

# 'That's a good girl': How women are infantilized during obstetric care and labor

February 19 2024, by Nadia von Benzon

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As Kate, a participant in our [research on birth experiences](#), struggled with the pain she was experiencing during labor, the midwife was stern. She referred to Kate as a "silly girl" and told her she needed to calm

down. Finally, the anesthetist arrived to give Kate an epidural. He asked if this was "the silly girl" he'd heard about, and then told her to control herself.

The UK's National Institute for Health and Care Excellence (NICE) [updated their guidance](#) on intrapartum care—care during labor and immediately afterwards—in 2023 to direct UK National Health Service (NHS) staff to treat all women in labor with kindness, dignity and respect. Respectful communication that recognizes women as capable decision makers during pregnancy and childbirth [improves physical and mental health outcomes](#) for patients [during and after the birth](#).

Nevertheless, everyday sexism, particularly in the form of [paternalistic and patronizing language](#), remains common throughout UK obstetric care, according to our research. While the language used towards Kate was clearly intended to be derogatory, sexist language is often more subtle and even intended to be positive, such as calling an adult woman patient "a good girl".

It is likely that the [widespread use of patronizing language](#), contributes to an environment in which women patients are objectified and their perspective dismissed or undermined. That means that patients lose opportunities to contribute to decision making, or even to give consent for interventions, during labor and birth.

## **No respect**

[In our study exploring birth experiences](#), many participants told stories of interventions during childbirth, including surgery, that were performed without consent, or adequate pain relief. This included a patient being forced to walk naked from her ward to a shower, and another being given [an episiotomy](#)—a cut made by a health care professional into the perineum and vaginal wall to make more space for

the baby to be born—[without consent](#) and without being provided with pain relief.

Participants also discussed experiences of their own views or knowledge about what was happening to their bodies, being ignored.

Hanifa gave birth in a hospital car park. This was not because she'd waited too long to come to hospital. Rather, she'd arrived at hospital and been turned away, told that she shouldn't call again until her waters had broken and her contractions were three minutes apart. Although Hanifa knew she was in established labor, the midwife dismissed her judgment.

## Language matters

The language used about and to pregnant women matters because [it sets the context](#) for the way in which they are treated and the extent to which they are valued as experts in what is happening to their own bodies.

Terms such as "silly girl" or even "good girl" [infantilises and disempowers the patient](#), positioning them as [helpless and entirely reliant](#) on expert intervention from medical professionals.

Nevertheless, this language seems to prevail. This may be because paternalistic language can be difficult to call out. [A thread](#) on the popular discussion forum Mumsnet, demonstrated that many members thought being called a "good girl" was nice and friendly, and showed that a doctor was compassionate. One person commented that it would make her feel cared for to be spoken to in this way.

Others thought that, while it wasn't pleasant, being referred to by the term "good girl" wasn't particularly problematic. For these contributors to the discussion, the language used by [health care professionals](#) wasn't as important as the quality of the health care they were providing. Contributors to the thread encouraged the complainant—a person who

had been called a "good girl" by a doctor providing fertility care—to ignore the comment if the overall care they received was high quality.

They argued that a formal complaint could be detrimental to her chances of receiving expert health care—and would be to put her ego ahead of the opportunity for useful medical intervention. Moreover, they suggested that in a socialized health care system, it was selfish to complain, as scant resources would be used up with finding her alternative care, and with investigating the complaint.

## **'Good girls' don't complain**

Many of the participants in our study explained they were worried about being a bother if they called out patronizing or outright sexist language or interventions. This concern prevented many of them from putting in a complaint. They were worried that, in the grand scheme of things, their [negative experience](#) wasn't worth raising, and to do so would be to place too much emphasis on their own experience. This was particularly the case where the outcomes for mum and baby had ultimately been positive, and they were able to focus on this rather than the birth experience itself.

These experiences are unlikely to be well reflected within hospital complaints. Of the many participants in our study who had experienced sexism during their [obstetric care](#), whether through words or [physical violence](#), only one described raising a [formal complaint](#). Our findings suggest that the extent of experiences of sexist language, and more overt discriminatory or poor practice, may be significantly under reported.

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