Speaking to Patients about Maternity Care

Some medical terminology used in reproductive health is reported by patients to be outdated and disempowering. These terms can convey a negative judgment of the body, create an unnecessary sense of danger or conflict, or reactivate a previous trauma. Using plain neutral language that is respectful and supportive improves communication with your patients at a time of vulnerability. Below are some key concepts and alternative phrases to consider using in your practice when communicating with your patients.

Key Concepts

Person-centred
Ask people what terminology they prefer when talking about their body and their pregnancy.

Plain language
Use plain language instead of medical terminology as much as possible, considering the person's culture, facility with English, values, and preferences

Trauma-informed
Be aware that some language may trigger a trauma response based on a person's past experiences.

Gender-affirming
Ask people which pronouns they use

Let's compare changes in terminology

Outdated Term(s)	Recommended Term(s)	Reasoning
Geriatric pregnancy	Pregnancy over 35 or 35+ pregnancy	"Geriatric" can feel ageist and convey negative judgement to the patient's age
Elderly primigravida		
Baby blues	Early postpartum mood changes	"Baby blues" can feel dismissive, however, to the person experiencing it, the mood changes are significant and often vary beyond feeling low.
	Postpartum emotional adjustment	

Reflection: What are some other language changes you may wish to make?

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Additional Terminology/Glossary

Outdated Term(s)	Recommended Term(s)
Pregnant woman	Pregnant person or patient is preferred by some people
High risk pregnancy	Pregnancy requiring additional monitoring
Morning sickness	Pregnancy-induced nausea
Failed pregnancy	Evidence that the embryo/fetus is not alive or viable
Miscarriage/abortion/spontaneous abortion	Pregnancy loss
Habitual aborter	Recurrent pregnancy loss
Threatened abortion	Pregnancy bleeding
Missed abortion	Pregnancy loss without symptoms
Incompetent cervix/cervical insufficiency	Early effacement/dilation/opening of the cervix
Inhospitable womb	Challenges with the cervix or lining of the uterus/womb
Irritable uterus	Abdominal pain, or uterine pain, and/or uterine contractions not in labour
Fetal surveillance	Fetal assessment/monitoring
Fetal distress	Non reassuring fetal status
False labour	Early labour
Failure to progress	Slowed labour
Natural birth	Vaginal birth
Breastfeeding	Ask what terminology they prefer. Chestfeeding/body feeding may be used by some non-binary and trans people.
Breast is best	Human milk is best, but follow your patient's cues in terms of preferences or context. A nourished baby and confident care-giver is best.
Insufficient milk supply	Lactation difficulties
Postpartum depression	Perinatal mood and anxiety disorder