

# Terminology

**The pathways are intended for all healthcare professionals and staff who work with parents who have experienced a pregnancy or baby loss through miscarriage, ectopic pregnancy and molar pregnancy, termination for fetal anomaly, stillbirth, neonatal death or sudden unexpected death in infancy.**

The terms 'healthcare professionals' and 'staff' are used throughout to denote all of those practitioners that a bereaved parent may come into contact with.

The term 'parents' is used in most pathway documents to refer to expectant and bereaved mothers, fathers and partners; woman or couple is used in some recommendations.

Many people will consider themselves parents from the time they discover they are, or were, pregnant while others will not. Therefore, it should be acknowledged that not all people who have experienced a childbearing loss would consider themselves to be, or have been, a parent. It is also important for those who do identify themselves as parents to have this recognised.

As is set out in the pathway guidelines, healthcare professionals should use the terminology preferred by those experiencing the loss when communicating with them.

Similarly, the term 'baby' is generally used throughout to describe the child from the early stages of pregnancy through to the neonatal period. Many people will conceptualise their baby and develop strong attachments to them from the moment they discover that they are, or were, pregnant. However, others will be more comfortable with medical terminology such as 'fetus' and may not find the term 'baby' to be appropriate in their situation.

Again, while we have used the term baby, it is important to recognise that the wishes and viewpoints of those experiencing the loss should always be the most important factor when communicating with them. Healthcare professionals will need to adapt the terminology they use accordingly.

We have used the phrase 'Trusts' because the rapid changes in the way that health services are structured and managed across the country make it impossible to use a phrase that covers all the bodies involved.

However, the pathway will also be applicable to independent healthcare establishments and to all other bodies that may be set up in the future to organise and provide care for women and families experiencing a childbearing loss.

Finally, because this is a pathway focused on improving outcomes for families, by its very nature it is quite directive and as such in a number of places we have also used the term 'should' (for example 'staff should be trained'). Essentially this is shorthand for 'good practice suggests that...'.