Cultural Impact of Autism on Antenatal Information, Clinical Experiences, and Planning

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Background and Purpose

Previous research has found that Autistic people experienced lower satisfaction with birth-related and postnatal healthcare and are more likely to experience depression during and after pregnancy compared to Allistic people.[1,3] The sensory differences between Autistic and Allistic people contributes to this,[2] but a significant recurring theme is difficulties communicating with their medical team.[3]

Existing literature on the topic has consistently taken a global approach to sampling and has not examined the Autistic experience within a specific culture. This project seeks to examine Autistic experiences within the US for the purposes of illuminating cultural and institutional inequities.

Research Questions:

1. How do Autistic people experience reproductive health services?
2. What are the individual, cultural and institutional factors that contribute to the experiences of Autistic people when seeking reproductive health services?

Design/Sample

Sampling type: Purposive.

Inclusion Criteria:

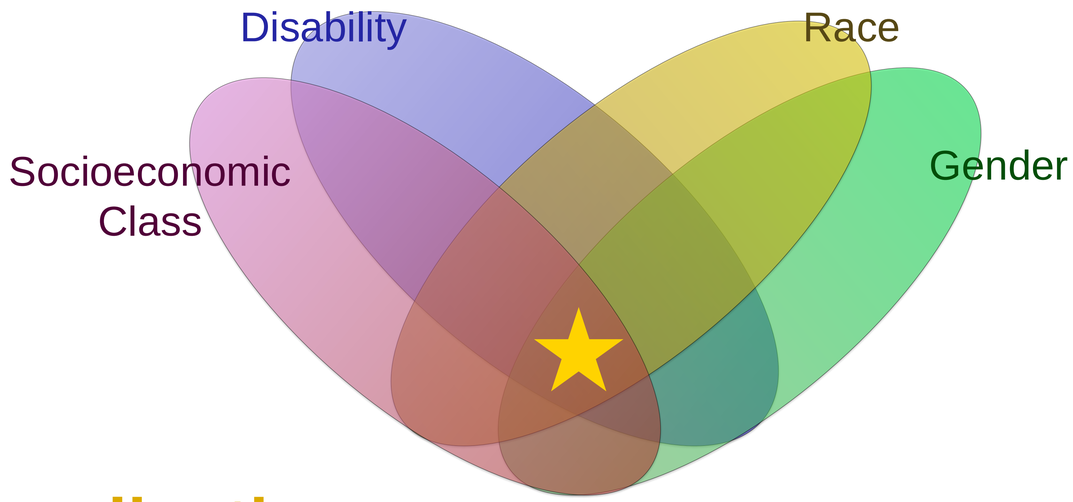
1. Over 18 years of age
2. Received prenatal and/or antenatal care in the United States within the last 20 years
3. Identify as Autistic
4. Use English as their primary language.

Both professionally diagnosed and self-diagnosed Autistic people were eligible for participation. Autistic people assigned female at birth often experience delays in diagnosis and met with identification biases.[4,5] Included in the definition of using English as a primary language is the use of English-based augmentative and alternative communication (AAC).

Design/Sample Continued

Interviews are structured to include 2-3 questions from the following pools: navigating health services (e.g. insurance, scheduling, and establishing accommodations), interactions with their healthcare team, and how interactions with their healthcare team compared to interactions with their broader community. Probing questions specific to the shared experience of the participant will be asked following each response.

Interviews will be analyzed using thematic analysis followed by member checking. Themes will be analyzed using an intersectional feminist lens which recognizes the contribution of difference social influences to a person's experience.



Implications

By using a sociopolitical Disability framework with an intersectional feminist lens, we will be able to develop a more comprehensive understanding of what influences the Autistic experience as they access reproductive health services. This research has the potential to identify areas to improve patient satisfaction at the individual and institutional level. Future research could build off of this work to develop quality improvement initiatives.

References

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