Aims To explore how women living as IDPs experience pregnancy and antenatal care in a remote setting.

Methods A case study approach with an exploratory and descriptive design will be employed using qualitative data collection methods with women in one settled IDP camp. Theoretical interviews will be undertaken with internally displaced women, members of a local women’s support network and local data collectors who have been working in women’s health and development. Due to travel restrictions, a pragmatic decision was taken to work online with local data collectors experienced in qualitative research. This arrangement should increase richness of data, strengthen research capacity and reduce the impact of cross-cultural communication in the interview setting. Transcripts will be translated to English and data will be analysed thematically.

Expected Results Pandemic restrictions and disruption to services have increased challenges for displaced women in relation to pregnancy and antenatal care. The study is likely to develop themes related to access difficulties, traditional beliefs and practices, the role of cultural factors in pregnancy and the value of social support networks in women’s experiences of pregnancy in displacement.

Current Stage of Work Ethical approval has been granted by Ulster University. A systematic review of qualitative evidence on pregnancy experiences of displaced women is underway. Interview guides have been translated, local language data collectors have been engaged, a site identified and local permissions secured.

Background Social prescribing (SP) typically involves linking patients in primary care with a range of local, community-based, non-clinical services. While there is a growing body of literature investigating the effectiveness of SP in improving healthcare outcomes, questions remain about how such outcomes are achieved within the everyday complexity of community health systems.

Aim This qualitative case study, informed by practice theory, aimed to investigate how SP practices relevant to people at high risk of type 2 diabetes (T2D) were enacted in a primary care and community setting serving a multi-ethnic, socioeconomically deprived population.

Methods We collected different types of qualitative data, including 35 semi-structured interviews with primary care clinicians, link workers and SP organisations; 30 hours of ethnographic observations of community-based SP activities and meetings; and relevant documents. Data analysis drew on theories of social practice, including Feldman’s (2000) notion of the organisational routine, which emphasises the creative and emergent nature of routines in practice.

Results We identified different, overlapping ways of practising SP: from highly creative, reflective and adaptive (‘I do what it takes’), to more constrained (‘I do what I can’) or compliant (‘I do as I’m told’) approaches. Different types of practices were in tension and showed varying degrees of potential to