnant woman and a per capita income of one to two minimum wages, these factors being markers of little access. health services, non-use or irregular use of condoms.

Table 1. Socioeconomic profile and marital coexistence of pregnant women in a Family Clinic in the West Zone. Rio de Janeiro, RJ, Brazil, 2017.

IDADE	N	%
Idade	N	%
20 a 25	09	60
26 a 35	04	26,7
36 a 40	02	13,3
NÍVEL DE ESCOLARIDADE	**N**	**%**
Ensino fundamental incompleto	07	46,7
Ensino fundamental completo	02	13,3
Ensino médio incompleto	03	20
Ensino médio completo	03	20
ATIVIDADE LABORATIVA	**N**	**%**
Sim	06	40
Não	09	60
RENDA FAMILIAR	**N**	**%**
Sem renda	02	13.3
Menos de um salário mínimo	02	13,3
Um a dois salários mínimos	09	60,1
Três ou mais salários mínimos	02	13,3
PARIDADE	**N**	**%**
Nenhum	06	40
Sim	09	60
PARCEIRO FIXO	**N**	**%**
Sim	12	80
Não	03	20
USA PRESERVATIVO NAS RELAÇÕES	**N**	**%**
Sim	01	6,65
Não	01	6,65
Às vezes	13	86,7

The distribution of condoms occurs by spontaneous demand directly requested from the person responsible for the pharmacy or the nurse, but there was no activity to encourage the use of condoms for pregnant women. This fact implies that the offer and incentive to use condoms to pregnant women does not commonly exist, as if they were pregnant because there was no sexual practice. However, as shown in this research, recurrence occurs and the pregnant woman does not understand how or why she has to redo her treatment[16].

Some authors claim that the non-use of condoms is associated with the meanings attributed to sexual acts, the condom itself and the process of negotiating its use, inserted in a set of codes, norms and collective expectations. However, the danger results from the fact that sexual relations involve little-known partners and are based on a fragile trust, that is, the woman "trusts" her partner and the non-use of condoms would give him that trust. If the partner does not have sex with anyone else, why should she use it? Thus, its use is considered unnecessary when sexual practice involves habitual partners, in whom trust is placed, whether single or married, in the context of formally monogamous relationships or not[17].

Other arguments presented to explain the non-use of condoms include the fear of addressing this issue, especially in the case of relationships in which it has never been used, the idea that condoms cause allergies, which breaks easily and is annoying, due to the lack of willingness to use them, because they hinder claims regarding procreation or even minimize the enjoyment of money or goods invested in exchange for sexual practice[18].

Regarding the knowledge of syphilis disease of the 15 pregnant women, 93.35% [14] stated that they had started prenatal care in the first trimester of pregnancy, and none of them found it difficult to schedule the first appointment. In their totality, they state that they were informed about the need for the examination of syphilis in the first prenatal consultation. Regarding the knowledge of syphilis disease, 80% af-

firm knowing or superficially knowing the disease, reading (39.5%) being the greatest source of knowledge, followed by information from acquaintances and health professionals, both 26, 7%.

Prenatal care has among its protocols the screening of syphilis in pregnant women and the consequent treatment of women when they present positive tests. Thus, the Family Clinic becomes an ideal space for the control of congenital syphilis, especially about early diagnosis and adequate treatment of cases with positive VDRL, as well as their sexual partners, who must receive concomitant care.

Among the interviewees, 53.7% reported having knowledge of syphilis transmission, but few use condoms, only one said they used it in their daily lives. This fact contributes to the spread of the disease.

Therefore, consultations should not only consist of anamnesis and request for exams, but an opportunity for the pregnant woman to remove doubts and the responsible professional to transmit information relevant to the health of the woman and her baby[19]. Most pregnant women (66.7%) reported having taken three doses of Benzetacil, followed by 33.3% of two doses. As for information to partners, 80% stated that they warned that they had the disease. Of these informed men, 40% did not seek treatment. Those who were informed and did not undergo treatment, the alleged reason was for not wanting to go to the Family Clinic to take their medication and fear.

The absence of men at Family Clinics demonstrates how society is still sexist and prejudiced, with the conception that pregnancy and child rearing are the woman's entire responsibility. The number of cases of untreated partners is higher than the number of treated partners, which shows the difficulty in dropping the transmission chain and indicates the inadequate monitoring of pregnant women[20].

It is observed that of the 15 pregnant women interviewed, six partners were not treated, well below what was expected by the Ministry of Health. Regarding treatment, intramuscular drug therapy contributes to pain resistance during administration and the amount of doses required for completion of treatment[21].

It is important to avoid reinfection during pregnancy, especially in places with high prevalence of syphilis, that the partners are communicated, located and treated, because, in addition to causing the partner to recur, they remain with STI reservoirs in the general population.

During the monitoring of pregnant women, the Ministry of Health proposes supplementary assistance to men and women to receive guidance on how to prevent vertical transmission, with the main form of prevention being the identification and treatment of pregnant women with syphilis[22].

The open questions were characterized by three different categories, as shown below.

The knowledge and understanding of pregnant women about syphilis disease and its treatment

It was observed that 60% of the interviewees reported not knowing about the syphilis disease and its treatment. Despite answering previously in closed questions that knew the disease, their reports were very fragile, showing little knowledge about the disease.

> *H, M "Do not understand well. I know it is a transmissible STD and as for treatment as soon as I found out, I started treatment with Benzetacil."*
> *J, L "I'm not sure, but it's a serious illness for the baby, I had an injection."*
> *A, B, C, "Cannot understand the disease."*

A similar study carried out in Sobral, Ceará, states that the participants' speeches demonstrate ignorance about the disease, the forms of prevention and treatment, being one of the factors that hinder the couple's compliance[23].

Another issue is that women's little knowledge about syphilis may have been acquired only after the disease was confirmed. This leads us to believe that before the diagnosis, women had no knowledge about syphilis and became interested in the topic after diagnosis[24].

Of the interviewees, 40% reported knowledge about the disease and treatment, but despite the knowledge, they had the disease during pregnancy.

> *I, K. "Ah, it is a disease transmissible by sex, blood and the treatment I did is with Benzetacil."*
> *E F. "I understand. I just don't know why I had to repeat the treatment done before."*
> *N and O." It is a disease transmitted by blood, sex and placenta and I took 3 doses of Benzetacil for three weeks."*

As for the transmission of the disease, there was an existing confusion between acquired syphilis and congenital syphilis, with no specific distinction being observed by most pregnant women.

In another study, also carried out in Ceará in the city of Crato, nurses highlighted some weak points regarding non-adherence to treatment, which were related to the partners of pregnant women, such as: level of education, ignorance of the disease, work activities, level of relationship with the pregnant woman and absence in prenatal care[25].

This lack of knowledge about the disease is also attributed to the low quality of prenatal care due to failures in the health service and policies for assessing the quality of the care provided, noted with the failure to screen pregnant women, the failure of pregnant women to return to the hospital. unity, non-compliance and treatment of partners, failure to perform the protocol of seven consultations during pregnancy[26].

However, it is observed that many women believe that just an unprotected relationship is not enough to acquire any STI. Promiscuity is also believed to be the likely contamination of women by their partner[25].

The knowledge of pregnant women about syphilis was not properly understood during prenatal care, since consultations are the space that pregnant women must answer questions and professionals to practice health education.

Knowledge about how to prevent Syphilis disease

In this category, knowledge on how to avoid syphilis disease is analyzed in the interviewees' statements and the following answers were obtained:

> *A, B, and L" I know that we need to use condoms in relationships and not have many sexual partners, right?"*
> *E, I and N "Using condoms during sexual intercourse avoids syphilis and the treatment is with an injection of Benzetacil."*
> *C, J and M "I don't know about this disease, but I do know that it takes an injection in the treatment."*

It is known that the positive pregnant woman and her partner must be treated and monitored by the health service, and the use of condoms is recommended even after treatment. However, women need to receive information during prenatal care, making them the means to prevent the recurrence of the disease.

As observed in this study, the partner is occasionally not informed, making the use of condoms and the partner's treatment decisive factors for the effective cure of the pregnant woman. The occurrence of congenital syphilis is considered unacceptable today, where 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, inexpensive and have a great impact on disease control[27].

However, it is observed in the interviewees' statements that, despite their statements about knowing how to avoid the disease, there was a recurrence of syphilis, they are being treated, as they have the disease. In this sense, attention is drawn to the importance of contraceptive methods, such as the female condom, which empower women by facilitating their autonomy, especially regarding the choice of safe sex and double protection.

The consequences of inappropriate treatment

> *A, F, and L "The nurse said that not having the treatment, the baby is born sick with syphilis."*
> *B, F, I and O "The baby is born with the disease and can die."*
> *C and D. "I don't know what can happen."*

About the interviewees, 63% (09) said they knew that their children could develop sequelae or even die, if they were born with the diagnosis of the disease, but they were not sure to report what these complications would be, so they are concerned about the ways they are passed on this information to them.

The lack of adequate treatment for pregnant women with syphilis may develop consequences in the neonate, such as: low weight, prematurity, fetal death, acute and neurological complications, deformities, dental and bone changes[28].

The Ministry of Health adds that among the main symptoms are: cutaneous-mucous lesions (spotted rash), mainly on the face and extremities; bullous lesions; perioral and anal fissures. In late congenital syphilis, lesions are irreversible characterized by: Olympic forehead, warhead palate, saber tibia, Hutchinson teeth and blackberry molars[3].

According to WHO, users of health services should receive information about syphilis and be convinced that prevention and treatment can result in important benefits for maternal and child health. Also highlighting that community approaches can be important to inform the vulnerable public and stimulate the search for means for the detection of syphilis[11].

However, one cannot fail to take into account the mothers' low level of education, which leads us to consider that they may even have received information regarding the disease but are unable to assimilate or understand this learning.

It is also important to emphasize that public health institutions generally have difficulty in producing educational programs aimed at the population that do not have formal education, which contributes to the failure to realize the learning of information that is essential for prevention, making them more vulnerable to contracting many diseases. disease[29].

CONCLUSION

Syphilis is one of the sexually transmitted infections that cause the most harm to pregnant women and children. Despite knowing the etiological agent, its mode of transmission, having an effective and low-cost treatment, with excellent possibilities of cure, it persists as a serious public health problem.

Through this study it was possible to conclude that the pregnant women interviewed did not have enough knowledge to supply their needs regarding the disease. Despite knowing or claiming to have received information related to the disease, they demonstrated difficulty in expressing themselves. This fact is due to difficulties associated with the social context in which they are inserted, such as: low socioeconomic status, low level of education, little compliance to fixed partners and previous ignorance about the disease.

On the other hand, it can be said that, despite the coverage of the health network programs regarding prenatal care, all pregnant women claim to have easily entered the basic unit, but there are still gaps in the provision of appropriate treatment and awareness partners to seek treatment.

There is a need for greater attention to pregnant women during prenatal care, educational actions to the community in which they are inserted in order to assist in this understanding and minimize their recurrence. And we cannot let the local violence go unnoticed, which can also hinder the return of these women to the health unit.

Finally, it can be said that there is a gap between intention and gesture, especially regarding the transmission of knowledge by professionals. It remains the suggestion to take advantage of all the opportunities for attendance of this pregnant woman and that educational actions be developed aimed at expanding the knowledge and awareness of the pregnant woman about syphilis and sensitizing the presence of her partner in prenatal consultations, whenever possible. ■

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