Midwives have done a lot of reflecting on their language over the last few years. While visible changes in practice inevitably take a while to evolve, there is a clear movement in the progressive midwifery literature from use of words like “patient” and “confinement” to the simpler and more appropriate use of “woman” and “birth”. As a professional group, we are beginning to understand that words hold power, and that our holding this power can be a negative thing for the women we attend.

But when will we reach a point when we can start speaking - and writing – a language that women understand? So much of what we write in women’s notes is completely meaningless to them and wouldn’t take us any real effort to revisit and revise. We don’t say that we have a ‘cephache’, so why are we hanging onto the word cephalic, which has no fewer letters than the words ‘head down’. Of course, we don’t even write out all the letters anyway – we abbreviate to “CEPH” (a term that is meaningless to most women) or “BR” (which is generally recognised, but mainly as a public transport system).

Our insistence on abbreviating everything has caused me some interesting experiences in practising in two countries. My midwife colleagues in the US were entertained by my use of the acronym MSU to refer to a specimen of mid-stream urine – there it refers to Michigan State University. I learned quickly not to use that with women! In their turn, they would ask women to prepare a ‘clean catch’, which I thought was some kind of baseball reference until I realised this was the same as an MSU! If midwives in both countries would only describe to women what they were doing / asking / looking for, we wouldn’t have this confusion. Have you seen the TV show ER when they all run around screaming “CBC, Chem 7”? Don’t be impressed – they are only ordering a full blood count and “Us and Es”. (Which reminds me, what does the term ‘Us and Es’ mean to women?)

We also have not yet begun to really question our recording of the different types of blood that women lose in the postnatal period. We know from the BLiPP study (Marchant et al 1999) that the ranges for colour, amount and duration of postnatal bleeding are far more complex than has been generally imagined in practice, so why have we not seen a movement to change the way we write about this? Traditionally, many of the midwives I have worked with simply write “rubra”, “alba” or “serosa” in the little box under “lochia”. How accessible are these terms to women?

In another context, these words are not necessarily unpleasant, they almost sound pretty, like little girls’ names. “Have you met my friend, Lochia?” “Serosa, please let Alba and Rubra play with the ball too.” Or what lovely names for a midwife’s cats – I’d love to know if anyone has ever used them! It’s not the words themselves. It’s the fact that they don’t mean anything to the majority of women. If we need to note the type of bleeding or discharge a woman is experiencing, why not write “reddish”, “pink” or “yellowy”? That would then mean something to the woman too. If a woman could understand her notes and interpret what had been written in the context of her experience, she might be more likely to point out to you (or another midwife, in this age of low continuity) that her blood or discharge is a different colour today than yesterday. If we were less keen to abbreviate everything to the minimum we need to write down on the page, if we wrote prose rather than staccato, we might have a better understanding of women’s experiences.

Yet, when we do have a technical term which is generally understood by women, we hesitate to use it. We still appear to be unsure about what to call the vagina. We may be unsure about using colloquial words for fear of sounding crass or unprofessional, afraid to use anatomical words for fear of creating distance between us and women, sometimes managing not to refer to “it” at all, except by muttering, “down there”.

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Tired of hearing women lament that their midwife insisted on using the word “twinkie”, or “noo-noo” throughout their labour, I am currently in the throes of a passion for Eve Ensler’s ‘Vagina Monologues’. Here is a woman who is not afraid to say any word and explores the parts that other women would rather tuck away. She asked women what they called their vagina, what their vagina would wear if it got dressed and what their vagina would say if it could talk.

Last year, I had a midwife party at my house with several women who didn’t know each other. Rather than the standard round of names and places of work, we asked everyone to share their name and the name of their vagina. This then ended up being the topic of conversation for most of the evening. We all learned so much about how other women see their vaginas (and don’t see their vaginas) that it made a subject which verges on the taboo into an incredible learning experience. It made me think that we should talk more about talking, about the words we use, and about the things we never talk about.

References


For more on The Vagina Monologues, see www.vaginamonologues.co.uk/