



SUPPORTING NEURODIVERGENT BIRTHING PARENTS IN CHILDBIRTH

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A guide to supporting Autistic and
other neurodivergent birthing
parents in childbirth

Brought to you by Annie Crowe
CEO of NeuroAccess

Find more resources, support and guidance visit our website
birthtrauma.org.au



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Did you know?

According to the New South Wales (NSW) Parliament Legislative Council Select Committee on Birth Trauma Report* released in May 2024, highlighted these industry leader's insights:

- Individuals with neurodivergence and disability face barriers when accessing maternity care, in part due to inadequate services.
- BTA Research indicated that women with disabilities often have poorer perinatal outcomes, with many hospitals lacking specialised services and staff training in disability identification and support.
- Parents with a disability encompass 9-10% of the birthing population.
- Parents with disabilities face further challenges before, during and after childbirth, including:
 - Risk of pregnancy and birth complications
 - Requirement of tailored support for physical and psychological needs
 - Requirement of improved access to person-centred maternity care (including expert support for birthing options, anaesthesia, and postnatal care, as well as access to facilities designed to enhance autonomy and self-reliance)
 - Risk of re-traumatisation during hospitalisation and birth experience given higher rates of interactions with the health system.



Read more in the NSW Parliament Birth Trauma Report:

<https://www.parliament.nsw.gov.au/committees/listofcommittees/Pages/committee-details.aspx?pk=318#tab-reportsandgovernmentresponses>



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What is birth-related trauma?

Birth Trauma is a [parent]'s experience of interactions and/or events related to childbirth that cause overwhelming distressing emotions and reactions, leading to short and/or long-term negative impacts on a [parent]'s health and wellbeing (Leinweiber et al, 2022).

The delivery of a baby is a positive event for many parents, but for some, it can be a mixed experience or even very negative, resulting in physical and/or psychological injuries (trauma) with lasting negative impacts on their lives.

Birth-related trauma can be **physical** or **psychological** or a combination of both. Birth-related trauma impacts both birthing parents and non-birthing parents.

Physical trauma (birth injuries) may or may not be identified straight away. This can include; perineal tears, bladder damage, pelvic floor muscle damage, haemorrhaging, infections, incontinence and more.

Psychological trauma can occur when the birth has been experienced as frightening and even traumatic. The shock of what actually happened during your birth experience can bring about a number of mental health challenges, including anxiety, depression, and other disorders.

Some people experience severe emotional distress after a traumatic birth, even though there was no physical trauma.

It's important to know that trauma can continue long after the birth, with many people not seeking support for months or even years after.



Read more: <https://birthtrauma.org.au/what-is-birth-trauma/>

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Autistic Maternal Healthcare

According to the Federal Government Senate Select Committee on Autism Services, support and life outcomes for autistic Australians Report released in March 2022, research found:

- 40% of Autistic women* experience prenatal depression + 60% of Autistic women* experience postnatal depression (compared to 12% of the general population).
- 34% of Autistic women* said the process of birth was not explained well to them.
- 61% of Autistic mothers* said they needed additional support from service providers, but only 14% received the required support when they asked for it.
- 60% of Autistic mothers* experienced anxiety speaking to professionals, with 44% experiencing selective mutism due to their anxiety.
- 80% of Autistic mothers* worried that the attitude of professionals would change towards them after disclosure of their autism.



*gendered language used in report and research

Read more in Chapter 14 of the Senate Inquiry Report:

<https://www.parliament.nsw.gov.au/committees/listofcommittees/Pages/committee-details.aspx?pk=318#tab-reportsandgovernmentresponses>

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Autistic Maternal Healthcare

The Federal Government Senate Select Committee on Autism Services, support and life outcomes for autistic Australians Report released in March 2022, also highlighted:

- Common barriers to effective maternal health care included:
- general health services
- unaccommodating environments
- lack of autism understanding
- ‘triggers and stressors’ present in mainstream health settings

“

“...bright lights and loud, busy birthing suites can be overwhelming sensory experience; inattention to appropriate communication; different understandings of consent to touch and a broad lack of understanding about how an autistic mother might be processing an already stressful situation can cause pain and suffering and can severely limit access to mainstream facilities.”

- Coalition of Autistic Women, Submission 125, [p. 13].

- Additionally, sensory differences can cause complications including both hyper-and-hypo sensitivities - feeling too much or too little sensory input (especially pain).
- Reports that progression was not assisted or even denied due to atypical behaviour (or outward signs) that was unfamiliar to maternity staff.

Read more in Chapter 14 of the Senate Inquiry Report:

<https://www.parliament.nsw.gov.au/committees/listofcommittees/Pages/committee-details.aspx?pk=318#tab-reportsandgovernmentresponses>

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Neurodivergent Challenges

Autistic and neurodivergent birthing parents face unique challenges that can increase their risk of experiencing birth trauma.

Sensory Sensitivities

- Hospital environments can be overwhelming with bright lights, loud noises, and unfamiliar smells.
- Medical procedures and examinations can be particularly distressing due to touch sensitivities.
- This sensory overload can lead to heightened anxiety and difficulty (directly or indirectly) communicating needs effectively.

Communication Differences

- Neurodivergent people may have difficulty expressing their pain or discomfort in ways that healthcare providers understand.
- They may struggle to advocate for themselves or their baby during labour and delivery.
- Misunderstandings and misinterpretations can lead to inadequate pain management or inappropriate interventions + most importantly a lack of informed consent.

Social and Emotional Challenges

- Neurodivergent people may feel overwhelmed by the social demands of interacting with healthcare providers and navigating hospital procedures.
- They may experience difficulty understanding or responding to nonverbal cues, leading to miscommunication.
- Pre-existing anxiety or difficulty with change can be exacerbated by the unpredictable nature of childbirth.



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Neurodivergent Challenges

Autistic and neurodivergent birthing parents face unique challenges that can increase their risk of experiencing birth trauma.

Executive Function Challenges

Neurodivergent people are more likely to experience executive function challenges that impact the perinatal period.

Executive function skills: self-restraint, working memory, emotion control, focus, task initiation, planning/prioritisation, organisation, time management, defining and achieving goals, flexibility, observation, and stress tolerance.

Co-occurring Conditions

- Neurodivergent people are more likely to experience co-occurring psychiatric conditions like anxiety, depression, or OCD, which can increase their vulnerability to birth trauma.
- These conditions can also impact their ability to cope with stress and recover from traumatic experiences.
- Autistic people have much higher rate of hypermobile Ehlers Danlos Syndrome (hEDS) and other complex health challenges, which can be a major risk factor to experiencing physical birth trauma.
- Neurodivergent people are more likely to have chronic illnesses and disabilities that can additionally impact their care and support needs.

Lack of Understanding and Support

- Healthcare providers may lack awareness of the specific needs of neurodivergent patients during childbirth and the perinatal period.
- This can lead to a lack of appropriate access, support and accommodations, contributing to negative experiences.
- Neurodivergent patients may feel misunderstood or dismissed by healthcare providers, further increasing their stress and anxiety.



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Pain + Sensory Differences

Autistic people have notable sensory differences, which has the potential to have wider impact in the birth suite - for example, difficulty with communicating pain or other symptoms as well as a higher likelihood of having a distrust of medical care professionals.

Interoception

The experience of pain may be significantly altered in Autistic people. Individuals may experience hyper- or hypo-reactivity to pain, or a combination of both, with studies showing an abnormal response to pain in 25-40% of Autistic people.

Alexithymia

Expression/communication of pain may also be notably different. Alexithymia is an inability to identify and describe emotions in oneself and others and appears common in Autistic people. Autistic people sometimes present a blunt or flat affect, rather than the usual facial and other expected expressions of pain.

Pain Scale

In mainstream practice, gauging the pain behaviour of patients may often require a pain scale tool to help the clinician and patient communicate - they usually fall into one of three categories: numerical rating scales, visual analogue scales and categorical scales.

These traditional pain measurement approaches (i.e. self-report and facial pain scales) can be inaccessible and inappropriate for neurodivergent patients.



Read **“Supporting Autistic People Through Pregnancy and Childbirth”** by Hayley Morgan et al, Chapter 4 Pain and Sensory Differences, for more information.

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Pain + Sensory Differences

The socio-communicative model of pain

1. Encoding of pain expressions
2. Pain experience broadcast to observers to decode
3. Potentially take action to alleviate the pain

A significant number of Autistic people have the potential to be inherently excluded from a timely and sufficient response to their pain perception and communication.

As described in chapter 4 of “Supporting Autistic People Through Pregnancy and Childbirth,” one could argue that evidence outlines an atypical processing at every state of the socio-communicative pain process. For example:

- Alexithymia, masking and hypoactivity in limbic cortices caused by pain processing may not only have an effect of real-time pain communication as a contextless event but may indicate a deeper social suppression of pain reaction learned from childhood.
- Pain experiences are processed and communicated differently, if at all, resulting in an unreliable stimulus for caregivers and medical professionals.
- If the processing and communication is atypical, absent or asynchronous, the ability of medical staff to provide timely and sufficient analgesia is arguably dramatically reduced.

All of which and substantially contribute to the risk of both physical and psychological birth trauma.

Read “**Supporting Autistic People Through Pregnancy and Childbirth**” by Hayley Morgan et al, Chapter 4 Pain and Sensory Differences, for more information.



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Pain + Sensory Differences

Pain is an important vital sign

Pain is important during birth in understanding progress and indicating complication, and not only impacts the mother but can affect the infant too.

Empowerment through understanding

Healthcare professionals should remain mindful of varying degrees of expressivity and employ person-centred approaches. Women who feel their pain is understood and who feel empowered in their pain management choices report higher satisfaction and less distress.

Pain Management

Pain reporting in birth is key to safety, autonomy and overall wellness. Missed pain reporting potentially leads to negative consequences on morbidity and mortality.

If analgesia and/or sedation may affect Autistic people differently, this could have obvious effects during birth.

If caesarean or other surgery is needed, the effectiveness of anaesthesia is of utmost importance.

Common co-existing conditions may also have a significant impact on pain management and medication sensitivity, which brings us the hypermobility conditions and Ehlers Danlos Syndrome.



Read **“Supporting Autistic People Through Pregnancy and Childbirth”** by Hayley Morgan et al, Chapter 4 Pain and Sensory Differences, for more information.

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Hypermobile Ehlers Danlos Syndrome

Given the prevalence of hypermobility conditions in the Autistic and ADHD populations, here is a little info on having these connective tissue conditions during birth, and the additional risk of trauma for an already at risk population.

What is EDS?

The Ehlers-Danlos syndromes consist of a group of heritable connective tissue disorders characterised by the joint hyper-mobilities, skin hyper-extensibility or elasticity, and skin fragility.

Of the 13 EDS subtypes, the hypermobility type (hEDS) is the most common, but population prevalence is tricky to estimate due to the ongoing confusion over clinical diagnosis and the overlap in so many symptoms between hEDS and the more common hypermobility spectrum disorder.

Even without an EDS diagnosis, it would be wise to at least consider the possibility and prepare accordingly.

hEDS and Risk Factors

Due to the ubiquitous nature of connective tissue and, in particular, collagen, hypermobile Ehlers Danlos Syndrome (hEDS) has the potential to affect the smooth functioning of every part of the human body, right down to the way nerve messages are transmitted. In addition, it can even affect the way the workings of the body are perceived.

Birthing parents with hEDS are just as likely as the general pregnant population to labour and birth their baby without complications. However, the risk for complications can rise quickly and exponentially.

The very aspects of hEDS that so concern obstetricians, such as increased risk of tearing, bleeding and prolapse, are more likely when exposed to the very sorts of clinical interventions often brought out to 'manage' those very risks, such as episiotomy, and instrumental and surgical deliveries.

Read **"Stretched to the Limits"** by Rachel Fitz-Desorgher, Part III: EDS and Labour, for more information.



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Hypermobile Ehlers Danlos Syndrome

Birth plans should include relevant medical information and risk factors. **“Stretched to the limits”** (page 142) uses the following examples of **hEDS Alerts**. It may be worth doing a page on **Autism or Neurodivergent ALERTs** to supplement these with sensory and communication risks and access needs.

Effacement

hEDS ALERT: I am at an increased risk of pre-labour SRM. I will call immediately if this happens.

First Stage of Labour

hEDS ALERT: Although my pre-labour may be as long as usual, I am at increased risk of a **PRECIPITATE LABOUR**. Please believe me if I say that I am in very strong labour before you might expect.

hEDS ALERT: I may not respond to lignocaine normally. Please take extra care to check that an epidural is effective and be aware that it may need topping up sooner.

hEDS ALERT: I have a strong tendency to suddenly drop my BP and increase my heart rate - please take extra care if I need an epidural.

Second Stage of Labour

hEDS ALERT: careful if using stirrups, expect unusual birth position of baby, more risk of tears, etc.

Third Stage of Labour

hEDS ALERT: increase risk of bleeding, atypical response to lignocaine (for sutures), poor wound healing (use black silk not absorbable sutures if needed), etc.

After Birth

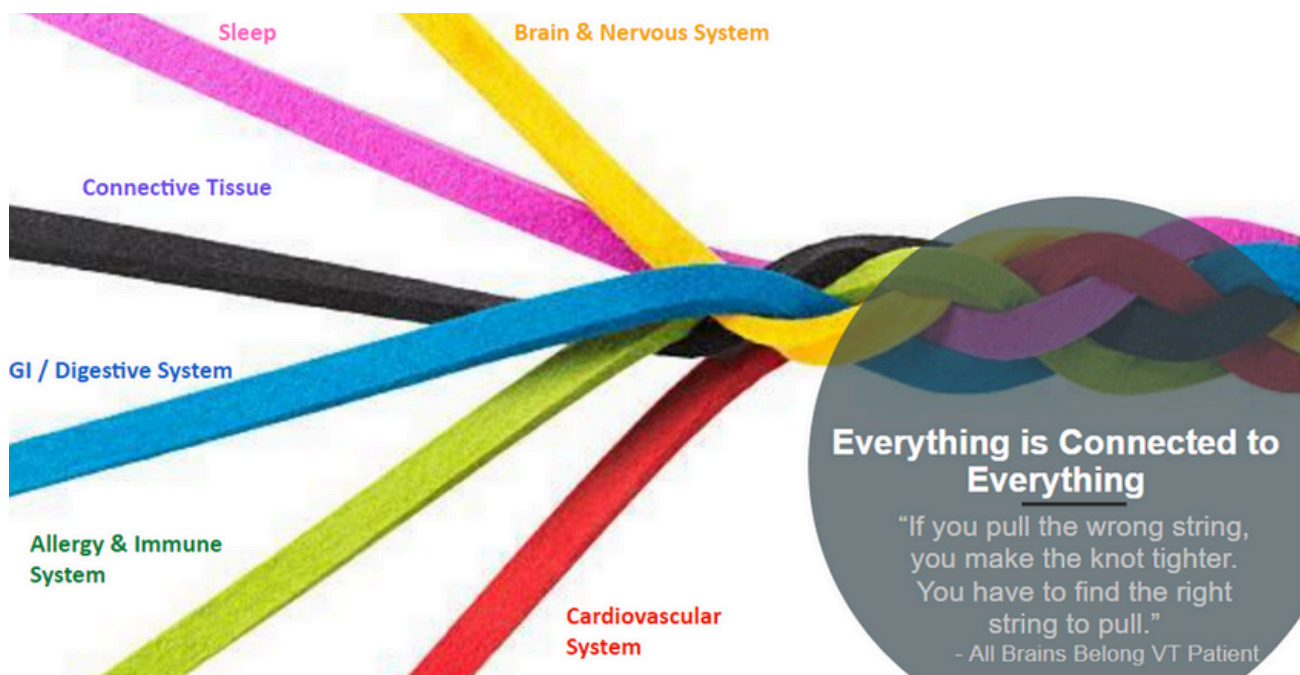
hEDS ALERT: extended holding can cause joint damage, more commonly taught holds might cause pain and injury.



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Everything is connected to everything

Autistic and/or ADHD adults often have a group of intertwined medical problems in many body systems. These medical conditions are often related to one another.



“All The Things” Task Force: Neurodivergent Autoimmune Health Project by All Brains Belong VT

- This educational project consists of multiple sets of resources for patients and primary care clinicians related to the constellation of related neuroimmune conditions commonly experienced by autistic and/or ADHD adults.
- This resource merges available evidence-based practice and patient focus group input. The clinician guide was peer-reviewed by a group of primary care physicians.
- The relationship between Autism/ADHD and these conditions is well-established in the literature, including identifying sub-clusters amongst these conditions (hypermobility, dysautonomia, chronic pain, neurodivergence, GI, allergic conditions and mast cell dysfunction).
- All Brains Belong VT has created this clinical resource to use to support many of your Autistic/ADHD patients and provide safe and accessible care.

Neurodivergent individuals can give this letter to their healthcare provider.

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A personal story

About me

Hi, I'm Annie Crowe (she/her). I'm a proud multiply-neurodivergent, disabled, chronically ill human rights lawyer and neuroaccess advocate. I'm also a mother to a stretchy (hypermobile) neurodivergent toddler and daughter to a stretchy neurodivergent mother. The ND/hEDS force is strong in our family.

I spent the first decade of my career working in traditional human rights and public policy spaces and after I finally got all the answers I'd been looking for my whole life, I shifted gears 5 years ago (in my late-20s) to supporting my fellow neurodivergent, disabled, chronically ill community to fight for their access needs and advocate for their basic human rights, including access to safe and adequate healthcare.

Late-identification is the norm, not the exception

I wasn't diagnosed with autism, ADHD, PTSD, or hEDS until I was 28-years-old. That's almost 3 decades without the language or framework to have my access needs met, to communicate my very real experiences, risks and common challenges to my healthcare providers.

That is almost 3 decades of medical gaslighting, not to count my own mother who is also Autistic, ADHD and hEDS and was diagnosed in her 50s shortly after me. 80% of Autistic women (AFAB) are not identified at age 18. And a mean of 14 years elapses between the first clinical manifestations and the actual diagnosis for EDS, for 25% of patients this delay lasts over 28 years (like me!).

I spent most of my childhood being treated for physical challenges and co-occurring conditions that are classic to hEDS, and had many physiotherapists and doctors tell me I was "hypermobile" but never connected the dots to EDS or autism (which is becoming more recognised).

It was my diagnosing psychiatrist who suggested I might have hEDS after he diagnosed me with autism (ASD) and ADHD.

Once I found a rheumatologist who specialised in EDS, after the three previous rheumatologists had dismissed the suggestions (and given inaccurate diagnosis) due to stereotyped and outdated understanding of hEDS, it was an easy straightforward diagnosis - according to the expert.

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A personal story

Complex Pregnancy

A year after I turned a corner at age 28, I started to feel more supported with a medical team that actually got me. A team who were starting to make substantial gains in giving me the support and treatment that I always needed.

It was then that my partner and I (of a decade - yes Autistic people can have relationships... you'd be surprised how many messages I get from Autistic adults that hear from psychologists and psychiatrists that they cannot have autism because they are married.) decided to start trying for a child.

Surprisingly, I got pregnant immediately (have had subsequent secondary infertility but that's a story for another day). Given my complex medical history and myriad of conditions I was put under the care of the Foetal Medicine Unit (FMU) at my local major public hospital.

Birth (mental) preparation begins long before we go into labour

In an attempt to advocate for myself and maintain any semblance of safety in my birth experience, I spoke to the obstetrician at my 20-week appointment (half way to d-day!) about my concerns and boundaries for birth.

Initially, he dismissed my wishes to even talk about birth given I "wasn't even in the third trimester yet" - my inner anxiety and need for control and certainty giggles in the face of that ill prepared comment.

I continued to push the conversation and even had my mental health midwife in the room for moral support (regardless of power dynamics).

Self-advocacy

We had spoken of the likelihood of induction due to my many health conditions and so I raised the point that I was willing to talk induction, but that I would not be comfortable with the "balloon" due to a history of sexual assault (90% of Autistic Women* experience sexual violence). I thought I could leave out the sensory concerns I also had with that method.



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A personal story

Trust is earned

It was at this point where the obstetrician could've really solidified my trust in him and reduced my anxiety (and therefore my risk of birth trauma) by acknowledging my wishes and being open to discussing options and what I was and was not comfortable with.

However, he started me blankly in the face and said "well, balloon is best practice." As if I'd said I preferred chocolate to strawberry ice cream but my preferences were irrelevant because strawberry was the go-to.

I tried to continue to question him, but he cut me off and reinforced that we were "too early" to even discuss that.

I froze for the rest of the appointment. I can barely remember what was said after that point. My trust in him was broken, permanently.

If unsafe, escalate.

After I left the 20-week appointment I had a panic attack in the carpark. I went home and voice recorded (because my brain works too fast for writing/typing) what happened and tried to process everything.

Here I was finally starting to feel empowered in my healthcare by my broader medical team and in an instant I was reduced back to the nothingness I'd been shown repeatedly by healthcare providers when speaking up for my needs.

The invalidation was extremely triggering.

Once I had processed with my partner and therapist, I wrote an email to the mental health midwife explaining my interpretation of that meeting and how the obstetrician made me feel.

To my surprise, I got a call shortly after apologising for the obstetrician's behaviour and promising me I could see a different one, and also stay with that doctor the rest of my pregnancy (a rare choice in the FMU).



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A personal story

To little to late

I was thrilled to hear my concerns were taken seriously by the hospital. However, the trust was already broken.

I decided after months trying to work myself up to pursue a vaginal delivery (with a midwife mother who empowered me greatly), that I couldn't trust that when the time came I would be safe and my access needs would be respected.

If I wasn't going to be listened to when I was not distressed, what chance did I have when my body was in chaos?

With the support of my new and ongoing obstetrician, I decided to have an elective c-section. Which still needed two obstetricians to sign off and grill me about my choice, not a very trauma-informed system.

A healing birth, a gaping gap

My c-section was wonderful. The hospital went above and beyond to ensure I was comfortable. They had all women in the theatre, they allowed my husband to stay with me the entire time (usually the partner leaves for the spinal).

It was obvious that the hospital and staff understood victims of sexual violence and where primitively trying to mitigate risk for me.

However, all this did was show me the clear gap in medical understanding of neurodivergence and neuroaccess support needs.

Imagine if they could understand and support my neurodivergent access needs like they supported my needs as a sexual assault survivor?

To preemptively ask about my sensory needs, my communication preferences and the tools and strategies that could support my neurodivergence during birth.

Imagine how many Autistic and neurodivergent people would have empowering and untraumatic birthing experiences if they was the norm? If they didn't hold all the pressure and burden to educate and advocate for their basic human rights.

This is why I speak up. For the next neurodivergent, disabled, chronically ill person who shouldn't have to.

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Support Strategies: Self Support

Autistic people have suggested a variety of ways to support yourself during pregnancy and childbirth:

- have an open discussion about being Autistic and your specific access support needs and preferences with your healthcare provider(s) as early as possible
- create and carry a health passport or other care document to help communicate your needs.
- having an autism diagnosis might help in explaining particular needs
- bring a supportive person with you to appointments
- record appointments if this is helpful – you could use a ‘voice memo’ app on your phone
- consider hiring a doula and/or independent midwife who can advocate for your needs and support communication with healthcare professionals
- request a tour of the hospital you plan to give birth in ahead of time (this is standard, but you may wish to request a tour earlier in your pregnancy, or more than one tour)
- bring sensory and nervous system comfort items from home to the hospital
- prepare yourself for the different possible options for interventions and outcomes. Pregnancy and childbirth can be unpredictable, so it can help to be open to a range of options as it may not be possible to follow one particular birth plan
- read about other Autistic people's experiences of pregnancy and childbirth
- be aware that representations of ‘perfect’ or ‘magical’ experiences of pregnancy and childbirth in pop culture and brand marketing may not be realistic.

Read more at the **National Autistic Society**: <https://www.autism.org.uk/advice-and-guidance/topics/physical-health/pregnancy-and-childbirth>

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Support Strategies: Clinical Support

Evidence suggests that Autistic people may benefit when health professionals:

- listen to what the Autistic person is communicating about their particular experience, which may be different to non-Autistic people
- provide autism-specific, person-centred advice about pregnancy
- use clear, direct and unambiguous communication, and allow time for processing and responding
- consider ways to give the Autistic person more control over their experience; for example, after an ultrasound, allow them to wipe the gel off their body rather than doing it for them
- make sensory adjustments, such as providing a private room away from other people, dimming lights and keeping noise to a minimum during childbirth
- explain the purpose and/or process of any drugs, injections, tests or other interventions clearly, giving all the available options and explaining whether they are necessary or only recommended
- ask permission before touching them (when possible) and explain exactly what you are going to do, in clear and direct language:
 - check frequently that they are OK and happy to continue
 - understand that being touched without consent can lead to shutdowns or meltdowns, or the Autistic person might mask their discomfort, which can eventually lead to Autistic burnout and trauma
- consider that Autistic people may react to pain differently to non-Autistic people
- provide greater autism-related training for all healthcare professionals involved in childbirth and postnatal care.

Read more at the **National Autistic Society**: <https://www.autism.org.uk/advice-and-guidance/topics/physical-health/pregnancy-and-childbirth>

SUPPORTING NEURODIVERGENT BIRTHING PARENTS IN CHILDBIRTH

Recommended Resources: Books

Supporting Autistic People Through Pregnancy and Childbirth, by Hayley Morgan, Emma Durman and Karen Henry (2024)

Autistic and Expecting: Practical support for parents-to-be and health and social care practitioners, by Alexis Quinn (2018)

Stretched to the Limits: A Guide for Midwives and Doulas when Supporting Women with EDS Through Pregnancy, Labour, Birth and Postnatally, by Rachel Fitz-Desorgher (2024)

Supporting Survivors of Sexual Abuse Through Pregnancy and Childbirth: A Guide for Midwives, Doulas and Other Healthcare Professionals, by Kicki Hansard (2020)

Supporting Queer Birth, AJ Silver (2022)

Supporting Fat Birth, AJ Silver (2024)

From Here to Maternity: Pregnancy and Motherhood on the Autism Spectrum, by Lana Grant (2015)

Women and Girls on the Autism Spectrum: Understanding Life Experiences from Early Childhood to Old Age, by Sarah Hendrickx (2024)

The Clinical Guide to Fertility, Motherhood, and Eating Disorders, by Kate B. Daigle (2020)

Ethics, Law & Health Care: A Guide for Nurses and Midwives, by Fiona McDonald and Shih-ning Then (2019)

Trauma, Stigma, and Autism, by Gorgon Gates (2019)

All Tangled Up: in Autism and Chronic Illness, by Charli Clement (2023)

Pain and Prejudice: A call to arms for women and their bodies, by Gabrielle Jackson (2019)

Expecting Better, by Emily Oster (2018)

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Recommended Resources: Reports

Everything is Connected to Everything: Improving Healthcare for Autistic & ADHD Adults. “All the things” by [All Brains Belong VT](#)

<https://allbrainsbelong.org/>

<https://allbrainsbelong.org/all-the-things/>

Letter: <https://allbrainsbelong.org/wp-content/uploads/2023/08/All-Brains-Belong-VT-Letter-to-Primary-Care-Clinicians-v1.pdf>

Clinical resource: <https://allbrainsbelong.org/wp-content/uploads/2023/09/Everything-is-Connected-to-Everything-Autistic-ADHD-Health-CLINICIAN-GUIDE-All-Brains-Belong-VT-9.20.23.pdf>

Parliamentary Inquiries

NSW Parliamentary Inquiry Report on **the Equity, Accessibility and Appropriate Delivery of Outpatient and Community Mental Health Care in New South Wales.**

(June 2024)

<https://www.parliament.nsw.gov.au/committees/inquiries/Pages/inquiry-details.aspx?pk=2973#tab-reportsandgovernmentresponses>

NSW Parliamentary Inquiry Report on **Birth Trauma.** (May 2024)

<https://www.parliament.nsw.gov.au/committees/listofcommittees/Pages/committee-details.aspx?pk=318#tab-reportsandgovernmentresponses>

Federal Government Senate Inquiry Report on **Services, Support and Life Outcomes for Autistic Australians.** (March 2022)

<https://www.parliament.nsw.gov.au/committees/listofcommittees/Pages/committee-details.aspx?pk=318#tab-reportsandgovernmentresponses>

SUPPORTING NEURODIVERGENT BIRTHING PARENTS IN CHILDBIRTH

Recommended Resources: Podcasts

Neurodivergent Parenthood with Annie Crowe

Anna Asks Podcast Season 7 Episode 2 (2023)

<https://podcasters.spotify.com/pod/show/annaasks/episodes/S7--Ep2--Neurodivergent-Parenthood-with-Annie-Crowe-e225ece/a-a58emb>

Birth on the spectrum. One women's experience of Autism, ADHD, and pregnancy.

Pregnancy Uncut Podcast Season 4, Episode 10 (2022)

<https://www.pregnancyuncut.com/season-four-episodes>
<https://open.spotify.com/episode/34K7G3Y2G8KUUfvqxyMzMz>

Autistic Mothers Group

Princess and the Pea Podcast Season 1, Episode 9 (2022)

<https://podcasters.spotify.com/pod/show/annaasks/episodes/S7--Ep2--Neurodivergent-Parenthood-with-Annie-Crowe-e225ece/a-a58emb>

What's the reality of being a neurodivergent mama & how can we better understand those with Autism/ADHD? - with Annie Crowe

Beyond the Bump Podcast Episode 121 (2022)

<https://podcasts.apple.com/sa/podcast/whats-the-reality-of-being-a-neurodivergent-mama/id1484930949?i=1000556947562>

Neurodivergence and disordered eating with Annie Crowe

Neurodivergent Woman Podcast Season 2, Episode 12 (2022)

<https://podcasts.apple.com/za/podcast/neurodivergence-and-disordered-eating-with-annie-crowe/id1575106243?i=1000559310619>
<https://www.ndwomanpod.com/transcripts/p/s2-e12-neurodivergence-and-disordered-eating-with-annie-crowe>

SUPPORTING NEURODIVERGENT BIRTHING PARENTS IN CHILDBIRTH

Recommended Resources

National Autistic Society

- <https://www.autism.org.uk/advice-and-guidance/topics/physical-health/pregnancy-and-childbirth>
- <https://www.autism.org.uk/advice-and-guidance/topics/physical-health/my-health-passport>
- <https://www.autism.org.uk/advice-and-guidance/professional-practice/pregnant-autistic>

Pregnancy and Autism: A Guide for Autistic People Before They Give Birth by Maxine Share AND Dr Fakhri Shafai

<https://aidecanada.ca/resources/learn/asd-id-core-knowledge/pregnancy-and-autism-a-guide-for-autistic-people-before-they-give-birth>

How do Autistic people experience maternity care? by Dr Aimee Grant

<https://wellcome.org/news/how-do-autistic-people-experience-maternity-care>

Autism In Birth by Emma Durman and Hayley Morgan

<https://www.therealbirthcompanyltd.com/2019/07/29/autism-in-birth-2/#:~:text=Birth%20Trauma%2FPTSD%20are%20real,their%20unique%20social%2C%20sensory%20needs>

Going through childbirth when you're Autistic

<https://www.sbs.com.au/voices/article/going-through-childbirth-when-youre-autistic/sj48o3ars>

Navigating Pregnancy and Childbirth with ADHD

<https://www.themindfulbirthgroup.com/parents/blog/navigating-pregnancy-and-childbirth-with-adhd/>

How ADHD affects pregnancy outcomes in women and their babies

<https://www.sydney.edu.au/news-opinion/news/2018/03/23/how-adhd-affects-pregnancy-outcomes-in-women-and-their-babies.html>

SUPPORTING NEURODIVERGENT BIRTHING PARENTS IN CHILDBIRTH

Use your **BRAIN** for informed consent

