Caring for Everyone

Effective and Inclusive Communication in Perinatal Care

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Key Questions

- How do we make the language of perinatal care welcoming and inclusive of everyone?
- How should we best make sure that trans and nonbinary parents feel comfortable accessing perinatal care?
- How do we ensure that gay, lesbian, bisexual and other parents feel included in the language we use?

Goals for Language Use

NHS guidance says that patients treated with "respect and dignity", and compassion, which includes "sensitivity and kindness". It also requires that patients should be "treated as equal, informed and active partners".

Reach: language used should address all those who are apt addressees. For example, a message about postnatal care should address all those in the relevant scope who have recently given birth.

Clarity: language used should be clearly understood by all of the audiences it aims to reach. For example, it should not use unnecessarily technical terms that may mean some audiences cannot grasp its meaning.

Accuracy: language used should not express, or imply, falsehoods. For example, content about birth should not express, or imply, that only cisgender women give birth;

Feasibility: language used should respect constraints of format. For example, some communications are of necessity limited in length and content, whilst others are not.

Example one

1) All pregnant women in England are offered a blood test to find out if they carry a gene for thalassaemia.

Failure of reach, accuracy and inclusivity

Gender neutral option:

1a) All pregnant people in England are offered a blood test to find out if they carry a gene for thalassaemia.

Worry: women rendered invisible.

Gender additive versions:

1b) All pregnant women and pregnant people in England are offered a blood test to find out if they carry a gene for thalassaemia.

1c) All pregnant women and pregnant people (which can include trans men, along with gender-queer and other non-binary people) in England are offered a blood test to find out if they carry a gene for thalassaemia.

Worry: 1b and 1c imply that women aren't people!

A better gender additive option:

1d) All women, trans men, genderqueer and other non-binary people who are pregnant in England are offered a blood test to find out if they carry a gene for thalassaemia.

Inclusive, and with better for reach, clarity, accuracy. Length challenges limits of feasibility.

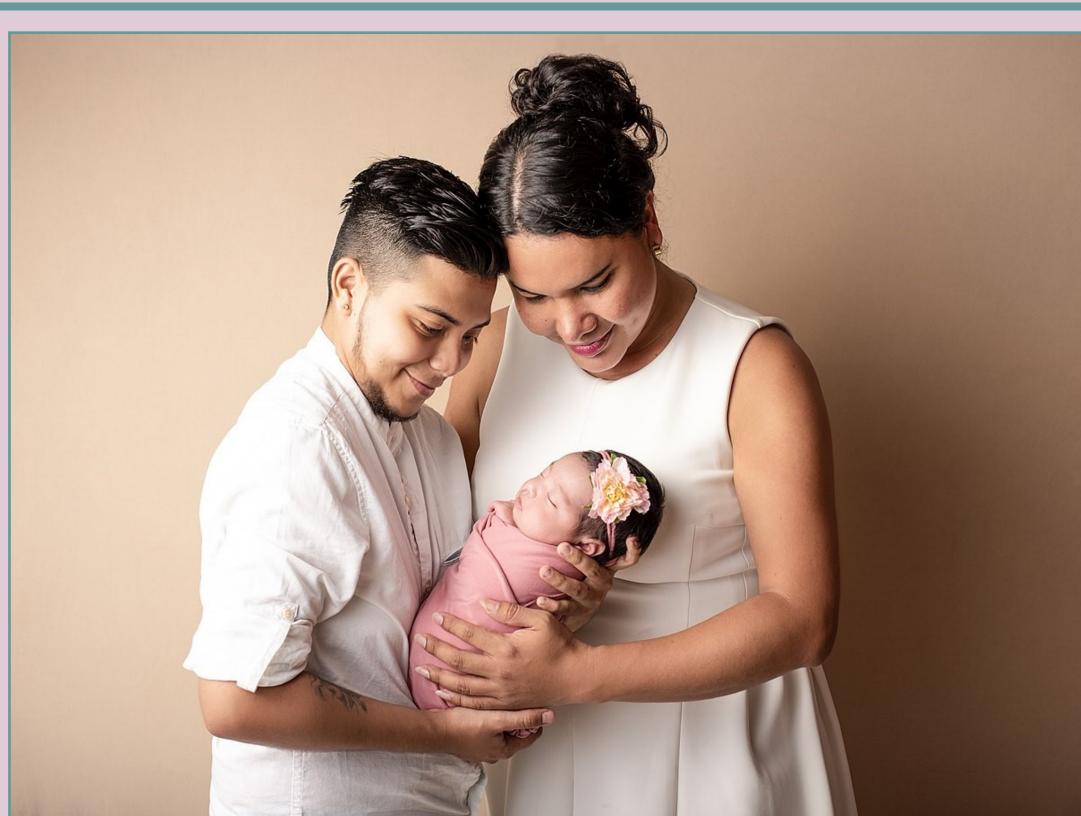
Second personal address can also be gender inclusive:

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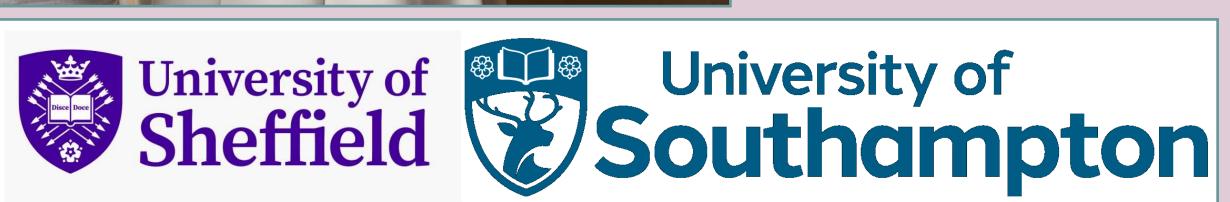
usher

1e) If you are pregnant you will be offered a blood test to find out if you carry a gene for thalassaemia.

The choice between 1a, 1d, and 1e will depend on aptness given context.



Picture source: https://
commons.wikimedia.org/
wiki/
File:Pareja_Trans_Diane_
Rodr%C3%
ADguez_y_Zack_EI%C3%
ADas_con_su_hija_Vallim
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Key Takeaways

- Defaulting to "sexed" language does not maximise inclusion or meet other language goals.
- No single-technique strategy (e.g. always using 'Gender neutral' or always using 'Gender Additive' language) alone will not meet goals of language use in all contexts.
- Instead we need a pluralist strategy: consider whether Gender-Neutral, Gender-Additive, Second-person, or multiple targeted messages works best in the specific context.







- 'Traditional language' uses only 'woman' or 'mother' to refer to those accessing perinatal care.
- This either (a) includes trans men and genderqueer or other non-binary people who gestate and give birth and wrongly refers to them as women or mothers or (b) excludes trans men and genderqueer or other non-binary people who gestate and give birth
- Nor will using "sexed" language such that only 'mothers' (referring to cisgender women) are addressed meet the moral and communicative goals of contexts in which people other than cisgender women gestate and give birth.
- It fails to meet the moral goals of respect, dignity, sensitivity, kindness and equality:
- It also fails to meet the communicative goals: messages framed in those terms fail in terms of reach (excluding some people who give birth), accuracy, and clarity.
 - We need to develop such language: 1-2% (see Pearce et al 2023) of all births are to trans men and nonbinary people!
 - Much language in perinatal care wrongly assumes that users of so-called 'maternity services' will be straight cisgender women.
 - This assumption harms by misgendering.
- Many LGBT+ people choose not to access perinatal care because they feel alienated by the way that they are treated.

Example Two

2) A woman's experience of childbirth can also improve with a labour companion of her choice.

Failure of reach and inclusion

Gender neutral options:

2a) A birthing family's experience of childbirth can also improve with a labour companion of their choice.

Worry: 2a does not suppose that those who give birth would be women, but changes the meaning of the sentence, now failing to pick out the person who gives birth (over-reach).

2a*) Everyone's experience of childbirth can also improve with a labour companion of their choice

Worries: i) 2a* fails to uniquely refer to the person giving birth (over-reach); ii) 2a* may not be true for everyone (some people may not find any birth companion helpful) (lack of accuracy).

Gender additive options:

2b) Women and pregnant people's experiences of childbirth can also improve with a labour companion of their choice.

2c) Women and pregnant people's (including trans men, non-binary and other gender queer people) experiences of childbirth can also improve with a labour companion of their choice.

Implies women are not people; marginalises those who are not women (those relegated to parentheses).

A better gender additive option:

2d) the experiences of women, trans men, non-binary and other gender queer people who give birth can also improve with a labour companion of their choice.

Second personal address can also be inclusive:

2e) Your experience of giving birth may be improved with a labour companion of your choice.

The choice between 2d and 2e will depend on aptness given context.

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