

Clarity in gender-inclusive language in reproductive health care

Language in reproductive health care, unlike elsewhere, has always defaulted to using the words woman and women due to the historic invisibility of pregnant transgender, non-binary, and gender-diverse service users. However, in the 21st century, there is a growing awareness of how language can marginalise and exclude people and a related opportunity to recommit to review guidelines, policies, and curricula to address this inequality.

Fully gender-inclusive approaches have been offered, such as using gender-neutral terms (eg, perinatal or reproductive services, rather than maternity services),^{1,2} with clear reasoning and guidance on how to incorporate these into written documents and everyday interactions. Nevertheless, a concerning and regressive trend has been observed recently: a rhetorical sleight of hand, giving the impression that maintaining woman-centred language can also be gender inclusive. This trend involves inclusivity statements,^{3,4} telling the reader that they will in fact exclusively use the word woman throughout, claiming this word includes everyone. These statements appear to be similar to the one advocated for by the UK's Network of Professors of Midwifery and Maternal and Newborn Health's position statement on the use of sexed language,⁵ but instead do the reverse of what they purport. Apart from being factually incorrect, this approach misgenders and erases people, signalling a clear hostility towards gender diversity while simultaneously foreclosing any further dialogue on the matter.

All people who bear children— including cisgender women—face discrimination based on intersecting characteristics.⁶ Although the International Confederation of Midwives and Royal College of Midwives commit to gender equality,

justice, equity, diversity, and inclusion, a disconnect persists. The stress on preserving women-centred language limits equity efforts by ignoring intersectional oppression. Worse, asserting that the terms woman and women includes people whose gender does not correspond with their birth sex subsumes diverse identities. Conditional inclusion (eg, “For the purposes of this document, the words woman and women include everyone”) is also problematic because it creates a subtle but significant hierarchy. Although attempting to acknowledge diversity, it simultaneously reinforces the use of woman and women as the sole category available, leading to confusion, alienation, and secondary experiences.

True inclusivity requires no caveat statement. Rather, it demands precise, respectful language reflecting diverse populations (eg, pregnant people) alongside specific terms when appropriate. Individualised care should be mirrored institutionally. Reproductive health care must wholly commit to language that truly reflects diversity, ensuring no one is made invisible. Thus, we call for clarity, rather than obscure declarations, as the foundation of equitable and inclusive reproductive health care moving forward.

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