

## “Whose baby is this?”: challenges for homeless women’s right to motherhood

“De quem é esse bebê?”: desafios para o direito à maternidade de mulheres em situação de rua

“¿De quién es ese bebé?”: desafíos para el derecho a la maternidad de mujeres sin techo

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### Abstract

*The experiences of homeless pregnant women create tensions in the public debate between individual guarantees and limits on State interventions. This article analyzes the scientific research on this issue, focusing on the biomedical, legal, and social arguments backing the positions in this debate. Based on an integrative review of Brazilian and international databases, the authors analyzed 21 studies and identified four propositions: Health risks for the woman and the fetus/child; Discourses on prenatal care; Rights of women and fetuses/children; and Meanings of motherhood. The article concludes that the experience of motherhood for these women is extremely complex, not only because of their homelessness, but due to the entire context, marked by unequal class, race, and gender relations. The Brazilian and international scenario features a discourse of protection and care for the fetus/infant that overrides care for the mother. The criminalization of homeless women’s motherhood has been a global trend in which the expansion of “fetal/infant” rights translates as a cutback in the women’s rights. Such an approach fails to encourage homeless women to seek social and health services, rather discouraging them from doing so. An ethical and humanitarian imperative is to conceive different approaches to care, grounded in a human rights perspective so that care for the fetus/child does not translate as violence against the mother.*

*Women; Gender; Parenting; Homeless Persons; Human Rights*

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## Introduction

This article aims to reflect on homeless women's motherhood. An integrative review <sup>1</sup> was used to examine scientific discourses, analyzing how they present themselves and intersect with biomedical, legal, and social propositions on this subject.

The idea of woman and its association with motherhood is a social construction <sup>2</sup>. In the West, the mother figure evokes sacredness and purity, the one who cares for her children and the home. Meanwhile, homeless women have been associated with prostitution, danger, and crime <sup>3</sup>. To approach the experiences of motherhood for these women strains these constructs and calls for discussion on the limits between individual freedom and State intervention.

The topic has gained visibility in the international scenario since the 1950s due to the growing number of court cases and the debate on homeless women's sexual and reproductive rights, as well as the legitimacy of "fetal rights" <sup>4</sup>. The agenda has not been resolved to date, expressed in the daily reality of health, legal, and social assistance services based on dilemmas involving the defense alternating between the rights of the homeless woman and those of her fetus/infant/children.

In Brazil, the discussion on homeless women's life and health and those of their infants has been present in the social, political, and legal debate, especially since 2012, heavily associated with drug use. The subject reached the mass media, suggesting a direct relationship between drug use and homelessness, (re)produced by the moral discourse on "addiction" in which drugs are purportedly the cause of living on the streets <sup>5</sup>.

However, this discourse is not exempt from vested interests and has often proven equivocal: not everyone living on the streets uses drugs, and the reasons for homelessness vary widely, ranging from generations that are already born on the streets to those for whom life's circumstances make living on the streets a reality/alternative.

In addition, the sensationalist news <sup>5</sup> that backs the moral discourse's production <sup>6</sup> erase the women's context of social vulnerability and become a relevant strategy for maintenance of the status quo and criminalization of these women, considered unfit for exercising motherhood. Such narratives thus take the "war on the poor" for granted, officially disguised as the "war on drugs", serving to induce and justify prohibitionist strategies to the detriment of harm reduction proposals <sup>6,7,8</sup>.

According to Santos et al. <sup>9</sup>, the situation of these women and their infants denounces a social ill resulting from historically unequal gender, class, and race relations that impact specific bodies: women, the vast majority of whom are black and poor, whose life history is marked by structural and institutional violence. These women live in a profound context of abandonment and neglect, challenging the established norms on the meaning of womanhood and motherhood, triggering responses by the State <sup>3</sup>.

In recent decades, such responses have involved the structuring of a network of integrated care between primary care and mental health, with the expansion of Centers for Psychosocial Care and the deployment of Street Outreach Clinics. Meanwhile, measures have been taken to deal with the drug use, especially crack use <sup>10</sup>, reinforcing a hygienist view of the homeless population, shaping a scenario of dispute over models of care, in which public funds from services in the Brazilian Unified National Health System (SUS) have been allocated to the private sector, especially to finance "Therapeutic Communities" <sup>11</sup>.

Such prohibitionist measures have directly impacted homeless women's reproductive rights. In 2014, the Office of the Public Prosecutor for Children and Youth in Belo Horizonte, Minas Gerais State, issued two Rulings <sup>12,13</sup> to maternity hospitals and primary care units, recommending immediate notification to authorities of births to women drug users and/or homeless women. Two years later a new Ruling was issued <sup>14</sup>, this time by the Minors' Court in that state capital, setting a 48-hour deadline (starting at the infant's date and time of birth) to notify the authorities, subjecting healthcare workers to penalties in case of noncompliance with the provisions.

Recent practices of separating mothers and infants, as in Belo Horizonte since 2011 <sup>15</sup> or Rio de Janeiro since 2013 (when 39 newborns were taken from their mothers because they were homeless women that used crack <sup>3</sup>) harken back to the 1920s to 1980s, when thousands of children of parents diagnosed with leprosy were separated and sent to so-called "preventoria", while the parents were isolated in "leprosaria" <sup>16</sup>.

Prohibitionist practices, including hospitalization, tubal ligation, and compulsory separation of women and their infants, initially limited to some Brazilian state capitals, have become the object of denunciations by human rights groups in women's movements and universities. According to these exposés, homeless women and/or those with a history of drug use had their newborn infants kidnapped while they were still in the maternity hospitals and put up for adoption by the courts behind the mothers' backs, even when the mothers had voiced their desire to keep their children and had pursued the means to raise them.

The exposés clearly showed that the system's modus operandi was biased, since it focused on drug use while overlooking the women's life history and context; selective, since the great majority of the rulings targeted poor homeless black women who were "captured" when they appeared at public healthcare or social services; and moralistic, since the same rulings rarely addressed the men who had fathered the babies<sup>17</sup>.

In 2016, a Technical Note<sup>18</sup> by the Brazilian Ministry of Health and the Brazilian Ministry of Social Development and Fight on Hunger reiterated that parents' vulnerability and drug use are not grounds for family separation, filing a reply to the Public Prosecutor's Office in Belo Horizonte<sup>9</sup>. In 2018, the journal *Saúde em Redes* published a special thematic edition of articles by researchers, social movements, and public defenders, joining the efforts at denouncing the abuses, signaling that in the "state of civilization that neoliberalism has produced..., some lives are worth more than others, and many lives ...that are not deemed worthy ...are left to die, or are even killed"<sup>19</sup> (p. 7).

That same year, the United Network [Rede Unida] held the 13th International Congress (<http://www.redeunida.org.br/pt-br/evento/5/>), displaying hundreds of pairs of baby socks on a clothesline, each pair representing a newborn infant taken by force from its mother. The clothesline displayed quotes by the mothers concerning their wish to raise their children, followed by the question: "Whose baby is this?"

The campaign denounced the State intervention's eugenicist nature. By purportedly defending the rights of the most vulnerable, the Minors' Court was perpetuating a structure of oppression, since it made no practical efforts to find effective solutions to the mothers' problem as poor black homeless and/or substance-using women, or that of their infants.

All these issues motivated the current study, recognizing that the institutional responses to the health and living conditions of these women and their infants require the production of knowledge on the topic. To examine the research output on this subject means to spark a debate on health practices and policies.

## Methodology

This is an integrative review study of the scientific literature on homeless women's motherhood. Integrative reviews encompass a set of techniques to retrieve, map, select, evaluate, and produce critical analyses of knowledge production on a research object or question<sup>1</sup>.

In building an overview of a theme, an integrative review does not form a homogeneous whole, as suggested by the term "integrative", but sometimes reveals (as is appropriate) the contradictions and deletions, allowing to identify reasons by which a research topic or agenda stands out.

The method's choice is based on the recognition of the analytical potentialities in the way studies portray homeless women's motherhood/parenting. There are two key questions: (i) Which propositions back the production of these studies?; and (ii) How do biomedical, legal, and sociological/anthropological knowledges permeate the social and political production of these motherhoods?

The literature survey was done in June 2019 with two search strategies using descriptors in Portuguese and English in the databases Virtual Health Library (VHL), Scopus, Web of Science, and SciELO. The first strategy consisted of the simple combination of the descriptors "women, motherhood, and street", aimed at broader coverage (Figure 1). The second consisted of a more specific strategy incorporating more descriptors and two other domestic databases: Brazilian Open-Access Portal of Scientific Publications (Oasis) and CAPES Catalogue of Theses and Dissertations.

The retrieved studies were organized using the Mendeley software (<https://www.mendeley.com/>), facilitating database cleaning and checking duplicates. We considered available and accessible publi-

cations in Portuguese, English, or Spanish. A first scan of the studies was done with the title, validated by two ad hoc reviewers. Next, we excluded the articles that lacked full texts. Based on reading the abstracts, we maintained the studies related in some way to the theme of homeless women's motherhood while excluding clinical trials, routine prenatal service protocols, and specific studies on the evaluation of services that lacked discussion on homeless women.

The selected studies led to a data matrix organized with the following information: title; authors; affiliation; objective; type of study; methods/methodology; participants; principal findings; area of knowledge; language; year; place of publication; and funding support. Next, an exhaustive reading of the studies was performed, seeking to identify core meanings<sup>20</sup>. From the perspective of discursive practices, core meanings refer to understanding language (written, spoken, imagistic, body) as social practices in action<sup>20</sup> that express conditions of historical and political possibilities in which the production of discourses is anchored.

The analysis was performed by acknowledging biomedical, legal, and sociological/anthropological forms of knowledge as discourses and places of speech that offer different ways of viewing the topic, in permanent tension, including within each of them, given that they do not produce unique propositions. When observing these forms of knowledge and discourses, we ask, how do they connect? How are they transformed? Which disputes are in play? Which interfaces are produced between the propositions?

## Results and discussions

The idea of woman is a social construction that acquired clear contours in modernity when it was associated with the ideology of instinctive love for the offspring and virtuous devotion to the home<sup>21</sup>. Women's bodies are operated by rules and standards of normality, with science playing an important role in the construction of practices and knowledge impacting these bodies. "Woman" viewed as a synonym for "mother" reflects this constructed ideal, and whenever something questions this standard, there are tensions. Homeless women's experiences of motherhood place the establishment in check, sparking debates and analyses in both the social and academic milieus.

The research production identified in this integrative review (Box 1) expresses different rationalities and ways of understanding these women's experiences of motherhood. The corpus for analysis consisted of 21 studies, based on which four propositions were identified:

**(I) Health risks for the woman and the fetus/child:** predominant in international discussions, this proposition is anchored in the perspective of biomedical studies on risk factors, arguing that homelessness alone is already a risk factor for adverse pregnancy events in these women. This argument is disputed by sociocultural studies that incorporate a macrostructural perspective in the production of these risks, questioning the weight of the social and political context or lifestyle.

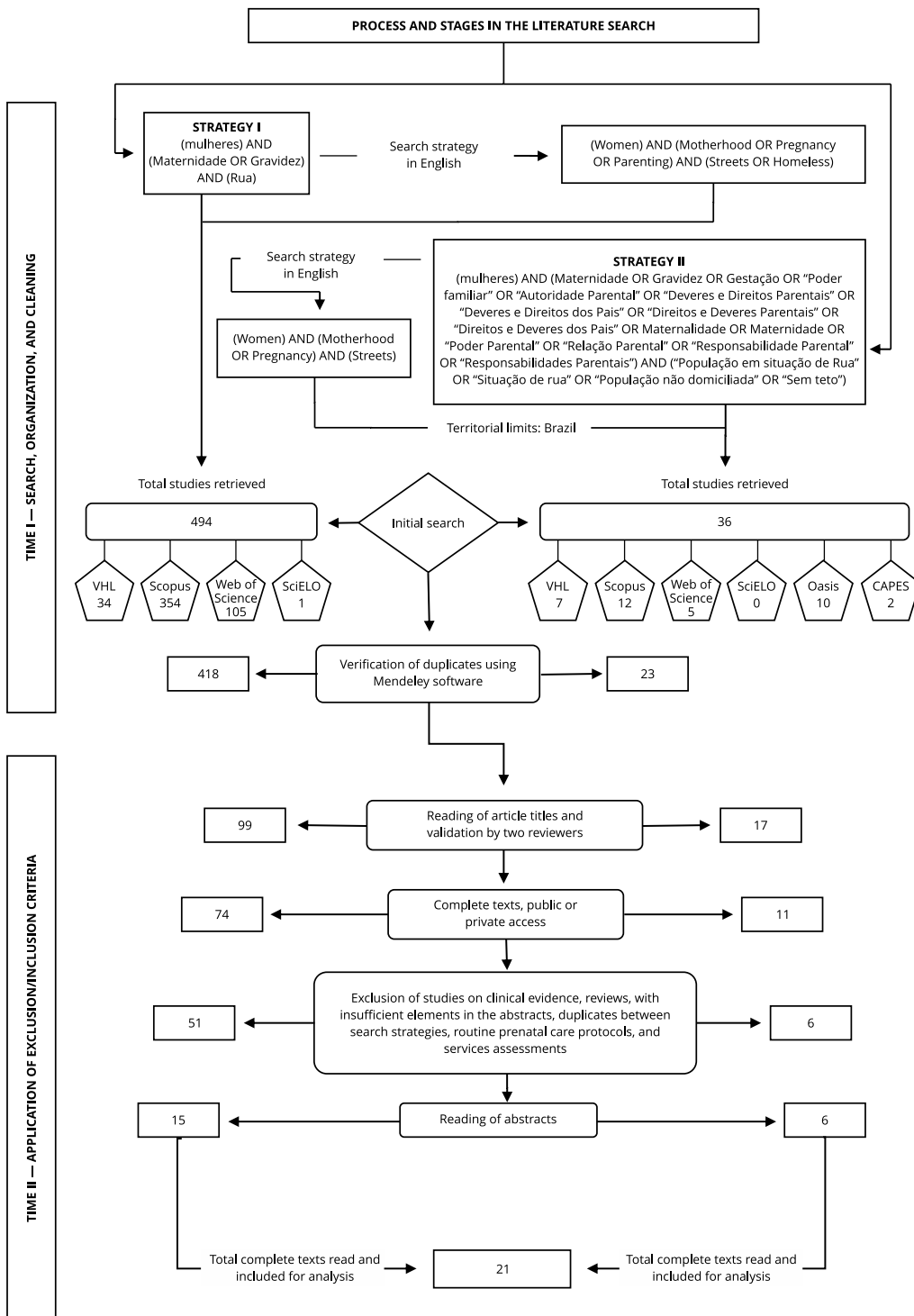
**(II) Discourses on prenatal care:** in both the international and Brazilian contexts, prenatal care has been viewed as a technology of care that favors the control and mitigation of risk factors that produce adverse effects on homeless women's pregnancy. The prevalent view is that of social sciences in health, calling attention to the fact that legal and normative provisions centered on punishment produce distrust and lead to abandonment and the women's refusal to seek healthcare and social services.

**(III) Rights of women and fetuses/children:** only international studies were found in this category. This proposition clearly reveals the dubieties between the defense of the women's rights and those of the fetuses/children. The studies show that while the assumption of the legal knowledge mobilized by the State is that homeless women are unfit to exercise motherhood, justifying the idea that it is necessary to protect the fetuses/children, the social sciences produce a tension with such knowledge, denouncing the production of stigmas, social exclusion, the break in affective and social bonds, and discouragement of women from turning to healthcare and social services.

**(IV) Meanings of motherhood:** studies with this proposition are mostly Brazilian and are grounded in the social sciences perspective. They discuss homeless women's desire for parenting as a possibility for (re)construction of alternative ways to live their lives. These studies acknowledge that such motherhoods are far from ideal, but that there is a possibility of exercising them through public policies that support these women and their infants.

Figure 1

Process and stages in the literature search.



CAPES: Brazilian Graduate Studies Coordinating Board; Oasis: Brazilian Open-Access Portal of Scientific Publications; VHL: Virtual Health Library.  
 Source: prepared by the authors.

**Box 1**

Characteristics of publications on homeless women with a history of drug use.

PROPOSITION/STUDY (YEAR)	JOURNAL	OBJECTIVE	METHODS
<b>Health risks for the woman and fetus/child</b>			
Kassada et al. <sup>22</sup> (2013)	<i>Acta Paulista de Enfermagem</i>	Determine the prevalence of drug abuse by pregnant women	Quantitative cross-sectional study
Sakamoto et al. <sup>23</sup> (2015)	<i>Reprodução &amp; Climatério</i>	Assess etonogestrel implant in women in Crackland, São Paulo city center	Quantitative empirical study on women living in Crackland, multiple drug users
Rocha et al. <sup>24</sup> (2016)	<i>Cadernos de Saúde Pública</i>	Analyze prevalence of illicit drug use and associated factors during pregnancy	Quantitative cross-sectional study nested in a prenatal cohort of pregnant women drug users
Gustavsson <sup>25</sup> (1992)	<i>Social Work in Health Care</i>	Critically discuss scientific evidence in studies on incidence and consequences of chemical substance use for fetal and maternal health	Theoretical review article with no reference to methods employed in its production
Bassuk & Winreb <sup>26</sup> (1993)	<i>American Journal of Orthopsychiatry</i>	Explore the impact of homelessness and its adverse effects on pregnant women and their infants	Qualitative empirical study
Bloom et al. <sup>27</sup> (2004)	<i>Journal of Obstetric, Gynecologic, and Neonatal Nursing</i>	Explore and describe barriers for homeless women to access prenatal care in northeast Florida (United States)	Quantitative empirical study using questionnaire administered to homeless women
Schempf & Strobino <sup>28</sup> (2008)	<i>Journal of Urban Health</i>	Discuss the degree to which adverse maternal-infant health effects are consequences of drug use	Empirical study: epidemiological-clinical, self-report, patient files, and urinary toxicology tests at delivery
Leppo <sup>29</sup> (2012)	<i>International Journal on Drug Policy</i>	Analyze women's perceptions of risk involved in drug use during pregnancy	Qualitative ethnographic empirical study
<b>Discourses on prenatal care</b>			
Araújo et al. <sup>31</sup> (2017)	<i>Revista de Enfermagem UFPE On Line</i>	Analyze nursing care	Empirical study: qualitative, with healthcare personnel in Street Outreach Clinics
Beal & Redlener <sup>32</sup> (1995)	<i>Seminars in Perinatology</i>	Discuss the implications of prenatal care for homeless women	Qualitative empirical study
<b>Rights of women and fetuses/children</b>			
Garcia <sup>33</sup> (1992)	<i>Journal of Legal Medicine</i>	Analyze tensions between right of women/ mothers and fetal rights	Theoretical/conceptual article with essay format
Olsen <sup>34</sup> (2014)	<i>Drug and Alcohol Review</i>	Discuss child welfare policies focusing on parents that use drugs	Theoretical article
Maher & Curtis <sup>35</sup> (1992)	<i>Crime, Law, and Social Change</i>	Problematize the relationship between women's emancipation and crimes committed by women	Qualitative empirical study
Cohen <sup>36</sup> (2018)	<i>Michigan Law Review</i>	Discuss the effects of legal-normative provisions on maternal-infant health	Theoretical article
Poland et al. <sup>37</sup> (1993)	<i>Drug and Alcohol Dependence</i>	Discute, com base no ponto de vista das mulheres usuárias de drogas grávidas, suas atitudes em relação ao potencial efeito de uma lei punitiva sobre o comportamento de uso de substâncias durante a gravidez	Artigo empírico, qualitativo, entrevista
Moss <sup>38</sup> (1991)	<i>Women's Health Issues</i>	Analisa os efeitos dos marcos legais que tratam sobre o uso de álcool e outras drogas por mulheres grávidas	Artigo de natureza teórica

(continues)

**Box 1 (continued)**

PROPOSITION/STUDY (YEAR)	JOURNAL	OBJECTIVE	METHODS
<b>Meanings of motherhood</b>			
Costa et al. <sup>39</sup> (2015)	<i>Saúde e Sociedade</i>	Investigate the daily routine of homeless pregnant women and their relationship to public policies in the city of Santos on the coastline of São Paulo state	Empirical study: qualitative, recording and studying narratives of life memories of homeless pregnant women in the city of Santos
Oliveira <sup>40</sup> (2015)	PhD thesis	Analyze the process of naturalization and accountability of roles socially attributed to the mother figure in material and emotional care for their children	PhD thesis in Social Work, case study of mothers of homeless adolescents and youth
Almeida & Quadros <sup>41</sup> (2016)	<i>Pesquisas e Práticas Psicossociais</i>	Tell stories and experiences in the field of research on homeless women and their ways of relating to motherhood	Empirical study: qualitative, life histories
McClelland & Newell <sup>42</sup> (2008)	<i>Journal of Research in Nursing</i>	Describe the experiences of motherhood for female sex workers that use drugs in the context of homelessness	Empirical study: qualitative, focus group
King et al. <sup>43</sup> (2009)	<i>Journal of Youth Studies</i>	Analyze narratives of women/mothers on meanings of motherhood	Empirical study: qualitative, with semi-structured interviews

Fonte: elaboração própria.

The organization of these articles based on the identification of these propositions considered the centrality of discussions in the studies. The organization is didactic, since the articles' discussions overlap. The discussion on drugs also gains importance in both Brazilian and international studies. Beyond combining such diverse articles and contexts, the "drug issue" appears in the propositions as a device to justify strategies of surveillance and intervention in the bodies of these women and their children.

### **Health risks for the woman and the fetus/child**

In 8 of the 21 studies, we identified the proposition of health risks for the woman and the fetus/child. Three studies problematized the theme based on Brazilian experiences <sup>22,23,24</sup> and five based on the international context <sup>25,26,27,28,29</sup>. Scattered across time and context, these studies share the idea that risks permeate the production of these motherhoods, due to homelessness and/or drug use.

From the conceptual point of view, risk is a probabilistic measure referring to the odds of a given problem or event occurring. In public health, the concept inaugurated a new reasoning in the way of organizing health practices and services in which preventing and controlling risk factors assumes a central position in the actions <sup>30</sup>.

In the studies in this review, the propositions pertaining to risk factors for the woman and for the fetus/child appear in permanent tension: are homelessness and drug use the preponderant factors for the adverse maternal and child health outcomes, or the political and social context, often prior to life on the streets and drug use <sup>26,28</sup>? What weight more for the adverse pregnancy outcomes in these women: substance use practices, type of substances, lifestyle, or the context of poverty, in which living on the street becomes the expression of precariousness <sup>26,29</sup>?

These tensions are anchored in different understandings of the risks, ranging from biomedical understanding, based on the assumption that merely living on the streets is already a risk to the pregnancy, and that adds to the drug use, to sociocultural studies contending that the risk factors are structural and thus related to the context of life's precariousness <sup>25,26</sup>.

From the biomedical point of view, the studies emphasize the cause-consequence relationship and point to "risk-free" motherhood as the solution: the return home and abstinence from drug use



22,23,24. Meanwhile, sociocultural studies feature the meanings and perceptions that the women and healthcare workers construct about the risks and living, labor, and health conditions 26,27,29.

The studies with a biomedical emphasis strive to locate the possible adverse obstetric and neonatal effects: abortion 23, hemorrhages, anemia, fetal malformation, preterm birth 27, low birthweight 28, and others. The debate consists of establishing relations between living conditions, habits, and legal and illegal substance use and their effects on health, especially for the fetus/infant 24,28. But some studies also show that there is no definitively established causal nexus between substance use, gestational age, and the occurrence of negative outcomes 23,24,28.

In some of these studies 22,23, the risk discourse is also associated with the services' organization, indicating that homelessness and illicit drug use cause both individual harms to the health of the woman and the fetus/child and social harms such as growing expenses for health systems and an overload on the hospital bed occupancy rate and social assistance. In this context, one study 25 recommends an industrial chain of toxicology tests for these women and their newborns (via meconium and the mother's hair and urine) as a strategy to control risk factors related to drug use.

Another study 23 compares the costs of low and high-risk childbirth and neonatal care with cost-benefits resulting from subdermal contraceptive implants used for three years, containing 68mg of etonogestrel, in a population of 106 women in the area known as "Cracolândia" (Crackland) in São Paulo. According to the authors 23, investment in the prevention of unplanned pregnancies in homeless women and/or drug users is the best and cheapest option.

From another perspective, studies with a sociocultural approach 26,27,29 view risk factors as a social construction regulated by each social actor's place of speech. Thus, healthcare workers and homeless women with (or without) a history of drug use tend to perceive risks differently 29.

For Bassuk & Weinreb 26, the distribution of risks is markedly unequal. According to the authors, risk factors operate on the border of structural inequalities, and the bodies of poor black women receive the most frequent and intense impact from political, economic, and social decisions that maintain the risk factors' historical reproduction.

In keeping with this view, Leppo 29 highlights that the biomedical discourse on drug use targets the female body on the streets via morality, where abstinence not only poses a risk to the mental health of these women but also carries a heavy demand, since to "stay clean" they would often have to break with significant social bonds and ties.

Leppo 29 emphasizes that for the women, abstinence does not solve the risks they face daily in their social context (poverty, racism, patriarchy, violence) and that their concerns include the possibility that the baby will present withdrawal symptoms and interventions leading to their separation from the child. Thus, these women tend not to avoid seeking healthcare and social services.

Data reported by Leppo 29 break with narratives that tend to view homeless women as negligent due to their low adherence to prenatal care programs, corroborating findings by Bloom et al. 27 for whom barriers to prenatal care constitute important risk factors for adverse pregnancy and childbirth events for these women.

### **Discourses on prenatal care**

The debate on prenatal care in homeless women appears in 2 of the 21 studies 31,32. Although the studies were produced in different contexts, the first in Brazil and the second in the United States, they converge in the idea that motherhood for these women poses a series of challenges for healthcare personnel and systems.

There is a consensus among these authors 31,32 that prenatal care, when well-managed, i.e., timely enough for early diagnosis of the pregnancy, with serological testing and receptiveness to the women's needs, can be a device of care capable of controlling and reducing the health risk for the pregnant woman and fetus.

For the authors 31,32, these women are marked by a wide range of demands which often extend beyond the health sector, including during prenatal care. These challenges vary from issuing personal identification papers to the supply of living facilities for the mother and infant and in some cases the entire family.



The authors<sup>31,32</sup> also agree on the idea that the way services organize to respond to the challenges for homeless women can be crucial for better pregnancy outcomes, not only from the biomedical point of view, but also to guarantee the women's rights and those of their children.

Discussing the organization of prenatal care for homeless women, Araújo et al.<sup>31</sup> focus on prenatal care consultations by nursing staff in the Street Outreach Clinic. Meanwhile, Beal & Redlener<sup>32</sup> discuss the implications of prenatal care for controlling and reducing risk factors that produce adverse effects on the women pregnancies, such as poverty, malnutrition, and precarious housing.

Araújo et al.<sup>31</sup> (p. 4105-6) problematize healthcare practices based on homeless women's place of speech and contend that *"prenatal care can control the risk factors leading to gestational complications, besides allowing detection and timely treatment of complications, contributing to more favorable perinatal and maternal outcomes"*. However, they warn that *"prenatal care, no matter how many visits, does not guarantee adequate care"*<sup>31</sup> (p. 4106), so prenatal care initiated late tends to favor the occurrence of adverse birth outcomes (prematurity, low birthweight, and fetal and/or maternal death). For the authors<sup>31</sup>, designing the (re)organization of maternal-child services from the point of view of these women means acknowledging how they feel at the services, which treatments are offered, and the reasons contributing to their failure to seek the services or to drop out.

The authors<sup>31</sup> also state that the ideals of the Brazilian National Humanization Policy (PNH) favor the perspective of place of speech and sympathetic listening, shifting the dropout indicator from explanations centered on lifestyle to the understanding that failure to return to the services may be due to discouragement, but also *"because the women have been victims of prejudice in the institution's care"*<sup>31</sup> (p. 4106).

The authors<sup>31</sup> thus view prenatal care not only as the performance of laboratory tests and immunization, but as a moment of listening. From this perspective, (re)organization of healthcare practices wagers on prenatal care as a time of bonding between healthcare personnel and *"high-risk pregnant women that should receive special care, with the likelihood of acute intoxication leading up to the moment of childbirth"*<sup>31</sup> (p. 4106).

Another point of convergence between the two studies<sup>31,32</sup> is the acknowledgement that these pregnancies are produced in situations of extreme social vulnerability. Organizing this prenatal care requires the production of more than basic or routine care. For Beal & Redlener<sup>32</sup>, there is a structural level that hinders homeless women's access to health services, and when they do come, more than routine care must be provided. To respond to the challenges faced by homeless women, prenatal care must address not only the health issue itself, but the social context in which these motherhoods are produced: *"familial dysfunction, poor planning abilities, or substance abuse"*<sup>32</sup> (p. 308).

These same authors thus wager politically<sup>31,32</sup> on the reorganization of healthcare, since they understand the need to acknowledge that homeless women have diverse needs and that the reasons for these women's homelessness differ, as do the ways they relate to "the street".

### **Rights of women and of fetuses/children**

The debate on the rights of homeless pregnant women appeared in 6 of the 21 studies<sup>33,34,35,36,37,38</sup>, all international. This does not mean that these discussions are not taking place in Brazil. There is important research work to back this debate, as mentioned with the United Network, but it was not located in the integrative review.

The studies<sup>33,34,35,36,37,38</sup> describe different legal understandings of the issue and the ways they are expressed in biomedical practices and in routine healthcare and social services. They are based on the acknowledgement of a tension between the rights of homeless mothers and those of fetuses/infants, with a certain consensus that the central issue is not only an analysis of the State's role, but of interests pertaining to these women's bodies and their offspring. Here, the debate on motherhood and drug use overlaps the discussions on motherhood and homelessness.

Garcia<sup>33</sup> problematizes the tension between individual safeguards and the State's role, calling attention to controversial issues in the scientific literature. For the author, it is still not clear whether drug use by these women is a medical issue or one of public security, or whether these pregnant women should be considered criminals due to this drug use and the potential harms to the fetus. For

the author, if pregnancy in these women is considered a social problem, it remains to be determined when the State should intervene to guarantee rights (which ones, and of whom).

“[The debate on] *drug addiction during pregnancy raises the question of at what point during gestation the state has an interest compelling enough to warrant intervention to protect the fetus. However, the additional issue of whether the unborn have a right to be born healthy compounds the problem of determining when the state should step in to protect the health of the unborn*”<sup>33</sup> (p. 136).

For Garcia<sup>33</sup>, there is a global trend to create legal provisions that classify drug use during pregnancy as evidence of neglect and/or child abuse. These provisions are anchored in rationalities that juxtapose the women’s rights with those of the fetus or infant and are centered on this division, relegating the “need for help” for these women and inflating the rights of the fetus or infant. According to this logic, such guarantees can only be achieved if the State takes custody of the baby.

For Olsen<sup>34</sup>, the standard State response centered on punitive norms for health issues such as drug use during pregnancy undermines the debate on issues that permeate the production of these motherhoods: “*If our aim is to prevent harms to children, then our primary focus should be on supporting, not forcing, women and their families through drug treatment and social services options*”<sup>34</sup> (p. 29). The author suggests that the laws backing criminalization of homeless women’s motherhood operate on the separation between the body of the woman/mother/drug user, viewed as perpetrator of the crime, and the body of the child, seen as victim of her drug use.

According to Maher & Curtis<sup>35</sup>, this form of policymaking produces psychological traumas in the mother-infant relationship and increases the costs of social services (institutions receiving the women and children). By focusing on damage control, the State’s responses shift the attention from understanding how the organization of class, race, and gender structure operates on homeless women’s bodies and ultimately bypasses the need for a national health policy.

Cohen<sup>36</sup> studied toxicology tests performed during pregnancy and found that women were tested without their consent or knowledge of the test results, with reports that when women failed to waive their patient-physician confidentiality rights, the newborns were taken from them and put up for adoption.

For the author<sup>36</sup>, the idea that homeless women pose a threat to their infants is grounded in the belief that drug use produces inferior offspring, capable of overloading health, social, and educational services. Infant protection notwithstanding, the discourse that it is necessary to safeguard the children makes the enforcement of punitive norms unacceptable, since it acts as an institutional violation of rights and serves as justification to suspend any women’s rights<sup>36</sup>. The author contends that such strategies create breaks and mistrust in the bonds between healthcare personnel and women.

These intersections between biomedical and legal knowledge and practices are expressed in the normative provisions. Cohen<sup>36</sup> notes that the denial of women’s autonomy over their bodies, even when they are pregnant, and toxicology testing without their consent and knowledge of the effects are not only misogynous but represent medical neglect, of which the perpetrators should be held accountable.

Poland et al.<sup>37</sup>, based on the women’s reports, discuss that punitive laws function for them as an impediment to the use of prenatal healthcare and social services. Thus, homeless women are more likely not to adhere to care “*for fear of incarceration and loss of their children*”<sup>37</sup> (p. 202) This debunks the widespread belief that punishing women’s drug use during pregnancy contributes to abstinence.

### **Meanings of motherhood**

The debate on motherhood as a possibility for other meanings for homeless women appears in 5 of the 21 studies, three of which published in Brazil<sup>39,40,41</sup> and two in the international context<sup>42,43</sup>.

These studies<sup>39,40,41,42,43</sup> contain common core meanings that consider the possibility of other ways of living one’s life based on the experience of motherhood.

In these studies, so long as motherhood is wanted, it can represent a turning point in the lives of these women, potentially triggering the building of other life projects in which leaving the streets and interruption of drug use are goals. Still, authors such as Costa et al.<sup>39</sup> and King et al.<sup>43</sup> acknowledge that the women’s daily struggle for survival become a hurdle to shifting their intentions from the field of wishes to planning effective strategies.

Oliveira<sup>40</sup> also notes that while the desire for motherhood may favor building other meanings and life projects, such desire alone does not guarantee the projects' long-term sustainability, since generational inequalities weigh on these women.

Oliveira<sup>40</sup> has used the concept of "street mothers" to refer to women/mothers who want to bear and raise their children but live in a context of profound social unprotectedness. "Street mother" is a metaphor that expresses social gender contradictions<sup>9</sup>, since it is socially expected of such women that they will quit their drug use on behalf of their "offspring" and become domiciled, assuming the provision of their children's wellbeing, even without structural conditions such as housing policies to favor them. According to Oliveira<sup>40</sup>, since the responsibility for providing the children's social wellbeing falls on the shoulders of the homeless women or "street mothers", the father's role is nearly always ignored.

In the international context, King et al.<sup>43</sup> analyzed homeless women's discursive practices and concluded that these motherhoods may represent a "turning point in the lives", so long as the political and social conditions and not only lifestyles favor it. The authors further suggest that the arrival of a child may represent the possibility of the mother projecting herself into the future. The women participating in the study reported that "*cutting off contact with their friends, and not hanging out downtown anymore, as an important part of their move away from the street and into a parenting role*"<sup>43</sup> (p. 145).

Almeida & Quadros<sup>41</sup> presented similar findings, demonstrating that the women they interviewed basically realized that the context of the street and drug use did not favor their children's physical, social, and psychological development.

Homeless women's history is marked by encounters with violence, premature losses, unprotected sex, mental health issues, and difficulties in access to contraceptive methods. For Almeida & Quadros<sup>41</sup>, such experiences permeate the ways they exercise motherhood, far from the "gold standard" found in the literature and acknowledged as ideal.

McClelland & Newell<sup>42</sup> state that drug use is not necessarily a predictor of negligent, irresponsible, and lax motherhood, although acknowledging that it can favor behaviors that expose the children to unnecessary risks. Importantly, the literature has reported cases of women/mothers that tend to orient their drug choice and the development of strategies so that drug use will not pose a threat to their children.

As cited by Almeida & Quadros<sup>41</sup> (p. 231), "*Maria dos Anjos reported that she does not use alcohol or cigarettes, stating that these habits are not good for her children. She chooses the drugs she consumes on the condition that she does not lose consciousness, because her greatest fear is that something could happen to the children and that she wouldn't be able to care for them*".

By analyzing the life stories of three women, Almeida & Quadros<sup>41</sup> stated that since they want the best for their children, they are constantly negotiating the exercise of their maternal roles "*as best as they can*"<sup>41</sup> (p. 235). According to the authors, these three mothers wish better "fates" or "futures" than their own for their children. The study shows that even living on the fringes and exercising other ways of showing their affection, protection, and care, the women participating in the study "*are overflowing with feelings that shape another future for the woman-mother*"<sup>41</sup> (p. 236).

Concerning motherhood as a possibility for building new life projects, Costa et al.<sup>39</sup> suggest that some homeless women/mothers did not want the pregnancy, but did not report condom use, which according to the authors indicates that the women assumed pregnancy as a daily possibility. According to the study<sup>39</sup>, many women reported dissatisfaction when they discovered the pregnancy but became happier over time. The authors call attention to the fact that accepting the pregnancy does not mean establishing affective bonds with it or the desire to keep and raise the child.

"*There is a protective bond, with different variations: some turn to institutions and persons that can raise their child under better conditions; others say that regardless of their current situation, they want to keep and raise their child; others have still not displayed bonding, which leads to abandoning the child*"<sup>39</sup> (p. 1097).

The observation of various possible ways of exercising the mother's role suggests a perception that living on the streets with a history of drug use does not favor caring for a child. It further suggests that when deciding to "turn over" the infant to an institution or someone close with whom they are often able to maintain some connection to their children, these women do so not because they do not love their children, but precisely because they believe they are doing the best for them.

## Final remarks

The analysis of the discursive production of science concerning homeless women's experiences with motherhood allowed the identification of contradictions, deletions, and issues that bring the issue to the surface. Identification of the core meanings in the studies allowed analyzing how the different forms of knowledge (biomedical, legal, and socio-anthropological) produce scientific discourses and offer distinct but complementary ways of viewing the topic, constituting a discursive corpus that often becomes the hegemonic discourse of protection and care for the fetus/infant, while also signaling, although marginally, the implications of social inequalities and the challenges for guaranteeing homeless women's right to motherhood.

The studies acknowledge homeless women's pregnancies as a State matter and find a centrality in the idea of protection for the fetus/child, to the detriment of understanding of the life context of these women and their pregnancies. Most of the studies avoid any discussion of male chauvinism, racism, and poverty, sometimes mobilizing race, gender, and poverty as descriptive variables, erasing the sociological dimensions of these concepts and the capacity to discuss power relations as keys for understanding the life history of these women and their motherhoods.

Despite this void, which is not by chance or even a mere coincidence, some studies highlight the abyssal line operating on women's bodies, selecting those that are "authorized (and urged)" to reproduce and those placed under regimes of constant surveillance to be controlled and even prevented from bearing descendants. These are often homeless or slum-dwelling women and/or psychoactive substance users, black and poor.

When a homeless or drug-using woman breaks the law or infringes the norm, her parental power is revoked, justified by a series of legal propositions grounded in the idea of risks to the infant, addressed here specifically in the studies from the group "health risks for the woman and the fetus/child". The risk discourse is mobilized to justify interventions in the bodies of these women and to underpin the State's option, in its legal and social assistance form, through advocacy for the more vulnerable fetus/child. Thus, the hegemony of biomedical risk discourse hides the fact that separating these women from their children is contingent on the condition of poverty and the weakness of these women's social, community, and family networks.

This debate addresses the biomedical risks (and especially the biological ones). It is the perception of this risk that makes the inscription of these bodies possible in the political domain, shifting these women's pregnancy from the private family sphere to a State matter that ultimately decides who prevails, and which rights: those of the homeless woman or those of the fetus/child.

By prioritizing the biological perspective, the biomedical discourse on risk shifts the solutions to problems experienced by these women and their infants from collective strategies such as policies to reduce inequalities (based on gender, race, poverty, housing, food, etc.) to individualizing strategies such as abstinence, medical procedures, laboratory tests, and suspension of parental power.

In the risk proposition, the association with drugs proved constant, even without explicit use of the term "drugs" in the search strategy. This is another aspect that reinforces the idea, both derogatory and mistaken, that discriminates, excludes, and associates homelessness with drug consumption.

A counterpoint to the risk proposition appears in the discourse on prenatal care, although only two studies were found. At both the national and international levels, the search identified strategies with approaches to (and recognition of) specificities involved in prenatal care for these women, as well as the barriers created by structural issues. The studies acknowledge that there are risks in homeless women's motherhood, but that prenatal care can be mobilized as a technology of care capable of reducing risks, in a wager on the organization of humanized, territorialized inter-sector care, operated by soft and soft-hard technologies. Even so, the studies underscore that prenatal care, regardless of whether it is performed in timely and routine fashion, is not necessarily an indicator of homeless women's future mothering capacity.

The literature indicates that solutions to tensions between the women's rights and those of the fetus/child involve coercion/punishment and the mandatory supply of assistance focused on the infant's well-being. Santos et al.<sup>9</sup> call attention to the fact even in health services in the SUS, oriented by altruistic and humanitarian values, homeless and drug-using women are stigmatized and blamed

for their condition of poverty and drug use. The authors indicate that the prevailing ideal in the services' organization is that of housewife, good wife, and wholesome mother.

In this case, despite all possible good intentions toward the fetus/child or even the mother, such practices may create other situations of violence besides those already present in the context of homelessness and in these women's life histories<sup>3</sup>. The contradiction of these practices is that they produce the "perversity of 'doing good'"<sup>19</sup> in which human rights clash with the limits of laws.

In the wake of these contradictions, there is an important contribution by studies that denounce the serious violations these women suffer and the need to place limits on the State's actions to prevent it from committing abuses in its interventions. The studies show that criminalization of these motherhoods has been a global trend in which the expansion of "fetal/infant" rights means a cutback in the women's rights, to the point that homeless women avoid using social and health services.

Thus, "Whose baby is this?", the opening question in the article's title, is not a simple one. The answer usually requires complex linkage between profoundly interconnected dimensions of human life, ranging from macropolitical processes that sustain the reproduction of structural conditions permeating ways of life on the street, such as poverty, racism, and patriarchy, to subjective processes related to the meanings of motherhood and homelessness in the lives of these women. An ethical and humanitarian imperative is to conceive other modes of care, grounded in a human rights perspective, so that care for the fetus/child is not translated as violence against the women.

## Contributors

G. C. Santos conceived the study and wrote the article. T. W. F. Baptista e P. Constantino revised the article. All authors approved the article's final version.

## Additional informations

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## Resumo

*As experiências de mulheres gestantes em situação de rua colocam na arena do debate público tensões entre garantias individuais e limites às ações do Estado. Este artigo analisa a produção científica sobre o tema, a fim de reconhecer os argumentos biomédicos, jurídicos e sociais que sustentam os posicionamentos neste debate. Baseando-se em uma revisão integrativa, em bases de abrangência nacional e internacional, foram analisados 21 estudos e identificados quatro enunciados: Riscos à saúde da mulher e do feto/criança; Discursos sobre o pré-natal; Direitos de mulheres e de fetos/crianças; e Os sentidos sobre maternidade. Conclui-se que a experiência de maternidade dessas mulheres é extremamente complexa, não apenas pela situação de rua, mas por todo contexto, marcado por relações desiguais de classe, raça e gênero. Nos cenários nacional e internacional, sobressai o discurso de proteção e cuidado ao bebê/feto, em detrimento das mulheres gestantes. A criminalização dessas maternidades tem sido uma tendência global em que a expansão dos direitos “fetais/infantis” significa a retração dos direitos das mulheres. Esse modo de operar não produz e não incentiva que as mulheres busquem os serviços sociais e de saúde, mas o contrário. Torna-se um imperativo ético e humanitário pensar outros modos de cuidar, ancorados na perspectiva dos direitos humanos, para que a assistência ao feto/criança não seja traduzida em violência às mulheres.*

*Mulheres; Gênero; Maternidade; Pessoas em Situação de Rua; Direitos Humanos*

## Resumen

*Las experiencias de mujeres gestantes sin techo exponen a debate público tensiones entre las garantías individuales y los límites a las acciones del Estado. Este artículo analiza la producción científica sobre el tema, a fin de reconocer los argumentos biomédicos, jurídicos y sociales que sostienen los posicionamientos en este debate. A partir de una revisión integral, en bases de datos con alcance brasileño e internacional, se analizaron 21 estudios, donde se identificaron cuatro enunciados: Riesgos para la salud de la mujer y del feto/bebé; Discursos sobre el período prenatal; Derechos de mujeres y de fetos/bebés; y Los sentidos sobre maternidad. Se concluye que la experiencia de maternidad de esas mujeres es extremadamente compleja, no solamente por la situación sin techo, sino por todo el contexto, marcado por relaciones desiguales de clase, raza y género. En el escenario brasileño e internacional, sobresale el discurso de protección y cuidado al bebé/feto, en detrimento de las mujeres gestantes. La criminalización de esas maternidades ha sido una tendencia global, donde la expansión de los derechos “fetales/infantiles” significa la retracción de los derechos de las mujeres. Este modo de actuar no consigue y no incentiva que las mujeres busquen servicios sociales y de salud, sino todo lo contrario. Se convierte en un imperativo ético y humanitario pensar en otros modos de tratar esta cuestión, desde una perspectiva de derechos humanos, para que la asistencia al feto/bebé no se traduzca en violencia hacia las mujeres.*

*Mujeres; Gênero; Maternidad; Personas sin Hogar; Derechos Humanos*

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