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The reflection of prison on the right to breastfeeding and maternity

O reflexo do cárcere no direito à amamentação e à maternidade

Abstract

Introduction: For both the nutritional issue and the bond developed, breastfeeding is a very importance for the mother and her child. In this sense, food, maternity protection and childhood are established as a social right in the Federal Constitution. However, there are obstacles that may disfavor this act. One of these obstacles is the environment in which the woman is inserted, such as the prison environment, which maintains the woman in deprivation of liberty and with very little autonomy. Thus, the objective of this study was to understand how prison influences breastfeeding and motherhood. *Method:* Based on a qualitative research, five professionals who work in the female penitentiary in the South of Brazil were interviewed, and their speech was recorded and transcribed. Subsequently, a content analysis of the thematic type was carried out, producing three categories: The prison's context; Breastfeeding in prison; Actions to encourage breastfeeding in prison; and Limits and challenges in breastfeeding and maternity. *Results:* Within this prison, breastfeeding is performed successfully by most mothers, in addition to having an adequate structure for the act to happen and the professionals being engaged in same speech to encourage breastfeeding. Several actions are highlighted since prenatal care for breastfeeding to happen. There are several limits encountered by mothers when exercising their maternity in prison. *Conclusion:* Even

with positive factor within the penitentiary, the prison environment does not seem to be the ideal place for a mother to be with her child, which may lead to several discussions about how to revise the Brazilian penitentiary system.

Keywords: Breastfeeding. Penitentiary. Professionals. Maternity.

Resumo

Introdução: Tanto pela questão nutricional quanto pelo vínculo desenvolvido, a amamentação é uma prática importantíssima para a mãe e seu filho. Nesse sentido, a alimentação, a proteção à maternidade e à infância são estabelecidas como direito social na Constituição Federal. No entanto, há obstáculos que podem desfavorecer este ato, um dos quais é onde a mulher está inserida, como o ambiente prisional, que a mantém em privação de liberdade e com ínfima autonomia. Assim, objetivou-se entender como o cárcere influencia na amamentação e na maternidade. *Método:* Baseado em pesquisa qualitativa, cinco profissionais que trabalham em penitenciária feminina no Sul do país foram entrevistados, sendo suas falas gravadas e transcritas. Posteriormente, realizou-se análise de conteúdo do tipo temática, produzindo quatro categorias: O contexto da prisão; A amamentação no presídio; Ações de estímulo à amamentação na penitenciária; e Limites e desafios na amamentação e na maternidade. *Resultados:* Dentro deste presídio, a amamentação é executada com sucesso pela maioria das mães, além de o espaço ter uma estrutura adequada para que isto aconteça e os profissionais serem empenhados no mesmo discurso de incentivo ao aleitamento materno. Destacam-se diversas ações desde o pré-natal, para que a amamentação aconteça. Há diversos limites encontrados pelas mães ao exercer sua maternidade na prisão. *Conclusão:* Mesmo com fatores positivos dentro da penitenciária, o ambiente carcerário parece não ser o local ideal para uma mãe estar com seu filho, o que pode levantar diversas discussões sobre como revisar o sistema penitenciário brasileiro.

Palavras-chave: Amamentação. Penitenciária. Profissionais. Maternidade

INTRODUCTION

The Brazilian Federal Constitution from 1988 establishes the social right to feeding and protection to maternity and childhood. Therefore, these three pillars of social rights unify themselves into one when it comes to the mother-child bond.

It is a known fact that breastfeeding is important for the growth and development of babies and that it is recommended for it to happen exclusively in the first six months of the child's life.¹ In addition, breastfeeding also contributes to the stimulation of the emotional interaction between a mother and her child, forming a significant experience both for the mother and for her baby. The physical contact of the maternal breast with the child's mouth promotes an experience of intimacy and union, providing satisfaction, enjoyment and a feeling of completeness to the duo involved.²

In spite of all this, breastfeeding is a complex process since there are several factors involved, such as the environment, motivation and the desire of the mother and family support.³ Hence, it is important to discuss the approach towards the subject of breastfeeding in women's penitentiaries and the right to the act of maternity, since there are various barriers in this environment, such as physical space, deprivation of liberty and, consequently, low maternal autonomy, the invisibility of these women by society and frequently the lack of family support, which influence both the practice of breastfeeding and maternity itself.^{4,5}

It is of importance to emphasize that the population of incarcerated women has been growing exponentially in Brazil. Data from the Ministério da Justiça (Ministry of Justice) reveal that between the years of 2000 and 2014 there was an increase of 56,7% on the population of incarcerated women. According to the second edition of the National Survey of Penitentiary Information (INFOPEN)⁶ in June of 2016, the number of incarcerated women in Brazil added up to 42,355, and expanding to a global level, Brazil occupies the fourth position.

Many studies have been working with this subject on a national and international scope. These studies have addresses that internationally, regarding health concerns, there is better preparation in the penitentiary system to provide assistance to pregnant women. However, in Brazil, the prison environment appears as damaged, making the development of a proper pregnancy difficult. Among these inadequacies, there is the lack of bond with the working professionals, physical structure and support to these women who become mothers while in prison.⁷

The Women's Penitentiary where this research was conducted, located in the South of Brazil, has a maternal-child unit (MCU) and a team of multiple professionals from the health area

who work in the care and health of the inmates. This unit was created based on the constitutional right that female penitentiaries must have proper areas for mothers to breastfeed their children and act on their legal rights, as well as on the human right to child nutrition.⁸

Thus, the aim of this study is to comprehend, according to the perspective of the health professionals who work in this penitentiary in the South of the country, how the practice of breastfeeding in prison occurs and how it interferes in the exercise of maternity and in the access to the human right to the child's nutrition.

METHODOLOGY

The present research was carried out in a women's penitentiary in the South of Brazil, through an exploratory study with a qualitative approach, which makes it possible to address the participants in their subjectivities and experiences.⁹

Aiming the understanding of breastfeeding in prison, interviews were held with a semi-structured guideline with all of the professionals working there (professionals from the areas of nursing, psychology, nutrition, pediatrics and social assistance), who act directly in the mother-child care in the specific unit which accommodates mothers and they children inside the women's penitentiary. With the consent from the working professionals, the interviews were recorded and then transcribed. The speeches from these professionals were randomly named as P1, P2, P3, P4 and P5 (P stands for "professional") for the analysis. The category from each professional will not be identify, in order to preserve the identity of the participants.

After transcribing the recorded conversations, a thematic content analysis was performed, with the purpose of seeking for meaning cores which compose the communication, emerging from the interviews the structures of relevance and models of behavior present in or underlying the speech of the interviewed.¹⁰ This analysis occurred in three steps: pre-analysis; exploration of the material and handling of the obtained results in thematic categories; and lastly, interpretation.

From the content analysis, four categories were formed for the description and discussion of the results. They are the following: The prison's context; Breastfeeding in prison; Actions to encourage breastfeeding in prison; and Limits and challenges in breastfeeding and maternity.

A unique factor which deserves to be mentioned is the data production in a penitentiary. More than simply collecting data, it was possible to see the inmates closely and to be affected by the situation, even if there was no direct contact with them. As a female researcher, the feeling

of voluntarily and freely being in a place where other women are deprived from their liberty of exercising maternity is inexplicable. In this regard, it is inevitable not to question and problematize the act of breastfeeding in prison.

This research was approved by the Research Ethics Committee of Universidade Federal do Rio Grande do Sul (Federal University of Rio Grande do Sul), in 2018, under the CAAE No. 02082218.0.0000.

RESULTS

The prison's context: “the best of the bad”

The expression “best of the bad”, used in the report of one of the interviewed professionals to refer to the prison, helps to contextualize the site very well. In the words of the interviewed participant, the prison on its own would represent an inadequate place for the practice and experience of mothers and their babies. However, the prison in question, when compared to other Brazilian prisons, would have the minimal necessary conditions of environment and interaction for the act of breastfeeding and the exercise of maternity, which “looks a little less like a prison”, as reported by professionals P1 and P5.

The physical structure of the penitentiary is also different, as it has a Maternal-Child Unit (MCU) inside the institution and a team of several professionals who care for the health of the woman and the child, such as psychologists, nurses and social assistants. Furthermore, expectant mothers have prenatal care with a nutritionist and a pediatrician, as well as follow-up consultations after the birth of the child, enabling a more integral attention to both the woman and the baby.

According to the literature, an important factor for breastfeeding and for the proper attention to the mother-child duo to be reached inside prisons would be the presence of a team of qualified and imbued professionals providing full care while attending the incarcerated woman and her child. As stated by the the study held in a female penal complex in the state of Bahia, the team of professionals, by being prepared and not stigmatizing or neglecting the limitations of the physical space and the psychological state of the mothers in a situation of deprivation of liberty, would have a better capacity to support them, handle the breastfeeding and the care for the mother-child health.⁵

The MCU is also separated from other galleries where the women who are not with their children inside the prison or who are not pregnant stay. Until the eight month of pregnancy, the

women stay in a initial separate space from other inmates, and afterwards they are transfer into the MCU, which has three rooms. The first one is intended for mothers and their new-born children. The second one is a more reserved environment, mainly intended for the mother who is in process of separating from her child – regardless of breastfeeding or not, the mother can stay with her child in this location. The separation between both parties, as the Resolution No. 3 of the Conselho Nacional de Política Criminal e Penitenciária (National Council of Criminal and Penitentiary Policy) from 2009 and the reports of the professionals establishes, occurs gradually after the child reaches the first year of life. The exact moment of separation is then decided by the Social Assistance's assessment along with the Juizado da Infância e Juventude (Child Court and Juvenile Court). According to studies which have worked with incarcerated women, even if done gradually, this is not a simple process, since it has as a consequence the continuous and increasing suffering over time for the pair.¹¹ Lastly, the third room is a space with greater circulation for older children who are crawling and interacting more. The following speech illustrates the importance of a proper environment towards the needs of the mother and the child inside the prison:

What we see, this is very common, the woman who is expecting has another way of functioning in here [...] after they come to this unit, she becomes someone else. We even think, this person has no conditions of going do MCU, and when she goes, she does not have any disciplinary problems, you know. (P1)

Currently, inside the MCU, according to reports from the working professionals, there are eight mothers and nine children; out of these, six are fed by breastfeeding. The women who do not breastfeed in the penitentiary of this study were prescribed not to exercise this act due to HIV, and their children are given formulas provided by SUSEPE. According to the professionals, the women with HIV were, at the moment the research was held, the only ones who were not performing breastfeeding. The professionals also described the majority of the mothers in the penitentiary as being between 20 and 35 years old, and having a low level of education, as well as low family income. In addition, most of them are arrested while being pregnant. These data hold on a national level, as seen in the documentary "Birth in prison", from 2016.¹² Another information is that despite their age, the majority of women have already had other children outside the prison. It is important to highlight that according to national data, 45% of the female prison population is still in trial, that is, they are not convicted.⁶ Therefore, they are serving time in remand, which implicates in an overpopulation of the Brazilian penitentiary system. Moreover, 62% of the crimes women commit are regarding drug use or drug distribution, which leads to another deep discussion about the severity of the Drug Law (Brazilian Law No. 11.343/2006).¹³

A research conducted in the state of São Paulo verified that a better regulation on the drug subject could contribute to a smaller number of incarcerated women; in the context of maternity, this woman could be at home with her children with less limitations than if she were in a prison. However, the “war on drugs” is still one of the most important causes of the boom in prison population, which reflects on maternity inside prison.¹⁴

In 2018, the Supreme Federal Court determined, through a collective *habeas corpus* (HC), that pregnant women and mothers of children up to 12 years old and who were awaiting trial would have the right to house arrest and therefore would be able to stay in their own residency accompanied by their children.¹⁵ One of the professionals reported that a while ago issuing house arrest for mothers was easier. However, despite the decision by the *habeas corpus*, this is currently being postponed and women in trial stay with their children inside prison, which is confirmed in the investigation carried by *Revista Justiça e Cidadania*, in its story entitled “Onde a mãe chora e a Justiça não vê”, which reports that more than half of the women targeted by the *habeas corpus* were not benefited.¹⁶

At last, when it comes to structure and mother-child assistance, the prison in question in this study seems to comply with the Federal Constitution. It can be “the best of the bad”, since mothers who are in deprivation of liberty have the conditions to stay with their children and a specific location to do so. In addition, by guaranteeing to mothers and children access to health-related public policies and prenatal, and by guaranteeing to children life and health protection, the institution is also complying with the Child and Adolescent Statute (ECA), which defends, in several sections, the care for pregnant women and children.

Breastfeeding in prison: “it has everything to go right, but [...]”

In some of the professionals views, breastfeeding in prison would be *easy* (P3) and *peaceful* (P2), since inmates would have more time with their children without the other activities that women who are not deprived of liberty have, such as working outside of their house and domestic activities. Therefore, breastfeeding, according to one of them, especially the ones with a more technical training, would be, in a foreground, in the mother’s interest and desire, as reported next:

And the matter of not being free I don't think it has an impact, even so because the mother has more time, she has 24 hours with the child, the baby is always with her, all the time. (P3)

However, there are also professionals who understand that, despite of the available time inside prison, these women have a different routine because they are incarcerated, with a specific time to go to bed, as well as concerns that women who are not in prison do not have. Along with the unique experience each of them has, there is a stressful environment that prison represents very well, as the following speech illustrates:

But we do understand that the environment is tense, sometimes there are fights between them, the person is in a separated place from her family, from her place of origin, so it's complicated. And these tensions in the environment, if their sentence is being resolved, they all have anguishes, that is what harms it a little. (P2)

To these last professionals, women who are deprived of liberty have many barriers in order to breastfeed. They would have several preoccupations that mothers who have their liberty do not have: if their trial is going to take place soon, if their lawyer came to see them, if there are available public defenders, if their sentence is going to be long, among other questions – for a simple reason: the freedom of that woman is being decided by others.

In this context, the conditions which interfere in the pregnancy, in breastfeeding and in the exercise of maternity inside a prison facility are several, having that the term “prison” is already an emotional factor of continuous stress in the life of any individual by itself. Furthermore, mothers in deprivation of liberty end up suffering the penalty for themselves and also for their children.¹⁷

A factor that stands out is that even with all of the obstacles of the environment, the professionals claim that currently, the majority of mothers is breastfeeding. To breastfeed or not, according to the professionals, depends a lot on the group that is inserted there, and at the moment, there would be a more *conscious* (P1) group, since they are breastfeeding more than others.

It is important to highlight that “being conscious” does not mean that the woman will necessarily provide breast milk. Literature shows that incarcerated mothers have the knowledge about the biological importance and the development of bonds related to breastfeeding. However, it is also necessary to recognize that from the difficult conjunction of incarceration and its consequent uncertainties there would be other knowledges, supports and collective actions between the team and the women which, adapted to each of their realities, could guarantee the right to a decision that is, in fact, mindful about breastfeeding.^{18,19} This confirms the report from a professional who states that it has everything to work inside the penitentiary, since

mothers are encouraged and would have the time to do so, but breastfeeding does not always occur, *it has everything to work out, but [...] (P2).*

Actions to encourage breastfeeding in prison “we partake in this goal”

The professionals who live closely to the pregnant women in prison say that they work daily to encourage breastfeeding. According to them, this encouragement is done through orientations in routine consultations and conversations about breastfeeding, maternity and everything that comes with this exercise. The consultations are done mainly by professionals from the areas of pediatrics, nutrition and nursing, going from the prenatal of the pregnant women until after the birth of the babies. Even if the majority recognizes that there are environmental barriers to breastfeeding, the professionals work hard when it comes to sensitizing and informing the mother about breastfeeding. They all act on encouraging breastfeeding, according to the following report from one of the professionals:

[...] so, these teams are very much engaged and are also very close, they have the same speech, the same goal, I think that also helps. (P1)

Something which confirms the emphasis given to breastfeeding in prison and that follows the report about the encouragement and promotion of it from the health team is the presence of posters with campaigns from SUS about breastfeeding in the nursing unit. However, the information exposed there targets mothers in a general basis, and not mothers in specific situations, such as women in deprivation of liberty. It is imminent to highlight that a large part of breastfeeding campaigns focuses on the development of the child's health and omits or stereotypes the different perspectives of women regarding the practice of breastfeeding.²⁰

It is also important to reinforce the fact that the professionals mentioned that the bond they have with the women also helps a lot in the promotion of breastfeeding. And in addition, they recognize and value the bonds and support between the mothers. They shared that if one of the mothers nurses, she becomes a fundamental piece in encouraging other mothers. This incentive can also work on the opposite side, in case the current group in the MCU does not breastfeed, unveiling a negative encouragement. More than direct actions to encourage breastfeeding, the professional P1 tells there is also a work with the mothers regarding guidance about their rights, access to public policies, support to approximation with family members and, if needed, reinforcement on the care support team with the children. Still, this type of action is restricted, since it is performed by few professionals who are not in direct contact with the attention towards maternal-child health.

The professionals who are not directly involved in the encouragement of breastfeeding have a view linked to the importance of the bond between the mother and her child rather than to the physiological importance of breastfeeding. For this reason, they show that the bond also happens in the moment of nursing, regardless of it being through the breast or a bottle, and that this moment must be unique to emphasize the matter of caring for the child and the symbiotic bond in the mother-child relation, having that the child is in the Unit through the tacit right of the woman to be able to stay with her child while in prison, prioritizing a better relation between them.²¹

Although there is a strong incentive towards breastfeeding, one of the professionals also emphasized that the actions are centered in its biomedical character, which is not wrong, but sometimes the singularity and the possibility of not breastfeeding are not discussed, as the following speech illustrates.

Breastfeeding is always linked with nutrition, they speak about it, it's a speech from the health professionals, the child needs to eat, it protects from diseases, the baby is going to eat better etc., it's a speech very much directed to that. It's not very conscious what is transmitted from the point of view of the care for the baby. (P5)

Not much is reported on the importance of breastfeeding for the mother, and in this sense, the literature confirms that the practice of breastfeeding is a positive aspect for the strengthening of the mother-child bond, enabling an infinite amount of manners to ease the difficulties mothers go through in a prison context. Furthermore, any moment the mother is able to spend with her child inside prison would already reflect on the matter of the care and bond, since it is necessary to understand that beyond breastfeeding or not, what is at stake is the bond between the mother and her child.^{5,19,22}

More than the actions of encouragement for breastfeeding, the understanding – in the literature that discusses incarceration – of the necessity of a quality and humanized assistance, free of prejudice for these women and their children has been growing, with the purpose of diminishing the distance imposed by this stigma. Seeking the recognition of these women as worthy citizens, without taking into account the crime they committed, can contribute for a better bond between the professionals and the women in deprivation of liberty, in addition to diminishing the stress of being behind bars.²²

Limits and challenges in breastfeeding and maternity: “there is no one to share this moment with”

Mothers in deprivation of liberty and mothers who are not in this situation can have limits to breastfeeding.^{18,19} Having the knowledge that breastfeeding is very much beneficial to the mother and the baby is not enough to make it happen. In prison, as already approached previously, there is a success rate in breastfeeding. However, maternity itself can sometimes be violated. In this context, we can illustrate that the care and affection received by the pair involved are limited to the time granted by justice. The time limit allowed for them to be together makes the creation of the bond in the beginning of the child's life with their mothers in prison harder, and this bond can, as a matter of fact, establish the future relations of these children and diminish the affective relation between mother and child.²³

Going back to breastfeeding, according to reports from the professionals, some of the limitations for the continuity of breastfeeding concern the moments in which the children are separated from their mothers. Some babies stop breastfeeding quickly when they go home with family members for a while or when mothers are involved with their trials, and during these times, family members need to provide cow's milk or formula for the baby.

As for more of the limitations in the life of an incarcerated mother, the professionals reported that access to the health of these women and their children is limited, since they cannot go to medical consultations at any given time, as the majority of women who are nursing, because they are in prison and depend on the availability of cars to take them to the hospital with a police escort.

Furthermore, it is important to highlight that “*there is no right time for a disease to come*”, as reported by professional 5, as they can appear while professionals are not in their working hours, which reduces the possibilities for this woman. One of the largest studies which traced the profile of incarcerated women who live with their children inside prison revealed that the prenatal was done inadequately for 36% of the mothers, considering the reduced number of consultations, along with the lateness for these consultations to begin.¹²

Even though the location in which these mothers are inserted in is a stressful one, breastfeeding in the prison where this study was held seems to be encouraged by the professionals who work daily with these women and this occurs in a concrete manner. Even with the success in the execution of breastfeeding, professional P5 emphasizes how essential it is to understand that a woman who has to breastfeed in prison, take her baby to the hospital in

handcuffs and give birth in handcuffs with a police escort represent a great risk for the "*maternagem*" (*maternity* – word used by the professionals).

The mother who is in prison has countless preoccupations, both inside and outside of the prison, as she keeps thinking about her family, her children who are not there with her, and about the problems she has outside prison. On the other hand, there is the internal environment, which brings several concerns, mainly about her trial, her defense, her liberty, her conviction and the craving for house arrest – all of this crosses her *maternagem* (maternity) inside and outside prison. The speech of the following professional illustrates that being with her child in prison, even if the location is never proper for it, can, however, contribute for the freedom of positive sensations and thoughts, which many times are kept behind bars with the woman:

[...] but for the mother this bonding with the child eases the pains of incarceration, eases this moment she's going through in life. (P1)

It is imminent to highlight that in society, the desire to punish is stronger than the right of a child to have the affection and care of a mother. These mothers and their children are an invisible portion in society that the high walls of prisons hide, and this is an issue that has not ignited the necessary actions in the state to provide better life quality to the women in custody and their children.²⁴

Even if the exercise of breastfeeding is a reality, the woman who is a mother in prison often does not have family support or the support of someone close to share the moment with and even if the professionals are present, they cannot meet everything – "*they don't have superpowers*", as stated by professional 5.

Being behind bars will never be an ideal or worthy situation for a woman with her child.¹² On the moment the woman is in prison with her child, she is not the only one being punished, but her child is as well. Hence, the limits apply to the women and their children.

CONCLUSION AND FINAL CONSIDERATIONS

It was established that in this prison on the South of Brazil there is a maternal-child unit with several health professionals who encourage breastfeeding. Even if these professionals are not able to meet all of the necessities of this population, they commit themselves to the health of the mother and the baby, and they all share the same goal, which is to offer the best possible conditions for an adequate experience inside the prison establishment. Currently, inside this institution, the majority of the women in the MCU breastfeed and, according to the view of some

of the interviewed professionals, this act elevates the mother-child bond, lessening the distresses from incarceration.

However, even if the prison has appropriate conditions for the inmates to breastfeed and even if they do, in fact, breastfeed, the doubt of whether they breastfeed because they actually desire it or if they breastfeed because they don't have other choices while in prison remains, which demonstrates that more research with mothers who are deprived of liberty is needed. It is important to clarify that there is not a depreciation of breastfeeding in the present study, only inquiries about the subject inside a prison.

Prison will never be the ideal place to breastfeed and for the exercise of maternity. Yet, for this situation to be different, a review of the entire prison system and a deconstruction of the judgmental and punitive view from society is necessary. It is also necessary to think about the woman as a mother who has a right to exercise maternity and to think about the child as someone who has the right to have a mother. Therefore, more than just nourishments, breastfeeding in prison can lead to several reflections which deserve to be discussed in the academic environment, by professionals, by the state and by society as a whole. In the center of these discussions, we would need to ponder on how to guarantee the rights of the woman and her child, not thinking about the woman as an inmate, but as a human being who has the right to exercise maternity.

Thus, we emphasize the importance of reflecting on how to punish and even on the actual necessity of punishing a woman – who is a mother – with the loss of her liberty and of the exercise of maternity, leading (undeniably) to the separation of her child. The child, more than anyone, suffers with the consequences of the estrangement imputed to them.

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