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Between Support and Exclusion: Perinatal Support for Autistic Women in Poland and International Contexts

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Abstract

This study aimed to qualitatively compare models of perinatal support offered to autistic women by social organisations operating in Poland and internationally. In this study, the term *perinatal period* refers to pregnancy, childbirth, and the postpartum period, while *perinatal support* refers to the informational, practical, peer-based, educational, and advocacy activities provided by organisations during this period. The analysis was conducted using Braun and Clarke's six-phase thematic analysis approach, including familiarisation with the data, coding, categorisation, and the development of overarching themes. The research material consisted of publicly available descriptions of activities, programmes, and resources published by six social organisations.

The findings were organised into five main themes: (1) strengthening the agency and autonomy of autistic women, (2) creating accessible and safe care environments, (3) educating professionals and increasing professional competence, (4) diversity and flexibility of support models, and (5) barriers and limitations in access to appropriate care. International organisations more frequently combine peer-led support, practical resources, sensory and communication adaptations, and systemic advocacy, whereas Polish organisations more often focus on educational activities, accessibility initiatives, and broader patient-rights advocacy.

The analysis indicates that, despite growing awareness and increasing organisational activity, the availability of perinatal support and services adapted to the needs of autistic individuals remains limited, particularly regarding sensory and communication accessibility. The findings suggest that effective perinatal support should integrate accessible information, practical and peer-based assistance, sensory and communication adaptations, and the active involvement of autistic people in the design and evaluation of support and care. Such an approach may contribute to more inclusive, responsive, and autonomy-supportive systems of perinatal care.

Keywords: autism, women, perinatal period, social organisations, perinatal support systems.

Introduction

Although the term *perinatal care* refers primarily to the period surrounding childbirth, in practice it extends far beyond labour and the postpartum stage, encompassing a broader process that develops throughout a woman's reproductive life (Łaska-Formejster et al., 2020). Consequently, attention to women's mental health during the perinatal period is fundamental not only for individual well-being

but also for society as a whole and for the effective functioning of healthcare systems and public policy (Brandt-Salmeri et al., 2024).

Pregnancy, childbirth, and the postpartum period involve intense and multidimensional changes affecting physical, psychological, and social functioning. These experiences increase the need for adequate care and support. During pregnancy, women undergo numerous biochemical, physiological, and autonomic changes, leading to increased physical and emotional sensitivity (Brandt-Salmeri et al., 2024). Therefore, systematic monitoring of the quality of perinatal care plays a crucial role in shaping and improving practices supporting women's reproductive health throughout their life (Łaska-Formejster et al., 2020). It is particularly important to recognise and address the needs of all groups requiring specialised support, including autistic women.

In the Polish medical context, the needs of autistic women remain under-recognised, and professional knowledge in this area is still limited (Rynkiewicz et al., 2019). In recent years, the recorded population of people with autism spectrum disorder (ASD) in Poland has increased substantially, with particularly pronounced growth observed after 2019. This increase is reflected in the steadily rising number of patients receiving ASD-related treatment, both among individuals for whom ASD is the primary diagnosis and those for whom it is diagnosed as a comorbidity (Moszyńska, 2025). Importantly, this overall increase has been accompanied by a marked rise in the number of diagnosed girls and women. The number of women diagnosed with ASD increased from 18,750 in 2021 to 24,523 in 2022 and 32,936 in 2023 (Fundacja JiM, 2025; Moszyńska, 2025), representing a substantial increase over a relatively short period. At the same time, the gender distribution of diagnosed individuals has become progressively less disproportionate: whereas in 2012 there were almost five diagnosed men for every diagnosed woman, by 2023 the ratio had decreased to less than 3:1 (Moszyńska, 2025).

The growing representation of girls and women within the diagnosed ASD population may be associated with increasing awareness of female autism, greater recognition of previously underdiagnosed presentations, and improvements in diagnostic practices. These developments suggest that the substantial increase in the number of autistic women identified in recent years may reflect, at least in part, the identification of individuals who were previously overlooked by diagnostic systems. Consequently, female autism appears to constitute an increasingly visible component of the population receiving an ASD diagnosis in Poland (Moszyńska, 2025; Pawlik & Wala, 2024).

Furthermore, research conducted in Scotland demonstrated that the gender gap in ASD diagnoses narrows with age (Rutherford et al., 2016), confirming the tendency for later diagnosis among women and reinforcing experiences of invisibility and identity-related difficulties (Pawlik & Wala, 2024; Rutherford et al., 2016). One factor contributing to lower detectability among women is *masking*, understood as the conscious concealment of autistic traits in order to adapt to neurotypical social norms (Hull et al., 2020).

Delayed diagnosis of autistic women is also associated with the lack of diagnostic tools adapted to female presentations of autism. Existing diagnostic classifications were developed largely on the basis of observations of autistic boys and often fail to reflect women's distinct patterns of functioning (Rynkiewicz et al., 2019).

Autistic women frequently demonstrate highly developed social-communication strategies and greater motivation for interpersonal interaction (Head et al., 2014). They often use richer emotional and relational language (Hull, 2017), exhibit fewer stereotyped and repetitive behaviours (Bargiela et al., 2016), and display interests that are more socially accepted within relational contexts (Mandy et al., 2012). Nevertheless, despite these adaptive characteristics, autistic women continue to encounter substantial difficulties, especially in sensory and communication domains. Their unmet needs for predictability and control may contribute to emotional and physical overload (Rynkiewicz et al., 2019), increasing the risk of internalising difficulties (Bargiela et al., 2016).

At the same time, the growing number of diagnoses, increasing research attention devoted to autistic women, and the development of autistic self-advocacy movements (Leadbitter et al., 2021) emphasise the importance of identity formation and participation in new social roles, including motherhood.

In Poland, disability research has traditionally adopted a gender-neutral perspective, often overlooking the specificity and diversity of women's social roles (Wołowicz-Ruszkowska, 2015). Similarly, Polish research on motherhood and disability has focused predominantly on women with visible disabilities, including physical, intellectual, and sensory impairments (Ciaputa et al., 2014; Gabryś, 2018; Kokot-Rybińska, 2022; Król, 2020; Myśliwczyk, 2022; Wołowicz, 2021). Consequently, the experiences of autistic women during pregnancy, childbirth, and the postpartum period remain comparatively underexplored. Addressing this gap requires an intersectional perspective (Crenshaw, 1989), as autism is not the sole factor shaping women's access to perinatal care and support. Social class, financial resources, geographical location, and other dimensions of social identity may influence the availability, accessibility, and adequacy of perinatal services. These factors may intersect with autism-related sensory, communication, and support needs, potentially creating additional barriers to accessing appropriate care.

In contrast, the international literature has increasingly addressed the experiences of autistic women during the perinatal period, documenting their specific challenges, support needs, and experiences of healthcare services (Ferrara et al., 2023). These findings indicate that the perinatal experiences of autistic women constitute an important and insufficiently addressed area of research and practice, highlighting the need for multidimensional and appropriately adapted support throughout pregnancy, childbirth, and the early postpartum period.

Autistic Women During the Perinatal Period

Existing research clearly indicates the need to deepen understanding of autistic mothers' experiences and to increase public awareness regarding the difficulties they encounter. This awareness is necessary to enable both relatives and professionals to provide more individualised support from early pregnancy through childbirth and into the first years of parenting (Garcia-Molina & Cortés-Calvo, 2025; Pohl et al., 2020).

Pregnancy, perceived as a period of physiological destabilisation associated with greater emotional imbalance (Bielawska-Batorowicz, 2006), can be particularly challenging for autistic women and may significantly hinder everyday functioning (Ferrara et al., 2023). Compared with neurotypical women, autistic women often experience greater sensory sensitivity during pregnancy, which may additionally impair executive functions (Malouf et al., 2017).

Moreover, autistic women are at a higher risk of comorbid conditions, including mental health disorders, which may adversely affect their mental well-being during pregnancy (Hampton et al., 2023). Due to specific psychophysical characteristics and elevated stress levels, they may also face an increased risk of premature birth (Behrman & Butler, 2007).

Autistic women frequently describe childbirth as highly stressful and anxiety-provoking. Their accounts often include negative experiences associated with healthcare, including unwanted interventions, a sense of hostility during care procedures, and insufficient communication on the part of medical personnel. The absence of mutual trust between staff and patients contributes to a reduced sense of safety and encourages women to suppress autistic traits during labour (Hopkins, 2025).

Autistic mothers also report significant sensory-related parenting challenges, including coping with infant crying, breastfeeding, and exposure to noisy toys (Malouf et al., 2017). Difficulties in multitasking, organising daily duties, and managing emotional tension are also commonly reported. Insufficient understanding displayed by healthcare professionals may intensify feelings of misunderstanding and isolation during the perinatal period (Pohl et al., 2020).

Compounding these challenges, autistic women continue to encounter barriers to healthcare access resulting from inaccessible environments and prevailing social norms (Samuel et al., 2022).

In this demanding and often overwhelming period, institutional and social support becomes particularly important for autistic women and their families. Such support can significantly enhance autistic individuals' autonomy, well-being, and capacity to realise their potential (Burke & Taylor, 2023).

Institutional and social support plays a crucial role in the lives of individuals facing circumstances which they are unable to cope with independently. Both forms of support may serve as a “lifeline” for people experiencing difficulties in life (Włodarczyk, 2016).

From the perspective of educational transactional analysis, supportive relationships characterised by recognition, safety, autonomy, and mutual respect are particularly important. Building relational environments based on acceptance and inclusive communication may reduce experiences of exclusion and strengthen autistic women’s sense of agency during their transition to motherhood.

In this context, educators and professional assistants should focus on developing dense, cohesive, accessible, and continuous local support networks, as these factors determine the effectiveness of assistance. This becomes particularly significant when natural support systems are limited or absent, increasing the importance of institutional and professional support structures (Włodarczyk, 2016). It should also be emphasised that social support serves not only as an intervention during crises but also as a preventive measure, strengthening resilience and preparedness for future challenges. Consequently, institutional and community-based support systems form complementary networks that improve quality of life and prevent the escalation of difficulties (Włodarczyk, 2016).

In Poland, social organisations play an important role in promoting social integration, civic engagement, and social dialogue. Their activities are often characterised by flexibility and responsiveness to the needs of particular social groups. Public institutions may also cooperate with other organisations while operating according to the principles of assistance, partnership, effectiveness, and transparency. The diversity of their aims, methods, and forms of activity enables them to contribute significantly to the development of educational and social practices (Raszewska-Skałeczka, 2009).

Within this context, the present study examines organisations that provide information, advocacy, and support to autistic women during the perinatal period. The analysis includes three Polish organisations (*Dziewczyny w Spektrum Foundation*, *Rodzić po Ludzku Foundation*, and *Kulawa Warszawa Foundation*) and three international organisations (*MARG*, *Aspect*, and *Autistic Parents UK*). Comparing organisations operating in different national and institutional contexts makes it possible to identify differences in the scope and comprehensiveness of the support they provide, as well as in the ways they conceptualise and respond to the needs of autistic women during pregnancy, childbirth, and the postpartum period. Such a comparison may also help identify organisational, social, and systemic mechanisms that contribute to these differences. This perspective allows the analysis to move beyond identifying whether support is available and instead consider how it is structured, what needs it addresses, and which factors may shape its accessibility and adequacy.

Overall, this comparative perspective provides a broader understanding of the support landscape available to autistic women during the perinatal period and highlights areas requiring further attention in research, practice, and policy.

Methodology

The analysis of organisations supporting autistic women during the perinatal period was conducted using Braun and Clarke’s (2022/2024) reflexive thematic analysis framework. This approach was selected because of its theoretical flexibility and suitability for exploring complex social practices and forms of support, including the accessibility of perinatal care and the ways in which organisations identify and respond to the needs of autistic women.

Six organisations were purposively selected for the analysis: three Polish organisations (*Dziewczyny w Spektrum Foundation*, *Rodzić po Ludzku Foundation*, and *Kulawa Warszawa Foundation*) and three international organisations (*MARG*, *Aspect*, and *Autistic Parents UK*). The selection reflected differences in the availability and specialisation of organisations operating in the Polish and international contexts. In Poland, the selected organisations represented the available foundations identified through the research process as addressing perinatal care and/or the needs of women with disabilities during their reproductive lives, including autistic women. The international organisations were identi-

fied through a targeted review of organisations specifically engaged in supporting autistic women and families during the perinatal period.

The inclusion criteria comprised: (1) provision of information, care, or support related to pregnancy, childbirth, or the postpartum period; (2) activities addressing people during their reproductive lives; (3) explicit consideration of autism or disability; and/or (4) provision of support to autistic women across different stages of life, including the perinatal period. Organisations were excluded when their publicly available activities did not address autistic people or did not include any form of perinatal support or information relevant to pregnancy, childbirth, or the postpartum period.

The inclusion criteria were not applied identically to Polish and international organisations because of differences in the availability and specialisation of relevant organisations in these contexts. In Poland, no organisations were identified that exclusively focus on perinatal care for autistic people. Therefore, the Polish sample included organisations whose activities incorporated selected elements related to perinatal care and/or autism and disability. In contrast, the international organisations included in the analysis were specifically identified as organisations providing support and resources concerning autistic people during the perinatal period. This distinction was taken into account when interpreting the comparative findings.

The analysis was conducted over a period of approximately six months and was restricted to publicly available materials. The corpus included organisational websites, publicly available reports and educational resources, social media profiles, online materials, and activities or initiatives promoted through the organisations' websites and social media channels. The analysis therefore focused on the forms of support and representations of autistic women that organisations made publicly accessible, rather than on internal organisational practices or non-public services.

The analysis followed an inductive approach, with themes developed through engagement with the collected materials while being informed by broader theoretical knowledge concerning autistic women's experiences, disability, patient rights, reproductive health, and perinatal care. The first stage involved familiarisation with the data through repeated reading and examination of the collected materials. This process enabled the identification of organisational missions, the social and institutional contexts in which organisations operated, and recurring forms of information, advocacy, and support provided to autistic women during the perinatal period. The analysed sources comprised publicly available websites, reports, online resources, and social media content published by the selected Polish and international organisations (Appendix A and C).

The second stage involved systematic data coding. The codes captured specific activities, support models, organisational functions, accessibility practices, and identified barriers. All materials related to autism, perinatal care, and support for autistic individuals were included in the coding process. The coding categories and their descriptions are presented in Appendix B.

Data saturation was considered an intended goal of the analytical process. The analysis included all publicly available materials that met the established inclusion criteria and were accessible during the approximately six-month period of data collection and analysis. Coding was conducted iteratively, with new codes being developed throughout the analytical process whenever additional aspects relevant to the perinatal experiences and support needs of autistic people were identified. This iterative approach allowed the coding framework to be continuously refined and reduced the risk of overlooking relevant topics related to pregnancy, childbirth, and the postpartum period. The material was considered sufficient when all accessible and relevant materials published by each selected organisation had been reviewed and no further eligible materials were identified. Thus, saturation was approached through a comprehensive review of the available dataset and the ongoing development and refinement of codes, rather than through a formal assessment based on the recurrence or frequency of individual codes.

Researcher reflexivity was considered throughout the analytical process. The analysis may have been influenced by the researcher's prior knowledge of autism, neurodiversity, and women's experiences within the perinatal healthcare system, particularly in interpreting communication barriers, sensory experiences, and institutional support. To address this, codes and themes were developed from

the empirical material rather than predetermined. Analytical decisions were documented through the iterative recording, grouping, and modification of codes and themes, which were repeatedly reviewed against the entire dataset.

No formal reflexive diary was maintained, and interpretations were not independently reviewed or coded by another researcher. Instead, credibility was supported through repeated engagement with the source material, comparison of codes and themes across the dataset, and triangulation of publicly available sources, including organisational websites, published materials, promoted activities, and social media content. Both materials consistent with emerging assumptions and divergent cases were considered, and themes were modified when they did not adequately reflect the available data.

Following Braun and Clarke's (2022/2024) reflexive thematic analysis framework, initial codes were further developed and grouped into subthemes, which were subsequently organised into broader themes concerning professional education, safe spaces, inclusivity, accessibility, support flexibility, and available resources (Appendix B).

Ultimately, five overarching themes were identified:

1. Strengthening the agency and autonomy of autistic women.
2. Creating accessible and safe care environments.
3. Education of professionals and increasing public awareness.
4. Diversity and flexibility of support models.
5. Barriers and limitations in providing support.

The themes were critically reviewed by the author to assess their coherence and consistency with the collected data. All coding and interpretation were conducted individually by the author; the codes were not independently reviewed or cross-checked by another researcher, and no formal inter-rater reliability procedure or discussion of coding discrepancies was undertaken.

To enhance the credibility and comprehensiveness of the analysis, triangulation was applied at the level of data sources. Information concerning the organisations' activities and forms of support was examined across multiple publicly available sources, including organisational websites, published materials, promoted initiatives, and social media content. Comparing information across these sources enabled the author to identify recurring patterns, contextualise individual findings, and reduce the risk of basing interpretations on isolated or incomplete information.

The analysis therefore followed a reflexive interpretive approach, with the author continuously revisiting codes and themes in relation to the available data and considering similarities and differences between organisations.

The main research question was: What forms and models of perinatal support are offered by social organisations to autistic women in Poland and internationally?

The detailed research questions were as follows:

- What forms of perinatal support are provided to autistic women by organisations in Poland and abroad?
- How do organisations understand and address the needs of autistic women during the perinatal period?
- What organisational, intervention, and communication strategies are employed by the analysed organisations?
- How do approaches adopted by Polish organisations differ from those implemented internationally?
- What barriers and challenges do organisations encounter when developing and popularising support for autistic women during the perinatal period?

Results

A detailed overview of the analysed organisations and the thematic areas identified during the analysis is provided in Figure 1. The figure presents the main topics addressed by each organisation and illustrates the scope of the thematic material included in the analysis.

Table 1 provides a comparative overview of perinatal support across the analysed organisations. It summarises the types of support and activities identified in the analysed materials, including informational, educational, practical, peer-based, and advocacy-oriented support. The overview facilitates comparison of the scope and diversity of perinatal support offered by the organisations.

PERINATAL SUPPORT				
AGENCY & AUTONOMY	ACCESSIBLE & SAFE CARE	PROFESSIONAL EDUCATION	VARIETY & FLEXIBILITY	BARRIERS
SUBTHEMES: — Autonomy and self-advocacy; — Personal competencies and resources; — Social inclusion and parenting equality.	SUBTHEMES: — Service availability; — Sensory-adapted care; — Perinatal care quality; — Autism-friendly standards.	SUBTHEMES: — Professional and perinatal education; — Autism and neuro-diversity awareness; — Social environment education.	SUBTHEMES: — Peer and social support; — Individualised support; — Remote and low-threshold access; — Therapeutic and developmental support.	SUBTHEMES: — Organisational and financial constraints; — Limited service professionalisation; — Access and implementation barriers; — Gaps in perinatal care.
ORGANISATIONS: — Dziewczyny w Spektrum; — Rodzić po Ludzku; — MARG; — Aspect; — Autistic Parents UK.	ORGANISATIONS: — Dziewczyny w Spektrum; — Rodzić po Ludzku; — Kulawa Warszawa; — MARG; — Aspect; — Autistic Parents UK.	ORGANISATIONS: — Dziewczyny w Spektrum; — Kulawa Warszawa; — MARG; — Aspect; — Autistic Parents UK.	ORGANISATIONS: — Dziewczyny w Spektrum; — Rodzić po Ludzku; — MARG; — Aspect; — Autistic Parents UK.	ORGANISATIONS: — Dziewczyny w Spektrum; — Rodzić po Ludzku; — Kulawa Warszawa; — MARG; — Aspect; — Autistic Parents UK.

Figure 1

Comparative overview of organisations and thematic areas

Table 1

Comparative overview of perinatal support across the analysed organisations

Organisation	Agency & autonomy	Accessible & safe care	Professional education	Variety & flexibility	Barriers
Dziewczyny w Spektrum	●	○	●	○	●
Kulawa Warszawa	●	●	●	●	●
Rodzić po Ludzku	○	○	○	○	●
MARG	●	●	●	●	●
Aspect	●	●	●	●	●
Autistic Parents UK	●	●	●	●	●

● = clearly represented, ○ = partially represented, - = not identified.

Strengthening the Agency and Autonomy of Autistic Women

The analysis demonstrated that most organisations emphasise strengthening autistic women's agency and autonomy. However, the comparison revealed differences in how this objective is under-

stood and translated into practice. While Polish organisations tend to emphasise the development of inclusive environments, access to information, and the protection of women's rights, international organisations more frequently combine these aims with peer-led support, advocacy, and community-building. Thus, agency is addressed both as an individual capacity to make informed decisions and as a collective capacity to influence the conditions in which these decisions are made.

In Poland, the *Dziewczyny w Spektrum* Foundation supports autistic girls, women, and LGBTQ+ individuals by creating inclusive educational, professional, social, and healthcare environments that foster autonomy and personal development. One example is the "Spectrum of Inclusivity" certification initiative for autism-friendly institutions. However, no hospital or perinatal institution has obtained this certification, largely due to financial barriers. This example illustrates that the promotion of autonomy is not limited to encouraging individual self-advocacy; it also involves creating institutional conditions in which autistic women can exercise their rights and participate in decisions concerning their lives.

The *Rodzić po Ludzku* Foundation promotes women's autonomy more generally, focusing on patient rights and dignity in perinatal care rather than targeting autistic women specifically. Its approach is therefore broader in terms of the population addressed, but remains relevant to autistic women because it emphasises informed decision-making, respectful treatment, and the recognition of women as active participants in their own care. In this context, autonomy is framed primarily as a matter of rights and the quality of the relationship between patients and healthcare professionals.

Among international organisations, *Autistic Parents UK* demonstrates a strong commitment to empowering autistic parents through peer-led support, advocacy, and community-building initiatives. This approach extends beyond the provision of information or the promotion of individual rights. It creates opportunities for autistic parents to exchange experiences, develop collective knowledge, and participate in advocacy concerning the services and policies that affect them. Agency is therefore understood not only as an individual capacity but also as a collective resource developed through shared experience and mutual support.

The comparison suggests that Polish organisations more often approach agency and autonomy through the creation of inclusive environments, the promotion of patient rights, and the development of institutional standards, whereas international organisations more frequently combine these objectives with peer support, advocacy, and community-building. The difference is therefore not necessarily one of commitment, but rather of the mechanisms through which empowerment is pursued. In the Polish context, the emphasis appears to be placed on improving the conditions that enable autistic women to exercise autonomy, while the international examples illustrate a more diversified model in which individual empowerment is accompanied by collective forms of support and representation.

This distinction may reflect differences in organisational development, available resources, and the extent to which autistic people's lived experiences have been incorporated into the design of support services. It may also indicate different stages in the development of autism-related advocacy and self-advocacy. Nevertheless, the comparison should not be interpreted as suggesting that one model is inherently superior. Rather, it highlights complementary dimensions of empowerment: institutional inclusion and rights-based care provide the conditions for autonomy, while peer support and collective advocacy can strengthen women's capacity to articulate their needs and influence the systems in which they receive care.

Creating Accessible and Safe Care Environments

Polish organisations implement accessibility initiatives, including accessibility audits, institutional certification, maternity ward monitoring, workshops, advocacy activities, and legal consultations. The analysis indicates that these initiatives address accessibility not only as a physical characteristic of healthcare facilities, but also as a matter of communication, institutional practices, and the ability of patients to obtain appropriate care. However, the comparison with international organisations reveals differences in how accessibility is translated into practical support for autistic women and parents.

The *Kulawa Warszawa* Foundation stands out due to its broad approach to architectural, social, and communication accessibility for people with disabilities. Through initiatives such as Accessible Gynaecology (*Dostępna Ginekologia*), the organisation promotes accessible reproductive healthcare and disseminates educational materials concerning autistic women's health needs. In 2020, the foundation launched an online platform that enables users to identify accessible gynaecological services and access educational resources for both patients and professionals. These activities suggest that accessibility is approached primarily through improving the conditions in which healthcare is provided and increasing patients' access to information about available services. The organisation's work therefore combines direct support for patients with efforts to improve the accessibility of healthcare institutions more broadly.

A comparable initiative is provided by *Autism Spectrum Australia (Aspect)*, which developed an online platform dedicated to supporting autistic parents during pregnancy, childbirth, and parenting. The platform includes neuro-affirming birth plans, visual communication tools, maternity passports, sensory-friendly parenting resources, and structured information to support autistic users' needs for predictability and emotional regulation. In contrast to initiatives that primarily focus on identifying accessible services or improving institutional standards, *Aspect's* approach places greater emphasis on providing practical, individualised tools that can be used by autistic parents throughout the perinatal period. Accessibility is therefore addressed not only through the environment in which care takes place, but also through the preparation of the individual for interactions with healthcare professionals and the management of potentially challenging situations.

The comparison suggests that Polish initiatives more often focus on improving accessibility and informing patients about available services, whereas *Aspect* provides a more integrated set of practical tools designed specifically for autistic parents. The difference is therefore not simply between general and autism-specific support, but between institutional accessibility and individualised adaptation of care. While the Polish example emphasises the importance of accessible healthcare systems and the removal of barriers to obtaining care, the international example illustrates how accessibility can also be operationalised through resources that help autistic parents communicate their needs, anticipate procedures, and navigate pregnancy, childbirth, and parenting.

This distinction may reflect differences in organisational resources, the development of specialised support services, and the extent to which autistic people's lived experiences have been incorporated into the design of healthcare interventions. It may also indicate different approaches to understanding safety: in the Polish initiatives, safety is more strongly associated with accessible institutions, informed patients, and the protection of rights, whereas in the *Aspect* example, safety is additionally supported through predictability, sensory adaptation, and individualised communication. Nevertheless, these approaches should not be interpreted as mutually exclusive or as evidence that one model is inherently superior. Rather, the comparison highlights complementary dimensions of accessible and safe care: institutional accessibility creates the conditions for equitable access, while practical, autism-specific tools can help ensure that care is experienced as predictable, understandable, and responsive to individual needs.

Diversity and Flexibility of Support Models

The analysed organisations offer diverse and flexible forms of support that respond to sensory, communication, and social needs. The comparison indicates that flexibility is understood not only as the availability of different types of assistance, but also as the possibility of choosing how, when, and through which form of contact support is accessed. This is particularly relevant for autistic women, whose support needs may vary depending on sensory sensitivity, communication preferences, social demands, and the stage of the perinatal period.

The *Dziewczyny w Spektrum* Foundation offers support groups, webinars, online meetings, and community-based initiatives for autistic mothers. These forms of contact reduce the need for stressful

face-to-face interactions and increase accessibility. The organisation promotes flexibility by offering multiple modes of engagement, allowing women to access support without relying solely on face-to-face contact. Such arrangements may be particularly important for women who experience social or sensory demands associated with conventional support settings.

Autistic Parents UK adopts a peer-support model including online groups, question-and-answer sessions, and individual consultations. Shared lived experience enhances trust, mutual understanding, and emotional safety. In this model, flexibility concerns not only the format of support, but also the possibility of choosing between collective and more individualised forms of contact. Peer support may additionally provide a sense of recognition and understanding that is difficult to obtain in services where autistic experiences are not central to the support relationship.

Most of the analysed organisations, including *Aspect* and the *Rodzić po Ludzku* Foundation, provide extensive educational resource libraries that allow users to engage with materials independently and at their own pace. These resources introduce another dimension of flexibility: self-directed access to information. Rather than requiring users to participate in a scheduled meeting or seek assistance from a professional, resource libraries allow them to return to information when needed and select materials relevant to their individual circumstances. This may be particularly valuable during pregnancy and the postpartum period, when support needs can change and the capacity to engage with services may fluctuate.

Another important aspect concerns professional education. Organisations such as *MARG*, *Aspect*, and Polish foundations offer workshops, webinars, and training for healthcare professionals, psychologists, doulas, and educators. Such activities indirectly improve the quality of support provided to autistic women. They also suggest that flexibility is not limited to adapting services to individual users, but may involve increasing professionals' capacity to recognise and respond to diverse support needs. In this sense, professional education can be understood as a mechanism through which more flexible forms of care become possible within existing institutions.

The comparison suggests that professional education may contribute to more responsive perinatal care by increasing healthcare providers' ability to recognise and accommodate diverse sensory and communication needs. However, the analysed initiatives differ in the extent to which this objective is connected to autism-specific perinatal care. Training that addresses autism in general may provide an important foundation for understanding neurodiversity, but may not necessarily prepare professionals to respond to the specific challenges associated with pregnancy, childbirth, and the postpartum period. In this context, the practical value of professional education depends not only on the provision of information, but also on whether it supports the development of concrete competencies, including adapted communication, sensory-sensitive care, respect for patient autonomy, and the ability to anticipate and respond to individual support needs.

This distinction is also reflected in the organisation of support. Polish organisations more often emphasise the diversification of support formats, online accessibility, and the availability of educational resources, whereas international organisations more frequently combine these elements with peer-led support, individualised consultations, and resources specifically designed around autistic parents' experiences. The difference is therefore not simply one of the number of services offered, but of how flexibility is operationalised. While Polish initiatives appear to focus more strongly on making support accessible through different channels, the international examples illustrate how flexibility can also involve the adaptation of support to individual preferences and the integration of lived experience into its delivery.

This distinction may reflect differences in organisational resources, the development of specialised support models, and the extent to which autistic people participate in designing and delivering services. It may also reflect different approaches to support: in the Polish examples, flexibility is more closely associated with accessibility and the availability of alternative forms of contact, whereas in the international examples, it is also associated with individualised, peer-led, and experience-based forms of support. Nevertheless, these approaches should not be interpreted as mutually exclusive or as evidence that one model is inherently superior. Rather, the comparison highlights complementary dimen-

sions of flexible support: diverse formats can reduce barriers to participation, while peer support, individualised consultations, and self-directed resources can strengthen the responsiveness of services to individual needs.

Barriers and Limitations in Providing Support

Despite growing awareness of neurodiversity and the development of accessibility initiatives, significant barriers to adequate support for autistic women remain. The analysis indicates that these barriers occur at several interconnected levels, including the availability of specialised services, professional preparedness, geographical and financial accessibility, and the organisational capacity of support providers. Importantly, the presence of initiatives aimed at improving access does not necessarily translate into consistent and systemic availability of appropriate care.

One major limitation is the insufficient availability of specialised services adapted to autistic individuals' sensory and communication needs. Among the analysed Polish organisations, only the *Dziewczyny w Spektrum* Foundation addresses autism-specific perinatal needs directly, albeit within a limited scope. This contrasts with international examples such as *Aspect*, which provides resources specifically designed around pregnancy, childbirth, and parenting experiences of autistic people. The comparison therefore suggests that autism-specific perinatal support remains relatively underdeveloped in Poland, with existing initiatives often addressing broader accessibility rather than providing comprehensive, specialised support throughout the perinatal period.

The healthcare system itself remains underprepared due to insufficient professional training and limited systemic understanding of neurodiversity. Consequently, organisations frequently compensate for institutional shortcomings by providing information, education, advocacy, and practical resources. However, their activities cannot fully substitute for specialised healthcare services delivered by appropriately trained professionals. This creates a gap between the support available through civil society organisations and the support that should be embedded within the healthcare system itself. The burden of navigating this gap may consequently remain with autistic women, who may need to identify appropriate services and communicate their needs without sufficient institutional support.

Another challenge concerns unequal access to accessible healthcare environments. Reports produced by the *Kulawa Warszawa* Foundation indicate significant differences in the quality of gynaecological and perinatal services across institutions. This suggests that accessibility is not consistently guaranteed across the healthcare system, but may depend on the particular institution in which care is sought. The comparison with organisations developing autism-specific resources further indicates that physical and general accessibility alone may be insufficient when sensory, communication, and predictability-related needs are not addressed simultaneously. Access to appropriate care may therefore depend not only on whether a service is formally available, but also on whether its organisation is compatible with the needs of autistic patients.

Financial and geographical inequalities further reinforce these gaps. Access to adequate care and specialised support may depend more on where a woman lives and what resources she has available than on consistent systemic guarantees. This is particularly significant when accessibility initiatives are concentrated in larger urban areas or rely on individual organisations rather than being incorporated into nationally standardised healthcare provision. Thus, the existence of innovative local initiatives does not necessarily ensure equitable access across the wider population.

Financial instability and reliance on volunteers also constrain organisational effectiveness. Smaller organisations and collectives, such as *MARG* and *Autistic Parents UK*, may have limited capacity to provide systematic and long-term support. This highlights an important structural paradox: organisations are increasingly expected to address gaps in formal healthcare systems, while their own capacity to do so remains dependent on unstable funding, volunteer involvement, and limited human resources. Their contribution is therefore highly valuable but potentially difficult to sustain at the scale required to meet population-level needs.

The comparison also indicates that the limited availability of specialised services may shift responsibility for navigating perinatal care from healthcare institutions to individual women and support organisations. When formal services do not adequately address sensory, communication, or predictability-related needs, autistic women may need to identify appropriate providers, seek additional information, and advocate for adaptations themselves. Organisations can help reduce these barriers by providing education, practical resources, and advocacy, but their capacity to do so remains dependent on available funding, personnel, and organisational stability. This creates a situation in which access to appropriate support may depend not only on individual needs, but also on the availability of external resources and the ability to navigate fragmented systems.

Overall, the findings suggest that the key issue is not the lack of support itself, but rather its fragmented nature, unequal availability, and insufficient integration within the healthcare system. Polish initiatives demonstrate growing recognition of accessibility and autistic women’s needs, while international organisations provide examples of more specialised and diversified forms of support. Nevertheless, both contexts reveal limitations related to resources and the capacity to ensure comprehensive, long-term provision. The findings therefore point towards the need to move from isolated organisational initiatives towards more systematic, adequately resourced, and autism-informed perinatal care, in which accessibility and individualised support are embedded within healthcare institutions rather than depending primarily on external organisations.

The identified barriers are interconnected rather than isolated. They concern the availability and specialisation of services, professional and systemic preparedness, accessibility of care environments, geographical and financial inequalities, and the organisational capacity of support providers. Figure 2 summarises these themes and illustrates their relationship with the fragmentation and unequal availability of perinatal support.

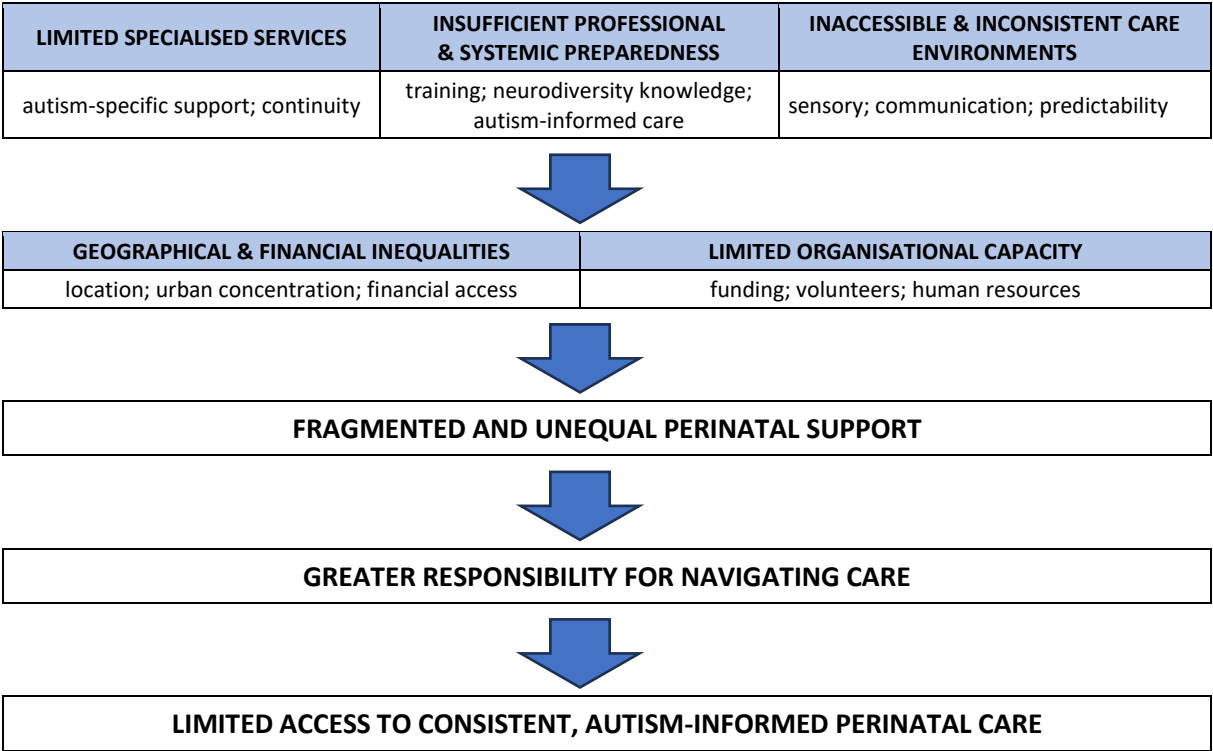


Figure 2
Thematic map of barriers and limitations in providing adequate perinatal support for autistic women

As illustrated in Figure 2, the identified barriers operate at multiple interconnected levels. Limitations in specialised services and professional preparedness may contribute to fragmented support, while geographical, financial, and organisational constraints may further restrict access to available

resources. Together, these factors may increase reliance on external organisations and place greater responsibility on autistic women to identify services, seek information, and advocate for appropriate adaptations. The findings therefore indicate that improving perinatal support requires not only additional initiatives, but also greater integration of autism-informed practices within mainstream healthcare provision.

Discussion

The study aimed to qualitatively compare support models for autistic women during the perinatal period in Poland, Australia, and the United Kingdom. The findings indicate that non-governmental and community-based organisations play a crucial complementary role in addressing gaps within healthcare systems. The analysed organisations vary considerably in their approaches to agency and empowerment. Some organisations employ empowerment-based models that include peer support, individual consultations, and direct collaboration with autistic self-advocates. Others focus primarily on systemic advocacy, patient rights, and institutional monitoring.

The comparison indicates that organisations in Australia and the United Kingdom more frequently combine professional education, peer support, advocacy, practical resources, and initiatives aimed at improving healthcare accessibility. In contrast, the Polish organisations included in the analysis appear to focus more strongly on advocacy, education, accessibility initiatives, and broader support for autistic people, with fewer services explicitly addressing the perinatal period. These differences may reflect variations in organisational resources, funding structures, institutional development, and the extent to which autistic people are involved in designing and delivering support. They may also be related to differences in the organisation of perinatal healthcare and the integration of community-based services within national healthcare systems. However, these potential explanations were not directly examined in the present study and should therefore be interpreted as possible contextual factors rather than established causal mechanisms. The comparison suggests that the scope and configuration of support may depend not only on the number of services available, but also on the extent to which professional education, peer support, advocacy, practical resources, and accessibility measures are integrated into broader systems of care.

A significant area of activity concerns the creation of care environments that address sensory, communication, and social needs. Organisations such as the *Kulawa Warszawa Foundation* and *Aspect* address difficulties identified in the literature, including sensory overload, unpredictability, and communication barriers in perinatal care (Malouf et al., 2017). These initiatives suggest that accessibility should be understood not only in terms of physical access to healthcare but also in relation to the sensory and interpersonal characteristics of the care environment. For autistic women, reducing unnecessary sensory stimulation, increasing predictability, and providing clear and individualised communication may constitute important elements of accessible perinatal care.

The findings also stress the importance of professional education and neurodiversity awareness. Organisations such as *MARG* incorporate autistic perspectives into educational and systemic initiatives, thereby promoting more competent and inclusive healthcare environments. The comparison suggests that professional education may contribute to more responsive perinatal care by increasing healthcare providers' ability to recognise and accommodate diverse sensory and communication needs. However, the analysed initiatives differ in the extent to which this objective is connected to autism-specific perinatal care. Training that addresses autism in general may provide an important foundation for understanding neurodiversity, but additional education focused specifically on pregnancy, childbirth, and the postpartum period may be required to translate this knowledge into appropriate clinical practice.

Flexible forms of support, including online consultations, webinars, educational resources, and support groups, appear particularly beneficial for autistic women by reducing barriers associated with direct social interaction and sensory overload (Hull et al., 2020). Such flexibility may also increase

women's ability to access support according to their individual needs and circumstances. The availability of multiple forms of contact may therefore represent an important component of person-centred support, particularly when conventional healthcare environments are experienced as overwhelming or difficult to navigate.

At the same time, the analysis reveals persistent limitations in the availability of specialised services adapted to autistic people's needs. Healthcare systems remain insufficiently prepared, both in terms of staff training and consistent accessibility standards (Samuel et al., 2022). The findings suggest that social organisations play a vital role in filling systemic gaps in perinatal care for autistic women. However, their effectiveness remains dependent on stable funding and organisational capacity. Unequal access to adapted healthcare services continues to adversely affect the safety and well-being of autistic women during the perinatal period. Taken together, the comparison indicates that the main challenge is not the complete absence of support, but its fragmentation, uneven distribution, and limited integration into mainstream healthcare.

The findings highlight the importance of creating relationally safe environments grounded in recognition, autonomy, and inclusive communication. Supporting autistic women requires not only structural accessibility, but also interpersonal practices that validate individual experiences and strengthen personal agency. From the perspective of educational transactional analysis, these findings have several practical implications. Recognition requires healthcare professionals to identify and respond to individual sensory, communication, and emotional needs rather than relying on generalised assumptions about autistic patients. Supporting autonomy involves enabling women to participate actively in decisions concerning their care and respecting their preferences throughout pregnancy, childbirth, and the postpartum period. Inclusive communication requires professionals to provide information in clear, predictable, and individually appropriate ways, while allowing sufficient time for processing and responding. Relational safety may be strengthened through respectful interactions in which women feel listened to, taken seriously, and able to communicate their needs without fear of judgement. These principles may also inform professional education by encouraging healthcare providers to reflect on recognition, autonomy, communication, and relational dynamics within professional–patient interactions. In this sense, educational transactional analysis may provide a useful framework for translating the findings of the present study into educational and relational practices within perinatal healthcare.

Several limitations should be considered when interpreting these findings. First, the analysis was based primarily on publicly available information provided by the selected organisations. Consequently, the study does not provide access to internal organisational documents, unpublished initiatives, or information about the actual implementation of the services described. Second, representatives of the analysed organisations were not directly interviewed, limiting the possibility of identifying the organisational, financial, or institutional factors underlying differences between support models. Third, the perspectives of autistic women who use these services were not directly examined. The analysis therefore describes the forms of support made publicly available by organisations rather than women's subjective evaluations of their accessibility, usefulness, or effectiveness. Finally, because the study relied on publicly accessible materials, it is not possible to determine the extent to which the identified initiatives are actually used or how effectively they address women's perinatal needs. These limitations also restrict the extent to which differences between countries can be interpreted as consequences of particular organisational or healthcare-system characteristics.

These limitations point to several directions for future research. Longitudinal studies could examine how autistic women's support needs and experiences change across pregnancy, childbirth, and the postpartum period. Case studies of individual organisations could provide more detailed insight into how particular support models are developed, financed, implemented, and evaluated. Interviews with organisational representatives could further clarify the institutional and contextual factors shaping the availability of services. Research involving autistic women themselves would be particularly important for assessing how different forms of support are experienced and which forms are perceived as most useful. Comparative studies involving Poland, Australia, the United Kingdom, and other countries could

additionally examine how differences in healthcare organisation, professional education, community support, and self-advocacy influence the development of perinatal support. Finally, future studies should assess the effectiveness of specific interventions, including professional training, peer support, sensory adaptations, and flexible forms of communication.

Overall, the findings indicate that improving perinatal support for autistic women requires a shift from isolated accessibility initiatives towards more integrated models that combine systemic accessibility, professional education, community-based resources, and the active involvement of autistic people in designing support. Such an approach may contribute to more responsive and relationally safe perinatal care while strengthening women's autonomy and agency.

Conclusions

The study demonstrates that non-governmental and community-based organisations provide an important source of support for autistic women during the perinatal period, particularly where mainstream healthcare systems remain insufficiently adapted to sensory, communication, and relational needs. The comparison of Polish and international support models indicates differences in the scope and configuration of available support. Organisations in the analysed countries combine professional education, peer-led support, practical resources, advocacy, and accessibility measures to varying degrees.

The findings underscore the importance of integrating community-based and institutional support while extending accessibility beyond physical adaptations to encompass the sensory, communication, and relational dimensions of care. This requires coordinated support models that combine neurodiversity education for healthcare professionals, sensory- and communication-inclusive standards of care, meaningful involvement of autistic self-advocates in service development, and closer collaboration between institutional and community-based support providers. Such integration may contribute to more responsive and relationally safe perinatal care while strengthening autistic women's autonomy and agency.

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Appendix A

Analysis of social organisations in Poland and around the world

Category	Dziewczyny w Spektrum Foundation	Kulawa Warszawa Foundation	Rodzić po Ludzku Foundation
Mission	– supporting girls and LGBTQ+ autistic people, creating a “safe space” for them – strengthening the sense of agency and subjectivity, developing passions, mentoring, self-help and self-advocacy activities	– Creating a space accessible to all—architectural, social, and communicative – changing the perception of people with disabilities, promoting inclusivity, accessibility and equality.	– empowering and supporting women to speak openly about their needs and demand respect for their rights, especially in the context of pregnancy, childbirth and maternity
Target group	– Women (girls) on the autism spectrum – LGBTQ+ autistic people (non-binary, transgender, etc.) – parents, relatives, specialists working with people on the spectrum	– People with disabilities – Institutions, companies, organisations, facilities – The whole society	– pregnant women, women giving birth and mothers – i.e. people using perinatal care.
Perinatal support	– The topic of motherhood on the spectrum – it runs a self-help group “For mothers on the autism spectrum” – The Foundation offers recommendations for the perinatal period	– Accessible Gynaecology – availability of gynaecological services for people with disabilities	– Monitoring of maternity wards – Analysis and publication of reports related to perinatal care – knowledge bases, publications, information materials – training, workshops for medical staff and other people
Specialisation in autism	YES	NO (activities focused on inclusivity, educate in terms of neurodiversity)	NO
Service availability	– Support groups – webinars, – online/live meetings, – Workshops – the process of certification of “Spectrum of Inclusivity” institutions	– Accessibility audits – Training and workshops – cultural and social activities – support in accessing medical services	– online activities – Education – materials on the website – legal support and advice – Activities in relation to medical staff/decision-makers – Social campaigns, advocacy, dissemination of standards of perinatal care
Work models	– Educational model – Therapeutic model – Support model	– Educational model – Support model	– Educational model (indirect) – Support model
Barriers and challenges	– Financing – Difficult contact	– Activities at the advisory, educational, audit level – no benefits – Accessible Gynaecology – availability and quality of services may vary	– Failure to include support for people with special needs (including autistic people) – The reports depend on women sharing their experiences, which can make it difficult to detect all problems.
Link	https://dziewczynywspektrum.pl/aktualnosci/	https://www.kulawawarszawa.pl/	https://rodzicpoludzku.pl/

Analysis of social organisations in Poland and around the world (cont.)

Category	MARG (Maternity Autistic Research Group)	Aspect (Autism Spectrum Australia)	Autistic Parents UK
Mission	– An autistic group of professionals and researchers who work to improve perinatal care and experiences of pregnancy, childbirth and early parenthood in autistic people – Making resources available online: reliable research, information, tools and training on pregnancy and motherhood for autistic people. – Promote understanding of the needs of autistic people in the perinatal period in health systems to make services more tailored, safe and inclusive.	– understand, engage and celebrate the strengths, interests and aspirations of people on the autism spectrum, i.e. building support tailored to individual needs	– Supporting autistic parents to connect, learn and advocate for themselves and their families – Equipping autistic parents with the tools, knowledge and confidence needed to parent in a way that is compatible with each other; community building; education; Advocacy and the fight for rights
Target group	– autistic people planning pregnancy, pregnant, giving birth or in early parenthood – partners, parents, guardians – professionals, medical, clinical staff	– people on the autism spectrum of all ages – families, caregivers and relatives of autistic people	– mainly autistic parents – autistic parents – professionals, people working with autistic families
Perinatal support	– improving the birth experience and perinatal care for autistic people – A set of guidelines for caring for autistic people during the perinatal period	– Created a website providing substantive support for autistic people in the perinatal period and their relatives as well as specialists (Aspect)	– "Antenatal, Postnatal, and Breast-feeding Education" Project, Perinatal Education Tailored to Autistic Parents – Sharing Perinatal Time Materials and Resources – Support groups, 1:1 sessions on perinatal topics, motherhood
Specialisation in Autism	YES	YES	YES
Service availability	– publication of research, analyses, literature reviews – Create and share guidelines – educational activities (trainings, webinars, consultations) – indicate the resources	– Training and educational programmes for children – assistance in independent living, social integration, development of skills – Counselling – Environment Customisation Programmes – therapeutic services – social support	– peer support, online groups – webinars, questions and answers sessions, educational events – A Resource Library for Autistic Parents, Their Families, and Professionals – Training for professionals
Work models	Collective – voluntary involvement of researchers, midwives and activists	– Support Model – Educational model – therapeutic model	– Educational model – social model – Advisory model
Barriers and challenges	– collective, not an external organisation, limits the activities and scope of support	– lack of specific activities related to practical help for autistic people in the perinatal period	– Small organisation – No medical/therapeutic services – mostly works online – Dependence on volunteering and funding
Link	https://www.maternityautismresearchgroup.co.uk/	https://www.aspect.org.au/re-sources/new-parents?topic=all	https://www.autisticparentsuk.org/

Appendix B

Thematic structure: codes, subthemes and themes resulting from the analysis of the activities of foundations supporting autistic women in the perinatal period

Working codes	Subthemes	Themes
'safe space'; "empowerment"; 'subjectivity'; "self-advocacy"; "mentoring"; "respect for rights"; "Talking about needs"	Promoting autonomy and the right to express one's needs	1. Strengthening the agency and subjectivity of autistic women.
"developing passions"; "strengthening parental competences"; "building yourself safely"; "Support in motherhood"	Developing competencies and personal resources	
"equality in access to care"; 'social inclusion'; "Counteracting discrimination"	Social inclusion and equality in parenting	
'availability audits'; "architectural accessibility"; "transport accessibility"; "Social accessibility"	Physical and institutional availability of services	
"sensory-friendly environment"; 'sensory certification'; "sensory adaptation"	Adapting care to sensory needs	2. Creating accessible and safe care environments.
"monitoring of maternity wards"; "reports as a tool for collective advocacy"; "social campaigns"; "standards of care"	Improving the quality of perinatal care	
"recommendations for autistic mothers"; "Clinical guidelines"	Creating autistic-friendly standards and procedures	3. Educating specialists and raising social awareness.
'training for staff'; "webinars"; "workshops"; "Educational materials"	Education of medical and perinatal professionals	
"research publications"; "information resources"; "educational campaigns"	Raising awareness about autism and neurodiversity	4. Variety and flexibility of forms of support.
"Psychoeducation of families"; "Partner Materials"; "Resources for caregivers"	Education of the social environment	
"peer support"; "Support groups for mothers on the spectrum"; "Social Sciences"	Peer and social support	5. Barriers and limitations in providing support.
"1:1 consultations"; "counselling"; "Individual advice"	Individualisation of support	
'online resources'; "Material Library"; "Webinars available asynchronously"	Remote and low-threshold service availability	5. Barriers and limitations in providing support.
"therapeutic programmes"; 'development support'; "integration services"	Therapeutic and developmental support	
'lack of funding'; "small-scale operation"; "based on volunteering"	Organisational and financial constraints	5. Barriers and limitations in providing support.
"lack of medical services"; "limited clinical services"	Insufficient professionalisation of services	
"difficult contact"; "dependence on voluntary activism"; "Variability in service availability"	Barriers to access and implementation of support	5. Barriers and limitations in providing support.
"lack of dedicated activities for autistic women"; "Systemic care gap"	Gap in the perinatal care system	

Appendix C

Overview of the organisations and sources included in the analysis

Organisation	Country	Sources analysed
Rodzić po Ludzku	Poland	https://gdzierodzie.info/ https://rodzicpoludzku.pl/
Kulawa Warszawa	Poland	https://www.kulawawarszawa.pl/
Dziewczyny w Spektrum	Poland	https://dziewczynywspektrum.pl/
MARG	UK	https://www.maternityautismresearchgroup.co.uk/
Autistic Parents UK	UK	https://www.autisticparentsuk.org/
Aspect	Australia	https://www.aspect.org.au/ https://www.aspect.org.au/resources/newparents?topic=676587