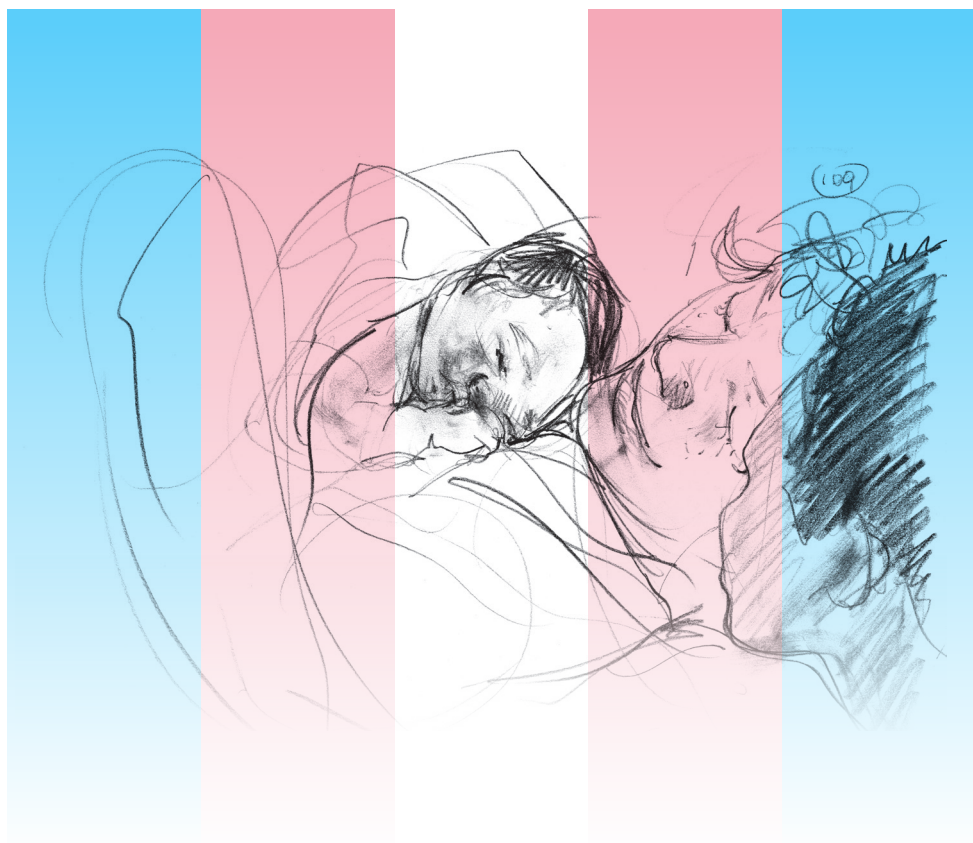


Caring for everyone: a toolkit for gender inclusive language in perinatal care



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Why inclusion is important

Pregnancy and birth can be so significant in our lives. Feeling supported and cared for is very important. But for trans and non-binary people, the experience of care may not be wholly positive.

“I felt there was no framework of language that was inclusive of people who do not identify within the gender binary so it was consistently a triggering experience.” (2022, 22).*

“I felt invisible, I was addressed as a woman and a mother, and told that I was not who I said I was.” (2022, 6).*



* LGBTQ Foundation, (2022) 'Trans and non-binary experiences of maternity services: survey findings, report and recommendations.' <https://lgbt.foundation/wp-content/uploads/2024/01/ITEMS20final.pdf>

Whilst many people who give birth think of themselves as 'women' and 'mothers', not everyone does. Using language that assumes everyone who gives birth is a woman or a mother can harm some people by excluding or misgendering them. It may also mean that important healthcare messages are either false, or do not reach everyone who needs to hear them.

The language used in communications around pregnancy and birth needs to be inclusive, in order to meet moral goals of respect, dignity and equal access to care.

The language used also needs to meet some communicative goals of clarity, accuracy and reach.

- Clarity means the language should be easily understandable by those who need to engage with it.
- Accuracy means the language we use should present true claims.
- Reach means that the language should address everyone it needs to.

Using only gendered language of 'women' and 'mothers' can't meet these goals:

A message saying:

'All women who give birth should be offered a postnatal check at 6 weeks.'

- Is not clear: trans men and non-binary people who have given birth will not be clear on whether the message applies to them.
- Is not accurate: if the message is supposed to apply to everyone who has given birth, then it is inaccurate in implying the checks are available only to women.
- Does not reach everyone it should, insofar as the message is intended to ensure that everyone who has given birth is offered such postnatal checks.

The message may also fail to meet moral goals of respect and dignity:

- Trans men and non-binary people who have given birth may reasonably worry that the assumption is that only women give birth. They are therefore misgendered or erased.

For these reasons it is important to use inclusive language.



A ‘toolbox approach’

Many people want a simple recipe for inclusive language: a set of instructions they can follow in every case. There are two common ‘recipes’:

- **Gender neutral approach** which uses terms, like ‘people’ or ‘parents’, rather than gendered terms, such as ‘women’ or ‘mothers’.
- **Gender additive language** keeps gendered terms, alongside adding neutral ones, saying things like ‘pregnant women and people’, or ‘mothers and parents’.

There are other ways of including everyone: for example, second-personal pronouns, such as ‘you’ and indefinite pronouns, such as ‘everyone’ or ‘anybody’.

But no **one** simple recipe - neutral, additive, or creative use of pronouns - will work in every context.

We need to treat these as a ‘toolbox’ of strategies and to pick the right language ‘tool’ for the context.



How to use the ‘toolbox’

We can see how each strategy works differently. Take the gendered message:

‘All women who give birth should be offered a postnatal check at 6 weeks.’

This can be made inclusive in different ways.

Various ways of making this **neutral** are effective, for example:

‘All people who give birth should be offered a postnatal check at 6 weeks.’

Or, we can use **second-personal pronouns**:

‘If you give birth you should be offered a postnatal check...’

Indefinite pronouns can also work well:

‘Everyone who gives birth should be offered a postnatal check.’

But sometimes we might need to specify which groups we are talking about.

This might be because

- Neutral language might leave people unsure if the message applies to them.
- Or, we want to recognise and highlight different identities and experiences which are often ignored or overlooked.
- Or for some other reason.

Then, we can use **additive** language:

‘All women, trans men and non-binary people who give birth should be offered a postnatal check...’

There are better and worse ways of using additive language: phrases like ‘women and pregnant people’ can imply that women are not people; or can imply that some groups are marginal.

Deciding which strategy from the ‘toolbox’ to use will require thinking about the moral and communicative goals, and which way of being inclusive in a particular context is the most effective.

Important further things to consider



- Sometimes **constraints on space** will mean that the message has to be as short as possible. This might favour creative use of pronouns ('if you are pregnant'; 'everyone who has given birth') rather than an additive approach which can be wordy.
- In other contexts, additive approaches can be very important for **making visible different groups** - including women, for whom aspects of gendered discrimination may impact their experiences, and trans men and non-binary people, whose erasure or exclusion is important to address.
- Sometimes using biological terms is a way of using neutral language, e.g. 'the person gestating' or 'parents who lactate'. But care is needed to **avoid forms of language that are reductive** (writing of 'gestators' or 'lactators') **or unnecessarily technical** in a way that might make them difficult to understand.

- Some ways of making language neutral, such as speaking of 'parents' or 'families' instead of 'mothers' or 'mums and dads' can end up **being over-inclusive**.
 - For example, a message about 'parents' experiences of birth' may be intended to pick out the person giving birth, but unintentionally include other family members, whose experiences and choices are not the primary target of the message or care. We could solve this problem by speaking of 'parents' experiences of giving birth'.
- Care is needed when moving from gendered to inclusive language, as some changes can **alter the meaning of a sentence**.
 - For example, consider a message about the risks of covid that compares risks for 'pregnant women versus non-pregnant women'. We cannot simply change this to 'pregnant people versus non-pregnant people'. The group of non-pregnant people is different from and much larger than the group of non-pregnant women. So the comparison is not the same.
- As the example about covid risks highlights, aiming to use inclusive language can sometimes **make visible gaps in knowledge, research or support**. The message about covid risks doesn't make clear what the risks are for trans men or non-binary people who are pregnant - were they included in the original research? Another area where this arises is related to feeding infants with human milk after top surgery, where there is little research. It is better to be transparent about where there are gaps than give unsubstantiated or false information.
- Sometimes rather than address many different groups with one message, it may be useful to have **multiple, different, targeted messages**.
- Whether or not a communication is inclusive is something to be evaluated 'as a whole', and can depend on the careful use of a range of strategies from the 'toolbox' in any one piece of material.

Summary and further information

What is required to be inclusive can depend on the context - in person or written, time and words available - as well as *what* is being communicated.

But, by using all the tools in the toolbox available to us, we are typically better able to find the right words.

The toolkit includes:

- gender neutral alternatives i.e. “pregnant people” or “parents”
- carefully formulated additive phrasings i.e. “pregnant women, trans men, genderqueer or other non-binary people”
- indefinite pronouns i.e. “everyone”, “anyone”
- second personal pronouns i.e. “you”
- multiple messages for different audiences.

This approach has been developed by researchers with specialisms in trans philosophy, feminist philosophy and the philosophy of pregnancy and infant feeding: Dr Matthew Cull, Dr Jules Holroyd, and Professor Fiona Woollard.

For more information about the ‘toolbox’ approach to inclusive language, and more resources on using it, including news of upcoming workshops, please visit engagedphilosophy.org/inclusive.

If you’ve found this material useful and would like to let us know, we’d love to hear from you. We welcome feedback here.



Booklet images: Heather Spears Source: Wellcome Collection (<https://wellcomecollection.org>).