

LANGUAGE GUIDE FOR NHS GGC MATERNITY 2023



Current term commonly used	Recommended term	Rationale /Evidence
<p>Obstetrics</p> <p>e.g ‘Obs and Gyn’, ‘Obstetrics and Gynaecology’</p>	<p>Maternity (when describing midwifery + obstetric care)</p> <p>Also:</p> <p>Where we are describing specific care provided by obstetricians for women with complexity, then the word ‘obstetrics’ is appropriate. It is also appropriate for obstetricians to describe their role as ‘obstetrics’, just as midwives would describe their role as midwifery – both working within maternity services to provide maternity care.</p>	<p>Maternity services are provided by a multi-disciplinary team including obstetric, anaesthetic and midwifery professionals.</p> <p>Obstetrics is defined in the Cambridge dictionary as: ‘the area of medicine that deals with pregnancy and the birth of babies’ and the Medical dictionary defines it as: ‘the speciality of medicine concerned with the care of women during pregnancy, parturition and the puerperium’.</p> <p>Maternity is defined in Merriam- Webster as ‘being or providing care during and immediately before and after childbirth’. Cambridge: ‘The state of being a mother; related to pregnancy and birth’. A maternity service is defined here as ‘a service that specialises in the treatment and care of women and babies during a maternity episode’.</p> <p>All Scottish Government policy, the RCOG and the RCM all talk about maternity services rather than obstetric services when describing the whole service.</p>
<p>Patient</p>	<p>Woman /Women</p> <p>Also:</p>	<p>The word ‘patient’ is a medical term that describes people who are unwell or injured needing to have medical care. Outwith GGC, the word ‘patient’ is no longer generally used to describe maternity service users, as it is acknowledged that pregnant women are</p>

	<p>Some maternity service users do not define themselves as a woman – for example, someone who is non-binary or is a trans-man. In these circumstances, healthcare professionals should ask the person how they would prefer to be described and ensure that this is noted.</p> <p>Terms in common use to describe those using maternity services who do not define as a woman are: pregnant person; birthing person/people; parent.</p> <p>We recommend that the word ‘woman’ is always used when talking about our maternity service users, with occasional additional use of non gender specific terms, such as pregnant person, to indicate that we are an inclusive service.</p>	<p>often healthy without need for medical or inpatient care.</p> <p>In the Best Start policy the word ‘patient’ is used 31 times, this is in the context of the term ‘inpatient’, ‘Scottish patient safety programme’ and ‘patient opinion’. The word ‘woman and women’ is used 408 times. The word woman is used consistently throughout this document, and all other key maternity related documents to describe service users of maternity care.</p> <p>The RCOG and RCM use the words ‘women’ to describe maternity service users, rather than patients.</p> <p>The great majority of those accessing maternity services, define as women. Our language should reflect this, while being open to the needs of those who do not.</p>
Delivery	Birth	The 8000 respondents to the recent ReBirth study were clear in their preference for the term birth to describe all types of birth, rather than delivery.
C-Section; Section	Caesarean birth	Also, a key finding and preference from the ReBirth project
Vaginal	Vaginal Birth	Also, a key finding and preference from the ReBirth project

Delivery		
Normal Birth; SVD	Spontaneous Vaginal Birth (SVB)	<p>Key finding and recommendation from the ReBirth project, to describe a labour that has not been induced, not required syntocinon augmentation and not required instruments.</p> <p>Where a woman has been induced or had augmentation during labour, this should be described: 'Induced labour with vaginal birth' or, if instruments required: 'Induced/Augmented labour, vaginal birth with forceps'</p>
SHO	FY 1 and FY2	<p>This terminology was changed over 7 years ago – the first two years of a Dr's training after qualification are FY 1 and 2 – JHO and SHO are defunct terms and should not be used; Many of the trainee doctors in Maternity are CT1</p>
Synt or Synto	Do not abbreviate: Syntometrine or syntocinon	<p>Abbreviating can lead to confusion and errors</p>
Failed homebirth, failed induction, failure to progress	<p>Labour at home with need for transfer</p> <p>Induction followed by caesarean birth</p> <p>Slow or delayed progress in labour</p>	<p>Women who participated in the ReBirth study identified that any terminology of 'failure' could worsen their feelings of personal failure and even trauma after a difficult labour and birth experience. They can feel that this labels them as having failed as a mother in some way.</p>
'Worsening advice'	<p>Describe specifically what advice has been given about when to call back or when to come in to the unit</p>	<p>Worsening advice is vague and does not describe the actual advice given</p>
Refused	<p>Declined</p>	<p>Declined is a less emotive term that 'refused' which can be experienced as judgemental</p>