Autistic and ADHD *birth*

How being autistic and/or ADHD can shape the experience of labour and birth, and how you, your birth partner and your care team can plan for a birth that works for your brain and body.

MOTHER GROUND
YOUR VILLAGE

Birth is a deeply sensory, unpredictable and communication-heavy experience. For autistic and ADHD people, it can bring **particular challenges** that are rarely talked about in antenatal classes: bright lights and noise, being touched, many voices and questions at once, sudden changes of plan, and reading what your own body is telling you.

Research from the Autism Research Centre in Cambridge found that, compared with non-autistic people, autistic people were more likely to find the sensory aspects of birth overwhelming, experienced lower satisfaction with birth-related and postnatal healthcare, and were more likely to experience postnatal depression and anxiety. **These are not failings: they reflect a system mostly designed around neurotypical brains.**

ABOUT THIS HANDOUT

This is written for anyone who is autistic, has ADHD, or both (often called AuDHD), whether diagnosed or self-identified. Every neurodivergent person is different: take what fits and leave what doesn't. The aim is not to "fix" you, but to help your care fit you.

Neurodivergent strengths you bring

PREPARATION
- Deep research and knowledge
- Detailed planning
- Knowing what you need

FOCUS
- Hyperfocus in intense moments
- Clear priorities
- Determination

HONESTY
- Direct about needs
- Asking the real questions
- Noticing inconsistencies

FEELING
- Intense love and attunement
- Noticing details
- Creative problem-solving

A different *brain in labour*

Maternity care often expects people to process spoken information quickly, tolerate noise and unpredictability, and manage many tasks at once. For neurodivergent people, **sensory load, information load and executive function load** can all build up at the same time.

AREA	HOW IT MAY SHOW UP FOR AUTISTIC PEOPLE	HOW IT MAY SHOW UP WITH ADHD
Sensory	Over- or under-sensitivity to light, sound, touch, smell; overload can lead to meltdown or shutdown	Sensory seeking or overwhelm; restlessness; difficulty staying still for monitoring
Communication	Needing clear, literal, direct language; difficulty with small talk, eye contact or answering quickly	Losing track of conversations; interrupting; forgetting what was said
Processing	Needing time to process; spoken information may not "land" under stress	Difficulty holding information in mind; distractibility
Interoception	Body signals (pain, urge to push, thirst) may feel muted, intense or confusing	Missing body cues when focused or overwhelmed
Change	Unexpected changes of plan can be very distressing	Can adapt quickly, but stress may spike and regulation drop
Emotions	Distress may look calm or flat on the outside; masking	Intense emotions, frustration, impatience
Executive function	Planning may be a strength, but overwhelm can stop everything	Organising appointments, forms and the hospital bag can be hard

MASKING

Many neurodivergent people, especially women, have learned to hide their differences to fit in. In labour, masking can mean staff underestimate your pain or distress. Masking also uses huge energy, at a time when you need it most. **You are allowed to unmask in birth.**

Lights, sounds *and touch*



The sensory cup

Think of your capacity for sensory input as a cup. Pregnancy itself often fills it: nausea, heightened smell, discomfort, poor sleep. In labour, every light, beep, voice and touch adds more.

When the cup overflows, you may experience a **meltdown** (an intense outward reaction) or a **shutdown** (going quiet, unable to speak or respond). Neither is a choice. Reducing input early keeps the cup from overflowing.

SENSE	WHAT CAN BE DIFFICULT	ADJUSTMENTS TO ASK FOR OR BRING
Light	Bright overhead lights, flickering, sudden switching on	Dimmed lights, lamps, sunglasses or an eye mask, lights warned before switching on
Sound	Monitor beeps, alarms, voices, corridor noise, other people in labour	Ear defenders or loop earplugs, headphones with familiar music, volume turned down where safe, door closed
Touch	Examinations, monitoring belts, cannulas, being held or stroked	Being told before every touch, firm rather than light touch, asking permission each time, fewer examinations where safe
Smell	Antiseptic, food, perfume, other people	Familiar scent on a cloth, staff asked to avoid perfume, window opened
Temperature and fabric	Hospital gowns, scratchy sheets, feeling too hot or cold	Your own clothes, pillow and blanket, a fan or extra layers
People	Too many people, unfamiliar faces, staff changes	Fewer people in the room, introductions, a named midwife, continuity of carer if possible

Being *heard and understood*

Autistic participants in UK research stressed the importance of clear, direct communication from professionals during birth. In one UK survey of autistic people who had been pregnant, only about a quarter felt listened to during maternity care. Communication difficulties can leave people anxious and less likely to speak up again.

What can be hard

- Several people talking at once
- Vague language: “just a little scratch”
- Being asked questions mid-contraction
- Rating pain on a 1–10 scale
- Saying what you need when overwhelmed
- Your face not “matching” your pain
- Being given choices with no time to think

What can help

- One person speaking at a time
- Clear, literal explanations of what and why
- Time to process before answering
- Written information, diagrams or cards
- Yes/no questions, or pointing to options
- Your partner relaying information
- “Pause, explain, ask” before anything happens

Consent needs processing time

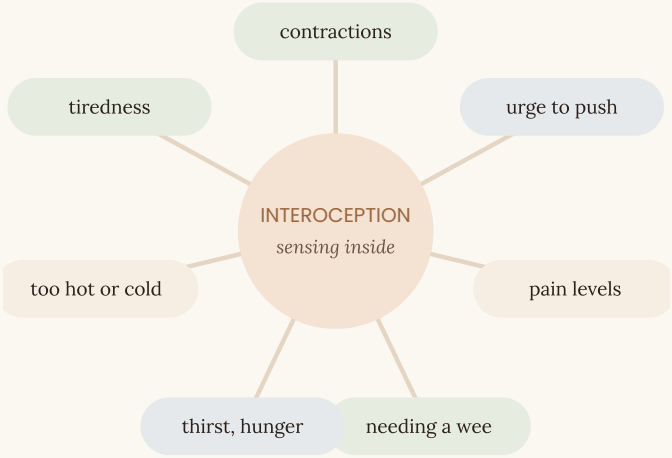
Informed consent means understanding what is being offered, the reasons, the risks and the alternatives. If you need more time, it is reasonable to say so, unless it is a genuine emergency. **“Can you explain that again, more slowly?”** is always OK.

Communication cards

Some people find it easier to point than speak when overwhelmed. You could make simple cards to use in labour:

I need a minute	Too loud	Too bright	Please don’t touch
Explain please	I’m in a lot of pain	I need my partner	I can’t talk right now

What is my body *telling me?*



Interoception

Interoception is our sense of what is happening inside the body. Many autistic and ADHD people experience interoception differently: signals may feel muted, very intense, or hard to name.

In labour, this can make it harder to recognise contractions building, know when you need to push, judge pain, or notice you're thirsty, hungry or need a wee. You might also struggle to describe what you feel to your midwife.

Using outside cues

When inside signals are unclear, outside cues can fill the gap:

Contraction timer. An app or your partner timing contractions helps track progress without relying on feel alone.

Scheduled prompts. Your partner offers a drink every contraction break, and a wee every hour.

Ask for guidance. "Can you tell me what you see?" Midwives can describe signs of progress and when to push.

Descriptive words. Instead of numbers, describe pain: "like a tight band", "unbearable", "manageable".

A body check-in. Between contractions, briefly scan: head, chest, belly, legs. What do I notice?

Colour scale. Green, amber, red to show how you're coping, if words or numbers are hard.

ADHD IN LABOUR

Time can feel distorted ("time blindness"), and long waiting periods, such as early labour or induction, can be very hard. Movement, music, a birth ball, short walks and something to fiddle with can help. If you take ADHD medication, talk to your prescriber and midwife in pregnancy about your plan.

What else *might come up*

DIFFICULTY	WHAT MIGHT HELP
Meltdown or shutdown in labour, being misread as "uncooperative"	A one-page profile explaining what overload looks like for you and what helps; partner advocating
A sudden change of plan, such as an emergency caesarean	Talk through possible scenarios beforehand; a plan B and C; clear step-by-step explanations
Too many staff changes or unfamiliar faces	Ask for continuity of carer where possible; staff introductions; notes read before asking you to repeat your history
Difficulty processing pain relief options under pressure	Decide preferences in advance, with written information about each option
Postnatal ward: noise, lights, visitors, lack of sleep	Ask about a side room; ear defenders and eye mask; limit visitors; ask about early discharge if safe
Feeding and touch: feeling "touched out"	Breaks, different holds, a shirt between you and baby, support with feeding, guilt-free choices
Executive function after birth	Visual checklists, alarms for feeds and medication, one task at a time, accepting help
Postnatal depression and anxiety	Higher risk for autistic parents: plan support in advance and check in with your GP or health visitor

Disclosing your diagnosis

Research has found that autistic mothers sometimes choose not to share their diagnosis with professionals, worried that attitudes towards them would change. Disclosure is your choice. Sharing can help staff make **reasonable adjustments**, which NHS services have a duty to provide under the Equality Act 2010. You can share as much or as little as you like.

A birth plan *that fits your brain*

1 · LEARN
Research types of birth, pain relief and interventions in a format that suits you.

2 · VISIT
Tour the birth unit or ask for photos and videos. Familiarity reduces overload.

3 · PLAN A, B, C
Write what you'd like if things change: induction, instruments, caesarean.

4 · SHARE
Give a one-page profile to your midwife and keep copies in your bag.

Your sensory birth bag

- Ear defenders, loop earplugs, headphones
- Sunglasses or eye mask
- Own pillow, blanket and comfy clothes
- Familiar scent on a cloth
- Fidget or textured object
- Safe foods and drinks you can tolerate
- Playlist of calming or familiar music
- Communication cards
- Printed one-page profile and birth plan
- Phone charger with a long cable

Questions to ask in pregnancy

- Can I have continuity of carer?
- Can the lights be dimmed?
- Is a side room possible after birth?
- Can I wear ear defenders?
- How will you explain things before you do them?
- Can my partner stay overnight?

Planning for after

Think about the first days and weeks: visitors (who, when, how long), feeding preferences, sleep shifts with your partner, quiet recovery time, and who to contact if you feel low or overwhelmed. **Recovery for neurodivergent parents often needs more quiet, more routine and more downtime.**

REFLECTION

1. What would help me feel safest in the birth room?

2. What do I want my care team to know about me?

How a partner *can support*

Sensory guardian. Dim lights, close doors, manage noise, and ask people to wait before entering.

Translator. Help explain needs to staff, and repeat information simply and calmly.

Body prompt. Offer drinks, snacks, toilet breaks and position changes on a schedule.

Plan keeper. Know the birth plan and profile well, and remind staff of key adjustments.

Early warning. Learn the early signs of overload and step in before the cup overflows.

Protector of processing. Ask staff to pause, explain, and give time before decisions.

What a partner might say

TO STAFF

"She's autistic. Please explain what you're doing before you touch her, and one person speak at a time."

DURING OVERLOAD

"She needs a minute. Can we turn the lights down and give her some quiet?"

TO THE BIRTHING PARENT

"You're safe. The midwife says you're 7cm. Do you need a drink?"

ADVOCATING

"Can you write that down for us? We need a moment to think before we decide."

My one-page profile

About me (autistic / ADHD / both)	
Please communicate with me by...	
Sensory needs	
Signs I'm overwhelmed	
What helps me calm	

Looking after *you*

Many neurodivergent parents need time to process their birth, especially if it felt overwhelming or didn't go to plan. Sensory overload, unexpected changes and feeling misunderstood can all contribute to **birth trauma**. Please be gentle with yourself and reach out early if you're struggling.

Why therapy can help

A neurodivergent-affirming therapeutic space can help you make sense of your birth, process difficult moments, adjust to the huge sensory and identity changes of parenthood, and look after your mental health, without needing to mask.

If you would like support before or after birth, you are welcome to get in touch at **velvetcouchtherapy.co.uk**. Sessions can be adapted to suit your communication and sensory needs.

Recommended reading



Unmasking Autism
Devon Price (2022)
On autistic identity and living more authentically.



Divergent Mind
Jenara Nerenberg (2020)
Neurodivergent women: autism, ADHD and sensory sensitivity.



Women with Attention Deficit Disorder
Sari Solden
A classic on ADHD in women.



Why Birth Trauma Matters
Emma Svanberg (2019)
Understanding and recovering from a difficult birth.

Useful websites

National Autistic Society
autism.org.uk
Information and advice for autistic people.

ADHD UK
adhduk.co.uk
Information about ADHD in adults.

Birthrights
birthrights.org.uk
Your rights, consent and reasonable adjustments in maternity care.

Birth Trauma Association
birthtraumaassociation.org.uk
Support after a difficult birth.

Looking after you

If you feel very low, overwhelmed or unable to cope during pregnancy or after birth, please speak to your GP, midwife or health visitor. Samaritans: **116 123** (free, 24 hours). NHS 111, mental health option. In an emergency, call **999**.

This information sheet offers general support and is **not intended to replace therapy, or medical or professional advice, diagnosis or treatment.** Draws on research from the Autism Research Centre, University of Cambridge, including Pohl et al. (2020) and Hampton et al. (2022); Aimee Grant and the Maternity and Autism Research Group; NICE guidance on autism and ADHD; the Equality Act 2010. © Velvet Couch Therapy. For personal use only.