re:birth

Guidance on talking about types of birth with women and childbearing people during antenatal care

Royal College of Midwives

Background

Public conversations around the language of birth have raised questions about all the terms we use to describe different types of birth. How can we ensure that the language we use helps support safe and high quality care? Which terms serve our maternity community best? The Re:Birth project was a year-long, collaborative, exploratory project that set out to understand from maternity professionals, women who have given birth and others that support and represent maternity service users, what language would be most acceptable to use to describe different types of birth.

For more detail about the methods we used, visit www.rcm.org.uk/rebirth

This guidance draws together the findings from

7,822

people from the maternity community.

Your feedback

We asked health professionals what word they hoped women would say about their birth after they had been through their care and this is what they said:

Fundamentally, everyone we spoke to wanted women and babies to have good outcomes, to feel like their labours and births were a high point of their life and that their wishes were listened to, heard, understood, respected and responded to.

Language

How we communicate with each other can determine the quality and impact of the care given and received, which is why developing a shared language is important.

We also need to ensure that everyone having the conversation understands what is meant by any terms being used.

Women and service user providers wanted terms to describe labours and births that are:

- descriptive and technically accurate
- non-judgmental, non-hierarchical nor value-laden
- personalised to them as individuals, reflective of their actual experience, not what is assumed their experience is by others.

Health professionals
need terms that are:

- consistently understood between individuals and professional groups clear, descriptive and unambiguous
- specific enough to describe differences in the labour and birth process.

Conversations about birth experiences

Starting the conversation with women about their previous experiences and plans for future births

The project showed that there were no terms that were universally preferred by women and service users for health professionals to use when discussing labour and birth with them.

Women, partners and service user representatives appreciate when professionals personalise the language around birth to them, ask about what matters to them and how they would prefer to talk about labour and birth.

We suggest using the 5 As to guide professional conversations with women about their birth experiences and the language they prefer:

Acknowledge, Ask, Affirm, Avoid and Annotate.

Acknowledgement

Key questions and observations:

Acknowledge the woman's previous birth experience - or whether this is her first time. Acknowledge a previous birth independent of mode of birth.

Have you given birth before? If the woman has had a previous loss, whatever kind it is, that too should be acknowledged e.g you have had a stillbirth; have you had a pregnancy loss before? Have you been pregnant before?

Start with The 5 As

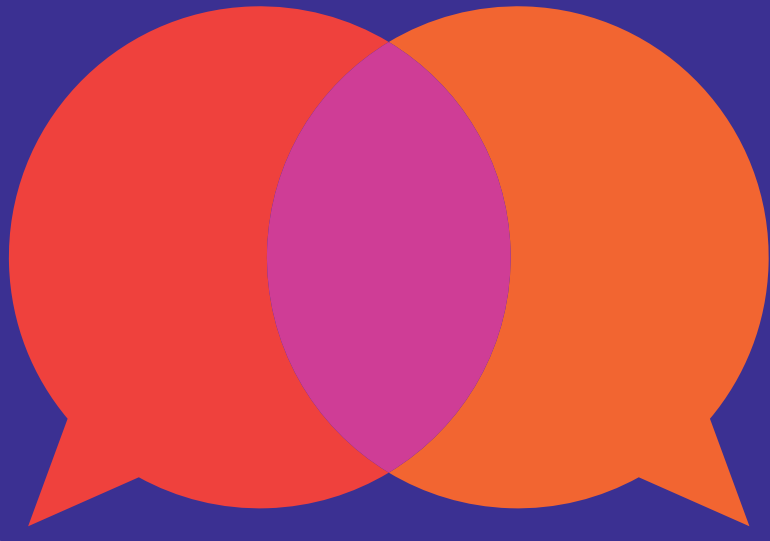
Ask

How would the woman describe a birth she has had - or would like to have, if it's her first? Her feelings are as important as the technical terms, so listen to how she talks about her experience and preferences.

Key questions and observations:

Using an approach of **compassionate curiosity**, ask the woman for her own definition of her own previous birth(s)

Recognise that the woman's feelings about what happened are as important as the technical description.



Listen carefully to what she says to understand what happened and how it has affected her.

- How would you describe your previous birth(s)?
- What are your feelings about that labour and birth experience?
- Were there good things about your previous birth experience?
- Were there things you wish had gone differently?
- What effects has that labour and birth had on you?
- What physical and emotional longer-term effects has your birth(s) had?

Affirm

Check in about the right language: How was the birth described in your records or notes? Does that term feel right to you? Is there any other term you prefer to describe it?

Then...

Avoid

Try not to make assumptions about her choices – for example if there was a previous caesarean birth. Don't make your own interpretation of what you think her experience might have been, or impose terminology on her.

Here are some examples:

Putting your interpretation on the birth experience from what you have read in the notes about the previous birth: for example, if the notes describe a previous 'spontaneous vaginal birth' avoid saying 'I see everything went well/was straightforward/ easy last time';

Making any assumptions – for example, if the woman had a previous caesarean birth, avoid assuming that she will want another or that it was a very difficult or very easy experience.

Imposing the terminology used in previous notes onto the woman – 'I see you had a normal delivery, so I am writing that here'.

Annotate

Record the woman's own description of her previous experiences and/or future plans as fully as possible, and her preferences on language and terminology.

Where a consistent term for birth is needed, for example in clinical notes or audit, the following language was preferred:

Preferred terms to describe different types of birth

In formal records, consistent language is important. It supports safe and accurate clinical handover and enables audit data to be shared and compared.

Vaginal birth		Caesarean birth
Spontaneous vaginal birth	Birth with forceps	Planned caesarean birth
Spontaneous labour	Birth with ventouse	Unplanned caesarean birth
Induced and/or augmented labour		

These descriptions don't cover every possible labour and birth scenario, however, **they provide some principles and guidance on preferences that can be translated into other situations.**

Women and health professionals chose the word 'birth' over 'delivery' and wanted accurate, specific descriptions as far as possible to describe what had happened in the labour and birth.

Language to avoid

Failure or Failed: “I was introduced as the ‘failed home birth’”, “I had a ‘failed induction’ with ‘failure to progress’ – so there was lots of the word ‘failure’ on my notes and being used around me”.

‘Incompetent’ cervix was also felt to have connotations of personal failure.

Depersonalising language: some women described recent experiences where language that dehumanised them was used: ‘The induction in bed 4’, ‘the labourer in room…’

Blaming language: ‘poor maternal effort’, ‘refused’.

Centring the professional: ‘I will consent her’, ‘I delivered her’.

Infantalising language: ‘good girl’, ‘you are allowed/not allowed’.

Language to avoid	Suggested alternative
Incompetent cervix	Cervical insufficiency
Language that centres the professional's role rather than the woman's: eg I am going to consent her; I just delivered her	Centre the woman: I will go and ask for [Name's] consent; [Name] just gave birth
Poor maternal effort / lack of maternal effort	Delay in 2nd and/or 3rd stage; Slow progress in 2nd stage
Language that doesn't acknowledge the need for consent for, e.g for an examination: e.g 'I'm just going to...', 'I will just pop in a....'	Ask for consent: 'Are you Ok for me to...?' 'What do you think about...?'
Get a grip, man up, pull your socks up	How can I help you? What do you need?
Failure to progress	Delayed progress in labour; slow labour; labour dystocia; stalled labour

Language to avoid	Suggested alternative
Failed induction; Failed homebirth; failed forceps	Induction of labour, with delay and followed by operative birth; Transfer in during planned homebirth; Planned homebirth, with need for hospital transfer; Labour at home, with birth in hospital; Planned forceps birth followed by caesarean birth; Attempted forceps, followed by caesarean birth.
Any language that removes the woman's identity as an individual. For example: 'Bed 4'; 'the failed homebirth in room 5'; 'The induction in bay 2'.	[Name] in bed 4; [Name] in room 5 who was transferred in from a planned homebirth; [Name] in bay 2, who is being induced.
Any language that infantilises women: e.g 'Good girl'.	[Name] you are doing so well; [Name], that's it! You are doing this. Well done [Name].
Refused	Declined
Allowed	Offered, recommended.

Re:Birth Pocket Guide
Published: September 2022

Royal College of Midwives

10-18 Union Street
London SE1 1SZ

0300 303 0444
info@rcm.org.uk
www.rcm.org.uk