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Beyond Sex Work Stigma: Matricentric Feminist Social Work Practice in Antenatal Care with Pregnant Sex Workers

Research article

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Abstract

The intersection of sex work and motherhood challenges entrenched societal norms shaped by patriarchal constructions of the "good mother," which exclude marginalised populations, such as pregnant sex workers. This qualitative study examines the perspectives of health and social service professionals in Victoria, Australia, to explore the barriers and supports influencing pregnant sex workers' access to antenatal care. Using feminist reflexive thematic analysis, the study identifies critical barriers, including stigma, discrimination, and systemic inequities in service provision, which restrict access to quality care. Participants highlighted the centrality of peer-led sex work organisations, multidisciplinary collaborations, and trauma-informed, person-centred care in addressing these challenges.

Findings underscore the limitations of the dominant medical model in supporting the nuanced needs of this population, advocating instead for a matricentric feminist social work framework that centres lived experiences and prioritises maternal identity. This approach emphasises self-determination, rights-based practices, and inclusive service delivery. Recommendations include increased professional training on sex work, the development of specialised antenatal resources, and fostering partnerships with peer-led organisations to ensure equitable and stigma-free care. This study contributes to advancing social work practice by critiquing structural injustices and promoting a framework that values reproductive justice and the maternal experiences of pregnant sex workers.

Introduction

The dominant discourse about motherhood renders sex work incompatible with patriarchal constructions of the "good" mother (Dodsworth, 2014). So-called "good" mothers are Anglo-Saxon, cisgender, heterosexual, married, able-bodied, homemakers and primary caregivers (O'Reilly, 2016). They are expected to be rational, health conscious, seek correct maternal knowledge, such as child development and parenting skills, prioritise their children and exhibit nurturing and self-sacrificing behaviours (De Souza, 2013; O'Reilly, 2016; 2021). This idealised motherhood is a function of patriarchal ideology and presents challenges for marginalised mothers, including pregnant sex workers, who face multiple barriers in meeting these expectations (Duff et al., 2015; Hill, 2019). Conversely, "bad" mothers are portrayed as neglectful, abusive, and self-centred (Fierheller, 2022; O'Reilly, 2021). Specifically, sex working mothers are constructed as "bad" parents, unfit to care for their children, deemed impure, risky, and unworthy (Dodsworth, 2014; Graça, 2021; McCloskey, 2021; Nestadt et al., 2021). The stigma faced by pregnant sex workers (Sandy et al., 2019a), compounded by the context of patriarchal motherhood (O'Reilly, 2016), can hinder access to antenatal resources and potentially deny their rights to safe pregnancies (Ma et al., 2018; Sandy et al., 2019b; Duff et al., 2015; De Souza, 2013; Treolar et al., 2021).

Criticism has been directed towards the Australian antenatal care system for its failure to address the unique experiences of pregnant individuals (Downer et al., 2020; De Souza, 2013; Talukdar et al., 2021). Globally, reports of racism, sexism, anxiety, depression, fear, and feeling judged have been raised by pregnant individuals regarding their interactions with healthcare professionals (Beckham et al., 2015; Bentley, 2014; Walker, 2022). Conversely, positive experiences include feeling heard, supported, involved in decision-making, continuity of care and a focus on mental health (Ghiasi, 2019; Talukdar et al., 2021). Better understanding barriers and supports impacting pregnant sex workers' access to quality antenatal care is important for social workers aiming to fulfill core ethical responsibilities that promote gender, socio-cultural and economic justice (Australian Association of Social Workers [AASW], 2020; Duff et al., 2015; Hill, 2019).

This paper reports on qualitative research with health and social service workers who provide antenatal support to pregnant sex workers. The research sought to identify the types of support these workers utilised, how they facilitated this and explored their perceptions of the conditions relevant to ensuring equitable access. Data analysis identified the impact of sex work stigma and patriarchal constructions of "good mothers" as key areas of concern. To conclude we draw on matricentric feminist principles to consider recommendations for social work practice that can support pregnant sex workers seeking antenatal care.

Background

Antenatal care and resources

Antenatal resources are multidisciplinary health and social support systems accessed during pregnancy (Ghiasi, 2021; Talukdar et al., 2021) including: midwives, doctors, doulas, mental health practitioners, and social workers. They also include non-medical services such as housing support, assistance for family violence, indigenous knowledge systems, and online platforms (Bentley et al., 2014; Molly Wardaguga Research Centre, 2022; Walker, 2023) Antenatal care and resources monitors the pregnant person's health, as well as providing pregnancy and childbirth information to promote well-being and self-determination (Health Direct Australia, 2020).

However, inadequate antenatal resources can increase health risks, disregard service users' preferences, lack culturally responsive approaches, and potentially violate reproductive rights (Change, 2018; De Souza, 2013; Ghiasi, 2021). Access to antenatal resources is influenced by factors such as socioeconomic status, cultural background, health behaviours, mental health, stigma, and location (Duff et al., 2015; Department of Health, 2022). It is important to consider the specific needs and experiences of pregnant individuals, as they commonly report facing challenges such as anxiety, depression, intimate partner violence, and pregnancy-related complications (O'Reilly, 2016; Yelland et al., 2010).

Sex work

Sex work is varied in form and setting across diverse social and cultural contexts (Sandy et al., 2019a). For the purposes of this study, sex work refers to any sexual service exchanged for money or goods. International literature highlights a complex landscape where sex work intersects with numerous factors including demographic diversity and local legislation, all of which influence experiences related to pregnancy and access to healthcare (Duff et al., 2015; Sandy et al., 2019a).

Gathering demographic information about pregnancies among Victorian sex workers is challenging due to limited research (Sandy et al., 2019). In 2020, Victoria saw 74,617 registered births, and Australia had an estimated 23,000 sex workers, primarily female and under 30 (Australian Bureau of Statistics [ABS], 2021; Sex Work Law Reform Victoria [SWLRV], 2020). What is prevalent in existing research is that sex workers reflect the diversity of the human lived experience, and in particular; marginalised intersections (Sandy et al., 2019b). Globally, sex workers are diverse in gender, sexuality, abilities, income, race, ethnicity, age, with some engaging in substance use, many being migrants or in legally precarious situations, and a significant number experiencing pregnancy (Duff et al., 2015; Sandy et al., 2019b).

Globally, sex work has been criminalised in most contexts, making it a challenging subject to study. Existing research focuses on cisgender female sex workers, addressing drug use, HIV, STI prevention, and pregnancy prevention (Duff et al., 2015; Sandy et al., 2019a). This limited focus may not adequately represent the sex work population constraining social work practices aimed at assisting pregnant sex workers in Victoria.

Sex work legislation in Victoria

Victoria's sex work legislation has traditionally relied on a licensing system categorised by the type of sex work involved, tightly regulated by law enforcement (Consumer Affairs, 2022). However, a significant shift occurred with the passing of the Victorian Sex Work Decriminalisation Bill (2021) on February 22, 2022, marking a pivotal move towards decriminalizing most forms of sex work (State Government of Victoria, 2022). This evidence-informed legislative change creates safer working environments, aims to reduce stigma, and promotes the labour rights of sex workers (Sandy et al., 2019a).

While this reform represents progress towards ensuring the rights and safety of sex workers, it still leaves some workers, particularly street-based sex workers, excluded from full decriminalization. Advocacy groups like Scarlet Alliance, Vixen, and Victorian sex workers continue their work to achieve comprehensive decriminalization and equal protection for all sex workers, emphasizing that no worker should be left behind (Scarlet Alliance, 2022a).

Sex workers and healthcare

Stigma serves as a significant barrier to adequate healthcare for sex workers, perpetuating a "social process of exclusion" (Parmley et al., 2019; Sandy et al., 2019b; Scarlet Alliance, 2022b; Treloar et al., 2021, p. 2). Within dominant discourse, sex workers are often depicted as mentally ill, incapable of holding other jobs, amoral, lawless, deviant, vectors of disease, threats to children, unfit parents or guardians, and victims (Graça, 2021; Dodsworth, 2014; Sandy et al., 2019a; Scarlet Alliance, 2022b). This stigma is linked to poor mental health, nondisclosure, and social isolation (Sandy et al., 2019a). Globally, public health systems perpetuate stigma, constraining development of comprehensive sexual and reproductive health programs (Duff et al., 2015; McCausland et al., 2020; Sloan & Wahab, 2000; Change, 2018; (Global Network of Sex Work Projects [NSWP], 2018).

In Australia, a 2015 survey revealed that 31% of healthcare workers and 64% of the general population admitted to harbouring negative attitudes towards sex workers (Scarlet Alliance, 2022b). A recent survey reported that 91% of 647 sex workers experienced negative treatment from healthcare providers (Sandy et al., 2019b). These findings, supported by small qualitative studies, illuminate the reluctance of many sex workers to seek medical treatment or actively seek out sex-worker friendly services (McCausland et al., 2020; Sandy et al., 2019b). While various international documents recognise pregnant sex worker's rights to safe pregnancies, stigma continues to pervade as a determinant of health inequality in antenatal care (Sandy et al., 2019a; Change, 2018; NSWP, 2018).

Sex workers' access to antenatal care

The limited available studies that examine antenatal care for pregnant sex workers echo common themes of stigma and discrimination (Beckham et al., 2015; Duff et al., 2015; Parmley et al., 2019; Yam et al., 2017). These studies reveal that pregnant sex workers often avoid disclosure, face denial of care, lack necessary resources including financial and social support, experience fear and intimate partner violence, and avoid seeking services due to punitive measures and community stigma.

It is important to consider whether pregnant sex workers in Victoria are encountering similar challenges, as it could indicate potential barriers preventing sex workers from accessing care.

Patriarchal motherhood and sex work stigma

Standards for what is considered "good" mothering during pregnancy are established by, and anchored in, the ideology of patriarchal motherhood (Dodsworth, 2014; O'Reilly, 2016). In turn, pregnant individuals are subject to scrutiny and surveillance through patriarchal lenses (Fauci & Goodman, 2020). A "good" mother prioritises the health of the foetus, assumes responsibility for their growth and development and invests heavily in its well-being (Fierheller, 2022). Those not appearing to conform to these standards experience stigma and are often marginalised as "bad" mothers (O'Reilly, 2016).

Within this dominant discourse, sex working mothers are portrayed as unfit parents, tainted in their femininity, unworthy, and high-risk (Dodsworth, 2014; Fierheller, 2022; McCloskey, 2021; Nestadt et al., 2021). Studies indicate that sex working mothers may internalise "whorephobia", leading to feelings of guilt, shame, regret, anxiety, and diminished self-worth (Dodsworth, 2014; Duff et al., 2015; Graça, 2021). Ironically, many sex working mothers choose their profession for the flexibility and income it provides to support their children (Graça, 2021; Praimkumara & Goh, 2016; Ma et al., 2018).

Australian antenatal care systems are deeply rooted in dominant colonial, and medical discourses (De Souza, 2013; Downer et al., 2020), reflecting the influence of patriarchally defined motherhood (O'Reilly, 2016). In maternal healthcare systems, patriarchy, heteronormativity, neoliberalism, and valorising nuclear family structures mask the ways in which maternity is subjected to scrutiny and regulation (De Souza, 2013; Green, 2021). These systems create a fear of judgment for service users, disregard gender and sexual diversity, and complicate access to antenatal services.

Matricentric feminist social work

Patriarchal motherhood holds mothers to socially constructed standards that marginalises large groups of women and gender non-conforming people. However, visibility is crucial for empowerment (O'Reilly, 2021). Matricentric feminism seeks to centre and make visible the socially constructed practice of mothering (Green, 2021; O'Reilly, 2021). Mothers' needs, concerns and practices become the foundation for empowerment and the authors argue this is an integral part of feminist social work.

Social work is committed to socially just practice that recognises what service users need to realise their human rights, exercise self-determination and be empowered in their lives (AASW, 2020). Matricentric feminism recognises that the category of "mother" is distinct from the category of "woman," (O'Reilly, 2021), and therefore many of the challenges that come with engaging in motherwork are specific to their role and identity as mothers (Epstein 2013; Green 2021; O'Reilly 2021). Service users who mother are at risk of being oppressed as a result of both patriarchal motherhood and a service response paradigm that unintentionally engages with patriarchal motherhood conditions.

Social work, sex work and patriarchal motherhood

Historically, social workers have contributed to oppressive discourses surrounding sex working mothers, leading to mistrust and disempowerment in their relationships (Graça, 2021; Wahab, 2004). Sex working mothers often fear disclosing their profession to social workers due to concerns about child removal (Duff et al., 2015; Graça, 2021). These fears stem from the belief that sex work is incompatible with caregiving and judging sex workers as "bad" mothers (Graça, 2021; Wahab, 2004).

Social work has an ethical responsibility to address power dynamics and provide resources for marginalised communities (AASW, 2020). Further, a social justice and human rights approach is crucial in the context of sex work, maternity, and social work (Gomez et al., 2020; Kuri & Fierheller, 2022; O'Reilly, 2016; Sandy et al., 2019a). Recognising the complexities of sex workers as mothers, and addressing their exclusion from social services, is key to social work practice, research, and policy (Graça, 2021; Dodsworth, 2014; Ma et al., 2018).

In response to the complex intersection of stigma, discrimination, and systemic barriers faced by pregnant sex workers accessing antenatal care in Victoria, this research seeks to build inclusion and contribute to social work practice by exploring how matricentric feminist principles can be operationalized to enhance the quality and accessibility of antenatal services. Specifically, the research asks: how can health and social service professionals in Victoria integrate matricentric feminist approaches to provide comprehensive support for pregnant sex workers during their maternal journey?

Methods

This study utilised feminist qualitative thematic analysis (Brooks & Hesse-Biber, 2007), to expose societal inequality, bias, and stereotypes (Brooks & Hesse-Biber, 2007). Specifically, we aimed to gather data from health and social service workers to identify support and referral practices for pregnant sex workers who may be excluded from antenatal care systems influenced by patriarchal beliefs (De Souza, 2013).

Recruitment

The principal researcher engaged with sex work-specific services to assess the need and feasibility of conducting research on antenatal resourcing for pregnant sex workers in Victoria. Given the diverse health and social service contexts in which social workers operate, involving multidisciplinary teams, participation in this study was extended to include all multidisciplinary workers in these teams. Health and social service workers from fourteen Victorian organisations that support sex workers, including peer-led sex work organisations, social services, and hospitals, were invited to participate. Recruitment involved non-probability sampling to identify organizations likely to work with pregnant sex workers and purposive sampling for participant selection (Alston & Bowles, 2018; Marlow, 2011).

Data Collection

Data was gathered via an anonymous online qualitative survey, comprising six open-ended questions, outlined below. Ethics approval was obtained from the Deakin University's Faculty of Health Human Ethics Advisory Group for this low-risk study on 09 May 2022 (National Health and Medical Research Council [NHMRC], 2018 [approval number: HEAG-H 37_2022]). After gaining organisational consent, the anonymous survey, prefaced by a plain language statement (PLS), was emailed to, and distributed by, each organisation's management staff to employees. The PLS detailed informed consent information and participants were also offered to forward the survey link to potential participants.

Survey Questions

1. What are the antenatal resources you provide, refer and/or facilitate access to for pregnant sex workers, or pregnant people generally? Please provide the names and a brief description.

2. Are you aware of any antenatal resources that are specifically relevant for pregnant sex workers? If so, what are they?

3. In your role, how do you go about facilitating access to antenatal resources for pregnant sex workers, or pregnant people generally?

4. Can you identify any gaps in antenatal resource service provision for Victorian pregnant sex workers, or pregnant people generally? If so, what are they?

5. Do you know what theories and/or frameworks underpin the antenatal resources you are providing, referring and/or facilitating access to? For example: feminist theory, western medical model etc. If so, what are these theories or frameworks?

6. Do you have any further comments or information you think is relevant or interesting to this research project?

Ten survey responses were received, considered sufficient for thematic analysis (Braun & Clarke, 2019). The survey began with two screening questions to ensure that participants were 18 or above, and that they were health and/or social service workers who provide, refer, and/or facilitate access to antenatal resources for pregnant people (including sex workers) in Victoria. Participants chose their own pseudonyms. Among the participants, all identified as women, six identified as social workers, two as community services professionals, one as a support worker, and one as nursing/midwifery. One participant, unprompted, disclosed their work with a peer-led sex work organisation. No other demographic information was gathered.

Data Analysis

Reflexive Thematic Analysis (TA) was employed for survey response analysis, aligning with feminist research principles of reflexivity, positionality, and transparency (Braun & Clarke, 2019, 2021; Brooks & Hesse-Biber, 2007). Data analysis was conducted by one of the authors; a 28-year-old Australian female social work student of Croatian-Macedonian descent. She draws considerable influence from critical, feminist, post-structural, and anti-oppressive theories, and practice frameworks (Fook, 2016). She has no personal experience with pregnancy, sex work, or providing antenatal care to pregnant sex workers. The authors acknowledge that researcher positionality shapes analysis and research outcomes (Brooks & Hesse-Biber, 2007). This is both a limitation and informs recommendations for future research detailed later in this paper.

Analysis followed Braun and Clarke's (2021) six-step approach to reflexive TA. The data was read multiple times, codes were applied to capture relevance and meaning, initial themes were generated from the codes, and themes were developed and reviewed in relation to the study aims. Each theme was examined in the study context, and a summary of each theme was written to ensure clarity, organization, and flow (Braun & Clarke, 2021).

Both inductive and deductive techniques were used for coding and theme development. Inductive techniques were employed to capture participants' expressed meanings and descriptive elements, such as identifying sex work organisations as antenatal resources. Deductive approaches were used to analyse important aspects of the data within the study's theoretical framework (Braun & Clarke, 2021). For example, from a matricentric feminist perspective, it was notable that participants discussed sex work stigma in relation to antenatal service provision.

Findings

The findings shed light on the interactive roles of sex work organisations, medical services, and social support systems, all of which influence quality of care. Notably, participants highlighted the profound impact of stigma and discrimination. The findings underscore necessity for inclusive, tailored strategies for antenatal care, emphasising an empowering approach that facilitates self-determination and values lived experience. These strategies recognised the specific conditions under which sex workers experience pregnancy and transition into maternal identity.

An interplay between sex work organisations, medical and social services

In order to provide necessary support for pregnant sex workers, participants recognised significant interplay between sex work organisations, medical and social services, acknowledging the variety of services that marginalised mothers often need (De Souza, 2013; Gomez et al., 2020). Participants like Sadie (social work) and Violet (social work), viewed sex work organisations as important because they provided "advice specific to working as a sex worker during pregnancy" (Sadie), along with physiological pregnancy support:

> *The resources we [peer-led sex work organisation] have for pregnant sex workers detail what they can expect to experience physiologically during various stages of pregnancy and how this might interact with different aspects of their profession.*

> *They also include high level information on pregnancy and antenatal support more generally.* (Violet)

Medical services ensured the physical health of the pregnant sex worker and the foetus (Pregnancy, Birth and Baby, 2020), consistent with patriarchal expectations of "good" mothering (Dodsworth, 2014; O'Reilly 2016). Participants also recognised the need for social support services addressing housing, family violence and well-being concerns, which are common for mothers at marginalised intersections such as sex work (Ma et al., 2019). Wendy (community services) and KF (social work) utilised a multidisciplinary care team approach and referred individuals to various supports. They emphasized "a large number of referrals" (Wendy) on behalf of pregnant sex workers experiencing homelessness, noting housing "instability and lack of suitable accommodation" (KF) as major challenges. Moreover, participants HB (social work) and Charlie (social work) emphasised addressing domestic violence, acknowledging "that pregnancy and the perinatal period can be a very high-risk time" (HB). Their insights stress the role of integrated care in tackling complex issues faced by marginalised mothers (De Souza, 2013):

> *Social work/case work services … We[sic] refer to mother baby units and detox units, residential rehab settings, women's housing support services, family violence services and other community-based services.* (Charlie)

Promoting self determination

Participants HB and Charlie created opportunities to facilitate self-determination by including pregnant sex workers in decision making, fore fronting their rights to make decisions about their own lives (O'Reilly, 2016). Referrals "were identified and completed with consent and in collaboration with the client" (HB). For Charlie, this approach empowered pregnant sex workers to make informed decisions about engaging with service providers they felt most comfortable with, for example:

> *Completing referrals …after establishing … what the service user's needs and wishes are and with them at the centre of decision making around support services.* (Charlie)

Stigma and discrimination

Participants A (social work), Violet and HB emphasised that stigma and discrimination "pervade" (A) the sex work industry, impacting access and resulting in "poorer quality of care from health professionals" (Violet). Through foregrounding the experience of pregnancy in the context of sex work (Ma et al., 2019), they saw a need for antenatal service workers to be aware of industry" nuances" (A) to avoid discriminatory practices and resist perpetuating harmful stereotypes that "often conflate sex work with sexual exploitation, drug use or general vulnerability" (HB).

As Violet stresses:

> *... the tone of care sex workers receive is often plagued by judgements, use of stigmatising language, unfair assumptions, and occasionally outright refusal of service.* (Violet)

Participants Miss (community services) and HB shared how stigmatising assumptions about sex workers as mothers (Ma et al., 2018; Scarlet Alliance, 2022c) can be perpetuated in care systems like family support. For example, Miss is mandated in her work to report to child protection if pregnant sex workers who live with addiction "do not follow through" (Miss) with referrals offered. However, in HB's experience, pregnant sex workers may not be accessing services because they fear family service involvement due to stigma around sex work and the labelling of their work practices as a protective concern:

> *I have worked with many people who were sex workers and had lost custody or care of their children through the CP [child protection] system. Often there were multiple protective concerns present, however, I have read reports that listed 'sex work' as a protective concern itself, which is extremely problematic, and an absolute disconnect between sex workers and the wider system. This may impact on sex workers reaching out and trusting the health system to keep them safe and provide them with the same care as pregnant people who are not sex workers.* (HB)

HB and Miss strategized by preferencing services aware of the nuances of the sex industry or where "past clients have had pregnancies through them and have been open about their sex work" (Miss). This was important because:

> *I would be more selective of referrals made, being aware of widespread stigma and discrimination experienced by people in the sex industry within society.* (HB)

Addressing antenatal gaps for pregnant sex workers

By centring pregnant sex worker's lived experience of pregnancy (O'Reilly, 2016), participants identified critical gaps in antenatal support. For KF, existing services, such as mainstream family violence support, tended "not to be suitable" (KF) to pregnant sex workers' specific needs. HB suggested this may be due to a "lack of trauma-informed ingrained practice within the perinatal health sector" (HB). EJ (nursing/midwifery) identified there was a gap in "community-based midwifery care" (EJ), meaning long travel times. KF offered that "outreach midwifery or being co-located within community services" could improve access. For Sadie, regardless of locality, the cost of antenatal care, such as ultrasounds, "can be prohibitive for some people," (Sadie). Overall, outdated resources underscored the urgent need in addressing the unique requirements of pregnant sex workers as Violet emphasises:

> *I think the [antenatal] resources we [peer-led sex work organisation] have could benefit from updating and expansion of content.* (Violet)

To address gaps, Violet suggested resources from peer-led sex work organizations "could be distributed to health services working with pregnant sex workers to facilitate sex worker allied care" (Violet). In addition, Sadie suggests conducting further research from the perspectives of pregnant sex workers themselves could inform resource development specific to their maternal experience and the conditions within which they do mothering (O'Reilly, 2021, Scarlet Alliance, 2022a):

> *It could be interesting to investigate further directly with pregnant sex workers to ascertain whether sex workers would like specific programs/services/info, or whether would prefer to access mainstream programs/services.* (Sadie)

A expressed her views on the responsibility for knowledge development about the sex industry, suggesting that both service providers and organizations should play a role in upskilling:

> *Widespread workforce training in relation to the sex industry and the particular barriers that sex workers may face when accessing services should be available to antenatal service providers to ensure they are aware of particular nuances attached to the industry and what needs to be considered for effective service delivery to this target group.* (A)

Despite being under-resourced, Violet shared that some peer-led sex work organizations already provide support to health providers, indicating potential for expansion and the normalization of the experiences of pregnant sex workers in motherhood (Sandy et al., 2019a; Ma et al., 2019):

> *…. the program I work for offers training and education aimed at reducing stigma and improving sex worker allied service delivery…. [a] collaborative approach would be ideal as it would combine more specialist peer directed resources, with increased contact and reach to pregnant sex workers.* (Violet)

Centring lived experience

Participants identified the importance of working within the medical model, while also prioritising their lived experience to address its limitations in meeting social, economic, and well-being needs. In this way, as HB explains, referrals outside the medical model could respond more effectively to the well documented diverse needs of mothers (O'Reilly 2016; 2021) including pregnant sex workers:

> *We exist in a western medical model of care, which has great advantages, however, has some serious downfalls. It often fails to see a person in their entirety and often overlooks someone's social, emotional, psychological, spiritual needs and favours pathology and rigid procedures… There are lots of alternative pregnancy support services for women now, providing one on one support that tends to be more progressive than the mainstream western medical model* (HB).

For Charlie, centring pregnant sex workers' lived experience included focusing on intersectional, "mostly feminist" (Charlie) and rights-based frameworks. For A, intersectional approaches foreground pregnant sex workers' social location, shaping facilitation and "how this in turn determines appropriate referral pathways" (A). Similarly, gender-based theories conceptualised injustices and promoted pregnant sex workers' self-determination. Participant's multi-theorised approach is best summed up by Violet:

> *Our resources draw on many theories and frameworks such as;*
>
> - *Feminist theories (including intersectional)*
> - *Minority stress models ...*
> - *Self-determination and rights-based approaches*
> - *Anti-oppressive practice theories*
> - *Western medical model.* (Violet)

Participants paint a complex and often marginalized picture of antenatal care for pregnant sex workers. Centring intersecting social locations of sex work and pregnancy acknowledged the barrier created by stigma and discrimination to quality antenatal care. By embracing gendered and rights-based perspectives, participants seek to address the medical needs of pregnant sex workers and simultaneously champion their lived realities. By understanding how these relate, it becomes evident that a one-size-fits-all approach to antenatal care is inadequate for pregnant sex workers as they transition into their maternal identity. Further, challenging traditional perceptions of pregnancy, and who might be pregnant, is important to account for diversity of both experience and the type of support needed.

Discussion

The following discussion draws on existing research literature, analysis of the data, and social work ethics (AASW, 2013; 2020) to consider a matricentric feminist social work practice response that supports pregnant sex workers to access quality antenatal care.

Recognising peer-led sex work organisations as expert antenatal supports for sex working mothers/pregnant people

Consistent with extant literature, this study's findings identify peer-led sex work organisations as crucial resources for pregnant sex workers in Victoria (Resourcing Health & Education [RhED], 2023; Scarlet Alliance 2022a) because they offer specific information regarding their profession, such as navigating maternity leave and working during pregnancy (RhED, 2023). As highlighted by participants in this study, they are also important because sex workers face challenges accessing services due to stigma, leading to limited consultations with mainstream health professionals (Sandy et al., 2019b). Sex work organizations can bridge this gap and connect pregnant sex workers to trustworthy mainstream services (Sandy et al., 2019b). This study supports that collaborative approaches involving peer-led sex work organizations are crucial in supporting sex workers (Nestadt et al., 2021; NSWP, 2018; Scarlet Alliance, 2021; Sandy et al., 2019a; Wahab, 2004).

Research shows that professionals with experience in the sex industry are more effective in engaging with sex workers in Australia, as they understand their challenges and avoid perpetuating stigmatising attitudes (Sandy, 2019a; 2019b). Peer-led organizations challenge patriarchal assumptions about sex work and motherhood, demonstrating a better understanding of the unique concerns faced by pregnant sex workers as mothers (Sandy et al., 2019a).

This study recognises work organizations in promoting safe pregnancies for sex workers in Victoria, as they possess expertise with lived experience (NSWP, 2018; Sandy et al., 2019a; Scarlet Alliance, 2021). Importantly, these organizations have developed programs to support health and social service workers in addressing their specific needs (RhED, 2023).

Facilitating access and advocating for good quality medical service support

Medical services play a crucial role in supporting pregnant sex workers in Victoria by monitoring the health and well-being of the foetus, promoting safe pregnancies (Downer et al., 2020; Ghiasi, 2021). Ensuring access to these services is essential to uphold the reproductive rights of pregnant sex workers (Change, 2018; Gomez et al., 2020; NSWP, 2018).

However, as highlighted in the literature and by participants, there are concerns regarding the ability of the medical model to address the diverse needs of marginalised mothers (Fierheller, 2022; Gedge & Querney, 2022). This study emphasises the need to include pregnant sex workers in discussions that address marginalised intersections within antenatal care, aligning with existing literature advocating for their inclusion (Beckham et al., 2015; Duff et al., 2015; Parmley et al., 2019; Yam et al., 2017). For instance, as offered by participants, incorporating peer-led sex work organizations in developing antenatal resources could offer crucial and often neglected perspectives (Sandy et al., 2019b).

Pregnancy-related medical discourse prioritises the healthy growth of the foetus, potentially neglecting the welfare of the mother in areas such as employment, safe housing (Dewey et al., 2021; McGrory et al., 2020) and/or holding them responsible should these factors impact the foetus. This focus on the foetus disregards the lived realities in which maternal identity emerges (Fierheller, 2022; O'Reilly, 2016). Participants in this study recognised the limitations of the medical model and sought non-medical services to address additional needs.

Understanding the challenges faced by pregnant sex workers in accessing social services

Social services are crucial for pregnant sex workers in Victoria who are facing challenges such as homelessness, family violence, and involvement with child protection. This study's findings reinforce that these experiences are common among pregnant individuals in general and sex workers worldwide (Duff et al., 2015; Ma et al., 2018; Murray et al., 2018; NSWP, 2018; Sandy et al., 2019b). Accessing social services can be essential for promoting safe pregnancies. However, pregnant individuals, including sex workers, often avoid these services due to the fear of being labelled a "bad" mother (Dewey et al., 2021; Duff et al., 2015).

The findings suggest that sex work is a concern in child protection reports in Victoria. Historically, sex work's link to "bad" and "risky" mothering in child protection reports deters sex workers, including pregnant individuals, from seeking necessary services (Duff et al., 2015; Dewey et al., 2021; Graça, 2021; Ma et al., 2018; Praimkumara and Goh, 2016; Wahab, 2004). This avoidance, for fear of being labelled a "bad" mother (Kuri & Fierheller, 2022), can result in harsh consequences such as punishments, social exclusion, surveillance, service denial, and child removal.

Surveillance measures further contribute to the barriers faced by pregnant sex workers. As one participant highlighted. workers are mandated to report to child protection when pregnant sex workers who use drugs do not access referrals (Safer Care Victoria, 2013). Surveillance has been shown to decrease engagement with services, while stigma associated with sex work and drug use deters pregnant sex workers from seeking antenatal care (Duff et al., 2015; Fauci & Goodman, 2020; Ma et al., 2018; McGrory et al., 2019).

Understanding the impact of sex work stigma and discrimination

Participants in this study highlighted how stigma and discrimination related to sex work adversely affect antenatal support and referrals. Such challenges align with numerous studies identifying these issues as primary factors contributing to health disparities among sex workers, influencing their well-being, their children, and their maternal identity (Graça, 2021; Ma et al., 2018; Parmley et al., 2019; Scarlet Alliance, 2022c; Sandy et al., 2019b; Treloar et al., 2021).

Participants also emphasised that due to stigma and discrimination, pregnant sex workers often encounter subpar care from healthcare professionals. This observation is consistent with earlier research (Shaprio & Duff, 2021; Yam et al., 2017) underscoring the imperative for antenatal care to confront and address these barriers. Shapiro and Duff (2021) have also noted that public perceptions of sex workers as unfit or improbable parents further marginalise their needs within healthcare systems.

Acknowledging the influence of patriarchal motherhood in antenatal care is key to understanding and addressing the reproductive challenges pregnant sex workers face (Hill, 2019; NSWP, 2018; Shapiro & Duff, 2021). By confronting and countering this oppressive narrative, health and social service workers can better uphold the reproductive rights of pregnant individuals (Treloar et al., 2021; Gomez et al., 2020; NSWP, 2018). Study participants actively leveraged tools like education and advocacy to counteract stigma and discrimination, aiming for enhanced care quality.

Matricentric feminists emphasise the importance of embracing all aspects of life, including sex work, within the context of mothering (O'Reilly, 2016). Sex work activists advocate for the recognition of sex work as a legitimate profession to combat stigma and discrimination, which is shown to foster a safer environment for accessing antenatal care (Dewey et al., 2021; Scarlet Alliance, 2022c). Matricentric feminist social work practice offers support to pregnant sex workers by valuing their maternal identities and advancing their rights to adequate antenatal care.

Acknowledging the impact of social location

Social workers understand service users' social locations and advocate for policies countering discrimination, stigma, and power imbalances (AASW, 2022b). Analysis indicated that participants acknowledged the impact of pregnant sex workers' social context, shaping referral and support processes to align with sex worker-allied services. Duff et al. (2015), suggest that centring pregnant sex workers' social location foregrounds opportunities to exercise reproductive rights shaped by their contexts. Matricentric feminists, along with other sex work researchers, posit that the social location of "mother" will be central to this context (Dodsworth, 2014; Fierheller, 2022; O'Reilly, 2016). Despite participants' efforts to advocate for pregnant sex workers' antenatal care rights, their access to resources remains limited, resulting in inequities due to their social location (Duff et al., 2015; NSWP, 2018).

Fore-grounding self-determination

Participants, in alignment with ethical social work practice (AASW, 2020), promoted self-determination by valuing pregnant sex workers' entitlement to make decisions about their antenatal care. Gomez et al. (2020) argue that body autonomy must be central for social workers to promote reproductive justice. Further, Australia's peak national body representing sex workers, recognises self-determination as key to health justice for sex workers (Scarlet Alliance, 2021). Bentley et al. (2014), recommend a continuous partnership with pregnant people that synthesises values, beliefs, and preferences to inform health decisions. In this way, social workers' collaboration with pregnant sex workers around decision making is foregrounded.

Centring lived experiences and utilising person-centred, trauma informed and feminist theories in practice

While all forms of mothering are influenced by patriarchal norms, pregnant sex workers face heightened scrutiny (Kuri & Fierheller, 2022). The participants in this study prioritise maternal conditions and identity, avoiding the assumption of normative motherhood (O'Reilly, 2021). By centring each pregnant sex worker's actual experience of mothering, support, referral processes, and resources can better meet their unique needs (O'Reilly, 2007 as cited in Cauley, 2018, p. 145). Despite the evidence supporting gender-based analysis in healthcare, little progress has been made in addressing systemic discrimination against mothers (Fierheller, 2022). Social workers must understand the constraints imposed by patriarchal regimes on mothers, including women and gender non-conforming individuals (Fierheller, 2022).

Matricentric feminism recognizes that many mothers have experienced trauma, including violence, and that antenatal services can be sources of fear and re-traumatization (Cauley, 2018; Hill, 2019). In traditional medical models, the power dynamics surrounding reproductive health are often controlled by doctors or, in some cases, the state (Turnbull, 2001). This approach poses particular challenges for individuals who have already experienced violations and a loss of bodily autonomy, as highlighted by Cauley (2018) who argues against forcing them to relinquish control to others unwillingly (p. 141).

Matricentric feminist social work practice is trauma-informed (a gap identified by participants), acknowledging the connection between trauma and patriarchal motherhood and avoids pathologising the behaviours of pregnant sex workers (Levenson, 2015).

Promoting the Development of Inclusive Services

Ethical social work practice prioritises inclusive services (AASW, 2020). Participants noted that housing and family violence services lacked inclusivity for pregnant individuals, including pregnant sex workers. The gaps in service availability, suitability, continuity, locality, and affordability are common barriers experienced by pregnant individuals in Victoria (Department of Health, 2022; Downer et al., 2020; Talukdar et al., 2021). Best practices involve providing accessible, culturally responsive, and affordable antenatal care, along with implementing continuity programs (NSWP, 2018; De Souza, 2013). Matricentric feminist social work practice prioritises inclusive services because this promotes the maternal identity of pregnant sex workers and their right to appropriate and tailored health care (Kuri & Fierheller, 2022).

Ongoing professional development about sex work

Ethical social work requires that "social workers maintain and expand their levels of contemporary knowledge" (AASW, 2020, p. 14). A key gap in service provision identified by participants was limited knowledge about the sex industry. This study has demonstrated that being informed about the sex industry may support ethical practice that responds more effectively to pregnant sex workers' needs (Graça, 2021; Duff et al., 2015; Praimkumara & Goh, 2016; Sloan & Wahab, 2000). Matricentric feminist social work practice aligns with this premise because it focuses on learning about and "unmasking" the realities of mothering (O'Reilly, 2016). Matricentric feminist social work practice focuses on the lived realities of sex working as a mother and acknowledges sex work as a legitimate profession.

Limitations

All participants were located in Victoria, a region where local sex work regulations and perceptions significantly shape the interactions of healthcare and social service workers with pregnant sex workers (Sandy et al., 2019b). The study was of a cross-sectional nature (Marlow, 2011) and was constrained by its temporal and geographical scope, especially considering evolving sex work laws in Victoria (State Government of Victoria, 2022). Focusing on the perspectives of health and social service workers is unable to reflect the experiences of pregnant sex workers themselves. Additionally, a more extensive sample size could provide a more comprehensive and representative insight into antenatal care for pregnant sex workers in the area.

Recommendations for future research

In order to better reflect lived experience and ensure authoritative knowledge from sex workers who mother, future research should involve those with sex work experience (Baratosy & Wendt, 2017, Diamond et al., 2022; Sandy et al., 2019a Scarlet Alliance, 2021). This study also recommends exploring the connection between sex workers' antenatal care and their birth/postpartum outcomes to improve service development for safer pregnancies.

Conclusion

This study analysed antenatal services provided to pregnant sex workers by health and social service professionals in Victoria, spotlighting cultural and systemic challenges in Victoria's antenatal care. The research underscores the alignment between matricentric feminist-grounded social work and ethical practice, both advocating for social justice and critiquing systemic injustices (AASW, 2020; O'Reilly, 2016). Patriarchal motherhood emerges as a barrier in antenatal care for pregnant sex workers, highlighting the importance of matricentric feminism to help understand the societal positioning and oppression of mothers (Kuri & Fierheller, 2022). Recognising how patriarchal motherhood operates within care systems aids in understanding the stigma and discrimination sex working mothers encounter (Ma et al., 2018; Scarlet Alliance, 2022c). Adopting a matricentric feminist approach in social work can prioritise the lived experiences of mothering, better ensuring pregnant sex workers' human rights in antenatal care are upheld.

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