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Woman on the autism spectrum – challenges and expectations of perinatal care. A qualitative study

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ABSTRACT

Introduction: The way individuals perceive the world and interact socially has a profound influence on their daily functioning. For neurodivergent individuals, including those with autism spectrum disorder (ASD), atypical cognitive and behavioral patterns affect communication, self-expression, and social engagement. The number of ASD diagnoses is rising, in part due to broader diagnostic criteria and increased awareness. Women on the spectrum often remain undiagnosed until adulthood, limiting access to early support. This delayed recognition can become particularly significant during critical life stages, such as pregnancy and childbirth, where unique challenges arise. Autistic women may experience heightened sensory sensitivity, difficulty in communicating their needs, and increased vulnerability in medical settings. Despite this, research on their perinatal experiences remains scarce.

Methods: A case study was prepared based on the history of a patient diagnosed with ASD. Information was obtained using in-depth interview techniques with the patient, conducted on October 16, 2023. The interview lasted 46 min, was recorded, and then transcribed verbatim. Data from the interview were interpreted using descriptive analysis.

Results: The study showed dissatisfaction with the quality of perinatal care, including the approach of medical staff and their preparation, failing to meet specific functional needs. The results also highlighted ways to improve the quality of care and identified aspects of healthcare services for patients on the autism spectrum to which medical staff should pay particular attention.

Conclusions: Detailed standards and procedures for perinatal care for women on the autism spectrum should be developed and integrated into clinical practice in Poland, grounded in research on these women's experiences. Healthcare personnel training and stance should also be changed to meet the needs of mothers.

Keywords: autism; neurodiversity; perinatal care; childbirth; midwife.

INTRODUCTION

How we perceive the world and communicate with others has a fundamental impact on our social functioning. Years ago, researchers began to recognize that some individuals are neurodivergent, meaning their brains function in atypical ways – what Steve Silberman described as being "differently wired" [1, 2]. These individuals often experience and interpret the world differently, which affects their methods of self-expression and leads to challenges in social adaptation. The term neurodiversity typically encompasses individuals with autism spectrum disorders (ASD) and attention deficit hyperactivity disorder (ADHD), which frequently co-occur. In recent years, the number of ASD diagnoses has increased significantly, due in part to expanded diagnostic criteria, possible growth in prevalence, and more frequent adult diagnoses – especially among women [3]. Many women now entering motherhood were not diagnosed in childhood, largely due to limited societal awareness of the female presentation of autism. As a result, their needs often go unrecognized, and they may lack adequate support [4]. Pregnancy and childbirth are physically and emotionally demanding for all women, requiring trust and clear communication with healthcare providers. For women on the spectrum, however, these periods may present unique challenges due to sensory sensitivities, communication differences, and a heightened vulnerability in clinical settings. Unfortunately, there is limited research focused on autistic individuals' experiences of pregnancy, childbirth, and early motherhood [5].

AUTISM AS A LIFELONG NEURODEVELOPMENTAL CONDITION

Neurodevelopmental disorders such as ASD and ADHD are behavioral and cognitive conditions that appear early in development and affect intellectual, linguistic, motor, and social functioning. Autism is a pervasive developmental condition affecting numerous brain processes. It is characterized by varying levels of difficulty in social interaction, communication, and repetitive or restricted behaviors [6]. Many autistic individuals also display heightened sensitivity to sensory stimuli and have trouble shifting attention between tasks. Although the exact cause of autism is still unclear, current research points to genetic, neurological, and environmental factors [7]. Autism is not a disease but rather a different developmental trajectory.

The term spectrum refers to the vast diversity in how autism manifests – ranging from individuals with intellectual disabilities to highly functioning people with above-average intelligence but significant social and emotional difficulties, as formerly classified under Asperger's Syndrome (AS). The first clinical descriptions of autism emerged in the 1940s, through the work of Leo Kanner and Hans Asperger. In Poland, the first autism diagnoses were made in the 1960s. The 2018 revision of the ICD-11 by the WHO, implemented in 2022, replaced the term "autism" with "autism spectrum disorder" and integrated AS into the broader ASD category. The estimated prevalence of ASD is around 1% globally [8]. In the United States, data from the Centers for Disease Control and Prevention in 2020 show a prevalence of 2.7% among 8-year-olds and 1% in the general population. In Asia, ASD prevalence is estimated at 0.36% [9], while in Australia it was 1.7% in 2020 [8]. In Poland, data from the National Health Fund in 2021 reported 86,575 individuals with ASD (0.23% of the population), with 80% being male. Among Polish women aged 18–34, the rate is 0.26%, but drops dramatically to 0.0003% in women over 35. Boys are diagnosed with autism 4 times more often than girls . This discrepancy stems from diagnostic tools being developed based on male behavior. Girls often exhibit subtler symptoms and may mask their difficulties to blend in [10]. This camouflage strategy allows them to imitate neurotypical behavior, hide sensory discomfort, and mimic social cues. While such masking can be socially advantageous, it requires immense emotional effort and is linked with long-term mental health consequences, such as anxiety, depression, and eating disorders [11]. As a result, many women remain undiagnosed and miss out on vital support. Gender-sensitive diagnosis and support are essential. Girls and women with autism often seek social connections, show greater capacity for imaginative play, and imitate peers more effectively than boys. Their interests, though sometimes intense or atypical, are often culturally accepted and thus not seen as indicative of ASD. Socialization to traditional gender roles further obscures autistic traits. Girls are encouraged to be nurturing, resolve conflicts peacefully, and adapt to social norms – behaviors that can mask underlying neurodivergence [12]. Motherhood is a core life goal for many women, including those on the spectrum. Yet, autistic individuals face daily challenges and systemic barriers in accessing appropriate healthcare. Pregnant autistic women often experience physical and psychological needs that go unmet due to the limited awareness of their condition within medical systems. Recognizing these gaps, on October 4, 2023, the European Parliament passed a resolution calling for harmonized rights and anti-discrimination policies for autistic people – particularly women and girls. It recommends funding healthcare improvements, including infrastructure such as sensory-friendly "quiet rooms", and implementing mandatory autism-specific training for professionals. However, in Poland, no legal measures have been enacted to implement these recommendations. Most existing support initiatives rely on autistic individuals, families, and advocacy groups.

The role of medical staff in caring for women on the autism spectrum

Given the increasing number of women diagnosed with ASD, the healthcare system must adapt to provide holistic, personalized perinatal care. In Poland, 0.2603% of women over 18 have an autism diagnosis, though the actual prevalence is likely higher [13]. Midwives play a particularly important role, as they care for women throughout the life cycle – from adolescence, through pregnancy and birth, to menopause and beyond. Ideally, autistic patients would benefit from continuity-of-care models, in which a single midwife supports them throughout pregnancy, delivery, and postpartum care. While this model is not widely available in Poland's current system, all midwives should still be trained to recognize and accommodate the specific needs of women on the spectrum. Proper support from medical professionals – especially midwives – can greatly improve the perinatal experience of autistic women. Empathy, clarity, and environmental adjustments in care settings can reduce stress and improve maternal well-being. Tailored care empowers women with ASD to fully engage in motherhood, building their confidence and mental resilience.

This study aims to explore the difficulties and expectations of autistic patients during the perinatal period, highlighting the essential role of midwives in providing effective support.

MATERIALS AND METHODS

A case study was conducted based on the history of a 30-year-old patient diagnosed with ASD. The study focused on exploring the challenges and expectations of a woman on the ASD through an analysis of medical documentation related to her childbirth experience. An interview technique was employed with the patient to examine the acquired information further. An in-depth interview was conducted on October 16, 2023, lasting 46 min, recorded, and subsequently transcribed verbatim. The patient was informed about the purpose of the interview and provided consent to participate in the study. During the interview, details were gathered concerning the diagnosis of ASD, challenges experienced during hospital childbirth, and expectations regarding medical staff. The interview data were presented as direct quotations and analyzed descriptively.

RESULTS

The study participant was a 30-year-old woman diagnosed with AS and ADHD who underwent vaginal delivery of her second child on August 30, 2020. The infant was born at full term, weighing 3320 g and measuring 53 cm in length, with an Apgar score of 10. The postpartum period was uneventful.

Interview with the patient

The interview was conducted with a patient diagnosed with ASD and ADHD. The patient received her diagnosis following an assessment at a specialist centre for adult ASD diagnosis

in 2020. The interview provided insight into the organization of perinatal care from the perspective of a neurodivergent individual. During her hospital stay, the woman encountered several challenges in perinatal care, highlighting expectations regarding medical staff and organizational improvements that could enhance the quality of care provided.

The patient has an ASD diagnosis from a psychiatrist, but her journey to this diagnosis was not easy. She struggled for many years with various psychiatric disorders, such as depression, anxiety disorders, and eating disorders, before finding a therapist who could guide her in the right direction. "After the diagnosis, I did not feel relief but rather a sense of finding a missing piece. Many problematic things I could not deal with before made sense." Receiving the diagnosis enables a deeper self-understanding. It helps to fit together pieces that, without this information, did not form a complete picture. It is noteworthy that the expectations and societal pressures related to motherhood pushed the woman to her limits, leading to a sense of control loss. Despite diverse challenges, she managed to function normally in her independent life. "I am a special education teacher, I work with children, and I have been in contact with people on the spectrum for years. Colleagues often relied on me in situations involving these children, as I seemed to connect with them effortlessly. I could comprehend their needs and behaviours, often to the surprise of others who struggled to do so. However, it became apparent that I was the outlier, not those who found it difficult to understand." It is notable that the woman describes herself as "strange". Receiving a diagnosis offers the opportunity for appropriate support, yet it can also evoke feelings of isolation, creating a sense of detachment from the rest of society.

The woman was thoroughly prepared from a theoretical standpoint for pregnancy, childbirth, and motherhood. "During pregnancy, I researched medical information about the hospital: what equipment they had, what their birth statistics were, procedures, etc. I attended childbirth classes during my first pregnancy, though I felt no need to repeat them during my second. Instead, I found solace in a women's circle, which brought me greater peace. For my second childbirth, I opted for individual midwifery care, which I paid for." As a special education teacher, she possesses extensive knowledge of child developmental psychology, which has been further enriched by her professional role and personal interests. Individuals on the autism spectrum often engage in information gathering, which provides them with a sense of control and empowerment in various situations. The perinatal period is a time full of uncertainty. Physiological and emotional changes, concerns about the child's health and safety, and uncertainty about fulfilling the role of a mother contribute to heightened stress levels. Researching theoretical information and hospital procedures aimed to regain a sense of control over circumstances, thereby alleviating stress. A pronounced level of anxiety was evident throughout the conversation with the patient. Individuals on the autism spectrum often exhibit a solid attachment to known and familiar patterns, with changes typically leading to heightened anxiety levels. An effective approach to preparing for motherhood would likely involve individual prenatal education facilitated by a community midwife. Social interaction and sensory sensitivity challenges often make it difficult for individuals to benefit fully from group childbirth classes. In contrast, an individualised approach would allow for the reinforcement of existing knowledge and the addressing of escalating anxiety levels. During her second pregnancy, the patient found solace in participating in a women's circle, significantly improving her well-being and facilitating a calmer pregnancy experience. Establishing support groups specifically tailored for women on the spectrum at various stages of motherhood could potentially offer essential understanding and the opportunity to share experiences and challenges unique to neurodivergent women.

Communication between the medical staff and the patient is an important aspect discussed during the conversation. The woman emphasised that more precise and more direct communication would facilitate better understanding: "The hardest part of interacting with the medical staff was feeling like I was wasting their time, like I was coming in when nothing was happening, that I misread the signals. After all, they know because they are the doctors. I felt enormous self-doubt. In the emergency room, I needed two things: first, not to be judged upon entry before any examination and, second, not to be commented on during the examination but to conduct the tests and calmly describe the situation. I wanted a humane approach, reassurance, seeing that someone was nervous, and ensuring privacy and a moment to breathe. The immense stress for me was the uncertainty, lack of control, and understanding of the situation". People on the spectrum often struggle with interpreting non-verbal communication and frequently need to verify and confirm information that is clear to neurotypical individuals from mere observation. Moreover, it is essential to consider the literal interpretation of instructions. In communication, the midwife should consider the patient's behavioural rigidity associated with being on the spectrum. This includes not only instructing what the patient should do, but also clarifying that she can stop and understanding that recommendations are not commands. Familiarity with ward protocols is crucial for comfort and safety. Based on the discussion, it is evident that providing precise details about the daily schedule, explaining necessary procedures and tests, and informing about potential delays contribute to maintaining a calm atmosphere and reducing anxiety. Rationalisation is frequently employed by individuals on the spectrum to enhance their sense of control over the situation. Explaining the purpose and process of events helps establish structure and promote a sense of tranquillity.

The conversation also highlights the need to address sensory integration disorders. "I am highly sensitive to sounds, light, and smells. During childbirth, the flickering and beeping lights bothered me tremendously. It would have been beneficial if someone had asked me if I wanted to lower the blinds or adjust the lighting. The staff made decisions independently about when to adjust the light or open/close the blinds. I needed clear communication and specific questions to discuss my preferences. I wanted the midwife to be attentive and to remember

that she was there with me, not alone." Increased sensitivity to light, sound, smell, or touch can contribute to behavioural and emotional regulation difficulties, complicating communication with the patient. The inability to independently regulate the intensity and the lack of control over decisions regarding simple aspects such as lighting or monitoring device sounds made it challenging for the patient to focus on her childbirth experience. Conversely, having an individual birthing room proved beneficial, and during the postpartum period, staying in a double room where the patient did not have to leave was helpful. It appears that for women on the spectrum, the option to remain in a familiar room and limit contact to necessary procedures would enhance their hospital experience.

The final issue discussed was the patient's openness about sharing her diagnosis with the medical staff. The woman expressed significant anxiety regarding how doctors and midwives might react upon learning about her diagnosis. "I still hesitate to disclose my diagnosis because public perception equates autism with intellectual disability. There is a misconception that individuals with autism are incapable, and decisions can be made for them." The patient believes that current knowledge and societal attitudes hinder open dialogue and a thorough understanding of autism. Consequently, the woman fears that disclosing her diagnosis could negatively impact the quality of care she receives. "I believe that the lack of basic knowledge and understanding about the autism spectrum prevents open disclosure." During the conversation, the woman expressed the need to inform the midwife that she is on the autism spectrum, thereby indicating that she might have different needs or atypical behaviours and responses. "Therefore, it is crucial and valuable to establish opportunities for medical staff training on the autism spectrum through workshops. Such training could lead to developing a map identifying birthing centres as 'Autism Spectrum Friendly'". Introducing classes for medical students would also be beneficial to raise awareness about the autism spectrum among future midwives during their education, laying the groundwork for effective care strategies for women on the spectrum.

DISCUSSION

In recent years, the number of adult women receiving an autism spectrum diagnosis has significantly increased. Despite this, there is a clear gap in knowledge on how to support the quality of life of autistic adults effectively [14]. Limited information is available regarding how autistic women experience pregnancy and parenthood. A better understanding of these experiences is crucial, as pregnancy, childbirth, and motherhood are critical periods in adult development. Research indicates that the experiences of autistic mothers differ significantly from those of neurotypical women [15]. Consequently, only conclusions drawn from both qualitative and quantitative studies involving autistic women who have experienced pregnancy and childbirth can provide holistic care for them.

Research conducted by Hampton et al. indicates that autistic women often face difficulties during motherhood, experiencing feelings of judgment, stigma, and confusion. The hospital environment can be sensorily overwhelming due to a variety of sounds, lights, and smells, which can cause autistic women to feel overwhelmed and have difficulty processing information [5]. Many women choose not to disclose their autism to midwives out of fear of potential judgment. Autistic women were significantly more overloaded by sensory experiences during childbirth – 65% compared to 29% in non-autistic women. Additionally, 50% of respondents highlighted that access to sensory integration aids such as weighted blankets, stress balls, fidget toys, baths, or scented oils would be very helpful in facilitating the childbirth process. This aligns with information gathered during an interview with a patient who noted the emotionally taxing effects of lighting and noise and the calming influence of water immersion. Among autistic women, there was a significantly higher proportion of patients who experienced meltdowns (29% vs 17%) or shutdowns (38% vs 8%). A meltdown was defined as an intense verbal and physical reaction to overload – screaming, crying, kicking – while a shutdown involved mental withdrawal, inability to move, and lack of communication. Medical staff's response was helpful in 50% of meltdown cases but only in 33% of shutdown cases. The interviewed patient exhibits a shutdown response in stressful situations. During childbirth, medical staff did not understand this mechanism and were unable to respond appropriately.

In interactions with medical staff, autistic women more often felt insufficiently informed about the birthing process (55% vs 73%). Moreover, their requests were less frequently considered (57% vs 75%).

Women in both groups found the presence of a companion very helpful. Among autistic women without a birthing partner, 64% (compared to 33% of neurotypical women) believed that the presence of a companion would significantly improve their well-being.

During the postpartum period, 54% of autistic women did not feel prepared for the postnatal period, compared to 27% of non-autistic women. Furthermore, only 60% of autistic women knew when to seek professional help. Breastfeeding support also posed a challenge, with 52% of autistic women having difficulty obtaining assistance and the same percentage finding the advice they received adequate [5].

Only 7% of autistic women informed the midwife who cared for them after giving birth about their diagnosis. Of these, 34% received additional support, such as home visits, extended meeting times, visual communication aids, and measures to minimise sensory overload. Additionally, 66% of autistic women, compared to 23% of non-autistic women, felt anxious about postpartum visits from the midwife at home. Autistic women felt that their concerns were not taken seriously (59% vs. 82%), had fewer opportunities to ask questions (59% vs. 82%), and had less trust in healthcare workers (56% vs. 82%) [5]. Difficulties in communication with medical staff were also reported in studies by Pohl et al. [15]. Only 62% of autistic women – compared to 79% of non-autistic women – felt that the process of childbirth was thoroughly explained to them, even though participation in antenatal classes was

similar across groups, with approx. 70% of all respondents attending sessions with a midwife. Autistic women also encountered more difficulty communicating with medical staff about their child. Sixty per cent of them experienced anxiety that hindered rational thinking, and 44% had difficulty communicating verbally due to anxiety.

Autistic mothers often hesitate to disclose their diagnosis. Over 80% of autistic mothers feared that revealing their diagnosis might negatively affect their relationships with healthcare professionals. Furthermore, nearly 40% rarely or never shared this information. Anxiety about the consequences of disclosing the diagnosis to medical staff was also highlighted during the interview. The patient feared being treated worse by doctors and midwives, attributing this to low awareness of autism-related issues among healthcare workers.

Insufficient knowledge among doctors, nurses, and midwives about specific needs, coupled with the lack of informing medical staff about these needs, results in the practical impossibility of providing appropriate care to autistic women. This is particularly significant in the context of difficulties related to sensory integration [15].

Studies conducted by Talcer et al. found that 96% of autistic individuals experience sensory processing difficulties [16]. Being a parent entails many sensory demands. The research helped better understand the sensory experiences of autistic mothers, which could contribute to earlier diagnosis and the provision of appropriate support and adjustments in healthcare facilities. All study participants experienced significant sensory hyperreactivity, particularly in hearing and touch. Some cases of insufficient sensory reactivity to proprioceptive stimuli or deep pressure sensation disturbances were also noted. Their sensory experiences were extreme and pervasive and had a significant impact on their perception of pregnancy and childbirth. Participants reported heightened sensory sensitivity during all stages of childbirth, with discomfort related to light, sound, and smell.

Autistic women have identified the ability to withdraw and rest alone as the most effective strategy for coping with overstimulation. However, during the peripartum period, when withdrawing and resting alone may not be possible, medical staff needs to ensure that the environment can be adapted to meet the specific needs of autistic patients. This may include adjusting lighting intensity, playing relaxing music, providing soft furniture, maintaining cleanliness, and minimising sounds from outside the immediate surroundings. It is important to note that sensory hyperreactivity in autistic mothers can lead to increased anxiety and stress levels, which may elevate the risk of peripartum complications and depression. Additionally, the lack of control, leading to disorientation and trauma, was found to be very burdensome [17].

In 2021, a study conducted interviews with 16 autistic women about their experiences giving birth [18]. The respondents were from the United States, the United Kingdom, and New Zealand. The most reported difficulty was communication problems between the women and the medical team. The women felt that the medical staff's actions, comments, and tone were indifferent, leaving participants feeling that their experiences were minimised and their wishes ignored. Many participants believed that their concerns about childbirth and pain complaints were disregarded. Some women described situations where they underwent procedures without their consent or warning. Most of the women felt that there was a lack of understanding between them and the medical staff during childbirth. To gain a more comprehensive understanding of the phenomenon, future research should include a larger group of participants and incorporate the experiences of healthcare professionals, allowing for a deeper analysis of mutual interactions and communication barriers in perinatal care for women on the autism spectrum.

The importance of mutual understanding between patients and medical staff is highlighted in a study by Donovan [19]. The study found that participants faced challenges in conveying their pain and anxiety. Some struggled to understand the social cues from midwives, and others felt that their direct way of speaking caused misunderstandings with the medical team. Many reported experiencing pain that was not reflected in their behaviour – facial expressions, body tension, or tone of voice – leading midwives to subjectively assess their pain as less intense, resulting in inadequate pain management. The study also found that some midwives had difficulty understanding the unique needs of autistic women. Some patients needed more time to absorb the information received, while others had trouble interpreting the literal meaning of the message. Study participants emphasised that they often did not know how to behave during hospitalisation and were unsure when and how to ask for help or contact the midwife. Another significant cause of difficulties experienced by study participants was the environment in which childbirth occurred. Women reported that sensory experiences such as sights, sounds, smells, and even temperature led to significant discomfort.

Autistic women also highlighted positive experiences with medical care. Participants described midwives who explained everything step by step, asked for consent before each physical contact, and understood and accepted the patient's specific needs as very supportive. The interviewed patient confirmed the need for information about the course of perinatal care. The calm and positive approach of the staff and minimising unnecessary contact during hospitalisation were essential [19].

The findings of the cited studies indicate significant gaps in perinatal care for autistic women. Healthcare workers should be aware of the non-normative ways in which autistic women experience and express physical sensations. The hospital environment should be adjusted to accommodate the needs of patients on the autism spectrum, taking into consideration their difficulties with sensory integration.

Midwives providing care for women with autism need to be well-informed about differences in communication styles and techniques to ensure effective communication.

Since 2017, the latest version of the "My Health Passport" for autistic individuals has been used in the United Kingdom [20]. The Autism Passport, created by the National Autistic Society, is a document designed to facilitate communication between

medical staff and individuals on the autism spectrum. Similar initiatives, whether electronic or paper-based, exist in other European countries, the United States, Australia, and New Zealand. This document, filled out at home, includes all the essential medical information and autism-specific considerations. Patients provide details about the most effective forms of communication, ways of expressing pain, situations and triggers for anxiety, and, on the other hand, behaviours and items that may help alleviate stress. The aim of introducing the Autism Passport was to equalise opportunities for neurodiverse individuals to receive appropriate healthcare. Unfortunately, no studies have confirmed the effectiveness of using such documents [21]. Autistic individuals rarely choose to fill them out and present them in healthcare settings. Previous studies suggest they perceive such documents as a stigma rather than actual support. Currently, to enhance the quality of medical care for women with autism, the primary focus should be on increasing healthcare professionals' understanding and appropriately adapting healthcare facilities.

The Royal College of Midwives has embarked on a comprehensive program to enhance understanding autism and its implications for pregnancy and childbirth [22]. The initial phase involved the development of an e-learning module titled *Autism and Pregnancy*, accessible to all registered midwives in the United Kingdom. Subsequently, identifying "Autism Leaders" is planned, tasked with delivering tailored training within healthcare facilities using insights gathered from autistic women. In 2021, the National Autistic Society introduced the SPELL framework, a user-friendly tool designed to assist midwives in their interactions with autistic individuals. SPELL's core aim is to comprehend and respond to the needs of autistic persons. It emphasises 5 principles deemed fundamental to effective practice when working with autistic individuals and underscores methods for adapting both the environment and our approach to meet the specific needs of each individual. The SPELL framework is designed to accommodate the unique and specific requirements of individuals on the autism spectrum. It is intended for application to autistic individuals of all ages and at support needs levels. In the United Kingdom, all healthcare professionals have the opportunity to engage in training programs tailored to effectively implement the SPELL framework when interacting with autistic individuals (Tab. 1).

The primary method of supporting women with autism in healthcare settings is by raising the awareness of healthcare professionals about autism. This enables them to adapt to the individual needs of patients and reduce their anxiety regarding healthcare. Given the increasing prevalence of women with autism in our society, it is becoming increasingly important to enhance knowledge on this subject. Women with autism should have the opportunity to find a community midwife and a general practitioner who not only comprehend autism and are receptive to the patient's input regarding her particular requirements but also are inclined to collaborate in addressing novel challenges over time.

The main objective is to increase awareness, understanding, and acceptance of autism. This can be achieved by training midwives, midwifery students, and all healthcare professionals. It is essential to establish a correlation between the potential outcomes of provided medical care and the understanding of the need for additional support for autistic women. This highlights the necessity of developing guidelines aimed at improving the quality of care provided.

TABLE 1. Application of the SPELL framework in perinatal care [20]

Issues to consider	Plan of care	Care provision in labour
Structure	having a predictable routine and environment can help an autistic person feel calm, safe and in control	continuity of carer clear path and management of expectations and process able to do a hospital visit prior to labour to manage expectations
Positive	be positive, kind and understanding without bias – especially in new situations and challenges	support the woman's decisions and explain the procedures take her lead avoid direct language and chose wording carefully
Empathy	use empathy to communicate to reduce anxiety and distress	'Tell me what you need to make it OK' be accepting of behaviour that may be needed
Low arousal	low sensory environment may help reduce anxiety	low lights, sounds no small talk
Links	help create and maintain links to a support network – family, friends and professionals	ensure the woman has support from family and friends may need extra support to adjust to parenthood ensure clear links and updates are in place with GPs and health visitors before discharge

An analysis of international research and best practices, especially from the United Kingdom and the United States, highlights which forms of support for autistic women could be implemented in Poland now, and which would require systemic reform.

Some measures, like adapting a more individualized approach to perinatal care – clear communication, sensory sensitivity, and empathy – can be introduced within the current healthcare framework with proper training. Tools like the "Autism Passport" could also be implemented without regulatory changes, helping staff understand patients' needs. While such tool has not gained widespread popularity even in countries where they were pioneered, their implementation in Poland would not face regulatory hurdles and could offer valuable support when used appropriately. Creating sensory-friendly birth environments is another essential but resource-intensive goal. Dedicated birthing spaces that accommodate sensory needs – through adjustable lighting, noise reduction, and calming furnishings – would require infrastructural investment and clear policy support. Such modifications,

while beneficial to many patient groups, cannot be implemented without long-term planning and allocation of funds.

In conclusion, while some improvements are feasible immediately, others will require broader reform. Distinguishing between them is key to developing effective support strategies for autistic women in perinatal care.

CONCLUSIONS

1. Understanding the needs, challenges, and expectations of neuroatypical women in the context of perinatal care is essential for ensuring appropriate support and a sense of safety during this important life stage.
2. The increasing number of autism spectrum diagnoses in girls highlights the need to develop recommendations for perinatal care. This is a key step in preparing medical staff for future challenges in healthcare provision.
3. It is essential to create an educational programme for all healthcare workers about autism, autistic individuals, their specific needs, and challenges.

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