EDITORIAL

BIRTH LANGUAGE: A RENEWED CONSCIOUSNESS

''Delivery!!!'' That shrill pronouncement comes resonating down the hallways of labor and delivery floors everywhere. Is it Fed Ex with an L.L. Bean order? Or did the lunch order arrive? Well, no, actually, it's the ''multip'' with the ROP in labor room 2!

But, where is the powerful woman who is giving birth to her miracle child? Has she been lost in the process? Who are the women who are delivered, sectioned, vacuumed, and suctioned each and every day? The language that birth attendants use reflects their attitudes and influences their beliefs.

A woman who gives birth becomes an object when the language midwives use objectifies her. When a woman is ''delivered by the midwife'' or when a midwife ''does the delivery,'' the woman who gave birth is not perceived as the center of her own experience. Language is powerful and no matter how philosophically correct midwives' beliefs may be, their words may reflect an unconscious need to be in control.

When language ''acts upon'' a passive receiver, the midwife becomes the director and the mother's experience is lost in a pool of generalizations that negate her humanity. How many times have midwives heard or even said themselves: ''Room 1 got sectioned''; ''There's a demise in room 3''; ''Everyone's delivered, the board is clean''? Midwives all over the country participate in obstetric and medical language that perpetuate the notion of passivity in those who seek health care services. Often, it is an unconscious participation or a collaboration of convenience. It is faster to say ''delivered'' than to say ''gave birth.'' It is more generally understood to say ''I delivered that patient,'' than ''I attended that birth.'' Truthful language that puts the mother and woman at the center is a humble language where the midwife is not the star of the performance.

The 19th century male view of gynecology set the stage for language that contemporary midwives have inherited and not challenged. Classic textbooks have objectified physical and psychological female function. Throughout J. Marion Sims' ''Clinical Notes on Uterine Surgery'' (1), for example, the vagina has a ''mouth,'' the womb a ''neck'' and a ''throat,'' and he compared the cervix to ''the tonsils.'' In the 1860s, surgical gynecologic treatments were initiated to treat psychological disorders, identifying a woman's sexual organs with her whole being. Clitoridectomy and oophorectomy were performed to cure neurosis, masturbation, and abnormal menstruation (1). Is it a mere coincidence that *hysteria* comes from the Greek word for uterus? A recent article in an obstetrics and gynecology journal reflects the cultural control of women in its language, '' . . . conquering the unfavorable cervix'' (2).

The most recent Core Competencies for Basic Midwifery Practice, adopted by the American College of Nurse-Midwives in May 1997, include ''Hallmarks of Midwifery.'' The hallmarks reflect a powerful belief system within midwfery culture. Some examples are ''empowerment of women as partners in health care,'' ''advocacy for informed choice, participatory decision making, and the right to self-determination,'' ''skillful communication, guidance, and counseling,'' and ''effective communication and collaboration with other members of the health care team'' (3).

There are barriers to change for midwives. In a medical culture where midwives struggle for professional visibility and recognition, adopting the language of obstetrics has been perceived as a minor trade-off. Yet, the words the profession uses will influence its ingrained beliefs and actions; midwives need to become more aware of the effect language can have. Words that diminish a woman's uniqueness and humanity may negatively influence a sense of mutual respect. A midwife may say, ''Oh, I really don't mean it the way it sounds; I only talk like that on the floor.'' That is similar to silent participation in racist, homophobic, antisemitic, or sexist jokes because ''they'' are not nearby. Midwives must be brave and demonstrate courage.

Midwives who practice outside of the hospital, in home births or birth centers, have had the opportunity to develop a new vernacular. For example, at one out-of-hospital birth center, ''expected date of confinement'' has been changed to ''expected date of birth.'' However, language that is smooth, economical, and readily communicated, as well as respectful to women's experience, must be invented for all birth settings. It would be an empowering move to unilaterally replace ''delivery'' with ''birth.'' This would include the replacement of ''normal spontaneous vaginal delivery'' with ''spontaneous vaginal birth.'' Are not all births normal anyway? The use of *normal* in the case of birth predisposes the possibility of an abnormal vaginal birth.

In summary, birth attendants need to examine the

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words they use to express birth. The awe-inspiring strength that they are privileged to witness at each and every birth must be returned to the source. Only in this way can the empowerment of women be fulfilled.

One can only imagine the day when ''Delivery!!!'' gives way to the gentle and awe-filled announcement that, ''Powerful woman in room 1 gave birth to a beautiful baby!''

Laura Zeidenstein, CNM, MSN
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REFERENCES

1. Barker-Benfield. The spermatic economy: a nineteenth century view of sexuality. Feminist Studies 1972;1:383–9.

2. Xenakis EMJ, Piper JM, Conway DL, Langer L. Induction of labor in the nineties: conquering the unfavorable cervix. Obstet Gynecol 1997;90:235–9.

3. American College of Nurse-Midwives. The core competencies for basic midwifery practice, May 1997. J Nurse Midwifery 1997;42:373–6.

ERRATA

In the November/December 1997 issue of the *Journal of Nurse-Midwifery*, reference 22 was inadvertently omitted from page 534 of the article ''Public health approaches to community-based needs: Boston's infant mortality crisis as a case study'' by Jo-Anna L. Rorie et al. It should read: Rorie JL, Paine LL, Barger MK. Primary care for women: cultural competence in primary care services. J Nurse Midwifery 1996;41:92–100.

In the January/February 1998 issue of Journal of Nurse-Midwifery, the name of Associate Editor Pennie Sessler Branden was incorrectly spelled.

In the same issue, the following reference was inaccurately cited on pages 35 and 70: Platt LD, Angelini DJ, Paul RH, Quilligan EJ. Nurse-midwifery in a large teaching hospital. Obstet Gynecol 1985; 66:816–20.