

HEALTH CARE OF PREGNANT WOMEN DEPRIVED OF THEIR LIBERTY: INTEGRATIVE REVIEW

CUIDADO EM SAÚDE DAS MULHERES GRÁVIDAS PRIVADAS DE LIBERDADE: REVISÃO INTEGRATIVA

ATENCIÓN MÉDICA PARA LAS MUJERES EMBARAZADAS PRIVADAS DE LIBERTAD: REVISIÓN INTEGRADORA

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Objective: to analyze national and international publications on prenatal care offered to women deprived of their liberty. **Method:** integrative literature review. Searches were conducted in databases, using descriptors and keywords separated by Boolean operators. The search resulted in 548 studies. After analysis of inclusion and exclusion criteria with analytical reading, 11 primary studies were selected, which were organized in the categories national and international studies. **Results:** adjustments and improvements in health care are needed for these women who, even though they have existing rights, are negligent in the care offered. **Conclusion:** the prenatal experience in prison is full of difficulties and peculiarities depending on the penitentiary, requiring managers and health professionals an attentive look at the needs of women, children and their family members, in an attempt to minimize the impacts of the prison context on the quality of life of the people involved.

Descriptors: Prisons. Pregnancy. Women. Nursing.

Objetivo: analisar as publicações nacionais e internacionais acerca da assistência ao pré-natal oferecida às mulheres privadas de liberdade. *Método:* revisão integrativa da literatura. As buscas foram realizadas em bases de dados, usando descritores e palavras-chave separadas por operadores booleanos. A busca resultou em 548 estudos. Após análise dos critérios de inclusão e exclusão com leitura analítica, foram selecionados 11 estudos primários, que foram organizados nas categorias estudos nacionais e internacionais. *Resultados:* são necessárias adequações

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e melhorias na assistência à saúde dessas mulheres que, mesmo tendo direitos vigentes, sofrem negligência na assistência oferecida. Conclusão: a vivência do pré-natal no cárcere está repleta de dificuldades e peculiaridades a depender da penitenciária, exigindo dos gestores e dos profissionais de saúde um olhar atento às necessidades da mulher, da criança e de seus familiares, na tentativa de minimizar os impactos do contexto prisional na qualidade de vida das pessoas envolvidas.

Descritores: Prisões. Gravidez. Mulheres. Enfermagem.

Objetivo: analizar las publicaciones nacionales e internacionales sobre la atención prenatal ofrecida a las mujeres privadas de libertad. Método: revisión integradora de la literatura. Las búsquedas se realizaron en bases de datos, utilizando descriptores y palabras clave separadas por operadores booleanos. La búsqueda dio como resultado 548 estudios. Tras analizar los criterios de inclusión y exclusión con lectura analítica, se seleccionaron 11 estudios primarios, que se organizaron en las categorías de estudios nacionales e internacionales. Resultados: se necesitan ajustes y mejoras en el cuidado de la salud de estas mujeres que, a pesar de tener derechos existentes, son negligentes en el cuidado ofrecido. Conclusión: la experiencia prenatal en la cárcel está llena de dificultades y peculiaridades según el centro penitenciario, lo que exige que los gestores y los profesionales de la salud examinen detenidamente las necesidades de las mujeres, los niños y sus familias, en un intento por reducir al mínimo los efectos del contexto carcelario en la calidad de vida de las personas implicadas.

Descriptores: Cárceles. Embarazo. Las mujeres. Enfermería.

Introduction

The increase in the female prison population is significant. Over 714,000 women are imprisoned around the world. They represent 7% of the global prison population. In African countries, the proportion of women in the prison population is 3%, which is much lower than elsewhere. In the Americas, women represent 8% of the total prison population (6% if the US numbers are excluded). In Asia 7%, in Europe 6% (5% if Russia is excluded), and in Oceania 7%. The country with the highest proportions of prisoners is Hong Kong, in China (21%)⁽¹⁾. Brazil stands out in the evolution of the female imprisonment rate, with an increase of 455% between the years 2000 and 2016. In June 2016, in Brazil, the number of Women Deprived of Liberty (WDL) reached a total of 42,355⁽²⁾. This number has increased considerably, as in 2014 the number of inmates was 37,380⁽³⁾.

Analyzing this context, there are high rates of WDL, as well as jails that exalt a repulsive reality for society, which brings women fleeing from the premise of “fragile sex”, to those who generate and practice violence, smuggling or other crimes⁽⁴⁾. On the other hand, once arrested, the re-education process must be

guaranteed and not strangled by the inability to re-socialise or lack of maintenance of principles such as promoting and maintaining the health of these women. However, what still operates is a “sickening” caging environment both physically and mentally⁽⁵⁾.

At the same time, it stands out here the context that regardless of the time a woman spends in prison, one cannot neglect that she is or will be a mother during imprisonment. Hence the relevance of this study. There is a gap that needs to be explored within this scenario. How is prenatal care for women deprived of their liberty developed?

As far as the health context of these women is concerned, Brazil has the National Penitentiary System Health Plan (PNSSP), which provides for the inclusion of the prison population in the Brazilian Unified Health System (SUS), contributing to the promotion of health and the control and/or reduction of the most frequent diseases that affect them. The PNSSP has as its line of action directed at women’s health the performance of prenatal care and the control of cervical-uterine and breast cancer, with the objective of implementing, in 100%

of the penitentiary units, educational actions on prenatal care, childbirth, puerperium and contraception, among other topics⁽⁶⁾.

Contrary to what is described in the PNSSP, difficulties prevail in penitentiaries in maintaining conditions worthy of the quality of life of those deprived of freedom. These are improvised accommodations, shortage of health professionals, many of them carry the stigma of a highly dangerous environment, as well as lack of resources and medicines needed for health care. Prevention and health promotion practices and programs such as prenatal care are virtually non-existent in this scenario. Therefore, there is a paradox between what is felt and experienced in practice and what is referred to in Brazil's public policies⁽⁵⁾. There is a context in which the number of women deprived of their liberty is only increasing, but prison structures remain the same or are even more precarious and neglected.

In the prison system, the nursing team can act in conjunction with a multidisciplinary team in order to provide adequate assistance to the WDL in nursing consultations, prenatal consultations, cytopathological and breast examinations⁽⁷⁾. The nurse plays a key role in the health service. Their performance involves from health promotion and prevention to administrative process and acute and chronic care issues. However, it is necessary to ensure sustainable working conditions, which is still a challenge.

With the female imprisonment increase and the need to maintain quality of life and health care, here focused on the prenatal period, the need for the present study is justified, as it details

and evaluates how health care is being offered to these WDL. Therefore, the objective of this study is to analyze national and international publications on prenatal care offered to women deprived of their liberty.

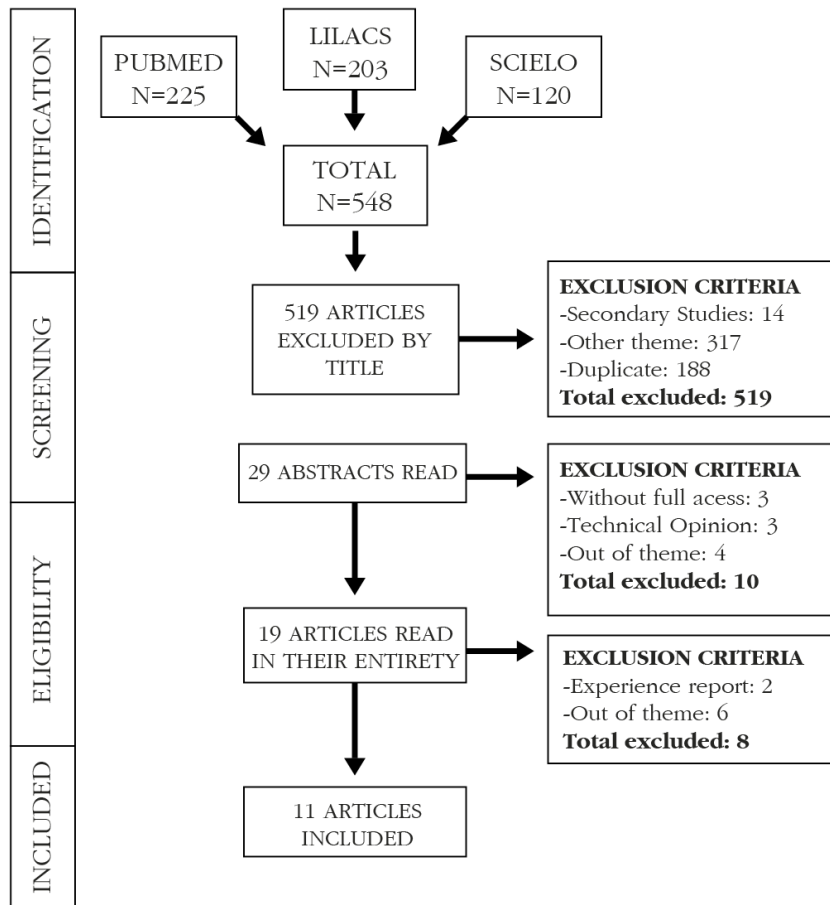
Method

Integrative Review (IR) is a method used to analyze and synthesize research, contributing to the deepening of the theme, as well as to the synthesis of knowledge through a systematic and rigorous process⁽⁸⁾.

The conduct of the review should follow the same principles of methodological rigor as a survey. For this, the following steps must be followed: identification of the theme and selection of the research question; establishment of criteria for inclusion and exclusion of studies (sample selection); extraction of data from primary studies; critical evaluation of included studies; synthesis of the results of the review; and presentation of the review⁽⁸⁻⁹⁾.

The comprehensive review was also supported by the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA)⁽¹⁰⁾ model, as shown in Figure I. The elaboration of the guiding question was based on the PICO strategy, which consists in identifying P=participant, I=intervention, C=control and O=outcome, and covered the population (incarcerated pregnant women), the interest of the study (identifying the health care of this group), the context (health care of pregnant women deprived of their liberty) and the outcome (quality of the care provided to this group).

Figure 1 – Adaptation of the *Flow Diagram* of the article selection process of the integrative revision, according to PRISMA



Source: Created by the authors.

The guiding question for this integrative review was: What publications address prenatal care in the prison system?

For the search of primary studies, the online journal portal Scientific Eletronic Library Online (SciELO), the Latin American and Caribbean Health Sciences Literature (LILACS) and the National Library of Medicine (PubMed).

The search was carried out in April 2019, concomitantly, in the databases, using controlled descriptors (vocabulary specific to each database). Thus, the following controlled descriptors were used in the search portals SciELO and LILACS: *Saúde da mulher* AND *prisões* AND *gravidez/Gestantes* AND *prisões/Mulheres* AND *prisões/Mulheres* AND *Prisões*. In the PubMed database the following controlled descriptors were used: Pregnancy AND Prison AND health care/Prison AND Pregnancy/Pregnancy AND

Prison. These descriptors were combined, using the Boolean operator AND until obtaining the studies corresponding to the delimited inclusion and exclusion criteria.

The inclusion criteria established were: primary studies - due to the high number of studies identified in the search portals, it was defined that articles would be selected from 2009 onwards, available in full, in Portuguese and English; studies involving health care about pregnant women deprived of their liberty; studies involving pregnant women independent of the week of gestation; studies addressing health care during pregnancy and childbirth. The exclusion criteria adopted were: studies that specifically addressed the child of women deprived of liberty; studies that specifically addressed the puerperium.

The evidence level is part of the critical evaluation phase of the studies included in the review⁽⁸⁾ and assists the authors in outlining the methodological profile of the studies, in addition to allowing the evaluation of the scientific credibility of the researches. The selected primary studies were qualified by the level of evidence⁽¹¹⁾. At Level I, evidence comes from systematic review or meta-analysis of all relevant randomized controlled clinical trials or from clinical guidelines based on systematic reviews of randomized controlled clinical trials; level II, evidence derived from at least one well-designed randomized controlled trial; level III, evidence obtained from well-designed non-randomized controlled trials; level IV, evidence from well-designed cohort and case control trials; level V, evidence from systematic review of descriptive and qualitative studies; level VI, evidence derived from a single descriptive or qualitative trial; level VII, evidence from authority opinion and/or expert committee reports⁽¹¹⁾.

The descriptive analysis was adopted for the organization and discussion of the evidenced results, in which a synthesis of each study included in the review was presented, organized in thematic categories. The articles, when cited in the tables, are represented by the alphanumeric symbology E1, E2... E11.

Results

It was preliminarily identified 548 records by searching the LILACS, SciELO and PubMed websites. After reading the title, 188 articles that appeared more than once in searches and articles published more than 10 years ago were

eliminated, and 317 articles that were not in line with the proposed theme. After this step, the abstracts of the articles were read. According to the inclusion and exclusion criteria described in Figure 1, the number of 11 studies that made up the present integrative review was reached.

Regarding the characterization of primary studies, eight were developed in Brazil, seven in the USA and one in Australia. Eight of these studies are published in English and eight in Portuguese. As for the authors' home institution, ten were linked to universities and one of the articles was linked to a US School of Nursing. As for the year of publication, they were distributed between the years 2012 and 2019.

The results, organized as to the analysis of primary studies, were grouped into two categories regarding thematic similarity. Charts 1 and 2 highlight the characteristics of the primary studies included in the review, according to the delimited category. In relation to the level of evidence of the 11 studies included, only one had evidence IV; the others presented evidence VI. Following the charts, a synthesis of the selected primary studies will be described separately according to category. In this synthesis, the objectives, the place where the study was carried out, the sample investigated and the main results obtained will be explained, as follows:

Category one: Health care for pregnant women incarcerated in Brazilian penitentiaries (n=5)

Chart 1 presents the characteristics of the studies grouped in this category, highlighting author, year, research design and evidence level.

Chart 1 – Characteristics of primary studies grouped in the first category: Health care for pregnant women incarcerated in Brazilian penitentiaries (continued)

Author	Year	Research design	Evidence Level
E1 ⁽¹²⁾ Diuana V, Ventura M, Simas L, Larouzé B, Correa M	2017	Qualitative study	VI
E2 ⁽¹³⁾ Galvão MCB, Davim RMB	2013	Qualitative study	VI
E3 ⁽¹⁴⁾ Pícoli RP, Santos JPS, Arazawa CY, Medeiros ICP, Leite MF, Furtado N, et al	2014	Quantitative study	VI

Chart 1 – Characteristics of primary studies grouped in the first category: Health care for pregnant women incarcerated in Brazilian penitentiaries (conclusion)

Author	Year	Research design	Evidence Level
E4 ⁽¹⁵⁾ Santos RMA, Linhares FMP, Morais SCR, Guedes TG, Guimarães ML	2018	Quantitative study	VI
E5 ⁽¹⁶⁾ Leal MC, Ayres BVS, Esteves-Pereira AP, Sánchez AR, Larouzé B	2016	Quantitative study	VI

Source: Created by the authors.

The five primary articles linked to this category are described further below.

The E1 study, conducted in Brazil in prison units, had the participation of 22 pregnant WDL, as well as women whose children were with them. Also participating were 19 employees who lived with the imprisoned mothers. It was pointed out that the existence of laws did not guarantee its accomplishment, as it was proven in the reports of the WDL, that they affirmed violence during the childbirth, for the team of the hospital, inequality in the treatment, use of handcuffs during the childbirth and lack of accompaniment. Most of the women interviewed had not initiated prenatal care when they were arrested or were receiving inappropriate care. They also highlighted their uncertainties about childbirth, and showed fear that they would not be able to be taken to the maternity hospital in time⁽¹²⁾.

In the E2 study, a qualitative descriptive research, developed at the Dr. João Chaves Female Penal Complex (CPFDJC) in Natal, Rio Grande do Norte, Brazil, having as participants nine women who experienced pregnancy within the CPFDJC, was analyzed the deficiency of health care and prenatal care of pregnant women incarcerated. The results identified that most prisoners did not have prenatal care during pregnancy, in addition to the lack of health care. Other factors related to healthy gestational development were also highlighted during the study, such as inadequate nutrition⁽¹³⁾.

In the E3 transversal cut study with the application of a questionnaire, conducted in a female prison in Campo Grande, Mato Grosso do Sul, Brazil, the characteristics of prenatal

and puerperium care for female prisoners were described. The study was carried out with 12 WDL, being 9 pregnant women and 3 puerperal women. Most of the participants reported the use of illicit drugs during pregnancy, mentioning marijuana and base paste, which can cause obstetric and neonatal complications. The minority of participants reported receiving guidance on breast care, breastfeeding and prenatal care. Most of the women interviewed pointed out that they had acquired some type of Sexually Transmitted Infection (STI), which draws attention to the need for preventive actions that need to be reinforced during prenatal care, according to the reality and needs of the inmates⁽¹⁴⁾.

The E4 study, developed in the Women's Penal Colony of Recife, Pernambuco, Brazil, with the participation of 18 women who were breastfeeding during the data collection period, identified that the main Nursing Diagnostics, according to the NANDA-I taxonomy, are risk of impaired mother-child bond, ineffective sexuality pattern and deficient knowledge about breastfeeding. Despite the existence of numerous protocols and ordinances that guarantee to all, whether or not they are in deprivation of liberty, the right to health services, the nursing diagnoses found in this population group have demonstrated the vulnerability to which they are exposed, as well as the fragility of the health services, which are further aggravated due to the environment in which they are inserted. Nursing plays an important role in this sector, by bringing information to inmates, breaking paradigms and providing an improvement in the quality of life of these women deprived of liberty⁽¹⁵⁾.

The E5 study, conducted with 241 mothers in female prison units in the capitals and metropolitan regions of Brazil, described that the mothers were mostly young, with high parity and were pregnant when arrested. During pregnancy, the woman has the right, recommended by Law 11.634/2007, to be bound to the maternity where the childbirth will happen, with the objective of preparing her for the moment, but the WDL does not benefit from this right. It was highlighted in this study that prenatal care started late

and inappropriately in relation to the number of consultations, and an important number of women reported to have suffered violence in maternity⁽¹⁶⁾.

Category two: Health care for pregnant women incarcerated in international penitentiaries (n=6)

Chart 2 highlights characteristics of the studies grouped in this Category, by author, year, research design and evidence level.

Chart 2 – Characteristics of primary studies grouped in the second category: Health care for pregnant women incarcerated

Author	Year	Research design	Evidence Level
E6 ⁽¹⁷⁾ Lepper LET, Trivedi S, Anakwe A	2018	Quantitative study	VI
E7 ⁽¹⁸⁾ Walker JR, Hilder L, Levy MH, Sullivan EA	2014	Quantitative study	IV
E8 ⁽¹⁹⁾ Kelsey CM, Medel N, Mullins C, Dallaire D, Forestell C	2017	Quantitative study	VI
E9 ⁽²⁰⁾ Ferszt GG, Clarke JG	2012	Quantitative study	VI
E10 ⁽²¹⁾ Goshin LS, Sissoko DRG, Neumann G, Sufrin C, Byrnes L	2019	Quantitative study	VI
E11 ⁽²²⁾ Zust BL, Busiahn L, Janisch K	2013	Quantitative study	VI

Source: Created by the authors.

The six primary articles linked to this category are described further below.

In the E6 study, developed in a correctional center in the Midwest of the USA, held through a workshop with 25 pregnant women incarcerated, with the objective of educating them about the basic and personal care of their gestational period and baby care, topics such as: nutrition, exercise, and health during pregnancy; drugs, alcohol, and tobacco use; childbirth and postpartum when incarcerated; your feelings about becoming a mother; how to care for your baby; and family planning. There were eight workshop sessions, usually 90 minutes long, in which, at each session, the women began by completing a pre-test on their previous knowledge of the topic to be discussed in the session and ended with the completion of a post-test in order to assess the knowledge gained from the workshop. The results were unsatisfactory, as most of them did

not manifest any changes in their knowledge of the subjects. Carrying out the restructuring of knowledge sessions, creating activities that encourage interaction between prison staff, program coordinators and inmates, and adapting the material to meet the individual needs of each pregnant inmate can be more effective, creating in this way an atmosphere that encourages learning⁽¹⁷⁾.

In the E7 study, conducted in New South Wales, Australia, health data collected at a correctional facility was used to determine whether the women incarcerated during the gestational period achieved better maternal and perinatal outcomes compared to women in the external community. The results pointed out that the group of incarcerated women was more prone to start prenatal care after the 20th week of pregnancy than the group of pregnant women from the external community. Despite limited

access to health services during the gestational period, pregnant prisoners had lower maternal morbidity rates, such as gestational diabetes and hypertension. Regarding the type of delivery, there was no significant difference in the number of cesarean deliveries between the two groups of women⁽¹⁸⁾.

In the E8 study, the research focused on health care practices during the gestational period of women incarcerated in 53 prisons in the US. The results showed that 37.7% of the prisons performed a pregnancy test at the time of admission. All the jails reported having medical assistance on location, being 41.2% internally and 58.8% contracted. In 31.4% of the facilities, inmates were transported when they needed specialized care in gynecology and obstetrics. Regarding obstetric ultrasound, only 44% of the prisons provided this assistance. During labor, 17.4% of the facilities reported the use of handcuffs on prisoners⁽¹⁹⁾.

In the E9 study, the research aimed to obtain information and evaluate health care practices for pregnant women deprived of their liberty. Fifty state prisons were identified in the U.S., 32 of which agreed to participate in the survey, but the study included 19 participating prisons. Regarding prenatal care, 12 facilities reported referring the pregnant woman to the specialized prenatal care service. With regard to feeding, most prisons reported offering a low nutritional value diet. Of the 19 institutions that participated in the survey, 2 reported using belts and chains when transporting women to the hospital, 8 used some type of restriction during labor, and 6 used it at the time of delivery of the newborn baby to the mother⁽²⁰⁾.

In the E10 study, conducted in the USA with 923 members of the Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN), invited, between July and September 2017, to answer an online questionnaire. The survey aimed to report the experience of Obstetric Nurses in assisting pregnant women incarcerated during pregnancy, childbirth, and postpartum in a certain hospital. Of the survey participants, 690 reported experience of perinatal care with pregnant women in prison, 67 reported feeling

insecure. Regarding justifications for the use of handcuffs, 347 reported following the protocol; 318, due to risk of escape; 159, due to risk of harm to others; and 64, to prevent risk of harm to themselves. Only 22 participants reported knowledge of laws regarding the use of handcuffs in care, in the state in which they exercise their care⁽²¹⁾.

The E11 study, conducted in a U.S. perinatal unit with 35 nurses, in which only 11 answered the survey questionnaire, aimed to learn about the experience of these professionals in assisting women deprived of their liberty during childbirth and postpartum. The results showed that many nurses reported difficulties in providing good care for women during labor due to some challenges they faced, such as the use of handcuffs and chains, and the presence of guards accompanying the women, which caused discomfort and invaded their privacy. Another painful issue for the nurses was the separation of the mother and her child soon after delivery, when the mother returned to prison. The results indicated that some of the nurses interviewed manifested judgmental attitudes towards the incarcerated patients⁽²²⁾.

Discussion

The analysis of the epidemiological profile of Brazilian women incarcerated evidences a population composed of young women, of low socioeconomic and educational level, who had an early initiation of sexual life and a high rate of pregnancies⁽²³⁾, besides single mothers and afro-descendants⁽²⁴⁾. Knowing the profile of this population is important to identify the main vulnerabilities, so that strategies for health promotion, protection and recovery are consistent with the reality experienced. Women can enter prison at any stage of the reproductive or gestational cycle, regardless of their social context. According to the Law of Penal Executions (LEP) No. 7,210/1984 and Law No. 11,942/2009, it is an obligation of the state to provide medical monitoring at prenatal, childbirth and postpartum, ensuring integral assistance to the health of mother

and baby, and also minimum conditions of assistance⁽⁷⁾.

In this review, it was possible to analyze, in category one, of national studies, that there is evidence regarding the lack of guidance on breast care, breastfeeding and prenatal care⁽¹⁴⁾, lack of follow-up during pregnancy, besides the lack of health care⁽¹³⁾, women who started consultations late and inadequately or reported to have suffered violence in the maternity ward⁽¹⁶⁾. Studies have highlighted the violence perpetrated by the hospital staff during delivery, unequal treatment, use of handcuffs and lack of a companion⁽¹²⁾. Although no comprehensive study with the different penitentiaries in the country has been identified, this review succeeded in covering penitentiaries in the Midwest, Northeast and Southeast. In all of them, violations of the rights guaranteed to the WDL were demarcated.

International studies, in turn, pointed to more comprehensive data, as in the study⁽²⁰⁾ that evaluated 19 US penitentiaries. Most of them reported referring the pregnant woman to the specialized prenatal care service. Regarding feeding, most prisons reported to offer a low nutritional value diet, offering quality in the pregnant woman's follow-up. However, four studies⁽¹⁹⁻²²⁾ have cited the use of handcuffs during delivery. This is justified by questions of protocol, risk of escape and risk of harm to others or to themselves⁽²¹⁾.

In this context, the use of handcuffs is something commonly implemented within prison systems, with no exception or differential treatment for pregnant women or mothers with infants⁽¹³⁾. In Brazil, Senate Bill No. 513/2013 stands out, which amends the criminal execution laws and brings changes for the use of any type of restraint during childbirth. In this perspective, a study in the U.S. has shown the evolution of some state laws, which adopted a more humane look for these pregnant women and puerperals, abolishing the use of handcuffs during the process of transportation and/or hospital delivery⁽²⁵⁾.

Another problem identified in national studies is related to the absence of a companion during childbirth, as it should be guaranteed by Law 11.108, of April 7, 2005, which provides, in Art.

19: "The Unified Health System - SUS, of the own or associated network, are obliged to allow the presence of 1 (one) companion with the woman during the entire period of labor, childbirth and immediate postpartum"^(25:1). It should be noted that this situation does not depend on the context of imprisonment or marginalization of the woman. Regarding the communication between the penitentiary and family members, a study⁽¹⁶⁾ identified that it was precarious, as about 9% of families were not warned about the beginning of labor of WDL.

In Brazil, in Minas Gerais, there is the Reference Center for Pregnant Women Deprived from their Liberty, inaugurated in 2009, with the objective of allowing mothers in prison to stay with their children for longer and to promote a comprehensive and adequate follow-up for pregnant women⁽²⁴⁾. Following the example of Minas Gerais, reference centers can be strategic in the perspective of acting as operational guides of the laws that govern Brazilian female penitentiaries, in the guarantee that these WDL can be fully assisted, even in the midst of the chaos that surrounds them.

A reflection is relevant about the organization and performance of the Brazilian penitentiary management in the care and attention to health of inmates. In France, for example, health care is beyond the administration of the penitentiary and is guaranteed by law, being under the responsibility of the hospitals of the region where the penitentiary is located^(16,26). Therefore, the monitoring of the pregnant woman during her prenatal period will be carried out by the hospital staff and would bring more confidence to the WDL and less anxiety to the delivery and postpartum process⁽¹⁶⁾. The humanization of care, necessary in all care environments, still encounters obstacles, often coming from the prison system protocols.

Nursing professionals are closely associated with these WDL, as identified in a study⁽²²⁾ in which nurses reported difficulties in providing good care during labor because they were caring for WDL. In Brazil, the nursing professional is primarily responsible for the health care of these women, however, due to lack of human and

material resources, in addition to irregular sizing, there is an overload of work that compromises the quality of care provided^(5,27). Brazilian nursing is well positioned to exercise the care with integral attention to which these WDL have the right, but it is necessary to offer minimum and dignified subsidies to ensure the quality of the service.

The findings of this research are limited to the study of articles available in three search portals. However, it is known that there are other portals that may contain complementary data to this review, however, as they are databases with paid access, and considering that the researchers did not obtain resources for the specific funding of this access, they opted for those of free access.

Conclusion

The development of this study made it possible to analyze national and international scientific productions regarding the health care offered to women deprived of their liberty during prenatal care, contributing to the development of a critical reflection on the reality experienced in the prison context. Failures in complying with current legislation have been highlighted, with regard to the rights of pregnant women in the prison system. Moreover, in some states there are no public policies that ensure access to qualified prenatal care, which points to the need for a reformulation or discussion of public policies related to the prison system and the training of health professionals to assist this population.

This study suggests the need for new research that investigates nursing care in the prison context, enabling reflection on the practice of care and expanding the possibilities of humanizing care for women who experience motherhood in prison. It was verified low number of studies that approach the subject in Brazil. The few that deal with the subject reinforce the current laws and the difficulty of putting them into practice.

It is concluded that the prenatal experience in prison is full of difficulties and peculiarities, depending on the penitentiary, requiring managers and health professionals an attentive

look at the needs of women, children and their families, in an attempt to minimize the impacts of the prison context on the life quality of the people involved.

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1 – conception, design, analysis and interpretation of data: Ana Carolina Sales, Gabrielle Kimie Pinheiro Nakada and Rafaela Azevedo Abrantes de Oliveira Simoneti;

2 – writing of the article and relevant critical review of the intellectual content: Ana Carolina Sales, Gabrielle Kimie Pinheiro Nakada, Mateus Rodrigo Palombit, Vander Monteiro Conceição, Sueli Santiago Baldan, Elaine Miguel Delvivo Farão and Rafaela Azevedo Abrantes de Oliveira Simoneti;

3 – final approval of the version to be published: Vander Monteiro Conceição, Sueli Santiago Baldan, Elaine Miguel Delvivo Farão and Rafaela Azevedo Abrantes de Oliveira Simoneti.

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