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Session: **SS3**: Saturday May 2 – 15:00:17:00 – Health and Wellbeing

Track:	Social Sciences
Subject:	Models of Care and Improving Access
Presentation Type:	Oral
Title of Abstract:	**Making "Risk" Visible in Perinatal Care for Mothers Living with HIV in Ontario: An Institutional Ethnography**
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Abstract

Background: In Canada, pregnancies of women living with HIV are typically classified as "high-risk," and numerous clinical procedures are employed to mitigate HIV-associated risks to the fetus and infant. Limited research has examined what these procedures mean in women's lives, and how they might be connected to institutional imperatives and regulatory regimes that do not serve women's interests. This study explored the social organization of perinatal care to understand what institutional discourses and arrangements organize the experiences of women living with HIV and the work of maternity care providers.

Methods: An institutional ethnography was conducted within a regional hospital in Ontario. Four women living with HIV and 12 health and social care providers were interviewed between March 2016 and April 2018. Interviews were analyzed to trace and map the connections between women's care experiences, providers' work activities, and the regulatory texts and discourses that organized the prevention of perinatal HIV transmission.

Results: "Risk" emerged as an omnipresent discourse that coordinated women's lives and was visible through the treatments women were prescribed, the prenatal appointment schedule women were expected to follow, and the application of clinical procedures during childbirth and postpartum. Providers sometimes blurred the lines between medical and social "risks" through their activities to monitor women's pregnancies. For example, women's non-compliance with prenatal care appointments activated consideration of the need for child welfare surveillance. Although women expressed concern for and took significant measures to prevent perinatal HIV transmission, their concerns were often overshadowed within an institutional context that prioritized fetal risk reduction and ideological discourses about motherhood.

Conclusion: Institutional arrangements must be critically examined to uncover how they coordinate and organize women's care experiences and maternity care providers' work activities. Women's experiences reveal important lessons for crafting perinatal care policies and procedures that are responsive to women's needs and realities.