

MIDWIVES

COLLEGE OF UTAH

MIDWIFING MIDWIVES

Gender-Inclusive Medical Terminology Guide

Created by Social Justice and Equity Committee



2019

Table of Contents

Gender-Inclusive Medical Terminology Guide.....	3
How To Use This Guide:.....	3
Breast.....	4
Breast Cancer.....	4
Breast Milk.....	4
Breastfeeding.....	4
Cervix.....	4
Clitoris.....	4
Female Anatomy.....	5
Female Genitalia.....	5
Labia.....	5
Maternity.....	5
Maternal Mental Health.....	5
Maternal Mortality.....	6
Mother.....	6
Ovaries.....	6
Uterus.....	6
Vagina.....	7
Well-Woman Care.....	7
Woman.....	7

Gender-Inclusive Medical Terminology Guide

HOW TO USE THIS GUIDE:

This guide was created in an effort to support academic faculty, staff, and leadership at MCU in developing medical terminology, syllabi, lectures, and policies and procedures that are inclusive of all people. The terms included in this document were developed based upon a survey distributed to transgender and gender non-conforming people to offer feedback on medical terminology used in the academic setting.

The objective is **not** to replace the commonly used terms noted (mother, woman, breast) but, whenever reasonable, to encourage the use of multiple and conjoined anatomy identifiers, such as breast/chest, breastfeeding/chestfeeding, etc. and to identify inclusive general anatomy terminology that can be used in place of terms that have been identified as microaggressions by the transgender and gender non-conforming community, for students, faculty, and staff at MCU (change the use of female anatomy to reproductive anatomy, as an example).

As an “ally to all underrepresented families who seek access to midwifery care and to those who strive to become midwifery providers within their communities,” MCU has committed to create a safe space for all. The incorporation of gender-inclusive terminology is in line with MCU’s Equity & Social Justice Position Statement to “continually strive to remove existing barriers to recruitment, retention, support and success at MCU, as well as advance our program and profession in achieving inclusivity, cultural humility, and health equity. In doing so, we hope to broaden the reach and benefits of midwifery care for all families and effect widespread social change in the midwifery profession.” (Equity and Social Justice Position Statement).

To this end, **faculty are expected to use gender-inclusive language in the curriculum syllabi and in the classroom settings, such as live sessions, bulletin boards, announcements etc.**

Students are not required to use gender-inclusive language on their public document assignments, such as E-portfolios, handouts, informed consent forms, intake/history/prenatal/postpartum forms, etc. Please encourage your students to use gender-neutral language in their classroom-shared assignments (discussion posts and live sessions), however, unless an assignment is specifically addressing the ability to create gender-inclusive language, faculty members are not to deduct marks (grades) from any students’ work. Many students will want help to identify places where they can be more inclusive, and you are encouraged to share resources and knowledge with them.

Please note that there are some terms (i.e. maternal mortality) that must be used when disseminating or developing research or writing research papers.

In the development of curriculum there may be occasions where it is unclear which words or phrases are appropriate for use. The Academic Dean will be the point person for these contemplations and discussions. In the development of policies or procedures, the Senior Leadership Team will provide direction.

This guide is **not** to be used to inform communication with transgender and gender non-conforming clients in midwifery practice. In every case, the client should identify the terms that they are comfortable with the midwife using and those terms should be employed.

Similarly, **faculty, staff, and leadership should always use the terms that fellow students and colleagues feel most comfortable with when/if disclosed.**

Work cited:

Equity and Social Justice Position Statement. (n.d.). Retrieved from <https://www.midwifery.edu/equity-and-social-justice/>

BREAST

- a. Chest
- b. Mammary glands/tissue
- c. Nipple, areola, tissue, skin
- d. Milk ducts
- e. Breast tissue

BREAST CANCER

- a. Mammary ductal cancer
- b. Mammary tissue cancer

BREAST MILK

- a. Human milk
- b. Milk
- c. Infant milk
- d. Human produced milk
- e. Chest milk
- f. Mammary secretion
- g. Parental milk

BREASTFEEDING

- a. Chestfeeding
- b. Human lactation/lactation
- c. Nursing
- d. Feeding/infant feeding
- e. Latching/feeding

CERVIX

PLEASE NOTE: the majority of trans/gender queer survey respondents were comfortable with the use of the term cervix

- a. Person with cervix (alternative to female or woman's cervix)

CLITORIS

PLEASE NOTE: the majority of trans/gender queer survey respondents were comfortable with the use of the term clitoris

- a. Person with clitoris (alternative to female or woman's clitoris)
- b. Physical clitoris

FEMALE ANATOMY

- a. Reproductive anatomy
- b. Reproductive and sexual anatomy
- c. Reproductive organs
- d. Uterus and associated anatomy

FEMALE GENITALIA

- a. Vulva and vaginal canal
- b. Genitals
- c. Physical vulva and physical vaginal vault

LABIA

PLEASE NOTE: the majority of trans/gender queer survey respondents were comfortable with the use of the term labia.

- a. Person with labia (alternative to female or woman's labia)
- b. Physical labia

MATERNITY

- a. Gestational
- b. Prenatal and intrapartum
- c. Childbearing year
- d. Pregnancy
- e. Perinatal
- f. Antenatal

MATERNAL MENTAL HEALTH

- a. Gestational and postpartum mental health
- b. Prenatal and postpartum mental health
- c. Perinatal mental health
- d. Perinatal mood disorders
- e. Mental health in the childbearing year
- f. Mental health and well-being in the childbearing year

MATERNAL MORTALITY

PLEASE NOTE: when referencing statistical data, it is appropriate to reflect “maternal mortality” if that is term the article or data assigns.

PLEASE NOTE: It is important to keep in mind that these terms have specific definitions corresponding to different time frames or points in the childbearing year. It is important to ensure these definitions are used correctly.

- a. Gestational mortality
- b. Postpartum mortality (when only discussing postpartum)
- c. Peripartum/perinatal mortality (check definition for applicable use)
- d. Mortality in the childbearing year
- e. Death associated with pregnancy, birth, and the postpartum period
- f. Intrapartum or perinatal mortality (check definition for applicable use)
- g. Pregnancy-related mortality

MOTHER

- a. Parent
- b. Gestational parent

OVARIES

PLEASE NOTE: the majority of trans/gender queer survey respondents were comfortable with the use of the term ovaries

- a. Person with ovaries (alternative to female or woman’s ovaries)
- b. Physical ovaries

UTERUS

PLEASE NOTE: many trans/gender queer survey respondents were comfortable with the use of the term uterus and many identified womb as problematic (due to being “gendered” and being associated with pregnancy)

- a. Womb (see note above, identifying womb as problematic) – we recommend using uterus

VAGINA

PLEASE NOTE: many trans/gender queer survey respondents were comfortable with the use of the term vagina

- a. Vaginal canal
- b. Vaginal chamber
- c. Genital orifice
- d. Vaginal vault

WELL-WOMAN CARE

- a. Well person care
- b. Reproductive health care
- c. Gynecologic care
- d. Sexual health care
- e. Preventative care
- f. Annual exam
- g. Sexual and reproductive health care

WOMAN

- a. Person
- b. Birthing person
- c. Pregnant person

NOTE: For any instructor that is teaching an anatomy course that is confused about how to adapt gender-neutral language, please contact the Academic Dean for assistance.