

WOMEN DEPRIVED OF LIBERTY: MATERNAL PRACTICES IN INFANT CARE
MUJERES PRIVADAS DE LIBERTAD: PRÁCTICAS MATERNAS EN EL CUIDADO INFANTIL
MULHERES PRIVADAS DE LIBERDADE: PRÁTICAS MATERNAS NO CUIDADO AO LACTENTE

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ABSTRACT

Objective: To understand the meanings of caregiving from the perspective of mothers deprived of liberty. **Method:** This descriptive, qualitative exploratory study involved 14 incarcerated women through semi-structured interviews. **Results:** Analysis of narratives, based on Callista Roy's Adaptation Model, generated seven thematic categories: caring within a prison environment; physiological mode, addressing nutritional needs; physiological mode, addressing activity and rest needs; physiological mode, addressing protection needs; role function mode, assuming the role of mother and caregiver; self-concept mode, achieving psychological balance and spirituality; and interdependence mode, redefining affective relationships. Prison environments are generally inadequate for mothers and children, and lack of support leads to physical and emotional overload for women. **Conclusion:** Roy's Nursing Theory provided a framework to understand the meanings of caregiving from the perspective of incarcerated women.

Keywords: Infant Care; Mother-Child Relations; Breastfeeding; Nursing Theory.

RESUMEN

Objetivo: Comprender los significados de la práctica de cuidar a un hijo en la percepción de madres en privación de libertad. **Método:** Se trata de un estudio descriptivo, exploratorio, de enfoque cualitativo, que involucró a 14 mujeres privadas de libertad a través de una entrevista semiestructurada. **Resultados:** Del análisis de los discursos, fundamentados en el Modelo de Adaptación de Callista Roy, emergieron siete categorías temáticas: El cuidado dentro de un ambiente penitenciario, buscando atender las necesidades nutricionales; el modo fisiológico: buscando atender las necesidades de actividad y descanso; el modo fisiológico: buscando atender las necesidades de protección; el modo función de rol: buscando asumir el papel de madre y cuidadora; el modo autoconcepto: buscando el equilibrio psíquico y la espiritualidad; el modo interdependencia: resignificando las relaciones afectivas. Para las mujeres privadas de libertad, el ambiente penitenciario no es un lugar preparado para atender sus necesidades ni las de sus hijos; además, la falta de un sistema de apoyo conduce a una sobrecarga física y emocional para ellas. **Conclusión:** La utilización de la Teoría de Enfermería de Callista Roy nos permitió comprender mejor los significados de la práctica de cuidar a un hijo desde la percepción de la mujer privada de libertad.

Palabras clave: Cuidado del Lactante; Relaciones Madre-Hijo; Lactancia Materna; Teoría de Enfermería.

RESUMO

Objetivo: Compreender os significados da prática do cuidar de um filho na percepção de mães em privação de liberdade. **Método:** Trata-se de um estudo descritivo, exploratório, de abordagem qualitativa, envolvendo 14 mulheres privadas de liberdade através de uma entrevista semiestructurada. **Resultados:** Da análise das falas fundamentadas no Modelo de Adaptação de Callista Roy, emergiram sete categorias temáticas: O cuidar dentro de um ambiente prisional, buscando atender às necessidades nutricionais, o modo fisiológico: buscando atender às necessidades de atividade e repouso, o modo fisiológico: buscando atender às necessidades de proteção, modo função de papel: buscando assumir o papel de mãe e cuidadora, modo autoconceito: buscando o equilíbrio psíquico e a espiritualidade, modo interdependência: resignificando as relações afetivas. Para as mulheres privadas de liberdade o ambiente prisional não é um local preparado para atender às suas necessidades e da sua criança, além disso, a falta do sistema de apoio leva a uma sobrecarga física e emocional das mulheres. **Conclusão:** A utilização da Teoria de Enfermagem de Calista Roy nos permitiu compreender melhor os significados da prática do cuidar de um filho a partir da percepção da mulher privada de liberdade.

Palavras-chave: Cuidado do Lactente; Relações Mãe-Filho; Amamentação; Teoria de Enfermagem.



INTRODUCTION

Care is an act present throughout every person's life, from birth to death. What we know about care is knowledge shaped by life experiences transmitted over time, constituting a popular system of practices imbued with a diversity of values, traditions, and cultural beliefs. Caring is relative and linked both to external factors, environment, culture, Society, and to internal factors such as emotions.¹

Care fosters the mother-child bond, which begins during pregnancy and enables the mother to care for her child in the best possible way from the womb. The development of a newborn is directly related to the affective bond provided, as the initial relationships experienced by the infant are crucial for full development. Separation of the child and the distancing from the mother during these early months of life can interfere with the mother-child relationship in the future, influencing the adaptive process of this dyad with either positive or negative responses.²

The reality of women deprived of liberty is marked by complex challenges, including family separation, social stigma, and inadequate prison conditions. Many of these women, in addition to serving their sentences, face the emotional impact of being away from their children, experiencing an emotional overload that affects their ability to fully exercise motherhood.³

Law 7.210/84² and the 1988 Federal Constitution establish the right of women

deprived of liberty to remain with and care for their child in prison facilities until the child reaches six months of age, thereby ensuring exclusive breastfeeding. According to this law, after six months the child must be placed with a family member or a shelter institution, preventing the mother from continuing to care for or raise her child. When provided in an appropriate environment, this coexistence may enable the establishment of the mother-child bond, which is essential for the child's development.⁴

Despite these legal guarantees, many prison units do not provide adequate infrastructure for pregnant women and mothers with newborns. In 2017, only 14% of women's prison facilities had spaces reserved for pregnant or breastfeeding women, 3.2% had a nursery or maternal-child reference center, and only 0.66% offered childcare services. In December 2021, more than 900 children and over 150 pregnant women were recorded in the Brazilian prison system.^{5,6}

Callista Roy's ⁷ Adaptation Model validates and tests phenomena by broadening perspectives in studies and fostering an understanding of reality. It encourages reflection and critical analysis, preventing the naturalization and trivialization of phenomena by incorporating scientific elements into the comprehension and examination of reality.

In light of the above, it is important to understand the adaptation process of incarcerated women in the practice of caring for their

children. Investigating this prison context, with emphasis on maternal and child health, provides insights into the importance of forming mother–child bonds and the impact of the prison environment on caregiving and child development. Considering these aspects, the present study aims to identify the meanings of the practice of caring for a child from the perspective of mothers deprived of liberty.

METHODS

This is a descriptive, qualitative exploratory study that enabled the collection and analysis of data derived from narratives about the practice of caring for a child in the context of deprivation of liberty, focusing on the reality of the prison environment. The research was conducted at the Women’s Prison Unit in the metropolitan region of Recife. This institution was selected because it has maintained a nursery since 2009, with a capacity for 35 inmates and their children.

At the outset, the objective of the study was explained during an interview, and participants were asked to sign the Informed Consent Form. Among the 18 women who met the inclusion criteria, 14 women over the age of 18 participated. These participants were accompanied by their children, were multiparous, and had experienced motherhood with at least one child outside of prison. Four women were excluded from the sample: one foreign national and three primiparous women.

Semi-structured interviews were conducted, guided by a script that included sociodemographic identification data and the central question: *What is it like for you to care for your child in this prison environment?*

The individual interview data were fully transcribed and subsequently edited for linguistic correction without altering the meaning. The transcripts were read several times, separately, to observe response frequencies for categorization and interpretation, which was based on Callista Roy’s ⁷Adaptation Model of Nursing Theory. Analysis followed its four adaptive modes: physiological, self-concept, role function, and interdependence and four supporting elements: the person, nursing, the concept of health, and the environment (the latter being considered one of the thematic categories).⁷

According to Callista Roy ⁷, nurses should view her theory as a holistic adaptive system, which involves inputs, outputs, and feedback. Inputs refer to stimuli and the individual’s level of adaptation, while outputs are the responses to these stimuli. Such responses become a feedback mechanism for the person and the environment. The regulation of responses occurs through coping mechanisms, regulator and cognator processes, which may be inherited or acquired, although not directly observable.⁷ In this study, the “person” is represented by the incarcerated woman, separated from family and friends, whose social support network consists of prison staff and

fellow inmates, who may either facilitate or hinder the adaptation process.

Roy's⁷ suggested support system includes family groups, professional groups, religious groups, and others essential to adaptive adjustment. In this regard, only some incarcerated women receive support during weekly visits, limited by the distance of the prison, family rejection due to incarceration, and prison regulations restricting the number of registered visitors to two per inmate.

For Callista Roy⁷, the environment encompasses all conditions, situations, and influences surrounding and affecting the development and behavior of individuals and groups. In this research, the environment is represented by the prison cell/nursery, where the mother provides care for her child while both remain incarcerated during the mother's sentence. According to Roy, such conditions require adaptations to minimize environmental influences on the child's growth and development.⁷

The third element proposed by Roy is health, conceptualized as "a state and a process of being and becoming a whole and integrated person." The nurse plays an essential role in this adaptation process of caregiving, promoting health throughout life processes by investigating stimuli, planning mutual strategies, and respecting the rights and privileges of individuals with the aim of modifying or controlling focal or contextual stimuli.⁷ The implementation of such strategies should

emphasize strengthening coping capacities or the level of adaptation in response to total stimuli.

To ensure participant confidentiality, names were replaced with flower pseudonyms. This study followed the ethical principles established by Resolution 196/96 of the National Health Council and was approved by the Research Ethics Committee of the Health Sciences Sector of the Federal University of Pernambuco, under registration CEP: 542/11 and CAEE: 0534.0.172.000-11.

RESULTS

Getting to Know Incarcerated Mothers and Their Children
The study included 14 incarcerated mothers, aged between 18 and 30 years, of whom 13 had not completed elementary school. Regarding marital status, eleven women reported being in a stable relationship with a single partner. Concerning religion, nine reported having none, three identified as Catholic, and two as Evangelical.

In terms of obstetric data, six women reported not having attended prenatal (PN) consultations, either inside or outside the prison unit, while eight stated they attended between 2 and 6 consultations, although this information was not confirmed in their prenatal records. Only one participant reported having had two miscarriages, which she attributed to narcotic use.

The ages of children outside the prison ranged from 1 to 14 years, and they were



primarily cared for by family members, most often the maternal grandmother. Regarding contact with external support networks, two women reported not receiving visits from family or friends, while two others received visits from their children.

From the analysis of participants' narratives, seven thematic categories emerged, based on Roy's Adaptation Model: Caring within a prison environment; physiological mode: seeking to meet nutritional needs; physiological mode: addressing the needs of activity and rest; physiological mode: addressing protection needs; role function mode: assuming the role of mother and caregiver; Self-concept mode: achieving psychological balance and spirituality; Interdependence mode: redefining affective relationships.

Theme 1. Caring within a Prison Environment

It is evident from the mothers' narratives that the prison unit is perceived as an inadequate environment for the practice of caring for a child. They consider it poorly structured, with limited and unhygienic spaces.

[...] The nursery does not have all the necessary resources [...] the space is limited [...] (ROSEMARY)

[...] We can't wait to get out of this place [...] and here I am stuck in a dump, cramped together with other inmates [...] (GERBERA)

[...] The only bad thing about taking care of them here is that it's such a closed-off environment [...] it's really bad, there's no space, too many people, people we've

never seen [...] there's nothing good except for one's own child. (LILY)

Theme 2. Physiological Mode: Addressing Nutritional Needs

Maternal reports regarding infant nutrition emphasize the requirement for exclusive breastfeeding until the child reaches six months of age.

[...] I breastfeed my daughter [...] I only breastfeed [...] (DAISY)

[...] The milk isn't given by them; we have to bring it from outside [...] they can't have any milk except breast milk [...]. Breast milk alone doesn't satisfy their hunger. I give the milk, but it's not enough; they need milk to keep them full [...] Bringing milk in here is prohibited, it's a problem [...] Even breastfeeding was a struggle. (ACACIA)

Theme 3. Physiological Mode: Addressing the Needs for Activity and Rest

In their narratives, incarcerated women perceive engaging in activities as essential for stimulating growth and development, and they rely on creativity to achieve this.

[...] There's nothing for him to hold, so I open his hand and he grabs my finger [...] I play with him using the wipe containers. (ACACIA)

[...] I like to talk and play with her [...] I put her sitting, and when she's not sitting, she's standing, holding onto things. (ORCHID)

[...] I play with him, do a bunch of things, take him for walks [...] I do the "little beetle" game, make noise with the rattle to get him to look, put him on the floor, and tap the rattle on the floor for him to look. (DAHLIA)

[...] I play [...] I put him in the walker so he can move around. (CACTUS)

Regarding infant rest, the mothers consider it part of the caregiving practice and acknowledge that the inadequate environment harms rest.

[...] I put him to sleep. (LILY e ORCHID)

[...] No one sleeps properly. (SAFFRON)

Theme 4. Physiological Mode: Addressing Protection Needs

Mothers perceive skin hygiene care as important for protecting this organ.

[...] When she's dirty [...] I give her a bath, thoroughly dry her little parts, apply diaper cream, and put her diaper on [...] (AZALEA)

[...] I give her a bath, clean her when she poops [...] I give her a bath, change her clothes, bathe her twice a day. (SAFFRON)

[...] I didn't know how to bathe the boy [...] I didn't know how, and it was a prison officer who taught me. (ACACIA)

[...] I give a bath [...] (CACTUS)

Immunization is part of the immune protection mechanism, and the vaccination schedule must be followed according to the Ministry of Health's recommendations for each age. Delays in vaccination can lead to the spread of various vaccine-preventable diseases and the return of pathologies previously eradicated in the country. According to the study participants, monitoring vaccinations is part of the caregiving practice for a child, and the absence or delay of

these vaccines causes feelings of distress and frustration.

[...] She's going to be three months old and has only received the BCG and the leg shot at birth [...] (ROSEMARY)

[...] because her vaccines are delayed; she still hasn't received the one-month vaccine, which she's supposed to get, but hasn't. (AZALEA)

[...] Get vaccinated! You even mark the day to take the vaccine. (DAHLIA)

Theme 5. Role Function Mode: Assuming the Role of Mother and Caregiver

The following narratives demonstrate that the birth of a child requires adjustments in a woman's life, demanding adaptations, especially when these mothers are within a prison unit.

[...] When I wake up and she's awake, I play with her [...] When she sleeps, I do chores, wash her clothes, wash mine, clean the cell, take out the trash, and take a shower. (AZALEA)

[...] When the child cries, we have to pick them up [...] wash clothes, clean the cell, wipe the counter... if the boy is crying, we stop everything to attend to him. (GERBERA)

[...] In the afternoon, when he sleeps, I do the things I need to do [...] wash our clothes and his clothes [...] I didn't even know how to hold the boy. (ACACIA)

Theme 6. Self-Concept Mode: Achieving Psychological Balance and Spirituality

Among the mothers in the study, Alecrim's narrative stands out, as it clearly illustrates how she perceives herself and her self-awareness. A lack of psychological integrity may cause physical and emotional harm to her child.

[...] I have little patience with others [...] I'm somewhat intolerante [...] I have a short temper [...] I don't listen very well [...] someone speaking in my ear telling me to do something wrong [...]. I can't take the medications I used to take before because they were sedatives and antidepressants like Rivotril, since everything we take passes into the milk [...] it's been two weeks that she (the psychiatrist) hasn't seen me, three weeks with this one. (ROSEMERY)

Spirituality is part of the person's wholeness, even in situations of deprivation of liberty. Gérbera and Azalea express their spirituality in their narratives by attributing their salvation and hope to God.

[...] God saved me from death, I'm still here. (GERBERA)

[...] I have faith in God. (AZALEA)

Theme 7. Interdependence Mode: Redefining Affective Relationships

The narratives reveal that the absence of contact with family and friends represents a disruption in the support system. This situation creates the need to establish a new support network with fellow inmates and prison staff.

[...] Here in this place, you don't get visits; it's the girls (cellmates) who help me. (ROSE)

Nobody comes to talk to us [...] There should be someone to teach us [...] Nobody teaches us anything, nobody talks to us [...] I didn't know how to do anything [...] it's the girls (cellmates) who teach me [...] here we feel forgotten. (ACACIA)

The uncertainty about who will be the caregivers and how the children will react to the

separation process is revealed in the participants' narratives. These feelings could be alleviated if the future caregivers had access to visits, as Gérbera highlights.

[...] She's going to be 6 months old, and we have to see where she will go, whether to the pavilion or to the outside [...] My hope is to leave with her, to take care of her [...] It's sad, isn't it? Suspending my mother's visit to let my cousin come in [...] If the girl goes outside at 6 months, she will be unsettled. (GERBERA)

[...] I don't have a mother, I don't have anyone to stay with him [...] my ex-mother-in-law [...] he's not her grandson, he's already the other one's (ex-mother-in-law's) grandson [...] she will take care of him until I get out of here [...] I'm afraid even to send him [...] I'll see if I can talk to the judge so I can keep him until he's 1 year old, since by then he'll already be a bit wiser. (ACACIA)

DISCUSSION

One of the main elements of Roy's Adaptation Model is the environment, which stimulates the person's adaptive responses, which may be either positive or negative. In the category *caring within the prison environment*, it was evident that mothers perceived the prison as inadequate for fully exercising the care of their children, since the internal environment interferes with the child's growth and development. In home-based studies, the environment is also cited as a factor influencing caregiving, as it establishes trust and security in the child, allowing them to explore and learn about the world.

A study conducted in two penal units in Bahia, the Female Penal Unit in Salvador and the Women's Prison Unit of the Feira de Santana Penal Complex, found that monitoring the proper growth and development of children within the prison system involves vigilance and stimulation to ensure full development. This demonstrates that, despite external environmental limitations such as inadequate infrastructure, mothers together with health professionals implement various coping mechanisms and adapt their caregiving practices to enable appropriate child development.

Conversely, in the same study, one of the challenges identified was the absence of educational toys to stimulate the children's perceptual development within the prison, with repercussions for their neuropsychomotor development. In this sense, the prison setting can negatively influence family relationships and the entire maternal caregiving process, as it does not provide all the stimuli a child needs. This raises questions about infant care in prison units, as incarcerated women may be unable to adequately perform their maternal role due to lack of resources.

A welcoming, adequate, receptive, and calm environment fosters better adaptation between caregiver and cared-for, promoting positive responses from the affective bond. The behaviors and meanings of caregiving expressed in the mothers' narratives were analyzed according to the four adaptive modes of Roy's Adaptation Model. The physiological adaptation

mode involves the basic and physiological needs of the person. Roy identifies five basic needs: oxygenation, nutrition, elimination, activity and rest, and protection; and four physiological requirements: the senses, fluids and electrolytes, and neurological and endocrine functions.

According to Roy, nutrition is essential for maintaining homeostasis. Incarcerated mothers strive to meet their children's nutritional needs through breastfeeding and complementary feeding after six months of age. Many expressed a desire to introduce formula, believing their breast milk was insufficient; however, according to the Ministry of Justice, female prison units must prioritize breast milk, and substitution should only occur in special cases, following the Ministry of Health guidelines for exclusive breastfeeding up to six months and complementary feeding up to two years, as breast milk meets the child's nutritional needs during this period.

Each person, as an adaptive system, has a level of adaptation determined by control processes, also called coping mechanisms, regulatory (physiological) and cognate (emotional responses and mobilizations), which are subsystems of the person as an adaptive system. Upon receiving stimuli (focal, contextual, and residual), control processes are initiated in the person, and coping mechanisms determine the behaviors to be expressed, which may or may not be adaptive.

When faced with the absence of physical resources for play, incarcerated mothers,

considered a system by Roy, mobilized mechanisms and adapted their activities using everyday objects, corroborating an observational study with 215 infants, which observed developmental progress due to daily stimulation practices.

Although adaptations to caregiving in prison positively addressed basic activity needs, the same did not occur for rest, as sleep disturbances were already present, with mothers reporting that no one could sleep. Newborns and infants spend much of the day sleeping, which is essential for early organic and mental development. Comparative research indicates that the environment is one of the factors influencing sleep quality. This supports Roy's assertion that the environment can disturb rest and sleep, with factors such as noise, unpleasant odors, and room temperature interfering with rest, which is essential for the person's physical and psychological integrity.

Preservation is one of the physiological needs identified in incarcerated mothers' narratives as part of caregiving. Childcare became deficient due to the environment, making protection of physical health especially important. The skin functions as a protective barrier, preventing contamination by infectious agents; in this study, mothers bathed their children, changed diapers, and cleaned clothing. Maternal caregiving through hygiene practices has been reported in other studies, although difficulties were observed in providing high-quality care.

Regarding the immune system, delayed vaccinations among children of incarcerated mothers increase vulnerability in the first year of life. Nevertheless, health actions should comply with the legislation of the Unified Health System, which guarantees children the right to vaccination.

Meeting needs for affection, subjective exchanges, care, and nutrition fosters confidence and healthy development of physical, emotional, and intellectual capacities. These needs were addressed in this study, highlighting the role function mode, in which the incarcerated woman assumes the role of mother and caregiver.

In this study, postpartum, maternal, or breastfeeding women performed these roles alone, and the routine of child and household care, in this case, the prison cell, could predispose the mother to psychological and physical exhaustion, especially when she lacks support to share responsibilities. Other studies cite support networks as facilitators of caregiving. This absence of support could be mitigated by a team of health professionals mediating the mother's coping process to promote maternal and child health.

Feelings of separation anxiety, due to mother-child separation, should be accompanied by a multidisciplinary team including psychologists and social workers. These professionals should contribute during the transition period, implementing procedures in which the mother authorizes, in some form, the child's transfer, facilitating adaptation for both to

the person or institution assuming custody, ensuring the child is well cared for so their development continues.

The self-concept mode encompasses social and psychological aspects of the person and is subdivided into physical self and personal self. In this theme, feelings of frustration arose due to lack of psychiatric care and erroneous suspension of medication.

Research on the mother–infant relationship indicates that if the mother is not psychologically intact, she cannot invest in the relationship with her child or provide necessary care. In such cases, nursing assistance is required, which, beyond administering medication, can employ intentional communication techniques to encourage expression of feelings and provide appropriate referrals.

CONCLUSION

Roy's Adaptation Model enabled a deeper understanding of caregiving from the perspective of incarcerated women. Mothers demonstrated ingenuity in meeting children's basic and physiological needs despite environmental scarcity.

Coping mechanisms facilitated adaptation across Roy's four modes: physiological needs for nutrition and activity were largely met, while protection and rest were only partially addressed. Role function mode highlighted adjustment periods and separation-related anxiety, affecting interdependence mode

adaptations. Institutional improvements and clinical/educational support could enhance caregiving outcomes.

Nursing interventions play a critical role in promoting effective caregiving behaviors and strengthening mother–child bonds. Although children's presence in prison is paradoxical, studies suggest that support for mothers and structured care environments can mitigate negative effects. Longitudinal and ethnographic research is needed to further explore caregiving in prison settings.

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