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From wet nurses to orphaned mothers: reflections on the right to maternity in Brazil

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Abstract *This article addresses the compulsory seizing of children from vulnerable women in Brazil. Its objectives were: to discuss the violation of the right to maternity; to present the imposed restrictions especially on poor, black and indigenous women; the strategic control over their lives and children, and the resistance movements that oppose segregation. The sources of the research were: narratives of women in vulnerable situations, family members and health workers; interviews with strategic actors; document analysis; field journal. It became evident that vulnerabilities -linked to the criminalization of poverty and racial prejudice- have justified these separations. The lack of responsibility that State and society practice towards the support network for women, the devaluation of non-hegemonic productions of maternity, and the reinforcement of a 'reason of the world', that produces violence as a tool for exclusion establishing practical limits on the right to maternity. Women and children are disregarded in their singularities. Resistance movements have shown that intersectoral dialogues are an alternative to overcome discrimination and vulnerabilities.*

Key words *Ethnic violence, Gender based violence, Sexual and reproductive rights*

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Introduction

The Constitution of the Federative Republic of Brazil of 1988 included the protection of maternity as a social right. However, many women still face barriers in the exercise of the right to maternity, suffering the removal of their children by imposition of the State.

The foundations for this type of violence were laid out in colonial Brazil. Reports beginning in the 16th century tell stories regarding the compulsory separation of indigenous mothers from their children: women who were abused and enslaved by the colonizers and also had their children kidnapped. The children were cut off from their cultures and lost their names, family and ethnic ties. The catechization of the indigenous children by priests and missionaries corroborated the acculturation on behalf of the interests of the colonizers' values[1].

Although there is evidence of the removal of these children from their families in colonial Brazil, there is a dearth of research and documentary evidences[2]. The restrictions imposed on mothers included the act of breastfeeding and this situation was later reverted in order to use indigenous women to breastfeed the colonizers' children. Through this process wet-nurses were instituted in Brazil[3].

With the black slave trade, starting in the 17th century, black women and their children also became the target of this violence. Black women began to act as wet-nurses and their children were sent to be slaves or to shelters. As a result of the Free Womb Law, many children of female slaves were prevented from living with their mothers, although they worked for their masters until they turned 21[2].

During the Military Dictatorship, the compulsory separation of mothers and children involved torture and assassinations carried out by the Navy Intelligence and Internal Defense Operations Centers[4]. In the same period, there are also records of violations committed by the Indian Protection Service against indigenous women and children, with the participation of military personnel, landowners, and civil servants[5].

Moreover, the historiography of compulsory separation of mothers and children also includes regimes of isolation. Women in psychiatric hospitals, with or without mental suffering, have been forced to give up their children[6]. The practices of compulsory isolation and internment were also hallmarks of the leprosy control policy in Brazil: people with the disease were collected in Hospital Colonies and many children, separated from their parents, segregated in Total Institutions[7].

The struggle for re-democratization and human rights slowed the pace of practice of such violence. However, in the 2000s, the government – through decisions by the Public Ministry and the Judiciary – once again ordered the removal of children from mothers in vulnerable situations, under allegations of risks to the children. Many babies have been taken from mothers who are drug users and/or homeless[8]. There are also reports of abductions of babies from mothers with visual impairment, mental suffering, situation of deprivation of liberty, or belonging to a certain ethnic group, such as the Guarani and Kaiowá Indians who live in Mato Grosso do Sul (MS)[2].

In Belo Horizonte (BH), the institutional practice of compulsory internment in shelters for the children of impoverished women or women in vulnerable situations, called "the orphan mothers"[8], gained visibility, starting in 2014, when it was made official through legal instruments and provoked resistance movements. In the same circumstances, compulsory separations are reported in Porto Alegre[9], São Paulo[10] e Rio de Janeiro[11].

The pain experienced by mothers and separated children spans generations encompassing many stories, not always reported in official sources. This article seeks to reflect on this violence caused by the curtailment of the right to be a mother in Brazil, presenting the control strategies and limits imposed on the lives of women, especially poor, black and indigenous women and their children, as well as the struggle movements that oppose these segregations.

Methods

The Observatory of Health Policies and Care at the Federal University of Minas Gerais (UFMG), linked to the National Network of Observatories on Public Policy in Health and Health Education, has been dedicated since 2015 to the understanding of the meanings of this practice that compulsorily separates mothers and children. Among the products of this research initiative, there are three dissertations built from qualitative approaches of the interference type using cartographic exercises.

Interference research is a mode of research that does not presuppose intervention on the other, but admits, from the interaction, the presence of noise and discomfort that provoke

Ciência & Saúde Coletiva, 27(2):515-524, 2022

institutional and personal dislocations. It is a demanding mode of research, which requires a careful listening to the other, and a creative harmony to make possible an interaction entangled with the production of life[12].

Cartography, in turn, proposes to give visibility to social enunciations accompanying complex processes, breaking away from superficial views of situations and diving into the intensities that the heterogeneity of human encounters is able to produce[13]. The production of cartographies intertwined to the tensions that have caused the judicialization of the lives of vulnerable people represented a potent alternative to "establish another combat"[14], and dignified solidarity for mothers and children who are compulsorily separated. In this scenario, researchers *in the world*, crossed by the encounters produced throughout the investigations, experience an "exercise of unlearning what is already known".[15] and the production of new visibilities.

This article presents a selection of the main findings of three dissertations produced within the Department of Preventive and Social Medicine at the Federal University of Minas Gerais (UFMG) School of Medicine. Primary sources were: a) ten narratives of women in situations of vulnerability (use of alcohol and other drugs, street situation, poverty and being Black, compulsory hospitalizations due to leprosy), one narrative with a family member and two with health workers who accompanied the separations; b) 20 interviews with strategic actors, being three managers of maternity hospitals and ten workers of the Unified Health System (SUS) in Belo Horizonte (central level, maternity hospitals, basic health units (UBS) and street clinics), one representative of the Public Defender's Office, one of the Municipal Health Council, one of the Council for the Rights of Children and Adolescents, two Guardianship Councilors, one university professor from the feminist movement and one lawyer from the Human Rights Clinic of UFMG.

The documentary analysis included: minutes of meetings provided by the Secretary of Security of Belo Horizonte; technical reports and transcripts of public hearings; analysis of the norms of the MP and Judiciary; reports made available by FUNAI, Indigenous Missionary Council (*Conselho Indigenista Missionário*), Center for the Promotion and Defense of Indigenous Peoples of the Public Defender's Office of the Ministry of Health (*Núcleo de Promoção e Defesa dos Povos Indígenas da Defensoria Pública do MS*); and the final document of the VI Kunãgue Aty Guasu Kaiowá Guarani. Other sources used were the field diaries of the researchers.

The narratives were reports of experience produced from the free speech of the actors, who talked about their life experiences regarding the separation of mother and child, without much interference from the researcher. The interviews were conducted based on a previously prepared script, therefore without the same openness.

Narratives and interviews were audio-recorded and transcribed. All these contacts were preceded by an explanation about the research and the signing of the Informed Consent Form with guarantee of secrecy and confidentiality. The research was approved by the Committee for Research Ethics (COEP) of the Federal University of Rio de Janeiro, Municipal Health Secretariat of the city of Belo Horizonte and UFMG under opinions number CEP 1756736/2014, CEP 1847486/2016 and CEP 2264660/2017, respectively.

From all this material, extracts were selected that contributed to give visibility to the power and knowledge games that mark the situation experienced by separated mothers and children, in an analytical effort about the guarantee of the right to become a mother in Brazil.

Results and discussion

Repeatedly updated attempts to dominate women's lives mark the main thread of the investigations that sustain this article. By exposing the production of maternities that do not fit the criteria of a hegemonic reading of the world, mechanisms of control of images, it was possible to unleash discourses and perceptions that weaken women and distort the meanings of their lives, as well as their forms of resistance and opposition to the contemporary colonialist model.[16]. In this scenario, which devalues and disregards the heterogeneity of women's options[17], the results of this work show that the affections are reduced to a system of norms that constrains possibilities of creating new and unique ways of living. These biopolitical strategies of control over life[18] end up imprisoning subjectivations and human relations useful to a certain way of organizing the world. A woman, denounces:

I stayed 12 days with him in the maternity ward, even though I was able to breastfeed I was prevented, they gave me medicine for drying up my milk, and along with my breast, my heart cried with pain. [...] our fundamental rights were violently trampled upon (narrative of a mother).

In several meetings, women and workers also wonder about the idealization of the maternal figure. One of them stated:

So, what are the requirements to be a good mother? [...] what are the attributes that give you the right to raise your child or not? I think this is a complex issue that is not up to a single power to define (female worker 1 from the UBS).

The model of the available mother, who organizes her life for her children, is the socially accepted parameter for the exercise of motherhood[19]. It corresponds to a discourse that disregards identity constructions, social class, spatialization and territoriality and exposes women to a collective court, regulated by capitalist values and colonialism present and forged in racism, misogyny and machismo[16,20].

From this standpoint, there is a widespread assessment that women in situations of vulnerability are incapable of managing their own lives. They have lost -or never had- a leading role and legitimacy. The moral judgment persists, as well as the blaming of women and the refusal of the possibility of overcoming limits. However, in the territories, the limits of this understanding are explicit:

A little bit before 2014, the statement of a pregnant woman saying, "No, I want to stay", struck me. Because until then there had been no pregnant woman who talked like that or no woman who said: "I want to stay with my baby". And there we followed a certain desire that was the mother's desire, but at the same time, what I realized over the years, is that this mother, in reality, may not even have the desire to want, right? My mind went a little bit blank afterwards... Because this way, even if she wants to, she won't stay. She prefers to say no, because otherwise she will feed the desire... (narrative of a mental health worker).

The desire for pregnancy, the experience of being pregnant, and the exercise of motherhood are a priori conceived as inappropriate for these women, even though the practices of care are inscribed in the relationship between mother and child:

So, I remember the little girl's hair, I will never forget this scene, I would never have imagined that this would happen. One day in the unit, I remember playing with her, because she had her little braids, those afro braids [...] This mother lost the right to be the mother of the one who gave birth because she said she drank (UBS worker 2).

It is this way of perceiving the world that operates in favor of taking children away from women in vulnerable situations[21]. In addition to the idealization of motherhood and attempts to eliminate certain conditions of female existence, the criminalization of poverty also appears as a reason to justify separations.

There was a mother, and I have to remember who this mother was, because it made a big impression on me, she spoke to me sitting here and said this: Doctor I can't understand why they took my grandson away only because I am poor? If Jesus Christ was born in the dirt, among animals, wasn't that family? Why can't I have my family? It's because I am poor? Or because I live next to the sewer? (public defender's representative).

Social vulnerabilities emerge as the main elements in the disputed narratives surrounding the plight of orphan mothers.

Not one woman, in all these years, from the private sector, has been denounced. None. So, there is an explicit and strong discrimination in this story and a lot of ignorance, a lot of expectations that serve interests... (central level worker 1)

A movement in the perspective of the criminalization of poverty, as if these women who are already so vulnerable and are already on the streets, or many times not even on the streets, but using or have used some psychoactive substance as if they were unable to take care of their own children. So we see a strong movement of the judiciary itself, which is a judiciary with its white, bourgeois, macho, and patriarchal foundations (worker at the Street Clinic).

I keep thinking, what middle class mother has many alcoholics, users of illicit substances; did these mothers have their children taken away? So, is it the drugs, I think it is... or is it also poverty, is it the fact of being black? (female worker 1 from the UBS).

In practically all the narratives and interviews, poverty is not an isolated factor of marginalization. Racial and gender discrimination are mixed with this condition, increasing the gap between the idealization of femininity and maternity and the reality experienced by Brazilian women. There are those who expose this gap:

And besides being a scene marked by women, I realized that there was a lot of violence against these women as well. They were women who worked for the drug dealers, but also prostitutes, who, for example, did cleaning, and survived in that scene. And it also struck me that they earned less than the men every time that they were, for example, either as a scout or in the crack house as a mule. So, even in drug trafficking we see this issue of gender, of prejudice, of machismo. How is it also imprinted, right? Even drug trafficking brands this a lot. Another thing that caught my attention: the majority

of them were black. Of the eight persons that I accompanied in 2012, one was white (mental health worker narrative).

Situations of vulnerability also involve issues related to the strong patriarchal orientation, in turn related to the overall organization of society[22]. The social formation of male domination produces actions of oppression over women, reinforcing the female stereotype – domesticated and maternal. Besides this situation, it is worth highlighting the production of the image of the black woman as always at the service of the dominants. From wet nurses to orphan mothers there are great similarities: women remain exposed to the violence and dehumanization of racism resulting from slavery[17,23,24]. Facets of this insensitivity persist and scream to us in the narratives involving the orphan mothers.

My grandmother, she is the daughter of a former slave [...] my great-grandfather took her when she was five years old from her mother because her mother lived in extreme poverty. [...] My grandmother even ran away a few times trying to go back to her mother, right? Once, my great-grandfather even beat her, so that she wouldn't try to go back anymore (narrative from a family member).

In this context, it is needed to take a singular look at the motherhood of black women throughout history. How many times has the right to maternity been taken away from black women in order to serve the white men's desire? Sometimes producing milk for the white woman's child, sometimes not caring for her own children in order to care for the white woman's children, and sometimes generating children for her owner. What does this asymmetry tell us?[17]

Who knows, maybe if we take these children out of poverty, take them away from their mothers, we will become a purer country, a more Hitlerian country. I don't know, but I think that's it, do they think they're going to be able to purify this Brazilian race by providing something different than being raised by a black person? By a poor person? I don't know, they must think something like this (UBS worker 2).

And from my point of view, they are using this medical knowledge, this medical power, science in the guise of medical power, and also power in the guise of science, to say that the time is right to take these children, to clean up the area, clean up the race and improve it, because it is hygienic. That would be it, to take these babies and give them a different education than the one they have today as a human sub-race, zombies, worthless (central level worker 1).

Davis[25] reports that, with the end of human trafficking, the reproduction of black women was the only way to increase the number of slaves, especially through rape. They were evaluated according to their fertility, as a tool to guarantee the slave labor force. This figure of the black woman, as the womb generating children useful to the dominant way of life is still persistent. They are the main protagonists of the narratives of forced separation between mothers and children.

Currently, the precariousness of social protection policies produces vulnerability in these women, which, along with the lack of an effective care network, justifies the production of precautionary measures. Such measures assume that these conditions would make these women prone to mistreat or even neglect their children.

To guarantee, as described in the Ordinance, to avoid children being at direct risk. The values of maintaining the physical integrity of the child (representative, Guardianship Council).

They say this a lot: "since SUS doesn't work and there is no such health service to deal with the crack epidemic, we need to protect this child" (central level worker 1).

The argument that... of a supposedly ethical nature, is child protection, I mean... Parents who are drug users wouldn't be able to take care of their children. And it's at least partially a conception of a state that interferes, that has powers to interfere in the family unit, supposedly in the name of the child's safety (maternity manager 1).

There is a predominant discourse that produces human beings forgotten by the State, women ignored as subjects and singularities, mothers in vulnerable situations considered disposable, almost garbage, or as Butler would say [26] "lives that can't be mourned".

It's a good mother or it's a no-good mother," that's it, and if she's no good they throw that mother in the trash, as if she has no right to care. I think they really see life like this: these people have no rights, because they are hopeless. And if there's no other way, it's better to discard, then they discard the mother, the family, take the baby and go take care of it (central level worker 1).

There are many connections between the forms of segregation in different realities and moments in the history of Brazil. The discriminatory discourse, which judges certain peoples and social conditions as unfit for the exercise of motherhood, based on the slavery heritage, still corresponds to that which instrumentalizes prescriptive and hygienic health actions or policies[17]. This is not a coincidence. These practices are

inserted in a context of dispute that involves attempts to subjugate and even eliminate people in certain situations of existence. It is in this context that actions such as compulsory isolation and the removal of children, the imposition of preventive clinics, and illegal adoptions, with all their consequences, are undertaken.

It is a policy that fails because it doesn't have ethical assumptions in its attention, because it doesn't listen to the subject, right? It prescribes the woman as an object that has to be obedient to that prescription (central level worker 1).

Considering the set of sources analyzed, it was possible to identify agents of the State as the main enforcers of segregations. These actions are evident in the production of norms directed to mothers with leprosy, homeless, in precarious homes and/or with a history of drug use, or even in the interventions on the lives of indigenous women.

In this sense, the bureaucratic apparatus of the State has served to organize and implement techniques of control over society and over bodies, fulfilling its role regarding the tactics of governmentality[18]. The use of institutions such as Public Maternities, Public Ministry and the Childhood and Youth Court to separate mothers and children under the pretexts of drug addiction, extreme poverty or inability to raise children has provided clues that compulsory separations correspond to a strategy of governing lives, which, by penetrating the most intense human relationships, constitutes a violent practice against those who are less in tune with the hegemonic reason[27].

It is worth pointing out that the interference of the State, sometimes exercising its bio-power over female bodies and children, and in other times lacking the political commitment towards the organization of a support network, cancels the chances of producing care and bonding with the users from those who, in principle, should be caring.

They say all the time that what is missing is a public policy that can guarantee a housing condition so that they can be alone with their children or with their partners and their children can have conditions to exercise maternity (worker at the Street Clinic).

So, in principle, I think that we would have to give a chance to these mothers, with the support of society, because this is not only the mother's responsibility, it is society's responsibility... health services, justice, movements, including support with social issues... financial, not only in terms of care, accompaniment, but also to maintain life (female worker 1 from the UBS).

There are tensions within the very structure of the State that reinforce disputes over projects of society, of life, of health, over models of care towards or against a kind of care that considers the singularities of the users. There are those who sustain the importance of mothers and children growing up together, but there are those who argue that situations of vulnerability justify separation, absolutizing limits and denying possibilities, without measuring the devastating effects on so many existences. However, through attentive listening, the sensibility of professionals who perceive the subtleties that involve the lives of these women contributes to the production of new paths.

In contrast to cruelty, there is also the search made by women and by different agents of the State (health workers, justice workers, social workers) to produce new meanings for life. In this setting, the implementation of care policies related to the use of alcohol and other drugs, sexual and reproductive health, and mental health gains prominence in discussions involving the segregation of mothers and children today[17,23].

Regarding the recommended model of care to address drug use, for example, it is still common to prioritize ineffective strategies based on the triad abstinence, relapse and punishment[28].

Individuals are singular and inhabit the world each one in his or her own way. There is no way to normalize and standardize what an action should be for such a complex phenomenon that is the use of drugs in contemporaneity that comes to buffer a symptom of the capitalist system: unemployment, gender oppression, homelessness, the entire organizational pyramid in society that is the few violating the many (worker at the Street Clinic).

We are being instructed that when we go to the judge, we shouldn't say that she uses drugs, because they don't tolerate it, they don't understand. The use of drugs is over. Illicit drugs, now you can say that you are using chlorpromazine, diazepam, whatever is prescribed by the psychiatrist is ok. They don't know what harm reduction is, that they won't stop using drugs from one hour to another, that it takes time [...] I think the whole society is prejudiced, it doesn't recognize the interest of the beverage industry or the tobacco industry that causes so much harm demonstrably, and then they go on reflecting this prejudice against the crack user, which is actually a social prejudice (central level worker 1).

Despite the alleged impossibility of a poor woman using drugs and being able to raise children, mothers report finding in motherhood a new meaning to life and a way out to reduce the

harmful use of substances. This use is the result of contemporary modes of subjectivation, which impose individualization, loneliness, and pathologization of suffering, intensely affecting women.

I started to use drugs with a client. [...] I told the social worker that I wanted a house where I could have my son: "I'm not going anywhere away from my son. She took me in. [...] It worked. "And what I want most now is to be able to see my family, all of them" (narrative of Maria M).

So, the mother finds herself in an opportunity to review a bond with her own life, and this is something that we should try to offer and guarantee (maternity ward manager 2).

We collected many experiences in the field in which motherhood became a potential source of self-care, opening the possibility of a pact with life and configuring itself as a socio-affective device to overcome the harmful use of alcohol and other drugs[29]. Reis *et al.*[30] indicate that the experience of the pregnancy process can be full of meanings, stimulating women to project future acts, as follows:

[...] motherhood can be a moment of re-signification of the condition as a woman in society. So there is nothing to support the idea that a woman who uses psychoactive substances cannot keep custody of her child (street consultant worker).

So, I keep thinking... will the justice system alone, without listening to these mothers, will it be able to simply because it is a person who will have more difficulty raising this child, but with the support of society, with the support of the health service, of the social movements, of the justice system itself, right? If her desire is to raise and maintain this child, this Maternity... Wouldn't it even be a possibility of resurgence, of cure? Or, even if not of cure, of harm reduction, of a more functional life for this woman? (female worker 1 from the UBS).

This reinforces the urgency of making visible the interdependence among relations involving race, gender, class, and culture. It refers to the need to consider various factors of discrimination as an expression of human rights violations[31]. It is a political confrontation against arbitrariness and multiple and overlapping vulnerabilities[31,32]. In fact, in the narratives of women and workers it can be noticed that the repressive and coercive devices about corporeality and life produce distorted senses about rights and, in this context, violations become invisible, isolating the subjects[16].

It was observed as lines of flight that some women decide to give birth in maternity hospitals that are more resistant to judicial interference, or even go to municipalities where the hand of the segregating State is not so present. Hospital evasion, refusal to look for some maternity hospitals, and moving to other municipalities are strategies used by mothers to avoid having their children taken away[17,23].

And there are the mothers who have an expectation of taking care of that child. Generally, these are mothers who have already lost partial or total custody of the children they have conceived, and, in this case, many of those who see that there is a great risk of losing custody again, many of them run away. We have already had super complex situations here, super delicate ones, right? (maternity ward manager 3).

[...] I know the story of a mother who refused to come to the maternity hospital. She went to the Emergency Unit, already in labor, because knowing the ordinance and knowing recognizing the vulnerability of the family, she was afraid to come to the maternity ward and lose custody of the child (maternity ward manager 1).

[...] what we have also noticed in a movement of pregnant women in the municipality is that they do not seek health services for fear of having their children taken away. So what in truth would come as an illusory way to facilitate the entry of these women in the network will in fact make it more difficult (street practice worker).

Nevertheless, female voices echo in the narratives and claim the right to motherhood as a desire produced in their trajectories.

Women are suffering, going after the issue. But they don't have the means to speak out, those who speak out most are those who have some social capital. Most fight in a very restricted sphere of possibilities, very silenced (university professor and representative of the Feminist Movement).

Resistance movements have shown that the presence of intersectoral dialogues, stripped of institutional truths, constitute an alternative to overcome discrimination and conditions of vulnerability[23]. In BH, between 2016 and 2018, the movement *Whose Baby Is This*[33]. It involved SUS BH workers, the Municipal Health Council, the Regional Councils of Social Work and Psychology, the Mental Health Forum, the Street Population Forum, the Public Defender's Office, and health and law groups from UFMG, among others, and mobilized sensibilities, affectations, and knowledge that triggered creative actions of resistance.

There is a support network that answers phone calls, and one calls another and asks to know who is in the maternity ward. It is something very individual, we fight individually to help these women.

There are several health professionals trying to find a way. Even those who are in a more powerful place can do almost nothing, imagine these women who are still using alcohol and drugs, the poor women who are living in the streets, the women who have no money (university professor and representative of the Feminist Movement).

It will open, we will go after it, and we will take care of it, because this is the one I want to see if we can take care of it. And then, people, we take care, there are some cases... we take care... Monday of last week, I received a visit from a little baby that will be 3 months old from a homeless user mother, do you know what the only difference was? That we could take care of her, you know? (female worker 2 from the UBS).

In summary, the production of further caring offers for people in situations of vulnerability, whether institutional or not, have been constituted as spaces of resistance to the effects of necro/biopolitics. Pelbart[14] reiterates that the subjectivity of someone in revolt is also the product of external forces that contribute to possible movements. Actions by workers, managers, and civil society in the sense of trying to produce a network and health care are examples of this perception, emerging as hope to these citizens who feel abandoned by the government. They are care projects built in a shared way, from offers that talk to the desires and potentials of women, opening the way to re-significations of their ways of being in the world.

The link produced from the unique experiences of mothers and the actions of social movements shows the power of human subjectivity in the face of arbitrariness. In practice, the challenges that involve the exercise of motherhood in Brazil are aligned to the adversities arising from the socio-historical context in which the country is inserted. To reflect on the discriminatory processes that involve maternity is also to delve into efforts to seek an understanding of the complexity of the production of the Brazilian social field. It is to seek a necessary restlessness to modify what persists from the past, in terms of segregation and social exclusion.

Conclusion

The defense of life for all constitutes a cornerstone principle for the implementation of caring and connection, promoting acts that expand the potency of women's lives, including the possibility of living together with their children. Indigenous, black, and poor women are more exposed to state actions and judgments from society, which can lead to the removal of their children. In Brazil, the possibilities of experiencing maternity are not the same for all women.

An ideal of maternity that is far from the life possibilities of most Brazilian women, which is not even demanded with the same intensity from women of other social extractions; the criminalization of poverty, racial and gender discrimination, along with attempts to silence voices that expose violations of rights, they all constitute a picture that calls for resistance to face the intolerable.

That said, the defense of the right to rebuild vulnerable lives includes the right to maternity. It should also include sexual and reproductive autonomy and the need to overcome oppressions that are reflected in the concept of mother, a globalized category marked by power relations that condition and limit possibilities of life and ways of relating.

In this debate, it is important to highlight the feminist struggles, which propose confrontations with the adversities that accompany the possibilities of being a woman and a mother – poor, black, indigenous, or in various situations of vulnerability in Brazil – and often solo mothers, even when inserted into the labor market. This is a complex agenda, which involves efforts towards a society capable of lifting the fuzzy, threatening tone currently exposed by the readings of biopolitics in Brazil.

In this path, the performance of social movements continues to be essential to bring voice to the events of these women's lives and create collective mechanisms to shrug off old hygienic actions. Furthermore, it is crucial to produce social protection policies that safeguard different ways of existing. To deny ways of producing life is tantamount to the denial of the right to exist. Overcoming this sort of arbitrariness involves a collective commitment to the lives of all and to the production of more solidary ways of producing the world.

Collaborations

AO Jorge contributed to the conception; planning of the methodological design and data collection; supervision, validation, analysis and interpretation of the data for the work; final drafting and critical review of the intellectual content; and final approval of the version of the manuscript to be published. AF Carajá contributed to the conception, data collection, data analysis and interpretation, final drafting, and final approval of the version of the manuscript to be published. GM Reis contributed to the conception, data collection, data analysis and interpretation, final draft, and final approval of the manuscript version to be published. MG Pontes contributed to the conception, planning of the methodological design, data collection, data analysis and interpretation, initial drafting, and final approval of the version of the manuscript to be published. LS Braga contributed to the conception; planning of the methodological design; data analysis and interpretation; final drafting and final approval of the version of the manuscript to be published. MG Araujo contributed to the planning of the methodological design; data analysis and interpretation; final drafting and final approval of the version of the manuscript to be published. S Lansky contributed to the analysis and interpretation of the data; final drafting and final approval of the version of the manuscript to be published. LCM Feuerwerker contributed to the planning of the methodological design; analysis and interpretation of the data; final drafting and final approval of the version of the manuscript to be published.

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