

Position Statement: Use of sexed language in relation to women's reproductive health

In recent years there has been a trend to remove the word “woman/women” and use ‘gender neutral’ language in policy and practice in relation to women's reproductive health and wellbeing. There is no evidence base to inform this change (Jennings, Gout and Whittaker, 2022; Agénor, et al, 2021), which has the effect of de-sexing language. These changes are often not deliberated regarding their impact on accuracy or potential for other unintended consequences (Gribble et al., 2022). This change is unprecedented. Never before has this type of change in the conceptualisation of a long-established, globally and historically consistent category happened. We have produced this statement to position evidence at the forefront of decision making around use of sexed/de-sexed language in women's reproductive health.

Based on available evidence our position is that:

- Sexed language should be used in relation to women's reproductive health and wellbeing.
- Woman-centred language should remain enshrined in the NMC standards and be reflected in the educational materials for midwifery students.
- No change in sexed language should be considered until there is evidence that it is safe and respectful for women and all health service users.
- The responsibility of organisations that create or disseminate health information and messaging (e.g. NHS) is to make it as clear as possible to as many as people as possible. It is a well-established principle of communication that the sex of individuals should be made visible when relevant and should not be made visible when it is not. The use of technical or more difficult language and phrasing, and concepts for which there is not clear consensus may risk decreasing inclusivity and further excluding other groups (Gribble et al, 2022; Rioux et al, 2022).
- There are potential adverse consequences and risks of de-sexed language and these may affect women and men differently and adversely impact the health-seeking behaviours of people with low literacy or who are communicated with in their non-native language. Such communications could also lead to feelings of exclusion for people who identify with specific terminology, for example, mother or father.
- Sex is recorded at birth, not “assigned” at birth, the word ‘assigned’ implies the process is arbitrary.
- Data collection should include sex and gender identity with the option to indicate “no gender identity”.
- Journal editors should not seek to influence authors to use de-sexed language.
- Ethics committees should not seek to influence authors to use de-sexed language.
- Authors of journal articles, policy, health information should avoid language that disembodies and dehumanises people by reducing them to body parts or functions.
- When reporting demographics of participants in research, sexed language should be used. If trans men and gender diverse people were participants in the study, specific language related to trans participants should be used.
- Maternal and reproductive health care and services should provide individualised, respectful care. We advise that in policy statements and guidelines a form of words is used to acknowledge this such as,

We use the words women and woman throughout this paper, recognising that this reflects the biology and identity of the great majority of those who are childbearing; for the purpose of this paper, these terms include girls, and people whose gender identity does not correspond with their birth sex or who may have a non-binary identity. All those using maternal and reproductive health care and services should receive individualised, respectful care including use of the gender nouns and pronouns they prefer.

References

Agénor M, Murchison GR, Najarro J, Grimshaw A, Cottrill AA, Janiak E, Gordon AR, Charlton BM. Mapping the scientific literature on reproductive health among transgender and gender diverse people: a scoping review. *Sex Reprod Health Matters*. 2021 Dec;29(1):1886395. doi: 10.1080/26410397.2021.1886395. PMID: 33625311; PMCID: PMC8011687.

Gribble, KD., Bartick, MC., Bewley, S., Mathisen, R., Walker, S., **Gamble**, J., Bergmann, NJ., Gupta, A., Hocking, JJ. & Dahlen, HG. (2022). Effective communication about pregnancy, birth, lactation, breastfeeding and newborn care: the importance of sexed language. *Frontiers in Global Women's Health*. <https://doi.org/10.3389/fgwh.2022.818856>
<https://www.frontiersin.org/articles/10.3389/fgwh.2022.818856/full>.

Jennings, L., Goût, B., & Whittaker, P. (2022). Gender inclusive language on public-facing maternity services websites in England. *British Journal of Midwifery*, 30(4), 208-214.

Rioux C, Weedon S, London-Nadeau K, et al. Gender-inclusive writing for epidemiological research on pregnancy. *J Epidemiol Community Health* 2022;76:823-827.

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