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Reference

Inclusive Language Guide

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BORN Ontario
Better Outcomes Registry & Network
Registre et Réseau des Bons Résultats dès la naissance

Provincial Council for Maternal and Child Health
building a brighter future

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What is Inclusive Language? Why Does it Matter?

Inclusive language aims to acknowledge diversity, convey respect, and promote equitable opportunities.[1] By using terms and phrases that centre the voices and perspectives of equity-deserving communities, we can advance a more inclusive perinatal and child health system, nurture a sense of belonging and promote human-centric, culturally safe healthcare environments for both patients and providers.

Language has power and words matter. Words and phrases, when used inappropriately or unfairly, can lead to marginalization and offence, and reinforce dominant and often harmful stereotypes and biases.[2] The names and labels that are applied to someone can also contribute to the conceptualization of their self- and group-identity, thus influencing one's sense of self, community and belonging. This can affect individual and community experiences of health within and outside of the healthcare system.

Many individuals and communities do not have positive relationships or histories with healthcare providers and the broader system. In working towards a future where the healthcare system can be perceived and experienced as a trusted and safer place by all, it is imperative that healthcare providers and organizations understand how to communicate in a way that acknowledges, respects and honours those that they serve. The ways in which we communicate with and about patients and families can affect physical and mental health as much as the healthcare they receive.[3]

"If we don't intentionally include, we unintentionally exclude. The power of diversity thrives in a culture of inclusion."[4]

Purpose and Use of this Guide

The Provincial Council for Maternal and Child Health (PCMCH) is an organization that provides evidence-based and strategic leadership for perinatal, newborn, child, and youth health services in Ontario. The Better Outcomes Registry & Network (BORN) is Ontario's prescribed perinatal, newborn and child data registry with the role of facilitating quality care for families across the province.

PCMCH and BORN recognize their collective responsibility to champion inclusion and celebrate diversity in the perinatal and child health space. Together, they have developed this inclusive language guide to standardize language use at both individual and organizational levels. The guide aims to foster learning opportunities and raise awareness internally among staff and committee members, promoting conscious and intentional communication. It seeks to inspire PCMCH and BORN staff to write thoughtfully, choose their words deliberately, and take responsibility for their language. In the future, this guide may facilitate broader awareness and adoption of inclusive language among perinatal and child healthcare providers, administrators, and organizations beyond PCMCH and BORN.

This language guide is intended to be informative rather than prescriptive. There are no set rules within this guide but rather a focus on continuous learning and effort. Inclusive language is not static and requires consideration of both historical and present-day context. This guide is flexible and iterative in nature and will be updated regularly as feedback is received and as context and language inevitably evolve.[5] Additionally, the contents of this guide are not exhaustive; PCMCH and BORN must stay curious and engage with those they intend to serve to center their needs and perspectives and build a mutually shared vocabulary.

PCMCH and BORN recognize that no group is homogenous in nature. Individual preferences and the extensive intersectionality of identities have resulted in many linguistic possibilities. As a result, the best way to determine what language to use is to ask individuals and communities and follow their lead rather than making assumptions about how they would like to be addressed or referred to. This involves a conversation about how this information will increase equitable access to services and/or improve quality of care and outcomes.

"The more we understand about language, descriptors and their meanings, the more we can be intentional about how we speak and the impact of our words."[6]

Principles for Inclusive Language

The following principles are adapted from Oregon Health and Science University's Inclusive Language Guide.[6] These principles serve as foundational reminders for all who use this guide:

Remember that Identity is Personal	Everyone has the right to define themselves in their own terms. It's important to respect how individuals choose to identity and describe themselves.
Be Respectful	Not everyone feels comfortable sharing parts of their identity. Create an inclusive environment where people can express themselves as they wish, without pressure or judgement.
Ask, Rather Than Assume	When meeting someone for the first time, communicate your intention to use inclusive language and ask for their preferences.
Be Specific	Avoid vague terms and generalizations. Be clear about who you are referring to in order

	to foster understanding and show respect for individuals and communities.
Be Thoughtful and Intentional	Consider whether it's appropriate to know someone's identity and why that information is relevant.
Be Kind and Affirming	Use language that is positive and supportive. Acknowledge individuals' strengths and contributions rather than focusing on weaknesses and challenges.
Use People-First Language	We are all people with attributes. In many cases, we should avoid leading with the attribute, as it often does not define the whole person.
Avoid Labels	Labels can be limiting and may reinforce stereotypes. Instead of defining someone solely by a label, acknowledge them as a whole person.
Practice Intellectual Humility	Acknowledge your own learning journey and remain open to feedback. Showing that you understand the importance of, and intention to use, inclusive language invites humility. Avoid placing the burden of your learning on those you're engaging with.

For Reflection

Person-First vs. Identity-First Language: Reflecting Individual Preferences

Writing about identity and clinical diagnosis can be complicated, as there is variation in how people want their identity and/or diagnosis to be represented. Language should be reflective of the individual's preference.

For example, definitions of person-first and identity-first language have been conceptualized by the American Psychological Association with respect to disability:

In *person-first language*, the person is emphasized rather than the disability or chronic condition. For example: pregnant person with paraplegia.

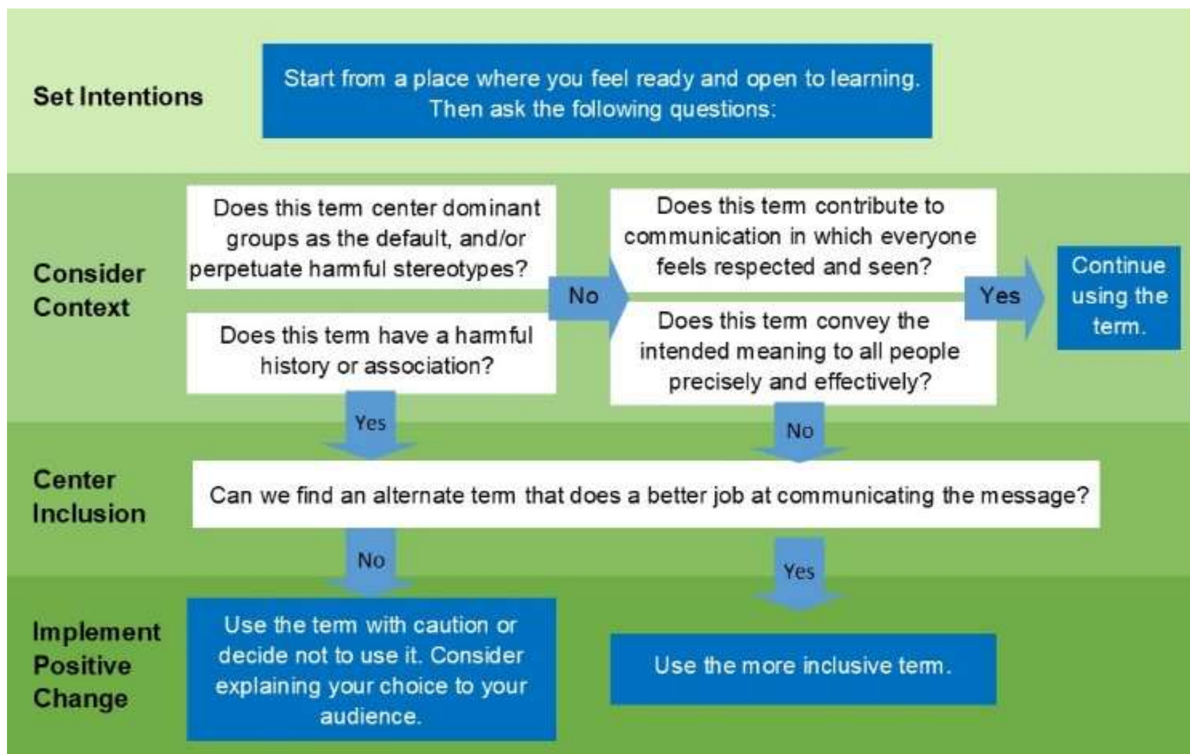
In *identity-first language*, the disability becomes the focus, which for some, may allow the individual to claim the disability or the chronic condition and choose their identity

rather than permitting others to name it or to select terms with negative implications. For example: paraplegic pregnant person.

Identity-first language can be used as “an expression of cultural pride and a reclamation of a disability or chronic condition that once conferred a negative identity”.[5]

Inclusive Language Framework

An Inclusive Language Framework developed by the Center for Equity, Gender, and Leadership at the UC Berkeley Haas School of Business[7] provides an opportunity for critical reflection on five guiding questions (*see white text boxes*) to support healthcare providers, administrators, and organizations in communicating more effectively and inclusively across diverse audiences. It is recommended that users of this guide reference this framework when deciding whether a word/phrase may or may not be appropriate to use:



Describing Communities in an Appropriate Manner

This inclusive language guide explores terminology for referring to individuals from diverse backgrounds and identities, considering factors such as race, ethnicity, gender identity, sexual orientation, ability, family status and more. These factors often intersect, shaping an individual or group’s experience and position in society. Recognizing these intersections is crucial, as they can lead to both oppression and opportunity. Healthcare

providers and organizations must be sensitive to these distinctions when communicating about or supporting individuals and communities.

Terminology to Consider Using	Terminology to Consider Avoiding (may be outdated, inaccurate, or inappropriate)
Equity-deserving	Equity-seeking
"Those who feel or are made to feel marginalized, or that they do not belong, deserve equity as a right. They should not be given the burden of seeking it and they should not be made to feel that they get it as a privilege from the generosity of those who have the power to give it, and hence the power to take it back."[8]	
… are underrepresented in… …have been minoritized in… … are marginalized from…	Underrepresented minority Hard-to-reach populations Historically marginalized Historically oppressed
Demonstrates that exclusion is not a permanent fixture of one's identity.[9] For example: "X are underrepresented in the literature on mental illness and youth" "Y have been minoritized in training despite comprising the majority of the paediatric population being served" "Z are marginalized in pregnancy care"	Implies that members of these groups will not achieve equal representation or access.[9] Denies groups the right to name themselves and ignores the differences in identity and circumstances of members in the groups.[9] Does not recognize the ongoing marginalization and oppression experienced by communities.
Key populations Priority populations	At-risk populations Vulnerable populations
"It's important that our language reflects recognition of the role of social determinants of health (SDOH) in shaping population health and well-being, while at the same time acknowledging the strength, resiliency, and individuality of individuals within populations"[10]	Focuses on weakness instead of action and empowerment. Implies that all individuals within a population are equally vulnerable.

"Language and terms have the potential to perpetuate or reduce health inequities."[2]

Abilities and Disabilities

Using inclusive language in healthcare is essential for combatting ableism — the misguided belief that the lives of individuals with disabilities are less valuable. Ableism can come in the form of harmful language. This is particularly relevant in perinatal and child healthcare because assumptions about what people can and cannot do devalues them and can affect their treatment and subsequent health outcomes.[11] The social model of disability emphasizes that the problem lies in the way we organize society and not with the person with the disability. Language is reflective of cultural assumptions and societal norms and thus, can be a barrier to high-quality healthcare for people with disabilities.[12]

Not all disabilities are visible or permanent; a person can be born with a disability, or they may acquire a disability through age, illness, or accident.[13] When speaking to or about someone with a disability, it is important to ask them if they prefer person-first language or identity-first language.[11, 14–16] For example, 'child with a hearing impairment' is considered person-first, whereas 'deaf child' is identity-first terminology.

For people with disabilities, inclusive language also encompasses accessible language that accommodates various communication and learning needs. This includes "language that accommodates people of all ages and abilities, including those with cognitive disabilities and people with low literacy skills".[17] When accessible language is not used or when multiple forms of communication (e.g., written, verbal, images, plain text, large format, or ASL interpreters) ae not provided, people may be excluded from essential healthcare services.[18]

Terminology to Consider Using	Terminology to Consider Avoiding (may be outdated, inaccurate, or inappropriate)
Person with a disability/disabilities Disabled person Person with [type of disability/impairment/condition]	Handicapped Person with special needs Atypical Differently abled
Person without a visible disability Non-disabled	Normal Healthy Able-bodied Typical
Lives with [disability/impairment/condition]	Suffers from... Afflicted by... Stricken by… Troubled with… Battles… Survivor of… Living with a…… problem/issue

Facing barriers….	Struggling with….
Person with _________ since birth Chromosomal difference Congenital disability	Deformity Disfigured Chromosomal abnormality Birth defect
Person with [developmental, intellectual, and sensory disability/impairment/condition]	Developmentally delayed Slow Intellectually Challenged
Autistic person Person with autism On the autism spectrum	Suffers from autism Has autism
Person with a physical disability Person with a physical impairment	Crippled Handicapped
Blind person Person who is blind Person with a visual disability Person with a visual impairment Deafblind person	Visually challenged The blind
Deaf person Person who is deaf Person with a hearing disability Person with hearing impairment Person with hearing loss	Hearing impaired The deaf
Person who uses a wheelchair Person using a mobility device	Wheelchair user Confined to a wheelchair Restricted to a wheelchair Wheelchair-bound

[14, 16, 19–22]

For Reflection

Bravery and Resilience: Unpacking Language in Disability Discourse

Phrases like “brave,” “strong,” “resilient,” or “special” may seem like compliments when directed at individuals facing disabilities or illnesses. However, using these terms solely in reference to their conditions can inadvertently ostracize them, as it reduces their identity to their disability rather than acknowledging the entirety of who they are. Additionally, some individuals may not embrace these descriptors, associating them with negative experiences they prefer not to be defined by.

This type of language is often referred to as superhero-framing, which portrays disabilities as obstacles to “normalcy” and “success” [14]– both of which can be subjectively defined. Such language can create pressure, making individuals feel like must always embody traits like bravery or strength. When they find themselves in moments of vulnerability or struggle, they may feel unworthy of support or opportunities, reinforcing harmful stereotypes and undermining their true experiences.

Mental Health, Mental Illness and Substance Use

Perinatal mental illness is a significant but common complication during pregnancy and the postpartum period, with lasting impacts on individuals, children, and families. Mental health concerns also frequently emerge in children and youth, affecting their well-being, functioning and development. Unfortunately, access to timely and appropriate mental health services for pregnant and postpartum individuals, as well as children and youth, is often inequitable across Ontario.[23, 24]

Substance use is frequently stigmatized, and this stigma can be perpetuated through the language we use to describe individuals who use substances.[25] Those with mental health conditions or substance use disorders may be reluctant to seek care due to fears of discrimination and a belief—often shaped by lived experiences—that the healthcare system is unsafe.

The topics of mental illness and substance use have historically been fraught with stigma in Canada, exacerbated by misinformation surrounding the opioid crisis and the institutionalization of individuals with mental illnesses. It is crucial to actively dismantle the ongoing oppression and discrimination faced by these individuals.

Developing awareness of personal biases related to mental health, mental illness, and substance use is a vital first step in fostering compassionate and respectful communication. By using inclusive language that is free of judgement, we can create safer spaces and build trust, encouraging individuals to discuss their mental health and any substance use openly.[26]

Terminology to Consider Using	**Terminology to Consider Avoiding (may be outdated, inaccurate, or inappropriate)**
▪ A person who has been diagnosed with ________________ ▪ A person with a mental health condition or diagnosis ▪ A person experiencing a mental health concern	▪ A mentally ill person ▪ A person with a mental health problem
▪ Confusing / Impulsive / Unpredictable / Meticulous ▪ That bothers / annoys / frustrates me	▪ Crazy / psychotic / insane / disturbed / deranged / mad / mental ▪ That is schizophrenic / bipolar / OCD / depressing *(to describe behaviours or actions)* ▪ That's nuts / that drives me crazy

▪ "Lives with/is experiencing a mental illness"	▪ "Afflicted by / suffers from mental illness" ▪ "Is a victim of mental illness"
▪ "Usual" – only in relation to what is "usual" for the individual being referred to ▪ "Typical" – only in relation to what is "typical for the individual being referred to	▪ "Not normal" – implies comparison to others
▪ Substance use, substance use disorder (context-dependent) ▪ Person who uses substances/drugs ▪ "Experienced a recurrence (of symptoms)" ▪ Resumed substance use ▪ Person in recovery	▪ Drug users/abusers ▪ Substance abuse/misuse ▪ Addict / junkie / alcoholic / drunk ▪ Lapse / relapse / slip[27]
▪ Died by suicide ▪ Attempted suicide ▪ Fatal/non-fatal suicide attempt ▪ <name> has experienced suicidal thoughts	▪ Commit/committed suicide ▪ Successful/unsuccessful suicide ▪ Completed/failed suicide ▪ <name> is suicidal[28]

Race and Ethnicity

Race is fundamentally a social construct. Discrete racial categories were created based on physical features like skin colour and hair texture, primarily to establish and maintain hierarchical power within society. Those perceived as closest to Whiteness often hold the most power.[29–31] Racialization refers to the process of categorizing individuals by race, leading to the perception of races as 'real', distinct, and unequal in economic, political and social contexts.[32] Racism is the systemic practice that enforces the superiority of one racial group—typically the dominant group—over others.[30]

In Ontario's obstetrical setting, Black women frequently report experiences of being dismissed, objectified, dehumanized, traumatized and treated paternalistically. These experiences contribute to poor quality of care and strained relationships with healthcare providers.[33] Additionally, Black youth in Canada wait twice as long as non-Black peers to access mental health services.[34] These disparities highlight the impact of interpersonal and systemic racism, especially given that there is no biological basis for race. Language plays a crucial role in perpetuating or combating racism, whether intentionally or not. The terminology used by healthcare providers and in policy can significantly influence the inclusivity of care practices. Using inclusive language can help prevent exclusionary practices, ensuring that care is responsive to the unique needs of patients while honouring their diversity.

Currently, there is no standardized collection of race- and identity-based data in Ontario's healthcare sector, although some jurisdictions collect this information to highlight inequities and improve care quality for racialized individuals.[35] While race may be used to guide clinical care or to assess eligibility for genetic screening, there has been a growing call to move away from race-based medicine,[31, 36, 37] For instance, some clinical algorithms are moving away from incorporating race, such as the removal of race from vaginal birth after Caesarean delivery risk calculator.[38]

Collecting race- and identity-based data can help illustrate systemic racism within the healthcare system and inform clinical practices.[39] However, it also raises concerns about discomfort, fear of self-identification, and potential discrimination. [39] Therefore, it is essential that communication about the purpose, use, and storage of this information be conveyed to the individual and/or community it pertains to.

Considerations for Language Use Related to Race and Ethnicity	
Be as specific as possible when referring to racial or ethnic groups. "Individual of Pakistani origin" instead of "South Asian person" "Ethiopian community" instead of "African community" "Korean patient" instead of "East Asian patient"	These terms humanize racial and ethnic groups and recognize them as more than just a label.
Capitalize the proper names of nationalities, peoples, and races Arab, French-Canadian, Latin, Asian	If a list of race categories is used, refer to current guidelines on appropriate race categories in Canada. If all racial or ethnic options cannot be listed, there should be a free-form box for individuals to specify the racial or ethnic group(s) that they belong to instead of listing "other." This term forces patients to be confined to a nonspecific label that suggests they are too small for meaningful analyses or consideration.
The acronym "BIPOC" was initially proposed as a means of accounting for the erasure of the livelihood of Black and Indigenous individuals in the POC (people of colour) acronym, and highlighting their unique relationship to whiteness [40, 41]	As specificity is key when referring to non-white individuals and groups, BIPOC should only be used when the intention is to refer to a diverse group as a collective and when specific groups within the collective are not at a clear disadvantage.[42]

"Multiracial" refers to people who identify with two or more races. Individuals may self-identify with one race over the other(s) depending on various factors.	It is important to note that not all adults with a mixed-race background consider themselves multiracial.

Indigenous Peoples

Colonization has led to the systematic destruction of Indigenous languages and devaluation of oral teachings, traditions and knowledge sharing. In this context, healthcare providers, administrators, and organizations can take important steps to recognize and address the colonial legacy in their language use.

To foster understanding and respect towards Indigenous Peoples, it is crucial to choose language that is meaningful, accurate, and inclusive. The best approach is to directly engage with individuals and communities, asking them how they wish to be addressed and what terms they prefer, rather than making assumptions.

By prioritizing inclusive language, we can foster healing and reconciliation by acknowledging and respecting the identities, histories and experiences of Indigenous Peoples.

Term	Description
Indigenous	A collective term for First Nations, Inuit, and Métis, increasingly used in Canada.[43] Terminology to consider avoiding: Indian (unless referring to a legal document, e.g., Indian Act), Native (unless stating title of organization), Aboriginal (unless stating title of organization), Canada's Indigenous Peoples (use 'Indigenous Peoples living in Canada' instead).
First Nation	Refers to a group of people who have distinct cultures, languages, traditions and connections to a particular land base of traditional territory. Use "First Nations" when collectively referring to reserve-based communities; in specific references, use the name that the community uses publicly and prefers, e.g., Saugeen First Nation.[44] Terminology to consider avoiding: Indians, Natives, Native Americans, Native Canadian, Tribe.
Métis	During the fur trade of the 18th century, some First Nation communities and Europeans married among themselves and therefore created the emergence of a new Indigenous people – the Métis People – with their own unique culture, traditions, language, and way of life.[45] Terminology to consider avoiding: Indian, Native, Native American, Native Canadian.

Inuit	Indigenous Peoples of northern Canada, primarily residing in Nunavut, Northwest Territories, northern Quebec, and Labrador. Ontario has a small Inuit population. Inuit are not covered by the Indian Act. Use 'Inuk' for an individual, 'Inuuk' for two, and 'Inuit' for three or more. In the Inuktitut language, the term Inuit translates to "the people," so avoid saying "Inuit People" which is the same as saying "the people people".[43, 44] Terminology to consider avoiding: Eskimo
Urban Indigenous Peoples	Refers primarily to First Nations, Inuit and Métis individuals currently living in urban areas.[46]
Two-Spirit	The term Two-Spirit is sometimes used as an umbrella descriptor by Indigenous Peoples who identify with various gender identities, such as gay, lesbian, bisexual, trans, etc. Additionally, if often signifies the specific cultural and community roles that Two-Spirit individuals play, as they are recognized in many Indigenous traditions for embodying both male and female energies.[47]
Elder & Traditional Knowledge Keeper	The terms "Traditional Knowledge Keeper" and "Elder" are not traditional words and are sometimes disputed by various communities. Traditional Indigenous knowledge keepers encompass a range of roles, including first language speakers and elders. While Elders are the most recognized type of knowledge keeper, there are specific protocols regarding how one is given that title. It's important to note that not all older Indigenous individuals are considered elders. Elders are deeply respected members of their communities, serving as the keepers of traditional teachings, cultural knowledge, spiritual connections, and honored wisdom.[47] Terminology to consider avoiding: Old Indian, senior.
Land & Territory **Traditional Territory** **Unceded Territory**	Use "traditional territory" in recognition of lands traditionally used and/or occupied by First Nations.[44] Use "Unceded" to refer to land not turned over to the Crown through treaty or other agreements.[44] Terminology to consider avoiding: A 'reserve' is a legally defined geographical area set aside by the federal government exclusively for use by a specific First Nation. In general, it is better to refer to a "community" than to a "reserve" or "band".[44]
Ceremonial/ traditional tobacco	Tobacco has been used by Indigenous Peoples for thousands of years in traditional practices. It holds significant cultural importance and is being utilized for ceremonies, healing, and as a means of giving thanks.[48]

	Terminology to consider avoiding: Referring to tobacco solely as a commercial product.
Smudging	Smudging is a traditional ceremony aimed at purifying or cleansing the soul of negative thoughts of a person or place.[49] Terminology to consider avoiding: smoke, smoking, or burning of incense.

Cultural appropriation refers to the unacknowledged or inappropriate adoption of the customs, practices, ideas, and other cultural elements of one group by members of another, typically more dominant group.[50] Below are some commonly used expressions and terms that may carry negative connotations and should be avoided, along with suggested alternatives and the rationale behind them.

Common Expressions/Sayings	Suggested Alternatives	Rationale
Low on the totem pole, Climbing the totem pole	Ranked as low, Advancing in rank	Totem poles are very sacred items to the people who carve and display them. The figures represent familial legends, clan lineages or notable events.[50]
Pow Wow	Meeting, Gathering	Pow Wow(s) are social gatherings for ceremonial and celebratory significance conducted under strict protocols. Referring to a business meeting in this way undermines its cultural importance.[50]
Chief [of a department]	Manager, Head, Lead	Chiefs are respected leaders within their communities, chosen by consensus or ancestral lineage. Using this term in a corporate context diminishes its cultural significance.[50]
Stakeholder(s)	Partner(s), Interested/Affected Parties/Groups, Collaborator(s)	In a colonial context, “stakeholder” refers to those who claimed land by driving a stake into it, often representing the act of occupying or stealing from Indigenous territories.[51]

Gender and Sexuality

Perinatal care is often viewed through a gendered lens, yet not everyone who experiences pregnancy identifies as a woman. Transgender men and nonbinary individuals can also give birth. In paediatric and youth healthcare, there is growing

recognition of the importance of gender-affirming care, especially as more youth identify with a gender different from the sex assigned to them at birth.[52] Inappropriate use of gendered language can lead to significant negative outcomes, including exclusion and loneliness, gender dysphoria, prejudice, discrimination, avoidance of care, and lack of understanding.[53]

"Caring about, and for, people's health, including their reproductive health, must include thoughtful renaming practices that promote inclusion and the search for words of recognition and respect."[54]

Using inclusive language is vital for fostering respect, understanding, and equitable care for sexually and gender-diverse individuals, ultimately contributing to their overall well-being.

Definitions:

Sex	is usually categorized as male or female, and refers to a set of biological attributes, typically including chromosomes, gene expression, hormone levels and function, and reproductive/sexual anatomy.[55]
Gender	is not biological. It is a social and cultural construct that refers to roles, behaviours, and expressions of identities of girls, women, boys, men, and gender diverse people.
Gender identity	relates to how a person feels and sees themselves. This feeling may or may not align with the sex (male, female, ambiguous or intersex) that they were assigned at birth and can change over time. Gender-expansive identities exist either between or outside of the male/female binary, such as genderfluid, genderqueer, non-binary or agender.
Gender expression	is how a person presents their gender through behaviour, outward appearance (e.g., clothing, hairstyle, voice, etc.), their chosen name and pronouns.[56]
Sexual orientation	refers to one's own sexual interest or attraction and covers the range of human sexuality—from heterosexual to lesbian, gay, bisexual and many other terms people may use to describe their sexual orientation. It is not related to their gender identity.

Gender-affirming care includes using gender-inclusive language, defined as "speaking and writing in a way that does not discriminate against a particular sex, social gender, or gender identity, and does not perpetuate gender stereotypes."[57] Since a person's gender identity, expression and sexual orientation are fluid and cannot be assumed based on appearance, it is important to use gender-inclusive or gender-additive language, especially with individuals you are meeting for the first time. (Ontario Health Guidelines for Conscious Language, 2023, *unpublished internal document*). Here are some recommended practices:

- Ask for Pronouns: In one-on-one clinical settings, inquire about individuals' preferred pronouns.

- Affirm Pronouns: Use known pronouns consistently to affirm a person's gender identity.
- Use Singular They: When pronouns are unknown, use the singular 'they' to avoid assumptions.
- Employ Nongendered Terms: Whenever possible, use nongendered language, even when discussing typically gender-specific health conditions.[58]

Below are examples of gender-additive (expansive) and gender-inclusive (neutral) terms and phrases for use when preferred gender is unknown:

Gender Additive	Gender Inclusive
Women and everyone, clients, patients, guests, all	Everyone, clients, patients, guests, all
Wife/husband and spouse, partner, significant other, support person, parent	Partner, significant other, support person, parent
She/her/hers, he/him/his or they/them/theirs	They/them/theirs
Woman and person/individual with ovaries/a uterus/a cervix/testes	People/individuals with ovaries/a uterus/a cervix/testes
Breast/chest feeding and lactating, nursing, pumping, infant feeding	Lactating, nursing, pumping, infant feeding
Pregnant woman, person, individual or pregnant women, people, individuals	Pregnant person/people, individual(s)
Women's reproductive, perinatal/prenatal/postpartum health	Reproductive, perinatal/prenatal/ postpartum health
Mother(s)/maternal/maternity and Parent(s)/parental/perinatal	Parent(s)/parental/perinatal

For Reflection

Navigating Inclusive and Additive Language in Perinatal Care [59, 60]

The terms "mother", "maternal" and "maternity" are deeply ingrained in perinatal care, yet deciding whether to use these gendered terms or more inclusive language can be complex.

On one hand, the term *maternal* can be limiting. Traditionally, it has centered on the role of women who give birth, often excluding other identities and experiences within perinatal care. For instance, it may not fully encompass the experiences of non-binary or transgender individuals who experience pregnancy, childbirth, or parenting. This

limitation underscores the importance of using more inclusive language that better reflects the diversity of experiences in perinatal care.

On the other hand, the use of terms like "maternal" or "maternity" can be necessary in specific contexts. These gendered terms can help maintain clarity, especially when addressing aspects of pregnancy, birth, and parenting historically tied to women. Additionally, such terms may reflect feminist ideals and hold personal or cultural significance for many individuals, particularly in communities where "motherhood" is central to identity.

Ultimately, the decision to use gendered or inclusive language requires careful reflection on several factors, including the preferences of the audience, the context of the communication, and purpose of the message. A thoughtful, nuanced approach—whether using inclusive language that covers all identities or additive language that combines gendered and neutral terms—can help ensure that language remains both respectful and effective.

Relationships and Family Status

Relationships and family structures are diverse, encompassing common-law partnerships, marriages, individuals without partners or children, blended families, lone-parent families, and chosen families. The Ontario Human Rights Commission defines family status as "a parent and child type of relationship, that may not be based on blood or adoption ties, but that is based on care, responsibility and commitment."[61]

It is important to recognize that there is no single "right" way to form a family, and individuals may have limited control over their family structures and relationship statuses. Therefore, using inclusive language is crucial to ensure that all configurations of family and relationships are recognized and welcomed. This can be achieved by inviting individuals to self-define their kinship and family structures, including the role that different individuals play in their lives. Recognizing and supporting the diversity of relationships and family structures can have profound positive effects on parenting, ultimately contributing to the healthy development of children.

Terminology to Consider Using	**Terminology to Consider Avoiding (may be outdated, inaccurate, or inappropriate if preference is unknown)**
[name], Dr., Mx	Mr., Mrs., Miss., or Ms., Sir/Madam
Spouse, partner, significant other	Husband, wife, boyfriend, girlfriend
Parents, co-parent, guardians, family	Mother, father, mom, dad
Children or child	Son, daughter
Sibling	Brother, sister
Grandparents	Grandmother, grandfather

Biological parent, chosen family	*Language that may overlook family diversity*
Blended family	Divorced family, mixed family, stepfamily
Intended parents	Legal parents
Gestational carrier/gestational surrogate	Surrogate mother
Non-gestational parent(s), non-genetic parent(s), adoptive parent(s)	Adopting mom(s) or dad(s)[62, 63]

Looking Ahead

This guide is not exhaustive, and PCMCH and BORN recognize that language is continually evolving. While this version does not cover socioeconomic status, religion and spirituality, body image and size diversity, neurodiversity, age and aging, and other important areas, we acknowledge their significance and plan to consider them in future updates. The inclusive language framework and guiding principles outlined in this guide provide a valuable foundation for choosing appropriate terminology in these contexts.

As we move forward, we encourage ongoing dialogue and feedback to enhance our understanding and application of inclusive language within perinatal and child healthcare. Together, we can foster environments that respect and honor the diversity of all individuals, ultimately enhancing communication and care in our communities.

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