

KNOWLEDGE OF PROFESSIONALS WHO DO PRENATAL IN THE BASIC ATTENTION ON THE MANAGEMENT OF SYPHILIS

Lediana Dalla Costa*
Soraia Bernal Faruch**
Géssica Tuani Teixeira***
Jolana Cristina Cavalheiri****
Aparecida Donizetti de Araújo Marchi*****
Volmir Pitt Benedetti*****

ABSTRACT

The objective was to identify the knowledge of professionals on the management of prenatal syphilis dates in primary care. Cross-sectional study, descriptive, quantitative in nature, carried out with 43 professionals. The collection took place between July and August of 2017, using a self-applied questionnaire, prepared based on protocols of the Ministry of health for the management of syphilis-dates. The data were entered and tabulated in Microsoft Excel ® 2010, and analyzed in the software Statistical Package for the Social Science (SPSS). Most professionals had more than five years (72.1%) and activities in the area, (44.2%) and 67.4% said you've done training in syphilis. As for alternative medicine in case of allergy to penicillin, 34.8% would choose drugs with high potential teratogenic. To 74.4%, the main difficulty was the lack of adherence to treatment, partner and between the suggested strategies was to continuing education for the team (86.0%). From the survey, it was identified that the professionals presented some difficulties in diagnosis and treatment of syphilis in pregnancy, which can be justified by the absence of consensus among the professionals and health managers about the establishment of a single protocol on the municipality, being the main difficulty presented in assistance by the team, the lack of adhesion of the partner.

Keywords: Primary Health Care. Syphilis. Clinical Protocols. Prenatal Care. Health Education.

INTRODUCTION

Syphilis is a sexually transmitted infection (STI) caused by the spread of *Treponema pallidum* in the bloodstream. Infection occurs through unprotected sexual intercourse, via transplacental and for blood⁽¹⁾. Today, represents a further public health, gaining prominence on the world stage with the increase in the number of cases in recent years, despite being a preventable pathology, with protocols for prevention, diagnosis and treatment. In pregnancy, syphilis is the one that has increased by transplacental infection rate, ranging between 70 and 100% in the early stages, it is estimated that 40% of pregnancies end in miscarriage, intrauterine fetal death and perinatal death⁽²⁾.

According to the Ministry of health, between 2014 and 2015 Syphilis acquired had an increase of 32.7%, gestational 20.9% of syphilis and

congenital, 19%. In 2015, cases of syphilis were reported 65,878 acquired in Brazil, with the infection rate of 42.7 cases per 100,000 inhabitants. In the same period, the incidence of syphilis in pregnant women was 11.2 cases every 1,000 live births, totaling 33,365 disease cases⁽³⁾.

According to data from the Information System of reportable diseases (SINANET), in the State of Paraná, between 2010 and 2016 were reported syphilis cases acquired 11,558, 7,610 cases of gestational and 3,141 of syphilis congenital syphilis. In January 2017, notified-if syphilis cases acquired 3,579, 1,699 cases in pregnant women, with the infection rate of 10.5 cases for every 1,000 live births⁽³⁾.

In research conducted with the regional health 22 that makes up the State of the Paraná, between 2007 and 2013, 63.6% of the patients had syphilis, with 69.4% gestational of partners were treated. It

*Nurse. Master in Health and Labor Management, Faculty and Coordinator of the Department of Nursing of the University of Paraná – UNIPAR. Francisco Beltrão, PR, Brazil. E-mail: lediana@prof.unipar.br

**Nurse. Bachelor of Nursing. Member of the Program of Scientific Initiation of the Nursing Course of the University of Paraná – UNIPAR. Francisco Beltrão, PR, Brazil. E-mail: soraia.faruch@edu.unipar.br

***Nurse. Post-Graduate in Public Health with Emphasis on Women's Health Care. Responsible technical Supervisor of Public Health by the University of Paraná - UNIPAR. Francisco Beltrão, PR, Brazil. E-mail: gessicateixeira@unipar.br

****Nurse. Specialist in Nursing Management Residency in Medical and Surgical Clinic. Faculty of the Nursing Course of the University of Paraná - UNIPAR. Francisco Beltrão, PR, Brazil. E-mail: jolana@prof.unipar.br

*****Nurse. Specialist in Emergency and Intensive Therapy. Municipal Health Department. Francisco Beltrão, PR, Brazil. E-mail: aparecidamarchi@outlook.com

*****General Pharmacist. Doctor in Microbiology. Faculty and Coordinator of the Pharmacy Department of the University of Paraná - UNIPAR. Francisco Beltrão, PR, Brazil. E-mail: volmir@prof.unipar.br

is worth mentioning that the distribution of cases of congenital syphilis were concentrated in Pato Branco regional and Curitiba, with 20.3% and 20.2% for every 10,000 live births, respectively⁽⁴⁾.

The incidence of syphilis in pregnancy is taken as a marker of quality of assistance provided in prenatal care, the same way that the bad human resources qualification, the insufficient number of professionals, gaps in identification and treatment, in addition to not early pregnancy and capture your partner are factors contributing to the increasing rates^(2,5).

In this way, the quality of prenatal care and the constant training of the multidisciplinary team are important goals to be achieved in order to reduce maternal and perinatal morbidity and mortality rates. The participation of the nursing professional must provide quality and humanized attention, using warm ducts and actions that integrate promotion, prevention of diseases and health care of pregnant and newborn⁽⁵⁾.

On the current epidemiological situation in the country, the study by the absence of data in the area of research, in addition to identifying the difficulties in assisting pregnant women and their partners, to reduce the complications advancing and developing plans and actions involving prevention and monitoring of this interlocutory appeal.

The aim of this study was to identify the knowledge of professionals on the management of prenatal syphilis-dates, in primary care according to the Protocol of the Ministry of health.

METHODOLOGY

It is a descriptive, quantitative and cross-sectional in nature, carried out in the southwestern municipality of Paraná⁽⁶⁾, with a geographical area of 735.111 km², which has about 88,465 inhabitants and a population density of 107.39 (inhabit/km²). The study was submitted to the analysis of the Ethics Committee for research with Human Beings (CONEP), and approved under the opinion 2,042,942.

In the municipality of prenatal study is conducted on the basic health units and family health Strategies (rural/urban) and in a unit Specializing in women's health. The field of research was composed of 23 units, being the

sample consisting of nurses and doctors who carry out pre-natal, totaling 45 professionals. However, two professionals did not participate due to holidays or for refusal. It is worth noting that in the run-up to data collection, we conducted a training for the multidisciplinary team on the Protocol of the State of Paraná in syphilis, promoted by the coordination of primary health care.

The survey was conducted between the months of July and August 2017, the collections were pre-scheduled for telephone contact with the nurse and doctor of each unit being programmed collection of agreement the availability of professionals. As an instrument of data collection using a structured questionnaire, prepared by researchers, whereas the protocols of the Ministry of health^(1,7). Highlights that the questionnaires were filled in the drive, in the presence of the researcher and the professional conduct literature query or take him home. The questionnaire was submitted to a pre-test with 3 randomly chosen professionals, seeking only to improve the instrument of data collection, which are not included in the search.

The data collection instrument was made up of the following variables: socio-demographic (age and sex), vocational training, assistance in characterization of syphilis-dates, the main difficulties encountered in assisting the pregnancy and your partner with syphilis and the strategies that could be adopted.

We included all professionals operating in primary care, which performed prenatal assistance and who have agreed to participate in the research, and deleted two professionals due to holiday, and refuse.

The data was tabulated in Microsoft Excel ® 2010 and for processing of the data employed statistical analysis with the aid of the software Statistical Package for the Social Science (SPSS ®). Descriptive statistics was used for sample characterization and distribution of frequencies of the different variables analyzed.

RESULTS

The professional participants of the study, it was observed that more than half were nurses at the age of 26 to 39 years (65.1%) and 69.8% female. (Table 1).

Table 1. Demographics Characteristics of professionals according to data of identification, formation and training in syphilis. Francisco Beltrão, Paraná, Brazil, 2017.

Professional features	N	%
Training		
Doctor (the)	20	46,5
Nurse	23	53,5
Age group		
< 25 years	1	2,3
26 to 39 years	28	65,1
> 40 years	14	32,6
Sex		
Female	30	69,8
Male	13	30,2
Time to degree		
< 5 years	12	27,9
> 5 anos	31	72,1
Time of performance as pré-natalist		
< 1 year	11	25,6
2 a 5 anos	13	30,2
> 5 anos	19	44,2
Has training on syphilis		
Yes	29	67,4
No	14	32,6

With respect to the professional knowledge about the testing of the Venereal Disease Research Laboratory (VDRL) according to gestational quarter, 81.4% stated that testing should be performed on the first, second and third quarters, contrary to the

established protocols of the MS, because these professionals adopt the guide line and the Mother Network guidelines Paranaense (Table 2). Although 67.4% of professionals maintain own training on syphilis (Table 1).

Table 2. Knowledge of the professionals on the gestational period of serological exams and notifiable diseases, according to the Protocol of the Ministry of health. Francisco Beltrão, Paraná, Brazil, 2017

Knowledge of testing and notifiable diseases	n	%
The VDRL testing (quarter)		
First and third quarters	8	18,6
First, second and third quarters	35	81,4
Are non-treponemal tests		
FTA-Abs and VDRL	13	30,2
VDRL and RPR	20	46,5
Elisa and TPHA	3	7,0
Not responded	7	16,3
Are not notifiable diseases		
Genital herpes	35	81,4
HIV-positive and child exposed	4	9,3
Congenital syphilis	2	4,7
Not responded	2	4,7

On the treatment of syphilis 88.4% identified gestational as being suitable and complete with penicillin and treaty partner. As for the medicine of

choice, if the expectant mother is allergic to penicillin, 37.2% would choose mistakenly Erythromycin stearate (Table 3).

Table 3. Knowledge of the professionals about treatment and conduct before VDRL result. Francisco Beltrão, Paraná, Brazil, 2017

Knowledge about treatment and conduct on VDRL	n	%
It is considered proper treatment in pregnant women with syphilis		
Complete and suitable with penicillin and treaty	38	88,4
Complete and proper, absence of title	3	7,0
None of the answers	2	4,7
Procedure before the VDRL test with 1:1 titration		
Confirmatory requests	18	41,9
It would take another attitude	1	2,3
Don't start the treatment, is a serological scar	14	32,6
Treat with penicillin 2.4 million IU	9	20,9
Not responded	1	2,3
Proper treatment in the secondary phase		
Benzathine penicillin G 2.4 million IU	4	9,3
Penicillin G benzathine 4.8 million IU 2 doses	14	32,6
Penicillin G benzathine 7.2 million IU 3 doses, range of 7 days	20	46,5
Not responded	5	11,6
Treatment of pregnant women allergic to penicillin		
Erythromycin stearate	16	37,2
Doxycycline	13	30,2
Amoxilina	1	2,3
Tetracycline	1	2,3
Ceftriaxone	5	11,6
Not responded	7	16,3

To verify the familiarity with the protocols of the Ministry of health, in particular the conduct adopted in the treatment of syphilis gestationis, performed a clinical case of a pregnant woman

with syphilis treated recently with high title, where It was found that 69.7% of professionals treat and would check if the partner was treated (Table 4).

Table 4. Knowledge of professionals in relation to stages of syphilis, treatment and control conduct in recently pregnant women treated. Francisco Beltrão, Paraná, Brazil, 2017

Knowledge about syphilis and control of treatment	n	%
Are stages of syphilis booked		
Primary, secondary, latent and booked	22	51,1
Primary and secondary	11	25,6
Primary, secondary, and tertiary	7	16,3
Not responded	3	7,0
Control of the treatment of pregnant women		
Every 15 days	1	2,3
Monthly	33	76,7
Bimonthly	2	4,7
Quarterly	3	7,0
Not responded	4	9,3
Conduct on the recently pregnant women treated with elevation of titration		
And see if the partner was treated	30	69,7
This is not because she was treated recently	2	4,7
This is again	7	16,3
None of the answers	4	9,3

When asked about the difficulties encountered in maternity care and your partner with syphilis, highlights the lack of adherence to the treatment

partner (74.4%). So, in order to improve the assistance, the suggested strategy was continuing education (86.0%) (Table 5).

Table 5. Distribution of the main difficulties encountered and strategies suggested by professionals on the management of gestational syphilis. Francisco Beltrão, Paraná, Brazil, 2017

Main difficulties and strategies(N = 43)	Yes n (%)	No n (%)
Main difficulties		
Poverty, difficulty of access to goods and services	12 (27.9)	31 (72.1)
Lack of adherence to the treatment partner	32 (74.4)	11 (25.6)
Difficulty in addressing issues related to IST	6 (14.0)	37 (86.0)
The lack of inputs (lack of quick test, etc.)	1 (2.3)	42 (97.7)
The lack of ability to perform the tests	5 (11.6)	38 (88.4)
Carrying out the rapid tests	2 (4.7)	41 (95.3)
Guide the pregnant woman and the partner	5 (11.6)	38 (88.4)
Ignorance of the Clinical and Therapeutic Guidelines for Protocol Attention	3 (7.0)	40 (93.0)
Integral persons with sexually transmitted Infections		
Partner's refusal to accept the treatment	21 (48.8)	22 (51.2)
Lack of knowledge of the partner of the importance of treatment	28 (65.1)	15 (34.9)
Suggested strategies		
Continuing education	37 (86.0)	6 (14.0)
Trainings/trainings	35 (81.4)	8 (18.6)
Study group	20 (46.5)	23 (53.5)
Case discussion between professionals	31 (72.1)	12 (27.9)

DISCUSSION

In the present study it was found that most of the participants were nurses, diverging from study⁽⁸⁾ held in Rio de Janeiro with 102 primary care professionals, with the goal of assessing the knowledge and practices in the handling of syphilis-dates, where 70% were doctors.

Identified that most of the female gender, data similar to those found in study⁽⁹⁾ held in Fortaleza with 269 employees of the family health strategy, aiming to evaluate the knowledge of the professionals on the control and prevention of vertical transmission of syphilis, 70.3% of whom were women.

This situation has also been found in study⁽¹⁰⁾ held in Mato Grosso with 71 nurses aiming to identify the demographic and professional profile of a hospital unit. According to the authors the female prevalence can be justified on the basis of participation of women in the historical profession and the largest of these insertion in the labour market.

Age, there was a predominance of professionals between 26 and 39 years, corroborating with the search results⁽¹⁰⁾ held in the Mato Grosso, in which prevailed the age group of 25 to 30 years. However, these data differ from found in study⁽¹¹⁾ performed with 546 Health servers a teaching hospital, to evaluate the influence of gender and age on job satisfaction. In this study, 66.7% had age between 31

and 50 years, assuming greater professional experience.

About the time of undergraduate and professional performance of prenatal, most surveyed had more than five years, resembling to the study⁽⁹⁾ where there was a higher percentage of servers between 6 to 10 years in both variables. According to research⁽⁸⁾ developed in Rio de Janeiro, with increased training and expertise in handling skills have higher prenatal syphilis-dates.

It was found that the employees carried out training in syphilis, and such data is in line with the study⁽¹²⁾ held in Teresina with 55 nurses of the family health strategy, where most had participated in training. In another study conducted in Bahia with pregnant women, workers who have recently given birth and nurses, to characterize the assistance provided to pregnant women with a diagnosis of syphilis during the prenatal period, it was found that employees who do not attend training presented difficulties in management of syphilis, thus resulting in gestational index increase of this disease⁽¹³⁾.

It was found that workers, in your most, show knowledge of the stages of syphilis, unlike other findings⁽⁹⁾, in which 58.7% of respondents didn't know how to set them properly. Discernment about the stages of syphilis is of great relevance, since early in the infection is greater, due to the high spread of the bacteria through the bloodstream and higher

number of injuries⁽¹⁾. Furthermore, the treatment is differentiated according to the stage of the disease.

The VDRL was requested by the professionals, the first, second and third quarters, contrary to the guidance of the Ministry of health⁽⁷⁾ that standardizes the maternal screening should be performed on the first and third quarters, also on admission for childbirth and abortion. This is justified by the fact that the network of maternal-infant Attention of Paraná State Guide to testing for syphilis in the three trimesters of pregnancy, favoring thus, better control of this interlocutory appeal⁽¹⁴⁾.

In this study, a high proportion of respondents recognized as non-treponemal tests VDRL and Rapid Plasma Reagin (RPR), diverging from other results⁽⁹⁾, in which 42.6% did not know distinguish correctly, highlighting difficulties in recognition of tests recommended by the Ministry of health in screening of pregnant women.

As regards non-notifiable diseases, workers pointed the genital herpes, however, it is important to note that 4.7% recognized the congenital syphilis as disease notification, not being a particular concern, because although have been established by Ordinance of the Ministry of health no. 542 of 22 December 1986, there are still professionals who do not have consolidated knowledge, promoting the underreporting⁽¹⁵⁾.

Respondents recognized that the proper treatment to pregnant women should be performed with Penicillin and treaty partner. This result resembles a survey in Fortaleza⁽⁹⁾, however, in another study⁽¹⁶⁾ performed with 2,422 pregnant women of Rio de Janeiro, to assess prenatal care on prevention of vertical transmission of syphilis, it was noted that most of the partners did not receive treatment and did not record, so as to neglect situation therapy and risk for the binomial mother-son, reinfection and consequences for pregnancy.

For the control and tracking of syphilis, 2,436 Ordinance gestational/2017 revises the National Policy of primary health care, advocating integration with epidemiological surveillance in combating this interlocutory appeal, as well as improvement in the quality of care to the prenatal care, establishing work processes that consider the health risks of the triad father-mother-son⁽¹⁶⁾.

It is noteworthy that the sample of this study was mainly composed of nurses, which develop their activities by the multidisciplinary team, through protocols recommended by the Ministry of health and

the State of Paraná. Considering the importance of the work of nursing management of syphilis in the basic attention, the Federal Council of nursing-explained in technical note⁽¹⁷⁾ that the professional legal support for Administration features and prescription of the medicine, Since I follow the protocols and technical standards laid down by the federal Manager. Thus, justifies the importance of the professional nurse to possess knowledge of the medicine, the dose to be administered in each phase of the disease, drug interactions, adverse effects and healing, for appropriate follow-up and qualified to the pregnant woman.

One can see that the professionals still have pipelines that contradict the established protocols⁽¹⁸⁾, where inefficient treatment is one of the main causes that contribute to the occurrence of congenital syphilis. That way health education is indispensable tool for assistance, while relevant guidelines, early identification of the partner, active search and adoption of preventive interventions are strategies associated with the bailout provisions of individual can contribute to the reduction of gestational and congenital syphilis.

In relation to the drug indicated in the case of pregnant women allergic to penicillin, 37.2% would recommend the erythromycin stearate, findings similar to those found in another study⁽⁹⁾. This is justified by the fact that the network Mother Paranaense⁽¹⁴⁾ instructs the Professional using erythromycin, however, it is worth noting that 34.8% would choose drugs that contraindicates during pregnancy, due to your high potential teratogenic.

The Ministry of health makes it clear that pregnant women who did not receive the medication of first choice, will be regarded as inadequately treated because there is no guarantee that the alternative medicine can overcome the placental barrier, favoring so the occurrence of congenital syphilis, and thus after the birth the child should be evaluated clinically and laboratory^(1,3).

Before the VDRL with titration 1:1, noted that the majority of respondent's confirmatory request, data that corroborate those found in another study⁽⁹⁾. The Ministry of health⁽⁷⁾ recommends that the impossibility of conducting confirmatory test, should be started treatment with penicillin. However, the completion of these tests has great importance in the possibility of disposing of a false positive, because as guidance of Protocol of the State of Paraná⁽³⁾, the treatment of pregnant women should only be started if the test reagent.

To monitor the response to treatment should be carried out a control of cure, indicating success in the reduction of titles, in this study it was pointed out that this control should be monthly, similar situation found in other research⁽¹³⁾. That way, in study⁽¹⁹⁾ conducted with 450 pregnant women with syphilis in order to find out the frequency of congenital syphilis and your recurrence in subsequent pregnancies, pointed out that the realization of the control was key to healing distinguish whether the woman had a scar serological or reinfected, since the persistence of low titers pregnant women may be regarded as not carrying syphilis, ruling out the probability of congenital syphilis.

To assess the conduct adopted in the treatment of syphilis Gestationis, performed a clinical case of a pregnant woman with syphilis treated recently with elevation of title. The results showed that 69.8% treat and would check if the partner was treated. As Protocol⁽⁷⁾, in the presence of elevation of title should be considered that there was in this case, while reinfection need to treat again, including partners.

It was observed in this study, the main difficulty pointed to by professionals was the lack of adhesion of the partner. In study⁽²⁰⁾ held in Piauí contacted that during the period from 2010 to 2013 388 cases of syphilis were reported in the State, including gestational most pregnant women whose children had developed congenital syphilis performed prenatal care, the that shows that it was not assured the right treatment of the pregnant woman and the partner.

The main factor for the effectiveness of the intervention is the inclusion of partner. Therefore, host actions are indispensable in prenatal care, contributing to your adherence to the treatment of syphilis.

So, in order to improve the assistance to the main suggested strategies were continuing education, training and discussion of cases among professionals, however these pipelines will provide allowances to help them in assisting.

Although the nursing professionals have conducted training on syphilis, many had difficulty in responding to the survey. In study⁽⁹⁾, it was found that these were unmotivated to participate in trainings, under the justification that these added not knowledge, and also, because they are exclusively theorists thus highlights the importance of development of training programs with active methodologies, diversifying the process of learning through the study and discussion of cases among the team.

Among the limitations of the study highlight the divergence of the Protocol of the State of Paraná, which advocates the VDRL in the three trimesters of pregnancy, while the Ministry of health directs the examination on the first and third quarter, hindering the effectiveness of the tracking and monitoring of pregnant women.

CONCLUSION

From the survey, it was identified that the professionals showed some weaknesses in the implementation of the diagnosis and treatment of syphilis in pregnancy, justifying the absence of consensus among the professionals who do prenatal care and managers regarding the establishment of a single protocol. In addition, it was noted that the main difficulty presented by the team's lack of adherence to the treatment partner.

To intervene decisively on incidence of gestational and congenital syphilis the primary care professionals are able to detect and treat early syphilis. Thereby, the research contributed subsidies for the health planning, suggesting further studies, in addition to improvements in strengthening continuing education, with deployment of professional study groups, discussion of cases clinicians, adopting best practices and host of the partner. Also important that workers and Government agencies intensify actions of qualification and new methodologies.

CONHECIMENTO DOS PROFISSIONAIS QUE REALIZAM PRÉ-NATAL NA ATENÇÃO BÁSICA SOBRE O MANEJO DA SÍFILIS

RESUMO

O objetivo foi identificar o conhecimento dos profissionais do pré-natal sobre o manejo da sífilis gestacional na atenção primária. Estudo transversal, descritivo, de natureza quantitativa, realizado com 43 profissionais. A coleta realizou-se entre julho e agosto de 2017, utilizando-se um questionário autoaplicado, elaborado com base nos protocolos do Ministério da Saúde para o manejo de sífilis gestacional. Os dados foram digitados e tabulados no Microsoft Excel 2010®, e analisados no software Statistical Package for the Social Science (SPSS). A maioria dos profissionais tinha mais de cinco anos de formação (72,1%) e de atuação na área, (44,2%) e 67,4% afirmaram já ter feito treinamento em sífilis. Quanto ao medicamento alternativo em caso de alergia à penicilina, 34,8% escolheriam fármacos com alto potencial teratogênico. Para 74,4%, a

principal dificuldade foi a falta de adesão do parceiro ao tratamento, e entre as estratégias sugeridas destacou-se a educação continuada para a equipe (86,0%). A partir da pesquisa, identificou-se que os profissionais apresentaram algumas dificuldades no diagnóstico e tratamento da sífilis na gestação, o que pode justificar-se pela ausência de consenso entre os profissionais e gestores de saúde quanto ao estabelecimento de um único protocolo no município, sendo a principal dificuldade apresentada na assistência pela equipe, a falta de adesão do parceiro.

Palavras-chave: Atenção Primária à Saúde. Sífilis. Protocolos Clínicos. Cuidado Pré-Natal. Educação em Saúde..

CONOCIMIENTO DE LOS PROFESIONALES QUE REALIZAN PRENATAL EN LA ATENCIÓN BÁSICA SOBRE EL CONTROL DE LA SÍFILIS

RESUMEN

El objetivo fue identificar el conocimiento de los profesionales del prenatal sobre el control de la sífilis gestacional en la atención primaria. Estudio transversal, descriptivo, de naturaleza cuantitativa, realizado con 43 profesionales. La recolección fue realizada entre julio y agosto de 2017, utilizándose un cuestionario autoaplicado, elaborado con base en los protocolos del Ministerio de la Salud para el control de sífilis gestacional. Los datos fueron digitados y tabulados en el Microsoft Excel 2010®, y analizados en el software Statistical Package for the Social Science (SPSS). La mayoría de los profesionales tenía más de cinco años de formación (72,1%) y de actuación en el área, (44,2%) y 67,4% afirmaron ya haber hecho entrenamiento en sífilis. En cuanto al medicamento alternativo en caso de alergia a la penicilina, 34,8% eligieron fármacos con alto potencial teratogénico. Para 74,4%, la principal dificultad fue la falta de adhesión del compañero al tratamiento, y entre las estrategias sugeridas se destacó la educación continuada para el equipo (86,0%). A partir de la investigación, se identificó que los profesionales presentaron algunas dificultades en el diagnóstico y tratamiento de la sífilis en la gestación, lo que puede justificarse por la ausencia de consenso entre los profesionales y gestores de salud en cuanto al establecimiento de un único protocolo en el municipio, siendo la principal dificultad presentada en la asistencia por el equipo, la falta de adhesión del compañero.

Palabras clave: Atención primaria de salud. Sífilis. Protocolos clínicos. Atención prenatal. Educación para la salud.

REFERENCES

1. Brasil. Ministério da Saúde. Protocolo Clínico e Diretrizes Terapêuticas para Atenção Integral às Pessoas com Infecções Sexualmente Transmissíveis. Brasília; 2015. Disponível em: https://bvsms.saude.gov.br/bvs/publicacoes/protocolo_clinico_diretrizes_terapeutica_atencao_integral_pessoas_infecoes_sexualmente_trasmissoes.pdf
2. Costa CC, Freitas LV, Sousa DMN, Oliveira LL, Chagas ACMA, Lopes MVO, et al. Sífilis congênita no Ceará: análise epidemiológica de uma década. *Rev Esc Enferm USP* [online]. 2013 fev. [Citado em 2017Ago]; 47(1):e152159. Disponível em: https://www.scielo.br/scielo.php?script=sci_arttext&pid=S0080-62342013000100019. Disponível em: <https://dx.doi.org/10.1590/S0080-62342013000100019>
3. Secretaria da Saúde (PR). Guia prático estadual para multiplicadores: prevenção, controle e redução da sífilis. Curitiba: SESA - PR; 2017.
4. Signor M, Spagnolo LML, Tomberg JO, Gobatto M, Stofel NS. Distribuição espacial e caracterização de casos de sífilis congênita. *Rev. Enferm. UFPE* [on-line]. 2018 [citado em 2018 Abr.]; 12(2): e398-406. Disponível em: <http://doi.org/10.5205/1981-8963v12i2a230522p398-406-2018>
5. Nunes JT, Marinho ACV, Davim RMB, Silva GGO, Felix R S, Martino MMF. Sífilis na gestação: perspectivas e condutas do enfermeiro. *Rev. Enferm. UFPE* [on-line]. 2017 [citado em 2018 Abr.]; 11(12): e48754884; Disponível em: <http://doi.org/10.5205/1981-8963-v11i12a23573p4875-4884-2017>
6. Oliveira, DRM, Castellano, MS. Repercussões de chuvas extremas na cidade de Francisco Beltrão (PR) entre 2014 e 2016. [Citado em 04 ago. 2017]. Disponível em: <https://cod.ibge.gov.br/8L4>
7. Ministério da Saúde (BR). Manual técnico para diagnóstico da Sífilis. Brasília; 2016.
8. Domingues RMSM, Lauria LM, Saraceni V, Leal MC. Manejo da sífilis na gestação: conhecimentos, práticas e atitudes dos profissionais pré-natalistas da rede SUS do município o Rio de Janeiro. *Ciênc. Saúde coletiva* [online]. 2013 [citado em 2017 abr.]; 18(5) e13411351.

Disponível em:

- <https://dx.doi.org/10.1590/S1413-81232013000500019>
9. Silva DMA, Araújo MAL, Silva RM, Andrade RFV, Moura HJ, Esteves ABB. Conhecimento dos profissionais de saúde acerca da transmissão vertical da sífilis em Fortaleza. *Texto Contexto Enferm.* [online]. 2014 [citado em 2017 ago.]; 23(2): 278-285. Disponível em: <https://dx.doi.org/10.1590/0104-07072014000510013>
10. Ribeiro AC, Ramos LHD, Mandú ENT. Perfil sociodemográfico e profissional de enfermeiros de um hospital público de Cuiabá - MT. *Ciênc.Cuid Saúde* [online]. 2014 [citado em 2017 ago.]; 13(4) e625633. Disponível em: https://www.periodicos.uem.br/ojs/index.php/CiencCuidSaude/article/view/20480/pdf_23
11. Garcia CC, Ruíz MCS, Roche MEM, Garcia CIG. Influência do gênero e da idade: satisfação no trabalho de profissionais da saúde. *Rev. Latino-Am. Enfermagem* [online]. 2013 [citado em 2017 set.]; 21(6) e13141320. Disponível em: https://www.scielo.br/pdf/rlae/v21n6/pt_0104-1169-rlae-21-06-01314.pdf
12. Silva TCA, Pereira AML, Silva HRG, Sá LC, Coêlho DMM, Barbosa MG. Prevenção da sífilis congênita pelo enfermeiro na Estratégia Saúde da Família. *Revista Interd* [online]. 2015 [citado em 2017 ago.]; 8(1) e174182. Disponível em: <https://revistainterdisciplinar.uninovafapi.edu.br/index.php/revinter/article/view/361>
13. Suto CSS, Silva DL, Almeida ES, Costa LEL, Evangelista TJ. Assistência pré-natal à gestante com diagnóstico de sífilis. *Rev. Enferm. Atenção Saúde* [online]. 2016 [citado em 2017 ago.]; 5(2) e1833. Disponível em: <https://seer.uftm.edu.br/revistaelectronica/index.php/enfer/article/view/1544>
14. Paraná. Secretaria de Estado da Saúde. Caderno de atenção ao pré-natal: risco habitual. Curitiba: SESA - PR; 2017.
15. Souza LFM, Monteiro PM, Mota AS, Júnior EAP, Passos MRL. Analysis of congenital syphilis cases notification in a reference hospital of Niterói, Rio de Janeiro State, from 2008 to 2015. *DST. J bras Doenças Sex Transm* [online]. 2017 [citado 2018 abr.]; 29(1) e1721. Disponível: <https://www.dst.uff.br/revista29-1->

2017/DST%20v29n1_17-21.pdf

16. Portaria nº2.436, de 21 de setembro de 2017 (BR). Aprova a Política Nacional de Atenção Básica, estabelecendo a revisão de diretrizes para a organização da Atenção Básica, no âmbito do Sistema Único de Saúde SUS. Diário Oficial da União; 2017. Disponível em: <http://www.foa.unesp.br/home/pos/ppgops/portaria-n-2436.pdf>

17. Conselho Federal de Enfermagem. Nota Técnica COFEN/CTLN Nº 03/2017. [Online] Brasília; 2017 [citado em 2017 abr]. Disponível em:

<http://www.cofen.gov.br/wp-content/uploads/2017/06/NOTA-T%C3%89CNICA-COFEN-CTLN-N%C2%B0-03-2017.pdf>

18. Domingues RMSM, Saraceni V, Hartz ZMA, Leal MC. Sífilis congênita: evento sentinela da qualidade da assistência pré-natal. Rev. Saúde Pública [online]. 2013 [citado em 2017 set] ; 47(1) e147157.

Disponível em:

https://www.scielo.br/scielo.php?pid=S0034-89102013000100019&script=sci_arttext&tlng=es.

19. Hebmuller MG, Fiori HH, Lago EG. Gestações subsequentes em mulheres que tiveram sífilis na gestação. Ciênc. saúde coletiva [online]. 2015 [citado em 2017 set] ; 20(9) e28672878. Disponível em:

<https://www.scielo.br/pdf/csc/v20n9/1413-8123-csc-20-09-2867.pdf>

20. Barbosa DRM, Almeida MG, Silva AO, Araújo AA, Santos AG. Perfil epidemiológico dos casos de sífilis gestacional. Rev.Enferm UFPE on-line [online]. 2017. [citado em 2018 abr.]; 11(5) e18671874.

Disponível em:

<http://periodicos.ufpe.br/revistas/revistaenfermagem/article/viewFile/23335/18934>

Corresponding author: Lediana Dalla Costa. Rua Francisco de Assis, Cango, 230. Francisco Beltrão, Paraná, Brasil. Telefone: (46) 99978-2063 e E-mail: lediana@prof.unipar.br

Submitted: 17/12/2017

Accepted: 30/03/2018