

# Follow-up of infants in the prison system from the perspective of nurses

**RESUMO** | Objetivo: Compreender a percepção dos enfermeiros sobre o acompanhamento do lactente filho de mãe encarcerada no seu primeiro ano de vida no sistema prisional. Método: Estudo descritivo com abordagem qualitativa, com abordagem da estratégia bola de neve. A amostra totalizou nove participantes enfermeiros, que participaram independente da instituição a qual estão vinculadas. Resultados: A análise, à luz do referencial de Bardin, evidenciou três categorias temáticas: acompanhamento do lactente no primeiro ano de vida, promoção do aleitamento materno no sistema prisional e separação mãe e filho no sistema carcerário. Conclusão: O acompanhamento de saúde do lactente dentro do sistema carcerário está de acordo com o preconizado pelo Ministério da Saúde, entretanto, a falta estrutura pode acarretar perdas no desenvolvimento neuropsicomotor pela falta de estímulos adequados.

**Descritores:** Prisões; Cuidado da criança; Desenvolvimento infantil; Aleitamento materno.

**ABSTRACT** | Objective: To understand the perception of nurses about the monitoring of the infant child of an incarcerated mother in his first year of life in the prison system. Method: Descriptive study with a qualitative approach, with a snowball strategy approach. The sample totaled nine participating participants, who participated regardless of the institution to which they are linked. Results: The analysis, in the light of Bardin's framework, showed three thematic categories: follow-up of the infant in the first year of life, promotion of breastfeeding in the prison system and mother and child separation in the prison system. Conclusion: The health monitoring of the infant of the carcer system is in accordance with the preconized by the Ministry of Health, within a structure can lead to losses in neuropsychomotor development due to the lack of relevant stimuli.

**Keywords:** Prisons; Child care; Child development; Breastfeeding.

**RESUMEN** | Objetivo: Comprender la percepción de los enfermeros sobre el acompañamiento de un bebé nacido de madre encarcelada en su primer año de vida en el sistema penitenciario. Método: Estudio descriptivo con enfoque cualitativo, con enfoque de estrategia bola de nieve. La muestra totalizó nueve enfermeros participantes, quienes participaron independientemente de la institución a la que estén vinculados. Resultados: El análisis, a la luz del marco de Bardin, mostró tres categorías temáticas: seguimiento del infante en el primer año de vida, promoción de la lactancia materna en el sistema penitenciario y separación maternoinfantil en el sistema penitenciario. Conclusión: El seguimiento de la salud del infante dentro del sistema penitenciario es acorde a lo recomendado por el Ministerio de Salud, sin embargo, la falta de estructura puede generar pérdidas en el desarrollo neuropsicomotor por falta de estímulos adecuados.

**Palabras claves:** Prisiones; Cuidado de los niños; Desarrollo infantil; Amamantamiento.

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## INTRODUCTION

Brazil has the third largest prison population in the world. When considering only female incarceration, the country ranks 86th with a rate of 4.94% inmates. <sup>1</sup> There are approximately 36,929 women incarcerated in Brazil. It is noteworthy that the population of women deprived of liberty grew by 0.8% between 2018 and 2020, with 1,446 having a child and of these 501 are pregnant women or mothers of infants. <sup>2</sup>

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The Federal Constitution of 1988 regulates that the protection of childhood are social rights guaranteed by article 6 of the Constitution, described in the Statute of Children and Adolescents (ECA - Estatuto da Criança e do Adolescente).<sup>3</sup> With regard to maternity in the prison system, article 5, item L of the Constitution, says that “prisoners will be guaranteed conditions so that they can stay with their children during the breastfeeding period”.<sup>4</sup>

In 2017, the National Register of Pregnant or Lactating Preys was created by the National Council of Justice (CNJ - Conselho Nacional de Justiça), so that data from all over Brazil could be consolidated into a single system. The first data entered on the platform show, in 2017, 374 pregnant women and 249 lactating women, respectively 22 and 33 in Minas Gerais (MG). In 2019, 117 pregnant women are incarcerated, 22 in MG and 58 lactating women, 14 in MG.<sup>5</sup>

The ECA, describes in art. 7, that children and adolescents “have the right to protection of life and health, through the implementation of public social policies that allow healthy and harmonious birth and development, in dignified conditions of existence”.<sup>3</sup> In this sense, the health promotion of women, newborns (NBs) and infants present in the prison system is a challenge and a very important role that the nursing professional who works in this area needs to face.<sup>6</sup>

Nursing contributes to the rescue of a dignified life condition for people from a biological, social and psychological point of view, providing comfort and well-being, minimizing initiatives that encourage discrimination or prejudice, respecting the ethical and legal principles of the profession, with a view to rescuing the meaning of human existence.<sup>7</sup>

Moura et al. (2018), Nursing has a large participation in the discussions and in the provision of care that involve women's health, emphasizing the gestational and puerperal period in order to reduce unnecessary interventions and risks to women and children.<sup>8</sup>

Based on these observations, this study was guided by the following questions: What is the nurse's perception of the monitoring of infants in the prison system?

It is noteworthy that the prison environment has precarious health conditions, a hostile and unhealthy environment, inadequate nutrition, sources of stress and factors that increase the risk of illness,

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posing a threat to public health, requiring specialized care,<sup>7</sup> so that the nurse is responsible for planning care and implementing health prevention and promotion policies, within the scope of their competence; nursing consultations and request for complementary exams; prescription of medicines within the legal provisions of

the profession.<sup>7</sup>

It is noteworthy that the infant is regularly monitored to assess adequate neuropsychomotor growth and development. Thus, this work is justified by seeking the perception of the nurse who performs the monitoring of these babies in their first year of life, who live with their mothers in prison. There are few literatures that portray the subject, so further research is necessary.

Based on the above, the objective of this study was to understand the nurses' perception about the follow-up of the infant born to an incarcerated mother in his first year of life in the prison system.

#### METHOD

This is an exploratory, descriptive study with a qualitative approach. This method was chosen because it allows the understanding of a phenomenon under observation, by attributing meaning by each of the deponents related to the investigated problem. It is based on human perception and understanding, understanding and describing a phenomenon.<sup>9</sup>

The study was not linked to any institution, the interviewees are nurses who accompany the child care of infants born to incarcerated mothers and work in nearby Basic Health Units (UBS) or in the health unit of the prison system itself.

After the study was approved by the Ethics and Research Committee (CEP - Comitê de Ética e Pesquisa) under opinion number 3,753,379, interviews were carried out, with all ethical principles respected, in accordance with Resolution n. 510 of 2016, from the National Health Council (CNS).<sup>10</sup>

The Snowball technique was used, which, according to Vinuto (2014), is a non-probabilistic method, where one interviewee indicates the participation of another, until the study reaches the saturation point.<sup>11</sup> The collection begins with documents and/or key informants, named as seeds, seeking to locate some people, within the general population, with the

necessary profile for the research.

To capture the first interviewee, the researchers asked the prison system for information about which health center monitored the babies. Thus, the first possible participant who indicated the next was identified, and so on.

After the identification of the participant, the inclusion criterion defined as time of performance in monitoring the growth and development of the infant and child for at least 6 months was applied, for adequate knowledge about what is recommended by the Ministry of Health in the care. As an exclusion criterion, the interviewee's withdrawal was used at any time, even after the interview.

The researchers approached the deponents, explained the study, its objectives and propositions and requested a careful reading, for the signing of the Free and Informed Consent Term. Thus, the interviews were scheduled and carried out, with authorized recording. There was a space reserved for the collection of information, based on a semi-structured script and each interview lasted, on average, 30 minutes. Data collection was carried out between March and September 2020 and the anonymity of respondents was guaranteed.

The interview script consisted of semi-structured questions: Talk about monitoring the infant in the prison system. What is recommended by the Ministry of Health in monitoring the baby? What is your view on childcare performed in the prison environment? Talk about mother-child separation in the prison system. The questions were validated with the first two interviewees to assess the need for adaptations that would allow a greater understanding of what was sought through the structured script and to verify if the objective could be achieved. There was no need for adaptations or changes and, for this reason, such statements were considered part of the study.

Bardin's Content Analysis was the reference used to evaluate the contents that emerged in the testimonies. It is a set of

techniques that decompose communications, which uses systematic and objective procedures to describe the content of information. The method seeks to know what is behind the words, on which it focuses, so that the results are compared with the scientific literature, based on their synthesis.<sup>12</sup>

## RESULTS

Nine nurses participated in this research, who work in prisons or in UBS close to detention centers in the state of MG and who are responsible for monitoring the growth and development of infants who live with their mothers in a situation of deprivation of liberty.

The statements were divided into 3 categories: "Infant follow-up in the first year of life", "Promotion of breastfeeding in the prison system" and "Mother and child separation in the prison system".

### Infant follow-up in the first year of life

When interviewees were asked about the follow-up of the growth and development of the infant who stays with the mother in deprivation of liberty during the first year of life, it was reported that consultations are most often performed by nurses or doctors from nearby UBS or public maternity hospitals. One of the interviewees adds that the minimum intervals for consultations recommended by the MH are not always followed, since the demand is greater than the professionals available for care:

I've been working in the prison for a few years [...], I can't attend to all the childcare, there are too many babies, we refer the mothers and babies to the nearby UBS, in Vespasiano, the nurses there carry out the assessment of growth and general health [...]. (E1)

There is a doctor, a volunteer who works here [...] he has been coming more often, every 15 days,

provides care when the baby has any changes and takes the opportunity to monitor weight and development [...]. (E2)

[...] the babies are taken to the health center, we cannot carry out the follow-up due to the numerous duties of the nurse in the prison [...], the consultations end up not following the minimum recommended schedule, the demand for the consultation health center is also very high, we have difficulty scheduling. (E8)

[...] a few years ago, nurses from a nearby public maternity hospital carried out the follow-up, they came and did the childcare in the prison, it made it a lot easier [...], currently we are sending the babies to the health center close to the prison. (E9)

During the interviews, it can be seen in the reports that the nurses are concerned about stimulating the child's neuropsychomotor development, since not all mothers are engaged in playing with their children and also due to the lack of toys or instruments that can help stimulate the baby according to their age group:

[...] sometimes mothers use empty disposable bottles with beans, making a rattle, we have to guide them to use creativity [...]. (E2)

[...] I worry about the development of babies, we don't have any kind of colored object or toy [...], I guide mothers to play with their children and improvise. (E7)

[...] When I see the mother here at the Health Unit, I advise them to use cloths and objects that attract attention and make noise [...], play with their baby, so that they can fully develop. (E6)

Regarding immunization, the nurses report that the babies receive the vaccines according to the schedule proposed by the MH, without delay, as recommended in the child's handbook, infants are vaccinated in the Health Units or in the prison itself by the nursing team of the nearest Health Center:

[...] I control the card in relation to the next vaccines that the baby has to receive, we have an agenda and every time a baby vaccinates, we write down the next one, so as not to miss the date and to be able to notify the clinic in advance [...]. (E1)

[...] the nursing of the post, comes to the prison and performs the vaccination of the babies (E3).

[...] I work at the health unit next to the prison and we receive the babies from the prison to be vaccinated, they control the dates of the vaccines and periodically call us [...]. (E4)

A deponent adds that with the COVID-19 pandemic, vaccination began to occur inside the prison:

[...] we used to send the babies to the health center [...], now with the COVID pandemic, the nurses are coming to the prison to get the vaccines. We are avoiding taking babies or mothers out of the prison, only in case of emergency. (E2)

**Promotion of breastfeeding in the prison system**

The interviewees praised the importance of breastfeeding, emphasizing that one of the main reasons for keeping the baby within the prison system with the mother is the maintenance of exclusive breastfeeding in the first six months of the

infant's life. They reinforced that breast milk is the main immunological and nutritional protection factor and that it should be encouraged and stimulated, except when the mother is a carrier of the Human Immunodeficiency Virus (HIV) and Human T-Lymphotropic Virus (HTLV):

[...] I do what I can with the mothers to maintain exclusive breastfeeding from zero to six months. He brings protection, from six months onwards, I advise them to keep breastfeeding and start offering lunch and fruit. (E2)

[...] Breast milk protects the baby through antibodies, giving them immunity. I always advise mothers to breastfeed on demand, except when the mother is HIV+ or carrier of HTLV. (E5)

I believe that keeping the baby with the mother in the prison system until the first year of life is related to the maintenance of breastfeeding, so we should encourage and contribute to making it exclusive [...]. (E6)

[...] and breastfeeding reduces the risk of the baby acquiring diarrhea and flu, strengthens the child, because of its nutritional value [...]. (E8)

[...] Government support is very important in relation to the maintenance of breastfeeding and the campaigns carried out by the MS benefit a number of women, including prisoners. (E9)

A nurse adds the importance of breastfeeding to strengthen the bond between mother and baby, many of whom come from a context in which the use of illicit substances is a daily practice and some have difficulty accepting the child.

[...] I believe that breastfeeding

will bring the mother closer to the child, it will strengthen, it will be emotional support, especially when they were drug users and are going through abstinence [...]. (E2)

The professionals who work inside the prison encourage and prioritize exclusive breastfeeding, according to the interviewees' statements. Despite this, other factors experienced by these women, such as violence and drug use, can influence the low production of breast milk, in these cases, by medical indication, milk formula is provided to the infant:

[...] Here in the prison, we encourage breastfeeding. Some mothers cannot produce enough milk for the child, needing to be supplemented with the bottle, some feel insecure for having used drugs for a long period. (E3)

[...] Here in the prison we have discussion groups with mothers to encourage breastfeeding up to 6 months, despite this, many become depressed and the breast milk decreases [...], requiring the bottle. (E5)

One deponent emphasizes that the contraindication of cross-breastfeeding among prisoners is part of the guidelines for puerperal women, despite this, they report not guaranteeing that one mother breastfeeds the child of the other:

[...] Here in the prison we always reinforce the prohibition of a mother to breastfeed the child of another. Despite this, we know that when prison officers sleep, that mother who has a lot of milk certainly breastfeeds her cellmate's baby [...]. (E5)

With the separation between mother and child occurring from the age of 6



months in some institutions, the health team initiates the weaning of the child. It is accompanied by a nutritionist and is usually started earlier than recommended by the MH, from 5 months onwards. The nurses reported how part of the process occurs.

We know that the child can breastfeed until after a year, because it's good, it's something great, right, breast milk, but we have to guide weaning because according to the law, children need to leave the prison. (E7)

What does the nursing team want? That the child stays with the mother, but it's something that is the law, right, the prison law that only allows up to eleven months, the child breastfeeding or not. (E4)

There's a nutritionist there. It's actually like that, the right thing would be at 6 months, but it includes at 5 months and 15 days, sometimes it even includes a little bit before you know. But so, the correct would be 6 months, but there, it's 5 months and 15 days. That's where lunch, dinner, juice and vitamins come in. (E3)

In the case of weaning, it is done as recommended. At four or five months, the NB starts drinking soup, eating slushie fruit. (E5)

### Mother and child separation in the prison system

The interviewees report that when the date of separation of the mother and child approaches, the mother and baby are monitored by the prison psychologist, so that this moment takes place in the best way and with the least possible damage:

[...] in the prison there is a psychologist who prepares the mother before the date that the separation

between mother and child will occur. (E2)

[...] we all feel the separation, but the prison has a rule, a law [...], the baby can only stay until he is twelve months old. The psychologist works with the mother at this moment of separation. [...] the place is not appropriate for this child to grow and develop [...]. (E4)

The mothers are being prepared by the psychologist and pedagogue, for the separation of the child during the whole time they stay with them, so that the separation causes less damage [...]. (E9)

I always see the psychologist working with the mothers, from the pregnancy to the delivery of the child, they already arrive there knowing the separation [...]. (E5)

The interviewees report following the process of mother and child separation together with the multidisciplinary team, however, the main role of nursing is to provide guidance to the family member who will receive the infant and pass on the child's health documentation (child's booklet, guidance on upcoming vaccines and consultations):

[...] I work by releasing documents, vaccination card, exams and the dates of the next follow-up appointments. I guide the family that will have custody about the care they should have with the child [...]. (E1)

[...] the nurse here at the prison is responsible for releasing all documents related to the child's health status. We instruct the family that the baby will receive the care and the next days of follow-up at the health center. (E2)

Most of the time the child is taken by someone from the family, if the prisoner does not have a family member who can receive the baby, the baby is under the responsibility of the guardianship council or goes for adoption if the mother allows it. One of the interviewees reports the case of a baby with West syndrome, where the mother was granted house arrest due to the baby's severity:

[...] we had a baby with West syndrome diagnosed at three months, after reporting to the Judge, the mother was granted house arrest. The baby had frequent convulsive crisis [...]. (E2)

[...] sometimes the mother has no close family member who can stay with the baby until the end of her sentence [...], in this case, the baby is taken care of by the guardianship council or the baby goes for adoption if the mother allows it [...]. (E8)

### DISCUSSION

The nurses interviewed report that the monitoring of growth and development takes place regularly, as recommended by the MH, in nearby UBS or in the prison itself, while the baby is with the mother in the prison system.

The MH recommends that the NB and the infant have the right to routine child care consultations attended by nurses interspersed with a general physician or pediatrician. Seven consultations are recommended in the first 12 months (1st week and 1st, 2nd, 4th, 6th, 9th and 12th month), two in the second year (18th and 24th month) and, from that age, one per year. In these consultations, the child's health conditions, their state of development and growth are evaluated, in addition to their nutritional status, in which exclusive breastfeeding is recommended up to the 6th

month and complementary breastfeeding up to 2 years.<sup>13</sup>

The interviewees emphasized the importance of daily stimulation of the baby by the mother, so that the baby develops its full neuro psychomotor and social potential. The Child's Handbook describes that early childhood, the period from birth to six years of age, is responsible for the child's mental and emotional development and socialization.<sup>13</sup> During this period, the main characteristics, such as the way of being, interaction with the family, community and society are defined, and continued stimulation is essential.

During the interviews, it was possible to observe in the speeches, a rigor related to the non-delay in the immunization of infants who live together with their mothers in prison. Silva et al. (2018) describes that Immunization contributes in an important way to the achievement of one of the Millennium Development Goals, in the reduction of infant mortality, since unvaccinated children are more susceptible to higher infant morbidity and mortality.<sup>14</sup>

Breastfeeding is a priority within the prison, it is even the main reason for the infant's stay within the prison system in its first year of life, as reported by the research subjects. The MH recommends that breast milk should be the only food provided to the baby up to six months of age, being recommended for children up to two years of age or older along with other foods.<sup>15</sup>

Breast milk is essential for the health of the child, it acts on growth and development, as it is rich in nutrients and helps in the development of the immune system. Breastfeeding favors the mother-child relationship and child development, both cognitive and psychomotor.<sup>16</sup>

Nurses report that children of mothers with HIV and HTLV receive formula milk, as breastfeeding is not allowed. They also reinforce that they guide the non-cross-breastfeeding between mothers. According to the norms of the MS, some diseases contraindicate the practice of breastfeeding permanently, such as breastfeeding

women with HIV and HTLV 1 and 2. In addition, the MH emphasizes the risk of vertical infection caused by the transmission of the HIV virus, thus demonstrating the recommendations of international institutions to prohibit cross-sectional breastfeeding and the recommendations adopted by the Ministry of Health of Brazil. In Brazil, cross-breastfeeding has been formally contraindicated since 1993, due to the risk of infectious diseases.<sup>17</sup>

The nurses report that the separation of the baby from the incarcerated mother is a delicate moment, the follow-up is done by a psychologist, so that it is less traumatic. According to art. 89 of Law No. 7,210,<sup>18</sup> women's penitentiaries must be equipped with a daycare center to house children older than 6 months and younger than 7 years for the purpose of assisting the child whose guardian is imprisoned, but it is not a reality within Brazilian prisons, moreover, they would be deprived of freedom and contact with society. Mahl and Solivo (2019) point out that prisons keep babies up to six months of age, and after this age they are sent to the home of family members, if they are not able to take care of them, the babies are transferred to foster families through the guardianship council until the mother or family is able to take care of the child properly.<sup>19</sup>

Reis (2014) describes that there are doubts about the ideal moment for the separation between the incarcerated mother and the child, but reinforces that it must occur, since the child has not committed any crime and for this reason should not be incarcerated. It also highlights the importance of the person responsible for the child, maintaining the bond between mother and child, since it is a right for both, with the exception of cases that are judicially determined that this contact should not take place.<sup>20</sup>

It was reported that the follow-up of the separation is carried out by the prison's multidisciplinary team, the main role of nursing at this time is to prepare the family that will receive the child about

the health status, vaccination, development, transfer of health documentation and other guidelines. The ECA guarantees this child the right to access quality health and social assistance services, so this transfer must be carried out calmly and completely to ensure that the infant is properly monitored outside the penitentiary.<sup>3</sup>

Law No. 12,962/2014 added an article to the Child Statute where it says that children who have a father or mother deprived of their liberty have the right to visit them in the penitentiary.<sup>21</sup> Therefore, when there is a separation between mother and child, the right of both to maintain the bond is guaranteed by law. Whoever is responsible for maintaining the visit is responsible for the child during the period of the mother's sentence and as soon as she finishes serving her punishment, she can resume custody of the child.

It was mentioned by the interviewees that mothers of NBs with syndromes can obtain the benefit of house arrest as an alternative, but this modality needs to be evaluated by a judge and is only released with the child's medical reports and according to the mother's dangerousness. Ramos (2019) emphasizes that house arrest is an achievement in the face of the damage that prison causes to women who are mothers and to their children, and that in circumstances in which the arrest of this mother or pregnant woman is necessary, house arrest should be an alternative, only in this way will the child have the care of his mother in her demands.<sup>22</sup>

Furthermore, research on maternal health outcomes in incarcerated women is limited.<sup>23-27</sup> However, it is unanimous in the studies presented that the deprivation of family ties, love relationships, the denial of motherhood, the boundaries erected between being and the environment, fear, sadness, discomfort, anxiety, insecurity about the future are threatening experiences to the mental health of these women deprived of their liberty.<sup>17,24,26</sup>

In this sense, it is necessary that researchers actively question the health outcomes of women deprived of their liberty, in

order to enhance positive actions in favor of maintaining the mother-child binomial.

## CONCLUSION

The qualitative approach in the study allowed us to conclude that the nurse monitors the infant, the child of a mother incarcerated in the nearby UBS or in the health unit of the prison system itself, as recommended by the MH. The nurse who works in penitentiaries has high demand, so they cannot carry out the monitoring of

the baby alone, with the help of nearby public institutions, the monitoring is carried out in an integral way.

They add that the prison system encourages breastfeeding, keeps the babies' vaccines up to date and that there is a preparation of the mother with psychology, before the separation of mother and baby. When releasing the child, it is up to the nurse to guide the family who will receive him regarding the health condition, upcoming appointments and pass on all the health documentation.

The research has limitations because it has reports from nurses who work in only two prison systems in MG, which may not represent the Brazilian reality, but only one state. However, more than generalizations, we sought to show new ways that nurses from other institutions can contribute to the care and monitoring of children of incarcerated mothers. Other studies in other institutions that address the other facets should be constituted. 🐦

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