

Clarity of guidelines concerning the care of pregnant women is lost by the use of de-sexed language

We welcome the development of guidelines for the anticoagulant management of pregnant women with artificial heart valves (1) but have significant concerns that their clarity is limited by the use of de-sexed language. We continue to observe women dying during or after pregnancy each year in the UK Confidential Enquiries into Maternal Deaths as a result of inadequate anticoagulation, inappropriate switching of anticoagulants or incorrect anticoagulant dose monitoring (2). Ensuring clear guidance for clinicians who are not expert in the care of pregnant women is essential. However, women are almost invisible in this guideline. The term “WOMAN” appears in the main text of the document only as the title of a clinical trial and the term “women” only once, we presume due to an editing omission.

As a result, the intelligibility of many of the recommendations is lost. It is unclear, for example, who exactly is the intended target of several recommendations. The term “individuals with mechanical heart valves of childbearing age” is hard enough to understand for those of us with English as a first language. How that may be interpreted by those less fluent in English, including colleagues abroad for whom British Society for Haematology guidelines frequently set a gold standard, we can only speculate.

We recognise that all people giving birth do not identify as women and strongly support inclusive practice. However, ill-considered language changes such as this are helpful to no-one. Gribble and colleagues (3) have eloquently set out many of the consequences of using de-sexed language when communicating about pregnancy and lactation, including a decrease in overall inclusivity and the introduction of inaccuracy, precluding precision and creating confusion.

Other organisations, such as the UK National Institute for Health and Care Excellence (NICE), have adopted the principle of using an inclusivity statement when, as in a guideline concerning the care of pregnant women, adopting de-sexed language will have major impacts on clarity and accuracy, as well as other negative impacts such as dehumanising women. We call on the British Society for Haematology to do the same.

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References

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