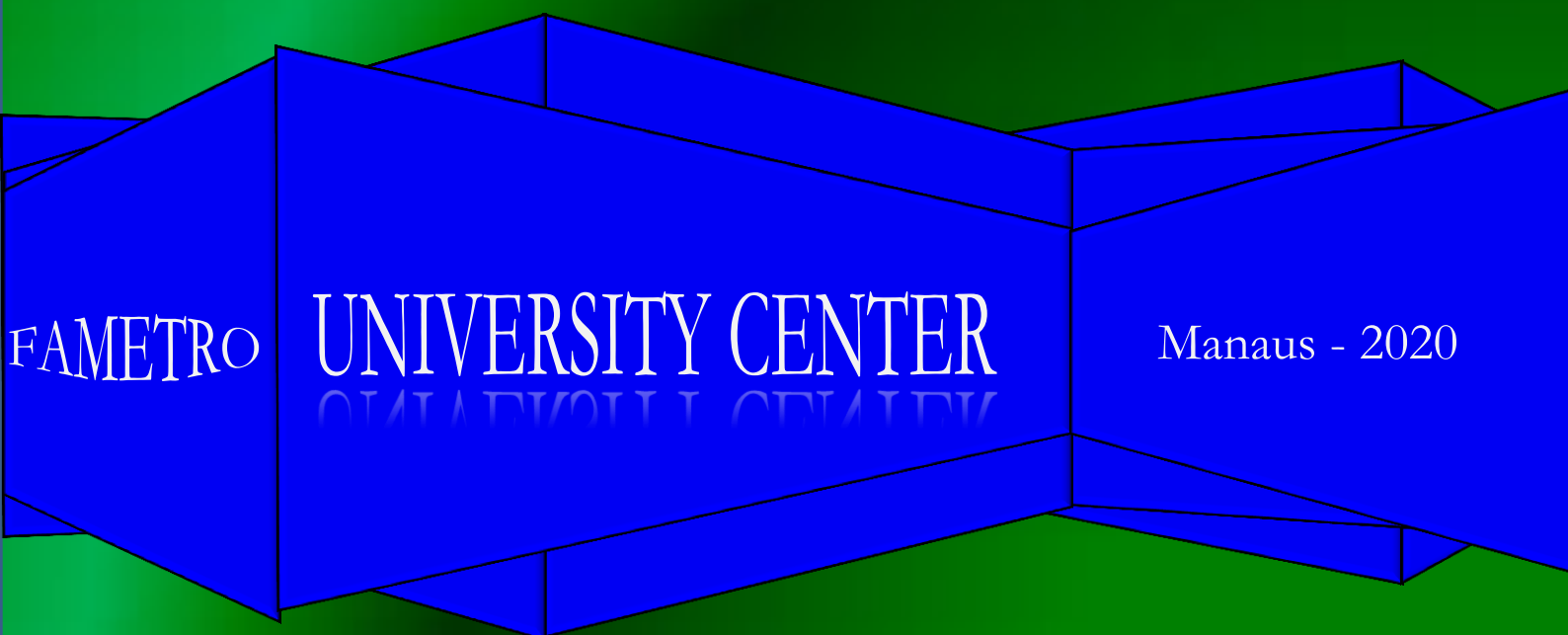




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INCARCERATED WOMEN
FROM THE ADVERSITIES OF PRENATAL TO CHILDBIRTH



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INCARCERATED WOMEN: FROM THE ADVERSITIES OF PRENATAL TO CHILDBIRTH.

Mulheres encarceradas: das adversidades do pré-natal ao parto

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ABSTRACT

Objective: Investigate the profiles of incarcerated pregnant women and the main problematic factors they face while pregnant, such as prenatal consultations to problems related to the time of delivery.

Method: This is an exploratory descriptive study of the type (RIL) where we used the search for data in the *SciELO*, *BVS* and *LILACS* databases listing only studies that met the eligibility criteria in the period from 2009 to 2020.

Results: The study shows that pregnant women deprived of their liberty suffer from not having the appropriate number of prenatal consultations, as recommended by the Health Ministry, and claim that their rights are not respected at the time of delivery.

Conclusion: We can notice that the prenatal care of these incarcerated pregnant women is ignored by both the detention unit and by the health professionals, so that there is no humanization in the prenatal consultations, as well as at the time of delivery.

Keywords: Pregnant women; prison; prenatal; childbirth; neglect.

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1. INTRODUCTION

In Brazil, the female prison population reaches approximately 37,380 thousand women, making it the fifth largest population of women incarcerated in the world and, in the last 15 years this number has been growing daily, adding 64% of the prison population of women in the country (MATOS, SILVA, LIMA; 2018).

The lack of access to basic care for the female prison population poses problems not only for pregnant women, but also for the prison community in general, as the female prisoner needs to refer, after the period of six months to a year, as proposed by Penal Execution Law (LEP) the baby to his family environment. For this reason, it is important to emphasize the care and strengthening, as well as the continuity of a health promotion that favors the humanization and citizenship of this public in particular (TEIXEIRA et al; 2015).

In this sense, it is essential to emphasize that the woman needs professional attention that prioritizes her, in order to notify her in a humanized way, portraying all her limitations through clinical diagnoses for both her and the pregnant baby. This monitoring occurs in obstetric examinations resulting from the total assistance of this integral right drafted by law, which is prenatal consultations. However, there are serious failures in the provision of these services that compromise maternal health in the binomial (physical / affective) of both (MATOS et al; 2018).

The National Penitentiary System Plan (PNSSP) established several goals to improve the health of incarcerated pregnant women, such as low and high risk prenatal care, immunization, postpartum care, promotion of educational actions and guarantee of care in cases of complications and childbirth. For a good and organized operation, the PNSSP must have a team of multiprofessionals who must carry out a 20-hour workday. This team should have the support of Doctors, Nurses, Nursing Assistants or Technicians, Dentists, Dental Assistants (ACD), Psychologists and Social Assistants (BRASIL; 2004).

The Humanization of Childbirth and Birth Program (PHPN) was established in 2000 through the Ministry of Health (MS) with the aim of ensuring that pregnant women receive adequate prenatal care, which have the following principles: women - the right to dignified and quality care during pregnancy, childbirth and the puerperium,

therefore, the newborn, the right to neonatal care in a humanized and safe way (FELIX et al; 2017).

In 2019, Matos and collaborators sought to verify the profile of women deprived of liberty and the increase in the female population in prisons in Brazil and paid attention to reports of obstetric violence, neglect, neglect, discrimination and prejudice suffered by these women at the time of delivery within the hospital environment.

The Penal Code raises the need for certain particularities that welcome this population, given that the environment is harmful to the potent development of this baby in all its spheres of human presentation. Given this reality, it opens up possibilities for this woman to experience motherhood in a more satisfactory way. (DIUANA et al; 2015).

Given the context presented, this research aimed to understand the adversities of pregnant women incarcerated in carrying out prenatal care and at the time of delivery.

2. LEGISLATION TO SUPPORT PREGNANT WOMEN IN prison

According to Andrade and Gonçalves (2018), Brazil has a large number of prisons involving women. Most of them are women deprived of liberty who have a low income, as well as little education and who are of childbearing age with little family support and belong to a group of social vulnerabilities that become worse from the moment they are introduced into prison. Among the women who make up the prison system, are pregnant women whose pregnancy may have been identified before or during their stay in prison.

These women are in the age group of 19 to 25 years old, being mostly single, with incomplete elementary education, low pay, with reports of lack of health care along with complaints regarding the lack of structure in the prison system to meet their needs. specificities and with difficult access to prenatal care. The neglect of health care for these pregnant women reveals that both the mother and the fetus do not have their rights respected in Brazilian prisons (GALVÃO AND DAVIM; 2013).

According to Fochi et al (2017), studies show that more than 50% of these pregnant women do not receive effective multiprofessional assistance. When it is approached that prenatal care is mandatory in this phase in which the woman is, there

is a gap in the compliance with this guideline and it is clear that the woman in this experience undergoes numerous physical and emotional transformations. In this perspective, the reactions to the events that follow are very particular, which makes access to their basic rights essential.

On September 9, 2003, the National Health Plan in the Penitentiary System (PNSSP) was launched through Interministerial Ordinance 1,777, which arose from an integrated action between the Ministry of Health and the Ministry of Justice, decreed by the Federal Constitution of 1988 and by Law 8,080 of 1990. The main objective of the PNSSP is to guarantee the inclusion of the incarcerated population within the scope of SUS, in order to promote the health of the deprived of liberty, which is a State responsibility, considered a great challenge for health professionals, area of health whose duty is to believe in a society without the excluded (Brazil, 2004.).

Through the Ministry of Health (2002), the Humanization Program for Prenatal and Birth (PHPN) was promoted in order to promote specific care for pregnant women and newborns, whose main objectives were: to guarantee the improvement of quality of prenatal care, assistance to childbirth and the puerperium, with the aim of analyzing the real needs of care for women during gestational and puerperal periods, regulated by the precepts of humanization to care for pregnant women and the newborn. PHPN was established through Ordinance / GM n. 569, of 6/1/2000 of Obstetric and Neonatal Assistance.

Working together with the PNSSP and PHPN, the *Rede Cegonha* was a strategy of the federal government with the objective of providing women with health, quality of life and well-being during pregnancy, childbirth, the puerperium and pediatric follow-up during the child's first 24 months. Nevertheless, women deprived of their liberty have difficulties accessing this service, which raises questions about the quality of health care for the incarcerated population (Brazil; 2014).

2.1. Deficiency in prenatal care

Obstetric care must rely on welcoming conducts and humanized treatment by services and health professionals who must receive women with dignity, organization, ethics and the guarantee of privacy and autonomy of prisoners, do not carry out unnecessary interventions, provide prenatal and puerperal care, ensuring the

guarantee of maternal well-being with actions that integrate all levels of care such as promotion, prevention and health care (Brazil; 2006).

Prenatal care seeks information and knowledge to ensure the development of pregnancy, accompanying the woman since the beginning of pregnancy, enabling the birth of a healthy newborn. Therefore, the role of the nurse at that moment is paramount, providing information for pregnant women to face this period, answering questions, explaining procedures and offering information from the applied system based on the knowledge applied to them. The role of nurses in female prison units is of great importance, being a protagonist in prenatal care, developing practices and services that generate safety and health for a quality gestational period (Felix et al; 2017).

There must be several educational actions for pregnant women, such as, for example: talking about the importance of regular consultations, motivating them to perform specific physical activities for pregnant women, promoting the orientation of an adequate diet, explaining about body changes and emotional, common symptoms in pregnancy, what to do in situations of warning signs, prepare the woman for childbirth and encourage normal childbirth, pay attention to the legal benefits that the woman is entitled to, and the importance of postpartum consultations and care with the newborn (Brazil; 2006).

Professionals working in the prison dynamics face numerous deprivations that prevent a productive exercise of their performance with the group of pregnant women who are in a situation of deprivation of liberty. It is perceived that the environment and its insufficiency of basic resources of medical assistance to this specific group, therefore, render inoperative a practice that meets all the criteria registered in the public policy (DIUANA et al; 2015).

Santana, Oliveira and Bispo (2016), affirm that even with rights guaranteed by law, which ensures complete care during the pregnancy-puerperal period, nursing monitoring for some prisoners is non-existent. It is noteworthy that the frequent contacts between nursing and the client during consultations allow greater adherence of these women to prenatal care, better monitoring of the pregnant woman and the fetus, in addition to detecting early complications of any problems during pregnancy.

2.2. Violations and disrespect at the time of child-birth

A large portion of women who experience pregnancy in deprivation of liberty are marked by the violation of their rights at the time of parturition and report the absence of a companion in labor, with only the presence of prison officers, even though there are legal regulations that guarantee the practice of humanized care for women, service providers have serious flaws in the execution of the provision of care for these women (MATOS, SILVA and LIMA; 2018).

There are reports of verbal and psychological violence suffered since leaving the prison in which part of the women did not have access to the ambulance, being led to maternity in inappropriate vehicles or vehicles, as well as in the hospital environment, reports of harassment by health professionals are recurrent. and by prison officers, they had to wear handcuffs at some point during hospitalization and even at the time of delivery (LEAL et al; 2016).

For Matos, Silva and Lima (2018), obstetric violence occurs in the institution at a time when health professionals should be deprived of judgments and begin to perform unnecessary procedures, present insensitivity in the care of women prisoners making them feel humiliated and neglected, considering that the moment of childbirth is marked by several feelings that become potentiated when the woman faces this type of situation.

In Brazil, incarcerated women are therefore usually transferred in the third trimester of pregnancy (seven to nine months) from their prison unit to a specific unit that will house the pregnant woman and her future baby. The parturient is taken to a public hospital at the time of delivery and then must return to a prison prepared to receive lactating mothers and their babies, as well as stay in these units for a period ranging from 6 months to 1 year (LEAL et al; 2016).

2.3. The separation between mother and baby

For mothers in prison, motherhood becomes difficult due to living in an unfriendly environment, the moment of separation is lived with regret and suffering, as these women will miss living with their children who were together for about six

months. The fact that they cannot follow the phases of their growth and development brings losses caused by the distance. (Batista, Loureiro; 2017)

According to Kennedy, Mennicke, Allen (2020) for many incarcerated mothers, family relationships are broken during incarceration, visiting policies in prisons and the lack of intensive family-oriented programming further distances the bond between mother and child, although there are proven benefits for mothers and children through regular contact, most mothers have never even received a visit from their children in prison after six months of breastfeeding, many children are adopted by another family or the family that is legally responsible chooses not to take the child in prison for the visit.

Brazil has few prison facilities specific to women. Many spaces currently occupied by them have arisen from adaptations in buildings intended for other uses. Among the peculiarities of female prisons is the need for physical infrastructure and resources for the reception of pregnant women, as well as women with young children or breastfeeding. The Federal Constitution guarantees the prisoner public the same health rights as the free population. (BATISTA and LOUREIRO; 2017).

According to Kennedy, Mennicke and Allen 2020, women in prison incur psychological and emotional distress that are amplified during pregnancy, given that prisons were not designed to manage the needs of mothers and their young children, for many incarcerated mothers, family relationships are effectively broken during incarceration (KENNEDY, MENNICKE, ALLEN; 2020).

3. METHODOLOGY

This is an exploratory descriptive study in which we chose methods of Integrative Literature Review (RIL), as it is a method that provides the synthesis of knowledge and the incorporation of applicability of results and significant studies in practice (Souza, Silva, Carvalho, 2010). In order to investigate the adversities experienced by pregnant women imprisoned from prenatal to childbirth.

The search for scientific publications was carried out from April to August 2020, using virtual libraries: online electronic scientific library (SCIELO), Lilacs and Virtual Health Library, using the following descriptors "Pregnant Women", "Prenatal", "

Incarcerated ”,“ Prison ”. Regarding the eligibility criteria: articles published in the last 20 years 2002-2020, Portuguese, English, complete and available for free. Ineligibility criteria: articles in summary form, monographs, master's dissertation.

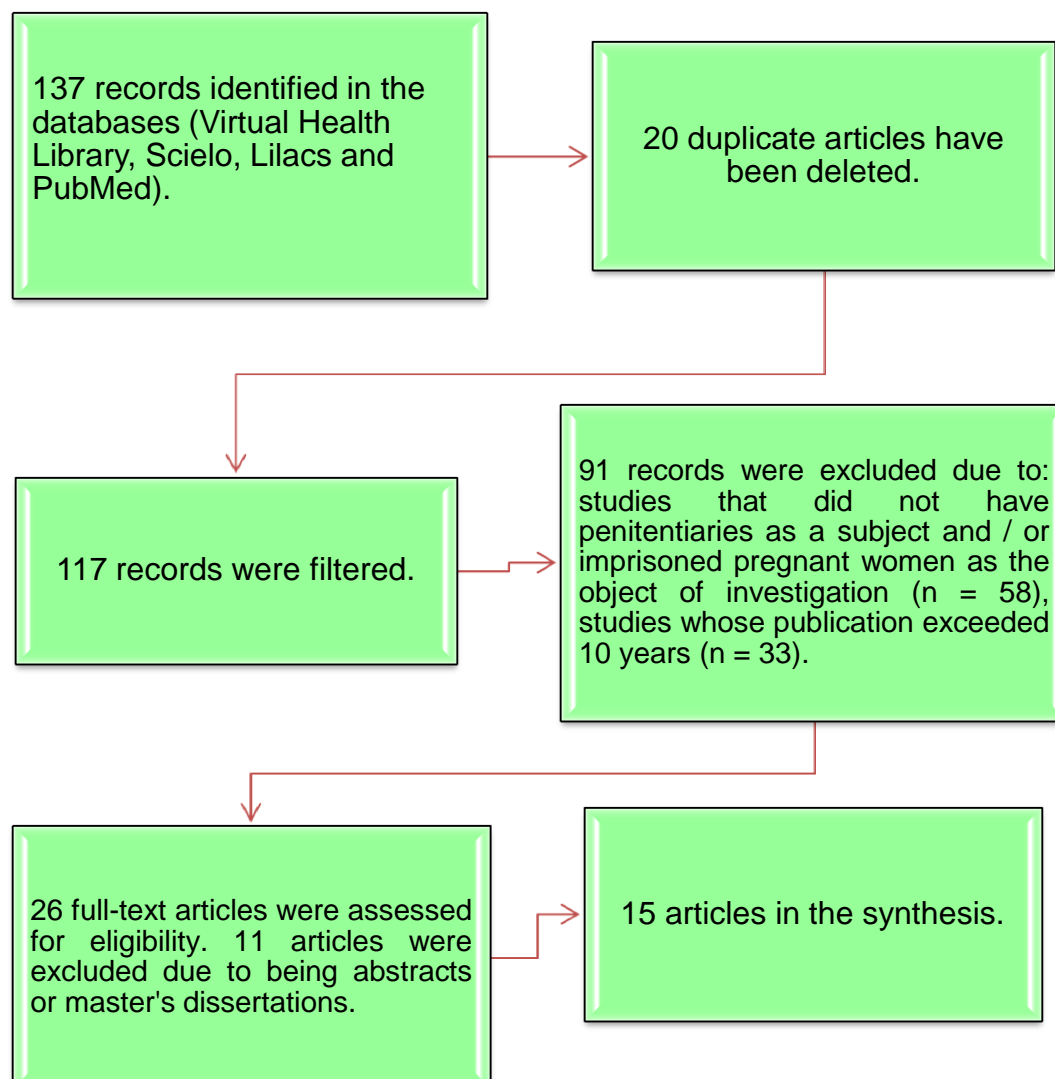
To achieve the objective, the following guiding question for the study was defined:

What adversities do incarcerated pregnant women face from prenatal to childbirth?

From the answers to these questions, we made the discussions, as set out in the next paragraph of this work.

4. RESULTS AND DISCUSSION

4.1. Flowchart of the results obtained on the research platforms



After searching for articles through the scientific databases at the Virtual Health Library (VHL), *Scielo*, Lilacs and PubMed, 137 studies were identified and after filtering and analysis, 15 were selected because they met the study inclusion criteria .

After detailed reading of each selected article, the data were crossed according to the objectives of the work and thus, a total of 847 pregnant women were studied in the 15 articles, with the age group between 18 to 39 years old with the prevalence of women aged 25 to 32 years old . All women studied in the articles have a low level of education, only 20% have completed high school and about 80% of them are single mothers. (ABBOTT et al, 2020); (CHAVES; ARAUJO, 2020).

It was also seen that the institutionalization time is low, depending on the type of crime committed by them, varying between 1 to 2 years of imprisonment (CHAVES; ARAÚJO. 2 020; MONTEIRO; CARDOSO, 2013).

The study also shows that 90% of them said they received a number below 6 prenatal consultations, which is the minimum number of consultations indicated by the Ministry of Health (FERREIRA et al, 2017); (AGNOLO et al, 2013).

The study points out that it is possible to perceive an increase in criminality involving the female sex in which it collaborated so that the high number of women incarcerated and the most affected are the young women involved in the world of crime.

Matos, Silva and Lima (2018) point out that 73% of pregnant women claimed that the prenatal consultations were held in the prison unit and claimed to have performed the requested laboratory tests. However, they did not receive the result. 94.7% of them were adequately immunized, on the other hand, they complained about supplementation, as they did not use folic acid and ferrous sulfate. In agreement, Teixeira and Paiva (2015) stated that of the 71 participants, 48% had only 2 to 3 consultations during the prenatal period and 30% from 3 to 4 consultations within the prison system.

After being apprehended, 67% of the pregnant women started monitoring inside the prison, all the interviewees reported that inside the penitentiary where they pay their sentence, they have a doctor, a nurse, a dentist and a psychologist, and only 20% received guidance on how to prepare of the breasts and the adequate feeding during the gestation.

Pícole et al; 2014); Galvão and Davim 2013, in their studies, pointed out that 77.8% of incarcerated pregnant women stated that they did not perform prenatal care and the rest who had access said they had only one or two consultations during pregnancy.

In the notes of Fochi et al (2017), in a field research with 9 pregnant women it was found that all of them performed prenatal care in a UBS, however, the monitoring during the same did not follow the guidelines of the Unified Health System and , 77% claimed that they did not carry out the 6 mandatory consultations.

According to studies by MATOS, Costa e Silva (2019) hospital assistance during the delivery process must be performed with dedication and welcome, exempting judgments, as labor is composed of transition periods with fluctuations of situations, reactions and feelings of the parturient. However, this moment is often marked by institutional violence, practiced exactly by those who should provide the best care process possible. The prejudice and violence expressed in attitudes towards the parturient deprived of liberty reflect the stigma of society, who judge them due to the mistakes they have made, giving them attributes and social discredits related to the categories and value judgments, which ends up making it even more difficult. social integration.

Adequate care for pregnancy and childbirth is essential to reduce maternal and child morbidity and mortality rates. Predraza (2016) estimates that a quarter of infant deaths and almost all maternal deaths result from the provision of inadequate care from the beginning of pregnancy to the immediate postpartum period. The same author points out that even with an investment in the last twenty years by the government to improve basic health care, the assistance offered to pregnant women has been of low quality. Considering that Pedraza's research (2016) was carried out with an audience considered free, when comparing with articles from the population of prison women, this ideal quality is practically non-existent.

When analyzing the study, if all the obstacles to pregnancy and childbirth that they face in the prison environment were not enough, the inmates still deal with different issues when they are taken out of prison and taken to the hospital. Differentiated care according to the mother's schooling reveals a distortion in the assistance given to childbirth, which is more linked, apparently to extra technical

factors such as economic issues than to issues related to the health of the mother-child binomial.

Pedraza (2016) points out that many times the pregnant woman of a higher socioeconomic level still has the differential of knowing and being linked to the maternity hospital where she will receive assistance within the scope of the Unified Health System, which for other groups and, especially pregnant women in prison, suffer the violation of the pregnant woman's right because they do not know where the birth of their child will occur.

According to MATOS, Costa e Silva (2019), in addition to all faced by the parturient who is deprived of freedom, the absence of a companion in labor and postpartum reported by some pregnant women about the presence only of prison officers when the moment of giving birth perplexed cause is arrived. In addition, the demands generated by the prison system make it difficult for family members to be warned about the time of labor, despite this right being ensured by Law No. 11,108, of April 7, 2005, which determines the companion's obligation in health services from SUS to parturient women in the period of labor and immediate postpartum.

Khesia, Susanne and Juciara (2018) point out that, in addition to the difficulties in accessing health services, they possibly also do not know where they will be taken, so pregnant women do not enjoy the right to a companion in labor. In this way, the feelings of guilt and distress experienced by thinking that their children will also be future prisoners are guided by the term "prison", as they need to remain with their mothers in incarceration, not experiencing common moments in the outside world and not enjoying the Family living.

According to an interview by Maria do Carmo, Barbara and Ana Paula (2016), attention to labor and delivery was characterized by the following variables: time between the start of labor and care at the place of delivery; family informed about labor; type of transport at the time of delivery, companion, type of delivery; mistreatment / violence in hospitalization, use of handcuffs, visit of family members in the maternity ward, general assessment of childbirth, respect for intimacy and respect in general, in addition to other qualitative questions.

MATOS, Costa e Silva (2019) the absence of the child's father or family member occurs during the entire gestational process in which the woman was

deprived of freedom. Proceeding alone for a moment as significant as childbirth is disturbing for them, who are left wondering what will happen when the time of birth arrives, afflicting them with the possibility of remaining alone every pregnant woman has the legal right to receive complete humanized care including the presence of a companion during the entire hospital stay. It must also be treated with respect, equitable care and without discrimination, with professional care and access to quality health.

Is the timing of parturition a cause for concern or how it will occur, that is, vaginal giving birth (normal) or cesarean section? Women in the private health system have the possibility to plan and choose which method, and within the physical conditions of the moment, to carry out their will. In the public system, this is no longer so present and if you consider the public of women in prison, most prisoners have a preference for normal delivery because there is a much faster recovery compared to cesarean delivery (MATOS et al, 2019).

The moment of delivery, as it is unique and marked by different feelings, becomes enhanced when the mother faces a particular situation like the one mentioned above. For many pregnant prisoners, the stress of prison associated with the intrinsic shocks of pregnancy produces psychological destabilization, which tends to hinder the perception of their children in the womb as well as putting themselves in the role of mother. If you consider that many do not even want to be pregnant and that they are in prison because of their partners and that they have lost social and family references, these women should receive differentiated attention with a diverse and effective multidisciplinary team.

4. CONCLUSION

The study on women incarcerated, from the adversities of childbirth seeks to show and raise awareness in society in general about the precarious and fragile situation faced by the female prison population, especially pregnant women within the prison system in Brazil.

Nevertheless, as nursing professionals, we must not only show the reality that is present in Brazilian prisons, but also find ways that lead health authorities to rethink the ways and strategies of caring for this prison population as fragile as incarcerated

pregnant women, as well as their babies who are born in conditions of difficult maternal care.

Therefore, this study enabled us to identify the profiles of women who experience pregnancy behind bars, as well as how prenatal care is performed and their differences during delivery. In view of what was exposed in the study, it is necessary to have systematic monitoring of prisoners from their entry into the prison unit until the puerperium, so that all care is directed by health professionals. Thus, it is expected that this work promotes the reflection of people and prison professionals in relation to pregnant women who experience neglect in the prison environment.

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ATTACHMENT

Table 2. Authors who discuss incarcerated pregnant women

	Author	Título	Idioma	Plataform	Result
1	ABBOTT, Laura et al (2020)	Pregnancy and childbirth in English prisons: institutional ignominy and the pains of imprisonment	Inglish	Pubmed	It presents difficulties for pregnant women, the physical aspects of pregnancy and the degradation of the handcuffed or chained prey during visits to the hospital's more public environment
2	Chaves, Araújo. (2020)	Pregnancy and maternity in prison: health care from the perspective of women imprisoned in a maternal and child unit	Portuguese	SciELO	The objective is to deal with the impressions that women imprisoned in the Reference Center for Pregnant Women Deprived of Liberty (CRGPL) have about the health care offered by the institution where they are located.
3	FERREIRA, Lu zane de Sousa et al (2017)	Inmates' perception of health care mother in a female penitentiary	Portuguese	SciELO	It seeks to show whether the nurse is present in the prenatal and puerperal care of the inmates; and the lack of humanized assistance in the face of prisoners in the puerperal pregnancy cycle.
4	Galvão, Davim (2013)	Absence of assistance to pregnant women in a prison situation	Portuguese	Lilacs	Pregnant women deprived of their liberty do not have their rights respected in prisons in Brazil.
5	Militão, Kruno. (2013)	Experiencing pregnancy within the prison system.	Portuguese	SciELO	This is a study with pregnant women incarcerated to reveal how they

					perceive health care in prison.
6	PÍCOLI, Renata Palópoli et al. (2014)	Pregnancy and puerperium in prison: a descriptive study of health care.	Portuguese	Biblioteca Virtual em Saúde (BVS)	The article aims to describe the sociodemographic characteristics, criminal history and assistance to prenatal and puerperium in women detainees.
7	SALDANHA Laísa Saldanha et al. (2020)	Pregnancy during deprivation of liberty: a mixed study	Portuguese	Rsdjournal.org	The purpose of this article is to highlight the process of being a pregnant woman in deprivation of freedom
8	Santana, Oliveira, Bispo. (2016)	Mothers in prison: Experience of pregnant women facing prenatal care.	Portuguese	Biblioteca Virtual em Saúde (BVS)	The article in question seeks to understand the experiences of pregnant women in prison, as it is done to develop prenatal care, childbirth and the puerperium.
9	LEAL, Maria do Carmo et al. (2016)	Being born in prison: pregnancy and childbirth behind bars in Brazil.	Portuguese	Scielo	The following article studied the profile of the female public in Brazilian prisons, with a greater emphasis on pregnant women and their reports of violence.
10	FELIX, Rayane Saraiva et al (2017)	The nurse in prenatal care for women in a prison system.	Portuguese	Scielo	The article addresses the importance of prenatal care for incarcerated women, thus avoiding obstetric complications.
11	FOCHI, Maria do Carmo Silva et al. (2017)	Experience of pregnant women in prison.	Portuguese	Biblioteca Virtual em Saúde (BVS)	The article covered talks about the percentage of women incarcerated in Brazil, according to data.
12	Matos, Silva,	Representations of	Portuguese	Scielo	Pregnant women are not attended to within

	Lima. (2018)	women incarcerated about gestating in prison.			the WHO specificities, as for prenatal care, it suggests dissatisfaction as well as physical weaknesses for the preparation of childbirth.
13	Matos, Silva, Nascimento. (2019)	Children of prison: Social representations of women about giving birth in prison.	Portuguese	SciELO	The profile of women incarcerated and the increase in the female population in prisons was verified, together with reports of obstetric violence, neglect, neglect, discrimination and prejudice suffered by these women at the time of delivery.
14	Kennedy, Mennicke e Allen. (2020)	I took of my kids: mothering while incarcerated.	English	Pubmed	It focuses on children of incarcerated mothers and the need to expand prison-based programs to enable women to have a more densely connected mother-child connection.
15	Batista Loureiro. (2017)	" Will he call me a mother: Maternity and overcoming in jail."	Portuguese	Lilacs	The objective is to know the experiences of mothers imprisoned where their child was born in a prison environment and consequently these mothers go through the process of separating their children.