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The (dis)continuity of breastfeeding care in prison: perception of health professionals and managers

A (des)continuidade do cuidado da amamentação na prisão: percepção dos profissionais e gestores de saúde

La (des)continuidad del cuidado de la lactancia materna en prisión: percepción de los profesionales y gestores de salud

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ABSTRACT

Objective: to describe the perception of health professionals and managers in the prison system regarding the continuity of breastfeeding care for lactating women deprived of liberty.

Method: descriptive-exploratory research, qualitative approach, developed in a prison unit in Rio de Janeiro from December 2022 to January 2023. Interviewees: five health professionals and two managers. Content analysis was performed using Bardin's method with the assistance of Atlas.ti software, which has advanced resources to assist the researcher in organizing, analyzing and interpreting data.

Results: the actions that promote the continuity of breastfeeding care were: educational actions, with professionals as a support network, and the exchange of knowledge between professionals and lactating women. However, there are actions that weaken the continuity of care, favoring early weaning: introduction of food before six months, lack of guidance from family members, unplanned mother-baby separation and lack of a healthcare network within the prison system.

Conclusion: professionals and managers perceive that there is promotion of continuity of breastfeeding care in prison. However, there are hindering elements that contribute to the discontinuity of breastfeeding. A challenge then arises to guarantee the equitable and comprehensive healthcare of lactating women and babies.

Descriptors: Breastfeeding. Continuity of Patient Care. Prisons. Health Professionals. Health Manager.

RESUMO

Objetivo: descrever a percepção de profissionais e gestores de saúde do sistema prisional sobre a continuidade do cuidado na amamentação para lactantes privadas de liberdade.

Método: pesquisa descritivo-exploratória, abordagem qualitativa, desenvolvida em unidade prisional no Rio de Janeiro de dezembro de 2022 a janeiro de 2023. Entrevistados: cinco profissionais de saúde e dois gestores. Utilizou-se análise de conteúdo de Bardin com auxílio do *software* Atlas.ti, que conta com recursos avançados para auxiliar o pesquisador na organização, análise e interpretação dos dados.

Resultados: as ações que favorecem a continuidade do cuidado para amamentação foram: ações educativas, tendo os profissionais como rede de apoio, e a troca de conhecimentos entre profissionais e lactantes. Entretanto, existem ações que fragilizam a continuidade do cuidado, favorecendo o desmame precoce: introdução alimentar antes de seis meses, carência de orientações de familiares, afastamento mãe-bebê sem planejamento e inexistência de rede de atenção à saúde com o sistema prisional.

Conclusão: a percepção dos profissionais e gestores é que existe promoção da continuidade do cuidado à amamentação no cárcere. Porém, há elementos dificultadores que contribuem para a descontinuidade do aleitamento materno. Surge então um desafio para a garantia da saúde de forma equitativa e integral de lactantes e bebês.

Descritores: Amamentação. Continuidade da Assistência ao Paciente. Prisões. Profissionais de Saúde. Gestor de Saúde.

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RESUMEN

Objetivo: describir la percepción de los profesionales y gestores de salud del sistema penitenciario sobre la continuidad de la atención a la lactancia materna de mujeres privadas de libertad que amamantan.

Método: investigación descriptiva-exploratoria, enfoque cualitativo, desarrollada en una unidad penitenciaria de Río de Janeiro entre diciembre de 2022 y enero de 2023. Entrevistados: cinco profesionales de la salud y dos gestores. El análisis de contenido de Bardin se utilizó con la ayuda del software Atlas.ti, que cuenta con recursos avanzados para ayudar al investigador a organizar, analizar e interpretar datos.

Resultados: las acciones que favorecen la continuidad de la atención a la lactancia materna fueron: acciones educativas, con los profesionales como red de apoyo, y el intercambio de conocimientos entre profesionales y mujeres lactantes. Sin embargo, hay acciones que debilitan la continuidad de los cuidados, favoreciendo el destete temprano: introducción de alimentos antes de los seis meses, falta de orientación de los familiares, separación no planificada madre-bebé y falta de red de atención en salud con el sistema penitenciario.

Conclusión: la percepción de profesionales y gestores es que hay promoción de la continuidad de la atención a la lactancia materna en prisión. Sin embargo, existen elementos complicados que contribuyen a la discontinuidad de la lactancia materna. Surge entonces un desafío para garantizar la salud equitativa e integral de las mujeres y los bebés que amamantan.

Descriptores: Lactancia Materna. Continuidad de la atención al paciente. Prisiones. Profesionales de la Salud. Gerente de Salud

INTRODUCTION

The strategies for promoting, protecting, and supporting breastfeeding (BF) contribute to achieving several Sustainable Development Goals (SDGs), especially those related to combating poverty, zero hunger, health and well-being and reducing inequalities[1]. Exclusive BF in the first six months of life provides effective and safe nutrition for babies, preventing malnutrition and several childhood diseases. It is an economical practice that reduces the need to purchase industrialized infant formulas. By promoting health and equitable development from the earliest stages of life, BF helps to reduce health inequalities among different socioeconomic groups[2].

However, to achieve the SDGs, it is essential to commit politically, legislatively, and socially to children's health, reducing infant morbidity and mortality and providing access to healthy food, for their full growth and development[2]. To encourage breastfeeding and ensure a better quality of life for women and children, the World Health Organization (WHO) has set a breastfeeding rate of 70% for the first six months of life by 2030[3].

Despite an increase in exclusive breastfeeding up to six months worldwide, this progress has not been achieved in the Middle East, North Africa and Latin America, such as in Brazil. This is because the consumption of artificial Human Milk (HM) has increased in these locations, especially in countries with medium and high economic power[3]. Even though HM provides an enormous protective factor against infant mortality, in Brazil, 66.6% of children before six months receive other type of milk and only 33.3% of children are breastfed until two years of age[4]. Therefore, it is evident that breastfeeding needs improvement in all countries[3].

In Brazil, the right to breastfeed is not always respected as established by the WHO. To achieve a BF rate of 70% by 2030 in the first six months of life, a line of care strategy must be adopted, respecting the principles and guidelines of the National Policy for the Promotion, Protection and Support of Breastfeeding. It is necessary to promote activities to educate the population and women about BF, as well as the family; protection through legislative support aimed at guaranteeing BF and labor measures for its implementation, as well as to support from health professionals, in favor of BF to prevent early weaning[5].

To ensure the right to breastfeed in prisons with dignity for women and children, an international framework was established through the United Nations Rules for the Treatment of Women Prisoners, called the Bangkok Rules. These rules recommend, among other rights, that: breastfeeding should always be encouraged in the prison environment, requiring comprehensive care, focused on the needs of women and children, establishing a maternal and child care line to ensure healthy nutrition for the HM and encourage BF in the prison system[6]. In Brazil, there is the National Policy for the Care of Women Deprived of Liberty and Former Prisoners, which proposes, as one of its goals, the protection of motherhood and children and promoting breastfeeding in this space[7].

Several national and international authors express concern about the issue of incarceration of lactating women and their babies. For these researchers, the first suggestion should be to offer alternative sentences[8–12], since most of the crimes committed by these women correspond to light sentences[8]. Brazilian law guarantees women who have committed crimes the right to breastfeed at home, and, by order of the Supreme Federal Court, house arrest is granted to pregnant and lactating women who have committed minor crimes to protect women in vulnerable situations. However, there are still women who breastfeed their children in the prison system[13].

The increase in female incarceration impacts the health of women deprived of liberty, with a direct effect on the health of the mother-child binomial living in this environment[8,13]. To assist women who are breastfeeding within prisons, it is necessary for the prison unit to have an organized environment and health network. In this context, to ensure the right

to equal breastfeeding inside and outside prisons, maternal and child health in this space needs to be structured to receive women and children, especially where prisons were not designed and built to facilitate the practice of BF. Since breastfeeding in the prison system occurs not only in Brazil, but also in several countries around the world[3,5–6], measures must be taken to structure the prison system, aiming to address the particular needs of providing dignified care for women and children in prison spaces[13].

The importance of continuity of breastfeeding care in these environments is emphasized, as it is a relevant public health issue[10]. Breastfeeding is an equitable practice that improves the health of the mother-child binomial[14]. Therefore, to provide quality care, it is essential to ensure the continuity of care through coordinated care actions[15–17].

According to the WHO, continuity of care is defined when the user experiences a series of interconnected health care services that meet their needs and preferences[15], and also, there should be well-defined strategies for care coordination, such as: action planning with definition of workflows, protocols, ongoing education, transdisciplinary work and collaboration with the Health Care Network (HCN), thus ensuring comprehensive care[17]. Therefore, for continuity of care, there must be interaction between healthcare services, professionals and patients and their families, who must be co-participants in health production with conscious, responsible and shared decision-making[18].

To promote continuity of breastfeeding care in prisons or others spaces, there must be interaction and understanding between professionals and lactating mothers, and care coordination should establish practices that systematically encourage breastfeeding. The aim is to meet the needs and expectations of breastfeeding mothers, with the support of their families, to achieve greater coordination and integration of actions to promote breastfeeding[5].

Another essential factor for continuity of breastfeeding care is to base all procedures on the axes of promotion, protection, and support. These are the pillars for developing and planning actions focused on ensuring comprehensiveness and quality of breastfeeding care in light of the National Policy for the Promotion, Protection, and Support of Breastfeeding[5].

Therefore, this study has the following guiding question: What is the perception of health professionals and managers in the prison system regarding the continuity of breastfeeding care for lactating women deprived of liberty? Thus, the study aimed to describe the perception of health professionals and managers in the prison system regarding the continuity of breastfeeding care for lactating women deprived of liberty.

METHOD

This is a descriptive-exploratory research, with a qualitative approach, adopting the criteria presented in the Consolidated Criteria for Reporting Qualitative Research (Coreq), which aims to ensure the quality and transparency of the reporting of qualitative research in health[19].

The research was conducted at the Mother and Baby Unit (MBU), a women's prison, located in Rio de Janeiro, Brazil, managed by the State Secretariat for Penitentiary Administration (Seap-RJ). This prison unit has 20 places and is the only prison facility in the state of Rio de Janeiro to accommodate all pregnant women from the 28th week of gestation and all lactating women deprived of liberty. The MBU has a health clinic to serve women and children, with two rooms for health care, one specifically for gynecological consultations and one for outpatient care, both equipped to conduct health consultations.

In addition to this health space, there is an outdoor area with trees, where women can stay with their children and with other inmates. Although there are no bars in this space, these women are watched by prison officers 24 hours a day. The health team only works during the daytime, from Monday to Friday, on a shift basis. Thus, at night, on weekends and holidays, there is no health team, and the security team remains in the prison with the lactating and pregnant women deprived of liberty.

In this prison unit, there are health professionals who work with direct care for lactating women and babies at the health clinic, while other professionals work in indirect health care: managing the service and coordinating care for this population. The MBU health clinic had a total of ten professionals, including two managers and eight health professionals, with one nurse, four physicians and three nursing technicians.

The inclusion criteria for participants in the study were: health professionals who have been working with lactating women deprived of their liberty for at least six months; professionals working in the Women's Health Coordination of Seap-RJ; and professionals who work in the Management of the MBU. Thus, the exclusion criteria were also established: health professionals and managers who were on vacation and/or medical leave; and professionals who only perform security and/or administrative tasks with lactating women deprived of their liberty at the MBU.

The six-month period of work was adopted as an inclusion criterion as the Rio de Janeiro prison system currently hires health professionals at various times of the year, and the study needed professionals with some experience in the mother and baby unit. In terms of management, these

are permanent employees with experience in the maternal and child area in the prison system.

The research started after approval by the Research Ethics Committee, under opinion No.5,456,991, of the *Hospital Universitário Antônio Pedro* of the *Universidade Federal Fluminense*. It was approved by Seap-RJ through Process No. SEI-210008/000303/2022.

Voluntary participation was guaranteed by signing the Informed Consent Form (ICF). To preserve anonymity and confidentiality regarding the data collected, the deponents were identified by the letter P (Participants), followed by an Arabic numeral, according to the order in which the interviews were conducted. No distinction was made in identification regarding professional category, as this was not the aim of the research.

During the interviews, no participants reported or showed any discomfort regarding the topic addressed, and the physical, psychological and emotional integrity of each participant was protected. The type of interview used was semi-structured, combining closed and open questions, based on theory and the guiding question of the research. The interview began with a focus on the professionals' characterization. The analyzed variables were: age, time since graduation, specialization, specific courses in breastfeeding, time working in the prison system and time working with pregnant and lactating women deprived of liberty.

The following guiding questions were used in the interviews: what breastfeeding care is provided in the prison environment? How is breastfeeding care provided in the prison for a lactating mother who will be released, or who will be separated from her child, and/or transferred from the unit? Is there contact between the prison system and the Primary Care Network specific to the territory in which the lactating mother resides?

Data collection took place between December 2022 and January 2023, with five health professionals and two managers of the maternal and child service being interviewed. The interview was individual and conducted privately. With health professionals, the interviews were held in one of the consultation rooms in the health clinic of the prison unit, while with the managers, they occurred in their respective offices located in the administrative sector within the MBU. During the interview period, one professional was on medical leave, and two other professionals refused to participate in the research.

A pilot test of interviews was conducted with a nurse and a manager who had previously worked at the prison unit and were no longer part of the staff. However, the data from these interviews were disregarded and were not analyzed. Through the pilot test, the questions were readjusted, helping to better conduct the interviews.

Upon entering the prison unit, the person must undergo a personal search. After this step, the researcher went to the unit's management and was then taken to the health clinic, always with an escort. In the first week, the professionals were contacted individually, inviting them to participate in the research and were explained about the study and its objective.

The participants were informed that the interview would be conducted in a single meeting, lasting on average forty minutes and, after they agreed to participate, it was scheduled according to their work hours, to avoid interfering with the service dynamics. Participants were very receptive to the main author, who is a nurse in the prison system and has experience in conducting research with qualitative interviews in the prison environment.

After the fifth interview, the researcher reached the point of data saturation, where no new information emerged from the interviewees' reports. However, two more interviews were conducted to confirm the saturation point, resulting in a total of seven interviewees.

The researcher transcribed the statements in a notebook during the interviews. Since there was no authorization from Seap-RJ to use resources for recording and filming the participants, after each interview, the researcher read the answers to the participant, thus validating what was actually answered.

For data analysis, content analysis according to Bardin was used in three stages: pre-analysis; material exploration; and result treatment[20]. The analysis was performed by the researcher using Atlas.ti software version 22, which is a versatile tool for qualitative analysis, providing advanced resources for organizing, analyzing, and interpreting data[21].

The interview data were transcribed from the notebook into Microsoft Word, followed by pre-analysis, with an exhaustive and fluctuating reading of the material to build the corpus based on exhaustiveness, representativeness, homogeneity, and hypothesis formulations. Later, at this stage, the material was explored, with the coding of the meaning units. This was performed using Atlas.ti software version 22[21], identifying the following meanings: promotion, support, and protection of BF, continuity of care, prevention of early weaning, weaknesses and obstacles, separation from the child, and support network. Codes were created and grouped according to equitable meanings. Reports from the software allowed for locating participants quotes and quantify them, which were later grouped into thematic units. And, in the last stage, result treatment, interference and interpretation, and validation of the significant results was

conducted, presenting categories supported by constitutive elements - meaning, code, emitter, and receiver[20].

The analyses were conducted through detailed reading according to the thematic and textual similarity created by Bardin[20]. The following categories emerged: actions for promoting and supporting the continuity of breastfeeding of women deprived of liberty; challenging elements for breastfeeding practice in prison: discontinuity of care. The data were discussed based on the National Policy for the Promotion, Protection and Support of Breastfeeding and on scientific knowledge about breastfeeding in the prison system.

RESULT

Characterization of professional profile

Regarding the profile of the participants in this research, three were physicians, one nurse, one nursing technician and two managers. All were aged 40 or over, with the majority being over 50 years old, with a predominance of females, six women and one man.

Regarding training, the majority reported being specialists, with four professionals specialized in pediatrics and two in gynecology. All participants reported having undergone breastfeeding training, but most of the participants had not participated in any updates for over a year.

Regarding the time since graduation, all had over ten years of professional experience, with four professionals having over 25 years of experience in the profession. However, when asked about the time working in the prison unit specifically for lactating women deprived of liberty, the vast majority had worked there for less than five years. It was found that most of the participants had worked in other activities in the prison system before being assigned to the studied unit. Only the physicians, upon assuming their positions in the prison system, had been assigned to the MBU since the beginning of their activities.

Actions for promoting and supporting the continuity of breastfeeding of women deprived of liberty

Promotional and support actions for the continuation of breastfeeding for lactating women deprived of liberty are conducted through lectures and individual guidance, which are educational actions performed by professionals in the prison system, promoting the continuity of breastfeeding care, as indicated in the following statements:

> *These women are monitored by doctors and nurses during childbirth and postpartum, in the maternity ward and continue the same monitoring here in the prison unit. They all receive individual guidance on the importance of breast milk.* (P4)

> *There are many lectures and meetings about breastfeeding here, and the mothers receive good guidance, better than outside. Our demand is the lowest and that is why we can provide individualized work. Our team is very good.* (P2)

> *To promote continuity of breastfeeding care, health professionals and managers must support women who are deprived of liberty in their needs, to reduce the abandonment of this practice and early weaning, as evidenced by the following statements:*

> *Normally, it is the nursing technicians and the nurse who most support and guide women. Management always helps when necessary, when they are calm, they breastfeed well. (P1)*

> *All health professionals provide individualized care, we guide and support women in breastfeeding and we also receive support from other institutions that work with breastfeeding. (P6)*

In the perception of health professionals and managers, continuity of breastfeeding care structured in the promotion and support offered in the penal institution for lactating women directly affects the decision and behavior of mothers over time regarding breastfeeding. This is because health education becomes a central point for providing guidance to breastfeeding women about breastfeeding, especially on: breast care, latching, correct positioning and its benefits, according to the National Policy for the Promotion, Protection and Support of Breastfeeding. The following statements demonstrate this.

> *Upon leaving the MBU, the former prisoner takes with her the teachings and instructions acquired about breastfeeding, this change in behavior is already observed in her daily life. (P5)*

> *From the moment that lactating women receive support from professionals and guidance on breastfeeding, breast care, and the benefits of breastfeeding for women and children, she understands the need to maintain the continuity of this care for her well-being and that of her baby. (P7)*

For breastfeeding support, there is a sharing of knowledge between professionals and lactating women with encouragement for the promotion of breastfeeding. In this way, women feel secure and supported, as observed below:

They ask for help, they feel safe with health professionals. It is very rewarding as a professional to help women, within the penal system, during the breastfeeding period, everyone learns. (P3)

The greater and better the clarification and interaction between the professional and the woman, the less risk this mother has of denying the child the right to be breastfed. Our work is the same as outside, we encourage women to breastfeed, there is no difference. (P2)

Challenging elements for breastfeeding practice in prison: discontinuity of care

In the prison unit, the child stays with their mother until six months old. Thus, there is a discontinuity in breastfeeding care, perpetuated by this challenging factor, since, before the child is six months old, other foods are already introduced, as the statements below:

When the child turns four to five months old, he/she starts eating salty food and fruit puree, and the bottle [formula] is offered twice a day. At six months, the child is discharged, and the pediatrician gives written guidance to whoever will care for the child. (P1)

Here, the introduction of artificial milk begins, so that the child can go home. As soon as they know that the discharge will occur, the gynecologist prescribes medication to dry up the milk. (P3)

It is also noted that there are no actions for the promotion, protection, and support of breastfeeding care involving the family members or professionals who work in the place that will receive the child after they are separated from their mother. Furthermore, there is no contact between the prison system and other HCN services, as shown in the following statements:

We do not have contact with the family members who will receive the baby, perhaps the social worker does. (P4)

Here, the health professionals do not contact family members or external health network; when necessary, the management requests the psychologist or social services. (P5)

In cases where a lactating woman leaves the prison unit accompanied by her baby, she is advised to seek out a health unit, but the prison institution does not coordinate with the HCN for this care. Thus, there is a discontinuity of care regarding the promotion, protection and support of breastfeeding, which is evidenced in the following statements:

They leave with guidance, there is no active follow-up, we do not know if they continue breastfeeding. We can only say that, while they are here, they breastfeed, after that I do not know. (P2)

Women are encouraged to seek out the Primary Health Care unit when they leave the prison system, but we do not follow up afterwards. (P5)

DISCUSSION

Scientific results demonstrate, in light of the National Policy for the Promotion, Protection and Support of Breastfeeding[5], that educational actions encouraging the implementation and maintenance of breastfeeding practices are fundamental, aiming to reduce early weaning and the consequent reduction of infant mortality[22].

The actions of continuity of care in breastfeeding are based on promotion and support, which positively interfere in the practice of breastfeeding: the humanized relationship between the professional and the lactating woman; the actions to promote breastfeeding conducted within the institution through guidance and educational activities that are often individualized; the support offered by health professionals and managers so that women can breastfeed with greater calm and confidence; the exchange of knowledge acquired by professionals regarding the breastfeeding practice within this environment. Therefore, promotion and support actions are essential for the success of breastfeeding, the reduction of early weaning and the change of habits[22,23].

Another highlight of the study is that professionals move away from care focused on the traditional biomedical model, developing a trusting relationship with breastfeeding woman in the prison environment, with structured actions to promote and support breastfeeding. This creates a continuity of expanded and humanized care to meet the needs of the mother-baby binomial[23].

However, there are factors that directly interfere with the continuity of breastfeeding care in the prison unit. Factors such as the introduction of food before six months of age, lack of guidance for family members, mother-baby separation, and the lack of a HCN interconnected with the prison system influence and increase early weaning, affecting the

health of the woman and the child[24]. The study revealed that the prison institution begins weaning the child before six months, aiming to prepare mother and child for separation, a difficult time for both that causes great suffering[12,23, 25]. Such actions lead these women to become ill, due to the restricted time they have with their children and the lack of contact with their family members[26].

Thus, discontinuity of breastfeeding care occurs within the penal system and, and at times very early, as also occurred in the study conducted in the state of Paraíba, Brazil. This study reported that babies born to mothers deprived of liberty were already receiving pacifiers and formula in their third month of life and had exclusive breastfeeding until the second month[27].

It is clear that the breastfeeding woman in the Brazilian prison system have no decision-making power regarding the length of time they wish to breastfeed and suffer violations of their rights[9,12,23]. This woman breastfeeds under strict rules and without the power to question, with the responsibility falling on the prison institution to dictate when to start and end breastfeeding, without scientific basis that allows the continuity of care in the legal protection of breastfeeding[26,28–29].

Another important element that strengthens continuity of care is referral to health services. When this does not happen, care becomes discontinuous, resulting in fragmentation, and care is no longer comprehensive and equitable. Moreover, it is assessed as being of low quality because it fails to meet all levels of care[17]. It is observed that there is a fragility in this care, therefore, the prison unit needs to expand the assistance provided to lactating women regarding breastfeeding, as there is no service responsible for referring lactating women/children or families/children to the HCN[17,30].

To guarantee the right to breastfeed inside and outside prison equally[23,29], it is necessary for the prison unit to have a responsible professional who can liaise with the HCN to strengthen the continuity of breastfeeding[30], a fact not identified in the service studied.

It is necessary for the unit to have a responsible professional who liaises with the HCN to strengthen the continuity of breastfeeding[30]. In this way, the right to breastfeed inside and outside prison will be guaranteed for the mother-baby binomial and family equally with the general population[23,29].

The situation of breastfeeding in the prison unit falls short of national and international recommendations, leaving this population more vulnerable regarding their health rights. Therefore, it is necessary that continuity of care actions be interconnected with care coordination to develop well-defined strategies. For this, it is essential to implement an effective and efficient policy, specific to the prison system, considering the legal protection of breastfeeding. Since interventions in the practice of continuity of breastfeeding care, such as actions to promote, protect and support breastfeeding, have positive results, which will benefit the health of the mother-child binomial and will also bring benefits to society as a whole[22].

This study presents the importance of meeting the needs of women in the practice of breastfeeding within the prison unit. Nurses are a prominent professional in this context, as he or she must act as a care coordinator, as an educator in the clinical management of breastfeeding, supporting women in their decisions and strengthening the family support network. Therefore, nurses become indispensable for improving continuity of breastfeeding care[17] in this environment of vulnerability for maternal and child health[29].

A limitation of the study is the impossibility of recording the interviews using audio due to security regulations of the prison unit. Therefore, data collection was done through handwritten records, which may have caused the loss of some information. However, the researcher aimed to minimize the limitation by reading the transcript to the participant at the end of each interview to confirm the recorded information.

CONCLUSION

From the perception of professionals and managers at the MBU, the promotion of continuity of breastfeeding care in the prison system occurs through health education, perpetuating the promotion and support of BF, especially by offering lectures, guidance, health care and providing knowledge about the benefits of breastfeeding.

However, there are challenging elements that contribute to the discontinuity of breastfeeding, such as: introducing solid foods before six months of age, lack of support for family members and institutions, and a lack of interaction between the HCN and the prison system regarding lactating women leaving the prison, especially on primary health care.

Thus, it is essential to fully and effectively comply with the National Policy for the Promotion, Protection and Support of Breastfeeding, favoring breastfeeding by lactating women deprived of liberty in the prison system. To this end, there must be shared participation among health professionals and managers, the families of lactating women, with the support of public safety and the Justice. This ensures that the health rights of lactating women and their children are protected, and that the continuity of breastfeeding care is ensured in a global and equitable manner.

Therefore, there is a need for new studies that will contribute to the practice of breastfeeding in the Brazilian prison system, showing elements that hinder the effectiveness of BF, as well as its relationship with early weaning.

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