

Nursing Care in Prenatal Care for Pregnant Women in Prison

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ABSTRACT

The increase in the rate of pregnant women deprived of liberty is not proportional to the number of female prisons. Prenatal care is essential to ensure the birth of a healthy newborn and guarantee maternal well-being. In this study, we analyzed access to health for pregnant women in prison, more specifically to prenatal care, directly interfering with the health of the pregnant woman and fetus. We aimed to analyze the quality of care as well as understand the facilitators and difficulties in providing care. This study was carried out using the integrative literature review method.

The selection of articles was carried out in the Virtual Health Library, Latin American and Caribbean Health Sciences Literature and Nursing Database, in the search for articles published from 2019 to 2024. In the search, 12 articles were found. After the inclusion criteria, 3 articles were selected for this study.

It is concluded that nursing care for pregnant women in prison in the country is precarious, and it is possible to develop actions for health education promotion and disease prevention in the prison system, detecting risk factors, guiding and caring individually for each inmate during the entire prenatal period. In addition to reinforcing the need for training of professionals who provide care to this population.

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Received: September 03, 2026; **Accepted:** September 07, 2026; **Published:** September 17, 2026

Keywords: Pregnancy, Nursing, Prison, Prenatal, Health

Introduction

Prenatal care aims to welcome the pregnant woman from the beginning of pregnancy to ensure, at the end of gestation, the birth of a healthy newborn, 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 the performance of basic procedures that include laboratory and clinical-obstetric exams [1].

The National Policy for Comprehensive Health Care for People Deprived of Liberty in the Prison System (PNAISP) extends the effective coverage of the SUS to all people deprived of liberty. This means that each prison unit will also become a point of care for the Health Care Network (RAS), where health services and teams will be structured in the prison system in 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, physical therapist, psychologist and nutritionist, with each one of these professionals having their own specialization regarding the care of the pregnant woman.

Nursing care during prenatal care is essential because it is qualified to promote health, prevent diseases and provide humanized care. For this, the professional develops the nursing care plan in the prenatal consultation, according to identified and prioritized needs, establishing interventions, guidance and referrals to other services, in addition to promoting the interdisciplinarity of actions [2,3]. In 2003, the MS and the Ministry of Justice jointly developed

the National Health Plan for the Penitentiary System (PNSSP) instituted by Interministerial Ordinance no. 1777, this plan ensures that women have the right to prenatal care, as soon as the pregnancy is discovered, she must be transferred to a prison unit that has adequate physical structure and a multidisciplinary team for monitoring throughout the entire pregnancy period [4].

According to the PNSSP, the MS guarantees the inclusion of the prison population in the SUS. Women's Health is an area of action strategies that carries out prenatal care, cervical and breast cancer control. Thus, it is ensured what is recommended by the Constitution regarding health as a fundamental right of every human being and a duty of the State.

For the most part, prison units in Brazil were built to receive men, which hinders the right and ability to maintain pregnancies within a prison whose infrastructure does not meet basic female needs [5]. Among all female prison units in the country, 85.8% are not built to house women, therefore lacking dormitories and cells suitable for pregnant and lactating women [6]. Other needs include spaces for mothers to continue with their children until the 24th month of life such as nursery, daycare and maternal-infant reference center.

Only 61 cells in prison units in Brazil are intended for pregnant women with a population of 230 pregnant women. There are 51 cells/nurseries with a capacity of 444 babies, 8 cells/daycares with a capacity for 133 children, 99 children living with their mothers and 103 nursing mothers, throughout the country according to data from the last semester of INFOPEN 2023 [7].

In mixed penal establishments there are pavilions, wings and cells adapted for women and, in the vast majority, there is no form of treatment aimed at resocialization, nor daycare and nursery for the children. Thus, when close to the 9th month of pregnancy, sometimes the pregnant woman is transferred to establishments with a more adequate structure. When the transfer occurs from the interior to the state capital, this tends to hinder visits from family members due to the distance.

Within the female penitentiary system, 88.32% are in the reproductive phase (between 18-45 years old). Still of the total number of women in the prison system, 44.42% have incomplete elementary education, 15.27% have incomplete high school and 14.48% have complete high school. The low level of schooling of the female prison population is related to the low opportunities for employment since 28.9% of incarcerated women have children. The gateway to criminality is greater.

Many discussions are stuck in times when people spoke of the “incarcerated woman 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 need attention in a precarious place and without the need for basic health care, based on the pregnant woman the scenario is even more precarious when health care is in the hands of police officers and the willingness of the same to accompany women to consultations, exams, which in most cases are not done at the due moment recommended by the MS in prenatal care, for these reasons there is a need for greater attention to this topic, which involves little research.

Objective

To understand the nursing assistance in prenatal care provided to pregnant women in prison in Brazil, in order to know the 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 by pregnant women in prenatal care in prison

Material and Methods

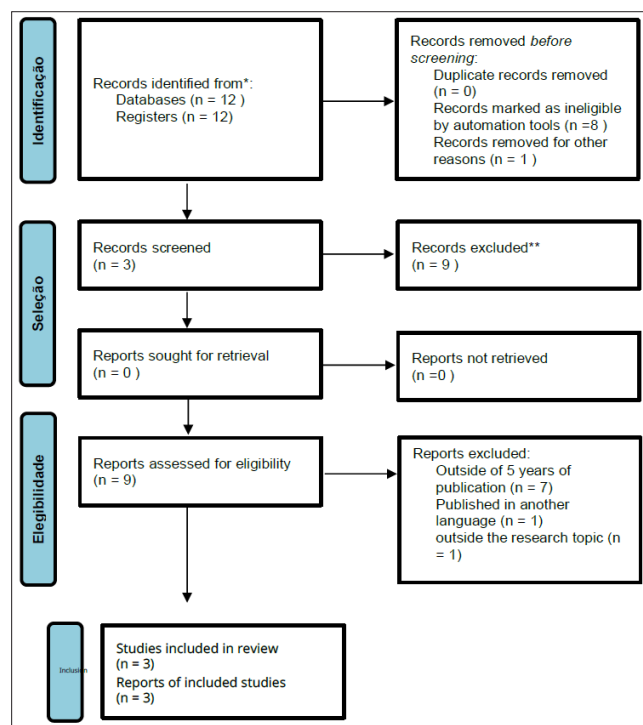
For this study, the integrative literature review method was used, based on an analysis developed in six stages, with the objective of acquiring a deeper understanding of the theme, based on previous studies. In this way, this study has as its research question: What is the nursing care in prenatal and postpartum for pregnant women in prison in Brazil? The integrative review contemplates an instrument of Evidence-Based Practice (EBP), which allows the addition of numerous studies means. As cited: The integrative review determines current knowledge (...), since it is conducted in order to identify, analyze and synthesize results of studies independent on the same subject, thus contributing to a possible beneficial repercussion on the quality of care provided to the patient. This methodological instrument aims to synthesize knowledge and integrate multiple results on the topic to be discussed in this work. Such study method is one of the many devices used to condense and improve the study [8]. The methodology is subdivided into 6 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 it is possible to develop organized, synthesized content, and of better understanding and visualization.

However, it also instructs the researcher to reach their goal, and conclusion of the hypothesis that guides this work [10]. Data Collection As part of the first phase of the Integrative Review, the PICo acronym strategy will be employed for the elaboration of the research problem. This acronym assists in choosing the best clinical decision, furthermore it can be used in several studies to guide the elaboration of the hypothesis and the search for answers. In this purpose, the acronym is segmented into stages in which P (patient), I (intervention) and Co (comparison and “outcomes” = outcome).

For the elaboration of the PICo strategy of the present study, P was used as Pregnant woman, I as Prenatal and Co as Nursing care in prison [9]. Thus, the question to be discussed during the study will be “How is nursing care in prenatal for pregnant women in prison?” In order to expose the experience of pregnant women in this situation.

For the search of articles, eight descriptors were used: Pregnancy, Nursing, Prison and Health in Portuguese, and Pregnancy, Nursing, Prison and



Results

The strategy resulted in a total of 12 articles; to limit this amount, inclusion and exclusion criteria were applied, resulting in 3 scientific studies.

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

Table 1: Araras, SP, Brazil, 2024

Title	Author	Year	Journal	Objective	Results
Maternity in prison: influence on physical and emotional health/ maternity in prison: influence on physical and emotional health	Moraes, Livia França; Soares, Leila Cristina; Raupp, Roberta Monteiro; Monte ro, Denise Leite Maia.	2023	Rev. Bras. Saúde Mater. Infant. (Online) ; 23: e20210246, 2023.	To evaluate the repercussions of maternity in patients deprived of liberty.	The research concluded with 33 bibliographic references, with the highest level of evidence being cohort studies, which demonstrate the precariousness of health care offered to these pregnant women. Three main groups were identified: poor quality prenatal care, negative maternal and neonatal health indicators, and emotional issues involved in the prison reality during the period of pregnancy and postpartum.
Health care for pregnant women deprived of liberty: integrative review / Medical care for pregnant women deprived of liberty: integrative review / Health care of pregnant women deprived of their liberty: integrative review	Sales, Ana Carolina; Nakada, Gabrielle Kimie Pinheiro; Palombi t, Mateus Rodrigo; Conceiçã o, Vander Monteiro; Baldan, Sueli Santiago; Faraõ, Elaine Miguel Delvivo; Simoneti, Rafaela Azevedo Abrantes de Oliveira	2021	Rev. baiana enferm ; 35: e36114, 2021	Objective to analyze national and international publications regarding prenatal care offered to women deprived of liberty	The search resulted in 548 studies. After analysis of inclusion and exclusion criteria with analytical reading, 11 primary studies were selected, which were organized into national and international study categories. Results are necessary adjustments and improvements in the health care of these women who, even having current rights, suffer negligence in the care offered.
Women in deprivation of liberty: narratives of obstetric (dis)care / Women deprived of liberty: narratives of (lack of) obstetric care / Women in deprivation of liberty: narratives of obstetric un(assisted)	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, Feb.2020	to reveal narratives of women deprived of liberty regarding the obstetric care offered during the experience of the pregnancy-puerperal cycle.	Prevailed in the discourses the fragility of health care in all phases of the pregnancy-puerperal cycle, involving (dis)care in prenatal, experience not perceived as obstetric violence, feelings of abandonment during childbirth and lack of adequate environment for newborns inside the correctional institution.

Analysis of Results: The 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 in the research. Qualitative analysis seeks elements of reality that cannot be quantified, with the objective of describing and understanding the dynamics of social relations [10]. in turn, in descriptive analysis the objective is to describe phenomena and facts of the reality chosen for analysis. The researcher must be attentive to a critical examination of the information, due to data collection being done through interviews or questionnaires.

Consequently, the analysis can be subjective, generating an imprecise result [12]. Finally, exploratory analysis is a research category in which the objective is to clarify, make understandable and build hypotheses so that the theme becomes more ordered and simpler. In this category it is common to use 3 (three) resources, namely: a) Bibliographic survey; b) Interviews with people who have had practical experiences with the researched problem; c) The analysis of examples stimulating understanding, which can be classified into bibliographic research and case studies [12].

Description

Pregnancy is a very delicate event in a woman's life considering the physical, hormonal, social and psychological changes that involve this period, and many of these changes will accompany these women throughout their lives. All this transformation causes a different reaction for each woman which has as influencing factors the society to which she belongs.

Even thinking about a reality within the ideals, gestation is challenging, however, thought of in a situation of private imprisonment the behaviors of these pregnant women tend to be harmful since isolation promotes the feeling of guilt, loneliness, possible depression, and exposure to other diseases that also decrease the quality of life [11].

Most pregnant women in prison already knew about the pregnancy even before their arrest, others discover it when they take the exams required by the prison system, one of which is the pregnancy test [12].

Studies on pregnant women in prison in Brazil show that this population has increased, but it has not been accompanied by improvements in its structure; what we currently have is a precarious physical structure and the overcrowding of Brazilian prisons, which are a constant and worrying reality, even more

so for the health of pregnant women due to the need for special care [13].

Despite laws that seek to minimize existing problems, penal institutions do not have an adequate environment for pregnant women, newborns, and infants. There are limitations in health, social, and leisure assistance fundamental to these stages of life. The quality of care provided to the pregnant woman is deficient due to the routines and norms of the prison system.

Consultations are carried out in referenced basic health units, where it is necessary to have bidding, authorization, and escort for prisoners to go to appointments outside the prison, using inclusion and exclusion criteria for referring the pregnant woman, according to the severity of the criminal offense, risk of escape, and rescue during transport [12-15]. For every health service provision, there are guidelines to be followed, previously established generally by the Ministry of Health. In prison health, it is no different; these parameters were established through the PNSSP [11,12-15]. It is important to discuss institutional violence, which is characterized as a difference in treatment by health professionals in hospitals, who expose pregnant women to situations of humiliation, escort, and the use of handcuffs, however, Law No. 13.434 of April 12, 2017, prohibits the use of handcuffs during childbirth and the immediate postpartum period [15]. Women are often unaware of obstetric violence, being exposed to situations such as non-consensual amniotomy, restriction of position for childbirth, excessive vaginal exams, and a lack of clarification of procedures. This conduct violates the rights inherent to women and newborns. The lack of knowledge highlights the need for education primary and continuing nursing care regarding the care of incarcerated women during pregnancy [15].

Nursing professionals accompany women who have a low-risk pregnancy, thus having greater contact with the pregnant woman, having the duty to welcome pregnant women who are in a situation of deprivation 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 rather on the prevention of possible complications that may occur during the pregnancy [15].

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 distant from what is proposed in the PNSSP, identifying a major deficiency, both in 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 [16].

It is noted that nursing care is precarious, although it can develop actions for health education promotion and disease prevention in the prison system, detecting risk factors, guiding and caring individually for each inmate throughout the prenatal period [17].

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 evident, however, no facilitators were found by them, as well as the scarcity of articles published on this topic.

In this sense, this study could identify and inform the difficulties existing in the context of providing nursing care to pregnant women in prison in the country, contributing to the implementation of improvements, reduction of possible health problems, 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 in-depth study on this topic, since the number of incarcerated women in the country are growing, along with the need for improvements in the prison system.

References

1. (2006) Brazil. Ministry of Health. Secretariat of Health Care. Department of Strategic Programmatic Actions. Prenatal and Postpartum Care: Qualified and Humanized Care. Technical Manual. Brasília, Available at: http://bvsms.saude.gov.br/bvs/publicacoes/manual_pre_natal_puerperio_3ed.pdf.
2. Delziovo CR, De Oliveira CS, De Jesus LO (2015) Coelho EBS. Health care for persons deprived of liberty: Health care for women deprived of liberty. Florianópolis.
3. Trevisan KF (2018) Com Mãe: Support for pregnancy, childbirth, breastfeeding, and the postpartum period. Who is responsible for prenatal care? São Paulo. September 2018. Available at: <https://www.commae.com.br/a-quem-compete-a-assistencia-ao-pre-natal/>.
4. Gomes CBA, Dias RS, Silva WGB, Pacheco MAB, et al. (2018) Loyola CMD. Prenatal nursing consultations: Narratives of pregnant women and nurses. Maranhão. Available at: https://www.scielo.br/scielo.php?pid=S010407072019000100320&script=sci_arttext&tlng=pt.
5. (2003) Brazil. Ministry of Health. National Health Plan for the Penitentiary System. Interministerial Ordinance Brasília; 2004. Available at: http://www.saude.mg.gov.br/index.php?option=com_gmg&controller=document&id=882.
6. (2009) Brazil. Ministry of Justice. Law establishing the Penal Execution system. Brasília; 1984. Available at: <https://presrepublica.jusbrasil.com.br/legislacao/231741/lei-11942-09>
7. (2023) Ministry of Justice and Public Security. National Penitentiary Department. Report: 2024. Available at: <https://www.gov.br/senappen/pt-br/servicos/sisdepen/relatorios>
8. De Souza MT, Da Silva MD, de Carvalho R (2010) Integrative review: what it is and how to do it. March. Available at http://www.scielo.br/scielo.php?script=sci_arttext&pid=S167945082010000100102&lng=en.
9. (2017) Being born in prison: Gestation, birth, and care. Direction, editing, and cinematography: Bia Fioretti. Production Available <https://www.arca.fiocruz.br/handle/icict/23993>.
10. (2009) Gerhardt TG, Silveira DT. Research methods. Porto Alegre (RS), Available at: <http://www.ufrgs.br/cursopgdr/downloadsSerie/derad005.pdf>.
11. Pereira VS, Nascimento PM, Carvalho ALO, Rodrigues A, Peres PLP (2024) Sexual and reproductive rights as perceived by women deprived of liberty. R Pesq Cuid Fundam 16: e11466.
12. Medeiros AB, Santos Silva GW, Gabriel TR, Carvalho JB, Caravaca-Morera JA, et al. (2022) Social representations of motherhood for women deprived of liberty in the female prison system. Science & Public Health 27: 4541- 4551.
13. Ana Carolina (2021) Health care for Pregnant Women Deprived of Liberty: INTEGRATIVE REVIEW Rev. Nursing in Salvador Bahia 35: e36114.
14. Silva JB, de Moraes MN, Silva Brandão BM, Freitas WM, Souto RQ, et al. (2021) Women deprived of liberty: narratives

- of obstetric (dis)assistance. Reme: Rev. Min. Enferm, Belo Horizonte e1346. Available at: http://www.revenf.bvs.br/scielo.php?script=sci_arttext&pid=S1415-.
15. Santana AT, Oliveira GRSA, Bispo TCF (2016) Mothers in Prison: Experiences of pregnant women regarding prenatal care. Salvador Bahia Available at: <https://www.rbsp.sesab.ba.gov.br/index.php/rbsp/article/view/778/1793>.
16. Santos CMC, Pimenta CAM, Nobre MRC (2007) The PICO strategy for constructing the research question and searching for evidence. Ribeirão Preto.
17. Dos S Oliveira A, Curbani Vieira Manola C, Lima Bortoleto Pimenta F, Bernardino Mendes de Melo E, Silva Machado P, et. Al. (2021) Health literacy and alcohol and other drug dependence during pregnancy. Global Academic Nursing Journal 2: 92.