



## Promoting Respectful, Gender-inclusive Spaces through Mindful Communication

## Land Acknowledgement

BC Women's Hospital + Health Centre and Perinatal Services BC are honoured to operate on the traditional, unceded and ancestral lands of the Coast Salish First Nations, specifically the x̱w̱məθḵw̱əy̱əm (Musqueam), Sḵwx̱w̱ú7mesh (Squamish), and səliłwətał (Tseil-Waututh) Nations.

We recognize that the people we serve come from Indigenous communities throughout British Columbia and include First Nations, Inuit and Métis Peoples. We commit, with gratitude, to strengthening our relationships with Elders, knowledge keepers, and traditional custodians of these lands as we work together to provide culturally safe and inclusive health care for everyone.

## Referencing this Document

BC Women's Hospital + Health Centre and Perinatal Services BC, 2025. PRISM: Promoting Respectful, Gender-inclusive Spaces through Mindful Communication, Vancouver, BC.

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## Acknowledgements

This guide was developed by the Population Health Promotion team at BC Women's Hospital + Health Centre in collaboration with Perinatal Services BC, with the support of advisors across the Provincial Health Services Authority (PHSA), government, and community.

This project engaged a number of people, each of whom contributed valuable time and expertise to this guide. We would like to specifically acknowledge the following people:

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# Table of Contents

<b><u>The Need for Gender-inclusive Communication</u></b> .....	<b>4</b>
Gendered health services are often unsafe and exclusionary .....	6
Health-care workers have the right to a safe work environment .....	8
Gender-inclusive care benefits everyone.....	9
Indigenous perspectives are essential to providing inclusive health services .....	11
<b><u>Foundational Concepts</u></b> .....	<b>12</b>
Sex and gender .....	14
Gender norms, identity and expression .....	15
Sexual attraction and/or sexual orientation .....	21
2SLGBTQIA+ .....	21
Intersectionality .....	22
Gender and health care .....	23
Why these concepts matter.....	24
Gender equality, equity and parity.....	26
<b><u>Principles-based Approach to Gender-inclusive Communication</u></b> .....	<b>27</b>
<b><u>Inclusive Nouns and Pronouns</u></b> .....	<b>30</b>
<b><u>Strategies for Communicating about Sexual, Reproductive and Perinatal Health Care</u></b> .....	<b>35</b>
Four strategies for gender-inclusive writing .....	37
Making health-care terminology more gender inclusive.....	38
Writing about anatomy.....	39
Using alternative terminology .....	40
Inclusive visuals and design .....	43
<b><u>Practicing Gender-inclusive Communication</u></b> .....	<b>47</b>
Learning more .....	49
<b><u>References</u></b> .....	<b>55</b>

# The Need for Gender-inclusive Communication



Language reflects and reinforces our attitudes.  
When we evaluate our language, we examine more  
deeply the assumptions that frame our work.<sup>1</sup>



Prisms reveal that light is actually a spectrum of colours. In the context of this guide on gender-inclusive communication, the concept of a prism reminds us of the diversity of health-care workers and the patients and families we serve. The word prism also refers to an object that can clarify or distort, reminding us that communication tools can promote understanding or can serve to reinforce stereotypes and outdated, harmful assumptions.

The services, resources, and information offered by BC Women's Hospital + Health Centre (BC Women's) and Perinatal Services BC (PSBC) deal with sexual, reproductive, and perinatal health. These highly gendered programs tend to operate on the assumption that patients and clients are cisgender women partnered with cisgender men. This assumption is sustained in everyday practices such as how we greet people, label services, describe procedures, and provide health information. By challenging these assumptions, and by revising the words we use in both direct patient care and other forms of communication, we increase the visibility and safety of gender-diverse patients, supporters, families, providers, and staff.<sup>2</sup>

This guide, *PRISM: Promoting Respectful, Gender-inclusive Spaces through Mindful Communication*, is designed to assist you with creating, reviewing, and revising your written communication products, whether they be signs, forms, documents, memos, policies, guidelines, websites, research articles, or learning aids. We aim to be instructive not prescriptive. We offer recommendations and provide strategies to communicate that are identity-affirming, avoid stereotyping, and honour and celebrate diversity. While many of the strategies offered can be used in direct patient care, this guide is primarily directed at improving written communication.

Providing direct patient care differs from writing for or speaking to a general audience; it involves engaging with individuals, their partners, families, and other support people. It requires asking people how to pronounce their names, learning their pronouns, and using them both consistently throughout their care. But writing for or speaking to a broad audience requires adopting terms that work for all readers or listeners, regardless of whether we know their identity. These situations require us to be thoughtful and careful about word choices and to choose photographs or commission illustrations that reflect the diversity of health-care staff, researchers, leaders, and patients or clients.

## Gendered health services are often unsafe and exclusionary

“Inclusion directly affects the health of a new baby and their families. We chose BC Women’s because of its stated commitment to 2SLGBTQ+ inclusion in reproductive care, but we were deeply disappointed by how much that commitment fell short. BC Women’s has significant work to do to genuinely support families like ours. The staff have the power to make inclusion a reality, but without that commitment, families like ours will continue to face unnecessary challenges during some of the most critical moments of our lives.”



— a former hospital patient

Research demonstrates the health consequences of being excluded, stigmatized and marginalized. National survey data indicate, for example, that people identifying as bisexual, gay or lesbian report low self-rated mental health; this finding has been attributed to the effects of minority stress arising from living in a hostile social environment.<sup>3</sup> Chronic stress affects both physical and mental health and can lead 2SLGBTQIA+ people to avoid health care.<sup>4</sup> For instance, pregnant nonbinary and transgender people are known to sometimes give birth unattended, a practice known as freebirthing<sup>5</sup>, which can put both the birthing person and infant at risk.<sup>6</sup>

Trans and nonbinary people also report not seeking emergency or preventive health care due to past experiences of discrimination. In a recent study on accessing sexual assault services, a nonbinary sexual assault survivor reported that they would not seek care at the hospital where they worked due to the risk of being outed, disrespected, and receiving unsafe care.<sup>7</sup> Other research demonstrates persistent unmet needs and/or delays in care, including gender-affirming care, for trans and nonbinary people in Canada.<sup>8</sup>

At BC Women's, patients have reported being misgendered—being referred to or addressed as the wrong gender, such as a trans man being referred to as “mother” instead of “father” and as “she/her” instead of “he/him”. We have also heard about patients, families and staff feeling invisible. When health-care organizations assume that all couples are heterosexual, all birthing parents are cisgender women, and all families are led by two parents, we effectively erase other kinds of family structures such as queer or polyamorous families, as well as families who foster, adopt, or conceive using a donor or a surrogate.

“Continued reliance on health-care systems that normalise cisgender and heterosexual identity further isolates trans and non-binary communities from health care, restricting their access and widening disparities”.<sup>9</sup>



Homophobia, transphobia, classism, ageism, ableism, racism, and sexism contribute to and perpetuate conditions that diminish people and damage their health. We need to understand how the intersections of these systems affect individual experiences, including in health care, and we need to practice clear, safe communication for all, challenging ciscentric and heteronormative social norms and stereotypes.

## Health-care workers have the right to a safe work environment

Global estimates still suggest that 70 percent of health-care workers are women, 30 percent men. In BC, in 2021, over 286,000 people were employed in health care, representing over 11 percent of workers in all industries in the province.<sup>10</sup> While we do not have data on the numbers of 2SLGBTQIA+ people working in health care in the province, complaints from PHSA staff and providers confirm that racism, sexism, ableism, transphobia, and classism affect not only patients and families but also those of us who work in health care.

A 2024 Gallup poll reported that the proportion of US adults identifying their sexual orientation or gender identity as other than heterosexual and cisgender rose from 3.5 percent to nearly eight percent between 2012-2023.<sup>11</sup> Different generations are showing even greater sexual and gender diversity, with more than one in five younger adults aged 18-26 and nearly one in ten aged 27-42 identifying as LGBTQ+. In contrast, it was reported that. . .

... in the 2017–2021 Association of American Medical Colleges Graduation Questionnaire (a survey that is given to fourth-year medical students in doctor-of-medicine programmes in the USA and Canada), ≤5% of responders identified as gay or lesbian or as bisexual, and <1% identified as transgender.<sup>12</sup>



These numbers are lower than we might expect given the figures reported by the Gallop poll. Are sexual and gender minority health-care workers hesitant to disclose their identity at work for fear of discrimination, misgendering, and/or denial of opportunity? Regardless of the reason, all health-care workers have the right to a workplace that is free from harassment and discrimination.

As pollsters, researchers, and government agencies expand the categories of gender identity and sexual orientation for which they collect data, we may see more people feeling comfortable enough to identify their gender outside the binary, and their sexual orientation as other than heterosexual—including health-care workers.



Our workplaces need to be welcoming spaces for all staff, clinicians, students, and contractors. Just as we strive to create safe and inclusive care for patients, clients, and families, we must work to improve the health-care system to ensure physically and psychologically safe conditions of work.

## Gender-inclusive care benefits everyone

Embracing gender-inclusive communication aligns with the *BC Health Quality Matrix*, particularly the commitment to equity:

Equity involves understanding the people being served, focusing on the social determinants of health, overcoming structural barriers and eliminating systemic oppression to address gaps in experience and care. Equity is demonstrated when every person has the opportunity to achieve their health and wellness goals regardless of their social, economic or geographic location.<sup>13</sup>



As health-care workers, we have a duty to ensure that we provide the highest quality of care for all patients who seek sexual, reproductive, gynecologic, and obstetric care, regardless of their gender identity. Everyone benefits from a health-care culture that is welcoming, person-centred, and free from discrimination.

Cisgender women are not the only people who seek abortions or become pregnant and give birth. Trans and nonbinary patients are not the only people who seek gender-affirming care, that is, care that helps people feel more closely aligned to their gender identity. Procedures such as breast reduction or reconstruction, fertility treatment, hormone use to preserve bone mass, or medication for managing erectile dysfunction all constitute gender-affirming care.

Everyone deserves access to contraception, abortion services, fertility treatment, and perinatal care, mental health and substance use services, sexual health screening, and midlife health support.



## Indigenous perspectives are essential to providing inclusive health services

BC Women's and PSBC are committed to being gender inclusive. We follow the six Coast Salish teachings shared by Knowledge Keeper, Sulksun, Shane Pointe, which guide us to communicate openly, ethically, and compassionately with everyone.

Indigenous cultures across Turtle Island have diverse beliefs. Gender- and sexually-diverse people historically held—and still hold—important roles in Indigenous societies. The *Indian Act* of 1876 imposed a colonial family structure that marginalized cisgender women, including those from matriarchal societies, and attempted to erase Indigenous people who did not fit the straight, cisgender binary.

As we challenge these harmful colonial practices, we must respect and uphold the rights of all Indigenous Peoples. To make sexual and reproductive health care safe and appropriate for gender diverse people and their families of choice, we need to work with First Nations, Inuit, and Métis patients, families, staff, Elders, and Knowledge Keepers. This collaboration and guidance helps us understand how gender perceptions and misperceptions affect our efforts toward truth and reconciliation and ending anti-Indigenous racism.

# Foundational Concepts



Everyone benefits when we avoid assuming a person's gender and pronouns based on their appearance.



This section of PRISM is a primer on key concepts that support gender-inclusive communication. We all need to understand the concepts of sex and gender, gender identity and expression, attraction and sexual orientation, and intersectionality. We also need to understand how settler colonialism has shaped and limited our thinking about gender.

As we each strive to use more inclusive language, remember that terms are always evolving. So, if you notice that a colleague, patient, or client uses a term you are not familiar with to refer to themselves or a family member, consider asking them about it and taking the opportunity to learn. Many organizations maintain glossaries that you can check, but community-based organizations are likely to have more up-to-date information than government sources when it comes to emerging vocabulary. See the glossaries section on page 53 of this guide for links to helpful glossaries.

## Sex and gender

The terms **sex** and **gender** are important concepts in health care with distinct meanings. They should not be used interchangeably.

### Sex

Canada's federal health portfolio defines sex as a biological attribute of both humans and animals. **Sex** refers to a combination of physical and physiological features, including “chromosomes, gene expression, hormone levels and function, and reproductive/sexual anatomy”.<sup>14</sup>

Historically, sex was thought to have only two variants—female and male—based on visual inspection of an infant at birth, but this thinking has evolved. We now know that at least 1.7% of people are intersex.<sup>15</sup> Yet this figure is likely an underestimate. According to the Intersex Society of North America, this rate is based on visible differences, and “[...] a lot more people than that are born with subtler forms of sex anatomy variations, some of which won't show up until later in life.”<sup>16</sup>

The term **intersex** is used to describe a variety of conditions in which a person is born with reproductive or sexual anatomy that does not fit the typical definition of female or male. For example, a person might be born with female-appearing external genitals but have mostly male-typical anatomy on the inside. Or a person may be born with mosaic genetics, so that some of their cells have XX chromosomes and some of them have XY.<sup>17</sup>

We now understand that sex is a combination of chromosomal, physiological, and anatomical characteristics, all of which can vary much more than the binary categories of female and male would suggest. In addition, for some people, being intersex is a political identity and should be protected under human rights legislation.<sup>18</sup>

Currently, Canadian pediatric urologists recommend replacing the term intersex with the term **Differences of Sex Development (DSDs)**.<sup>19</sup> This renaming recognizes not just differences present at birth but those which develop or are identified during puberty or adulthood.

**AFAB (Assigned female at birth) and AMAB (Assigned male at birth)** are increasingly being used on medical forms when assigned sex is needed for diagnostic or treatment purposes, while also acknowledging that a patient's lived identity may be different from that of the sex they were assigned at birth.

## Gender

**Gender** refers to people's socially constructed and defined roles, behaviours, expressions and identities. It is both an individual experience and a social category. Many parents choose to find out the sex of their baby during pregnancy and begin gendering their baby before they are even born by, for example, choosing a name or nickname, hosting a "gender-reveal" party, describing the baby's development in gendered terms (e.g., I'm having a boy so he kicks hard), or decorating the nursery in pink or blue. These examples illustrate how sex and gender have traditionally been conflated.

In British Columbia, it is now possible to obtain a genderless birth certificate, a practice that reflects increasing demand for identification that is flexible and recognizes gender diversity.

## Gender norms, identity and expression

Because gender may not align with sex assigned at birth it is important to differentiate between gender norms, gender identity and gender expression.

### Gender norms

**Gender norms** are beliefs about how people should behave based on their gender. Gender norms vary by culture, generation, and region, as well as between communities and peer groups. Gender norms and expectations form the basis for the stereotypes that underlie gender discrimination. Yet gender norms can and do change over time. Recognizing that gender is a changeable social category opens up space for diverse gender identities and expressions.

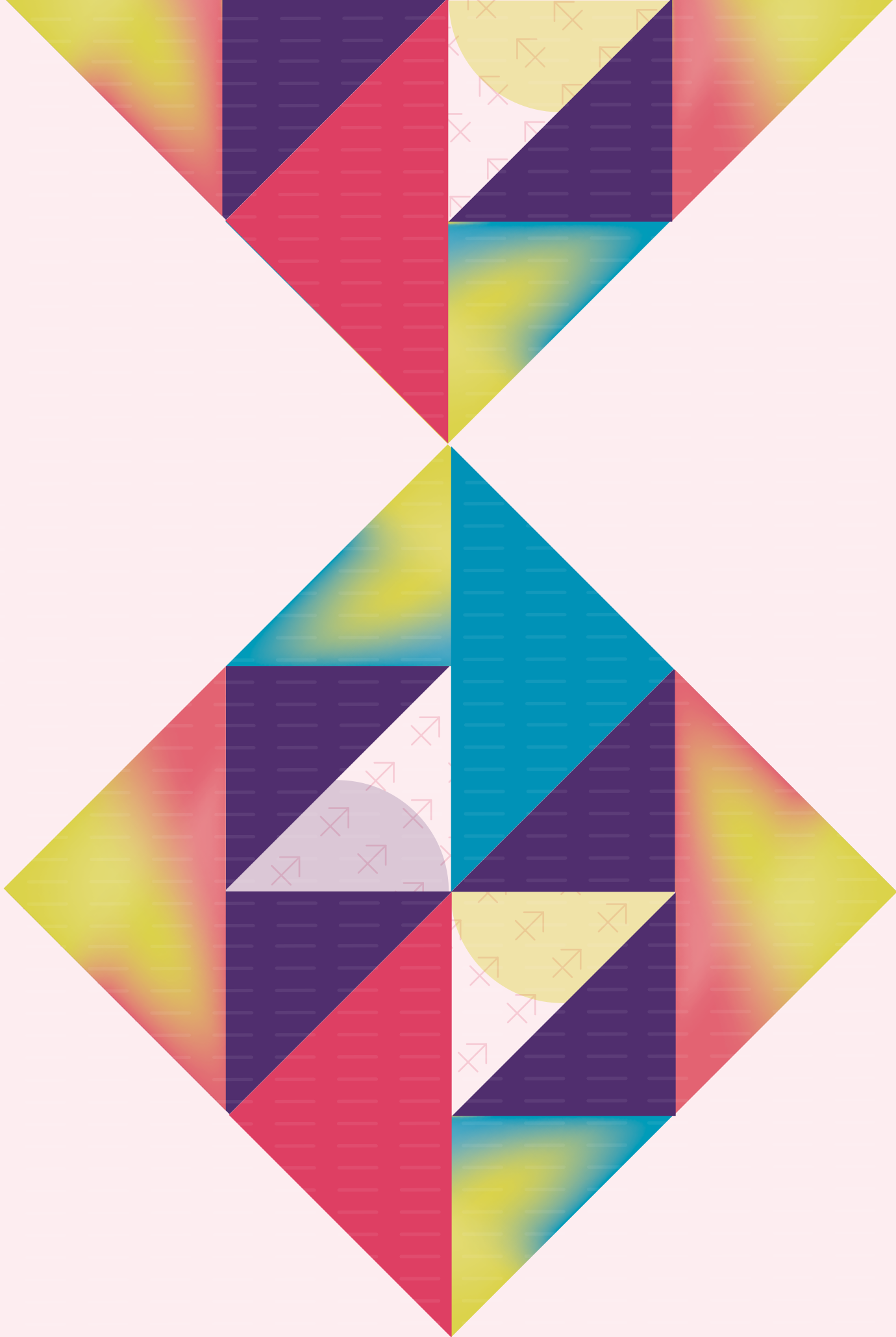
## Gender identity

**Gender identity** is the internal, psychological sense we have of ourselves as a woman, a man, a transgender person, a nonbinary or Two-Spirit person, a person with another gender identity, or as a person with no gender identity. Gender identity is not about who you are attracted to (sexual orientation).

Examples of gender identities include:

- **Agender** refers to someone who identifies as having no gender.
- **Bigender** describes someone who identifies as having two genders.
- **Cisgender (cis)** describes a person whose gender aligns with their sex assigned at birth. A cisgender woman, for example, is someone who was assigned female at birth and identifies as a woman. A cisgender man is someone assigned male at birth who identifies as a man. Man and woman are gender identities (while male and female are sexes).
- **Gender creative** refers to children who identify and express their gender in ways that are different than what society/cultures expect.
- **Gender fluid** describes someone whose gender is changeable.
- **Gender non-conforming, genderqueer or gender variant** refers to a person who does not conform to society's expectations of gender roles or gender expression.
- **Nonbinary (or non-binary)** refers to someone who identifies as neither a man nor a woman.
- **Pangender** describes someone who identifies with multiple or all genders.
- **Transgender (or trans)** is an umbrella term that refers to a wide range of people whose gender identity and/or gender expression differ from the sex they were assigned at birth and/or the societal and cultural expectations of their assigned sex.<sup>20</sup> A transgender person who was assigned female or male at birth may identify as a woman, man, a combination, or neither. The historic, Eurocentric notion of gender as binary “erases all those whose gender identities fall outside this order, such as intersex and nonbinary individuals, as well as those who transgress prescribed gender roles, including other members of the LGBTI [sic] community”.<sup>21</sup>





## Indigenous gender identities

The term **Two-Spirit** (sometimes written as 2-Spirit) “is an Indigenous-defined, pan-Native, North American term that refers to a diversity of Indigenous LGBTQ[IA+] identities, as well as specific nonbinary expressions of gender”.<sup>22</sup>

The term Two-Spirit is specific to Indigenous communities and is not interchangeable with LGBTQIA+ identities, so it is inappropriate for non-Indigenous people to use Two-Spirit to refer to themselves.

“Two-Spirit is not intended to replace Nation-specific terms in an individual’s Indigenous language but rather is meant as a placeholder, or as a means through which they can eventually find and reconnect with these Nation-specific traditions”.<sup>23</sup>

Not all non-binary Indigenous people use the term Two-Spirit to describe themselves. Some Indigenous people, particularly younger people, use the term Indigiqueer, while others use terms specific to their language and culture. These terms are sometimes used instead of and sometimes in conjunction with LGBTQIA+. Trans Care BC offers videos about [Indigenous gender identities](#).

“Two-Spirit peoples are celebrated and considered sacred for their unique capacities and roles in their respective Indigenous communities. Just as Indigenous men and women have specific roles in their communities, Two-Spirit peoples have their own roles. The colonization process, such as boarding schools, dislocation from their land, Indian hospitals, and reservations, systematically restricted, suppressed, and disrupted Two-Spirit individuals from expressing or fulfilling their distinct sexual, gender, and spiritual roles within their Nations. The contemporary Two-Spirit movement reflects resistance, survival, and cultural thriving despite colonial attempts at erasure”.<sup>23</sup>



## Gender expression

The term **gender expression** refers to the ways in which people communicate their gender to others through behaviour, clothing, hairstyle, voice, and other forms of personal presentation. Gender expression may or may not conform to society's expectations of gender (gender norms).<sup>24</sup> People may also express their gender differently in different situations, such as at work, at home, with friends, or with family.

People may perceive a person's gender expression as masculine, feminine, or androgynous, among others, regardless of that person's intended gender expression. This is because we interpret gender expression through the lens of our own culture and upbringing. This interpretation is usually based on the traditional, binary, gender norms of a particular society and culture. These norms are reflected in expectations about how *men* and *women* should:

- dress and wear their hair,
- speak and be spoken to,
- play with toys and engage in sports activities,
- be educated,
- work in or outside the home,
- be classified and treated under the law,
- have sexual or romantic relationships,
- and define and form families.

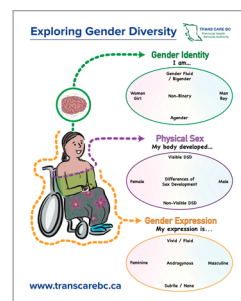
Just as with gender identity, there are myriad ways that people express their gender. Some common ways of expressing gender are:

- feminine
- masculine
- gender-neutral
- androgynous
- gender-non-conforming

These forms of gender expression are not necessarily mutually exclusive. It is possible for someone to be gender-non-conforming and feminine, for example.

Once again, it is important to remember not to assume someone's gender identity or sexual orientation based upon their appearance.

Trans Care BC has a helpful infographic entitled, [Exploring Gender Diversity](https://www.transcarebc.ca) which illustrates the relationship between physical sex, gender identity, and gender expression.



**Two-Spirit,  
lesbian, gay,  
bisexual,  
transgender,  
queer,  
intersex,  
asexual +**

## Sexual attraction and/or sexual orientation

A person's **sexual orientation** determines to whom they feel a sexual or romantic attraction. There are many sexual orientations, and a person may find that their sexual orientation is fluid—that it changes over their lifetime. A person's gender identity and expression do not automatically indicate to others their sexual orientation. Importantly, attraction may be romantic, sexual, intellectual, emotional, physical or some combination thereof.

A person's sexual orientation could be lesbian, gay, straight, queer, bi, or pansexual, among others. Sexual orientation is commonly (but not always) determined by the gender of the people that one is attracted to. Sexual orientation also refers to a person's sense of identity based on those attractions, related behaviours, and membership in a community of others who share those attractions, for example, lesbian, gay, straight, asexual, queer, bisexual or pansexual, among others.

## 2SLGBTQIA+

In discussions of gender, we often use the abbreviation, **2SLGBTQIA+**. This stands for Two-Spirit, lesbian, gay, bisexual, transgender, queer, intersex, asexual, and additional people who identify as part of sexual and gender diverse communities.

This abbreviation mixes sexual orientation and gender identity, which can be confusing as you try to navigate the distinctions laid out here. Practically, however, the power of this abbreviation is that it recognizes numerous groups of people who share a common experience of being marginalized because of their sexual orientation, gender identity, gender expression, or all of the above. By using this abbreviation, we focus on what they have in common—marginalization and discrimination—rather than what makes each group different.

## Intersectionality

Kimberlé Crenshaw coined the term **intersectionality** to describe the ways in which multiple forms of oppression—as well as opportunities and privileges—compound themselves.<sup>25</sup> Crenshaw's initial analysis illustrated how Black women were disadvantaged both as women **and** as Black people and that sexism and racism compounded their oppression, creating a new category of experience or social location that was distinct from that of both *white women* and *Black men*.

This insight can be expanded to help us understand gender and gender relations. Gender, as a facet of individual identity and a system, is affected by other aspects of a person's or group's social location within systems.

Social location refers to where we live, our education, our past experiences, our gender identity and expression, the languages we speak, whether we are racialized, whether we are able-bodied or use supports, and whether we are neurodivergent—all of these factors and more intersect to shape how we move through the world and how we are perceived by others.

Importantly, these elements of social location not only describe an individual, they relate to social systems. Colonialism, racism, sexism, ageism, ableism, and so on are made up of social processes, assumptions, and norms. In the context of health care, these systems can impede or facilitate access to care—depending on whether they shut down or open up opportunities, limit or facilitate access to information, and enhance or impede social connections.

## Gender and health care

**Gender-affirming care** is about more than the surgeries and social supports that help a person transition. Anyone working in health care can be gender-affirming by offering care that supports the gender identity and expression of those we serve. Examples include asking a patient their name and what their pronouns are, using them consistently and ensuring other staff do so as well. Institutions can use affirming and inclusive language in clinical forms and resources, including patient-facing materials. And facilities can provide gender-inclusive washrooms and incorporate gender-inclusive signage.

**Gender transition** is the process of making changes to align with one's gender identity. There are many changes that people can make, but each person's journey is unique. Some people take medication and/or have surgery, others change their name and/or sex designation on legal documents. Some people change their appearance, behaviour, or gender expression to better align with their gender identity. People who identify as transgender may have made, or be in the process of making, all, some, or none of these changes. Providing gender-affirming care means supporting people's gender identity as they define it.

## Why these concepts matter

“The staff’s inability to fully see us and acknowledge us for who we are—me as the birth dad (he/him) and my non-binary spouse (they/them)—made our delivery and hospital stay harmful to us, during the most vulnerable and precious moments of our lives.”

— a former hospital patient



Everyone benefits when we avoid assuming a person’s gender and pronouns based on their appearance. Assumptions can lead to **misgendering**, which is disrespectful and harmful. While anyone might occasionally be misgendered, trans and nonbinary people are more likely to be misgendered by health-care workers in sexual, reproductive, and perinatal health-care settings where assumptions about human bodies, stereotypes about sexual orientation and behaviour, and ideas regarding family formation, abound.

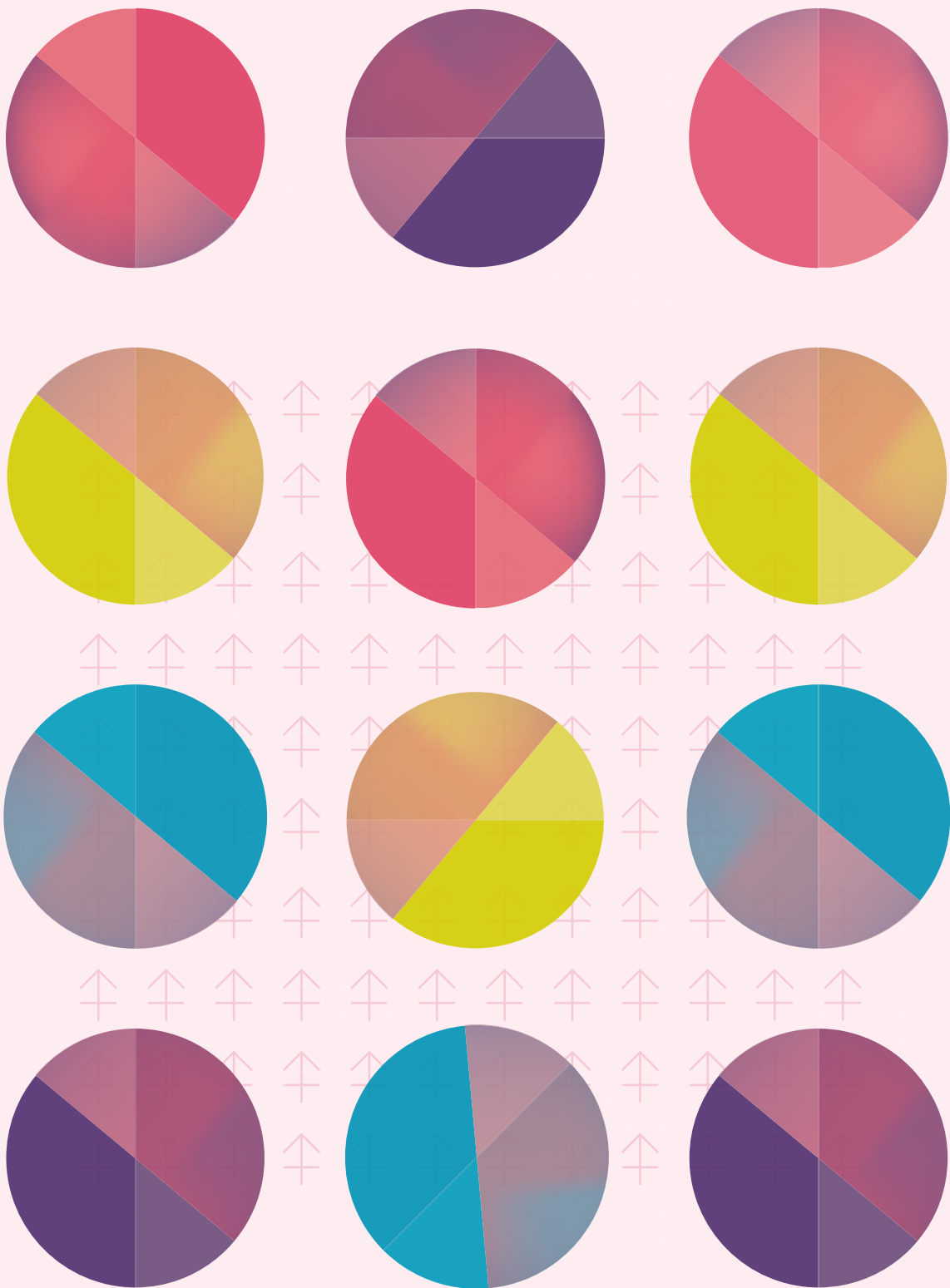
**Erasure** means to render invisible someone’s identity or experience. When we assume families are always composed of cisgender, heterosexual couples who refer to themselves as “mom” and “dad”, we render invisible other types of families such as same sex partners or families of more (or fewer) than two adults, with or without children.

**Microaggressions** are subtle acts of exclusion.<sup>26</sup> While this term contains the prefix “micro”, the impact on people experiencing the microaggression is neither small nor insignificant. Microaggressions may take the form of inappropriate inquiries (“Where are you really from?”), joking remarks (“You’re so tall!”), or disrespectful compliments (“You are really strong for a woman”).

Both patients and health-care workers may experience or witness microaggressions. Patients may be referred to as noncompliant or difficult if they question health-care advice. Health-care workers may have their qualifications questioned based on assumptions about age, race, gender, cultural background, or native language (“You don’t look like a doctor”). Mispronouncing someone’s name and not bothering to learn how to say it correctly is a microaggression that both providers and clients may commit.

Microaggressions send a powerful message that you do not belong. Because they often reflect the speaker’s unconscious bias, it can be particularly difficult for the recipient to call out the behaviour, particularly when there is a power imbalance between them.





## Gender equality, equity and parity

Gender equality and gender equity are often defined with respect to the gender binary, that is, they are taken to mean that cisgender women and men have equal opportunities (equality) or, ideally, fair outcomes (equity). But while **gender equality** refers to equivalence—people of all genders have the same chances—gender equity means “allocating resources, programs, and decision making fairly without discrimination on the basis of gender, and addressing any imbalances in the benefits available to people of different genders”.<sup>27</sup> So, **gender equity** refers to people of all genders reaching their full potential. Too often, women and gender-diverse people experience inequity, especially if they are racialized and experience poverty, ableism, transphobia and/or homophobia.

**Gender parity** refers to equal representation of genders at all levels, such as within an organization. Again, historically gender parity has only been defined with respect to the gender binary, but we must recognize that true parity means making explicit efforts to promote engagement and representation of people of all genders.

# Principles-based Approach to Gender-inclusive Communication



A principles-based approach to gender-inclusive communication focuses on providing guidance rather than prescribing exact words or behaviours.



How we communicate—the words we choose, the phrases we adopt, the images we present—can intentionally or inadvertently perpetuate the notion that gender is a binary or it can challenge gender norms by being gender neutral, affirming, inclusive or transformative.

**Gender neutral communication** involves creating discourses, spaces, signage, and so on that avoid specifying any gender, and thereby avoids reinforcing or perpetuating the gender binary.

**Gender-affirming communication** supports the gender identity and expression of the patient, family, and health-care worker.

**Gender-inclusive communication** uses language and creates spaces, policies, procedures, etc., that accommodate, validate, and honour the existence, experience, and rights of people of all gender identities and expressions. Gender-inclusive communication means using affirming and inclusive language in direct patient care and using inclusive language in clinical forms and resources.

**Gender-transformative communication**—a term that is gaining traction internationally—deliberately challenges harmful assumptions and uses language, imagery, and media to create change. Gender-transformative communication involves:

- Making gender visible when appropriate,
- Paying attention to intersecting identities, and
- Actively resisting sexist messaging and changing existing narratives.<sup>28</sup>

Gender-transformative communication deliberately challenges stereotypes. This could mean, for example, using examples in text or visuals of women in so-called masculine roles such as politician, astronaut, or scientist. Or showing gender-diverse people attending a lecture or engaged in sports. Or portraying cisgender men expressing emotions. Each of these examples challenges assumptions about how gender is supposed to be expressed.

A **principles-based approach** to gender-inclusive communication focuses on providing guidance rather than prescribing exact words or behaviours, thus allowing the writer more flexibility, and leaving room to tailor language to specific situations and audiences.

- Practice self-reflection. Take steps to learn about implicit and unconscious bias. Try to identify and understand your own biases and assumptions, including assumptions about gender and gender expression.
- Invite feedback. As self-reflection has its limits, ask trusted colleagues, friends, or family members to review your writing, speech, or choice of illustrations.
- Embrace cultural humility. Be humble and be willing to ask questions. Check in with people about how they describe themselves and their communities.
- Preserve the dignity and autonomy of all people. Embrace empowering language. Using inclusive language supports many different types of families including 2SLGBTQIA+ families and all families who foster, adopt, conceive using a donor, experience surrogacy, or are led by grandparents or step-parents.
- Consider the intended audience. The language you use should reflect the diversity of your audience.
- Context matters. Ask yourself if reference to a person's gender, culture, ethnicity, age, etc. is relevant, or improves care, or if it risks reinforcing stereotypes and creating barriers. Only mention sex, gender or sexuality if it is relevant, for example, to help people access sexual and reproductive health care.<sup>29</sup>
- Challenge assumptions, judgements and stereotypes in others, and avoid making judgements, and using stereotypes or prejudiced language yourself.

Consult style guides to ensure your work aligns with accepted standards, starting with the *PHSA Style Guide*. A list of other style guides to consult is included in the section called “Learning More” on page 49. Some of these are available online while others are available in your local library.

# Inclusive Nouns and Pronouns





A commitment to inclusion, respect and safety means we must increase our awareness and stretch our vocabularies to provide the best care possible. Doing so will also help make the workplace more respectful and welcoming.

Nouns identify a person, place, or thing, e.g., parent, city, computer. Proper nouns are nouns that refer to a specific person, place or thing. For example, Jane Doe worked at *The Vancouver Sun* newspaper. Proper nouns are capitalized to distinguish them from common nouns.

Pronouns are words such as she, he, him, her, I, me, you, they, and them, which refer to or replace a noun. We use pronouns to reduce the repetition of nouns when we speak and write: Jane worked at the newspaper. She wrote a column about microwave cooking.

English speakers and writers have a long history of using gendered nouns, many of which are no longer commonly used. Today, we use many gender-neutral nouns where previously we might have used distinct masculine and feminine forms to differentiate who was performing a role. For example, we speak of the chair of the board, the actor who starred in a film, and the letter carrier who works in our area. We say best person for the job, and we avoid speaking as if only women are teachers and nurses and only men are airline pilots. We refer to flight attendants, ballet dancers, and comedians and emphasize that a father engaged in childcare is a parent not a babysitter. When we challenge gendered assumptions about who can be an astronaut, athlete, lawyer, childcare worker, or scientist, we contribute to the evolution of social norms and create space for a wider set of possibilities. This practice transforms gender relations.

he/him/his

she/her/hers

they/them/theirs

ne/hem/nir

zie/hir

ze/zir

xe/xem/xyr



Most people have specific pronouns that reflect their identity. Whether someone identifies as cisgender, transgender, nonbinary, or Two-Spirit, pronouns are used to express one's gender identity.

Cisgender and trans men often, but not always, use he/him/his pronouns while cisgender and trans women often, but not always, use she/her/hers. Nonbinary people may prefer the singular gender-neutral pronouns—they/them/theirs. “They” is the most commonly used gender-neutral pronoun in North America, but there are other nonbinary pronouns, sometimes referred to as neopronouns. These words include ne/hem/nir, zie/hir, ze/zir, xe/xem/xyr.<sup>30</sup> Some people do not relate to any pronoun and use their name only.

An individual may use different pronouns in different situations to avoid discrimination or due to concerns for personal safety. This may also be a positive reflection of one's fluid gender identity. It is best to avoid misgendering or inadvertently outing people by asking everyone which pronouns they use and including pronoun options on intake forms.

Pronouns are important in both direct speech and writing. When creating health information resources, social media statements, or speeches, we need to think about the audience(s) and how best to refer to people.

Imagine, for example, that you are passing along a request from a patient to a provider. It is important to use the same pronouns the patient uses to describe themselves when you convey that she/he/they would like a copy of their test results. Or if you are entering a patient's room and they have a new baby, you need to know how to start a conversation without knowing the baby's sex or gender. You could say, “Congratulations on your baby. What is their name?”

When we create materials for the hospital website, however, we have to be mindful that we will not know who is looking at a particular page. The vast majority of sexual, reproductive and perinatal health services assume that patients are either cisgender women or men. Yet intersex, trans and nonbinary people also conceive and give birth, and now are increasingly doing so openly. They have a right to equitable access to health-care services. This means that health-care workers must not assume that only cisgender women become pregnant, need perinatal support, or help with infant feeding. It also means that some people who give birth will not identify as mothers and that some men will need preventive health screenings because they have a cervix and uterus.

The absence of gender-inclusive care can harm patients who have the right to receive perinatal services to confirm a pregnancy, navigate a miscarriage, or deliver a baby.

Some examples of non-inclusive care:

- The use of pink and blue crib cards in hospital to gender newborns as girls or boys. Labelling the card with “mother’s name” at the top, with no room for other labels or for self-identification.
- Labelling and referring to hospital spaces as “maternity” units instead of “labour and delivery” wards, thereby making pregnant people who do not identify as mothers feel invisible or unwelcome.

Examples of deliberate discrimination:

- Repeated misgendering of patients, such as insisting on calling the birth parent “she”, when he has said his pronoun is “he”.
- Addressing a person by their legal name after they have specified that they use a different name for themselves. This is called deadnaming and affects employees as well as patients.

A commitment to inclusion, respect and safety means we must increase our awareness and stretch our vocabularies to provide the best care possible.

Doing so will also help make the workplace more respectful and welcoming. Many workers draw strict boundaries between their employment and personal lives in order to preserve spaces where they do not have to pass or pretend. As we become more intentional in how we organize and offer care, we need to make sure that our workspaces are similarly designed to be gender inclusive.

# Strategies for Communicating about Sexual, Reproductive and Perinatal Health Care



Apply the principles and strategies and consider your audience and the context when determining which wording to use.



When it comes to inclusive communication, different strategies work better in different situations. Sometimes using gendered language is the best or only option, such as when health data are only reported using binary gender (e.g., statistics on rates of COVID -19 infection were only reported for women and men). At other times, it's better to look for alternative ways to structure sentences to avoid gendered nouns or pronouns. To avoid saying pregnant women are at greater risk for heat stroke, we can simply say that "Anyone who is pregnant is at increased risk of heat stroke during a heat emergency." Varying sentence structure has the added benefit of reducing repetition, making one's writing easier to read and more engaging.

We suggest four main strategies for varying sentences to be more gender inclusive:

- Focus on the person
- Focus on the health topic, condition or symptom
- Address the audience directly
- Use gender-additive language

You may want to use a mix of these strategies depending on the topic, the audience and the writing style needed. Regardless of which strategy you choose the goal should be to ensure understanding, avoid harm, and create safety.

# Four strategies for gender-inclusive writing

## 1 Focus on the person

Focus on the person rather than their sex assigned at birth or their gender identity. A person-focused style centres the individual first, makes no mention of sex or gender and leaves it up to the reader to determine if the information applies to them, based on their anatomy or health condition.

### Examples:

- “Anyone with a cervix should have a regular cervical screening.”
- “In order for an STI to be passed from person to person, one of those people would have to have an STI.”
- “Some people experience nausea and vomiting (often referred to as morning sickness) during pregnancy.”

## 2 Focus on the health topic, condition, or symptom

Focusing on the condition or symptom allows you to bypass the use of pronouns. This strategy is often used in academic and clinical writing. To ensure comprehension, this approach should be used sparingly when the audience is patients who may have low health literacy, or when writing for the general public.

### Examples:

- “Pregnancy can occur shortly after birth, so we recommend using birth control to avoid an unplanned pregnancy.”
- “Gestational diabetes that is not carefully managed can lead to high blood sugar levels.”
- “Nipple feeding is a term used to describe a shallow latch, which can result in sore or cracked nipples.”

## 3 Address the audience directly

This style, also called “second person” writing, uses “you” to refer to the audience, and “we/us,” to refer to the source of information (provider, organization, system, etc.). This style is increasingly used for writing health information for the general public and is considered more immediate and engaging, less formal and clinical. Addressing the audience as “you” allows the reader to determine if the information applies to them.

### Examples:

- “If you have a cervix, you should have a regular cervical screening.”
- “You could become pregnant shortly after giving birth, so you may want to use birth control to avoid becoming pregnant right away.”
- “Your milk contains everything your baby needs. It is the natural food for your baby and provides the best nutrition.”

## 4 Use gender-additive language

This approach involves naming everyone to whom the statement applies. It acknowledges that not only \*cisgender women, but also trans and nonbinary people need access to reproductive, pregnancy, and birthing health-care services. At the same time, it avoids marginalizing any one group or individual. Use gender-additive language when the other strategies do not provide enough clarity. \*The term “cisgender” should be used before “woman” when you need to indicate women who were assigned female at birth.

### Examples:

- “All cisgender women, Two-Spirit, transgender and nonbinary people who become pregnant need reliable perinatal care.”
- “Information on chest or breastfeeding should be given to all pregnant cisgender women, transgender, Two-Spirit, and nonbinary people before they give birth.”

## Making health-care terminology more gender inclusive

The focus of this section is on terminology commonly used in sexual, reproductive, and perinatal health care, and ways to create written content that is gender affirming and inclusive of all patients.

Earlier in PRISM we defined gender as “socially constructed and defined roles, behaviours, expressions and identities”, and gender identity as “the internal, psychological sense we have of ourselves”. We asserted that gender-affirming care includes “any health care that supports the gender identity and expression of those we serve”. When creating content then, it is important to use terminology that respects gender diversity and is both accurate and gender affirming.

The tables here are divided into two topics:

- Writing about anatomy
- Using alternative terminology

The examples in these tables are not intended to be an exhaustive list of health-care terms, but to serve as examples from which to draw. Neither are they meant to be a formula for replacing one word with another in every situation. We hope that you will apply a principles-based approach, use the four strategies, and consider your audience and the context when determining which wording is best to use in a particular situation.

## Writing about anatomy

When talking to patients, it is important to ask how they refer to their anatomy, to respect their relationship to their bodies, and to adopt the language they use to describe their body parts. In writing however, we do not know the identity of the reader, or the terms they use, so we may need to use technical or anatomical terms to avoid medical inaccuracy or misunderstanding.<sup>31</sup>

When using medical or anatomical terms in writing, we can still be inclusive by combining them with an inclusive language strategy such as person-first language. This approach encourages us to write about organs of the reproductive system, such as the uterus and ovaries, the same way we would other organs—as anatomy—not as indicators of gender identity. Below are some examples using medical and/or anatomical words combined with inclusive language strategies.

Strategies				
Terms	Focus on the person	Focus on the health topic, condition or symptom	Address the audience directly	Use gender additive language
Cervix	Everyone with a cervix should be screened for cervical cancer.	Cervical screening is recommended every three years.	If you have a cervix, a regular cervical screening exam is recommended.	* Cisgender women, transgender and nonbinary people with cervixes should have regular cervical screenings.
Clitoris	Some people experience pain on or near their clitoris; this is called clitorodinia.	Pain in or around the clitoris sometimes occurs as part of localized vulvar pain. This is called clitorodinia.	You may experience pain on or near your clitoris. This is called clitorodinia.	✧ Women, transgender and nonbinary people who have a clitoris may experience pain on or near their clitoris, called clitorodinia.
Ovaries, uterus	People who have a uterus and ovaries can develop endometriosis.	Endometriosis can cause damage to the ovaries and the uterus.	If you have a uterus, you may be at risk for endometriosis.	Cisgender women, transgender and nonbinary people with uteruses may be at risk for endometriosis.
Penis and testicles	People who have a penis and testicles often wonder what to expect during a medical exam.	Testicles and penises should be examined regularly to screen for cysts or growths.	If you have a penis and testicles, you should consider doing self-exams in addition to your regular medical check-ups.	Cisgender men, transgender and nonbinary people with a penis and testicles should be provided with information on conducting self-screening exams.

\* We recommend using the term, “cisgender woman” or “cisgender man” when you are talking about people who identify as women or men and are assigned female or male at birth (respectively), however it is important to take into consideration the context and the literacy level of your audience.

✧ In this example we did not use “cisgender women” because some trans women experience clitorodinia.

## Using alternative terminology

This table contains terms you are likely to encounter in reproductive and perinatal health care and alternative words or phrases that you can use to make your writing more gender inclusive. The order of the “alternatives” list does not indicate level of appropriateness; use whichever term best suits the clinical or educational context and purpose.

Alternative terminology			
Terms	Alternatives	Examples	Notes on context
Breast milk	<ul style="list-style-type: none"> <li>human milk</li> <li>milk</li> </ul>	“Human milk contains everything your baby needs. It is the natural food for your baby and provides the best nutrition.”	In this example, the word “human” is used to distinguish human milk from cow’s milk. But if you are writing on the topic of lactation you could write, “your milk”.
Breastfeeding	<ul style="list-style-type: none"> <li>chestfeeding</li> <li>breast or chestfeeding</li> <li>nursing</li> <li>infant feeding</li> <li>bodyfeeding</li> </ul>	<p>“Chestfeed your baby frequently, at least eight times or more in 24 hours, including at night, and alternate sides at each feeding.”</p> <p>“You may nurse your baby frequently over a short period.”</p>	<p>When discussing a person’s body, always use the terms that person uses, if known.</p> <p>When writing for an unknown audience, breast and chestfeeding can be used together in a sentence: “Breast or chestfeed your baby frequently...”.</p>



Alternative terminology (continued)			
Terms	Alternatives	Examples	Notes on context
Father/mother	<ul style="list-style-type: none"> <li>parent</li> <li>partner</li> <li>non-birthing parent</li> <li>birthing parent</li> <li>parents</li> <li>family</li> <li>pregnant parent</li> <li>person who is pregnant</li> <li>pregnant person*</li> </ul>	<p>“Visiting hours do not apply to your partner or other support person; they are welcome to stay with you 24 hours a day.”</p> <p>“Having a newborn is exhausting for all parents but the birthing parent also has physical changes and recovery to contend with, compounding the loss of sleep.”</p>	<p>The term “non-birthing parent” may make sense if you need to make a distinction between one who is giving birth and one who is not, but often “partner” is adequate. There may also be instances when the parent giving birth identifies as a father, so it is respectful to not assume the gender of either parent.</p> <p>*Pregnant person is less common but might be used when describing someone who gave birth but did not parent (e.g., someone who chose adoption or someone who was a surrogate).</p>
Mother/mothering (verb)	<ul style="list-style-type: none"> <li>parent/parenting</li> <li>care for/caring for</li> <li>nurture/nurturing</li> <li>raise/raising</li> </ul>	<p>“Parenting is a physically demanding job.”</p>	
Motherhood/fatherhood (noun)	<ul style="list-style-type: none"> <li>parenthood/parenting</li> </ul>	<p>“We have many resources specifically for those new to parenting.”</p> <p>“They entered parenthood through adoption.”</p>	<p>Motherhood and fatherhood are gender-specific terms for parenthood.</p>
Girl/woman Boy/man	<ul style="list-style-type: none"> <li>person</li> <li>baby</li> <li>child</li> <li>teen</li> <li>young person</li> <li>patient</li> </ul>	<p>“Would your child like a book to read while you wait for your appointment?”</p> <p>“Do you know which doctor the person wearing the green shirt is waiting to see?”</p>	<p>These are alternatives to use if you do not know the person’s gender or it is not relevant to the topic. These terms avoid mention of sex or gender.</p>

Alternative terminology (continued)			
Terms	Alternatives	Examples	Notes on context
Maternal (adjective, as in maternal feeling or instinct)	<ul style="list-style-type: none"> <li>parental</li> <li>caring</li> <li>nurturing</li> </ul>	<p>“There is a longstanding debate about whether there is a parental instinct.”</p> <p>“Their teacher was very nurturing.”</p>	In many cases you can remove “maternal” from the phrase with no loss in meaning.
Maternal health	<ul style="list-style-type: none"> <li>reproductive health</li> <li>prenatal health</li> <li>postpartum health</li> <li>postnatal health</li> <li>perinatal health</li> <li>anteperpartum health</li> <li>gestational health</li> </ul> <p><b>or</b></p> <ul style="list-style-type: none"> <li>birthing parent health</li> </ul>	<p>“We offer a full array of reproductive health services in this hospital.”</p> <p>“Gestational health is closely linked to infant birth weight.”</p> <p>“Stress and lack of proper nutrition may affect the health of the birth parent.”</p>	<p>When discussing a specific aspect of care during or after pregnancy you can use the term for care related to that time frame.</p> <p>Birth parent could be used when talking about an individual’s health.</p>
Maternity	<ul style="list-style-type: none"> <li>parental</li> </ul>	<p>“Kim is on parental leave until July.”</p>	<p>Parental is gender-neutral and therefore inclusive.</p> <p>Note: The word “maternity” can still be found in the names of some official policies, programs, and practices. When referring to these instances, you may need to use the current name in order to avoid confusion (e.g., El Maternity Benefits Program).</p>
Maternity ward	<ul style="list-style-type: none"> <li>birthing ward</li> <li>labour ward</li> <li>postpartum ward</li> <li>name of ward, e.g., Cedar</li> </ul>	<p>“You can reach the nurse in charge on Cedar by calling 111-111-1111.”</p> <p>“Many hospitals offer virtual tours of their labour wards for expectant parents.”</p>	<p>Using the name of the ward (e.g., Cedar) can also assist with wayfinding.</p>
Transgender (trans) man/boy Transgender (trans) woman/girl	<ul style="list-style-type: none"> <li>person</li> <li>teen</li> <li>young person</li> <li>patient</li> <li>youth</li> </ul>	<p>“Do you know which doctor the person wearing the green shirt is waiting to see?”</p> <p>“Cisgender women, transgender and nonbinary people who need pregnancy and birthing care are welcome at this hospital.”</p> <p>“John is a 30-year-old man who has known he was trans for as long as he can remember.”</p>	<p>If you don’t know a person’s gender or it is not relevant to the topic, you can use person, patient, etc.</p> <p>Use “transgender” or “trans” when you are specifically identifying the needs of a trans person or making an explicit statement of inclusion.</p>

## Inclusive visuals and design

“Inclusive visuals have the power to redefine gender diversity, challenge norms, foster empathy, and promote unity.”<sup>32</sup>



Communication resources incorporate images, colour, and design elements to help convey meaning and establish tone.

Educational materials should reflect the diversity of the people of British Columbia who may need our services, whether students, trainees, staff, patients, families, caregivers, clinicians, or leaders. When choosing visuals to illustrate a case or attract research participants we need to be respectful, appropriate, and inclusive.

Attend to the visual elements of what you create with the same consideration you apply to your writing: consider your audience, avoid stereotypes, celebrate diversity, engage with your audience for feedback, and, ideally, use images to disrupt assumptions. Make sure that images are gender diverse but also diverse in other ways; when appropriate, show people of various ethnicities, ages and abilities—both as patients and as health-care workers. Show gender-norm-challenging images: a trans man feeding his infant, two women getting married, a gender diverse group advocating in support of abortion access.

Helvetica

Arial

Futura

Roboto

BC Sans

Garamond

## Design matters

Designers, marketers, and advertisers are just as prone to associate colour schemes with gender as the rest of us. We see this in the colour schemes for products, the sharpness or softness of icons on a screen, children's toys, and promotional materials. Even typography has been defined as feminine and masculine, with the so-called feminine fonts tending to be smooth and flowing and the so-called masculine fonts being strong and geometric.<sup>33</sup> Gender-neutral fonts include ones with and without serifs, but they are typically clear and readable. According to design blogs, the most popular gender-neutral font to date is Helvetica. Be aware of these trends in design when you work on documents and ensure any designer you engage is educated in this area.

Design is often a reflection of the dominant culture and has historically served the privileged and educated. While adopting 'universal design' principles, that is, approaching design considering the diverse needs and abilities of all members of your intended audience, it is important to be cautious about inadvertently treating any group as if all its members were the same. Just because someone is transgender, for example, we do not know everything important about them and should be careful to choose design approaches that are as inclusive as possible.<sup>34</sup> Be aware, however, that sometimes gender-neutral design may default toward masculinity (think of genderless clothing such as t-shirts, hoodies, and pull-on pants).

## Stock photos

Stock photography involves paying a licensing fee to use ready-made photographs owned by a company or individual, while the photographer retains the copyright to their work. It is common to purchase stock photos to illustrate communication materials. Making sure to budget for images is good practice and can help you create the message you want to share. Photos should be gender-inclusive and diverse without reinforcing stereotypes about various populations. Using stock photos is usually less expensive than hiring a photographer to create the images you need.

When using commercial stock photos, it can be challenging to find images that reflect the diversity of the population, especially depictions of health-care workers, patients, and families. Yet research demonstrates that people feel invisible when they do not see themselves reflected in the media.

It can be challenging to find images that are representative without reproducing racist, sexist, ableist, and gender stereotypes. Make sure, for example, to show people of colour as health-care leaders and researchers, not only as workers, parents, or patients. In sexual and reproductive health materials, vary your representations of “family” and “parent”. Include trans and nonbinary people interacting with one another and providing care for others.

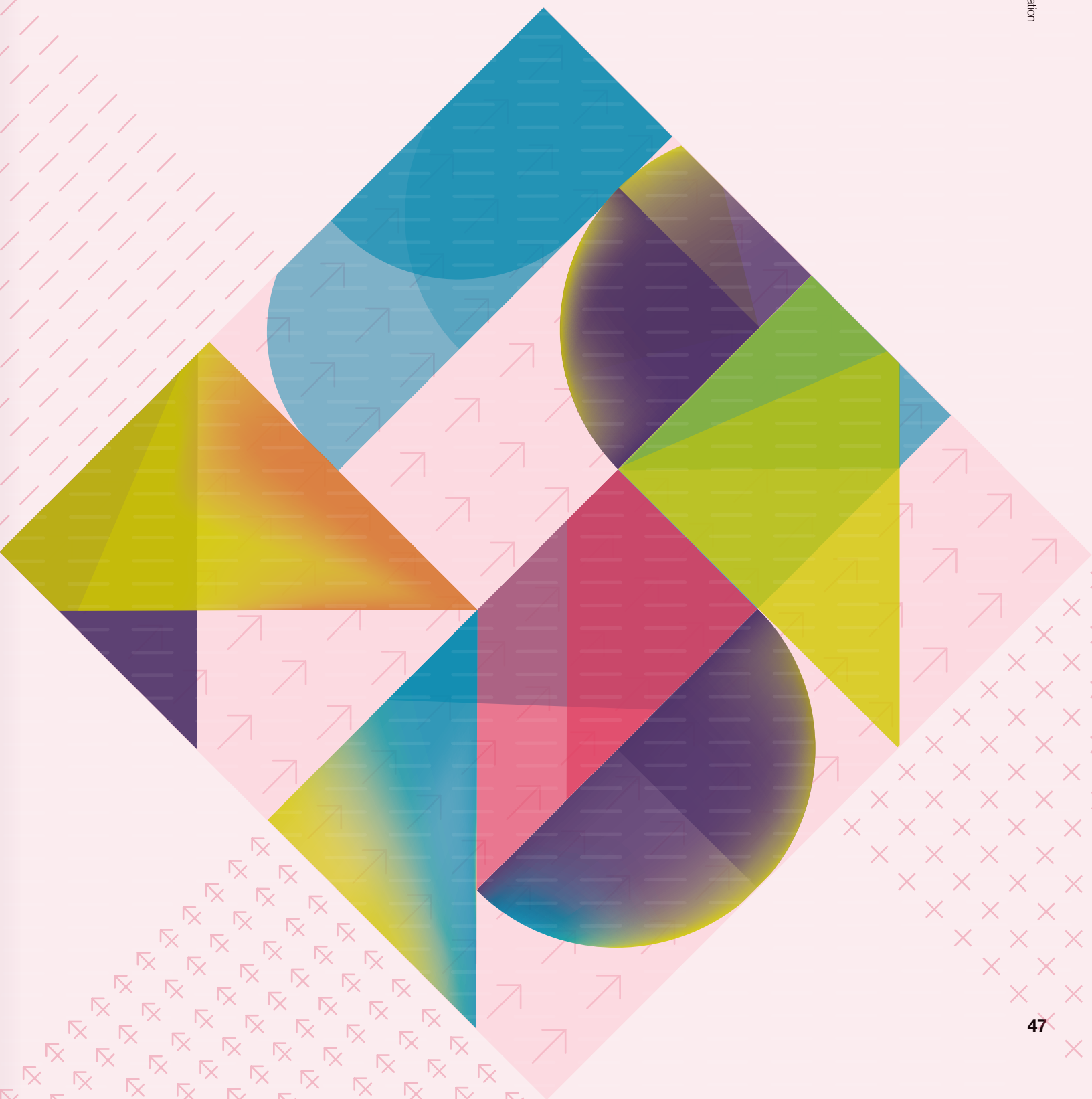
Limit the use of images of body parts by themselves, such as a pregnant belly. Instead, choose images of the whole person who is pregnant. This approach shows respect for the entire person rather than only their reproductive capacity or caregiving function and offers an opportunity to disrupt assumptions about who can carry a pregnancy or offer support and care.

Look online for photo collections that explicitly offer diverse imagery.

Two examples:

- *The Lean In* collection on *Getty Images* 253, which has non-stereotypical images of women.
- *Stocksy.com*, a co-operative that pays its photographers fairly and has a diverse range of photographs.

# Practicing Gender-inclusive Communication





It is important to stay informed of new developments in inclusive language, educate ourselves about what communities need, and consult with others who are doing similar work.

Changing the language we use is necessary for greater inclusion, but it is not an all-encompassing solution. Rather, it is the first of many crucial steps needed to move us toward greater inclusivity and ultimately, to uphold our responsibility to provide the highest quality clinical care, the most accurate research, and the most useful health resources.<sup>1</sup>

Language is deeply contextual and cultural. Because language is dynamic and always evolving, it is important that this guide be a flexible, living document that is updated as our understanding and use of terminology evolves and our efforts at decolonization unfold. Accordingly, watch for updates that reflect new developments and changes in understanding.

PRISM, with its focus on writing, is not designed to address all aspects of gender inclusion in health care. Other organizational or unit-based changes will be needed to create a gender-inclusive culture at BC Women's and PSBC. With appropriate training, resources, and consultation with 2SLGBTQIA+ patients and staff —change is possible. As we move forward with this work, we need to bear in mind the [Coast Salish teachings](#) from Knowledge Keeper Sulksun to remind us that although we have much to learn, if we practice the lessons of this guide mindfully, we can create safe and inclusive spaces.<sup>35</sup>



## Learning more

The field of gender-inclusive language is fast evolving and some of the terminology we use now may become obsolete very quickly. This is a sign that people are asserting their right to be included and receive better health care. It is important for staff and providers to stay abreast of new developments in inclusive language; educate yourself about what communities need and consult with others who are doing similar work.

## Community resources

Resources	Details	Link
<b>QMUNITY</b>	This non-profit organization based in Vancouver, BC, works to improve queer, trans, and Two-Spirit lives through services, connection and leadership.	<a href="http://qmunity.ca/">qmunity.ca/</a>
<b>Egale Canada</b>	This 2SLGBTQIA+ advocacy group conducts community-based research, provides education, legal advocacy and promotes awareness.	<a href="http://egale.ca/">egale.ca/</a>

## Curated resource collections

Resources	Details	Link
<b>Gender Identity, Sexual Diversity and Health Equity: A Curated List.</b> National Collaborating Centre for Determinants of Health.	This resource list is updated regularly and includes editorials, glossaries, podcasts, reports, journal articles, practice guidelines, toolkits, tip sheets, discussion papers, and federal reports to support public health action on health inequities for 2SLGBTQIA+ people.	<a href="https://nccdh.ca/images/uploads/NCCDH_Gender_Identity%2C_Sexual_Diversity_and_Health_Equity_A_Curated_List_EN_July2023.pdf">nccdh.ca/images/uploads/NCCDH_Gender_Identity%2C_Sexual_Diversity_and_Health_Equity_A_Curated_List_EN_July2023.pdf</a>
<b>Language and Health Equity: A Curated List.</b> National Collaborating Centre for Determinants of Health.	This contains a list of links to various inclusive-language guides from government organizations, health authorities, universities, and associations.	<a href="https://nccdh.ca/images/uploads/NCCDH_Health_Equity_Language_Curated_List_EN.pdf">nccdh.ca/images/uploads/NCCDH_Health_Equity_Language_Curated_List_EN.pdf</a>
<b>2SLGBTQIA+ Resource List.</b> First Nations Health Authority (FNHA).	This is a comprehensive list of culturally safe programs, organizations and educational materials for 2SLGBTQIA+ people.	<a href="https://fnha.ca/Documents/FNHA-2SLGBTQIA-Resource-List.pdf">fnha.ca/Documents/FNHA-2SLGBTQIA-Resource-List.pdf</a>
<b>Trans Parents Resource List.</b> Trans Care BC, PHSA.	This webpage offers parenting resources specifically created for trans, Two-Spirit and nonbinary people.	<a href="https://transcarebc.ca/parents-families/trans-parents">transcarebc.ca/parents-families/trans-parents</a>

## Education, training and webinars

Resources	Details	Link
<b>Gender-affirming Perinatal Care: Safe, Respectful, and Celebratory.</b> Perinatal Services BC and University of British Columbia Continuing Professional Development (UBC CPD), Faculty of Medicine.	This course gives perinatal health-care workers tools to make practice safer for gender diverse, transgender, nonbinary, and Two-Spirit people seeking care.	<a href="http://ubccpd.ca/learn/learning-activities/course?eventtemplate=331-genderaffirming-perinatal-care-safe-respectful-and-celebratory">ubccpd.ca/learn/learning-activities/course?eventtemplate=331-genderaffirming-perinatal-care-safe-respectful-and-celebratory</a>
<b>Gender Identity, Sexual Diversity And Health Equity in Public Health.</b> National Collaborating Centre for Determinants of Health.	Panel discussion on working actively in the 2SLGBTQIA+ space to support community and public health action on inequities related to gender and sexual identity. This webinar reviews foundational concepts and practical applications to support the Canadian public health field to understand and act on improving health inequities for 2SLGBTQIA+ populations.	<a href="https://youtu.be/gWdNmJXY32Q?feature=shared&amp;gWdNmJXY32Q?feature=shared">youtu.be/gWdNmJXY32Q?feature=shared&amp;gWdNmJXY32Q?feature=shared</a>
<b>Fostering a Culture of Respect.</b> PHSA Learning Hub.	This course is available to all PHSA employees and provides an overview of PHSA's Fostering a Culture of Respect Policy. It covers the knowledge and skills required to create and maintain a respectful workplace.	<a href="http://learninghub.phsa.ca/Courses/28920/fostering-a-culture-of-respect">learninghub.phsa.ca/Courses/28920/fostering-a-culture-of-respect</a>
<b>Gender-based Analysis Plus (GBA+).</b> Government of Canada.	This course offers a basic introduction to the concepts, terms and application of gender-based analysis (GBA) Plus. It was designed for federal employees, but is available to everyone.	<a href="http://canada.ca/en/women-gender-equality/gender-based-analysis-plus/take-course.html">canada.ca/en/women-gender-equality/gender-based-analysis-plus/take-course.html</a>
<b>Trans Care BC.</b>	Trans Care BC provides information and resources for trans people, their loved ones, and clinicians. The Education Centre offers courses and learning tools for both health-care workers and for the general public.	<a href="http://transcarebc.ca/">transcarebc.ca/</a>

## Gender-inclusive language and best practices in research

Resources	Details	Link
<b>Beyond the Binary in British Columbia: A Guide.</b> Women's Health Research Institute (WHRI). 2024.	This comprehensive, community-informed resource is meant to support the research community through various approaches to language use in a health research context.	<a href="https://whri.org/our-initiatives/beyond-the-binary/">whri.org/our-initiatives/beyond-the-binary/</a>
<b>Gender-inclusive Language in Pregnancy-related Research: Why and How to Improve Current Practices.</b> C. Roux, et al, 2021. doi:10.31235/osf.io/csnqw.	This article delineates how gender-inclusive language in research can have a unique role in stopping the erasure of gender-diverse people in research and society.	<a href="https://researchgate.net/publication/354644241_Gender-inclusive_language_in_pregnancy-related_research_Why_and_how_to_improve_current_practices">researchgate.net/publication/354644241_Gender-inclusive_language_in_pregnancy-related_research_Why_and_how_to_improve_current_practices</a>
<b>Transcending the Male–Female Binary in Biomedical Research: Constellations, Heterogeneity, and Mechanism When Considering Sex and Gender.</b> Ritz SA, Greaves L. Int. J. Environ. Res. Public Health. 2022;19(7).	This article discusses ways to reduce the reliance on a male-female binary approach to biomedical science.	<a href="https://doi.org/10.3390/ijerph19074083">doi.org/10.3390/ijerph19074083</a>

## Glossaries

Resources	Details	Link
<b>SOGIESC Full Glossary of Terms.</b> UN International Organization for Migration, 2020.	This glossary contains the terms used to describe sexual orientation, gender identity, gender expression and sex characteristics, within an international context.	<a href="http://iom.int/sites/g/files/tmzbdl486/files/documents/IOM-SOGIESC-Glossary-of-Terms.pdf">iom.int/sites/g/files/tmzbdl486/files/documents/IOM-SOGIESC-Glossary-of-Terms.pdf</a>
<b>Equity and Inclusion Glossary of Terms.</b> UBC Equity & Inclusion Office.	This glossary provides definitions for terms related to equity, diversity and inclusion.	<a href="http://equity.ubc.ca/resources/equity-inclusion-glossary-of-terms/">equity.ubc.ca/resources/equity-inclusion-glossary-of-terms/</a>
<b>Inclusionary: A Collection of Gender-inclusive Solutions.</b> Government of Canada.	This is a collection of alternatives for commonly used gendered terms.	<a href="http://noslangues-ourlanguages.gc.ca/en/writing-tips-plus/inclusionary">noslangues-ourlanguages.gc.ca/en/writing-tips-plus/inclusionary</a>

## Inclusive language guides

Resources	Details	Link
<b>Public Health Language Guide: Guidelines for Inclusive Language for Written and Digital Content.</b> BC Centre for Disease Control.	This recently updated guide offers suggestions and shares principles that support written and digital content development that is inclusive and equity-informed.	<a href="http://bccdc.ca/Health-Professionals-Site/Documents/public-health/Language-Guide.pdf">bccdc.ca/Health-Professionals-Site/Documents/public-health/Language-Guide.pdf</a>
<b>Words Matters: Guidelines on Using Inclusive Language in the Workplace.</b> BC Public Service Agency.	This guide for public service employees in BC offers advice on many aspects of identity including age, disability, gender, marital status, and Indigeneity.	<a href="http://gov.bc.ca/assets/gov/careers/all-employees/working-with-others/words-matter.pdf">gov.bc.ca/assets/gov/careers/all-employees/working-with-others/words-matter.pdf</a>

## Other media

Resource	Details	Link
<b>Seahorse: The Dad Who Gave Birth.</b> Dir. Jeanie Finlay, 2019.	This documentary follows a trans man over three years, from preparing to conceive, through his pregnancy to birth. Available to watch online in Canada on Vimeo and CBC GEM.	<a href="http://seahorsefilm.com/">seahorsefilm.com/</a>

## Policy and legislation

Resources	Details	Link
<b>BC Human Rights Code, Chapter 210.</b> Government of British Columbia.	Full text of the BC Human Rights Code, the provincial legislation enacted to protect people from discrimination and harassment.	<a href="http://bclaws.gov.bc.ca/civix/document/id/complete/statreg/0096210_01">bclaws.gov.bc.ca/civix/document/id/complete/statreg/0096210_01</a>
<b>Fostering a Culture of Respect.</b> PHSA.	This policy applies across all PHSA programs and services to all staff, the PHSA Board of Directors, PHSA partners, clients, and the public. It also contains links to other related policies and the Fostering a Culture of Respect Playbook.	<a href="http://shop.healthcarebc.ca/phsa/PHSAPOD/Human%20Resources/C-99-11-20204.pdf">shop.healthcarebc.ca/phsa/PHSAPOD/Human%20Resources/C-99-11-20204.pdf</a>

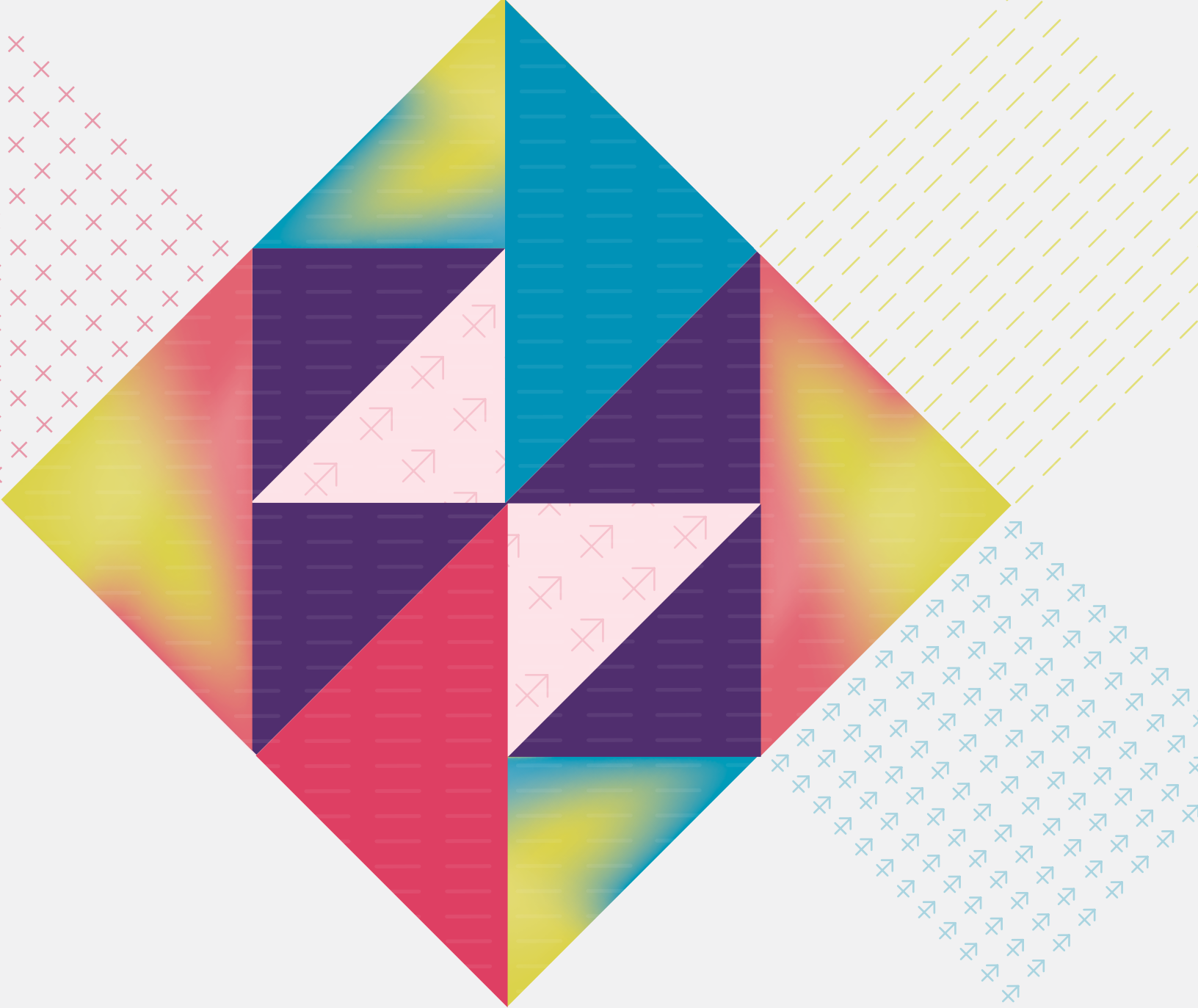
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As health-care workers, we have a duty to ensure that we provide the highest quality of care for all patients who seek sexual, reproductive, gynecologic, and obstetric care, regardless of their gender identity. Everyone benefits from a health-care culture that is welcoming, person-centred, and free from discrimination.