



# Agenda

1. Trauma
2. Neurodivergence
3. Challenges During Perinatal Care
4. Trauma-Responsive and Neuroaffirming Care



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# Objectives

- Define neurodivergence
- Discuss the intersection of **trauma & neurodivergence**
- Identify challenges experienced by neurodivergent patients during **perinatal care**
- Provide examples of **neuroaffirming** language and practices
- Identify elements of **trauma-responsive care** for neurodivergent patients

# What is Trauma?

Negative, life altering experience that leads to anxious reactions, which impacts a person's regular functioning



## Examples

- Abuse
- Natural Disaster
- Car accident
- Physical violence
- Medical/Physical
- Prolonged caregiver separation
- Life transition
- **Family/personal stressors**
- Financial stressors
- Family substance addiction
- **Bullying**

## **Risk Factors**

- Earlier trauma experience
- Jobs with higher chance of trauma exposure
- Mental health conditions
- Family history of mental health conditions
- Substance abuse
- Lacking good support system
- Low IQ

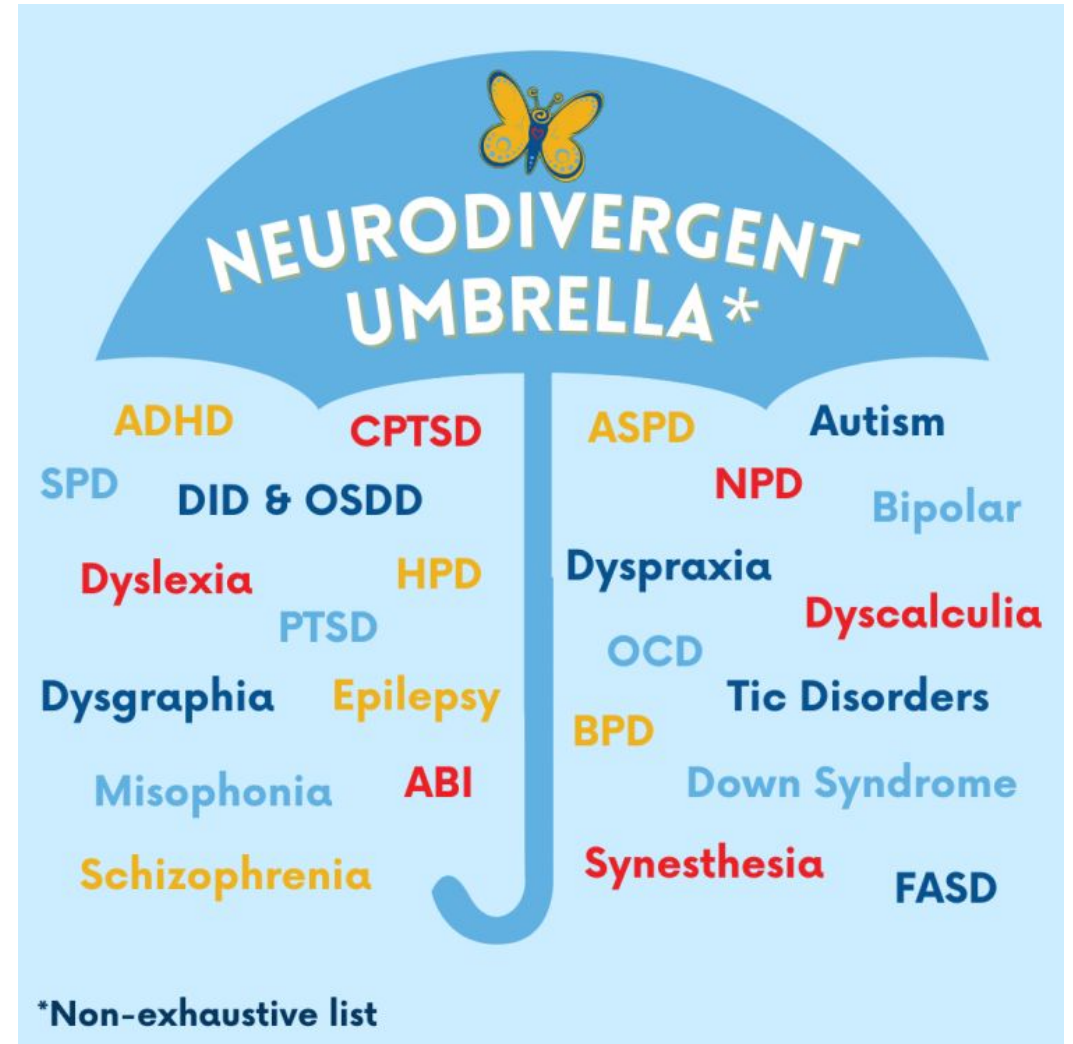
## **Protective Factors**

- Timely help/support
- Strong social support
- Coping skills
- Models of healthy intimacy
- Secure environment
- Perception of safety
- Resilience
- High IQ



# Neurodivergence

- Neurodevelopmental **differences & conditions** – different brains lead to differences in how & when people meet developmental milestones
- Differences in language, social communication, sensory responses and behavior



([Emerge Pediatric Therapy](#))

# Neurodivergent Healthcare Challenges

*I've had medical professionals reduce me to the sum of my deficits. As soon as I was "diagnosed" as having "Autism Spectrum Disorder", my passions were recast as "restricted interests", my adaptations to manage my heightened sensitivity were labelled "rigid, repetitive behaviours" and "interventions" were prescribed to "treat" the "symptoms" of my "disorder" for an "optimal outcome" of a "normal" adult, while fundraising bodies search for a "cure". Growing up, professionals spoke freely in front of me of my impairments, assuming my lack of eye contact and busyness meant I was not listening, when in fact, this is how I absorb information most intently. This is what Autistic whole-body listening looks like. ([Reframing Autism](#))*

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# Neurodivergent Perinatal Challenges



- Communication
  - Different pain expressions
  - Difficulties with recall and articulating
- Cognitive processing differences
- Sensory sensitivities
- Masking & Camouflaging
- Executive Functioning





## Emily's Story

Emily, a soon-to-be mother and autistic, found herself struggling more than she anticipated as her delivery date approached. The **sensory overload** of the hospital environment—the constant beeping of machines, the fluorescent lighting, and the ever-present clinical smells—proved challenging. Emily's heightened sensitivity to these stimuli made her increasingly **anxious**, which in turn exacerbated her **difficulty in communicating** her needs effectively.

She also faced challenges with the unpredictability of labor. She found it hard to cope with the irregular and intense pain, which didn't follow the structured patterns she relied on to manage her everyday life. During contractions, her usual coping mechanisms were less effective, making her feel **out of control and disoriented**.

# Vulnerable Populations

45% of autistic individuals reported PTSD compared to 4% of the general population (2022)

17% of children who experienced trauma met criteria for ADHD (2022)

Autistic children experience bullying more than others (2015)



Suicide is a leading cause of death in the perinatal period

Mother's trauma linked to attachment problems (2019), which is associated with childhood problems

Trauma increases risk of mental conditions during pregnancy and after childbirth (2014)

Autistic women are 13 times more likely to die by suicide (2018)



# Trauma-responsive & Neuroaffirming Care



# The Power of Communication



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# Language Matters!

- Reframe to be inclusive, strengths based and normalize, which reflects positivity & acceptance
  - Neurodevelopmental differences
  - Sensory differences or sensory sensitivities
  - Challenges & unique abilities Neuroaffirming vs. Ableism
- Identity-first vs Person-first
  - Autistic
  - ADHDer
  - AuDHDer
- Victim, Survivor, Traumatized, or Other Preferences



# Trauma-Responsive Care

- Screen
- Pay attention to symptoms and behavior
- Monitor
- Emphasize support system
- Amplify client's voice
- Recommend professional support
  - Eye Movement Desensitization Reprocessing (EMDR), Cognitive Processing Therapy, Exposure Therapy, Somatic Experiencing Therapy



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# Neuroaffirming Perinatal Care

- Support communication & sensory differences
- Reframe “hyperfocus” as passion and wholehearted parenting
- Support and encourage unique parenting styles
- Leverage Technology
  - Apps, reminders and organizational tools for managing schedules, appointments and tasks
  - Visual aids (charts or checklists) for effective communication establishing routines for the mother and her children.
- Encourage self care and social support

# Care for Emily



- Quieter room
- Dimmer lighting
- Minimal visits
- Low tone of voice
- Clear and concise language
- Tablet displaying timeline of procedures and medications

# Key Takeaways

- Be mindful
- Acknowledge & validate unique experiences when appropriate
- Empower
- Shared decision-making
- Build trust
- Emotion regulation support
- Provide resources



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# Thank you!

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