

Respectful language in intrapartum and newborn care

Dilys Walker and colleagues (August, 2020)¹ describe the efficacy of a quality improvement package for intrapartum and immediate newborn care. It was encouraging to see that such a package reduced the risk of intrapartum stillbirth and neonatal mortality among preterm and low-birthweight babies in Kenya and Uganda, saving hundreds of babies' lives.

Efforts in reducing the number of stillbirths and perinatal deaths such as these are always welcome, and we thank the researchers for their work. This research highlights the importance of a multi-pronged approach including strengthening of maternity register data, application of a modified WHO Safe Childbirth Checklist, provider mentoring using PRONTO simulation and team training, as well as quality improvement collaboratives.²

A relevant part of the care after stillbirth and neonatal death is bereavement support and respectful care. This support includes the importance of language—the way stillbirth is talked about and the way parents are communicated with. Appropriate information and respectful communication are recommended in all guidelines on stillbirth and neonatal death and are also related to increased permission or consent for post-mortem examinations. Medical jargon, disrespectful language, and insensitive interactions are associated with fewer opportunities for shared decision making.³ Our work has shown that health-care professionals can improve their communication skills if they have access to appropriate training and a respectful care package.⁴

Respectful language is also necessary in academic writing.⁵ Adopting woman-centred, respectful language when authors write about pregnancy,

childbirth, and puerperium, and considering the effect of the words we write on the people who will read them, might help to include respectful care into usual care. Women and families have access to academic journals and we feel would be dismayed to see their babies referred to as fresh stillbirths, especially in the title of a scientific manuscript published in an important health journal. Stillborn babies are babies, not pieces of flesh, and they should never be described as fresh.

We acknowledge that this term is used in academic and medical writing, but this language is dehumanising and widely considered offensive by parents of stillborn babies. We request that the editors of the *Lancet* journals and future authors consider the power of their words, especially in not adding to stigma and distress of families. Alternative words, such as intrapartum stillbirth, can be used to describe the same concept in a more respectful way.

We declare no competing interests.

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Claudia Ravaldi, *Alfredo Vannacci, Caroline Homer
alfredo.vannacci@unifi.it

PeaRL Perinatal Research Laboratory, University of Florence, CiaoLapo Foundation for Perinatal Health, Stillbirth and Perinatal Loss Support, Prato, Italy (CR, AV); and Maternal, Child and Adolescent Health Program, Burnet Institute, Melbourne, VIC, Australia (CH)

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