



A practical resource for autistic pregnant women and birthing people

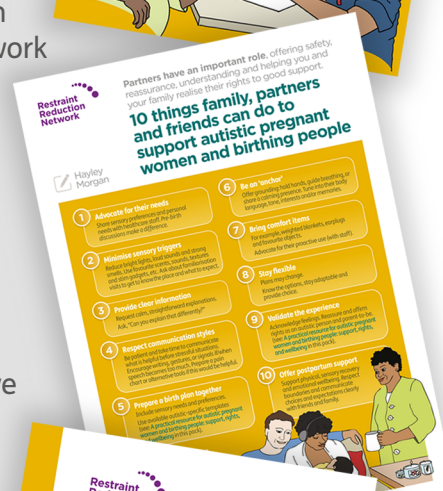
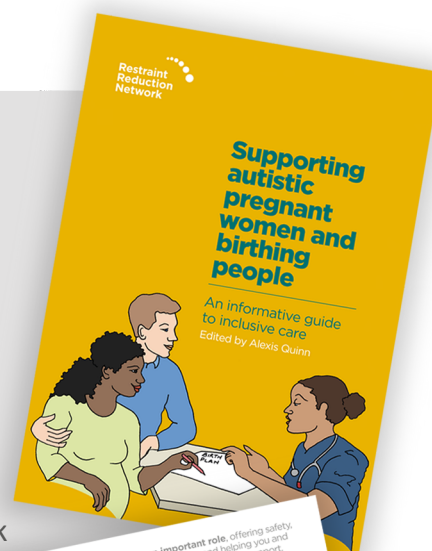
Support, rights
and wellbeing

Edited by Alexis Quinn



These resources were coproduced by people with lived experience and designed for autistic pregnant women and birthing people, and people supporting them, to get rights-respecting care. There is a:

- **Information guide** designed specifically for professionals supporting autistic pregnant women and birthing people to get rights respecting care, although autistic people and their support network will find the information helpful too.
- **Single page summary sheet/poster** which gives a list of 10 key points that family, partners and friends can do to support autistic pregnant women and birthing people.
- **Practical and interactive resource** which aims to give practical, supportive and rights-respecting information to help autistic pregnant women and birthing people feel confident and informed.
- **Breastfeeding resource** designed with kindness and respect, to help autistic pregnant women and birthing people feel supported, empowered and confident in their choices to nurture their baby.



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Please note that this document does not, and is not intended to, constitute legal advice. The RRN strives to provide accurate, well-researched information that is helpful to practitioners, professionals and people with lived experience.

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Authors of this resource and additional resources

Alexis Quinn – Autistic mother, author of *Autistic and Expecting – practical support for parents-to-be and health and social care practitioners* (featuring on The Reading Agency list 2025).

Aimee Grant – Autistic Associate Professor at Swansea University and author of *The Autism Friendly Guide to Pregnancy, Birth and the Fourth Trimester*.

Claire Malcolm – Mother of autistic children, Lecturer in Politics (The Open University), Anti-Racism Consultant, and co-author of *Mothering at the Margins: Black Mothers Raising Autistic Children in the UK*.

Elena Sheldon – Psychologist (perinatal mental health), Visiting Research Associate at The University of Sheffield.

Ella Jackson – Autistic NHS Infant Feeding Specialist Midwife, IBCLC, Tongue-tie Practitioner.

Hayley Morgan – Autistic mother, PhD candidate and co-author of *Supporting Autistic People Through Pregnancy and Childbirth*.

Karen Henry – Autistic mother, Midwife, Midwifery Lecturer and co-author of *Supporting Autistic People Through Pregnancy and Childbirth*.

Mel Green – Lecturer, researcher, and mother of two, one autistic and non-speaking, co-author of *Mothering at the Margins: Black Mothers Raising Autistic Children in the UK*.

Sara King – Autistic mother, PhD candidate, autistic peer group lead and mentor.

Rebecca Brione – Expert in Ethics and Human Rights in Pregnancy and Birth.

Stacey-George Hemes – Registered Midwife and Maternity Autism Research Group (MARG) Secretary.

Vanessa Garrity – Mental Health Nurse, Perinatal Mental Health Specialist, Associate Director of Clinical Quality and Regulation with lived experience of neurodivergence.





Autistic and Expecting: Practical support for parents to be and health and social care practitioners

Alexis Quinn

A unique and practical book on managing autistic pregnancy, childbirth and the post-natal period for autistic parents and for the health and social care practitioners who may support them. A practical, insightful and solution-focused guide, providing the information, resources and confidence autistic parents need to advocate for themselves. **(Featuring on The Reading Agency list 2025).**

The Autism-Friendly Guide to Pregnancy, Birth and the Fourth Trimester

Aimee Grant

An accessible guide to navigating every step of pregnancy, birth and the fourth trimester for autistic people. The dip-in-dip-out format provides you with an easy-to-navigate exploration into sensory overwhelm, managing demanding medical appointments, navigating being a new parent and everything in between. Links to YouTube videos and downloadable materials help support you in navigating your journey.

Supporting Autistic People Through Pregnancy and Childbirth

Hayley Morgan, Emma Durman, Karen Henry

This comprehensive and accessible guide is for every birthing and health professional looking to improve their care during pregnancy, birth, and aftercare for autistic women. This book takes an intersectional, feminist approach and covers modern birth practices and autism as a diagnosis. The impact of cultural differences, underdiagnoses, stigma, and stereotypes amongst ethnic minorities is also included.

Mothering at the Margins. Black Mothers Raising Autistic Children in the UK

Claire Malcolm, Melissa Green

Drawing from personal experience of raising autistic children, as well as a hybridised theoretical framework of Black Feminisms, Critical Race Theory, and Critical Disability Studies, this pioneering text offers an unparalleled lens into the intersecting spheres of race, gender, and disability. Through individual testimonials, critical assessments of current practice, and actionable solutions, the authors compel readers to confront and dismantle the triad of oppression faced by these mothers.

Introduction

Alexis Quinn

Welcome to this practical and interactive resource for autistic pregnant women and birthing people. We understand that pregnancy and the early stages of parenthood are both exciting and challenging, especially when navigating the healthcare system as an autistic person. This resource aims to give you practical, supportive and rights respecting information, helping you feel confident and informed throughout your pregnancy journey and beyond.

Pregnancy is a transformative experience, and the period from conception to birth is a time of both wonder and change. This resource covers it all, as well as the fourth trimester, often called the 'postnatal period' which is the first three months after birth. During this time, your body is healing, bonding with your baby begins, and you start adjusting to new routines as a parent. It's a critical time to look after your wellbeing while also caring for your newborn.

Recognising the unique needs of autistic pregnant women and birthing people, this guide offers tailored advice to help you feel prepared, supported, and respected every step of the way. We offer a carefully curated blend of vital information, based on understanding your rights, including making reasonable adjustments during healthcare appointments. This resource is designed to be editable, so you can tailor it to your individual needs. Feel free to share this guide with your support network or take it with you to appointments. Having personalised, up-to-date information that is tracked across all stages of your maternity journey can make a big difference when working with professionals, helping everyone understand what works best for you.



Importantly, this guide has been written by autistic people, researchers, and experts who bring the insider's perspective, ensuring your experiences and needs are central. We believe that by listening to those with lived experience of autism, we can create a more understanding, inclusive, and respectful maternity care system. This collaborative approach is part of our commitment to fostering positive change and ensuring that every autistic person receives the support, respect, and equality they deserve.

In addition to practical information, you'll find guidance on your human and birth rights. Knowing your rights can help you advocate for the support and adjustments you need, both during pregnancy and in the postpartum period. We also understand that the support network of family and friends plays a vital role. That's why this resource pack also includes:

- Supporting autistic pregnant women and birthing people: an informative guide to inclusive care.
- Breastfeeding support for autistic mothers and birthing people.
- 10 things family, partners and friends can do to support autistic pregnant women and birthing people.

You may need or want support to fill out the editable parts of this resource – you could ask family, friends, your midwife and/or health visitor. You can print this resource out or you can use it online (and share it electronically) – both are possible.

We hope this resource becomes a trusted companion for you, helping you navigate pregnancy with confidence.



Your rights in birth

Rebecca Brione

During maternity care, you have the right to:

-  **Make your own decisions** about what happens to your body and your baby.
-  **Receive care that is appropriate** for you.
-  **Receive respectful care.** No one should make assumptions about you or discriminate against you (treat you unfairly) because you are autistic, or because of anything else about you.

The only time you can be given care without your agreement (your consent) is when you are found to lack the capacity to make your own decision (see section on mental capacity, page 13).

When I am making decisions about my care, I have the right to:



Say “no!” at any time.

I can say “no” for any reason. This includes if other people think I am making an unwise decision. If I say “no” when a procedure has started, my doctor or midwife must stop.



Make the decisions that are right for me about my care.

I must always be asked for my agreement (consent) before any care. This includes examinations, scans, birth care and postnatal care.



Have any advice explained clearly to me in a way that I understand, so that I can make an informed choice.

I should be able to find out the information that is important to me to help me make my decision – this might include having a different format for information, e.g., written or pictures, as well as spoken.

This information might include medical advice. It might also include other information that matters to me, e.g., where the suggested care would take place.



Have the chance to ask questions.

My doctor or midwife must listen to my questions and give me the best answer that they can.



Have the reasonable adjustments that I need.

(See: Supporting autistic pregnant women and birthing people: an informative guide to inclusive care page 19).

I should have the time to agree what reasonable adjustments might be helpful for my appointments, for my birth care, and for postnatal care. These should then be put in place.



Have language support if I need it.

This might include interpretation for appointments or information sheets in a language that works for me. Understand that my communication ability varies. If I need language support, I should always be offered it. But if I don't need it sometimes because my communication abilities vary, that's ok!"

If English is not my first language, I have the right to support from an interpreter for my appointments. This should be recorded on my notes so that I don't have to ask each time.



Have the birth partner of my choice with me.

I can choose who is with me. I can also say if there are people I don't want with me when I am giving birth.

These rights are protected by law. Find out more about where these rights come from at: <http://www.birthingrights.org.uk/factsheets>

Myth busters

Myths are things that lots of people believe to be true, but they are not true.

I have to do what my doctor or midwife suggests

- ✓ **No!** Your doctor or midwife may make recommendations for your care, but it is your body and your pregnancy. It is up to you whether to agree or not.
- ✓ It is still up to you whether to agree or not in an emergency.
- ✓ If you think you will find it hard to say no to suggested care, even if you want to, you can think about who can support you to articulate your wishes. You can also ask for time (and more information if required) to consider what you want to do (even in an emergency).

I have to have internal examinations
(where a midwife puts their fingers in your vagina, e.g., to see how far your cervix is dilated).

- ✓ **No!** You might be offered internal examinations towards the end of your pregnancy to see if you are close to going into labour, or 'sweeps' to try to start labour. It is up to you whether you want these or not. You might want to think about this earlier in the pregnancy and record your wishes if you are sure you do or don't want these examinations. This doesn't stop you changing your mind later.
- ✓ You might be told you need to have an internal examination in labour to see if you are ready to come on to the birth unit, or to see how your labour is progressing. You can say no to these if you don't want them and the midwife or doctor can use other ways to see how your labour is going.

I cannot have a home birth if I am 'high risk'



- ✓ **No!** You cannot be forced to give birth anywhere you don't want to. If you want to have a home birth, then your midwife or doctor should help you to plan for this. They should listen to and respect your reasons for wanting a home birth as an autistic person. Recording your reasons is helpful if you decide to go to hospital during labour or after birth, as it will help your midwife or doctor meet your needs there.
- ✓ If your midwife or doctor recommends a hospital birth, they should explain why, so you can make an informed decision, but they cannot make you go to hospital.
- ✓ You should never be threatened with social services for choosing a home birth. Further support and information can be sought from: <https://birthrights.org.uk/>

I cannot give birth on a midwife-led birth unit if I am 'high risk'



- ✓ **This depends.** If your midwife or doctor thinks that it is not safe for you to give birth on a midwife-led unit, they need to explain clearly why it is not safe for you personally. They must consider information about your pregnancy and your circumstances, including, e.g., your sensory needs. They must not have 'blanket' rules which exclude groups of people based on particular characteristics (e.g., if a person is neurodivergent or has a health condition, of a particular age, body mass index, etc.).

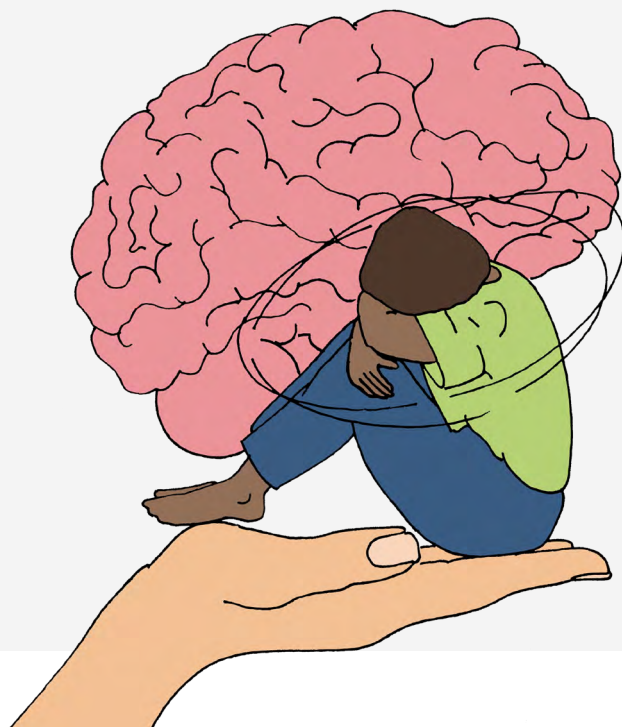
Medical information is most important when making decisions



- ✓ **No!** Medical information is very important, but so is your knowledge about your body, and about your needs. Remember: you know yourself best!
- ✓ At the same time, you may not know how you will feel about different options in your maternity care, or what may feel comfortable at the time. You should be given the opportunity to find out what you need to make your decision, or to consider different options which might work for you, where possible, e.g., you might want to see how the birth ward or the midwife-led unit look, sound or smell, and see what adjustments can be made. Your midwife or doctor should help you find out this information. You may not know what you need and this guide, and supportive people around can help you find out.

What if I am told I don't have capacity to make my own decisions?

- 👍 **'Mental capacity'** is the ability to make a specific decision for yourself (understand and weigh up information, make a decision and communicate it), because of a problem with the functioning of your mind or brain. It is very rare to lack mental capacity.
- 👍 **The law presumes that all adults have capacity** to make their own decisions.
- 👍 **No one should assume you lack capacity because you are autistic**, or for any other reason, e.g., if you have a mental health condition, or because you find it hard to communicate at certain times.
- 👍 **You need to be offered support to make a decision for yourself**, even if a doctor or midwife is worried about whether you have capacity, e.g., be given more information, time to process, etc.
- 👍 **If you are found to lack mental capacity after an expert assessment**, then a decision can be made for you in your best interests. The people making the decision should consider your wishes and feelings, but do not have to do what you would have chosen for yourself.
- 👍 **Find out more:**
<https://birthrights.org.uk/factsheets/mental-capacity-and-maternity-care/>



Intersectionality

Claire Malcolm and Mel Green

You hold more than just one identity. You might be Black, autistic, a woman, queer, working class, or many other things all at once. A scholar named Kimberlé Crenshaw gave us a helpful word for this: intersectionality.

This word simply means that all the different parts of who you are don't exist separately, they're all woven together and shape your experiences in the world.

As a Black, autistic person having a baby, this means the challenges you might face aren't just about being Black OR just about being autistic. They're about how being both of these things (plus any other parts of your identity) creates your unique experience.



Some parts of who you are might make life easier in certain situations (like if you have a steady income or supportive family), while others might create barriers or unfair treatment (like facing racism or having your autism misunderstood).

These advantages and disadvantages don't cancel each other out, they all exist together and shape what happens to you, especially when dealing with healthcare systems that don't always appreciate and acknowledge the full picture of who you are.

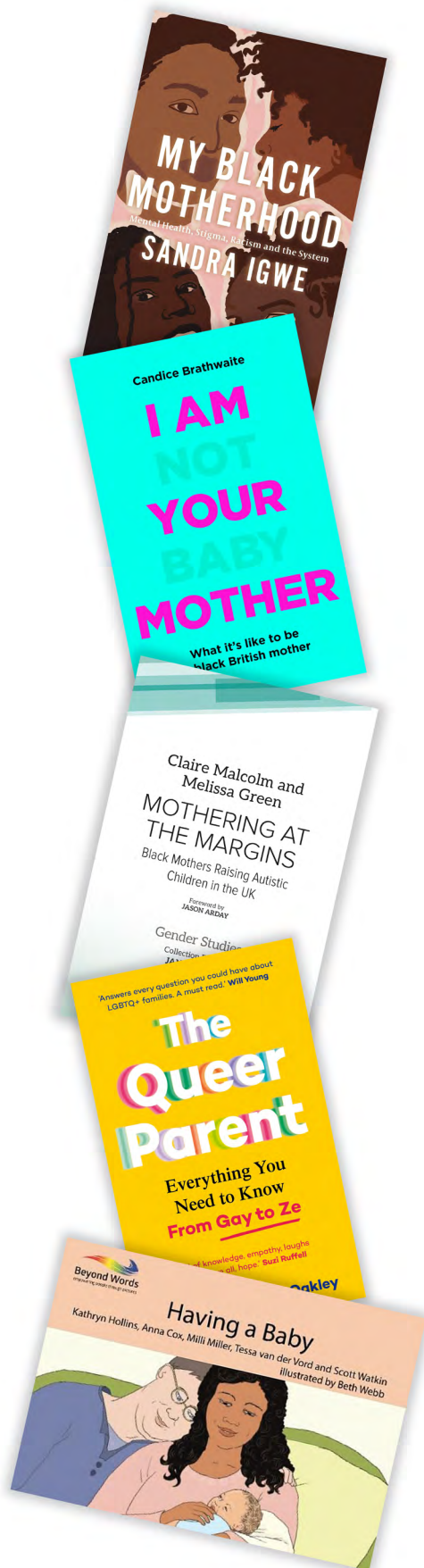
For example, we know that Black women's concerns are often not taken seriously by doctors and nurses. We also know that autistic people can find medical environments overwhelming because of bright lights, loud sounds, or communication styles that don't work for them. When you're both Black and autistic, you might experience both of these challenges at the same time and maybe in ways that are completely your own.

Understanding this about yourself can actually be really powerful. It helps you realise that if you're having a tough time, it's not because something's wrong with you, it's because the world isn't always set up to support people with your combination of experiences. It can also help you find your people and ask for the kind of care that honours all of who you are.

The different parts of your identity, your race, whether you're disabled, your gender, who you love, and so much more, can all influence what pregnancy and birth are like for you. Thinking about this ahead of time might help you get the support you need and feel more understood by the people caring for you.

...if you're having a tough time... it's because the world isn't always set up to support people with your combination of experiences.





As such, we want to recommend these books which may offer insight and comfort:

My Black Motherhood: Mental Health, Stigma, Racism and the System

Sandra Igwe

What happens when motherhood isn't what you expected – and when you reach out for support, you are met with judgment and prejudice? The author shares her journey as a young Black mother, coping with sleepless nights, anxiety and loneliness after the birth of her first daughter.

I Am Not Your Baby Mother

Candice Braithwaite

Candice started blogging about motherhood in 2016 after making the simple but powerful observation that the way motherhood is portrayed in the British media is wholly unrepresentative of our society at large. The result is this thought-provoking, urgent and inspirational guide to life as a Black mother.

Mothering at the Margins – Black Mothers Raising Autistic children in the UK

Claire Malcolm and Melissa Green

Drawing from personal experience of raising autistic children, as well as a hybridised theoretical framework of Black Feminisms, Critical Race Theory, and Critical Disability Studies, this pioneering text offers an unparalleled lens into the intersecting spheres of race, gender, and disability.

The Queer Parent: Everything You Need to Know from Gay to Ze

Lotte Jeffs and Stu Oakley

LGBTQ+ people have more options than ever before when it comes to starting a family, but a lack of both focused information and mainstream representation can leave parents, prospective parents, friends and relatives in the dark.

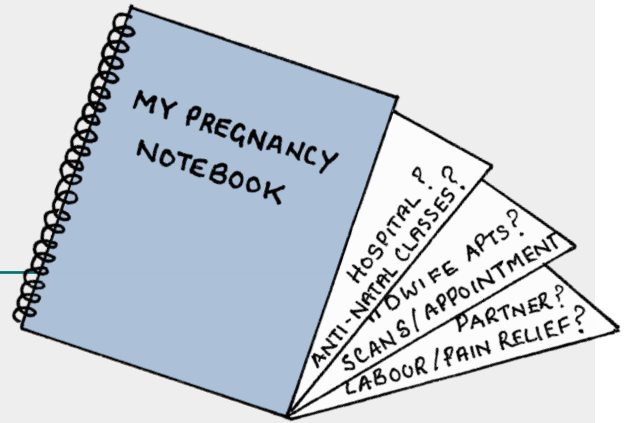
Having a Baby (picture book for people with learning disabilities)

*Kathryn Hollins, Anna Cox, Milli Miller, Tessa van der Vord and Scott Watkin
illustrated by Beth Webb*

Having a baby is a big life change for everyone. This book shares stories about two families. We meet them on their journey through pregnancy, childbirth and the exciting first few days of getting to know their new baby.

Pregnancy support plan

Karen Henry



Personal information

- My name is:
- My date of birth:
- My email address:
- My phone number:
- If I am admitted to hospital, please contact:

- My preferred method of communication for appointments or test results:



Maternity care providers

- My named community midwife is:

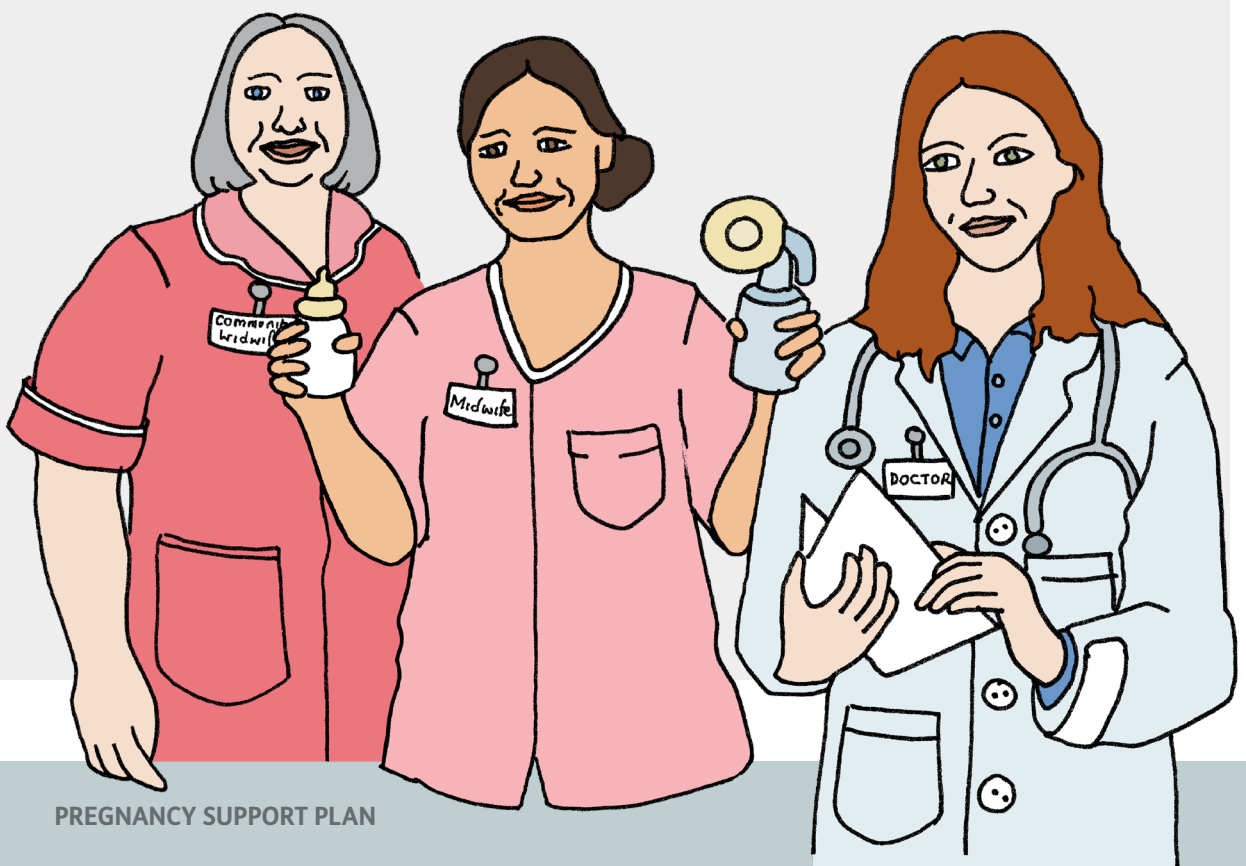
- Where I will see a community midwife:

- How to contact a community midwife:

Some women and birthing people will see a consultant (doctor) during their pregnancy. If you require this, your midwife will arrange this for you.

- Consultant's name:

- Where I will see the consultant:



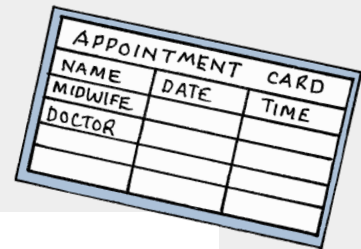
Appointments

Date	Time	Where to go	Who I will see	Notes

Making the most of appointments: how adjustments can help me

Adjustments to care will help me to:

- ☒ Attend my appointments.
- ☒ Understand what is being said.
- ☒ Make decisions for myself that I am comfortable with.
- ☒ Feel empowered in my pregnancy, birth and postpartum period.
- ☒ Other:



How to support me to attend my appointments

- ☐ I need to know where and when my appointment will be.
- ☐ I may need help to plan how I will get to my appointments.
- ☐ It is important that I know the name of who I will be seeing.
- ☐ It would be helpful for me to see what the person looks like.
- ☐ Pictures of the room I will be seen in will be helpful.
- ☐ Attending appointments at quieter times will be helpful.
- ☐ A list of what to bring to my appointment will be helpful.

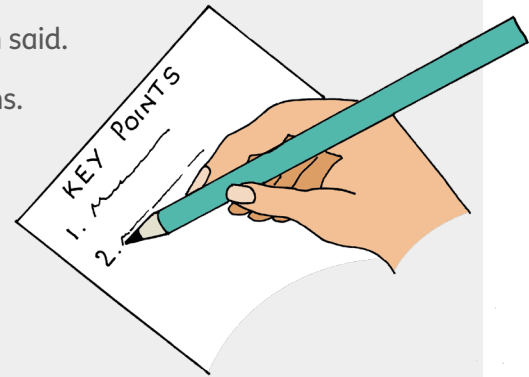
How to support me before my appointment

- ☐ I will wait in the waiting area –
Let me know when it is my turn by:

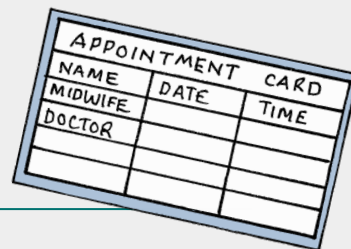
- ☐ I will need a quiet space to wait in –
please come to get me when it is my turn.
- ☐ I will wait outside the clinic –
please call me when you are ready for me.
- ☐ I will wear ear defenders/headphones while in the waiting
room. Let me know it is my turn by:

How to support me with communication

- ☐ I may need extra time for appointments.
- ☐ Talk slowly and clearly.
- ☐ Give me time to process what has been said.
- ☐ Give me time to respond and ask questions.
- ☐ Write down key points.
- ☐ I would like to record my appointments.
- ☐ I will bring someone to appointments
with me to take notes.
- ☐ Someone may speak for me sometimes.
- ☐ Leaflets in an easy read format.
- ☐ Other adjustments:



How to support me during antenatal appointments



- ☐ Give prior notice if you need to take a blood test.
- ☐ Ask for my consent every time
(See: *Supporting autistic pregnant women and birthing people: an informative guide to inclusive care*, page 10).
- ☐ It would be helpful for me if you to use “*Reasonable adjustments for autistic pregnant women and birthing people*” of the information booklet (page 19) to structure my appointments.
- ☐ Use the checklist on page 19 of this guide to plan the next appointment.

Information: appointments during pregnancy

At each appointment you should be asked:

- ☒ How are you feeling?
- ☒ Can I measure your blood pressure?
- ☒ Can I test your urine? (You will be given a bottle to wee in on the day of your appointment to bring with you),
- ☒ Do you have any questions?
(Use your own notebook to write down questions you would like to ask at your appointment).

From 26 weeks your baby should develop a usual pattern of movements which means you will notice that your baby likes to move around the same times each day.

At each appointment, you should be asked:

- ☒ Have you been feeling your baby move?
- ☒ Is there a regular pattern?
- ☒ Can I measure your abdomen/bump?

You will be asked to lie on a bed. The midwife will feel your stomach as this helps them find which position your baby is lying in. They will use a tape measure to measure from the top of your stomach to the bottom – where your pubic hair starts.

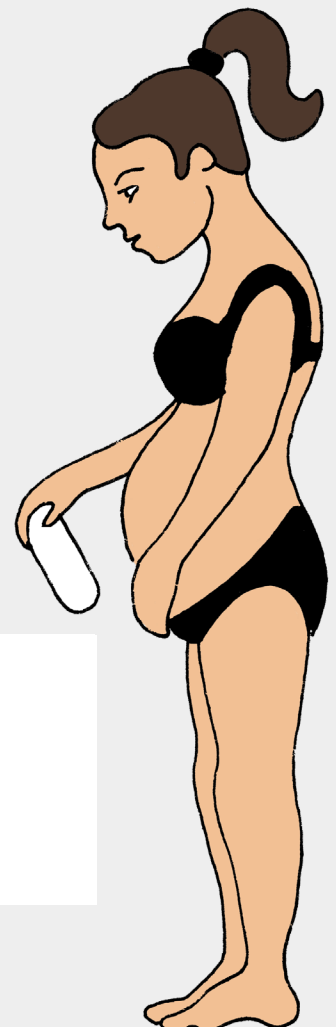
At your first appointment and again when you are 28 weeks pregnant, you will be offered some blood tests. This is to check you are well and will determine whether you may need iron tablets if you are anaemic.

If this might be distressing for you, apply numbing cream at least 20-30 minutes before your appointment or discuss this with the midwife. This can be purchased from a pharmacy and is often called EMLA cream. Your pharmacist will offer instructions to use it.

You will be offered at least two scans during your pregnancy. Often this is when you are around 10-12 weeks gestation to determine how many weeks pregnant you are and to see how well your baby is developing. Around 20 weeks you will be offered another scan, which is an in-depth screening scan which checks your baby's heart, kidneys, brain, spine, stomach, limbs and the flow of blood through the umbilical cord. More information is available from: <https://www.nhs.uk/pregnancy/your-pregnancy-care/20-week-scan/>

How to support me during scans:

- Explain what will happen during the scan.
☐ Yes ☐ No
- I will tuck the towel into my pants myself.
☐ Yes ☐ No
- I will put the gel on myself.
☐ Yes ☐ No
- I will wipe the gel off myself.
☐ Yes ☐ No
- Tell me the sex of my baby
☐ Yes ☐ No
- Other preferences:



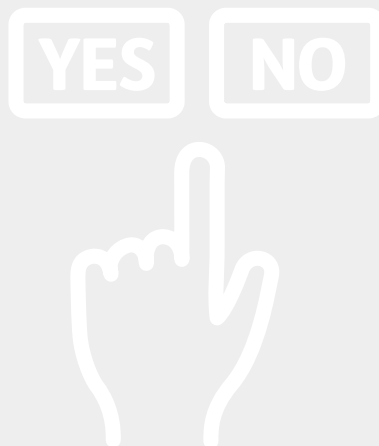
Other appointments you may be offered

You may be offered appointments to see a consultant obstetrician if they think you might need additional care. These appointments often take place in your local hospital.

- You may be offered additional scans called serial growth scans if you require them.
- You may be asked to attend an extra scan if your midwife detects a change in your abdomen measurement.
- You may be offered a GTT test which is a glucose tolerance test to see if you may have a condition called gestational diabetes.
- During your pregnancy, you may be asked to attend your local antenatal unit or triage if you have any concerns such as the ones listed on the next page.

You have the right to accept or decline any appointments offered to you. If you are unsure of why certain appointments are being offered, ask your midwife to explain why. You can also ask for further information using the **BRAIN** acronym:

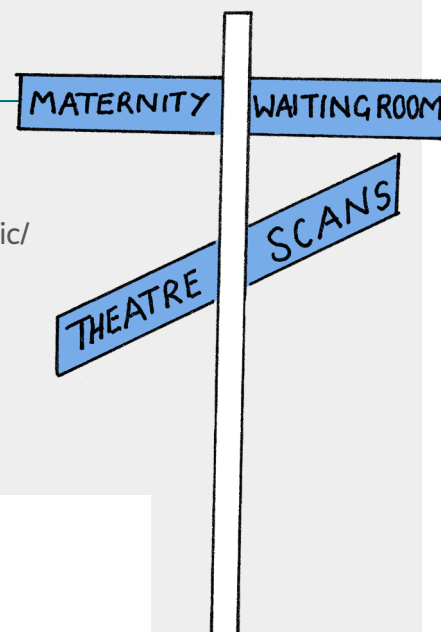
- What are the **Benefits** of attending the appointment?
- What are the **Risks** of attending the appointment?
- What **Alternatives** are available?
- **Intuition** – what is your intuition telling you to do?
- **Nothing**: what will happen if you do nothing?



Support

Other support I may require. Examples could include:

- ☐ An arranged visit to the hospital/antenatal clinic/triage/birthing ward/postnatal ward/so I can orientate myself.
- ☐ Photographs of hospital or clinic areas/ or video tours if available.
- ☐ Other support:

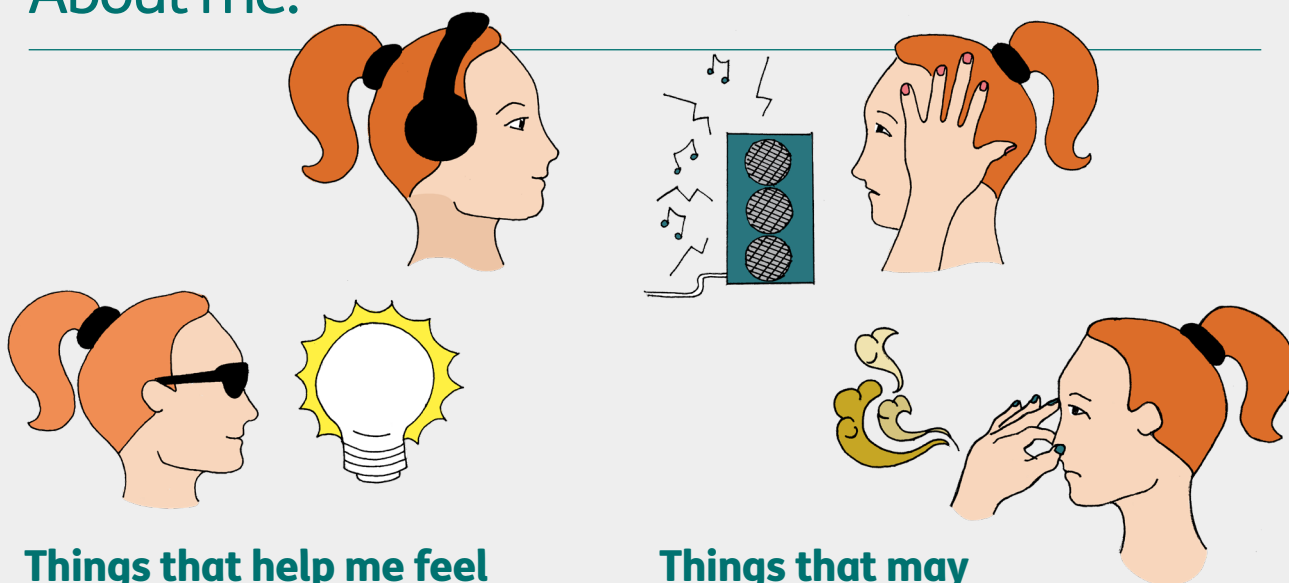


Information: when to call a midwife or maternity triage

Call a midwife immediately on:
if you have any of the following:

-  Vaginal bleeding or spotting.
-  Itchy hands or feet.
-  Contractions (tightening across stomach) or abdominal pain.
-  Change in baby's normal pattern of movements or reduced movements.
-  High temperature above 37.5.
-  Severe headache or blurred vision.
-  Leaking fluid from your vagina.
-  Swollen hands, feet or face.
-  Pain or burning when you wee.

About me:



Things that help me feel calm and settled

- ☐ Using fidget toys.
- ☐ Wearing ear defenders.
- ☐ Listening to music through headphones/ear pods.
- ☐ Bouncing on an exercise ball.
- ☐ Wearing sunglasses.
- ☐ Using a weighted blanket.
- ☐ Waiting in a quiet area.

Other ways I feel settled:

Examples: a specific person, item, scent.

Things that may cause distress

- ☐ Intense smells.
- ☐ People touching me.
- ☐ Loud noises.
- ☐ Bright lights.
- ☐ Crowded areas.
- ☐ Meeting new people.
- ☐ I find eye contact uncomfortable.
- ☐ I feel pain intensely.
- ☐ I may not be able to tell you that I am in pain.
- ☐ I think I feel pain differently.

Other things that cause distress:

Examples: a specific person, item, scent.

How to support me if I feel overwhelmed/in sensory overload:

What overwhelm or sensory overload feels like:

What I might do when I feel like this:

Example: self-soothing/stimulating techniques, such as rocking, rubbing fingers together, playing with my hair.

How you can help me:

Examples: I need a quiet few minutes without someone talking to me. I may need more information to help me feel calm.

Medical conditions I have

Medication preferences

- ☐ Liquid.
- ☐ Tablets.
- ☐ Other.

Birth planning

You may find it useful to attend an antenatal class to prepare for labour, birth, and life with a new baby. Breastfeeding and infant feeding classes are also available, which might be useful if feeding a baby is new to you. Speak to your midwife about this. You may not be aware of exactly how you feel or be able to explain it – this is ok, not necessarily an alarm bell.

- **How I feel about the birth:**

- **Why I feel like this:**



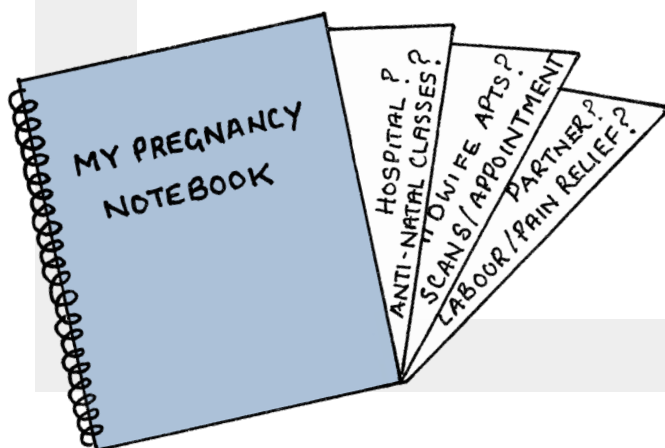
- How I feel about becoming a parent:

- Why I feel like this:

- I need advice or support:

☐ Yes ☐ No

- How you can help (it is ok to add to this throughout pregnancy):



Care in labour

- Who will support me during labour and birth:

- ☐ Partner.
- ☐ Friend.
- ☐ Parent.
- ☐ Other support:

- The person accompanying me requires adjustments such as:

- Where I would like to labour and give birth:

- ☐ Home.
- ☐ Birth centre.
- ☐ Hospital.
- ☐ Other:

- I'm not sure I would like to discuss this:

☐

	PREGNANCY PASSPORT	
NAME, ADDRESS, CONTACTS		
NEXT OF KIN / PARTNER		
OBSTETRIC INFORMATION		
CONSULTANT		
MIDWIFE		
SCANS		
MEDICAL HISTORY		
MEDICATION		
ALLERGIES		
DIETARY NEEDS		
PLANNED METHOD DELIVERY		
PAIN RELIEF		
CONSENT		
PLANNED METHOD OF FEEDING		
BREAST / BOTTLE / BOTH		
ADDITIONAL INFORMATION		

What does labour feel like

When your baby is ready to be born, you may experience some of the following sensations, although, everyone is different and you may feel some or none of the following list.

- **Lower back ache.**
- **Cramping or pelvic pain** (similar to menstrual pain).
- **Mucous**, which may be blood stained in your underwear, or when you wipe yourself after going for a wee. This is the mucous plug from your cervix which is a good sign that your body is getting ready for birth. This can occur some time before labour starts, or it can occur as labour is starting.
- **A trickle or gush of water** from your vagina can be a sign that the water surrounding your baby is coming away. Take note of the colour and let your midwife know.
- **A tightening sensation over your abdomen** that comes and goes which gets stronger and longer over time.



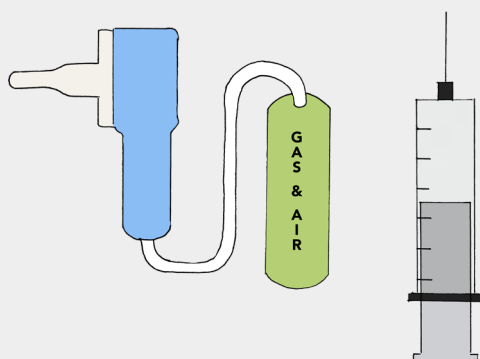
Comfort measures in labour

Things I would like to try in labour and how you can support me:

- ☐ Playing music.
- ☐ Massage and touch.
- ☐ Use of aromatherapy oils.
- ☐ Use of a beanbag.
- ☐ Use of a birthing ball.
- ☐ Use of a bath or shower.
- ☐ Walking and moving.
- ☐ Using my own pillow and blanket.
- ☐ Having fidget toys/photographs/calming items with me.
- ☐ Using a weighted blanket.
- ☐ Other support:

Please note: If you are having a hospital birth, you may need to bring some of the above items in from home as they may not be available. Talk to your midwife about this if you have any questions. It's ok to change your mind at any time about any of these ideas.

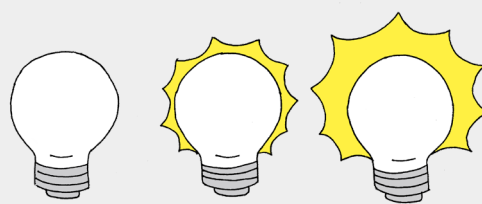
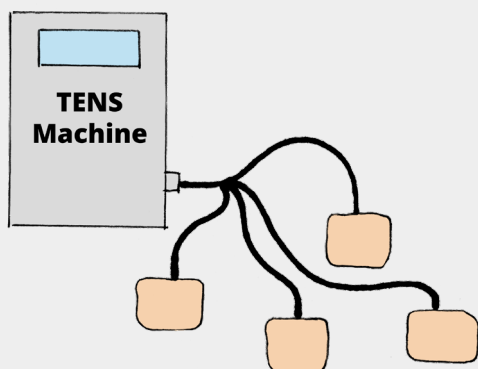




Pain relief in labour

Pain relief I am considering:

- ☐ Water – using a bath, shower, or birthing pool.
- ☐ Movement.
- ☐ Massage and touch.
- ☐ Hypnobirthing techniques – relaxation and breathing.
- ☐ A TENS machine.
- ☐ Paracetamol.
- ☐ Entonox (Gas and Air).
- ☐ Pethidine or alternative (by injection into your leg).
- ☐ Epidural.



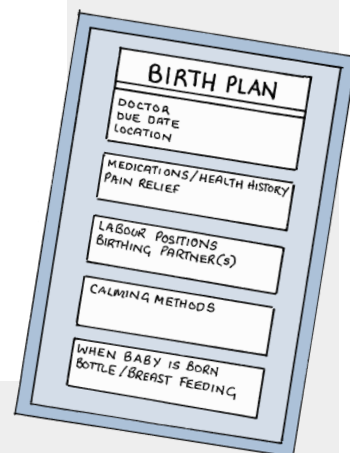
Things that may cause distress in labour

- ☐ Intense smells.
- ☐ People touching me.
- ☐ Loud noises.
- ☐ Bright lights.
- ☐ Meeting new people.
- ☐ I find eye contact uncomfortable.
- ☐ I feel pain intensely.
- ☐ I may not be able to tell you that I am in pain.
- ☐ I feel pain differently:

- ☐ Other:

How to support me if I feel overwhelmed or in sensory overload

- What overwhelm or sensory overload feels like:



- What I might do when I feel like this:

- How you can help me:

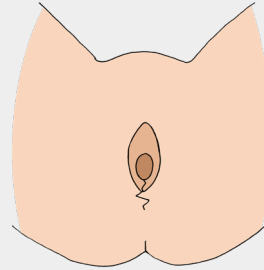


Vaginal examinations

A midwife or doctor will offer a vaginal examination to check if you are in labour and to check progress throughout labour. You will also be offered an examination after your baby is born.

If you agree to this, you will be asked to remove your pants and you will be given a sheet to cover your stomach and legs.

The midwife or doctor will wear a pair of sterile gloves and insert two fingers gently into your vagina to feel if your cervix is opening and feel your baby's head. The examination can be stopped anytime you wish.



Cutting the cord

When your baby is born, they will be attached to your placenta via their cord. Once the cord has stopped pulsating and your baby has all the blood they need, the cord can be cut if you would like to.

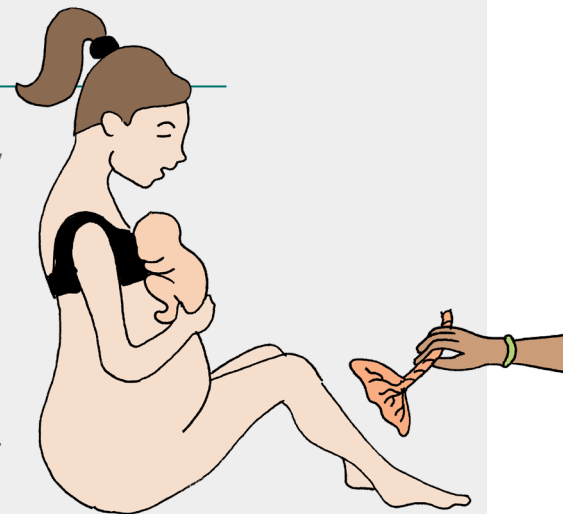
Placenta

During pregnancy, the placenta has helped your baby grow by delivering oxygen and nutrient rich blood, plus removing waste products. When the baby is born, the placenta will also be born and can be achieved in one of two ways.

If you laboured spontaneously and there is minimal bleeding at birth, your uterus will contract to detach the placenta which you can push out with little effort. You may need to sit or stand up to let gravity help with this.

If you need any intervention during labour or birth (labour induction, forceps, episiotomy, caesarean section or if you are actively bleeding) then active management will be offered. This means that when your baby is born, you will receive an injection into the top of your thigh with a medication to help your uterus contract to detach the placenta. The midwife or doctor will then attach forceps onto the cord and gently guide the placenta out via your vagina.

You can choose either method for birthing the placenta.

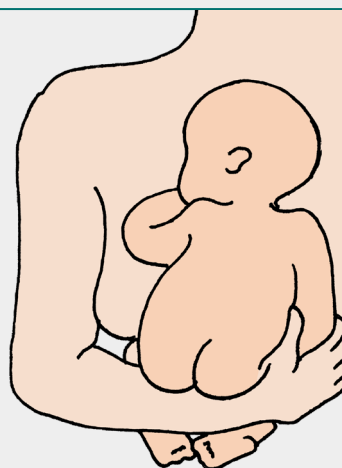


Skin-to-skin contact

When your baby is born, it is recommended for them to lay on your chest and abdomen with their skin next to yours. You will both then be covered with a blanket to keep you both warm.

Skin-to-skin contact is good for keeping your baby warm, regulating their breathing and heart rate, and it helps your body increase a hormone called oxytocin which helps to reduce blood loss and helps to release colostrum from the breast for feeding your baby.

You can choose to have your baby dried beforehand if you would find this uncomfortable.

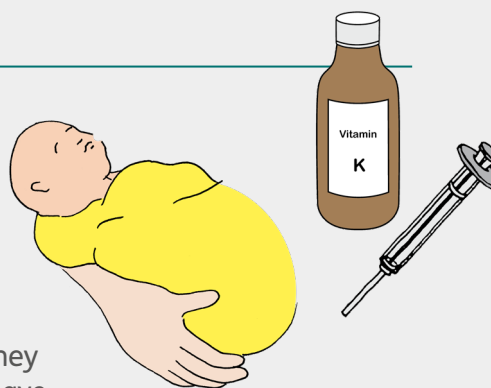


Feeding

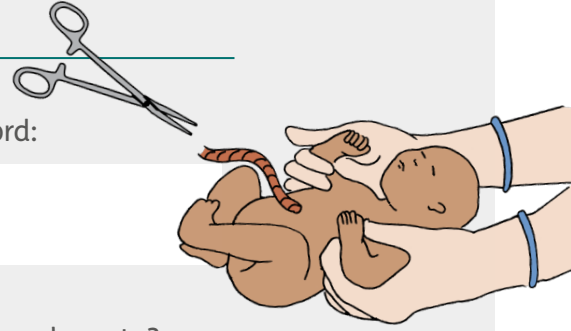
It is recommended for all babies to be breastfed until they are at least six months old. However, you can choose to bottle feed if this is your choice. If you are unsure, talk to your midwife about both options and enquire about support that will be available for you once your baby is born. ([See: Breastfeeding support for autistic mothers and birthing people, available as part of this resource pack](#)).

Vitamin K

Vitamin K is offered to all babies when they are born to minimise their risk of bleeding. Vitamin K can be given by a midwife to your baby via one injection into their thigh at birth. Alternatively, vitamin K can be given orally into their mouth, but they will need three doses to ensure they have received the correct dose. If you choose this method, a midwife will administer the first dose at birth, then will let you know who will administer the second and third dose. It may mean visiting the GP surgery but this depends on where you live.



Birth choices



- Who would you like to cut your baby's cord:

- What is your preference for delivering your placenta?

☐ Naturally ☐ Injection

- Would you like skin-to-skin contact at birth?

☐ Yes ☐ No

- How would you like to feed your baby?

☐ Breast ☐ Bottle ☐ Mixed

- Would you like your baby to have vitamin K?

☐ Yes ☐ No

If yes, I would like it administered by:

☐ Injection ☐ Three medicine doses

- Any other preferences I would like to discuss:



Plan of care following birth

MEMBERS OF STAFF



A grid of 10 cartoon staff members arranged in two columns of five. Each staff member is represented by a small square frame containing a simple drawing of a person's head and shoulders. The drawings vary in hair color and style, and some include facial features like glasses or a beard.

My preferences for postnatal care:

A large, empty rectangular box for writing preferences for postnatal care.

HOSPITAL INFORMATION

VISITING TIMES	CONTACT DETAILS OF HOSPITAL
MENU	TRANSPORT
BREAKFAST	PARKING
LUNCH	OTHER USEFUL INFORMATION
DINNER	
SNACKS / DRINKS	

How to support me if I need to stay in hospital after birth:

- ☐ Using my own pillow and blanket.
- ☐ Bringing in fidget toys/ photographs/calming items.
- ☐ Using a weighted blanket.
- ☐ Orientation to the ward area.
- ☐ Dim lights.
- ☐ A side room if possible.
- ☐ A quiet area to sit.
- ☐ A list of the ward routine (visiting times, mealtimes).
- ☐ Make sure all the staff who will be looking after me know my needs.
- ☐ Anything else to be considered:

A large, empty rectangular box for writing additional information or preferences.

Preparation for life with a new baby

If you are new to having a baby, take a moment to reflect on your previous experiences caring for babies – perhaps within your family or through work – and remember that support is available if you need it.

Antenatal classes can provide practical advice on caring for your baby, such as changing nappies, dressing, holding, bathing, using a sling, sterilising equipment, and making bottles – these can be very helpful in preparing for your new arrival.

You might also find breastfeeding classes useful to help you feel more confident; ask your midwife about what's available in your area.

Keep in mind that some classes might require a fee if they're not on the NHS, but many people find them worth attending.

If you feel uncomfortable in group settings, you can ask about one-to-one classes for more personalised support – support is there to help you feel ready and confident.

Hearing or reading about other autistic people's experience of the postnatal period can also be helpful and there are some useful videos here: www.youtube.com/@AutismMenstruationToMenopause/playlists



Considerations for the postnatal period at home

Life with a new baby, whether it is your first, second, or more, will change your daily routine.

Babies typically feed 8-12 times a day at first, and whether you are breastfeeding or bottle feeding, there may be no set pattern to this (see: Breastfeeding support for autistic mothers and birthing people, available as part of this resource pack).

It is recommended that you feed your baby when they are hungry day and night. This will mean that your usual routine will be altered and there may not be a set routine for a long while.

Some questions you might like to consider are:

- How will you manage the transition?

- Is there someone who can support you with managing the change in routine?



- Is there someone who can support you at home?
Example: This can be with tasks, such as cooking, cleaning, changing nappies, or enabling you to have a break.

- Sleep is very important for your health and wellbeing.
Will there be opportunities for you to rest?

- How will you find support if you feel overwhelmed?

- How will you create opportunities to engage in activities you enjoy?

- Is there anything you are worried about? Who can support you?

Crying

Sometimes babies cry when there is no apparent reason because they have been fed and had their nappy changed. Sometimes babies just want to be held and be close to you in skin-to-skin. This makes them feel safe, calm, and loved. Remember, they were in your womb during pregnancy, they could hear your voice, your heartbeat, and feel you move. Holding them helps them feel safe and calm.

Sometimes, using a baby sling can help. However, if you find holding your baby uncomfortable, if your baby does not like being in the sling, or if you need a rest, is there someone who can support you with holding and soothing your baby?

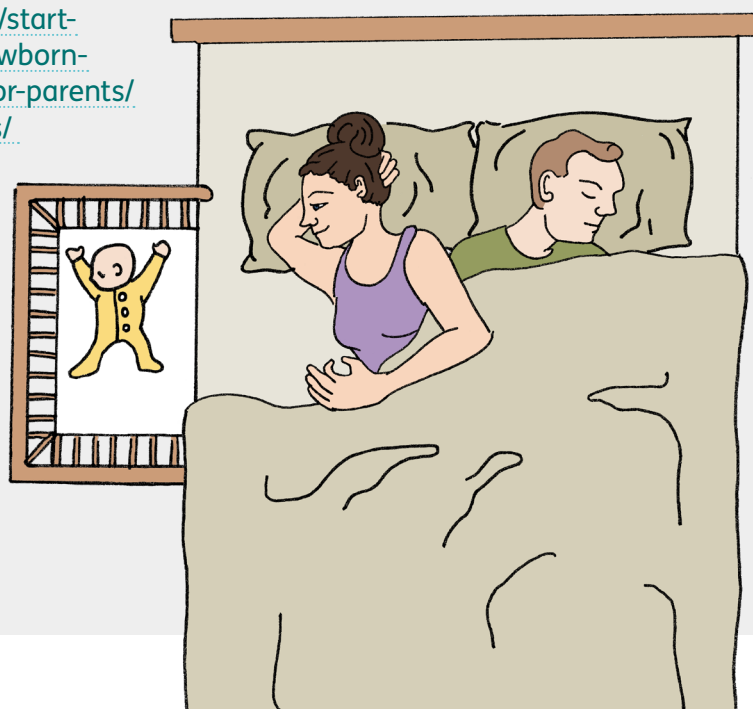
If you are considering buying/using a sling, read about sling safety first so that when you use it you are informed.

Safe sleeping and rooming in

It's recommended to keep your baby in the same room with you for at least the first six months or longer. This helps you respond quickly to feeding cues and keeps your baby feeling safe. Sleeping in the same room also reduces the risk of sudden infant death syndrome (SIDS).

Your baby should have their own sleep space, like a cot, Moses basket, or bedside crib. The NHS website has guidance on bedding and blankets. If you choose to sleep with your baby in your bed, that's okay and can support nighttime breastfeeding. However, it's unsafe if either parent smokes (or smoked during pregnancy), drinks alcohol, or takes medications that make you sleepy.

For safe bed-sharing tips, see further guidance from: www.nhs.uk/start-for-life/baby/baby-basics/newborn-and-baby-sleeping-advice-for-parents/safe-sleep-advice-for-babies/



Postnatal care for you

Body changes

After giving birth, your body is adjusting and healing. During the first six weeks, you'll notice various changes as your body returns to its pre-pregnancy state.

Vaginal bleeding

You'll experience bleeding like a heavy period, starting bright red and gradually lightening to pink and then straw-coloured, over about six weeks. Seek help if bleeding suddenly becomes heavy, foul-smelling, or if you experience pain or flu-like symptoms – these could indicate infection. Keep the area clean, change pads frequently, and take paracetamol or ibuprofen for comfort if needed.

Uterus

Your uterus, which expanded during pregnancy, will shrink back to its normal size over weeks. You might feel cramping as it contracts – this is normal. Taking pain relief can help if it's uncomfortable.

Urination

It's common to urinate more in the early days after birth due to increased body fluids. Always go when you feel the urge and ensure your bladder is fully emptied. If you notice leaking, talk to your midwife and consider pelvic floor exercises.

Bowel movements

Your bowel habits may slow down initially; eating fibre-rich foods, like vegetables, can help. If you had a caesarean and are on pain medication, a gentle laxative can be useful – discuss with your healthcare provider.

Breasts

Breastfeeding often causes your breasts to feel fuller around day three. Leaking milk when you hear or see your baby is normal. To manage sore nipples, ensure the baby is attaching to the breast effectively (not nipple feeding). Seek support from a midwife or breastfeeding supporter. Squeezing your breast to get a little milk to rub on the nipple may help with healing.



Legs

If you had a longer hospital stay, you might need compression stockings to prevent blood clots. Move around as soon as possible and watch for signs like swelling, pain, warmth, or changes in skin colour. Your midwife will check your legs during postnatal visits.

Taking care of yourself

Rest is vital. Sleep when your baby sleeps, ask loved ones for support, and don't hesitate to share your feelings or worries with trusted people. Eating nourishing foods and drinking plenty of water supports healing and breastfeeding. Preparing simple meals or accepting help from friends can ease your recovery.

Resuming sex

You can start having sex whenever you feel ready. If you're planning not to conceive soon, discuss contraceptive options with your GP. Remember, spacing pregnancies by at least two years gives your body time to recover.

Health visitor, peer support and postnatal care

After discharge, your health visitor will support you and your baby, possibly visiting your home. They can guide you on resources, mother-and-baby groups, and developmental checks for your little one. It may also be helpful to seek out autistic peer support.

Six-week postnatal check

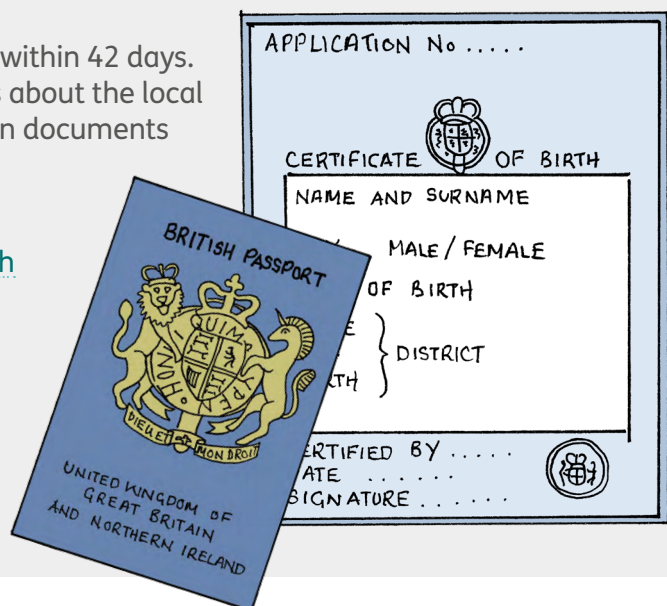
Around six weeks after birth, you and your baby will have a check-up with your GP. This appointment helps ensure your recovery and your baby's development are on track. It's helpful to bring someone along for support or company.

Registering your baby's birth

All babies need to be registered within 42 days. Your midwife will provide details about the local registry office. You'll need certain documents for the registration process.

See more at:

<https://www.gov.uk/register-birth>



Postnatal plan

P PREPARE

Plan for the early weeks by writing a postnatal plan. Prepare meals in advance or opt for online shopping with home delivery to minimise stress.

O OPTIONAL VISITING

Set boundaries around visitors. It's okay to want time alone or to ask visitors to make their own drinks. If family offer conflicting advice, kindly suggest you'll ask for help when you need it. Trust your instincts.

S SUPPORT

Identify who can help with household tasks, cooking, or shopping, so you can focus on resting and caring for your baby. Accept support whenever possible.

T TAKE TURNS

Share responsibilities with your partner or family. If you're single, ask about local support groups or services. Remember, teamwork can make things easier.

N NETWORK

Connect with other parents through antenatal classes or online groups. Sharing experiences can provide comfort and helpful tips.

A ASK FOR HELP

Keep a list of people you can turn to – midwives, health visitors, friends, family – for support. Don't hesitate to ask for help when you need it.

T TAKE IT EASY

Prioritise rest and sleep, especially with night feeds. Don't overload yourself with visitors or tasks – be kind to yourself.

A ALERT TO EMOTIONAL HEALTH

Having a new baby can be an emotional time; some women may experience postnatal depression. Tune into how you're feeling, and if negative thoughts or signs of depression persist, talk to friends, family, your midwife, health visitor, or GP. They are there to listen and support you.

L LOVE YOURSELF

Celebrate your strength and nourish your body. Stay hydrated, eat well, and enjoy getting to know your baby. Be gentle with yourself – some days just having a shower is an achievement. This time is precious; take moments to enjoy it.

What is perinatal mental health?

How do I recognise the signs?

Elena Sheldon, Alexis Quinn and Vanessa Garrity

Mental health is about how we think, feel, and function day-to-day. Hormonal changes, sleep disruption, sensory challenges, and role shifts can impact emotional wellbeing. You don't need a clear 'reason' to feel off – it's valid to just not feel like yourself. Some autistic people may mask their distress or find it hard to describe. Learning the signs can help you catch changes early and seek support.



Baby blues

-  **Common and short-lasting**, often within the first few days after giving birth.
-  Linked to hormonal changes and exhaustion.
-  Usually fades within a few days.

You might feel:

-  tearful for no clear reason;
-  emotionally sensitive or overwhelmed;
-  irritable or low; and
-  anxious, even if things seem OK.



Prenatal and postnatal depression

-  Can start **during pregnancy** (prenatal) or **after birth** (postnatal).
-  May develop gradually or suddenly.
-  Experienced by round **1 in 7** people.

Signs to look out for:

-  Persistent low mood or hopelessness.
-  Feeling disconnected from your baby or pregnancy.
-  Lack of interest in things you used to enjoy.
-  Feeling guilty or like a 'bad parent'.
-  Struggling to get out of bed or do basic tasks.
-  Withdrawing from people or support.
-  Irritability, anger, or emotional shutdown.



Perinatal anxiety



Worries are common – but **if they don't switch off**, it could be anxiety.



May include **constant fears, racing thoughts, or physical symptoms** (tight chest, nausea, shakiness).

You might notice:



Feeling on edge, unable to relax.



Going over the same thoughts again and again (rumination).



Worrying something bad will happen if you stop thinking about it.



Avoiding places, people, or tasks due to fear.



Difficulty sleeping, even when exhausted.

Note: If your anxiety is mainly about giving birth, this is called tokophobia (a specific fear of childbirth). You can get support for this.



Birth trauma



Not all births go to plan. For some, experiences during labour or postnatal care can feel **frightening, distressing, or disempowering**.



Trauma can also come from **how you were treated**, not just what physically happened.

Signs may include:



Flashbacks or nightmares.



Avoiding reminders of the birth.



Emotional numbing or dissociation.

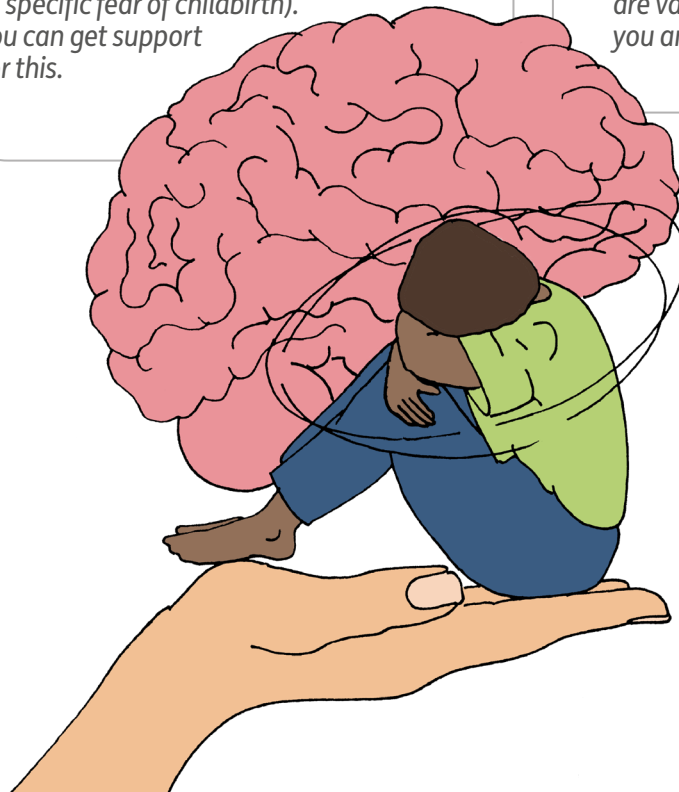


Feeling unsafe, on high alert, or 'outside your body'.



Panic attacks or intrusive thoughts.

Note: You don't need a medical emergency to have trauma. Your feelings about your experience of birth are valid, even if others say, "At least you and the baby are OK".



You don't need a clear 'reason' to feel off – it's valid to just not feel like yourself.



Autistic burnout – what is autistic burnout and why might it happen?



Autistic burnout is like a deep exhaustion caused by prolonged stress, e.g., masking, managing your baby, associated sensory overload and social demands – all extra things that can increase during pregnancy and early parenting. You might experience feeling drained, overwhelmed or you feel nothing (e.g., numb). This can make everyday tasks difficult.

Signs may include:

-  Extreme fatigue that doesn't improve with rest.
-  Emotional overwhelm or numbness.
-  Reduced motivation or enjoyment.
-  Heightened sensory sensitivities.
-  Wanting more solitude or quiet time.

How autistic burnout differs from depression and anxiety (a very basic explanation)

Burnout is specifically linked to sustained exhaustion from high sensory or social demands. Because of this, it can usually improve with rest and supportive routines, although this may take some time. Depression is different as it involves persistent sadness and/or loss of interest in things, whereas burnout is mostly about physical and emotional depletion tied to specific stressors. Burnout also differs from anxiety, which usually involves excessive worry and physical tension.

What to do about burnout

Prioritise rest, set gentle routines and honour your sensory needs. Communicate these to your friends and family as well as support networks. Use sensory tools and create safe spaces to relax. Reach out to caring professionals if your burnout is persistent and/or worsens. Remember, caring for yourself helps you to better care for your little one.





Postpartum psychosis (PP)



This is rare but very serious. It affects about 1 in 500 new mothers and may be more common in autistic women.



It usually happens within the **first four weeks after birth** – often within days.

Signs may include:



Seeing or hearing things others don't (*hallucinations*).



Believing things that aren't true (*delusions*).



Feeling confused or detached from reality.



Extremely high or low moods.



Not sleeping for several nights in a row.



Feeling like your baby is unsafe – or that you or your baby are 'evil' or in danger.

Postpartum psychosis is a medical emergency. If you or someone close to you notices these symptoms, **please seek help immediately**. Go to A&E, call your GP, or speak to your midwife or health visitor.



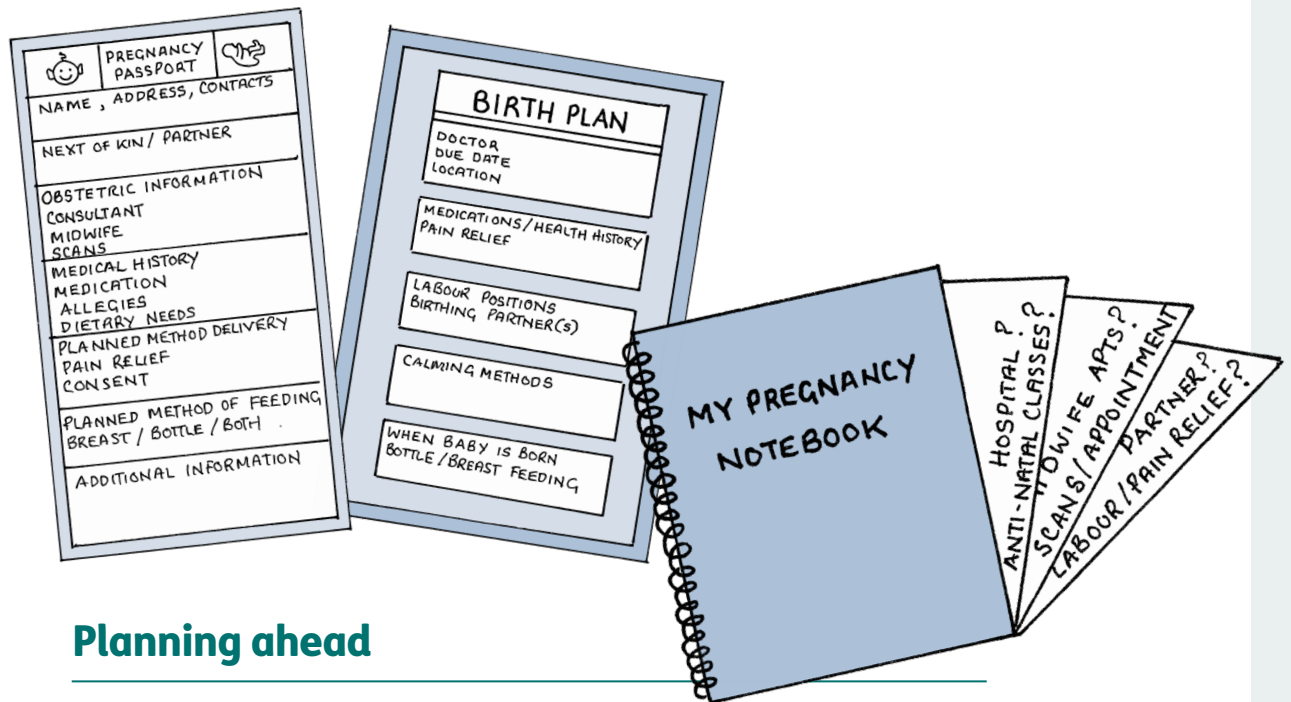
What support is available? How to ask for help

Support is available, and **you deserve it**.

There are services available to support you with your mental health during the perinatal period.

1. **GP** – first point of contact.
Tell them how you're feeling and ask for a referral.
2. **Midwives and Antenatal Teams** – ask them about your mental health as well as physical care.
3. **Health Visitors** – offer ongoing support postnatally, e.g., parenting support and wellbeing check-ins.
4. **NHS Talking Therapies** – free, self-referred therapy services for anxiety, low mood, and stress.
5. **Crisis Support** –
e.g., Samaritans, SHOUT, CALL all have out of hours support. You can also go to Accident and Emergency (A&E) if you need urgent support.
6. **Specialist Perinatal Mental Health Services** – multidisciplinary teams for people who need more help, including medication, planning for birth, therapy.
7. **Mother and Baby Units (MBUs)** – if inpatient care is needed, these units support you while keeping you with your baby.

Ask for reasonable adjustments to make these services accessible, such as quiet waiting spaces, visual information, or written summaries.



Planning ahead

Making a plan before the birth can help reduce stress later.

Include:

- ✓ What helps when you feel overwhelmed.
- ✓ Communication preferences (e.g., written information, quiet voices).
- ✓ Sensory needs during labour (lighting, touch, noise).
- ✓ People you trust to speak on your behalf if needed.
- ✓ Crisis numbers and coping strategies.

Use tools like the Pregnancy Support Plan to share this with your team.

What Can I Do?

Distress tolerance and coping skills

These are skills you can practice in calm moments and use in hard ones. They're helpful when you are overloaded or feel overwhelmed, to help prevent meltdowns and/or shutdowns.

STOPP Skill

When you're feeling overwhelmed or distressed, think of this skill so you can proceed mindfully and intentionally.



Literally stop
if it feels safe to do so.



Take a step back
and a deep breath.



Observe:
What am I thinking?
What am I feeling in my body?
What am I reacting to?



Perspective:
Is my reaction effective?



Proceed mindfully

TIPP Skill

This skill can help to relieve some of the physiological effects of distress or emotions so you can think more clearly, process information and draw on other skills.



Tip the temperature

Splash cold water on your face or hold something frozen.



Intense exercise

Run on the spot, do jumping jacks, shake your arms, pace quickly.



Paced breathing

Inhale slowly through the nose, exhale longer through the mouth.

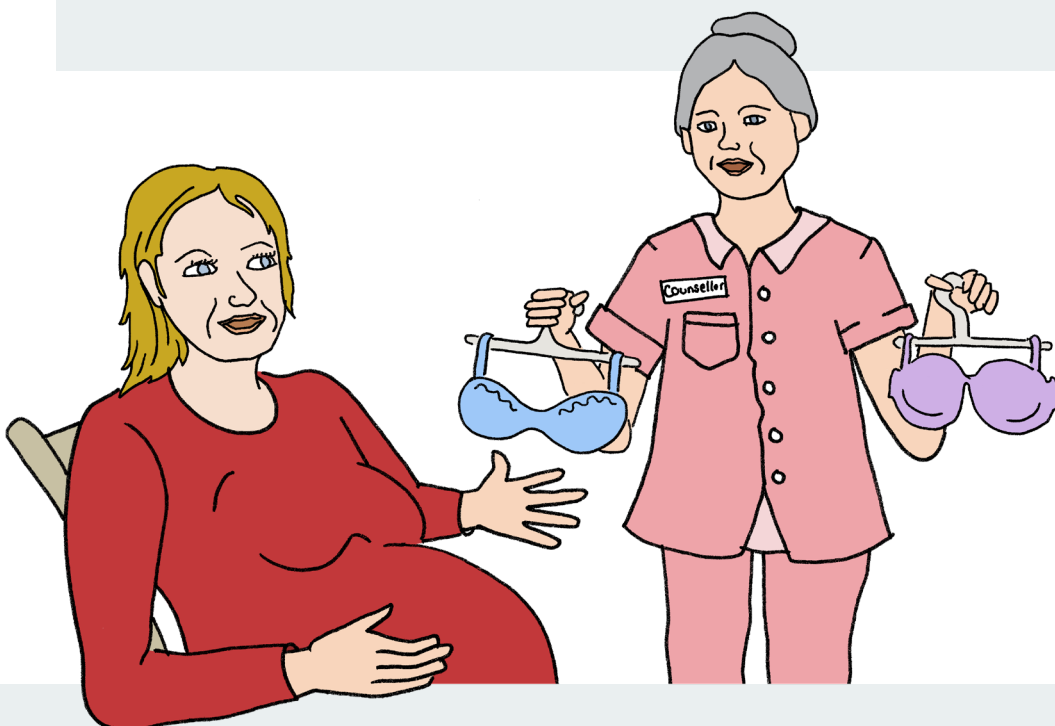
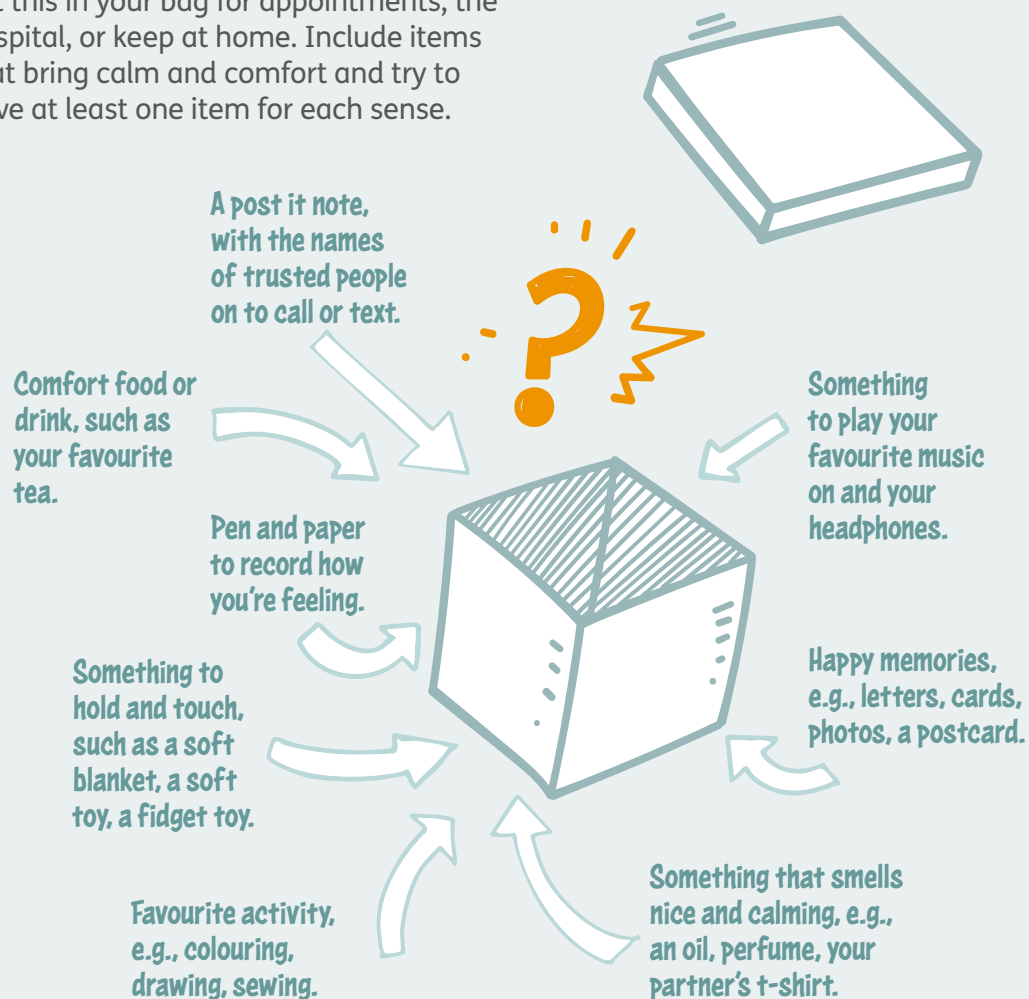


Paired muscle relaxation

Tense muscles, hold, then release as you breathe out.

Create your own self-soothe box

Put this in your bag for appointments, the hospital, or keep at home. Include items that bring calm and comfort and try to have at least one item for each sense.



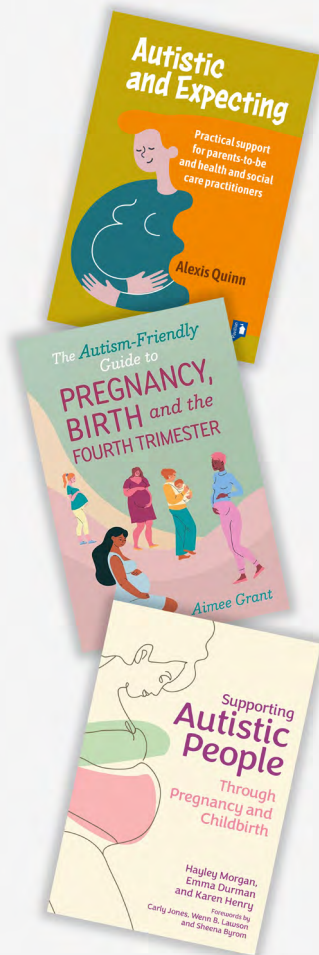
Top tips

Remember:

- 👍 **You deserve support** – you are not failing if you're struggling.
- 👍 **Know the signs of perinatal mental health changes.**
- 👍 **Be honest with professionals** – they are there to help, not to judge.
- 👍 **Ask for reasonable adjustments at appointments.**
- 👍 **Write things down** – especially if speaking is hard.
- 👍 **Use sensory-safe spaces and objects to manage overload.**
- 👍 **Practice coping skills in calm times so that they're easier in a crisis.**
- 👍 **Create a wellbeing plan or use a Pregnancy Support Plan.**
- 👍 **Connect with autistic-led support networks.**
- 👍 **Trust yourself** – you know your needs best.



Helpful resources and organisations



Some helpful resources that may be helpful to look at include:

- Quinn A, (2021) *Autistic and Expecting – practical support for parents-to-be and health and social care practitioners*. Shoreham-by-Sea: Pavilion Publishing. (Featuring on The Reading Agency list 2025).
- Grant, A (2025) *The Autism-Friendly Guide to Pregnancy, Birth and the Fourth Trimester*. London: Jessica Kingsley Publishers.
- Morgan, H, Durman, E and Henry, K (2024) *Supporting Autistic People Through Pregnancy and Childbirth*. London: Jessica Kingsley Publishers.
- Map of Mother and Baby Units (MBUs). www.app-network.org/get-help/mother-and-baby-unit/#where-are-the-mbus
- NICE (2016) *Antenatal and Postnatal Mental Health*. Quality standard. Reference number: QS115. www.nice.org.uk/guidance/qs115.
- NICE (2021) *Autism Spectrum Disorder in Adults: diagnosis and management*. Clinical guideline. Reference number: CG142. www.nice.org.uk/Guidance/CG142
- The Neurodivergent Friendly Workbook of DBT Skills*. www.livedexperienceeducator.com/mybook

These organisations can offer support:

Autistic Parents UK is an autistic-led charity (CIO) committed to supporting autistic parents in a number of ways:

- online peer support groups (larger and smaller groups);
- monthly webinars and live Q&A sessions;
- monthly book giveaways;
- local peer support groups;
- volunteer-led one-to-one peer support sessions; and
- training and professional supervision.

www.autisticparentsuk.org

Maternity Autism Research Group (MARG) is a group of health professionals and researchers working together to improve maternity care for autistic women and people.

www.maternityautismresearchgroup.co.uk