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## Freedom of access: gestation in the pandemic

## Liberdade e acesso: gestação na pandemia

## Libertad de acceso: gestación en la pandemia

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### ABSTRACT

**Objective:** To describe the challenges of nursing care for pregnant women in the prison system and identify relevant policies. **Methodology:** This is an integrative review, using the Virtual Health Library, MEDLINE, IBECs and LILACS databases. Data collection includes scientific articles published between July 2017 and July 2022. **Results:** Being pregnant inside Brazilian prisons and during a pandemic brings fear of problems that may occur during the gestational period and feelings of sadness and anxiety become frequent, referring to a parallel between health, freedom and access. **Final considerations:** Precarious Brazilian prisons and flaws in human rights are identified, making evident the harm to healthcare. Therefore, given the pandemic scenario, we realized the importance of nurses in the care process along with public policies in guaranteeing a healthy pregnancy.

### DESCRIPTORS:

Pregnancy; Prisons; Public policy; Pandemics.

### RESUMO

**Objetivo:** Descrever os desafios da assistência de enfermagem às gestantes no sistema prisional e identificar as políticas pertinentes. **Metodologia:** Trata-se de uma revisão integrativa, utilizando as bases de dados da Biblioteca Virtual de Saúde, MEDLINE, IBECs e LILACS. O levantamento de dados inclui artigos científicos publicados entre julho 2017 a julho de 2022. **Resultados:** Estar gestante dentro dos presídios brasileiros e em tempo de pandemia traz receios dos problemas que possam ocorrer durante o período gestacional e sentimento de tristeza e ansiedade tornam-se frequentes, remetendo a um paralelo entre saúde, liberdade e acesso. **Considerações**

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**finais:** Identifica-se a precariedade dos presídios brasileiros e as falhas nos direitos humanos, tornando evidente o prejuízo à assistência em saúde. Com isso, diante do cenário da pandemia, percebeu-se a importância do enfermeiro no processo do cuidar, junto as políticas públicas na garantia de uma gestação saudável.

**DESCRITORES:**

Gravidez; Prisões; Política pública; Pandemias.

**RESUMEN**

**Objetivo:** Comprender los desafíos de la atención de enfermería a La mujer embarazada em el sistema penitenciario e identificar las políticas pertinentes.

**Metodología:** Esta es una revisión integradora, utilizando las bases de datos de la Biblioteca Virtual em Salud, MEDLINE, IBECS y LILACS. La recopilación de datos incluye artículos científicos publicados entre julio de 2017 y julio de 2022. **Resultados:**

Pasar vergüenza en las cárceles brasileñas y durante una pandemia rastrea el miedo a los problemas que puede no currir durante el período gestacional, los sentimientos de tristeza y ansiedad si visitas frecuentes, refiriendo se a un paralelismo entre salud, libertad y acceso. **Consideraciones finales:** Identificar La precariedad de las cárceles brasileñas y las injusticias em los derechos humanos, evidenciando daños a la salud. Conello, ante eles cenario de la pandemia, se percibe la importancia de la enfermera em el proceso de atención, junto com las políticas públicas para garantizar un embarazo saludable.

**DESCRIPTORES:**

Embarazo; Prisiones; Política pública; Pandemias.

## INTRODUCTION

The female prison population has increased considerably in recent years. Among this group are young women, single mothers, people of African descent, with low education and low socioeconomic status and who use some type of chemical substance and/or suffer from some chronic or respiratory disease<sup>(1)</sup>. A significant percentage of this population includes pregnant women, who require specific care during the pregnancy-puerperal period. However, women who are incarcerated face precarious conditions in Brazilian prisons, living in overcrowded cells, without ventilation and inadequate lighting, leaving them vulnerable to the transmission of various diseases<sup>(2)</sup>.

Furthermore, the new coronavirus pandemic, known as COVID-19, revealed different levels of social inequality and a lack of appropriate resources to meet the guidelines given to society. In this scenario, the prison population, which is largely relegated to the background, is faced with human rights failures and precarious health conditions, causing a daily struggle for basic care and dignity<sup>(3)</sup>.

Thus, the World Health Organization classified pregnant women as a risk group for SARS-COV-2, the etiological agent of COVID-19, since, when infected by the virus, they can present from mild symptoms, such as a flu-like syndrome, to more serious complications, which can cause a risk of maternal and neonatal death<sup>(4)</sup>.

Given the above, it is necessary for healthcare professionals to qualify and develop actions that enable quality care, guided by the principles of humanization that help to reinforce healthcare as a right,

resolving doubts regarding the body, health conditions and expanding the effectiveness of health practices and giving this population autonomy and control over their own body<sup>(5)</sup>.

The Brazilian National Policy for Comprehensive Healthcare for Persons Deprived of Liberty (PNAISP - *Política Nacional de Atenção Integral à Saúde das Pessoas Privadas de Liberdade*) highlights comprehensive healthcare in a set of health promotion, protection, prevention, care, recovery and surveillance actions; actions that must be carried out at different levels of healthcare with the aim of guaranteeing comprehensive care to the Brazilian Health System (SUS – *Sistema Único de Saúde*) for all<sup>(6)</sup>.

Within the scope of public health policies, nursing plays a fundamental role with the female prison population in order to provide quality care that allows women in prison the right to a healthy pregnancy free from risks and damage to the mother-child dyad. It is important to emphasize the rights and policies that govern this population and the importance of preparing these nursing professionals to deal with healthcare in prison settings and the challenges posed by the COVID-19 pandemic<sup>(7)</sup>.

Therefore, the topic arose when observing a gap in the training of professional nurses regarding nursing care for pregnant women deprived of their liberty, heightened by the numerous challenges caused by the COVID-19 pandemic<sup>(2)</sup>.

This study is justified by its social and academic relevance, since, for nursing education, it is believed that the study contributes to substantiating new forms of conception regarding healthcare aimed at the inmate population. The objective, therefore, was to describe the challenges of nursing care for pregnant women in the prison system during the COVID-19 pandemic and identify relevant policies.

## **METHODOLOGY**

This is an integrative literature review study, whose method is characterized by grouping of information with the aim of associating and synthesizing the results on a given topic, i.e., organizing the information for a careful assessment in order to contribute to a better understanding of the topic investigated<sup>(8)</sup>.

Firstly, the topic and objectives were defined, the present study of which will highlight the main policies that guide and ensure by law the rights of pregnant women in private prison. To achieve the objectives of this study, we raised the following guiding question: What conditions characterize the female prison population as vulnerable?

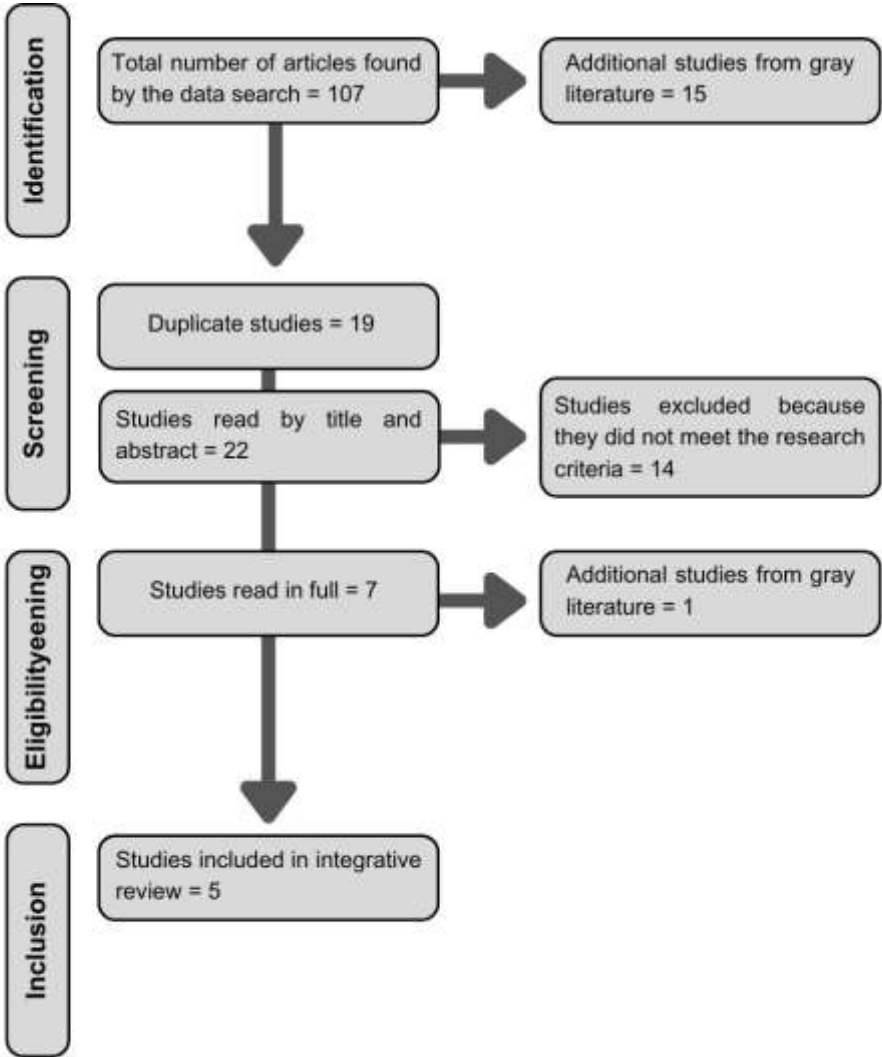
In the second stage, to select the articles, a search was carried out in the Virtual Health Library (VHL) in the Latin American and Caribbean Literature in Health Sciences (LILACS), Medical Literature Analysis and Retrieval System Online (MEDLINE) and Nursing Database (BDEnf) databases, using the following keywords: “Pregnancy” and “Prisons” and “Public Policies” and “Pandemics”. The search was

carried out among articles published from 2017 to 2022, using works published in Portuguese, English and Spanish, as shown in Figure 1.

Furthermore, scientific articles published in full, with a five-year time frame, in Portuguese, English and Spanish, regulations from the Ministry of Health and teaching materials that directly implicate the chosen topic, were included. Duplicate articles in the databases or with insufficient presentation of results, theses, dissertations, outside the topic in question and outside the time frame were excluded.

For data collection, a form was created by the authors themselves, containing the title of articles, study design and studies between 2017 and 2022. Study analysis occurred in accordance with Preferred Reporting Items for Systematic Reviews and Meta Analysis: the PRISMA Statement (PRISMA) recommendations<sup>(9)</sup>.

**Figure 1.** Flowchart of the process of identification, selection and inclusion of studies prepared based on the PRISMA recommendation



Source: Prepared by the authors, 2022.

## RESULTS

Database search presented a total of 22 articles and, upon reading titles and abstracts in advance, five texts were selected to be read in full and compose the present research. Furthermore, to analyze the collected material, a synoptic table, Chart 1, was used, with the five articles selected in chronological order that supported the integrative review.

**Chart 1.** Details of selected articles

Title	Year	Design and number of participants	Interventions	Outcome	Level of evidence of the study
1. <i>O enfermeiro na atenção pré-natal às mulheres em sistema carcerário</i> <sup>(10)</sup>	2017	Integrative literature review. There are no participants.	Carry out nursing consultations as a humanized action during prenatal care.	Discusses qualified care including access to care.	Level of evidence: 5.
2. <i>Dificuldades das mulheres privadas de liberdade no acesso aos serviços de saúde</i> <sup>(11)</sup>	2018	Qualitative descriptive exploratory study. 15 participants.	Discuss vulnerable populations and how women inmates access healthcare services.	Reinforces the shortage of healthcare professionals to meet inmates' basic needs.	Level of evidence: 7.
3. <i>A saúde e sua relação com a ressocialização das presidiárias</i> <sup>(12)</sup>	2019	Qualitative descriptive study. There are no participants.	Analyze the relationship that access to healthcare for women inmates may have with the resocialization process.	Talks about health and healthcare practices so that they are a relevant and integrated part of the resocialization process.	Level of evidence: 7.
4. <i>Pertencimentos sociais e vulnerabilidades em experiências de parto e gestação na prisão</i> <sup>(13)</sup>	2020	Qualitative exploratory descriptive study. 7 participants.	Understand the experiences of pregnancy and childbirth of women in prison.	Fails comply with legal provisions, making access to healthcare difficult.	Level of evidence: 7.
5. <i>Gestação e maternidade em cárcere: cuidados de saúde a partir do olhar das mulheres presas em uma unidade materno-infantil</i> <sup>(14)</sup>	2020	Qualitative integrative review. There are no participants.	Analyzes inmates' social, mental and physical health conditions.	Highlights important complaints to be considered regarding healthcare, despite medical and hospital care being provided.	Level of evidence: 5.

Source: Prepared by the authors, 2022.

After analyzing each selected study, it was possible to identify that words such as loneliness, anxiety, abandonment and feeling of invisibility are repeated in the following studies, referring to a parallel between health, freedom and access. Therefore, facing COVID-19 implies guidelines for social isolation, wearing a mask and reinforcing hygiene, penalizing the prison population in the face of the incarceration process who are unable to carry out basic guidelines<sup>(4-11)</sup>.

## DISCUSSION

Serving sentences in inappropriate places in the current pandemic context increases the vulnerabilities to which incarcerated women are exposed. Added to the condition of being pregnant, it can lead to serious obstetric complications such as delayed uterine growth, prematurity and low birth weight. Furthermore, there is an increased prevalence of women inmates suffering from infectious diseases, which are responsible for around 17.5% of deaths, such as infection with the human immunodeficiency virus (HIV) and hepatitis C virus<sup>(15-16)</sup>.

Pregnant women require special attention throughout the nine months. Physiological, immunological and anatomical changes during this period are expected and when exposed to infectious diseases, such as the COVID-19 virus, make them susceptible to respiratory infections with a high level of severity, which can lead to maternal hypoxemia causing fetal distress and/or preterm birth to babies<sup>(16)</sup>.

In this scenario, nursing professionals have been experiencing great challenges in an attempt to comply with the Penal Execution Law (PEL) 11,942/09, which guarantees women inmates the fulfillment of quality and humanized prenatal and postpartum care. The role of nurses with these women is essential both for its preventive nature and also as a leading actor in healthcare, showing that health is capable of bringing significant changes to this population's lives<sup>(17-18)</sup>.

Actions developed and applied by nursing professionals to provide well-being and guarantee health to pregnant women during prenatal care, childbirth and the postpartum period are based on humanized care. However, promoting health within penal institutions is challenging and worrying, as women in prison conditions have unique behaviors and habits, requiring specific care, whose prisons are not prepared and organized to provide them<sup>(2)</sup>.

The Brazilian penitentiary system is considered a public health complication, due to prison units' unsanitary conditions. As a result, the teams often have only nurses and nursing technicians, who are overloaded due to the growth of the prison population and therefore the increase in demand for healthcare services<sup>(2)</sup>.

However, like every citizen, women deprived of liberty have the right to quality healthcare, which is constitutionally guaranteed in Articles 196 and 198 of the Federal Constitution. However, practices that violate human rights use as justification the current condition of women in prison, labeling them as

transgressors, drug users and irresponsible, delegitimizing their rights by law and causing a deficit in the needs of this population<sup>(11-12)</sup>.

In this context, for a better understanding and guidance of professional practices to be adopted in prison environments, public policies can be relied upon, since PEL determines that it is the state's responsibility to meet the health needs of people deprived of liberty and thus include these women within the scope of the Brazilian Health System (SUS – *Sistema Único de Saúde*)<sup>(17,19)</sup>.

In this regard, the Brazilian National Policy for Care for Women in Situations of Deprivation of Liberty and Those Leaving the Prison System (PNAMPE - *Política Nacional de Atenção às Mulheres em Situação de Privação de Liberdade e Egressas do Sistema Prisional*) guarantees care to inmates at all levels of complexity, scoring goals to obtain quality healthcare, such as the inclusion of pregnant women in the Stork Network, from confirmation of pregnancy to the first two years of babies' lives<sup>(20)</sup>.

The Brazilian National Policy for Comprehensive Women's Healthcare aims to assist women in their entirety, at all stages of life, respecting the needs and characteristics of each woman. However, even in penal institutions which carry out actions aimed at comprehensive care for women's health, there are questions about the quality of care provided in some areas of the country and its impact on indicators<sup>(21)</sup>.

All questions bring the need to propose changes in the care model and, with this, PNAISP emphasizes that health must be comprehensive, humanized and organized in the prison unit itself. Therefore, the Ministry of Health describes the Labor and Birth Humanization Program (PHPN - *Programa de Humanização do Parto e Nascimento*) guidelines as a model of healthcare for women during pregnancy and childbirth, highlighting that there must be adequate space for monitoring pregnancy, childbirth and the postpartum period, presenting the main strategy for improving access<sup>(5,6)</sup>.

## **Study limitations**

The limitations found refer to temporal delimitation, taking into account the context of the pandemic caused by the new coronavirus, the choice of databases and the chosen topic.

## **Contributions to nursing, health or public policy**

This study contributes by describing the issues that make pregnant women in prison a vulnerable population and, thus, identifying the challenges faced by nursing professionals when carrying out their activities in Brazilian penitentiary institutions and finally understand which public policies govern this population in need of healthcare. Through this analysis, it will be possible to have a better understanding of the topic and carry out new research on the subject, filling the gaps in professionals' knowledge through care aimed at pregnant women deprived of their liberty.

## FINAL CONSIDERATIONS

This study made it possible to observe how the precariousness of Brazilian prisons is capable of violating many of the principles of the criminal process. This fact is evidenced by the lack of subsidies for health promotion, heightened by the new coronavirus pandemic, which contributes to the fact that pregnant women in prison are in a high degree of vulnerability.

Therefore, it was noted that public policies and the relationship between nurses are important in directing and implementing the right to quality care in processes of humanization and reception of pregnant women in prison situations. Therefore, healthcare professionals must provide care, guide and contribute to health actions with the aim of guaranteeing the female prison population the right to a peaceful and healthy pregnancy.

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