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RESEARCH ARTICLE (ORIGINAL)

Interactional Experiences of Pregnant Women with Syphilis During Prenatal Care

Experiência Interacional de Gestantes com Sífilis durante o Pré-Natal

Experiencia Interactiva de las Mujeres Embarazadas con Sífilis durante el Periodo Prenatal

Monika Wernet [1]
https://orcid.org/0000-0002-1194-3261

Júnia Lanny Sousa Silva [1]
https://orcid.org/0000-0002-5223-8147

Carla Regina de Almeida Corrêa [1]
https://orcid.org/0000-0002-6863-868X

Eliane de Lima Leite Sansão [1]
https://orcid.org/0009-0008-3686-7737

Andrea dos Reis Fermiano [1]
https://orcid.org/0000-0003-0279-0635

Ana Carolina Gianeis [1]
https://orcid.org/0009-0001-3028-3959

[1] São Carlos Federal University, Nursing Department, São Carlos, São Paulo, Brazil

Corresponding author
Júnia Lanny Sousa Silva
E-mail: junia4872@gmail.com

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Abstract

Background: Gestational syphilis is a major public health problem in Brazil and in many parts of the world. In healthcare settings, stigma surrounding the disease acts as a barrier to the relationship between professionals and patients.
Objective: To analyze the interactional experience of young women diagnosed with gestational syphilis in their encounters with healthcare professionals during prenatal care.
Methodology: This is an exploratory, qualitative study grounded in the theoretical framework of Symbolic Interactionism and thematic analysis. Individual, face-to-face semi-structured interviews were conducted with 18 Brazilian women diagnosed with syphilis during pregnancy. The study was approved by a Research Ethics Committee in Brazil.
Results: The interactional experience of young women with healthcare professionals during prenatal care was characterized by discomfort and vulnerability, as an effect of the symbolic meanings associated with syphilis in professional–patient interactions. The findings are presented in two thematic categories: The symbolism of syphilis, meanings and its associated suffering and A morally threatening relational context.
Conclusion: The interactional experience was marked by discomfort and the experience of prejudice related to the stigma surrounding sexually transmitted infections.

Keywords: prenatal care; social stigma; pregnant people; professional-patient relations; sexually transmitted diseases

Resumo

Enquadramento: A Sífilis gestacional é um importante problema de saúde pública no Brasil e em boa parte do mundo. No cuidado em saúde o estigma em relação a doença atua como dificultador das relações entre profissionais e pacientes.
Objetivo: Analisar a experiência interacional da mulher jovem diagnosticada com Sífilis gestacional junto ao profissional de saúde no cuidado pré-natal.
Metodologia: Estudo exploratório, qualitativo, desenvolvido sob os referenciais do Interacionismo Simbólico e da análise temática. Foram realizadas entrevistas semiestruturadas individuais e presenciais com 18 mulheres brasileiras diagnosticadas com Sífilis gestacional. O estudo recebeu aprovação da Comissão de Ética do Brasil.
Resultados: A experiência de interação da mulher jovem com o profissional no pré-natal está caracterizada por desconfortos e fragilidades, efeito dos simbolismos da Sífilis na interação com o profissional. Os resultados estão apresentados a partir de dois temas: Simbolismo da Sífilis, significados e sofrimentos e Contexto relacional moralmente ameaçador.
Conclusão: A experiência interacional foi marcada por desconfortos e pela vivencia de preconceitos vinculados ao estigma que envolve as infecções sexualmente transmissíveis.

Palavras-chave: cuidado pré-natal; estigma social; gestantes; relações profissional-paciente; infecções sexualmente transmissíveis

Resumen

Marco contextual: La sífilis gestacional es un importante problema de salud pública en Brasil y en gran parte del mundo. En la atención en salud, el estigma en relación con la enfermedad actúa como un factor que dificulta las relaciones entre profesionales y pacientes.
Objetivo: Analizar la experiencia interaccional de la mujer joven diagnosticada con sífilis gestacional junto al profesional de salud en el cuidado prenatal.
Metodología: Este estudio exploratorio de enfoque cualitativo se fundamentó en el marco teórico del Interaccionismo Simbólico y en el análisis temático. Se realizaron entrevistas semiestructuradas individuales, presenciales, con 18 mujeres brasileñas diagnosticadas con sífilis durante el embarazo. El estudio fue aprobado por un Comité de Ética en Investigación en Brasil, de acuerdo con las directrices éticas nacionales.
Resultados: La experiencia de interacción de la mujer joven con el profesional en el prenatal está caracterizada por incomodidades y por vulnerabilidades, efecto de los simbolismos de la sífilis en la interacción con el profesional. Los resultados se presentan a partir de dos temas: Simbolismo de la sífilis, significados y sufrimientos *y* Contexto relacional moralmente amenazador.
Conclusión: La experiencia interaccional estuvo marcada por incomodidades y por la vivencia de prejuicios vinculados al estigma que rodea a las infecciones de transmisión sexual.

Palabras clave: atención prenatal; estigma social; personas embarazadas; relaciones profesional-paciente; enfermedades de transmisión sexual

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Introduction

Syphilis during pregnancy is recognized as a global health condition, and its control remains a public health challenge, given the possibility of adverse pregnancy outcomes, including miscarriage, prematurity, low birth weight, and neonatal death, as well as consequences for the child's health and development in cases of vertical transmission (Domingues et al., 2021; Sankaran et al., 2023).

Feeling comfortable with healthcare professionals during prenatal visits influences timely treatment adherence, which can reduce vertical transmission and the risk of congenital syphilis (Ferreira, 2025). However, stigma around sexually transmitted infections (STIs) continues to exist and hinders the development of trusting and welcoming relationships, which can negatively impact the quality of care (Dos Passos et al., 2025; Klein et al., 2021). Recent studies indicate that stigma in relationships with healthcare professionals compromises pregnant women's adherence to treatment and has consequences for their mental health (Dos Passos et al., 2025; Ferreira, 2025). These studies highlight the importance of further research on this topic to enhance syphilis prevention, testing, and treatment, and to develop more welcoming, woman-centered care practices (Dos Passos et al., 2025; Ferreira, 2025).

Therefore, this study aimed to examine how young women diagnosed with gestational syphilis interact with healthcare professionals during prenatal visits.

Background

Gestational syphilis is a bacterial infection caused by *Treponema pallidum* that impacts women during pregnancy. It is typically treated with antibiotics such as penicillin (Ministério da Saúde, 2025). In 2024, Brazil recorded more than 89,000 new cases among pregnant women, with approximately 27% diagnosed in the third trimester (Ministério da Saúde, 2025). The Southeast region reported the highest number of cases, with 42,267 pregnant women infected.

To minimize the risk of vertical transmission and prevent congenital syphilis, treatment should begin immediately after a positive syphilis diagnosis and be completed at least 30 days before delivery (Ministério da Saúde, 2022). Care strategies also include recording the diagnosis and treatment in the pregnant woman's medical record and prenatal care card, providing professional guidance, and screening sexual partners for testing, diagnosis, and treatment of the infection (Ministério da Saúde, 2022). In this context, prenatal care is a key environment for fostering welcoming care and emphasizing the development of trusting relationships between healthcare professionals, pregnant women, and their families (Moura e Silva et al., 2024). The relationships formed during prenatal care serve as key factors in promoting health and encouraging compliance with interventions that lower maternal and child morbidity and mortality, such as those focused on preventing, diagnosing, and treating syphilis (Martins et al., 2024).

It should be noted that the stigma surrounding STIs negatively impacts the quality of prenatal care, affects the treatment of pregnant women, and hampers efforts to control syphilis. This is due to discriminatory attitudes and misconceptions that distance women from healthcare services and cause adverse emotional effects (Dos Passos et al., 2025). Syphilis during pregnancy triggers considerable anxiety and concern among pregnant women. Therefore, it is crucial to adopt comprehensive care approaches that eradicate discriminatory attitudes and violent behaviors that contribute to these negative emotions (Souza & Beck, 2019).

Research question

How do pregnant women with syphilis perceive their relationship with healthcare professionals during prenatal care?

Methodology

This study is a secondary analysis of interviews from an exploratory qualitative research project examining how young women aged 15 to 24 with gestational syphilis perceive the prenatal care provided by healthcare professionals. In this study, healthcare professionals were defined as those providing prenatal care to pregnant women. The research received approval from a Brazilian Research Ethics Committee, under opinion number 6,200,614 and record number 69634923.1.0000.5504. The choice to perform a secondary analysis centered on the interactional experience in prenatal care was driven by the relevance of the interview statements.

Secondary analysis studies are common in healthcare because they use existing data to answer new research questions, thereby generating knowledge efficiently while reducing data collection costs (Cheong et al., 2023; Kaldheim et al., 2025).

The study took place in a city in the interior of São Paulo, Brazil. Participants were included if they had a syphilis diagnosis during pregnancy, were between 15 and 24 years old at diagnosis, and were physically and emotionally capable of participating in an interview. The only exclusion was for those under 18 who had not obtained legal emancipation by the time of data collection.

The invitation to participate in the study was extended by a nurse at the public maternity hospital, where participants were recruited. Upon acceptance, the nurse helped schedule the interview, which was planned to occur after discharge from the maternity hospital. The interviews averaged 38 minutes and were conducted by the last author, who was trained, supervised, and supported by the first researcher. All interviews took place in participants' homes on their preferred date and time.

Data were collected from July 2023 to December 2024. During this time, 30 women were invited; eight declined, and four, who initially agreed, did not respond to follow-up attempts. As a result, 18 women were interviewed.

To conduct this study, the participants were presented with the Informed Consent Form, which they and the researcher read together beforehand. Once all questions were clarified, the form was signed. Single semi-structured interviews were carried out, focusing on participants' knowledge of syphilis and their perceptions of prenatal care. All interviews were audio-recorded and transcribed with Transcriptor® software. Following this, the transcripts were reviewed and validated by the participants.

This study's analytical process was based on the Symbolic Interactionism theoretical framework and employed Braun and Clarke's (2019) reflexive thematic analysis method (Braun & Clarke, 2019; Charon, 2009).

From an interactionist viewpoint, the process of interaction, both intra- and interpersonal, influences the meanings of symbols, which in turn impacts a person's behavior. Meanings remain flexible and are shaped through relationships. During interactions, which are influenced by past experiences and future expectations, people define the situation and choose their behaviors (Charon, 2009). In prenatal care settings, women and healthcare professionals engage with the symbols being produced and, through their interpersonal and intrapersonal exchanges, create meanings and behaviors. These meanings then influence ongoing interactions in a continuous, dynamic process that remains responsive to what is interpreted during and through these interactions.

The interviews were carefully reread, with excerpts related to the interactional process highlighted. These sections were examined multiple times to identify initial codes, which were then analyzed through an inductive, thematic coding approach. The analysis focused on interactional processes, the meanings conveyed, how those meanings were formed, and their implications for social actions.

Results

Eighteen women were interviewed, with a mean age of approximately 18 years. Three of them had a history of reinfection with *Treponema pallidum*. All women lived in peripheral neighborhoods of the city where the study was conducted and self-identified as Black or Brown. Four were primigravida, and eight were single mothers. They relied exclusively on the public healthcare system. Young women's interactions with healthcare professionals during prenatal visits were often characterized by feelings of discomfort and vulnerability. This was influenced by the symbolic meanings attached to syphilis in these encounters, the coping mechanisms women used, and the suffering they experienced. Despite these challenges, the women actively sought to prevent transmitting the bacterium to their unborn children, which motivated them to follow prenatal care and undergo syphilis treatment.

Syphilis: symbolism, meanings, and suffering

From the women's perspective, when healthcare professionals interact with the symbol *syphilis*, they associate it with harm to the child and build the entire interactional narrative around this idea. Consequently, the key message — that the bacterium can be transmitted via the uteroplacental route, that such transmission can have serious consequences for the child, and that treatment is crucial — remains central to communication. However, this repeated focus is a form of moral harassment and violence against women.

> It affects us psychologically too. I ended up . . . (thinks), why the pregnancy; I was also afraid that it could affect something in him, that he could become blind, [intellectually disabled]. I underwent treatment; I had the VDRL monitoring done to know whether I would need to receive [the treatment] again or not... Hearing all the time that it can harm [the baby] affects us psychologically. At every appointment, it was: it can cause harm, syphilis can make [the baby] deaf, can make [the baby] blind. I understood that it had to be treated, and I treated it, but it was all the time, all the time. (first pregnancy, lives with her parents)

When women engage with the symbol *syphilis*, they elicit socially disseminated ideas of the disease, invoking its association as an STI linked to inappropriate sexual conduct. This issue is heightened in a sexist, patriarchal society where women's bodies — especially those Black, Brown, and poor — are heavily objectified and stigmatized. This often leads to internalized dialogues where social shame, particularly about family and partners, emerges. Additionally, for adolescents, societal beliefs about sexual relationships at this age intersect with their reflections. There is a mental process that predominantly leads these individuals to share information in a restricted way or not share it at all. Thus, women find themselves confronting the situation almost alone, another aspect that amplifies their suffering.

> I didn't tell anyone, not him (partner) and not my parent . . . They already stay on my case about sexual relationships; my parents barely talk about that. If I talk about a sex-related disease, wow, I'll be hearing about it until tomorrow. And him (partner), I don't know, I'm afraid he'll start talking about cheating, and it's not about that, but, like, I don't know. (first pregnancy, lives with her parents)
>
> You think, if you tell them (family), everyone is going to freak out. What are they going to think of you? It's about sex, right? So, you already know, they are all going to look at you (widens her eyes). Just from telling my mother, she already came at me with: "This is something from people who go around, who don't take care of themselves". I got a lecture. You know, that whole thing about going out with several people. I felt bad. It wasn't like that; I never had several people. (second pregnancy, lives with her partner).

"I feel ashamed; I didn't tell anyone; no, it's very uncomfortable. But then I don't have anyone to talk to; I talk to myself. (silence) It's hard. With the doctors and the people at the health center, you can't talk either, too much prejudice." (third pregnancy, lives with her mother and children).

Due to healthcare professionals' emphasis on the risk of

transmission to the child and its potential harms, women engage with the *mother* symbol and choose to take the medication, believing that mothers should protect their child. Simultaneously, they feel guilty for endangering their child's safety and experience emotional distress. These feelings collectively cause emotional strain and moral exhaustion.

> The first pregnancy is such a unique moment. And then a disease like this! Oh my God, oh my God, it hit me hard. But I did the treatment, all the tests; I did the tests properly. We can't just leave it, right? There's no way to leave it; it's our health, not only our health, but the baby's too . . . I cried, and how I cried, alone, with all these thoughts in my head. I still cry today thinking that [the baby] could become blind and [intellectually disabled] because of me . . . I didn't go looking for it, as people say; I only had him as a boyfriend, only him. (first pregnancy, lives with her partner)

A morally threatening relational context

Women perceive and encounter, through both direct and indirect interactions with healthcare professionals, prejudices associated with the symbol syphilis as a SIT linked to inappropriate sexual conduct. They interpret communicative signs that convey these messages, which negatively affect them, induce discomfort and shame, and hinder the development of a relationship characterized by comfort and safety.

Additionally, sharing their story repeatedly exposes them to the prejudice associated with the disease, which can trigger internal reflections and feelings of inadequacy. This experience often contradicts how most participants perceive and evaluate their own stories. Such exposure influences their behavior, causing them to turn inward and scrutinize their sexual practices, as if they are judging their own behavior and past.

This process results in revictimization caused by ongoing hostility and marginalization, which are perpetuated both by others and the women themselves.

> It is a very poorly regarded disease. People only think, "What is this?" You go into the health center, and you experience this; at the outpatient clinic, you experience this; at the maternity hospital, everywhere, you know? It's like, "that one there has it," and it's not a urinary tract infection, right? So, it is . . . (thinks) it is seen with prejudice, yes. Because there is a lot of prejudice around this; you feel it there. They look at you as [having] syphilis and nothing else . . . (thinks) they only ask about that, having to tell the whole story all the time, everything. I felt it at the maternity hospital, having to tell everything all the time. Isn't it already in the prenatal record? In the card? But all the time having to tell it, and all the time, "look, syphilis." . . . It hurts; it was the prejudice that I felt there. What hurts more is the prejudice I feel. (first pregnancy, lives with her partner)
>
> "I would sit there on the waiting-room benches feeling awkward. Once I heard, 'the pregnant woman with syphilis,' and that never left my mind. I was the pregnant woman with syphilis. That hurt; it hit me hard. (silence) I think that's it, they see me as [having] syphilis and nothing else . . . When the doctor changed, because the other one went on vacation, I had to tell everything again: questions about my partners, everything all over again. That day I left feeling heavy. I don't even remember anything from the appointment. It's that thing: they listen to the heartbeat, measure the belly, weigh you, check your blood pressure, but I don't remember anything that was said, because I only saw myself as [having] syphilis. Wasn't it written there in the medical record? It should have been, I think. You feel like the worst person, like someone who goes around, but it's not like that; I had two relationships. A lot of prejudice." (second pregnancy, lives with her partner)

Discussion

The participants denounced prenatal care marked by stigma and moral judgments, which they described as acts of violence against them and as leading to feelings of shame, guilt, and inadequacy. Similar descriptions have been reported in the findings of other Brazilian studies on gestational and/or congenital syphilis (Brito & Kimura, 2018; Guimarães et al., 2018; Vicente et al., 2023).

A presence steeped in stigma does not produce care; it marginalizes and promotes suffering (Rowe et al., 2018). Thus, when professional behavior is characterized in this way, it contributes to these young women's tendency to isolate themselves, distancing them from care units and compromising welcoming care, which requires respect, empathy, and comprehensive efforts to understand each woman's circumstances (Dos Passos et al., 2025).

Black and Brown women are among the most affected by gestational syphilis, and they represented the entire participant group in this study (Lucio et al., 2023). This convergence of multiple stigmatized *identities* aligns with discussions of intersectional stigma and health-related social stigma, as it reveals professional acts of prejudice and judgment toward the person, which unfold into feelings of devaluation, inadequacy, shame, and guilt (Turan et al., 2019). Healthcare professionals and their presence become one element of oppression at the social level to which women are required to expose themselves in order to monitor the progress of their pregnancy and plan their birth.

Furthermore, being young and pregnant emerged in the excerpts, but how this was addressed in relationships with healthcare professionals was not explored. Likewise, the issue of being Black or Brown did not emerge in the participants' statements and was not explored. However, these issues, especially their convergence, require future exploration, including efforts to understand protective factors, as indicated by recent intersectional approaches, as well as revisiting current policies and guiding documents (Turan et al., 2019). Experiencing intersecting forms of

stigma has negative effects on physical and emotional health (Turan et al., 2019).

The participants experienced social pain, which is associated with harm to one's sense of social connection and social value (Eisenberger, 2015). Deconstructing moral judgment toward young women with gestational syphilis requires a collective effort to confront prejudice and to recognize that responsibility for health is shared among individuals, healthcare systems, and society.

Nurses are the largest professional group in the health system and are integral to prenatal care; therefore, they have a professional commitment and duty to advocate for just care. This requires a nonjudgmental presence and a political practice that supports the deconstruction of moral judgment toward young women with gestational syphilis. The struggle for just care is everyone's struggle and entails both individual and collective responsibility to confront prejudice and promote contexts of prevention, treatment, and well-being for all women, regardless of their condition or life history.

It was observed that the term *disease* was used in the narratives to refer to syphilis. Although this term is widely used, it is important to highlight the change in nomenclature over the years, in which the term *disease* was replaced by *infection*, which is currently used because it encompasses situations without symptomatic manifestations (Figueiredo & Oliveira, 2024).

As possible limitations of this study, it is worth noting that the research was conducted in a single Brazilian city in the interior of the state of São Paulo. Thus, the findings reflect a specific sociocultural reality, although they may be applicable in other settings. Therefore, the exploration of relational experiences in the context of gestational syphilis in other locations in Brazil and around the world is suggested. Another possible limitation concerns the nature of the study, which was based on a secondary analysis of interviews from a primary study. Thus, at the time of data collection, it was not possible to expand the questions to obtain greater detail in the data. Nevertheless, the findings provided significant data for secondary analysis.

Conclusion

This study found that young women with gestational syphilis experienced a fragile relationship with healthcare professionals. Their accounts described prenatal care characterized by encounters infused with prejudice and stigma, including moral judgment and feelings of guilt, shame, and inadequacy.

In the women's interactional experience, the healthcare professional attributes to the symbol *syphilis* the meaning of harm to the child, thereby centralizing communication around this narrative.

These factors alienate the pregnant woman, hinder the delivery of welcoming care, and lead to suffering. Therefore, it is important to encourage dialogue among healthcare professionals to ensure health practices are rooted in the principles of equitable care, with accountability shared at both individual and collective levels.

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Author contributions

Conceptualization: Wernet, M.
Data curation: Wernet, M.
Formal analysis: Wernet, M.
Funding acquisition: Wernet, M.
Investigation: Wernet, M., Corrêa, C. R., Sansão, E. L., Gianeis, A. C.
Methodology: Wernet, M., Silva, J. L. S., Gianeis, A. C.
Project administration: Wernet, M.
Resources: Wernet, M.
Software: Wernet, M.
Supervision: Wernet, M.
Validation: Wernet, M., Silva, J. L., Corrêa, C. R.
Visualization: Wernet, M., Silva, J. L., Corrêa, C. R.
Writing – original draft: Wernet, M., Silva, J. L. S., Corrêa, C. R., Sansão, E. L., Fermiano, A. R., Gianeis, A. C.
Writing – review & editing: Wernet, M., Silva, J. L., Corrêa, C. R. A., Sansão, E. L., Fermiano, A. R., Gianeis, A. C.

References

Braun, V., & Clarke, V. (2019). Reflecting on reflexive thematic analysis. *Qualitative Research in Sport, Exercise and Health*, *11*(4), 589–597. https://doi.org/10.1080/2159676X.2019.1628806

Brito, A. P., & Kimura, A. F. (2018). Transmissão vertical da sífilis. *Revista Paulista de Enfermagem*, *29*(1-2-3), 68–76. https://repen.com.br/repen/article/view/447

Charon, J. M. (2009). *Symbolic interactionism: An introduction an interpretation, an integration* (10Th ed.). Pearson.

Cheong, H., Lyons, A., Houghton, R., & Majumdar, A. (2023). Secondary qualitative research methodology using online data within the context of social sciences. *International Journal of Qualitative Methods*, *22*. https://doi.org/10.1177/16094069231180160

Domingues, C. S., Duarte, G., Passos, M. R., Sztajnbok, D. C., & Menezes, M. L. (2021). Brazilian Protocol for Sexually Transmitted Infections, 2020: Congenital syphilis and child exposed to syphilis. *Revista Da Sociedade Brasileira de Medicina Tropical*, *54*(suppl 1). https://doi.org/10.1590/0037-8682-597-2020

Dos Passos, A. J., De Assis, A. C., Fagundes, A. I., Medeiros, G. A., Sampaio, G. R., Monteiro, H. H., Neto, H. C., Soares, J. B., Melo, M. J., Dias, M. E., Marinho, M. F., Gaggion, N. A., Rocha, P. O., De Almeida, R. S., & Lima, G. A. (2025). Estigma e discriminação nas ISTs: Impactos no cuidado em saúde e na saúde mental: Uma revisão integrativa. *Asclepius International Journal of Scientific Health Science*, *4*(10), 301–316. https://doi.org/10.70779/aijshs.v4i10.367

Eisenberger, N. I. (2015). Social pain and the brain: Controversies, questions, and where to go from here. *Annual Review of Psychology*, *66*(1), 601–629. https://doi.org/10.1146/annurev-psych-010213-115146

Eisenberger, N. I. (2015). Social pain and the brain: Controversies, questions, and where to go from here. *Annual Review of Psychology*, *66*, 601–629. https://doi.org/10.1146/annurev-psych-010213-115146

Ferreira, M. P. (2025). Estigma e adesão ao tratamento da sífilis: A perspectiva de parceiros e profissionais de saúde. *Cuadernos de Educación y Desarrollo*, *17*(1), e7232. https://doi.org/10.55905/cuadv17n1-074

Figueiredo, R., & Oliveira, A. (2024). As IST no Brasil. In R. Figueiredo & S. Kalckmann (Eds.), *Métodos de barreira no Brasil: Preservativo masculino (externo), feminino (interno) e diafragma para a contracepção e prevenção de IST* (pp. 21–58). Instituto de Saúde.

Guimarães, M. S., Santos, I. M., Silva, L. J., Christoffel, M. M., & Silva, L. R. (2018). Parentalidade de pais de recém-nascidos hospitalizados por sífilis congênita à luz da teoria das transições. *Texto & Contexto - Enfermagem*, *27*(4). https://doi.org/10.1590/0104-07072018001190017

Kaldheim, H. K., Munday, J., Haddeland, K., & Fossum, M. (2025). Newly graduated perioperative nurses' experiences of transitioning to clinical practice: A qualitative explorative secondary analysis. *Journal of Advanced Nursing*, *81*(6), 3252–3267. https://doi.org/10.1111/jan.16537

Klein, V., Brunner, F., Grabowski, M., & Turner, D. (2021). Stigma surrounding sexually transmitted infections among medical students in Germany. *The Journal of Sex Research*, *58*(1), 129–136. https://doi.org/10.1080/00224499.2020.1763238

Lucio, P. C., Gonçalves, L. B., Borges, L. M., Braga Macedo, I., Matos, A. D. de O., & Oliveira, S. V. (2023). Sífilis congênita e gestacional no Sudeste Brasileiro. *Saúde e Meio Ambiente: Revista Interdisciplinar*, *12*, 107–122. https://doi.org/10.24302/sma.v12.4039

Martins, I. P., Teixeira, A. L., Pinheiro, P. L., Rodrigues, L. S., & Leal, J. C. (2024). Percepções e necessidades das gestantes no pré-natal. *LUMEN ET VIRTUS*, *15*(43), 8457–8475. https://doi.org/10.56238/levv15n43-064

Ministério da Saúde. (2022). *Protocolo Clínico e Diretrizes Terapêuticas para Atenção Integral às Pessoas com Infecções Sexualmente Transmissíveis (IST)*. https://www.gov.br/aids/pt-br/central-de-conteudo/pcdts/2022/ist/pcdt-ist-2022_isbn-1.pdf/view

Ministério da Saúde. (2025). *Boletim Epidemiológico: Sífilis 2025*. https://www.gov.br/saude/pt-br/centrais-de-conteudo/publicacoes/boletins/epidemiologicos/especiais/2025/boletim-epidemiologico-da-sifilis.pdf

Moura e Silva, C. A., Rodrigues, G. O., & Barbosa, K. M. (2024). Acolhimento às gestantes no acompanhamento pré-natal na atenção primária à saúde. *Espaço Para a Saúde*, *25*, e1024. https://doi.org/10.22421/1517-7130/es.2024v25.e1024

Rowe, C. R., Newberry, D. M., & Jnah, A. J. (2018). Congenital syphilis: A discussion of epidemiology, diagnosis, management, and nurses' role in early identification and treatment. *Advances in Neonatal Care*, *18*(6), 438–445. https://doi.org/10.1097/ANC.0000000000000534

Sankaran, D., Partridge, E., & Lakshminrusimha, S. (2023). Congenital syphilis: An illustrative review. *Children*, *10*(8), 1310. https://doi.org/10.3390/children10081310

Souza, M. H., & Beck, E. Q. (2019). Compreendendo a sífilis congênita a partir do olhar materno. *Revista de Enfermagem Da UFSM*, *9*, e56. https://doi.org/10.5902/2179769232072

Turan, J. M., Elafros, M. A., Logie, C. H., Banik, S., Turan, B., Crockett, K. B., Pescosolido, B., & Murray, S. M. (2019). Challenges and opportunities in examining and addressing intersectional stigma and health. *BMC Medicine*, *17*(1), 7. https://doi.org/10.1186/s12916-018-1246-9

Vicente, J. B., Sanguino, G. Z., Riccioppo, M. R., Santos, M. R., & Furtado, M. C. (2023). Syphilis in pregnancy and congenital syphilis: Women's experiences from the perspective of symbolic interactionism. *Revista Brasileira de Enfermagem*, *76*(1). https://doi.org/10.1590/0034-7167-2022-0210