When presenting to our community

Language Matters

Thank you so much for agreeing to be a part of NPA's conference, **Towards Trauma-Responsive Perinatal Care.** This conference will include in the audience, on the stage, and in the organizing committee people who have faced stigma - and it's consequences - at the hands of providers.

We know that the language we use can perpetuate harmful narratives and contribute to ongoing disparities. And we know we can do better.

While shifting the way we use language is only one part of addressing systemic inequities and injustices, it is an important part. **The language we use can help reframe societal narratives and begin to interrupt the patterns of systemic harm**.

> "Language evolves over time, and words come in and out of favor. Context also matters, and words that might be appropriate in some circumstances may not be appropriate in others... We must be mindful, in all our communication, of the norms of the community as well as social developments, as the meanings of words and their usage change over time. Patient and community engagement are foundational elements for building and maintaining an equity lens in any communication. But in all cases, pursuing equity requires disavowing words that are rooted in systems of power that reinforce discrimination and exclusion."
>
> *A Guide to Language and Narrative Concepts, American Medical Association*

We believe that it is our duty to our neighbors, clients, and colleagues to use respectful, affirming, and inclusive language.

In the spirit of providing a safe and welcoming experience for all, we offer the following language suggestions. By no means do we intend to censor you: we only ask that you take a moment to evaluate the language you plan to use in your presentation. If any of this language is new to you, that's OK. Shifting towards more inclusive practices is a learning experience for all of us. It's OK to make mistakes. It's OK to feel uncomfortable. And **we hope that you will give us feedback and suggestions about our language as well**.

With Gratitude - Chloe Nguyen on behalf of the Conference Committee

Respecting the Language People Choose

We believe people should always be allowed to self-identify with whatever language feels right to them. And as providers, we also have a responsibility to invite affirming self-identification by modeling the use of more inclusive language.

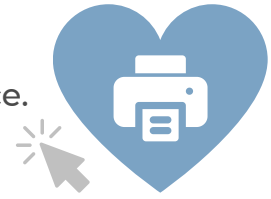
Why It Matters at our Conference

How we choose to describe people can signal to others whether or not we respect and value the humanity of those we serve. Some words have a specific history of bigoted violence associated with their usage. Others are frequently used in a way that indirectly excludes certain groups, even when the speaker intends otherwise. Adjusting our language can be awkward at first, but the effort is well worth it. The words we use can disrupt the harmful patterns of the past and empower people who have experienced systemic oppression.

Why It Matters to Health Care

The words we use to describe people shape our own ideas and behaviors. Research has shown how negative patient descriptors in electronic health records are disproportionately applied to Black patients compared to their White counterparts, which can negatively affect providers' attitudes toward their patients and result in disparities in care such as less aggressive pain management plans for Black patients.

PRINT this resource.



Avoiding Ableist Language

Our mainstream culture places a high value on being "able-bodied" and "neurotypical." This contributes to ableism. These values play out in all areas of life, and they shape our language. Our language, in turn, reinforces inequities in how care and resources are distributed.

We invite everyone to adjust their language to avoid perpetuating ableist ideas and values. Many common negative adjectives and phrases in the English language originate as descriptors of disabled people, but there are certainly alternative words and phrases that can convey similar meanings. Here are suggestions for adjusting common ableist language from Ableism/Language by Lydia X. Z. Brown (Autistic Hoya).

Using Gender-Inclusive Language

People of all genders get pregnant, give birth, feed their babies, and parent. If we're going to care for each other, our language needs to reflect this reality. Unfortunately, in many perinatal settings patients who do not identify as cisgender women are often misgendered when receiving care, left out of broader conversations about perinatal experiences, and erased in the process of data collection. For example, many questionnaires do not ask about gender identity; rather participants are asked to choose between "male" and "female" when asked to describe themselves. These terms refer to sex assigned at birth – not gender – and do not reflect a full understanding of the range of human variation that is an essential part of delivering reproductive health care.

Here are a few guidelines for using gender-inclusive language and practices:

Share your pronouns. Ask people for their pronouns - then use them. Sharing your pronouns signals that you understand their significance. When talking about others, avoid assumptions. There is no way to know what pronouns someone uses without asking them. If you haven't learned someone's pronouns yet, you can use the person's name or use the gender-neutral pronouns they/them (keeping in mind that for some, even this option may be misgendering). **If you make a mistake, acknowledge it and correct it.**

Be specific and accurate. When talking about "mothers," "maternal health," and "breastfeeding" specify whether you are, in actuality, talking about:

- All people who can become pregnant, seek pregnancy care, give birth, need postpartum care, etc.
- Gestational parents of any gender
- Parents who may or may not identify as "moms"
- People who use lactation terms like "chest feeding" or "body feeding"
- People of any gender who are the primary caregivers of infants and children

Acknowledge limitations in the way we collect data. When presenting research, use the language they use, while still acknowledging it may not be inclusive of everyone in the population. When possible, specify whether participants were asked to identify their sex assigned at birth or their gender. If so, specify whether they were given the option of identifying as anything other than male or female. Recognize how this may be a limitation to the research.

To learn more about the nuances of gender identity, you can refer to the gender section this glossary of LGBTQIA2S+ Key Terms and Definitions for Nurses and Healthcare Providers by Angelique Geehan.

Respecting People's Names

Our names are an important part of our identities. Whether they are given to us or chosen by us, our names connect us to our communities and communicate our sense of self. **Using the correct name - and making sure that it is pronounced correctly - are two ways of showing respect** and allowing folks the dignity of self-identification. Here are a few tips for respecting each other's names:

Ask how to say a name. It's OK to ask how to pronounce a name, especially if you are introducing the person to someone else (or an audience). Often, we may have only seen someone's name written down and have never heard them say it. Ask. Then practice. Confirm that you're pronouncing their name correctly.

Check your spelling if you're displaying someone else's name on a screen or printed material. This also goes for addressing people in email, text, or print.

Honor the name people have chosen for themselves. For some, their legal name or the name they've used previously may not match the name they've chosen to use for themselves today. To avoid confusion, be sure to check people's name tags and/or the name they use on the video conference platform. **Pay attention to how they introduce themselves to others.** If this information isn't available to you, ask.

Respecting Identity

Honor an individual's way of self-identifying by **mirroring their language**, while also recognizing that not everyone of a certain demographic may feel the same way about that chosen language.

Mirror the language people use to identify themselves and ask people how they want to be identified. Person-first language refers to a practice of describing people as having a disability, illness, condition, or circumstance – as opposed to being the disability, illness, condition, or circumstance. Depending on who you're talking to or about, they may have different preferences for how they want to be referred to. Some prefer identity-first language, where their disability, illness, neurodivergence, condition, or circumstance is named first (Ex: "autistic person" or "disabled person" or "Deaf"). This can be for any number of personal reasons – common motives are to affirm one's lived experience and to destigmatize the identity.

If you don't know how a group prefers to be addressed, **use person-first language**. This can be a show of respect, especially if you're referring to a group of people and you do not personally experience the same circumstances, disability, conditions, or neurodivergence as them.

You can find some suggestions for adjusting common language to be person-first from the CDC's Health Equity Guiding Principles for Unbiased, Inclusive Communication.

Talking about Drugs and the People Who Use Them

The words we use to describe people who use drugs, their children, and the concepts of harm reduction and substance use, not only shape our own ideas - they signal whether or not we respect and value people who use drugs (or have a history of substance use). Many of the terms that we have used in the past to talk about substance use stigmatize people who use certain drugs and the circumstances under which they use them. **We believe that it is our duty to our community, clients, and colleagues to do our best to avoid stigmatizing language.**

Don't Use	Do Use	Why
"addict" *"abuser"* *"junkie"* *"pothead"*	*"person who uses heroin"* *"person with a cocaine use disorder"*	*Using "person-first" language demonstrates that you value the person, and are not defining them by their substance use.*
"got clean"	*"no longer uses drugs"* *"is not using substances"*	*"Clean," although a positive word, implies that when someone is using they are "dirty."*
"addicted newborn" *"born addicted"* *"drug baby"*	*"baby showing signs of neonatal opioid withdrawal (NOW)"* *"baby with prenatal cannabis exposure"*	*Infants are not addicted; they have prenatal substance exposure and/or physiological dependence.*
"medication replacement therapy (MRT)" *"medication assisted therapy (MAT)"*	*"opioid agonist therapy (OAT)"* *"medication for opioid use disorder (MOUD)"* *"medication for alcohol use disorder"*	*These categories are value-neutral and precise.* *When discussing a specific medication, refer to it by both its generic and brand names.*

NOTE: We believe people who use drugs should always be allowed to self-identify with whatever language feels right to them. However, as providers we have a responsibility to model better language in our practice.

You can find more information and suggestions at NIDA's website Words Matter: Preferred Language for Talking About Addiction or visit our partner Academy of Perinatal Harm Reduction.