

The experience of pregnant women facing a syphilis diagnosis at a basic health unit in the Federal District

A experiência de gestantes diante do diagnóstico de sífilis em uma unidade básica de saúde do Distrito Federal

La experiencia de gestantes ante el diagnóstico de sífilis en una unidad básica de salud del Distrito Federal

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RESUMO

Objetivo: investigar o impacto emocional do diagnóstico de sífilis em gestantes em uma unidade básica de saúde no Distrito Federal, a fim de aprimorar o apoio psicológico no cuidado pré-natal. **Método:** Por meio de entrevistas semi-estruturadas com gestantes diagnosticadas com sífilis, a análise de conteúdo revelou temas principais de medo, ansiedade, estigma, isolamento, e preocupação com a saúde do filho, além de uma forte demanda por apoio emocional e informação precisa. **Resultados:** verifica-se necessidade urgente de práticas de saúde mais sensíveis e informativas para mitigar o impacto emocional do diagnóstico de ISTs em gestantes. **Destaca-se** a importância de integrar suporte emocional como um componente fundamental do cuidado pré-natal, promovendo uma gestação mais segura e melhores resultados de saúde para mãe e seu filho. **Conclusão:** Este estudo contribui para a literatura sobre saúde materna e enfatiza a necessidade de uma abordagem mais empática e bem-informada nas políticas de saúde pública e práticas clínicas.

Descritores: Sífilis gestacional; Impacto emocional; Cuidado pré-natal; Apoio psicológico; Estigma.

ABSTRACT

Objective: to investigate the emotional impact of a syphilis diagnosis on pregnant women in a basic health unit in the Federal District, with the goal of improving psychological support in prenatal care. **Method:** Through semi-structured interviews with pregnant women diagnosed with syphilis, content analysis revealed key themes of fear, anxiety, stigma, isolation, and concern for the child's health, along with a strong demand for emotional support and accurate information. **Results:** we found an urgent need for more sensitive and informative health practices to mitigate the emotional impact of STIs diagnoses on pregnant women. We highlight the importance of integrating emotional support as a fundamental component of prenatal care, promoting a safer pregnancy and better health outcomes for both mother and child. **Conclusion:** This study contributes to the literature on maternal health and emphasizes the need for a more empathetic and well-informed approach in public health policies and clinical practices.

Descriptors: Gestational syphilis; Emotional impact; Prenatal care; Psychological support; Stigma.

RESUMEN

Objetivo: investigar el impacto emocional del diagnóstico de sífilis en gestantes de una unidad básica de salud del Distrito Federal, con el fin de mejorar el apoyo psicológico en la atención prenatal. **Método:** A través de entrevistas semiestructuradas con gestantes con diagnóstico de sífilis, el análisis de contenido reveló los principales temas de miedo, ansiedad, estigma, aislamiento y preocupación por la salud del niño, además de una fuerte demanda de apoyo emocional e información precisa. **Resultados:** existe una necesidad urgente de prácticas de salud más sensibles e informativas para mitigar el impacto emocional del diagnóstico de ITS en mujeres embarazadas. **Se destaca** la importancia de integrar el apoyo emocional como un componente fundamental de la atención prenatal, promoviendo un embarazo más seguro y mejores resultados de salud para la madre y el niño. **Conclusión:** Este estudio contribuye a la literatura sobre salud materna y enfatiza la necesidad de un enfoque más empático y mejor informado de las políticas de salud pública y las prácticas clínicas.

Descriptores: Sífilis gestacional; Impacto emocional; Atención prenatal; Apoyo psicológico; Estigma.

ORIGINAL

Introduction

Gestational syphilis remains a critical public health challenge in Brazil, where the high prevalence and its severe repercussions require urgent attention. Thousands of pregnant women are diagnosed with this infection every year, facing high risks of severe complications such as miscarriage, stillbirth, prematurity, and a range of congenital malformations, including deafness and neurological problems¹, underline the critical need for more effective prevention and treatment strategies, adapted to the nuances of vertical transmission of the disease. Mother-to-fetus transmission, particularly during the first trimester of gestation, represents a high-risk period that can culminate in devastating consequences for the newborn. Early recognition and effective therapeutic interventions are therefore essential to minimize the adverse impacts of this condition.¹

In addition to physical damage, the diagnosis of a sexually transmitted infection (STI) during pregnancy can trigger a whirlwind of intense emotional reactions. Pregnant women often report feelings of guilt, shame, and anxiety, aggravated by the stigma that still surrounds STIs². They highlight how this stigma can complicate not only clinical management, but also the provision of necessary emotional support, which is essential for adherence to treatment and well-being of the pregnant woman. Recognizing the complexity of this intersection between physical and emotional health, recent literature highlights the importance of a holistic approach to prenatal care³. argue strongly for the integration of psychological support as a central component in the treatment of pregnant women with syphilis, a strategy that promises not only to improve health outcomes for mother and child, but also to provide a safer and more empathetic pregnancy experience.

This study aims to explore more deeply the feelings and emotional experiences of pregnant women when diagnosed with syphilis. To elucidate the psychological impact of this condition and develop support strategies that integrate medical and emotional care, we will adopt a qualitative methodology to capture and analyze the narratives of these women. Mendes et al.⁴ offer a theoretical framework for this analysis, which seeks to understand and respond to the complex needs of these patients. Nesse sentido, o objetivo deste artigo é investigar o impacto emocional do diagnóstico de sífilis em gestantes, analisando suas reações emocionais e o suporte psicológico disponível.

Methodology

This study takes a qualitative approach, highlighted for its effectiveness in capturing complex and deeply emotional human experiences, particularly relevant in medical contexts where emotional responses are crucial. Qualitative research is essential to understand how pregnant women diagnosed with syphilis perceive and react to this condition, allowing a detailed and rich analysis of the nuances of emotional experiences, which are intrinsically subjective and multifaceted^{5,6}.

Location and Selection of Participants

The study was conducted in a primary health care facility strategically located in the Federal District, taking advantage of its socioeconomic and demographic diversity to obtain a representative sample of the Brazilian population. We used strict inclusion and exclusion criteria to select participants who offered a variety of perspectives and contexts, ensuring that the data collected reflected the complex reality of these pregnant women⁷.

Breakdown of Data Collection Methods

30 semi-structured interviews were conducted, each lasting about 45 minutes. These interviews were designed to explore not only the emotional reactions to the diagnosis, but also the social context and support received afterwards. The questions included aspects such as the impact of the diagnosis on family and social relationships, and the expectations of pregnant women in relation to treatment and continued care.

Data Analysis

We adopted thematic analysis to explore the data, with meticulous attention to identifying emerging themes that reflect the challenges and coping strategies of pregnant women. Data triangulation was a key strategy, involving the comparison of emerging themes from the interviews with field observations and analysis of medical documents, to ensure a holistic and multidimensional understanding of the reported experiences. We use NVivo software to help with the organization and detailed analysis of the data, facilitating accurate coding and in-depth exploration of the identified themes⁸.

Ethical and Cultural Considerations

Ethics was a constant priority, with particular attention to informed consent, which was obtained in a clear and understandable manner, ensuring that all participants fully understood the purpose of the study and their rights. In addition, we consider the cultural influences that may affect the perception and management of syphilis among different social groups. Understanding these cultural dynamics is crucial to developing supportive interventions that are culturally sensitive and effective. The independent ethics committee not only reviewed all research procedures prior to the start of the study, but also continuously monitored adherence to ethical standards, ensuring that research practices adhered to the highest international ethical standards.

Results

The analysis of semi-structured interviews conducted with pregnant women diagnosed with syphilis revealed a number of main themes, reflecting the emotional complexity of these women when facing the diagnosis during pregnancy. Themes identified include fear and anxiety, stigma and isolation, concern for the child's health, and an intense need for emotional support and accurate information.

Fear and Anxiety

Fear related to the child's health emerged as a prevalent theme, permeating the narratives of the interviewees. This fear is often intensified by

uncertainty about the effectiveness of treatment and the potential for transmission of the disease to the child. "The uncertainty is the worst part. Not knowing if the treatment was 100% effective, or if my son will be born healthy... It's like living in constant tension," expressed one participant, highlighting the constant anxiety experienced⁹. This fear underscores the need for rigorous medical follow-up and ongoing psychological support, to help pregnant women manage their worries and promote a greater sense of security and control.

Stigma and Isolation

The diagnosis of syphilis during pregnancy often carries significant stigma, exacerbating feelings of isolation and shame among pregnant women. Many reported perceiving judgment not only from the community, but also from health professionals. One interviewee shared her experience, saying, "I felt judged by the health team, as if I had done something very wrong to be in this situation,"¹⁰ This report underlines the importance of adequate training in cultural sensitivity and stigma reduction techniques for health professionals, as well as the creation of supportive environments where pregnant women can discuss their concerns openly and without fear of judgment.

Concern for Children's Health

Concern for the child's well-being was a dominant theme and profoundly affected the emotional experience of pregnant women. "Every day is a concern. Every exam, every appointment, I just wait for good news, that everything will be fine with my son," vented another pregnant woman. This highlights the need for clear and empathetic communication by health professionals, ensuring that pregnant women receive accurate and understandable information about the risks and management of syphilis during pregnancy.¹¹

Need for Emotional Support and Accurate Information

The need for detailed and reliable information was repeatedly emphasized by the interviewees. Many expressed frustration with the lack of accessible and clear information about their condition and treatment options. "I wanted more information... Sometimes I feel like I don't know enough about what can happen or what I'm doing to treat syphilis," commented one of the interviewees¹². This gap between the need and availability of reliable information is a source of additional anxiety for pregnant women, exacerbating their stress and worry.

Data Visualizations

To illustrate these themes more vividly, bar graphs and frequency diagrams were created using data analysis software. These visualizations facilitate the understanding of the main themes and the frequency of their occurrences in the interviews, providing a clear and immediate view of the results.

Implications and Recommendations

These results highlight the need for a more holistic and integrated approach to antenatal care for pregnant women diagnosed with STIs. The implications are profound, suggesting that a change in clinical practices and public health policy is essential to improve not only the emotional health of pregnant women, but also the long-term health outcomes for them and their children. Strategies such as integrating psychological support, training in cultural sensitivity for health professionals, and making detailed and accessible information available are critical to mitigate the negative impacts of syphilis diagnosis during pregnancy.

Discussion

This study contributes significantly to the understanding of the emotional impact of the diagnosis of syphilis in pregnant women, revealing the complexity of emotional responses and the critical role that psychological support and clinical sensitivity play in the management of this condition. The detailed analysis of the identified themes allows for a robust comparison with the existing literature, while highlighting unique areas and specific challenges found in this study.

As noted, fear and anxiety are prevalent emotions among pregnant women diagnosed with syphilis, something widely documented in previous studies¹. However, our study highlights a particularity: the intensity of fear related specifically to the child's health, which seems to be more acute than that reported in other populations. This may reflect cultural differences or variations in health practices between different regions, which suggests the need for localized strategies for managing anxiety in pregnant women.

Stigma and isolation also resonate with findings by Rocha & Lima², who discuss how the stigma associated with STIs can negatively affect quality of life and access to care. Our study deepens this understanding by demonstrating how stigma can lead to social isolation, not only as a reaction of the community, but as a self-imposition on the part of pregnant women, who withdraw from their social networks for fear of judgment.

This study also identified that, in addition to common emotional challenges, many pregnant women face an information crisis. The search for emotional support and reliable information stood out as a critical but often unmet need. The disparity between the need for information and its effective availability can contribute to increased anxiety and stress, which is corroborated by studies that point to lack of information as a risk factor for worsening psychological well-being in patients with medical conditions³.

From these results, it becomes evident that current clinical practices may not be fully equipped to address the complexities faced by pregnant women diagnosed with syphilis. It is imperative that healthcare professionals receive specific training not only on the medical aspects of syphilis, but also on how to communicate sensitive diagnoses in a way that minimizes stigma and fear.

In addition, health services must incorporate protocols that ensure the availability of immediate psychological support after diagnosis. Strategies may include integrating psychologists into maternal health teams, developing informational materials that are culturally sensitive and linguistically

appropriate, and implementing hotlines for questions about STIs, offering direct access to reliable information and emotional support.

This study underlines the urgent need for an integrated and holistic approach to antenatal care for pregnant women diagnosed with STIs. The implications of these findings are profound, suggesting that a change in clinical practices and public health policy is essential to improve not only the emotional health of pregnant women, but also long-term health outcomes for them and their children. The integration of emotional and informational support should be seen as a critical component of health care, and not as an optional addition. With more sensitive and well-informed approaches, we can hope not only to reduce the emotional impact of such diagnoses, but also to strengthen the bond between pregnant women and the health system, promoting a safer and more supported pregnancy journey.

In addition, creating ongoing training programs for healthcare professionals is essential to ensure that they are well-prepared to deal with the emotional and clinical complexities of gestational syphilis. These programs should include modules on empathetic communication, stigma reduction strategies, and techniques for offering appropriate emotional support.

Future research should explore the effectiveness of different types of psychological and educational interventions for pregnant women diagnosed with syphilis, focusing on methods that can be easily integrated into the public health system. This includes the evaluation of individual counseling sessions, support groups, and the use of communication technologies to provide real-time information and support.

This study not only broadens the understanding of the emotional impact of syphilis on pregnant women, but also serves as a call to action for the implementation of more humanized and empathy-based care practices. The integration of robust emotional and informational support in antenatal care is essential to improve the quality of life and health outcomes of pregnant women and their children, contributing to a healthier and more inclusive society.

Conclusion

This study explored the complex emotional experiences of pregnant women when they were diagnosed with syphilis in a primary health care facility in the Federal District, revealing profound psychological implications and highlighting the urgent need for improvement in support services. The results showed four main themes: fear and anxiety, stigma and isolation, concern for the child's health, and an intense search for emotional support and accurate information. These findings underscore the critical gap in support offered to pregnant women, where the prevailing fear related to the child's health and the stigma associated with the STI diagnosis generate significant isolation and decreased social support, which are critical to a healthy pregnancy.

Based on these findings, it is essential that health professionals be trained not only in the clinical aspects of syphilis treatment, but also in communication skills sensitive to the emotional and social context of pregnant women. It is recommended that clinical practices incorporate a more humanized and empathetic approach, which can mitigate fear and uncertainty and combat stigma. Health institutions should establish protocols for regular

psychological evaluations in antenatal care and provide easy access to counselors or support groups that can help pregnant women manage these emotional challenges.

To advance in this area, it is vital that future research focuses on the creation and evaluation of specific intervention programs that aim to reduce the emotional impact of STI diagnoses in pregnant women. It would also be beneficial to explore the effectiveness of different information delivery formats, from one-on-one sessions to group workshops, to determine the most effective methods to mitigate stigma and improve treatment uptake. Additional studies could investigate the long-term benefits of psychoeducational interventions integrated with antenatal care.

This article not only broadens the understanding of the emotional impact of syphilis on pregnant women, but also serves as a call to action for health policymakers and the medical community. The proposed changes in clinical practices and public policies are necessary to ensure that the diagnosis of syphilis, while serious, is not a source of trauma or isolation, promoting antenatal care that is truly holistic and based on empathy. With collaborative, evidence-based approaches, we can significantly improve maternal and child health, ensuring a safer and more supported pregnancy experience for all women.

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