

Nursing care during prenatal care for pregnant women in prison*Atención de enfermería durante la atención prenatal a mujeres embarazadas en prisión**Assistência de enfermagem no pré-natal a gestantes em cárcere***Maisa do Nascimento Ribeiro^{1*}**

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<https://dx.doi.org/10.5935/2675-5602.20200430>***Corresponding author:**maisandribeiro3@gmail.com**Submission:** 04-23-2024**Approval:** 08-05-2024**Abstract**

This study aimed to analyze the quality of care and understand the advantages and disadvantages of providing care. This study was conducted using the integrative literature review method. The articles were selected from the Virtual Health Library, Latin American Literature, and Nursing Database, searching for articles published between 2019 and 2024. Twelve articles were found in the search. After meeting the inclusion criteria, three articles were selected for this study. It was concluded that nursing care for pregnant women in prison in the country is precarious, and actions to promote health education and disease prevention in the prison system could be developed, detecting risk factors, guiding, and caring for each inmate individually throughout the prenatal period. In addition, it reinforces the need for training professionals who provide care for this population.

Descriptors: Pregnancy; Nursing; Prison; Prenatal; Women's Health.**Resumén**

El objetivo fue analizar la calidad del servicio así como conocer las facilidades y dificultades en la prestación del servicio. Este estudio se realizó utilizando el método de revisión integradora de la literatura. La selección de artículos se realizó en la Biblioteca Virtual en Salud, Base de Datos de Literatura Latinoamericana y Enfermería, en la búsqueda de artículos publicados del 2019 al 2024. En la búsqueda se encontraron 12 artículos. Cumplidos los criterios de inclusión, se seleccionaron tres artículos para este estudio. Se concluye que la atención de enfermería a las embarazadas en centros penitenciarios del país es precaria, y se podrían desarrollar acciones para promover la educación en salud y la prevención de enfermedades en el sistema penitenciario, detectando factores de riesgo, orientando y atendiendo individualmente a cada interna durante todo el período prenatal. Además de reforzar la necesidad de formar a los profesionales que prestan atención a esta población.

Descriptores: Embarazo; Enfermería; Prisión; Prenatal; Salud de la Mujer.**Resumo**

Objetivou-se analisar a qualidade do atendimento bem como entender as facilidades e dificuldades em prestar o atendimento. Esse estudo foi realizado pelo método de revisão integrativa da literatura. A seleção de artigos foi realizada na Biblioteca Virtual em Saúde, Literatura Latino-Americana e Base de Dados de Enfermagem, na busca de artigos publicados no ano de 2019 a 2024. Na busca foram encontrados 12 artigos. Após os critérios de inclusão foram selecionados para este estudo três artigos. Conclui-se que a assistência de enfermagem a gestantes em cárcere no país é precária, podendo desenvolver ações de promoção de educação em saúde e prevenção de doenças no sistema prisional, detectando os fatores de riscos, orientando e cuidando de forma individual de cada detenta durante todo o período pré-natal. Além de reforçar a necessidade de capacitação dos profissionais que prestam o cuidado com essa população.

Descritores: Gravidez; Enfermagem; Prisão; Pré-Natal; Saúde da Mulher.

Introduction

Prenatal care aims to support pregnant women from the beginning of pregnancy to ensure the birth of a healthy newborn at the end of the pregnancy, guaranteeing maternal well-being. The Ministry of Health (MS) recommends at least 6 consultations for a full-term pregnancy, starting in the 1st trimester with basic procedures that include laboratory and clinical-obstetric exams¹.

The National Policy for Comprehensive Healthcare for Persons Deprived of Liberty in the Prison System (PNAISP) extends effective coverage of the SUS to all persons deprived of liberty. This means that each prison unit will also become a care point for the Health Care Network (RAS), where healthcare services and teams will be structured in the prison system within the scope of the SUS. The Ministry of Health encourages that prenatal care be interdisciplinary, with this team composed of a nurse or midwife, obstetrician, physiotherapist, psychologist, and nutritionist, each of these professionals having their specialization concerning the care of pregnant women^{2,3}.

Nursing care during prenatal care is essential because it is qualified to promote health, prevent diseases, and provide humanized care. To this end, the professional prepares the nursing care plan during the prenatal consultation, according to identified and prioritized needs, establishing interventions, guidelines, and referrals to other services, and promoting interdisciplinarity in actions⁴.

In 2003, the MS and the Ministry of Justice jointly developed the National Health Plan for the Penitentiary System (PNSSP), established by Interministerial Ordinance No. 1,777. This plan guarantees that women have the right to prenatal care. As soon as the pregnancy is discovered, the woman must be transferred to a prison unit that has adequate physical structure and a multidisciplinary team for monitoring throughout the pregnancy period⁴.

According to the PNSSP, the Ministry of Health ensures the inclusion of the prison population in the SUS. Women's Health is an area of action strategy that provides prenatal care and the control of cervical and breast cancer. Thus, it ensures that what is advocated by the Constitution regarding health is a fundamental right of every human being and a duty of State⁴.

Most prisons in Brazil were built to accommodate men, which hinders the right and ability to carry pregnancies within a prison whose infrastructure does not meet women's basic needs. Of all women's prisons in the country, 85.8% were not built to accommodate women and therefore do not have dormitories and cells suitable for pregnant and breastfeeding women. Other needs include spaces for mothers to stay with their children until the 24th month of life, such as a nursery, daycare center, and maternal and childcare center⁵⁻⁷.

Only 61 cells in prisons in Brazil are reserved for pregnant women, out of a population of 230 pregnant women. There are 51 cells/nurseries with a capacity for 444 babies, 8 cells/daycare centers with a capacity for 133 children, 99 children living with their mothers, and 103

lactating women, throughout the country, according to data from the last half of 2023 from INFOPEN⁸.

In mixed penal institutions, there are pavilions, wings, and cells adapted for women, and, in most cases, there is no form of treatment aimed at resocialization, nor is there a daycare or nursery for the children. Thus, when the pregnant woman is close to the 9th month of pregnancy, she is sometimes transferred to institutions with more adequate facilities. When the transfer occurs from the countryside to the state capital, this tends to make it difficult for family members to visit her due to the distance⁸.

Within the female prison system, 88.32% are in the reproductive phase (between 18 and 45 years old). Of the total number of women in the prison system, 44.42% have incomplete primary education, 15.27% have incomplete secondary education and 14.48% have completed secondary education. The low level of education of the female prison population is related to low employment opportunities since 28.9% of incarcerated women have children. The gateway to crime is greater⁸.

Many discussions are based on times when people spoke of "incarcerated women as if there were only one woman or, at least as if they all had the same profile" and as if there were no pregnant women who needed care in a precarious place and without the need for basic health care. Based on pregnant women, the scenario is even more precarious when health care is in the hands of police officers and their willingness to accompany women to appointments and exams, which in most cases are not done at the appropriate time recommended by the Ministry of Health in prenatal care. For these reasons, there is a need for greater attention to this topic, which involves little research⁹.

The aim was to understand the prenatal nursing care provided to pregnant women in prison in Brazil to learn about prenatal care in prison and the health rights of these pregnant women, identify the role of nursing in prison systems, and describe the difficulties and facilities encountered by nursing and pregnant women in prenatal care in prison.

Methodology

For this study, the integrative literature review method was used, based on an analysis carried out in six stages, to acquire a deeper understanding of the topic, based on previous studies. Thus, this study has the following research question: "What is nursing care like in prenatal and postpartum care for pregnant women in prison in Brazil?"

The integrative review includes an Evidence-Based Practice (EBP) instrument, which allows the addition of numerous study methods. This methodological instrument aims to synthesize knowledge and integrate multiple results on the topic to be discussed in this work. This study method is one of the many devices used to condense and improve the study¹⁰. The methodology is divided into six phases, which are: elaboration of the guiding question, search or sampling in the literature, data collection, critical analysis of the included studies, discussion of the results, and presentation of the integrative review. Following the order of these phases makes it possible to develop organized,



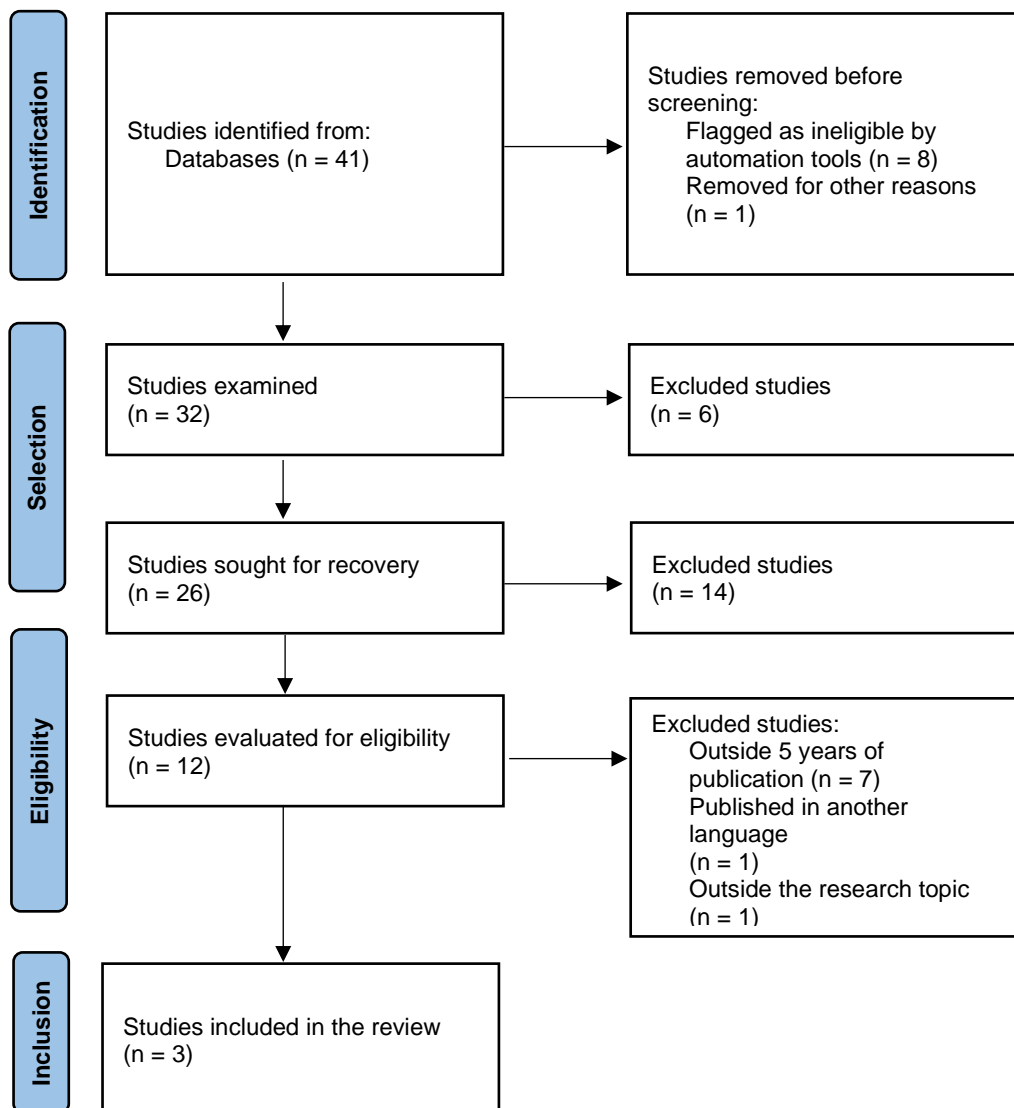
synthesized content that is better understood and visualized. However, it also instructs the researcher to achieve his goal and conclude the hypothesis that guides this work¹⁰. As part of the first phase of the Integrative Review, the PICO acronym strategy will be used to develop the research problem. This acronym helps in choosing the best clinical decision and can also be used in several studies to guide the development of the hypothesis and the search for answers. For this purpose, the acronym is segmented into stages P (patient), I (intervention), and Co (context)¹¹.

To develop the PICO strategy of this study, P was used as Pregnant, I as Prenatal, and Co as Nursing care in prison. Thus, the question to be discussed during the study will be: "What is nursing care like in prenatal care for pregnant women in prison?" To expose the experience of pregnant women in this situation.

Eight descriptors were used to search for articles: "Pregnancy", "Nursing", "Prison" and "Health" in Portuguese; and "Pregnancy", "Nursing", "Prison" and "Health" in English. These descriptors were applied to the following databases: Virtual Health Library (BVS), Latin American Literature (LILACS), Nursing Database (BDENF), and Online System for Searching and Analyzing Medical Literature. All searches performed with these descriptors were combined using the Boolean algebra "AND" combination to delimit the study.

The inclusion criteria were indexed in the last five years, publication in full, available online, free of charge, and available in Portuguese. The exclusion criteria were research conducted in foreign countries and articles that were not related to the topic under study.

Flowchart 1. Search and selection of studies. Araras, SP, Brazil, 2024



Results

The strategy resulted in a total of 12 articles. To limit this number, inclusion and exclusion criteria were applied, resulting in three scientific studies. The selected

articles were organized in a collection instrument according to title, authors, year of publication, journals, and objectives, as shown in Chart 1. Characterization of the sample articles included in the study.



Chart 1. Characterization of the sample articles included in the study. Araras, SP, Brazil, 2024

Title	Author	Year	Journal	Objective	Results
Maternity in prison: influence on physical and emotional health	Moraes, Livia França; Soares, Leila Cristina; Raupp, Roberta Monteiro; Monteiro, Denise Leite Maia.	2023	Rev. Bras. Saúde Mater. Infant. (Online) ; 23: e20210246, 2023.	Assess the repercussions of motherhood on patients deprived of liberty.	The research concluded with 33 bibliographical references, with the highest level of evidence coming from cohort studies, which demonstrate the precariousness of the health care offered to these pregnant women. Three main groups were identified: low-quality prenatal care, negative maternal and neonatal health indicators, and the emotional issues involved in the prison reality during the pregnancy and postpartum period.
Cuidado em saúde das mulheres grávidas privadas de liberdade: revisão integrativa	Sales, Ana Carolina; Nakada, Gabrielle Kimie Pinheiro; Palomb, Mateus Rodrigo; Conceição, Vander Monteiro; Baldan, Sueli Santiago; Farão, Elaine Miguel Delvivo; Simoneti, Rafaela Azevedo Abrantes de Oliveira.	2021	Rev. baiana enferm ; 35: e36114, 2021	Analyze national and international publications on prenatal care offered to women deprived of liberty.	The search resulted in 548 studies. After analyzing the inclusion and exclusion criteria with analytical reading, 11 primary studies were selected, which were organized into the categories of national and international studies. Results: adjustments and improvements are needed in the health care of these women who, despite having current rights, suffer neglect in the care provided.
Mulheres em privação de liberdade: narrativas de des (assistência) obstétrica	Silva, Jeferson Barbosa; Moraes, Marina Nascimento de; Brandão, Bárbara Maria Lopes da Silva; Freitas, Waglânia Mendonça Faustino e; Souto, Rafaela Queiroga; Dias, Maria Djair.	2020	REME rev. min. enferm ; 24: e1346, fev.2020	Reveal narratives of women deprived of liberty about the obstetric care offered during the pregnancy-puerperal cycle.	The speeches highlighted the fragility of health care in all phases of the pregnancy-puerperal cycle, involving lack of (assistance) in prenatal care, unrecognized experiences of obstetric violence, feelings of abandonment during childbirth and the lack of an adequate environment for newborns within the correctional institution.

Data analysis was performed in a qualitative, descriptive, and exploratory manner. Qualitative analysis delves into the knowledge of social groups or organizations, among other groups. In this type of analysis, judgments, prejudices or beliefs should not interfere with the research. Qualitative analysis seeks elements of reality that cannot be quantified, to describe and understand the dynamics of social relations. In turn, in descriptive analysis, the objective is to describe phenomena and facts of the reality chosen for analysis. The researcher must pay attention to a critical examination of the information since data collection is done through interviews or questionnaires. Consequently, the analysis may be subjective, generating an inaccurate result. Finally, exploratory analysis is a category of research in which the objective is to clarify, make understandable, and build hypotheses so that the topic becomes more organized and simpler. In this category, it is common to use three resources, namely: a) Bibliographic survey; b) Interviews with people who have had practical experience with the problem being researched; c) Analysis of examples to stimulate understanding, which can be classified as bibliographic research and case studies¹².

Discussion

Pregnancy is a very delicate event in a woman's life, given the physical, hormonal, social, and psychological

changes that this period involves, and many of these changes will remain with these women throughout their lives. All of this transformation provokes a different reaction for each woman, influenced by the society to which she belongs.

Even thinking about a reality within ideals, pregnancy is challenging, however, thinking about a situation of private imprisonment, the behaviors of these pregnant women tend to be harmful since isolation promotes feelings of guilt, loneliness, possible depression, and exposure to other diseases that also reduce quality of life¹³.

Most pregnant women in prison already knew about their pregnancy before they were arrested, while others found out when they took the tests required by the prison system, one of which was a pregnancy test¹⁴.

Studies on pregnant women in prison in Brazil show that this population has increased, but this has not been accompanied by improvements in its structure. What we currently have is a precarious physical structure and overcrowding in Brazilian prisons, which are a constant and worrying reality, especially for the health of pregnant women due to the need for special care^{15,16}.

Despite laws that seek to minimize existing problems, prisons do not provide an adequate environment for pregnant women, newborns, and infants. There are limitations in health, social, and leisure care essential for



these stages of life. The quality of care provided to pregnant women is deficient due to the routines and rules of the prison system. Consultations are carried out in referenced basic health units, where bidding, authorization, and escort are required for inmates to go to consultations outside the prison. Inclusion and exclusion criteria for referral of pregnant women are used, according to the severity of the criminal offense, risk of escape, and rescue during transport¹⁴⁻¹⁷.

For all health service provisions, there are guidelines to be followed, generally previously established by the Ministry of Health. In prison health, it is no different; these parameters were established through the PNSSP^{13,14,17}.

It is important to discuss institutional violence, which is characterized by differences in treatment by healthcare professionals in hospitals, who expose pregnant women to situations of humiliation, escort, and use of handcuffs. However, Law No. 13,434, of April 12, 2017, prohibits the use of handcuffs during childbirth and the immediate postpartum period¹⁷.

Women are often unaware of obstetric violence and are exposed to situations such as non-consensual amniotomy, restricted position for delivery, excessive vaginal examination, and lack of clarification of procedures. This conduct violates the inherent rights of women and newborns. The lack of knowledge highlights the need for primary and continuing nursing education regarding the care of incarcerated women during pregnancy¹⁷.

Nursing professionals accompany women who have low-risk pregnancies, thus having greater contact with the pregnant woman. They must welcome pregnant women who are deprived of liberty, offering a safe environment, so that it is possible to form a bond between professional and patient, for active listening, and exchange of information about health education for these women. Prenatal care should focus not only on curing diseases that may appear,

but also on preventing possible complications that may occur during pregnancy¹⁷.

Conclusion

At the end of this integrative literature review, it was possible to understand the prenatal nursing care provided to pregnant women in prison in Brazil, concluding that the female prison environment has a reality very far from what is proposed in the PNSSP, identifying a great deficiency, both in the physical and emotional structure, due to the lack of care for basic human needs, and in the nursing care implemented in the comprehensive health of women, highlighting the lack of health promotion aimed at pregnant women in prison.

It is noted that nursing care is precarious, although nursing care can be developed to promote health education and prevent diseases in the prison system, detecting risk factors, and guiding and caring for each inmate individually throughout the prenatal period. It is necessary to reinforce the training of professionals committed to the quality of nursing care provided to these women who are in the prison system. Thus, the difficulties encountered by pregnant women and the nursing team are highlighted, however, the facilities were not found, as well as the scarcity of published articles on this subject.

In this sense, this study can identify and inform the existing difficulties in the context of providing nursing care to pregnant women in prison in the country, contributing to the implementation of improvements, reduction of possible harm, encouraging social reintegration, reduction of violence in society and improvement of nursing care in the role of prenatal care for pregnant women in prison. Given the above, there is a great need for further study on this topic, since the number of women incarcerated in the country is increasing, together with the need for improvements in the penitentiary system.

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