

## Promotion, protection and support for breastfeeding in prisons: a scoping review

Márcia Vieira dos Santos (<http://orcid.org/0000-0002-1488-7314>)<sup>1</sup>  
Valdecyr Herdy Alves (<http://orcid.org/0000-0001-8671-5063>)<sup>1</sup>  
Diego Pereira Rodrigues (<http://orcid.org/0000-0001-8383-7663>)<sup>2</sup>  
Marli Rodrigues Tavares (<https://orcid.org/0000-0002-6671-2452>)<sup>1</sup>  
Juliana Vidal Vieira Guerra (<http://orcid.org/0000-0002-4509-1343>)<sup>1</sup>  
Tatiana do Socorro dos Santos Calandrini (<http://orcid.org/0000-0003-2807-2682>)<sup>3</sup>  
Giovanna Rosario Soanno Marchiori (<https://orcid.org/0000-0002-0498-5172>)<sup>1</sup>  
Paolla Amorim Malheiros Dulfe (<https://orcid.org/0000-0003-1653-4640>)<sup>1</sup>

**Abstract** *This article aims to identify and map the actions to promote, protect and support breastfeeding that are carried out within the prison system. Scope review, whose searches were performed in the Latin American and Caribbean Health Sciences Literature and Nursing databases, Virtual Health Library, Medical Literature, Analysis, and Retrieval System Online, via PubMed, Scientific Electronic Library Online and the Capes Periodicals Portal. A total of 465 studies were obtained, 177 duplicates and 175 by title exclusion were removed, 56 articles were eliminated by abstract, and eight articles were not found. After selection and reading by the review team, 16 articles were removed, thus constituting ten articles with relevant results for breastfeeding promotion in prison, 13 articles with important results for breastfeeding protection in prison, and ten articles with potential findings for breastfeeding support in prison. It is necessary to promote breastfeeding in prison with promotion, protection and support actions, because many children are still prevented from being breastfed soon after birth, which characterizes inequality in relation to the population in freedom.*

**Key words** *Prisons, Breastfeeding, Health promotion, Right to health, Comprehensive health care*

<sup>1</sup> Escola de Enfermagem Aurora Afonso Costa, Universidade Federal Fluminense. R. Dr. Celestino 74, Centro. 24020-091 Niterói RJ Brasil. enfa.marcia52@gmail.com

<sup>2</sup> Centro de Ciências de Saúde, Universidade Federal do Pará. Belém PA Brasil.

<sup>3</sup> Escola de Enfermagem, Universidade Federal do Amapá. Macapá AP Brasil.

## Introduction

In Brazil, the female population deprived of liberty increased 525% from 2000 to 2016, reaching an imprisonment rate of 55.4 for every group of 100,000 women over the age of 18<sup>1</sup>. According to the study by Leal *et al.*, 90% of pregnant women deprived of their liberty in Brazil are already pregnant<sup>2</sup>.

As a result of the relevance of the subject, in 2010 the United Nations Assembly approved the Bangkok Rule for the treatment of women prisoners and non-custodial measures for women offenders recommending maternity care within prisons, affirming that these women have specific needs and that human rights must be guaranteed for them and their children<sup>3</sup>.

In Brazil, the National Policy for the Promotion, Protection, and Support of Breastfeeding is based on the principles of the Unified Health System (UHS), which comprises equity, integrality, and universality. Thus, the people who benefit from this policy cannot suffer discrimination for social, economic, geographical, religious option, or sexual orientation reasons<sup>4</sup>.

Despite the encouragement, the rate of Breastfeeding (BF) has been decreasing worldwide, and for countries to raise the rate, joint actions will be necessary to encourage breastfeeding and discourage infant formulas<sup>5</sup>, especially strategies for vulnerable groups, such as women deprived of their liberty, who need greater support to ensure breastfeeding in prison.

Therefore, the National Breastfeeding Policy encourages actions for promotion (educational campaigns, health education, in-service training, with continuing education); protection (institutional resources and laws that protect BF, such as tax incentives for companies for BF rooms, maternity and paternity leave; Brazilian Marketing Standards for Foods for Infants and Young Children, Nipples, Pacifiers and Feeding Bottles) and support (direct assistance to women, with consultation and support groups<sup>4</sup>).

Thus, to protect women, pregnant and lactating women in Brazilian prisons, the National Policy for the Care of Women in Prison and Ex-prisoners (NPCWPE)<sup>6</sup>. However, women deprived of liberty, during pregnancy, childbirth, postpartum and puerperium; receive inferior and unequal care compared to women who are free<sup>7</sup>, requiring respect for human rights, especially in the restriction of BF in the prison space, with no reception and specialized space in many Brazilian prisons. Furthermore, the separation

between mother and child is cited as barriers to the encouragement and maintenance of breastfeeding, contributing to early weaning and the decrease in the breastfeeding rate.

From this perspective, in order to understand breastfeeding within the penal system, there is a need to, scientifically deepen how breastfeeding occurs within this environment. Therefore, this article presents a theme of relevance to the phenomenon of breastfeeding in prisons.

## Objective

To identify and map the actions to promote, protect and support breastfeeding carried out in the prison environment.

## Method

### Type of study

The scoping review methodology was used, according to the JBI manual, which proposes to map concepts, clarify research areas, identify knowledge gaps and explore the breadth of the literature<sup>8</sup>.

### Formulation of the research question

The review question was based on the use of the mnemonic PCC, being P for participants: puerperae and pregnant women; C for concepts: actions to promote, protect, and support breastfeeding; and C for context: prison system. Thus, the question was: what actions to promote, protect, and support breastfeeding are carried out in prisons?

### Data source

The searches were conducted in October 2020 in the Latin American and Caribbean Literature on Health Sciences, Nursing Database, São Paulo State Health Secretariat Database, among others of the Virtual Health Library Regional Portal, and the Virtual Health Library Breastfeeding. As well as in the Medical Literature, Analysis, and Retrieval System Online, via PubMed, in the Scientific Electronic Library Online, in the Cape Periodical Portal, SCOPUS, and WOS. There was no time limit to extend the results.

In the Capes Periodicals Portal, we used the following databases: Web of Science (Clarivate Analytics), Scopus, Embase and Cumulative In-

dex to Nursing and Allied Health Literature - Cinahl, Academic Search Premier; SocINDEX with Full Text, Applied Social Sciences Index & Abstracts, Education Resources Information Center; National Criminal Justice Reference Service Abstracts Database; Sociological Abstracts and American Psychological Association. We added a search of the Brazilian Digital Library of Theses and Dissertations of the Brazilian Institute of Information in Science and Technology, in the Google and Google Academic search tools.

### Data selection

The terms were organized for the search strategies with quotation marks to establish the exact expression of the compound term and word order. And the Boolean operators OR for grouping of synonyms and AND for intersection of terms. The terms identified in the controlled vocabularies were: “Breastfeeding” OR “*Lactancia Materna*” OR Breastfeeding OR “Breastfeeding” OR “*Alimentación al Pecho*” OR *Amamantamiento*, “Breast Feeding” OR “Feeding, Breast” OR Breastfeeding, Prisons OR Prison OR “Penal Centers” OR “Social Rehabilitation Centers” OR *Carcere\** OR “Penal Institution” OR “Penal Institutions” OR Penitentiary OR Prison\* OR Prison OR Reformatory\* OR Prison OR “*resocialization center*” OR “penal center” OR “recovery center” OR “re-education center” OR “social reintegration center” OR reformatory OR “penal establishment” OR “penal colony” OR “agricultural colony” OR “penal complex” OR “public jail” OR “penal institute” OR “detention center” OR Prisoners OR prisoners OR Detention\* OR Incarcerated\* OR “Person Deprived of Liberty” OR “Persons Deprived of Liberty” OR “People Deprived of Liberty” OR “Incarcerated\* OR “Detained population” OR “Persona Privada de Libertad” OR “*Personas Encarceladas* OR “People Deprived of Liberty” OR “Population Deprived of Liberty” OR Prisoner\* OR *Cautivo\** OR *Detenido\** OR Detenidos OR “*Persona Privada de Libertad*” OR “*Personas Encarceladas*” OR “*Personas Privadas de Libertad*” OR Prisoner\* OR *Rehenes* OR *Prisiones* OR “*Centros Penales*” OR “*Centros de Readaptación Social*” OR *Carcele\** OR “*Instituciones Penales*”.

The selection was started by first reading the titles, followed by the abstracts, and, after the selection, the full text was read. Inclusion criteria were established: types of studies: review and original articles, letter to the editor, case study, and experience reports that contemplated the theme breastfeeding in the prison system, available in full text. Exclusion criteria: articles available only in abstract, as well as studies that did not contain legible information about the method, phenomenon of interest, context, sample size, and results that were not aligned with the objective of this review<sup>8</sup>.

The studies that were not available were requested from the librarian in charge of the Clementine University Hospital of the Federal University of Rio de Janeiro (HUCFF/UFRJ).

### Data analysis and organization

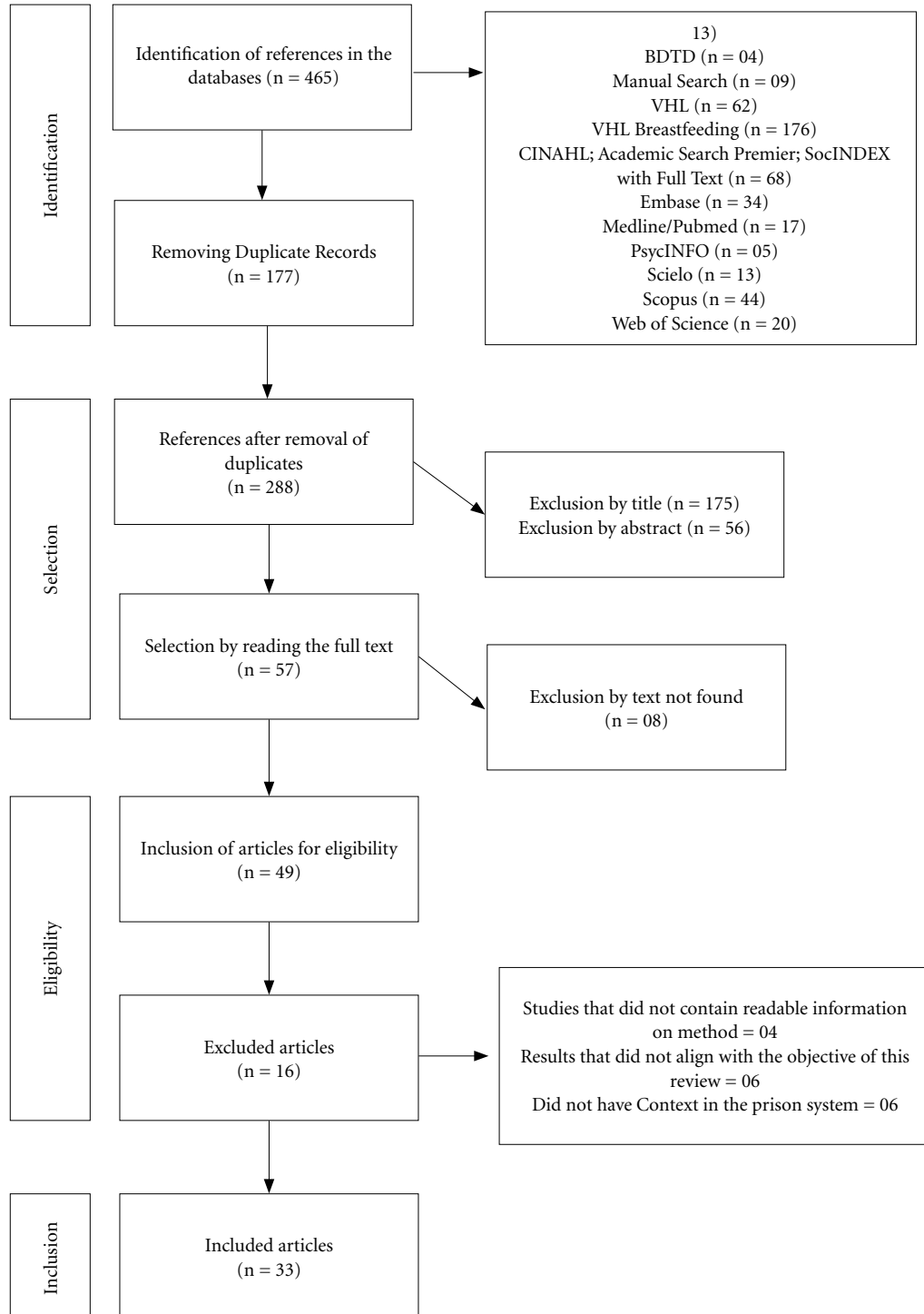
The selected studies were observed regarding identification, authorship, year of publication, country, method, and BF actions. The Rayyan QCRI 0.0.1 software was used to organize the articles.

### Results

The results of the process of database searches, inclusions and exclusions can be seen in the PRISMA Flowchart (Figure 1).

The 33 selected articles were critically analyzed in relation to actions to promote, protect and support breastfeeding, resulting in the synthesis of findings, which were summarized and categorized according to identification, authorship, year of publication, country, method and breastfeeding actions, according to the results (charts 1, 2, 3, 4). The articles were identified (ID) as A1, A2, A3, ... A33, in increasing order, according to the year, and inserted into categories, according to the relevance of the theme of discussion of results.

Ten articles were identified, with relevant results for breastfeeding promotion in prison, 13 articles for breastfeeding protection in prison, and ten for breastfeeding support in prison, which supported the discussion based on the categories presented below.



**Figure 1.** Study selection steps, PRISMA, scoping review8, Rio de Janeiro, Brazil, 2021.

Source: Authors.

**Chart 1.** Description of included studies.

<b>Id</b>	<b>Authors</b>	<b>Years</b>	<b>Countries</b>	<b>Methods</b>	<b>BF Actions</b>
A1	Beech BAL <sup>9</sup>	1996	England	Report of the experience of monitoring a birth, of a prisoner, in England	
A2	Rios SR, Silva AL <sup>10</sup>	2010	BF Support	Qualitative research of exploratory-analytical type. The study took place at the Centro de Atendimento Hospitalar à Mulher Presa, in the city of São Paulo, Brazil. Twenty exclusive breastfeeding mothers and three health professionals were interviewed	Apoio ao AM
A3	Marshall D <sup>11</sup>	2010	Brazil	Experience reports of mothers who received support from the Holloway Doula Group	BF Support
A4	Monteiro EMLM <i>et al.</i> <sup>12</sup>	2011	England	This is a qualitative and descriptive study that used convenience sampling. A questionnaire was applied to 13 pregnant and nursing women in a women's penal colony in the city of Recife-PE, Brazil	BF Support
A5	Huang K, Atlas R, Parvez F <sup>13</sup>	2012	Brazil	Qualitative study, based on grounded theory in data. Semi-structured interviews were conducted with 20 pregnant women in a New York City penitentiary	BF Promotion
A6	Ribeiro SG <i>et al.</i> <sup>14</sup>	2013	USA	Exploratory-descriptive study, with qualitative approach, carried out at the Female Penal Institute of the State of Ceará, Brazil	BF Promotion
A7	Allen D, Baker B <sup>15</sup>	2013	Brazil	Case study on postpartum breastfeeding support for a lactating woman in prison	BF Promotion
A8	Dalmácio LM, Cruz EJS, Cavalcante LIC <sup>16</sup>	2014	USA	Study of qualitative approach, based on the dialectic. Thirteen pregnant and postpartum women were interviewed in a penitentiary in the State of Pará-PA, Brazil	BF Support
A9	Ventura M, Simas L, Lauróze B <sup>17</sup>	2015	Brazil	Qualitative study that combined the technique of bibliographic and documentary research in SciELO and VHL databases and government sources. Thirty-three norms were identified, including Laws, Ordinances and other	BF Promotion

Source: Authors.

**Chart 2.** Description of included studies.

<b>Id</b>	<b>Authors</b>	<b>Years</b>	<b>Countries</b>	<b>Methods</b>	<b>BF Actions</b>
A10	Simas L <i>et al.</i> <sup>18</sup>	2015	Brazil	Retrospective cross-sectional study of decisions of the Judiciary concerning the rights of female prisoners and of children born in the prison system. It was conducted in the databases of the STF, the STJ and the Courts of Justice of Rio Grande do Sul, Paraná, São Paulo and Mato Grosso, from 2002 to 2012	BF Protection
A11	Dumont DM <i>et al.</i> <sup>19</sup>	2015	USA	Study analyzed 2006-2010 data from the Pregnancy Risk Assessment and Monitoring System to assess the association between incarceration in the year before birth and maternal infant and perinatal difficulties and behaviors	BF Promotion
A12	Mariano GJS, Silva IA, Andrews T <sup>20</sup>	2015	Ireland	Exploratory-descriptive study, carried out in the Dóchas Centre women's penitentiary (Ireland), with six professionals interviewed	BF Promotion

it continues

**Chart 2.** Description of included studies.

<b>Id</b>	<b>Authors</b>	<b>Years</b>	<b>Countries</b>	<b>Methods</b>	<b>BF Actions</b>
A13	Mariano GJS <sup>21</sup>	2016	Brazil	Symbolic interactionism and data-driven theory, interview with 85 women from ten prisons in São Paulo, Brazil	BF Protection
A14	Abbott L <sup>22</sup>	2016	England	Qualitative research that studied the experience of being pregnant in prison. This paper looked at the experience of breastfeeding in prisons in England and Wales	BF Support
A15	Abbott L, Scott T <sup>23</sup>	2017	England	Qualitative study, through the application of audio-recorded interviews that sought to learn about the experiences of 28 pregnant and postpartum women in prison in England	BF Support
A16	Fochi MCS <i>et al.</i> <sup>24</sup>	2017	Brazil	Qualitative and descriptive study in a women's prison in São Paulo-SP, Brazil, with 14 pregnant women, using the technique of content analysis based on psycho-emotional approaches	BF Protection
A17	Paynter MJ, Snelgrove-Clarke E <sup>25</sup>	2017	Canada	Report of experiences lived by the volunteers of the Women's Wellness Within	BF Promotion
A18	Silva DKLR <i>et al.</i> <sup>26</sup>	2018	Brazil	Bibliographic research, descriptive and of qualitative nature	BF Promotion
A19	Cavalcanti AL <i>et al.</i> <sup>27</sup>	2018	Brazil	Cross-sectional study, developed in four prisons in Paraíba, Brazil. The non-probability sample was composed of inmates who were breastfeeding	BF Promotion
A20	Santos RMA <i>et al.</i> <sup>28</sup>	2018	Brazil	This is a descriptive, exploratory study developed at the Women's Penal Colony of Recife-PE, Brazil. The sample consisted of 18 women who were breastfeeding. For data collection, we used a structured instrument	BF Promotion

Source: Authors.

**Chart 3.** Description of included studies.

<b>Id</b>	<b>Authors</b>	<b>Years</b>	<b>Countries</b>	<b>Methods</b>	<b>BF Actions</b>
A21	Mariano GJS, Silva IA <sup>29</sup>	2018	Brazil	Qualitative research, developed through the principles of comparative data analysis, adopting open and axial coding, and of Symbolic Interactionism as a theoretical reference. Data collection was made through in-depth interviews with 27 nursing mothers and three pregnant women in six penitentiaries in São Paulo-SP, Brazil	BF Protection
A22	Guimarães MLG <i>et al.</i> <sup>30</sup>	2018	Brazil	Qualitative study, developed in a women's prison unit in Recife-PE, Brazil. Semi-structured interviews were conducted with 14 incarcerated nursing mothers	BF Protection

it continues

**Chart 3.** Description of included studies.

<b>Id</b>	<b>Authors</b>	<b>Years</b>	<b>Countries</b>	<b>Methods</b>	<b>BF Actions</b>
A23	Leal GAS <sup>31</sup>	2018	Brazil	This is a descriptive cross-sectional study, with quantitative and qualitative analysis. The study involved four women, aged between 20 and 42 years, who entered the Unidade Materno-infantil (UMI) during pregnancy, using a questionnaire for data collection	BF Protection
A24	Paynter MJ <sup>32</sup>	2018	Canada	A descriptive study of the rights of federal and provincial penitentiaries in Canada	BF Protection
A25	Arinde EL, Mendonça MH <sup>33</sup>	2018	Mozambique	This is a descriptive and cross-sectional study, with a qualitative approach, conducted in the Epem of Ndlavela, located in the municipality of Matola, Maputo province, Mozambique. Two pregnant women and five mothers cohabiting with children participated, by means of interviews	BF Protection
A26	Andrade ABCA, Gonçalves MJF <sup>34</sup>	2018	Brazil	Integrative review of articles published between 2007 and 2017 in Medline, Web of Science, LILACS and SciELO virtual library databases	BF Support
A27	Shlafer RJ <i>et al.</i> <sup>35</sup>	2018	USA	A mixed study in which data were collected from both incarcerated women and their doulas as part of a project to evaluate prison pregnancy and parenting programs in a single Midwestern state in a women's prison, using questionnaires and interviews	BF Support

Source: Authors.

**Chart 4.** Description of included studies.

<b>Id</b>	<b>Authors</b>	<b>Years</b>	<b>Countries</b>	<b>Methods</b>	<b>BF Actions</b>
A28	Paynter MJ, Snelgrove-Clarke E <sup>36</sup>	2019	Canada	Study with women in the Canadian prison system, with regard to the adoption of the Ten Steps of the Baby Friendly Hospital Initiative	BF Protection
A29	Paynter MJ <i>et al.</i> <sup>37</sup>	2019	Canada	Scoping review study, whose main databases were searched for published English and French articles. Two authors independently for full-text review. Study quality was assessed by the McGill Mixed Methods Appraisal Tool	BF Promotion
A30	Santos MV <i>et al.</i> <sup>38</sup>	2020	Brazil	Integrative review of scientific literature, whose search occurred in the following databases: Periódicos Capes, Literatura Latino-Americana e do Caribe em Ciências da Saúde, Medical Literature Analysis and Retrieval, Scientific Electronic Library Online, Nursing Databases, SciVerse Scopus. Thirty-nine articles were selected, and after careful analysis, nine articles were obtained	BF Protection

it continues

**Chart 4.** Description of included studies.

<b>Id</b>	<b>Authors</b>	<b>Years</b>	<b>Countries</b>	<b>Methods</b>	<b>BF Actions</b>
A31	Gadama L <i>et al.</i> <sup>39</sup>	2020	Malawi	Exploratory, qualitative study using in-depth key informant interviews with prison stakeholders (commissioner of prison estates, senior prison management team, senior health staff and senior responsible officers) (n = 5) and focus group discussions (FGDs) with women in prison, aged 18-45 years (n = 23) and two FGDs with correctional staff (n = 21), conducted in two prisons in Malawi, Chichiri and Zomba	BF Protection
A32	Nogueira A <i>et al.</i> <sup>40</sup>	2020	Brazil	This is a descriptive, exploratory, qualitative study, carried out with eight lactating women prisoners in the Bom Pastor Female Penal Colony, in the city of Recife-PE, Brazil. Semi-structured and guided interviews were conducted with the women participants	BF Support
A33	Friedman SH, Kaempf A, Kauffman S <sup>41</sup>	2020	USA	A descriptive study of pregnancy and motherhood during incarceration in US prisons	BF Support

Source: Authors.

#### **Actions to promote breastfeeding at the national and international level, in the prison space**

In order for breastfeeding to be successful, actions to promote breastfeeding are essential; not only for the benefit of the child, but also as a woman's right (A19)<sup>27</sup>. However, the lack of actions to promote breastfeeding can lead to early weaning in the prison environment<sup>26</sup>. Therefore, it is important that health professionals develop activities that promote and support breastfeeding in prison (A4, A5, A6, A11, A12, A17, A18, A19, A20, A29)<sup>12,14,19,20,26-29,37</sup>, in order to provide conditions for lactating women deprived of their freedom to feel more secure when breastfeeding their children (A17)<sup>25</sup>.

The lack of knowledge about breastfeeding is recurrent in the studies (A4, A19), and the promotion of health education is urgent. Therefore, a trained multidisciplinary team is essential for the development of activities to promote breastfeeding (A4, A5, A11, A19, A20)<sup>12,13,19,27,28</sup>, for the valorization of citizenship and respect for integrality<sup>12</sup>, because the practice of breastfeeding, still, is not in fact perpetuated in the prison space, due to insufficient information and en-

couragement for the practice (A18), increasing the vulnerability of women and children<sup>26</sup>. Thus, a professional as a health educator in the prison environment contributes with information that will motivate changes in habits about breastfeeding, influencing decisions that will impact the health of the woman and child<sup>28</sup>.

However, a study conducted in Ireland in 2016 corroborates authors<sup>12,27,28</sup>, which describes that, although there is a policy for the female prison population, the actions to promote breastfeeding do not exist and women deprived of freedom do not breastfeed in prison, because the health professionals' practices are focused on treatment and not on promotion. Thus, the activities to encourage breastfeeding and the benefits for the health of women and children do not occur<sup>20</sup>. There is a need for breastfeeding in the prison space, described in study A17, developed in 2018 in Canada, in which with the increase in the female prison population, the promotion of breastfeeding in prison becomes a positive activity and ensures benefits within the prison space<sup>25</sup>.

Another study conducted in the US (A29) in 2018 noted a large increase in people incarcerated in that country<sup>37</sup>, agreeing with the results of another survey (A17)<sup>25</sup>. With this, there is an increase in the population of pregnant and lac-



tating women. However, the study points out that there is little research on breastfeeding in prison that reports the importance of promoting breastfeeding in the prison setting<sup>37</sup>, and the few studies found only reported on the benefits of breastfeeding for the child within the prison system<sup>12,14,19,20,37</sup>.

In another article (A6), developed in 2013, in a penitentiary in Ceará/BR, it was observed that most women deprived of liberty had previously breastfed, a positive factor for women, for having already experienced the practice of breastfeeding, however, inside the prison, these women were weakened, requiring health actions on breastfeeding developed by health professionals<sup>14</sup>. However, experience developed in the USA in 2011 (A11) shows that imprisonment is an important factor for public health, as it is a social determinant that interferes with the health of children under one year of age. Participants demonstrated very low rates at any time during breastfeeding. Therefore, the study suggested that health care providers need to support them to improve breastfeeding practice<sup>19</sup>.

In another study developed in a penal institution in New York/USA (A5) in 2013, it was observed that there are no educational works on breastfeeding or specific policies for this population, and that, during the prison period, the mother-baby bond is affected, as well as mental health and breastfeeding, which directly interferes with the health of the woman and the child. The authors pointed out that only nine prisons in the US allow mothers to breastfeed their babies. Therefore, most babies are separated from their mothers at birth, not being an option for the woman, with an absence of policies to support and encourage breastfeeding in the prison environment<sup>13</sup>.

#### **National and international breastfeeding protection actions in the prison space**

There are numerous obstacles for the protection of breastfeeding within the Brazilian prison space (A8, A9, A10, A13, A16, A21, A22, A23, A30). However, Brazil sets an example for protection, through legislations that protect breastfeeding in prison. Since 1984, with the Penal Execution Law; 1988, with the Brazilian Constitution; in 1990, with the Child and Adolescent Statute, means to guarantee breastfeeding are sought (A8)<sup>16</sup>.

Considerable progress occurred in 2011, when the right to house arrest for women who

are pregnant, have disabled children and/or minors began<sup>16</sup>. And, with the creation in 2014 of the National Policy for the Care of Women in Detention and Prison Egresses, the expansion of the protection of women in breastfeeding in prison was promoted (A9)<sup>17</sup>. But, despite the various Brazilian norms, there are still fragilities in relation to guaranteeing the rights of these women and their children<sup>17</sup>.

As the violation of women's rights, in which there is ignorance on their part, even with the legal protection, as described in the study developed in a Mother and Child Unit of a penal institution in Pará/BR (A23)<sup>31</sup>. The relevance of the rules of the penal system is to protect breastfeeding in prison, however, these rules generate several stresses for women, because they are imposed and are considered barriers to successful breastfeeding (A22)<sup>30</sup>.

In order to protect breastfeeding in prison, an integrative literature review (A30) mentions that the Brazilian criminal justice system has well-defined laws and public policies, but they need to be responsive to the real needs of women and their children<sup>38</sup>. As observed in the study conducted in the databases of the STF, STJ and the Courts of Justice of Rio Grande do Sul, Paraná, São Paulo and Mato Grosso (A10), in 2015, referring to the databases of the Brazilian higher courts, the right to maternity was an invisible theme, forgetting that women deprived of liberty have rights as citizens<sup>18</sup>. These difficulties can be observed in the study conducted in Pará-Brazil (A23), in 2018, which describes impeditive situations for the practice of BF, with the absence of protection for women<sup>31</sup>.

This situation of obstacles could not happen, since the State has the duty to ensure respect for breastfeeding and protection in the prison system. A study conducted in the state of São Paulo (A21), in 2018, observed that women, when breastfeeding, had a feeling of protection towards their children, and breastfeeding was an act that aroused good emotions, consequently, women felt more valued when they were respected<sup>31</sup>.

Therefore, the Brazilian penal system, according to a study carried out in prison institutions in São Paulo/BR (A13), must protect and provide subsidies for the bond to remain not only with the mother and child, but also to be extended to family members and the community, understanding that breastfeeding can be a new perspective of change<sup>21</sup>. It should be added that protection should be provided by the prison system, not only with laws, but with a differentiated pris-

on environment, since the study (A16) highlights that prison is a stressful and often unhealthy environment, in which many women need to adapt to the rules of the penal institution in order to be able to stay with their children<sup>24</sup>.

In other legislation, such as in Canada, the study conducted in federal prisons (A24) in 2018 reported that while there are laws that guarantee some rights to prisoners, there is no legislation that addresses breastfeeding<sup>32</sup>. The authors confirm this information, in that in the Province of Manitoba, since 1998, there is a guarantee of the child living with the person deprived of liberty, but there is no evidence of a child in prison in the province of Manitoba<sup>32</sup>.

In Canada, there were nearly 5,000 incarcerated women and 5% of women in prison were pregnant. This population increased 66% from 2005 to 2014, even with this increase, few studies have been conducted to examine the impact of breastfeeding within the prison and penal institution. Punitive power supersedes health needs, as described by the authors of A28<sup>36</sup>. Thus, it is emphasized that Canadian prisons need to effectively implement policies that guarantee the effectiveness of women's and children's rights and the protection of AM, according to A24 and A28<sup>32,36</sup>.

Provincial prisons do not allow women to be with their children, but federal penal institutions have policies to assist women and children in prison. Thus, there is an urgent need for a unified implementation in Canadian prisons and a reference on the rights to breastfeed<sup>36</sup>.

On the African continent, the authors of article A31, 2020, report that Malawi's policies need to adapt to the needs of pregnant and breastfeeding women, as there are legislations for the treatment of women deprived of liberty in accordance with international rules, but there is no legislation to protect breastfeeding<sup>39</sup>.

In Mozambique, another African country, the right to breastfeed in prison is guaranteed, according to A25 in 2018<sup>33</sup>. The study carried out in the penitentiary in Ndlabela reports the existence of the penitentiary health care service, in addition to having the special penitentiary establishment for women deprived of freedom, which has the assistance in the puerperal pregnancy period and attends to children from zero to five years old. However, the authors<sup>33</sup> report that women and their children live in conditions of vulnerability.

### National and international breastfeeding support actions in the prison space

In 2010, a Brazilian article (A2) reported that the penal system did not have adequate conditions for breastfeeding to occur in this environment. The lactating women showed some knowledge about the health benefits for the woman and child, but these same women felt insecure about breastfeeding, especially after the separation of the child from the mother<sup>10</sup>. The need for support has been demonstrated in several studies (A1, A2, A3, A7, A15, A26, A27, A32, A33)<sup>9-11,15,23,34,40,41</sup>, for example, the study in a Women's Penal Colony in Recife/BR (A32), conducted in 2020, showed this obstacle regarding the support for breastfeeding in the prison system, by both professionals and family members<sup>40</sup>.

The lack of support is characteristic of vulnerable women, such as black women and those with unfavorable socioeconomic conditions, corroborating the statement of the need for family support for breastfeeding. Thus, women deprived of liberty are more exposed in the pregnant-puerperal period, since there is a potential shortage of health professionals and, when they have professionals, there is no activity to support breastfeeding (A26)<sup>(34)</sup>.

In England, in a penitentiary (A1), in 1996, women were imprisoned during childbirth and breastfeeding was not effective, inhibiting the human right and health of the child and the woman, as a respect for citizenship<sup>9</sup>. In the study (A3), the need for change in England was argued<sup>11</sup>, with the creation of a group of women doulas, which aimed to carry out a birth plan and birth monitoring, in addition to supporting and encouraging the practice of BF in prison. The doulas are strategies to support BF, as described by A3 and A27<sup>11,35</sup>.

Only six prisons in the UK have joint accommodation, which encourages separation of mother and child, as women's prisons are not equipped to support and encourage breastfeeding, according to the study in prisons in Wales (A14)<sup>22</sup>. Agreeing with this statement, A7, A15, A27, A32<sup>15,23,34,40</sup> say that support is paramount for successful breastfeeding.

In the United States, if a woman is in prison without day care, she is automatically separated from her child upon discharge from the hospital and unable to provide child care upon return to prison (A35), perpetuating important obstacles

to breastfeeding. However, in a positive experience in a prison unit in the USA (A7), to support a woman in breastfeeding, a breastfeeding plan was developed, with the creation of a partnership with the health team, the lactating woman, the family members, and the unit, showing the possibility of promoting breastfeeding in a safe and effective way<sup>15</sup>.

Thus, it is necessary to support women in prison for the success of breastfeeding, in order to break through the system's obstacles and overcome the shortage of professionals, as well as the lack of a safe environment (A33)<sup>41</sup>.

## Discussion

The increase in the female prison population has been occurring in several countries around the world, such as the USA, China, Russia, Brazil, Thailand, India, the Philippines, Vietnam, Indonesia, Mexico, Myanmar and Turkey, and others<sup>5</sup>. The Bangkok rules ensure respect for women deprived of their liberty, especially since many have vulnerabilities, most notably pregnant and lactating women, with access to health care<sup>16,22,23,32</sup>, since most of them have their pregnancy discovered inside the prison system, having an important portion without access to care during the pregnancy-puerperal cycle, with the lack of incentive and support for breastfeeding and the separation of the children after birth, which are part of the reality of many prisons around the world<sup>12,24,27,34,35</sup>.

The promotion of breastfeeding is an important strategy to ensure health and maintenance for children's growth and development, but, despite the numerous benefits for women and children, it is not yet a reality for women in the prison system, with the nurse as the professional who most assumes the responsibility and commitment for the promotion and support of breastfeeding in this environment<sup>14,27</sup>.

Among some of the barriers are the environment, the damaged bond, the absence of a multidisciplinary professional team, the guaranteed time for breastfeeding<sup>10,12,14,24,27,28,30,35</sup>, the disregard for the recommendations, on free demand mentioned by the WHO and the MH, enabling a greater chance of early weaning and effective factors for not breastfeeding in prison<sup>42</sup>. Thus, there is a need for the State to invest in the creation of specific spaces, such as breastfeeding rooms, with the participation of trained staff, in order to favor the promotion, protection and support of breastfeeding in prison<sup>12,14,26,27</sup>.

It is noteworthy that some countries, such as Ireland, Canada, USA, Mozambique, Malawi, and Brazil have laws and policies for breastfeeding in the prison system, but there is a lack of more effective actions to guarantee the rights of women and children. At this juncture, Brazil stands out for its various laws and policies to protect breastfeeding, including the right to breastfeed in house arrest<sup>17</sup>. However, an inequality is observed between what is determined in the Brazilian legislations and what is executed in the prison units, requiring the use of the legislative determinations for this effectiveness<sup>14,25</sup>.

In other countries such as Canada, Mozambique and Malawi, despite the existence of legislation for the population deprived of freedom, there is no legislation that guarantees breastfeeding within the penal institution, showing the need for the advancement of human rights within prisons, on the issue of women and children's rights to breastfeeding. However, in these same countries, when some women are allowed to stay with their babies, they receive the support of doulas, midwives, and some have the support of society, as is the model in England<sup>11,22,25</sup>. This was only possible with the sensibility of society and the State, because many women had this difficulty in England, and, with this support, a significant contribution was made to change this reality<sup>11,12</sup>. However, despite all efforts, there are still women being separated from their children, making it impossible for them to breastfeed<sup>23</sup>.

It is emphasized that breastfeeding is not only the woman's responsibility, but everyone's, managers, health professionals, safety, state and society<sup>43,44</sup>, in addition to the primordial support of the family, which guarantees more effective BF and a healthier population<sup>45</sup>. This reality must change in Brazil, especially due to the deficiencies of penal institutions, health and security professionals in guaranteeing the promotion, protection and support of BF<sup>9,10,33-35,39,40</sup>.

Thus, the prison system needs to emphasize the WHO recommendations regarding breastfeeding and understand how a practice benefits the health of women, children, and society as a whole. Women's prisons around the world should ensure actions to promote, protect, and support breastfeeding. Breastfeeding in prisons is a right guaranteed internationally by the Bangkok Rules<sup>3</sup>, as a human right. However, penal institutions still lack the structural conditions to meet the needs of women and children for BF, thus, alternative measures must be created to reduce inequalities and the violation of rights.

### **Concluding remarks**

The study identified and mapped the actions of promotion, protection, and support in the field of breastfeeding within the prison system, many of them nullifying the guarantee of the right of women and children who live in this environment.

Therefore, the actions need to be intensified, with support from the WHO and UNICEF, in

addition to the efforts of health and safety professionals, managers, academia and society as a whole, since this is a relevant issue for women's and children's health.

Thus, breastfeeding in prison should favor actions of promotion, protection and support, since many children with mothers deprived of their liberty are still prevented from being breastfed soon after birth, which characterizes inequality in relation to the population in freedom.

### **Collaborations**

All authors contributed equally to all stages of writing the article: design, data analysis and interpretation; writing, critical review and approval of the final version.

### **Supplementary material**

This study is the result of the products of the Thesis entitled: Lactating women and the axiological understanding of breastfeeding in the prison space, Universidade Federal Fluminense. The data from the research carried out and defended is available in its entirety at the link: <https://app.uff.br/riuff/handle/1/23807>.

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Article submitted 07/10/2021

Approved 10/03/2022

Final version submitted 12/03/2022

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Chief editors: Romeu Gomes, Antônio Augusto Moura da Silva