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# Pregnant women's access to prenatal care: challenges and strategies proposed by nurses

Acceso de mujeres embarazadas en personajes: retos y estrategias propuestas por enfermeras

Acesso de gestantes em cárcere ao pré-natal: desafios e estratégias propostas por enfermeiros

## ABSTRACT

Objective: To analyze what has been produced in national databases on the challenges encountered and strategies proposed by nurses for carrying out prenatal care for women in prison. Method: integrative literature review, based on scientific articles published between 2009 and 2019, in the MEDLINE, LILACS and BDNF databases. Results: 09 studies were found, of which 05 were included for analysis. The identified categories are entitled: The access of the imprisoned woman to health information, and the challenges and strategies for carrying out prenatal care. Conclusion: Although prenatal care is guaranteed by law as a pregnant woman's right, in the prison system, it falls short of what is desired, due to the precariousness of the physical structure, difficult access to the service, and low professional qualification. There is an urgent need to reassess the health care methods offered, to improve material and human resources, as well as guidelines during pregnancy, childbirth, and the puerperium.

**DESCRIPTORS:** Woman; Prisons; Prenatal.

## RESUMEN

Objetivo: Analizar lo producido en las bases de datos nacionales sobre los desafíos encontrados y las estrategias propuestas por las enfermeras para la realización de la atención prenatal a las mujeres en prisión. Método: revisión integrativa de la literatura, basada en artículos científicos publicados entre 2009 y 2019, en las bases de datos MEDLINE, LILACS y BDNF. Resultados: Se encontraron 09 estudios, de los cuales se incluyeron 05 para análisis. Las categorías identificadas se denominan: El acceso de la mujer presa a la información de salud, y los desafíos y estrategias para llevar a cabo la atención prenatal. Conclusión: Si bien la atención prenatal está garantizada por la ley como un derecho de la mujer embarazada, en el sistema penitenciario se queda corto en lo que se desea, debido a la precariedad de la estructura física, el difícil acceso al servicio y la baja calificación profesional. Urge reevaluar los métodos de atención de salud que se ofrecen para mejorar los recursos materiales y humanos, así como las pautas durante el embarazo, parto y puerperio.

**DESCRIPTORES:** Mujer; Prisiones; Prenatal.

## RESUMO

Objetivo: Analisar o que se tem produzido nas bases de dados nacionais sobre os desafios encontrados e estratégias proposta por enfermeiros para a realização do pré-natal de mulheres em cárcere. Método: revisão integrativa da literatura, a partir de artigos científicos publicados entre 2009 e 2019, nas bases de dados MEDLINE, LILACS e BDNF. Resultados: Foram encontrados 09 estudos, dos quais 05 foram incluídos para a análise. As categorias identificadas intitulam-se: O acesso da mulher aprisionada à informação sobre saúde, e os desafios e Estratégias para a realização do pré-natal. Conclusão: Embora o pré-natal seja garantido por lei como um direito da gestante, no sistema prisional, ele fica aquém do desejado, pela precariedade da estrutura física, acesso dificultado ao serviço, e baixa qualificação profissional. Há urgência na reavaliação dos métodos assistenciais de saúde oferecidos, para melhorar os recursos materiais e humanos, bem como as orientações durante a gestação, parto e puerpério.

**DESCRIPTORES:** Mulher; Prisões; Pré-natal.

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## **INTRODUCTION**

**B**razil currently has one of the largest populations in a situation of imprisonment in the world, approximately 812,564 people. Of this universe, 5% are women, totally or partially deprived of their freedom. Most of them are inserted in mixed prisons, that is, where men and women are inmates together. This is because only 7% of them are intended exclusively for the female population<sup>(1)</sup>.

To find yourself imprisoned is to live in a constant situation of seclusion, isolated from society, in a place where access to health, education, work and income is often restricted<sup>(2)</sup>. In addition, many of these places, said prisons, approximately 49%, are considered inadequate, as they do not have a physical and organizational structure capable of meeting their basic needs, such as health care during pregnancy.

Being pregnant can be understood as a delicate period of a woman's life, due to the countless hormonal and psychological repercussions generated in her body. Being in this condition, and in a situation of imprisonment, can be even more complex. Especially

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because many of these women enter the prison system for crimes such as: small thefts and drug trafficking, already pregnant<sup>(3)</sup>.

And, to work in places like these, the nurse must keep in mind, before any technical obligation, that health care must be based, above all, on three universal pillars: equality, universality, and equity. Making them possible in this context can help a lot to humanize interpersonal relationships, to act, with awareness, ethics and respect, without exclusion<sup>(4)</sup>.

Developing this study during the training of future nurses is extremely important for the construction of professional identity, this as it highlights the know-how, a care practice aimed at a specific clientele, in a prison situation, which is little known and also explored during the teaching-learning of nurses.

Thus, the following objective was delimited for this study: to analyze what has been produced in national databases on the challenges encountered and strategies proposed by nurses for carrying out prenatal care for women in prison.

## METHODOLOGY

This is an integrative literature review that aims to gather articles previously produced on the topic investigated. To this end, it evaluates, synthesizes and searches the available evidence for its contributions to the development of new studies such as this one, which highlights the challenges encountered and strategies applied by nurses to carry out prenatal care for women in prison<sup>(5)</sup>.

In the first moment, the choice of the research theme and delimitation of the questioning that guided the integrative review was made. It was defined as a research question: What are the challenges encountered and strategies applied by nurses during prenatal care for women in prison?

In the second step, the inclusion and exclusion criteria of identified studies and the literature search were determined. Inclusion criteria: studies available in the full article format, published in the period from 2010 to 2019, that addressed the challenges encountered and strategies applied by nurses to perform prenatal care for women in prison, and finally, published in the language Portuguese. As for the exclusion criteria, the following were defined: studies with duplicity in the databases, available only as abstracts, letters, or editorials, and with a time frame prior to December 2009.

Subsequently, scientific articles were searched through the following databases: Latin American and Caribbean health sciences literature (LILACS), Nursing database (BDENF), Medical Literature Analyzes and Retrieval System Online (MEDLINE). The descrip-

tors used were: "Woman"; "Prisons"; "Prenatal". We opted for the use of these descriptors, because they are arranged in the Health Sciences Descriptors (DeCS), and because after their combination, they allowed to find an expressive number of studies on the subject. The Boolean operator "and" was used in this context to refine this whole search.

In addition, it is noteworthy that, for that moment, four stages of data production were covered. First stage: the articles found were reviewed to identify duplicates. Second stage: two reviewers were responsible for analyzing the titles and summary of articles and removing those that were not available for access, in full. Third stage: the reviewers read the articles in full, excluding those that did not answer the research question. Fourth stage: the articles were read in full, choosing those that were related to the object to be studied.

And, regarding to the extracted information, those related to the challenges encountered and strategies applied by nurses to perform prenatal care for women in prison were considered. All these studies were properly analyzed, so as not to obtain conflicting or similar results.

Subsequently, the results of the research were interpreted and discussed, where the articles available in the Virtual Health Library were read and evaluated for the subsequent stage. This moment corresponds, therefore, to the analysis phase of the main information considered for this integrative review. In it, the researcher, based on the results and critical evaluation of the studies obtained, paid attention to the comparison of

theoretical knowledge, identifying conclusions and their possible implications. The articles included were read in full and analyzed, considering the scope of their content. From this stage, information on the challenges encountered and strategies applied by nurses to perform prenatal care for women in prison were extracted from the texts.

In this last stage, it was decided to make a brief presentation of the results. For this purpose, tables were built to demonstrate what was found in the databases accessed.

## RESULTS

Fourteen studies were found, considering the crossing of the descriptors "Woman and Prisons and Prenatal". Of these, 09 were selected, being included for analysis 05, of which 02 were available at BEDENF, and 03 at LILACS. All this information can be shown schematically in the chart below:

Subsequently, the articles found in the databases were characterized, as well as the description of some information, such as the title, objectives, method, results, conclusion, and challenges found and strategies applied by the nurse, as presented in the chart below.

Subsequently, the discussion was presented, which was organized based on two synthetic units, entitled: Women's access to health information and Challenges and Strategies for carrying out prenatal care. In them, the main results evidenced in the analysis of the articles included for this review were highlighted.

Chart 1. Selection and inclusion of studies considered for analysis, considering the MEDLINE, BDENF and LILACS databases and the descriptors: "Woman and Prisons and Prenatal". Rio de Janeiro, RJ, Brazil, 2019

BASE DE DADOS	ENCONTRADOS	SELECIONADOS	UTILIZADOS
MEDLINE	3	0	0
BDENF	5	5	2
LILACS	6	4	3
TOTAL	14	9	5

Chart 2. Characterization of the articles: database, title, objectives, methods, results, conclusion, challenges encountered, and strategies applied by nurses. Rio de Janeiro, RJ, Brazil, 2019

AUTOR/ANO	TÍTULO	MÉTODO	OBJETIVOS	RESULTADOS	CONCLUSÃO	DESAFIOS ENCONTRADOS	ESTRATÉGIAS APLICADAS
FOCHI et al. 2014	Pré-natal em unidade básica de saúde de gestantes em situação prisional	Quantitativo e qualitativo.	Descrever a assistência pré-natal realizada em uma unidade básica de saúde do interior do estado de São Paulo, Brasil ofertada à população carcerária feminina.	O atendimento reorganizou-se de forma a contribuir com os cuidados às mulheres encarceradas. Quando necessário, eram realizados encaminhamentos para os níveis secundário e terciário de atendimento. O acompanhamento às presidiárias foi sistematizado pela Equipe de Saúde da Família (ESF).	A exposição de apenados, principalmente mulheres, ao adoecimento, precisam ser interrompida, através de propostas que atendam a diminuição da violência e atenção às necessidades básicas.	Falta de estabilidade quanto a horários para escolta e transporte. Falta de profissionais preparados.	Visitas domiciliares. Atividades de promoção à saúde. Educação continuada.
MATOS et al, 2018	Representações de mulheres encarceradas sobre gestar na prisão	Qualitativo	Compreender as representações sociais de gestantes e puérperas encarceradas sobre o gestar enquanto vivendo em Colônias Penais.	Marcaram-se as representações da gestação durante o encarceramento pela ausência de serviços e infraestrutura, com pré-natal falho e dificuldades para a realização de exames. Caracterizou-se gestar na prisão pela não aceitação, gerando-se atitudes de negação.	Evidenciou-se a necessidade de repensar o atendimento de saúde na prisão contribuindo para a efetivação de políticas públicas e garantindo os direitos daqueles que se encontram atrás das grades, especialmente mulheres e crianças.	Ausência e dificuldade de acesso Serviço. Falta de infraestrutura. Dificuldades para Realização de exames.	Educação continuada.
ANDRADE et al, 2018	Maternidade em regime prisional: desfechos maternos e neonatais	Revisão integrativa.	Descrever os desfechos, identificados na literatura, da gestação, parto e puerpério em mulheres privadas de liberdade.	O pré-natal efetivo é realidade apenas em países desenvolvidos; a falha na comunicação entre o sistema prisional e familiares de gestantes e puérperas, o uso de algemas durante o trabalho de parto e parto, são fragilidades na assistência à esta parcela populacional.	Os desfechos descritos mostram as fragilidades que permeiam a Assistência a esta parcela populacional. Os resultados reafirmam a necessidade de melhorias na Assistência e subsidiam o desenvolvimento de pesquisas interessadas em explorar as relações entre o regime prisional e o ciclo gravídico- puerperal.	Baixo percentual de consulta e orientação no pré-natal. Falta constante de profissionais. Ausência de humanização. Negligência no fornecimento de orientações.	Planejamento reprodutivo. Atividades de acolhimento e orientação.

FELIX et al, 2017	O enfermeiro na atenção pré-natal às mulheres em sistema carcerário	Revisão integrativa.	Descrever a atuação do enfermeiro na atenção. Pré-natal com mulheres em sistema carcerário; identificar dificuldades dos enfermeiros na atenção pré-natal às encarceradas	Após analisar toda literatura foram identificadas três categorias 1. Perfil das mulheres encarceradas; 2. Consulta de enfermagem como ação humanizada durante o pré-natal; 3. Precárias condições de assistência à saúde da gestante.	Embora o enfermeiro em suas atribuições profissionais esteja totalmente ligado à atenção pré-natal de forma holística e humanizada com consultas para formação de vínculo e escuta ativa, neste caso de cárcere, torna-se totalmente refém da falta de estrutura, recursos materiais e humanos dos presídios brasileiros deixando de oferecer uma atenção completa e de qualidade a essa população em específico.	Falta de conhecimento a respeito dos serviços oferecidos na instituição. Oferta de medicação sem indicação. Deficiência na Assistência.	Assistência integral. Atividades de promoção e proteção à saúde. Implantação de programas de educação em saúde para prevenção de agravos.
SOUZA et al, 2018	Reflexões sobre a assistência em enfermagem a mulher encarcerada	Revisão integrativa.	Analisar na literatura as ações de Educação e Promoção à Saúde de mulheres privadas de liberdade, com ênfase na fase reprodutiva, nos períodos de pré-natal, parto e puerpério, no sistema prisional.	As mulheres, parturientes e seus filhos em situação de cárcere, estão mais vulneráveis às doenças infecciosas, oportunistas e crônicas, visto que a maioria dos presídios não dispõe de estrutura adequada com condições mínimas de limpeza, higiene pessoal e alimentação precária.	Desta forma, o papel da enfermagem é de suma importância no que tange às atribuições da profissão, além de garantir os direitos desta população e atenuar as falhas do sistema de saúde dos presídios. A preparação destes profissionais para a vivência desta situação pouco comum se faz imprescindível para o contato com o público encarcerado, posto que a captação, o acolhimento, a orientação e as ações de prevenção e promoção da saúde.	Superlotação. Falta de médico e ambiente inadequado. Ausência de enfermarias. Preconceito de alguns profissionais em relação às presas. Dificuldade de deslocamento.	Capacitação profissional. Atividades de promoção e prevenção.

## DISCUSSION

## Access of imprisoned women to health information

Nursing care for women in prison can be aggravated by access to information,

which often comes ineffectively. If for a pregnant woman at liberty, who is close to the health units, where she can turn to a professional in case of doubts or fear during her pregnancy, this access may be difficult, imagine for one in prison.

In a qualitative research, carried out in 2014, exclusively with a group of women in prison, approximately 85% of them did not have information about their health status, services or available exams<sup>(6)</sup>. Among the group of women in prison, pregnant women and puerperal women stand out, who have the right to prenatal care. This is a stage that consists of medical and nursing care, up to the nine months of pregnancy, where examinations are carried out, aiming at disease prevention, abortion, and premature birth.

This care, especially, is extended to the postpartum period, that is, it lasts until the first 45 days of the newborn's life, postponing until the child's 24 months of age, with monitoring by Rede Cegonha<sup>(3)</sup>.

Allied to this, we can highlight the relationship between professional and pregnant woman that has an important influence on the development of a healthy pregnancy and puerperium. The nurse acts in the reception, where she can guide the pregnant woman during the consultation, particularities of the assistance that become essential during the prenatal adherence<sup>(3)</sup>.

In care, during pregnancy of women in prison, it is possible to observe the neglect in relation to the provision of guidance, since a large part of these women are unaware of the services available during and after pregnancy, making the start of prenatal care late. In the Brazilian prison system, it is notable that the number of consultations during prenatal and puerperium has a lower index than desired to guarantee the necessary guidelines, which causes a lack of humanization and guidelines that make it impossible for this woman to demand her rights and be in compliance. direct contact with assistance, tests and necessary care before during or after pregnancy<sup>(3)</sup>.

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No. 11,942, women in pregnancy who are in prison have the right to full assistance during prenatal, childbirth and the puerperium, ensuring medical care and also structural conditions, such as nursery and dormitories that provide mothers with the necessary care up to the baby's six months of life, providing an indispensable and appropriate structure with a crib, baby bath and a bathroom available for the mother, convenient for daily care, such as: breastfeeding, bathing and changing clothes, considering the importance of contact between the mother and the newborn in the first months of life<sup>(7)</sup>.

However, in 2015, the National Council of Justice released an amazing fact, which reported that among the 1,420 prisons, only 48 have an appropriate structure for pregnant women. The number of exclusively female prisons corresponds to only 7% of the total, which makes it even more evident the lack of structure directed to the needs of women, which are not few in view of the evident transition that the body goes through during this period<sup>(7)</sup>.

In some cases, it is expected that this woman will have a whirlwind of negative feelings regarding the bodily changes that occur during pregnancy. And these feelings take on an indescribable dimension during imprisonment, therefore, it is necessary to start prenatal care in the first months of pregnancy, valuing at least six consultations, where the woman can clear her doubts, exclude her fears and receive the necessary guidance<sup>(8)</sup>.

### **Challenges and Strategies for Prenatal Care**

Prenatal care is a fundamental step in the life of the pregnant woman and her baby, whose objective is to monitor and ensure health and safety. During this stage, the pregnant woman goes through a multidisciplinary team, where she receives attention focused on ensuring immunization, exams, and adequate guidance. The scarcity of provision of this service puts fetal health at risk, since without proper care it is not possible to identify or prevent any pathology related to pregnancy<sup>(8)</sup>.

Some diseases are more frequent during pregnancy, such as: hypertension, anemia, urinary tract infection, diabetes and pre-eclampsia. Considering the vulnerability of the prison population, it is possible to highlight the risks of exposure suffered by these women, thus, having pregnancy as a phase in which the woman is subject to the lack of adequate assistance added to the fear of her own reality, makes there is a clear need for activities and services that provide the woman and her concept with proper care. Particularly, by outlining the characteristics of these women, a common profile can be seen, much seen mainly among the population affected by the lack of education and opportunities<sup>(9)</sup>.

In addition, they are young women, mostly with low education and economic level and of childbearing age. Due to its situation, it is considered a vulnerable group, having as an aggravating factor the fact that they start their sexual life early without the necessary guidance. It is possible to observe the presence of some common diseases, among them are Sexually Transmitted Infections (STIs), depression, urinary tract infection, hypertension, in addition to the use of tobacco and other illicit drugs<sup>(9)</sup>.

Substance use during pregnancy can be extremely harmful to women's health and fetal development, making it one of the great challenges for nursing to apply in a fair and equal way. Since health is an essential right and, according to SUS laws, it must follow the principles of equity, equality and universality, but the limited resource ends up becoming a factor that makes it even more difficult to carry out educational actions for this population, which needs investments and mechanisms that do not always reach them<sup>(9)</sup>.

Technically, they are basic services and should be easily applied in a safe and guaranteed way, but there are many challenges that become insurmountable barriers, the financial resource of a unit, that is, its socioeconomic situation, combined with common problems is one of those barriers that it can directly interfere with the quali-

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ty of the service offered, which makes nursing care more difficult. When the subject in question is the Brazilian prison system, they are among the main problems: the lack of an adequate environment, the precariousness of qualified professionals and overcrowding<sup>(7)</sup>.

The fact that assistance to prisoners during pregnancy is guaranteed by law,

does not guarantee that this happened, since most penitentiaries do not provide due attention to these women. In addition to not having ideal structures, they have aggravating factors, such as a humid and poorly ventilated environment, making the puerperal woman and her child even more exposed to diseases, consequently, it is necessary to have a health team available for daily care<sup>(7)</sup>.

A multiprofessional team is composed of doctor, nurse, nursing technician, nutritionist and social worker. However, this is not the reality experienced within Brazilian prisons, where the health professional provides care only once a month or every fifteen days, when available. Only the nurse and the nursing technician provide daily care, so it is undeniable the importance of the role provided by the nurse, since it is the professional who will administer the assistance; in addition to coordinating the team; receive, evaluate and welcome the user<sup>(7)</sup>.

In some cases, as guaranteed by law, the woman may be referred to a Family Health Unit to receive the necessary care, when this occurs, the first professional to have direct contact with the pregnant woman in prison is the nurse, it is in this consultation that opens the medical record and tests are requested according to the rules of the Basic Health Unit (USB). This consultation always takes place with the escort of police or correctional officers in a gynecological care room<sup>(9)</sup>.

It is noted that during the care of women in prison situations directed to a Basic Health Unit, that some services need to be relocated so that the professional's schedule fits with the prison's schedules due to the need for escort and transportation, the services that can be performed on the same day are grouped, such as: immunization consultation and dental consultation<sup>(9)</sup>.

Despite having deliberate strategies according to the apparent needs, compared to the international prison system, Brazil leaves much to be desired, with an inappropriate structure, late start prenatal care, assistance that does

not put into practice the care idealized by Public Policies Health, tools that do not meet the needs presented by these women and do not meet the standards of humanization of care<sup>(3)</sup>.

The Humanization Program for Childbirth and Birth (PHPN), in addition, in its guidelines, highlights the importance of humanized care for pregnancy, childbirth and the puerperium. The care for these periods is based on scientific knowledge, respecting women with the main role of this process<sup>(6)</sup>.

The humanization of prenatal care is related to respect for this woman's body and physiology, as she is the active character during and after pregnancy, nurses need to see prenatal care with a focus on health promotion, and understand that their assistance is essential since it is he who guarantees most of the service offered to these women, having a prominent position, the nurse's care has a deserved recognition, as it allows a moment of dialogue and interaction between the nurse and the pregnant woman. It is also possible to highlight the importance of the presence of a companion in the delivery room, in or-

der to provide greater comfort and safety to the pregnant woman<sup>(6)</sup>.

Federal Law No. 11,108, 2005, states that it is a legal right to accompany a relative during childbirth, being fundamental to the well-being of the parturient, providing a higher rate of spontaneous births and decreasing the rate of use of anesthesia and births. cesarean section. However, it does not occur frequently in the prison environment, due to the lack of communication between the prison system and the relatives of inmates<sup>(3)</sup>.

## CONCLUSION

The research allowed to highlight how susceptible a woman who lives in prison becomes, becoming vulnerable to the deficits of assistance related to public health and its services that, despite having their rights ensured by law, still have evident challenges, whose challenges nurse needs to deal daily. Overcrowding, incidence of STIs and lack of structure constitute a group of barriers led by the lack of studies and research directed to the theme, therefore, lack of qualified professionals.

The minimum number of nurses is considered to meet the needs of a certain group of people, and it is essential that they are able to deal with the challenges encountered, therefore, there is a need for new strategies that enable the team to work well and application of health education activities directed at the pregnant woman and the professional nurse who will work. Prevention is still a great ally and it is essential for the assistance to be efficient and can prove answers to mitigate injuries and transform new stories.

The lack of health support is visible for women who experience imprisoned pregnancies. Many do not consider themselves welcomed by the nursing team, with reports of lack of humanization in care. Some professionals declare themselves unprepared to deal with the reality lived in a prison environment, it is noted that fear is not something exclusive to prisoners. The unknown causes fear when not explored. It is hoped that this research will arouse in other professionals the desire to explore a new form of assistance and, thus, add knowledge and new possibilities for the next generations. ■

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