

Millenium, 2(10), 31-37.

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DESAFIOS PARA A PREVENÇÃO E CONTROLE DA SÍFILIS CONGÊNITA
CHALLENGES FOR THE PREVENTION AND CONTROL CONGENITAL SYPHILIS
DESAFÍOS PARA LA PREVENCIÓN Y CONTROL DE LA SÍFILIS CONGÉNITA

Anna Larissa Mesquita¹
Maria Adelane Silva²
Ana Jessyca Sousa¹
David Júnior¹
Verena Emmanuelle Ferreira¹
Maria Socorro Linhares²

¹ Universidade Federal do Ceará, Sobral/CE, Brasil

² Universidade Estadual Vale do Acaraú, Centro de Ciências da Saúde, Sobral/CE, Brasil

Anna Larissa Mesquita - larissamoraemesquita@gmail.com | Maria Adelane Silva - adelanemonteiro@hotmail.com |
Ana Jessyca Sousa - ana1jessyca@gmail.com | David Júnior - david-junior23@hotmail.com | Verena Emmanuelle Ferreira - verenaemmanuelle@gmail.com |
Maria Socorro Linhares - socorrocarneiro1@gmail.com



Corresponding Author

Ana Jessyca Sousa

Rua Raimundo Nogueira, 271, bairro Coração de Jesus
62010-190 Sobral – Brasil
ana1jessyca@gmail.com

RECEIVED: 28th February, 2019

ACCEPTED: 12th July, 2019

RESUMO

Introdução: A qualidade da assistência pré-natal oferecida é decisiva na prevenção da sífilis congênita e os profissionais de saúde possuem um papel fulcral, uma vez que sua assistência influenciará diretamente.

Objetivos: Compreender os desafios na realização do pré-natal para a prevenção e controle da sífilis congênita.

Métodos: Trata-se de um estudo exploratório com abordagem qualitativa. O cenário foi uma região de saúde do estado do Ceará e a coleta de dados ocorreu no período de agosto de 2016 a setembro de 2017. Houve aplicação de questionário com 59 profissionais, para análise utilizou-se o referencial de Discurso do Sujeito Coletivo. A pesquisa respeita princípios bioéticos da Resolução nº 466/12, aprovada pelo Comitê de Ética em Pesquisa sob protocolo número 1.633.568.

Resultados: A partir da análise do discurso dos profissionais resultou em cinco discursos divididos em duas temáticas: Corresponsabilidade da Gestante; Adesão do Parceiro ao Tratamento; Vulnerabilidades das Gestantes com Diagnóstico de Sífilis, Rotatividade de Profissionais e o vínculo com a população e Falta de atualização profissional.

Conclusões: Ressalta-se que deve ser considerado e dado ênfase as vulnerabilidades das gestantes, de forma a valorizar suas necessidades e subjetividades para conseguir realizar um pré-natal de qualidade e prevenir e controlar a sífilis congênita.

Palavras-chave: Sífilis Congênita; Assistência Pré-natal; Gestantes; Profissionais de Saúde

ABSTRACT

Introduction: The prenatal assist quality offered is decisive in the preservation from congenital syphilis, the healthcare professionals have essentials role, once your assist will influence directly.

Objectives: Understand the challenges in the perform the prenatal for the preservation and control congenital syphilis.

Methods: It's a exploratory study with qualitative approach. The scenario was a Ceará state healthcare region and the data collect occurred in from august 2016 to September 2017. There was apply a quiz with 59 professionals, for the analyze has used it the referential of Discourse of the Collective Subject. The research respects the bioethics principles from resolution nº 466/12, approved it for the ethic committee in research over number protocol 1.633.568.

Results: From the analyze of the professionals' speech end up in five speeches divided in two thematic: Pregnant co-responsibility; Partner accession to the treatment; Pregnant Women Vulnerabilities with syphilis diagnostic; Professionals Rotation and the bond with the population and professional's update lack.

Conclusions: Stands out that should be considered and give it emphasis the pregnantes vulnerabilities, in a way to give value your needs and subjectivities to achieve a prenatal with quality, preventing and controlling the congenital syphilis.

Keywords: Congenital syphilis; Prenatal assist; Pregnantes; Healthcare professionals

RESUMEN

Introducción: La calidad de la asistencia prenatal ofrecida es decisiva en la prevención de la sífilis congénita y los profesionales de la salud desempeñan un papel fundamental, ya que su asistencia influenciará directamente.

Objetivo: Comprender los desafíos en la realización del prenatal para la prevención y control de la sífilis congénita.

Métodos: Se trata de un estudio exploratorio con enfoque cualitativo. El escenario fue una región de salud del estado de Ceará y la recolección de datos ocurrió en el período de agosto de 2016 a septiembre de 2017. Hubo aplicación de cuestionario con 59 profesionales, para análisis se utilizó el referencial de Discurso del Sujeto Colectivo. La investigación respeta los principios bioéticos de la Resolución 466/12, aprobada por el Comité de Ética en Investigación bajo protocolo número 1.633.568.

Resultados: A partir del análisis del discurso de los profesionales resultó en cinco discursos divididos en dos temáticas: Corresponsabilidad de la Gestante; Adhesión del Socio al Tratamiento; Vulnerabilidades de las Gestantes con Diagnóstico de Sífilis, Rotatividad de Profesionales y el vínculo con la población y Falta de actualización profesional.

Conclusiones: Se resalta también que debe ser considerado y dado énfasis las vulnerabilidades de las gestantes, de forma a valorar sus necesidades y subjetividades para lograr realizar un prenatal de calidad y prevenir y controlar la sífilis congénita.

Palabras-clave: Sífilis Congénita; Asistencia prenatal; Gestantes; Profesionales de Salud

INTRODUCTION

The congenital syphilis (CS) occurs with the *Treponema pallidum* contagion by the mother's transplacental to the fetus. It is preventable when identified and occurs the correct treatment to the infected pregnant and her sexual partners. The transmission of

congenital syphilis occurs mainly intrauterine; however, it can be found in the passage from fetus through the childbirth channel. The fetal infection probability is influenced from the syphilis stage in the mother and the duration of the exposition to the fetus. Thus, the transmission is bigger when the woman presents primary or secondary syphilis during the gestation (Feitosa, Rocha, & Costa, 2016). Some consequences of that contamination could be abortion, stillborn, prematurity, low weight at birth and congenital syphilis (Hawkes, Matin, Broutet, & Low, 2011).

It is estimated that were 22,800 cases of congenital syphilis in the American continent in 2015, with a increase rate of 1.7 cases for 1,000 live births. The high and growing rate in the American continent is related to the registers in Brazil, which was responsible to 85% of the CS cases in the same year. The number cases in Brazil almost doubled between 2010 and 2015. The number cases in Brazil almost doubled between 2010 and 2015. This increase runs for the greater disponibility of quick tests, penicillin lack, and the fact that primary cares does not treat almost half of the patients, there being the referral to other levels attention with subsequent lost during the treatment process.

The Pan American Health Organization goal since 2014 is that the incidence rate of congenital syphilis be 0.5 cases by one thousand live births. In 2015, 20 countries in the Americas achieve the goal on elimination of congenital syphilis, 21 countries were progressing in direction to the goal and 11 countries did not have informed enough data to evaluate the progress.

The congenital syphilis prevention should happen in the prenatal with the increased access to the pregnant, with the disease tracking, by means realize exams already in the first prenatal appointment and in the third semester, together with the treatment to the pregnant and her sexual partner and the expansion of intervention programs to high risk groups (Wijesooriya et al. 2016).

Some factors that difficult the effectiveness treatment of syphilis is the difficult adhesion from the partner to the treatment, lack of continued the treatment from the pregnantes an sometimes the unavailability suitable medicine (Nunes et al. 2017). Like this the prenatal assist quality offered is decisive in the prevention on congenital syphilis and the healthcare professionals possess a crucial role, once yours assist will influence directly.

Thus, considering the healthcare professionals that realize the prenatal and the difficulty in control and prevention on congenital syphilis, the study objectified understand the challenges in perform the prenatal for the prevention and control on congenital syphilis.

1. METHODS

It is an exploratory study on qualitative nature. The exploratory research has a goal to know the variable from the study in the way how it presents itself, together with its meaning and context which it inserts itself. Providing greater familiarity with the problem, with sights to turn it more explicit. Can be a preliminary stage realized with the goal to get better fit the measure instrument to the reality that it is pretend to be known. Its planning can involve bibliographic lifting, interviews with persons who had practical experiences with the problem research, and analysis from examples that stimulate understanding (Gil, 2010).

The study scenario has built itself by a healthcare region from Ceará. The territory from this state is divided in five macro regions and 22 healthcare regions, according to the regionalization plan instituted, by virtue the process of health regionalization and municipalization, according the SUS's principles. The present study had as scenario a health region from the north of this state formed by 24 counties, being the bigger coordination in relation to the number of counties.

The option for this healthcare region as field to be study, came on purposeful form and to the fact of the research team act in the reference county from the region and for present a diversity social, economic and cultural in the counties, providing an amplified view about the investigation from the pregnant women needs with syphilis.

The counties from region was divided in three groups according with the incidence (low, moderate and high). There were raffled two counties from each group, on what was interviewed healthcare one professional in each healthcare basic unit, totalizing six counties and 59 professionals. As choice criteria was utilized the length of service, considering the professional with more time in basic attention, and that did accept formally participate. There were excluded from the sample professionals that was in vacation period. The data collect was made by means of visits to the counties and the healthcare basic units for getting data, it was applied a quiz about the prenatal assistance weakness in the prevention and control on congenital syphilis find it in the county. The speeches were recorded and faithfully transcribed for due analyze.

For the data analysis, the content was read, codified, analyzed and organized through referential of Discourse of the Collective Subject (DSC), that according with Lefevre and Texeira (2005) is considered a process to analysis that utilize a technique for a grouping and categorization from speeches without triangulation or modification of this.

The DSC configure as a technique of tabulation and organization on qualitative data through systematic procedures and standardized, It aggregates testimonies without decrease him to quantities, He represents meaningful change in the quality, efficiency and the qualitative research reach, because it's possible to know, with the security on scientific procedures, in detail and in your natural form, the thoughts, representations, believes and values, over all kind and sizes of collective, and about all kind theme. (Lefevre, Lefevre, & Teixeira, 2005).

For the analysis, the data was initially organized in the Analysis Instruments in the Speech 1 and 2 proposed (Lefevre, Lefevre, & Teixeira, 2005), in order to select the key expressions, group them according with the similarity, attributing the central ideals, to give subsidies for built the speeches.

The ethical procedures in the subjects of the research was guaranteed through bioethics principles postulates in the resolution 466/12 from the Health National Council, which incorporates, under the point of view on the individual and the collectivities, the four basic references in bioethics: autonomy, not maleficence, beneficence and justice, among others, and aim to secure the rights and duties about the scientific community, to the subjects from the research and the work.

This study integrates a bigger research titled "Congenital syphilis in the counties of North Zone in Ceará State: Structure and Process Evaluation" which was submitted to the Scientific Committee of the Department of Health from the county, and to ethical committee in Research with the Certificate of Presentation for Ethical Appreciation (CAAE) 53309615.2.0000.5053 and was approved with the protocol number 1.633.568. All the professionals involved in the research signed the Term Free and Informed Consent (TFIC).

2. RESULTS AND DISCUSSIONS

From the analysis on the professionals' speech, where the central ideas were grouped by the discursive contents that interrelate itself, its result was five speeches. They are exposed on the board 1 and They was divided in two thematic, one related to the pregnant women needs and couples with the speeches: Pregnant Woman Co-responsibility; Adhesion from the Partner to the treatment; Pregnant Women' Vulnerabilities with Syphilis Diagnostic, and the other thematic is about the professionals and services, like: Professionals Rotativity and the bond with the population and professional update lack (Mesquita et al., 2017).

The DSC-A was composed from professionals' the key expressions that revealed during the pregnant women treatment with syphilis their co-responsibility lack, by their prenatal frequency, in the appointment's realization in the right time and the correct medicine use. Studies performed in Ceará and Rio de Janeiro shows professionals reports that consider as a difficulty the syphilis approach at the beginning on late prenatal, the negation on the pregnant women in perform the exams and the treatment, and addition there are a lot pregnant women with positive serology that did not returned to the HBU to receive the exam results (Domingues, Lauria, Saraceni, & Leal, 2013; Costa et al., 2013).

Florêncio (2018) points the behavior as one of the features health vulnerability. Where the self-care should be stimulated by the responsible professionals, making it part in healthcare promotion. The acceptance to the treatment is a behavior related about making decisions, that can be influenced by their beliefs and professional indications.

Table 1 – Summary from the challenges found by the healthcare professionals.

Thematic: Pregnant Women and Couple needs
IC-A Pregnant woman co-responsibility
DSC-A: <i>I believe fragility coming in most cases in the patient itself. Sometimes we do our job, but we cannot do the patient role. The pregnant woman that does not have the self-care. So, the fragilities appear more when the patient does not help, we always have that patient that is hard to deal, and We must make an active search. We need to go ahead, the woman is not in her home to make the exam or to take the medicine, everything become harder.</i>
IC-B Partner accession to the treatment
DSC-B: <i>I think more harder than our job is the community accept the treatment, especially the partner. Sometimes the woman does the treatment, but the partner does not, he does not want, or he does not come, even when we try to sensitize him, informing about the illness. The treatment has duration of three weeks, the penicillin has that myth about be a painful injection, so it arises a preconception from the partner, I think that is not necessary his treatment, but only his life mate. This fragility happens and turns difficulty the treatment and control on congenital syphilis.</i>
IC-C Pregnant Women Vulnerabilities with syphilis diagnostic
DSC-C: <i>There are resistance on account the illness understanding lack from part of the pregnant woman. This occurs by the vulnerability condition, maybe by the knowledge lack, study lack, school level, from that person with syphilis. Another thing is the resistance from that person that use drugs, and it's on the streets, so that person does not have anyone as a reference that can support it, so we try to get a caregiver, one person who can be a reference in the treatment from that person that lives in the street or that lives alone, The caregiver could be a neighbor, some friend that can stay with the partner in the unit. The majority has more than one sexual partner and when they will have sex, they already are on drug effects, and they will not have consciousness to use condom.</i>
Thematic: Professionals and services
IC-D Professionals Rotation and the bond with the population
DSC-D: <i>I see as a fragility the professional's rotation because it causes the knowledge lack in the territory, the bond's lack with the population, and all these things make hard the people trust and do the treatment. Sometimes we lost attendances when we do not have a doctor, because there is a high doctor's rotation. Inexperienced professionals end up been less resoluteness. Besides that, when I came here in the unit there was not any register book from the syphilis cases in order to have a control and tracking, and the healthcare community agent does not have this knowledge and we are starting basically from scratch.</i>
IC-E Professional's update lack
DSC-E: <i>I think that the fragility is related with the permanent education, we don't have a space or training, because it's necessary for us be updated in order to transmit information, like a course, because even with a specialization the things are evolving. Especially when we do not go along to much cases, it's important to invest training for a better monitoring. We know how to do, but it is missing a "little push". I think in this way.</i>

Source: Elaborate by the Author.

The DSC-B reflects how pregnant women's the partner influences the prevention of congenital syphilis, since the partner does not support it, makes treatment inadequate for syphilis and increases the probability of vertical transmission of the disease. Integrative

reviews clearly show that if the woman's sexual partner does not receive the treatment, the woman assumes the risk of reinfection with syphilis. (Yui et al., 2017).

The main cause of inappropriate treatments on prenatal is the no realization together from the pregnant woman and the partner (Lafetá, Martelli Junior, Silveira, & Paranaíba 2016). Campos, Araújo, Melo, Andrade e Gonçalves (2012) verified that the partners are informed about the disease and its consequences and they simply do not perform the treatment, thereby, wondering the cultural issue on the sicken int the man, as well as there are relations with the administration and pain int the medicine application. Figueiredo et al. (2015) have displayed that one way to weaken the bond with the partner is making the routing to the hospital, because could have delay in the attendance and waiting in the medicine administration, further the partner hampers to confirm the treatment realization.

However, the Health Ministry threw an informative note in October 2017 changing the definition criteria's in cases of syphilis notification. For the definition for congenital syphilis case, starting from this note should not be considered the treatment for the mother's sexual partner. Worrisome fact considering that previously with the mandatory information's from the partner already had difficulties in the test perform and treatment, and with this note could be even harder the treatment besides the rate increase in the reinfection of the mother.

Besides the barriers with service opening hours, pain the medicine application, there is also the fear from the pregnant woman to reveals the diagnostic to the partner, or by fear to be charge by the disease, or by could not deal with the doubt about the partner fidelity. Around this subject there are a lot of feelings like guilt, fear by contamination from the partner, or proof of infidelity (Cavalcante et al. 2012).

In the DSC-C the professionals marked vulnerabilities situations from the patients with syphilis that in some way influenced the treatment, for example, the no understanding about the severity of the disease because the low education, drugs consuming, live in the street and more than one sexual partner.

When it comes to vulnerability in health, one concept that joins with the professionals' DSC-C is the functional literacy, which gather sub concepts like learning, schooling, cognition and knowledge. Its defined as judging capacity and decision-making, the knowledge and skills to understanding, evaluation and application of the general information's daily (Florencio, 2018).

Domingues and Legal (2016) starting from the data 'To born in Brazil' have observed the influence from the maternal schooling, once that when as less woman's schooling, higher the occurrences syphilis infection and congenital syphilis. Beyond this, most women with syphilis diagnostic in the gestation did not live with the partner, they develop less paid work and possesses higher factors of risk for the prematurity.

In one research with mothers about living the motherhood, one of the complains during the prenatal was the feeling to be invisible for the professionals responsible for the attendance, in a way that they could not understand her needs and vulnerabilities (Muñoz, Sanchez, Arcos, Vollrath, & Bonatti, 2013). So the subject's health vulnerability related to your functional literacy is a barrier for a interaction and dialog between professional and the pregnant women, once the professional cannot make them understand, and the patient has a limited understanding the treatment importance and attendance for preservation of syphilis, demanding more effort by the professional to make an effective communication.

However, even with studies that identify vulnerabilities and with the professionals experiencing this in practice, the syphilis cannot be characterized only by these factors. Domingues, Lauria, Saraceni, & Leal (2013) shows that almost half, 47.9% of the pregnant women with syphilis have 11 year or more of education. So, we can reflect that there are patients with conditions favorable sociodemographic and that possesses the disease and deserve attention.

One important element that has emerged in the speech was about the attempt to establish one person as a caregiver, or at least with the function to support, being reference on the persons' treatment that live on street. This refer to the programmatic vulnerability, that Ayres, França Júnior, Calazans, & Saletti Filho (2009) said be related with health's services form and how they deal with the situation in order to minimize vulnerabilities contexts, or using the education, culture, social well-being. Thereby, the FSE team uses health equipment to operate effectively in this situation, targeting people with bonds to the women.

In this sense, is primordial the understanding of the pregnant women vulnerabilities with syphilis by the health professionals, with its social aspects, cognitive and subjective, once its influence directly in the disease perception, in the clarification of treatment and prevention. And Its issues that are related to contexts and different family's relations, at where each one should be analyzed with uniqueness.

The DSC-D expressed concerns with the frequent turnover of professionals, causing bond lost, leaving a UHB with unskilled professionals, further the lost or missing of registers of each syphilis case, affecting the cares continuation. The consequences dispose by Giovanni and Vieira (2013) agrees with the professionals needs in the DSC-D, that are the impossibility to keep the team integrate, productive decrease, due the time spent with repeated training and the difficulties for new hiring and insurance transmitted to the users.

The turnover is not a cause, but a consequence from factors related to management organization. Magnago and Pierantoni (2014) lifted as variable that increase this turnover the high workload, low remuneration, the work overload generated by the excess of bond users to one healthcare team.

Like this, the turnover of professionals compromises the FHS model, being able to influence the assistance quality and even the user's satisfaction. In the congenital syphilis case this is a lot worst, because causes damage in the prenatal case conduction as well as the child accompaniment. The bond is built with the user by reception, empathy and effective communication. The education on healthcare should be realized with mindset to educate, advise and sensitize both the partner and the pregnant woman for the treatment.

The DSC-E brings the professional update as a crucial factor in attendance of syphilis, being necessary that the county offers frequents updates about the subject to keep them skillful. In an interview was expressed that there is no space to the trainings.

The professional update creates a link between formation, management, attention and participation in healthcare field. It is based on meaningful learning, in which pedagogical experiences are developed within the health services that provoke the reflection and evaluation of the actions in the work process of the team. It is used as a tool for the construction of care, because it allows reflection on the work developed. However, it has been seen that there are difficulties related to the operationalization of the professional update and that reflect in the assistance to the users, such as insufficient training and qualification, overloading and non-valuation of the work, leaving workers in a situation of vulnerability (Bonfim et al., 2017).

This feeling of vulnerability was also exposed by the interviewees and was evident in the speech, when they report: (...) *For us to pass on information it is good that we are more up to date (...)* (DSC-E), they showed the need to have more knowledge for Health Education made to users. They also demonstrated this weakness in the management of a case of gestational syphilis when they expose: (...) *Especially when people do not follow up so many cases, it is important to invest in training to improve monitoring (...)* (DSC-E).

The research by Silva et al. (2014) demonstrated the healthcare professionals from FHS did not show satisfactory knowledge about the Ministry of Health recommendations to prevent and control congenital syphilis, mainly in the diagnosis, treatment and follow-up of the pregnant woman with VDRL reagent.

Still in this sense, Brito, Oliveira and Silva (2012) verified that users established more bond and trust to the specialist professionals due to some factors such as clarity in communication, safety in the follow-up of cases and attentive listening. This further demonstrates the need for training and qualification in order to favor the practice of professionals and to gain the confidence of users.

CONCLUSIONS

The study has pointed as the challenges the pregnant woman co-responsibility, the partner adhesion to the treatment and the women vulnerability with this diagnosis. Related to the healthcare professionals emerged the turnover causing the bond's lost to the population and the necessity of up to date the professionals. It stands out also that should be considered and give it attention to the pregnant vulnerabilities, in order to valorize hers needs and the subjectivity to get a prenatal with quality and to prevent and control the congenital syphilis.

The limitation in this study was related to the resistance from some professionals to respond the quiz, geography barriers related the distance between counties and the fact about the professionals did not possess to much time acting in this kind of service.

Based on this challenge found it is crucial that the managers promote updates, education for his professionals and a better work conditions, in order to avoid turnover and increases the bond with the population. It is necessary that the professionals valorize in their workflow the pregnant women subjectivity and from the sexual partner.

It is suggested the developing on research along the women whose transmitted syphilis to their children for better know the context, the support network and the mother's vulnerabilities.

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Mesquita, A. L., Silva, M. A., Sousa, A. J., Júnior, D., Ferreira, V. E. & Linhares, M. S. (2019).

Challenges for the prevention and control congenital syphilis. *Millenium*, 2(10), 31-37.

DOI:

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