Language Guide: Maternal and Obstetric Care

Introduction

In support of our vision and mission, EngenderHealth strengthens patient-centered maternal and obstetric care, including comprehensive fistula care, along a continuum of care—from preconception to the postnatal period. All EngenderHealth language regarding maternal and obstetric care should similarly reflect this vision and our overarching **Principles of Language Use** by being (1) current as well as medically and technically **accurate**, (2) consciously **nonjudgmental** and **destigmatizing**, and (3) deliberately and explicitly **inclusive** of the diversity of our partners and impact populations.

Key Terms

The table below explains select, commonly used terms related to maternal and obstetric care. **Note:** For all explanations herein, a pregnant person or mother may be a woman, girl, or nonbinary or transgender individual.

Explanations of Common Terms*
Maternal and obstetric care is healthcare provided during preconception, pregnancy, childbirth, and the postpartum period to ensure the health of the pregnant person and their fetus(es)/newborn(s).
Critical risks associated with pregnancy include maternal and neonatal mortalities and morbidities. **Maternal mortality** refers to a death that results from complications associated with pregnancy, childbirth, or the postnatal period. **Maternal morbidities** are health conditions attributed to and/or aggravated by pregnancy or childbirth that have a negative impact on a pregnant person's health and wellbeing. **Neonatal mortality** refers to a death within 28 days of a live birth. **Neonatal morbidities** are health conditions occurring within 28 days of birth that endanger the life and/or wellbeing of a newborn.
Antenatal care (ANC) is the routine healthcare provided to a pregnant person with the aim of optimizing health outcomes and preventing mortalities and morbidities. This includes promoting healthy behaviors and identifying signs of conditions that may complicate or compromise the health of the pregnant person or their fetus.
Pregnancy refers to the state of an individual carrying a developing embryo or fetus within their body.
Childbirth, also known as **labor and delivery**, refers to the period in which a fetus leaves a pregnant person's body. Labor is the process of continuous, progressive contractions that enables the fetus to exit the uterus via the vaginal canal as part of a vaginal delivery. When a skilled birth attendant facilitates this process with forceps, a vacuum, or other device, this is considered an **assisted vaginal delivery**. A **caesarean delivery**, also known as a **c-section**, refers to the delivery of a fetus through surgical intervention (i.e., via an incision in the abdomen and uterus).
Emergency obstetric and newborn care (EmONC) comprises a set of critical interventions that aim to manage obstetric complications during pregnancy, childbirth, and immediately postnatal that may otherwise result in maternal and neonatal morbidities and mortalities. EmONC functions are classified as *basic emergency obstetric and newborn care (BEmONC)* or *comprehensive emergency obstetric and newborn care (CEmONC)*.*
Postnatal care (PNC) refers to the care provided during the postnatal period. The *postnatal period* is defined as the six weeks following delivery, and is a critical time for the health of both the mother and the newborn, as more than half of all maternal deaths occur during this time. **Note:** While the terms "postnatal" and "postpartum" are often used interchangeably, "*postpartum*" relates to the mother's condition after birth and "*postnatal*" relates to the conditions of both mother and baby.
Prolonged/obstructed labor (P/OL) is a major cause of maternal morbidity and mortality as well as of adverse outcomes for newborns. **Obstructed** labor refers to the inability of a fetus to fully descend through the birth canal due to a physical blockage, despite adequate uterine contractions. A labor is defined as **prolonged** when it lasts for approximately 20 or more hours for first-time mothers or 14 or more hours for those who have previously given birth.
A **stillbirth** is the death of a fetus after at least 20 weeks of gestation and prior to delivery. A *fresh stillbirth* is defined as the death of a fetus during labor or delivery. A *macerated stillbirth* is defined as the death of a fetus prior to the onset of labor.
A **female genital fistula** is an abnormal opening in the upper or lower genital tract that causes uncontrollable, constant leakage of urine and/or feces. The most common causes of female genital fistula are obstetric, iatrogenic, or traumatic. *Obstetric fistula* is usually caused by several days of obstructed labor without timely medical intervention. *Iatrogenic fistula* is caused by surgical error, most often during cesarean section. *Traumatic fistula* is caused by injury—for instance, through sexual violence, female genital mutilation, or accidents.
Postpartum family planning (PPFP) is a critical intervention that focuses on preventing unintended and closely spaced pregnancies starting immediately postpartum and during the first 12 months following childbirth by providing family planning counseling and services during and after pregnancy.

* To learn more about the differences between BEmONC and CEmONC, please refer to the *Implementation Manual for Developing a National Network of Maternity Units—Improving Emergency Obstetric and Newborn Care (EmONC)*.

Core Principles

Our core principles related to maternal and obstetric care focus on **patient rights** and **safety** and include the following:

- All persons have the right to make decisions about their own bodies.
- All persons have the right to determine if, when, and with whom to have children.
- All persons should be treated with dignity and respect when accessing maternal and obstetric care.
- All persons have the right to safe, effective, affordable, and respectful maternal and obstetric care.
- No one should be forced to undergo any medical intervention or surgical procedure without their full, free, informed consent.
- All persons have the right to full, free, informed choices in family planning—including postpartum family planning—regardless of their parity or other obstetric status.

Recommended Language

The table below provides examples of accurate, inclusive, unbiased language—as well as language to avoid.

✓ Say this…	✗ Not that!
Vaginal birth or delivery	Natural ***or*** normal birth or delivery
Pregnancy over 35 ***or*** pregnancy at X age	Geriatric pregnancy
Request informed consent	Consent her
Patient declined care	Patient refused care
Conditions that may prevent embryo implantation	Inhospitable uterus
Cervical insufficiency	Incompetent cervix
Slow contractions	Poor maternal effort
Could benefit from pain management	Low pain threshold

Additional Considerations for Inclusive and Respectful Language

Consider your audience and carefully select language that is respectful while remaining accurate. For instance, when developing patient-facing materials or counseling resources for guiding conversations with patients, using plain language and framing guidance as suggestions may help in effectively communicating information. Similarly, when documenting stories about patient experiences, avoid medical jargon and employ language that respects patients' rights and their roles as decision-makers. Refer to the tips below for select examples of suggested terms and phrases that may be used to ensure and reflect patient-centered care.

- **Respect the agency and autonomy of the patient by positioning them as the key decision-maker and the provider as the facilitator.** For example, address and refer to the patient by name and use language such as "when they give/gave birth" rather than "when the provider delivers/delivered the baby."
- **Similarly, employ suggestive rather than dictatorial or paternalistic language, such as "we recommend" or "would you consider" rather than "you must" when discussing and offering guidance to patients.** For example, considering explaining that "the provider recommended a caesarean section for the patient's consideration…" rather than "the patient was required to have a caesarean section" or telling a patient that "we understand you are in pain, would you consider an epidural to help" rather than "we are giving you an epidural because you are complaining so much."
- **Minimize use of abbreviations or codified medical terminology that a patient or general audience may be unfamiliar with** and **consider using neutral language to avoid contributing to a patient's anxiety**. For example, explain to an intrapartum patient "we see changes in the baby's heart rate pattern" rather than "your baby is in distress" or "let's see if we can help you and your baby by using forceps" rather than "we are going to start trial of forceps." Similarly, explain to a postpartum patient "you are experiencing excess bleeding" rather than "you are suffering from PPH (postpartum hemorrhage)."
- **Avoid using condescending language or potentially shaming patients.** For instance, say "how we can help you have a safe birth" rather than "you don't want to risk your baby's health, do you?"
- **Recognize that not all pregnant and childbearing persons identify as women.** Consider employing terms such as pregnant or birthing patient, client, or parent rather than mother-to-be or mother. Similarly, consider using gender-neutral terms such as partner, significant other, spouse, or co-parent rather than father or husband to respect a diversity of gender identities and relationship constructs.

Resources

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