

Pregnancy and the Postpartum Period Among Women Deprived of Liberty: An Overview of Nursing Care

Gestação e Puerpério em Mulheres Privadas de Liberdade: Panorama Sobre a Assistência de Enfermagem
Embarazo y Puerperio en Mujeres Privadas de Libertad: Panorama Sobre la Atención de Enfermería

RESUMO

Objetivo: relatar as perspectivas e desafios da atuação do enfermeiro na assistência prestada a gestantes e puérperas privadas de liberdade. **Metodologia:** Revisão integrativa, realizada entre setembro e novembro de 2025, nas bibliotecas SciELO, BVS (bases LILACS e BDENF) e Google Acadêmico. Foram incluídos artigos nacionais, publicados entre 2020 e 2025, que abordassem a atuação da enfermagem no cuidado a gestantes e puérperas no sistema prisional. **Resultados:** Foram incluídos 13 estudos, majoritariamente revisões de literatura. Os achados evidenciam que o enfermeiro exerce papel central no cuidado às mulheres privadas de liberdade, atuando no acolhimento, acompanhamento pré-natal, educação em saúde e articulação com a rede de atenção. Entretanto, a assistência é limitada por fragilidades estruturais, escassez de recursos, ausência de protocolos específicos e dificuldades na implementação das políticas públicas. **Considerações finais:** Apesar dos desafios evidenciados, a enfermagem constitui um componente fundamental na garantia do cuidado integral, humanizado e na promoção da saúde reprodutiva dessas mulheres.

DESCRIPTORIOS: Enfermagem; Gestantes; Puerpério; Sistema Prisional; Saúde da Mulher.

ABSTRACT

Objective: to report on the perspectives and challenges of nurses working with pregnant women and new mothers who are deprived of their liberty. **Methodology:** Integrative review conducted between September and November 2025 in the SciELO, BVS (LILACS and BDENF databases), and Google Scholar libraries. National articles published between 2020 and 2025 that addressed nursing care for pregnant women and postpartum women in the prison system were included. **Results:** Thirteen studies were included, mostly literature reviews. The findings show that nurses play a central role in the care of women deprived of their liberty, working in reception, prenatal care, health education, and coordination with the healthcare network. However, care is limited by structural weaknesses, scarcity of resources, lack of specific protocols, and difficulties in implementing public policies. **Final considerations:** Despite the challenges highlighted, nursing is a fundamental component in ensuring comprehensive, humanized care and promoting the reproductive health of these women.

DESCRIPTORIOS: Nursing; Pregnant women; Postpartum period; Prison system; Women's health.

RESUMEN

Objetivo: relatar las perspectivas y los retos de la actuación del enfermero en la asistencia prestada a mujeres embarazadas y puérperas privadas de libertad. **Metodología:** Revisión integradora, realizada entre septiembre y noviembre de 2025, en las bibliotecas SciELO, BVS (bases LILACS y BDENF) y Google Académico. Se incluyeron artículos nacionales, publicados entre 2020 y 2025, que abordaban la actuación de la enfermería en la atención a mujeres embarazadas y puérperas en el sistema penitenciario. **Resultados:** Se incluyeron 13 estudios, en su mayoría revisiones de la literatura. Los hallazgos evidencian que el enfermero desempeña un papel central en la atención a las mujeres privadas de libertad, actuando en la acogida, el seguimiento prenatal, la educación en salud y la articulación con la red de atención. Sin embargo, la asistencia se ve limitada por las debilidades estructurales, la escasez de recursos, la ausencia de protocolos específicos y las dificultades en la implementación de las políticas públicas. **Consideraciones finales:** A pesar de los retos evidenciados, la enfermería constituye un componente fundamental para garantizar una atención integral y humanizada y promover la salud reproductiva de estas mujeres.

DESCRIPTORIOS: Enfermería; Embarazadas; Puerperio; Sistema penitenciario; Salud de la mujer.

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INTRODUCTION

The female prison population in Brazil has grown significantly in recent decades, reaching approximately 50,000 women deprived of their liberty in 2024, which corresponds to approximately 6% of the country's prison population^(1,2). This increase is mainly related to drug-related crimes, which account for a significant portion of female arrests⁽¹⁾. There is also a predominance of black or brown women and a high proportion of provisional incarceration, highlighting structural inequalities in the penal system^(1,3).

Given this scenario, new challenges arise related to guaranteeing human rights and health care. With the increase in the number of women in prison, it is necessary to monitor the conditions of pregnant women in the prison system to identify their needs and provide health and social services that ensure their well-being⁽⁴⁾. Pregnant women in prison face challenges such as mental health problems, dehumanized prenatal care, lack of privacy, stigma, psychological trauma, lack of emotional support, and handcuffs during pregnancy and/or childbirth. The separation of newborns after birth is described as particularly devastating^(5,6).

The prison environment, historically geared toward repression rather than social protection, was not designed to meet the specific needs of women, especially pregnant women. The precarious infrastructure, the shortage of qualified professionals, and the lack of knowledge or weakness in the implementation of public policies aimed at the prison population create a continuous scenario of risk to maternal and child health⁽⁷⁾. In this context, pregnant women deprived of their liberty are recognized as a special, high-risk group, since they often have predisposing factors

that increase the likelihood of gestational complications and adverse outcomes, such as premature birth, low birth weight and fetal death.

The prison environment is hostile and unsuitable for pregnancy, often characterized by a lack of basic hygiene, privacy, and infrastructure appropriate for maternal and child care. This precariousness intensifies the vulnerability of women deprived of their liberty and highlights structural, assistance, and ethical gaps in the realization of the right to health⁽¹¹⁾.

Incarcerated women who experience pregnancy or childbirth in correctional facilities face unique considerations regarding obstetric care and, consequently, are at increased risk for adverse maternal and fetal outcomes⁽⁵⁾. Pregnant women arrive in prison with increased risks of perinatal and postnatal morbidity and mortality due to histories of abuse, inadequate prenatal care, poor nutrition, substance and tobacco use, mental health issues, socioeconomic status, racism, stress of incarceration, and lack of social support.

A review of the scope of the issue revealed that labor and delivery care for women deprived of their liberty is marked by structural, organizational, and ethical weaknesses, resulting in practices that are often dehumanizing and violate rights. These women face delays in accessing care, lack of privacy, restrictions on the presence of companions, misuse of handcuffs, and limited mother-child contact, which compromises the birth experience and the quality of care. Evidence also points to a significant gap between legal regulations and actual care practices, indicating failures in the implementation of public policies aimed at maternal health in the prison context⁽¹³⁾.

Despite the existence of legal and regulatory frameworks, such as the National Policy for Comprehensive

Health Care for Persons Deprived of Liberty (PNAISP) and the Criminal Enforcement Law (Law No. 7,210/1984), women's prison units remain marked by structural deficiencies, a shortage of human resources, and discontinuity in prenatal and postnatal care, which limits the provision of comprehensive, humanized, and rights-based care^(11,14).

Given the above, the role of nurses in the prison context is fundamental to ensuring comprehensive care and promoting the rights of women deprived of their liberty. In this sense, the present study aims to analyze the perspectives and challenges of nurses' work in providing care to pregnant women and new mothers in situations of deprivation of liberty.

METHODOLOGY

This is an integrative literature review. An integrative review is a research method that enables a systematic and comprehensive synthesis of scientific production on a given topic. This method involves defined steps, such as formulating the research question, searching databases, applying inclusion and exclusion criteria, critically evaluating studies, extracting data, and synthesizing results, with the aim of gathering evidence to support practice, research, and decision-making in health⁽¹⁵⁾.

To conduct this review, the following guiding question was developed: What are the perspectives on the role of nurses in providing care to pregnant women and/or postpartum women in situations of deprivation of liberty?

The systematic search for relevant studies was conducted between September and November 2025 in the *Scientific Electronic Library Online* (SciELO) and Virtual Health Library (VHL) databases, including the Latin American and Caribbean Health Sciences Literature (LILACS) and Nurs-

ing Database (BDENF). Additionally, a search for non-indexed studies was conducted using Google Scholar.

The search strategy was developed based on Health Sciences Descriptors (DeCS) and free terms, combined using Boolean operators. The descriptors “Nursing,” “Pregnant Women,” “Prenatal Care,” and “Prisons” were used, associated with the free terms “women deprived of liberty” and “prison system.”

The inclusion criteria adopted were: I) national articles published in Portuguese or Spanish; II) published between 2020 and 2025; and III) studies that directly addressed nursing care for pregnant women or women who had recently given birth in situations of deprivation of liberty.

The following were disregarded: I) duplicate studies; II) studies that did not address nursing care in the prison context; III) foreign studies.

All retrieved studies were screened and evaluated for eligibility based on the inclusion criteria by two independent reviewers. The selection process took place in two phases: (I) analysis of titles and abstracts; and (II) complete reading of the selected manuscripts, with recording and justification of exclusions.

Each approved study was then screened by the reviewers, who extracted administrative data (authors, year of publication, methodological design, level of evidence, journal of publication) and clinical data (main findings).

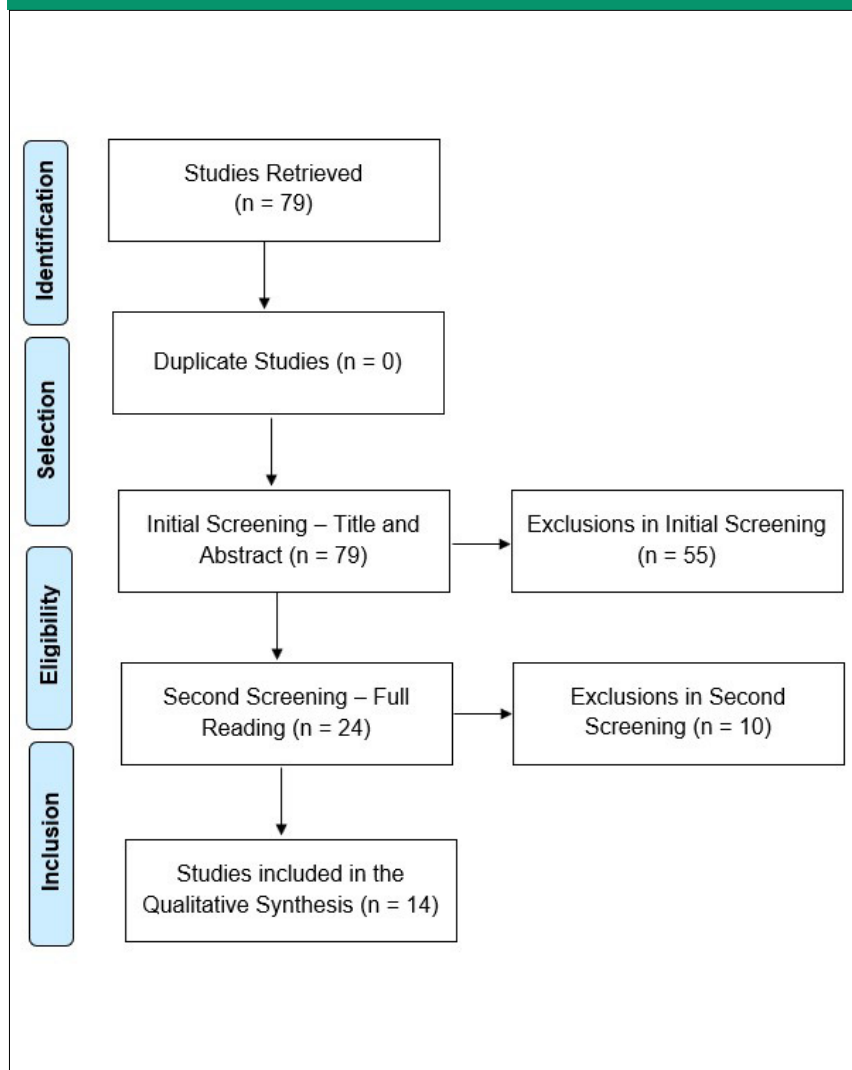
The classification of evidence levels followed the proposal by Melnyk and Fineout-Overholt⁽¹⁶⁾, which organizes studies into seven levels according to methodological robustness. Level I corresponds to systematic reviews or meta-analyses of randomized clinical trials; level II to randomized clinical trials; level III to quasi-experimental studies; and level IV to analytical observational studies. Levels V

and VI cover systematic reviews and descriptive or qualitative studies, respectively, while level VII refers to expert opinion and experience reports.

Seventy-nine potentially eligible studies were retrieved. After applying the inclusion and exclusion criteria, 14 articles were selected to constitute the sample for this review .

RESULTS

Figure 1 – Flowchart of identification, selection, and inclusion/exclusion of studies.



The 10 studies excluded in the second screening did not meet the inclusion criteria regarding the specific focus on nursing practice. Although they address healthcare for pregnant women deprived of liberty, the articles present a broad and multidisciplinary approach, without delving

into the specific duties, practices, or interventions of nurses in prenatal, childbirth, or postpartum care in the prison context, which makes their analysis unfeasible in light of the proposed objective. Tables 1 and 2 summarize the relevant information from the included studies.

Table 1 - Narrative Summary: Administrative Data from the Studies

Authors/year	Title	Methodology	Level of Evidence	Journal/Base
Ramos et al 2025 ⁽¹⁷⁾	Prenatal nursing care for incarcerated women: an integrative review.	Integrative Review	Level VI	Rev Iberoam Humanid Cienc Educ/ Google Scholar
Santos et al 2025 ⁽¹⁸⁾	Prenatal nursing care for women deprived of liberty: an integrative review	Integrative Review	Level VI	Multidisciplinary Journal of Northeast Minas Gerais/ Google Scholar
Padilha et al 2024 ⁽¹⁹⁾	Nursing care for pregnant women deprived of liberty	Narrative Review	Level VI	Research, Society and Development/ Google Scholar
Conceição et al 2023 ⁽²⁰⁾	Nursing care for women deprived of liberty	Integrative Review	Level VI	REAS [Internet]/ Google Scholar
Carvalho et al. 2022 ⁽²¹⁾	Nursing care for the health of women deprived of liberty	Literature Review	Level VI	Synthesis – Academic Productions Journal/ Google Scholar
Cunha et al. 2022 ⁽²²⁾	Prenatal care for pregnant women deprived of liberty: a challenge for nurses	Literature Review	Level VI	Brazilian Congress of Multidisciplinary Sciences and Knowledge/ Google Scholar
Santana et al. 2022 ⁽²³⁾	Challenges faced by nurses in providing prenatal care to incarcerated women	Integrative Review	Level VI	Research, Society and Development/ Google Scholar
Silva et al 2023 ⁽²⁴⁾	Nursing care for pregnant women in the prison system: an integrative review	Integrative Review	Level VI	Brazilian Journal of Implantology and Health Sciences/ Google Scholar
Lima et al 2022 ⁽²⁵⁾	The role of obstetric nursing in prenatal care in a prison environment.	Integrative Review	Level VI	RECIMA21 – Multidisciplinary Scientific Journal / Google Scholar
Santos et al 2021 ⁽²⁶⁾	Nursing in the prison system: pregnancy and infant development in prison.	Integrative Review	Level VI	Undergraduate Notebook – Biological and Health Sciences/ Google Scholar
Silva et al 2021 ⁽²⁷⁾	Nursing care for the health of women deprived of liberty.	Integrative Review	Level VI	RECIMA21 – Multidisciplinary Scientific Journal/ Google Scholar
Sousa et al 2021 ⁽²⁸⁾	Nursing care during pregnancy for women deprived of liberty.	Integrative Review	Level VI	Braz. J. Hea. Rev. / Google Scholar
Silva et al 2020 ⁽²⁹⁾	Challenges for Nurses in Providing Health Care to Pregnant Women Deprived of Liberty	Integrative Review	Level VI	JRG Journal of Academic Studies/ Google Scholar
Oliveira et al 2023 ⁽³⁰⁾	Prenatal nursing care for women living in private prisons in Brazil.	Integrative Review	Level VI	Research, Society and Development/ Google Scholar

Source: the Authors (2026)

Table 2 summarizes the main findings of the included studies, highlighting key aspects of nursing practice in the prison context.

Table 2 - Narrative Synthesis: Main Findings.

Authors/year	Main Findings
Ramos et al 2025 ⁽¹⁷⁾	Nursing care in prenatal care for women deprived of liberty is marked by weaknesses in access, continuity of care, and the absence of specific protocols, highlighting the role of nurses in promoting comprehensive, humanized care and coordination with the health care network.
Santos et al 2025 ⁽¹⁸⁾	Nurses play a central role in prenatal care for women deprived of liberty, promoting reception and monitoring of pregnancy, despite the structural and organizational limitations of the prison system that compromise the comprehensiveness of care.
Padilha et al 2024 ⁽¹⁹⁾	In prison prenatal care, nurses provide care, clinical monitoring, and health education; however, their work is limited by inadequate infrastructure, a shortage of professionals, weaknesses in coordination with the healthcare network, and the absence of specific protocols.
Conceição et al 2023 ⁽²⁰⁾	It is essential that nurses understand the reality of women deprived of their liberty and act as facilitators of care, promoting effective communication and needs assessment, contributing to the reduction of vulnerabilities and the visibility of the demands of pregnant women and women in labor in the prison context.
Carvalho et al. 2022 ⁽²¹⁾	Nursing care for women deprived of liberty is marked by structural weaknesses and the absence of specific protocols; even so, nurses play a central role in promoting health, preventing diseases, and monitoring the gynecological, obstetric, and psychosocial needs of this population.
Cunha et al. 2022 ⁽²²⁾	A scientific, collaborative, and multidisciplinary nursing approach is needed; however, nursing practice is limited by poor structural conditions, a shortage of human resources, work overload, and institutional restrictions, compromising the comprehensiveness of care.
Santana et al. 2022 ⁽²³⁾	The study highlighted weaknesses in prenatal care for pregnant women deprived of their liberty, such as late start of follow-up, insufficient number of consultations, and difficulties in accessing tests. The central role of nurses in reception, follow-up, and health education was highlighted, despite the structural and organizational limitations of the prison system.

<p>Silva et al 2023⁽²⁴⁾</p>	<p>Although nurses play a fundamental role in prenatal care, their work is limited by structural weaknesses, lack of resources, and the need for more humanized practices that are aligned with the rights of women deprived of their liberty.</p>
<p>Lima et al 2022⁽²⁵⁾</p>	<p>The review showed that obstetric nursing plays an important role in prenatal care in prison settings, providing pregnancy monitoring, health promotion, and early identification of maternal and fetal risks. However, their work is limited by structural and organizational weaknesses in the system.</p>
<p>Santos et al 2021⁽²⁶⁾</p>	<p>Nursing is fundamental in the care of pregnant women deprived of their liberty and their babies; however, care is limited by inadequate structural conditions, scarcity of resources, and rights violations, compromising the quality of care throughout pregnancy, childbirth, and child development.</p>
<p>Silva et al 2021⁽²⁷⁾</p>	<p>Nursing care for women deprived of liberty is hampered by precarious conditions in the prison system, such as overcrowding, unsanitary conditions, and limited access to health services. These limitations increase health risks and compromise the quality of care, highlighting the need for structural improvements and attention to the particularities of women's health in prison.</p>
<p>Sousa et al 2021⁽²⁸⁾</p>	<p>Nurses play a central role in health promotion, disease prevention, prenatal care, and health education, highlighting the need for a humanized approach to reduce the vulnerabilities of this population.</p>
<p>Silva et al 2020⁽²⁹⁾</p>	<p>Although nurses play a key role in reception, health education, and prenatal care, their work is often restricted by prison system security regulations, excessive workloads, and the absence of specific protocols.</p>
<p>Oliveira et al 2023⁽³⁰⁾</p>	<p>Nursing care faces barriers that compromise the provision of humane and comprehensive prenatal care in prisons, even in light of the important work performed by these professionals in a context marked by a scarcity of material and human resources, constituting a public health problem in Brazil.</p>

Source: the Authors (2026).

DISCUSSION

The synthesized findings show that nurses play a central role in caring for pregnant women and new mothers deprived of their liberty, providing support, qualified listening, prenatal care, health education, and coordination with the health care network. Convergently, the studies point out that this role is often limited by structural and organizational weaknesses in the prison system, such as a shortage of human and material resources, the absence of specific protocols, and difficulties in implementing public policies, compromising the comprehensiveness of care and increasing maternal and child vulnerabilities.

The discussion was structured around three thematic areas: **prenatal care, postpartum care, and challenges for care**

a) Prenatal Care:

Prenatal care is a multidisciplinary care strategy consisting of integrated actions aimed at pregnant women and their unborn children, with the goal of identifying, preventing, and

treating conditions that could compromise pregnancy and maternal and child health throughout pregnancy and the postpartum period⁽³⁰⁾. Routine prenatal care is defined as regular, standardized monitoring that enables early detection of complications and promotes the health and well-being of the mother-baby dyad during pregnancy⁽³¹⁾. In the prison system, prenatal care is marked by technical practices, scarcity of resources, dehumanization of care, and barriers to access to services, compromising maternal and child health and widening social inequalities⁽³²⁾.

Prenatal consultations are mostly carried out by nurses, who perform essential tasks in monitoring pregnant women and their babies. These tasks include updating vaccination records, checking anthropometric data, performing obstetric physical examinations, prescribing medications according to current protocols, requesting additional tests, referring patients to referral maternity hospitals, and monitoring pregnant women who present risk conditions^(26,28,29).

The studies analyzed show that prenatal care for incarcerated preg-

nant women is an essential component of nursing care, with the potential to reduce obstetric risks and promote better maternal and child outcomes. However, prison prenatal care faces substantial challenges related to late access to care, a shortage of qualified human resources, a lack of specific protocols, and difficulty integrating with the healthcare network outside the prison environment^(19,30).

These findings converge with the international literature, which points out that structural and organizational barriers limit the effectiveness of maternal care in prisons, even in contexts with more developed health systems^{(3) (33)}. In addition, the gap in the provision of health education activities and continuous monitoring of clinical conditions during pregnancy intensifies the vulnerabilities of this population⁽³⁰⁾.

According to national guidelines, all women should be welcomed and receive prenatal care from the moment their pregnancy is confirmed, with laboratory tests, vaccination updates, health guidance, and at least six prenatal consultations and two postpartum consultations, preferably

distributed throughout the three trimesters of pregnancy⁽³⁴⁾. In line with these guidelines, nurses can work directly with incarcerated pregnant women, other health team members, and prison officers to promote safe, quality care.

In this scenario, nurses play an important role in prenatal monitoring and ongoing care. These professionals have strategic potential for promoting maternal health and defending rights in the prison context^(29,35). The role of nursing goes beyond clinical care, encompassing skilled listening, welcoming, health education, and mediating access to tests and treatments, characteristics that reflect an approach focused on the real needs of the prison population and the promotion of health as a whole⁽³⁶⁾.

The monitoring of pregnant women in the prison system is an urgent necessity, with a view to ensuring maternal and fetal health and well-being. In this context, nursing professionals play a fundamental role, acting as care providers, health promoters, and mediators of actions aimed at providing comprehensive care to women deprived of their liberty^(18,37). It should be noted that prenatal nursing consultations in prisons are a fundamental practice of humanized care, enabling the reception, qualified listening, and establishment of a bond with the pregnant woman, even in the face of the structural limitations of the prison system⁽³⁸⁾.

b) Care for Postpartum Women:

In the prison environment, nurses often play a central role in caring for pregnant women, being responsible not only for prenatal care, but also for organizing care and coordinating with other health services after birth⁽³⁸⁾. Nurses in prison units strive to provide adequate care, including access to medical consultations, laboratory tests, medications, and referrals⁽³⁹⁾.

This provides a better quality of life for this population⁽⁴⁰⁾.

Thus, the qualification of nursing practice in the prison context is fundamental for reducing health inequalities, ensuring continuity of care, and enforcing the reproductive rights of pregnant women deprived of their liberty, even in the face of institutional limitations imposed by the prison system^(25,29). In this sense, preparing these professionals for a reality that is still little explored in healthcare practice is essential, since early detection, qualified care, adequate guidance, as well as preventive and health promotion actions aimed at these women, are essential to minimize health problems throughout their lives⁽³⁹⁾.

In order to provide dignified care, pregnant women must be monitored comprehensively and regularly. The absence of care and health professionals weakens the bond of security established in care and can aggravate situations that compromise the health and, in more serious cases, the life of the mother and child⁽⁴¹⁾. Furthermore, most health services in prison units are inadequate, lacking a complete multidisciplinary team. In practice, care is often restricted to the work of nurses and nursing technicians, who are responsible for the daily care of these women⁽³⁹⁾.

Nurses are the primary professionals providing care, but they are often overburdened due to long working hours and a shortage of basic resources. In this context, the provision of humane and universal care to pregnant women deprived of their liberty ends up being compromised due to the obstacles faced in providing quality care^(20,21,42).

Health care during the postpartum period is necessary and timely, since care extends to both the postpartum woman and the child. Both should receive holistic and humanized care, integrating actions to promote health,

prevent diseases, provide early diagnosis, and recover from possible health complications^(27,38).

c) Challenges for Care:

Health care for women deprived of their liberty is marked by structural weaknesses, resource limitations, and a lack of coordination between management and services, aspects that directly impact the organization of care and pose additional challenges to nursing in the prison context⁽⁴³⁾. These health and social vulnerabilities can be exacerbated by the prison environment, particularly by limited access to both general and specialized health services⁽⁴⁴⁾.

The postpartum period for incarcerated women is marked by significant challenges, primarily the forced separation from their newborns, leading to trauma, disruption of bonding, and increased risk of postpartum depression (PPD) and mental health problems, compounded by inconsistent medical care, limited breastfeeding support and stressors such as handcuffs or inadequate support⁽⁴⁵⁾.

Most incarcerated women are separated from their babies after postpartum hospital discharge, which creates barriers to breastfeeding. In prisons that do not have nursery programs, babies are usually separated from their mothers and placed in the care of a person chosen by the mother when she leaves the hospital, usually 48 to 72 hours after delivery. These women may have the opportunity to start breastfeeding, but not to continue it or provide breast milk to their babies when they return to prison⁽⁴⁶⁾.

In most Brazilian prisons, the law provides that incarcerated mothers may remain with their babies for at least the first six months of life, a period considered essential for exclusive breastfeeding and for strengthening the mother-child bond⁽⁴⁷⁾. However, despite this legal provision, the child's

stay with the mother is often interrupted at the end of this period—or even earlier—which hinders the continuity of breastfeeding and weakens postnatal care⁽⁴⁸⁾. Although there is a growing trend toward implementing programs aimed at supporting incarcerated women during pregnancy, these initiatives tend to weaken in the postpartum period, since most pregnant women are separated from their newborns a few hours or days after giving birth, due to the scarcity of prison units that have nurseries⁽³⁹⁾.

A key recommendation is to support mother-child contact by allowing women to remain in the community, providing nurseries in prisons with adequate developmental support, allocating them to a prison unit close to their family, and providing family visiting areas that allow women to hold and breastfeed their babies.

A robust body of evidence demonstrates that prison nurseries, programs created for mothers to keep their babies in their care during detention or incarceration, provide essential and beneficial care that would not be possible within the current prison infrastructure. These benefits include facilitating breastfeeding, strengthening the emotional bond during a critical period of child development, and reducing recidivism rates among participants.

The Criminal Enforcement Law (Law No. 7,210/1984) guarantees women deprived of their liberty the right to quality of life, adequate infrastructure, and special care during pregnancy and childbirth⁽⁵¹⁾. The legislation also guarantees minimum structural conditions, such as the provision of exclusive dormitories for pregnant women and women in labor, as well as nurseries to assist mothers in caring for newborns up to six months of age⁽⁵²⁾. However, in practice, many prisons fail to provide these conditions, exacerbating the vulnerability

of incarcerated women⁽⁵³⁾.

Pregnant women in prison face significant barriers to accessing timely and adequate perinatal care, which can contribute to worse maternal and neonatal health outcomes compared to the general population⁽⁵⁴⁾. These women constitute a high-risk population with complex and often unmet healthcare needs⁽⁵⁵⁾.

Unsanitary prison conditions promote infections, malnutrition, and psychiatric disorders, while the lack of social and emotional support further aggravates the mental health of pregnant women⁽¹⁸⁾. In this perspective, additional efforts are needed to ensure that women deprived of their liberty receive adequate ethical, medical, and legal care, in line with the principles of human dignity and the right to health⁽⁵⁶⁾.

In addition, nursing staff face daily insecurity, overcrowded cells, a lack of consultation rooms, a shortage of supplies, unsanitary conditions, inadequate infrastructure, and a shortage of qualified professionals, which highlights and amplifies the magnitude of the problem⁽³⁸⁾.

FINAL CONSIDERATIONS

This study addressed a relevant, current, and socially sensitive topic by analyzing the nursing care provided to pregnant women and new mothers deprived of their liberty, a historically vulnerable population. It is evident that nursing is a fundamental component in ensuring comprehensive, humanized care and promoting the health of these women in the prison context.

As a limitation of the study, it should be noted that all articles included were retrieved exclusively from Google Scholar and consist of literature reviews, which may compromise the reproducibility of the search, restrict the level of evidence of the

findings, and highlight the scarcity of primary studies on nursing care for pregnant women deprived of liberty.

The absence of primary studies among the articles included can be attributed to the ethical, legal, and operational difficulties inherent in conducting research with pregnant women and postpartum women deprived of liberty, a population considered highly vulnerable. Restrictions on access to prison units, instability of the population studied, structural limitations, and risks of bias in data collection are important obstacles to the production of empirical evidence in this scenario, which contributes to the predominance of review studies in the literature. Despite the limitations, this fact does not invalidate the results.

Finally, the study highlighted the central role of nurses in caring for pregnant women and new mothers deprived of their liberty, especially in reception, prenatal care, and health education, while also highlighting structural and organizational weaknesses in the prison system that limit the comprehensiveness and humanization of care. In addition, it revealed the scarcity of primary studies on nursing practice in this context, pointing to gaps in scientific production and a mismatch between current legal frameworks and care practice.

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