Description

#Say Its Name

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Summary



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This article is a consideration of how we refer to and communicate about our body, sexual health and reproductive needs, based on conversations that occurred in practice. However, whilst this article takes a tongue-in-cheek approach, there is a serious message to impart around the importance and responsibility of professionals to use correct anatomical terminology and also share knowledge with those under our care.

The importance of language: building rapport and minimising misunderstanding

It's 4am, all is calm. I quietly move around the room. The labouring woman I'm caring for having had a diamorphine injection is now managing to rest between contractions. I try not to disturb her. Her husband is dosing in the chair beside her bed.

I reflect on the couple before me. She is gregarious and easy to chat to. He on the other hand I find unusually difficult to establish any common ground with. Conversation with him is stilted. I hear him stir. *'What time is it?',* he asks. *'4am',* I reply. We revert back to silence.

Then he asks, *'how long have you been a midwife?'. 'I've been qualified a few years'*, I reply. '*Oh so you were a mature student then. What did you do before?'*

, he asks. *'I was a teacher for over 15 years'*. His face lit up. *'I'm a teacher, I've been teaching for about the same length of time, I love it'.* There's the key, the key to unlocking and building the relationship with the partner. We chat all things teaching for a while and then lapse into silence again. He settles back into the recliner chair. I carry on with my observations of his partner.

I hear him stir again. Then he asks, *'how are things downstairs?'. 'We don't have a downstairs',* I reply. He looks at me oddly, then states a bit more forcefully, *'I mean, how are things downstairs?'*. I look at him and equally forcefully say, *'we don't have a downstairs'.* He sits up straighter and repeats, *'you know, downstairs'*. I respond *'we don't have a downstairs'* and then add, *'we're on the ground floor of the maternity unit'.* He starts to speak again, straightens in the chair and looks at me in earnest. *'I mean, how are things downstairs, you know…'* and with the 'you know' starts nodding and gesticulating towards his wife's crotch. *'Oh, you mean how are things going with the labour and is your wife's genitalia intact?'*, I ask. And when he nods, I respond, *'Yes, all is well. The labour is progressing nicely and your wife's "downstairs" is also perfectly fine'.* He heaves a sigh of relief and relaxes back in the chair.

I on the other hand felt completely bemused. An internal dialogue scrolled through my mind, questioning, as on many occasions previously, what is it – that fundamental issue – in which adults can not say its name, its correct anatomical name and instead infantilise and euphemise?

What do you call yours?

I reflect on the growing list I have in the back of my diary, now four pages long, started when I was a student midwife, of the nicknames I have heard women and men name their genitalia from magical and mystical to crude, lewd and everything in between. I've lost count of how many 'fairies', 'twinkles', 'front bottoms', 'fufus' and 'bearded clams' I've examined. I've also lost count of the amount of 'tackle', 'Johnsons', 'John Thomas's', 'peckers' and 'family jewels' I've been asked to confirm all is as it should be, by fathers about their new-born son's 'junk'.

Roll on a few years and I continue to be astounded by how many people can't say its name without resorting to nicknames and worse still refer to the entirety of a woman's 'down under' as 'the vagina', with many not even knowing that their labia have a specific name and comprise part of the vulva, not the vagina. I've lost count of how many times on enquiring about soreness I am told 'my flaps are on fire' and 'my bits are burning'.

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But is it any wonder? This is such a pervasive issue that even professionals who should know better cannot or don't even attempt to refer to the genitals correctly. Matching ways of speech and meeting and understanding where those in our care are aside, any professional communication and documentation ought to reflect the correct terminology for body parts. Yet sadly, strangely and somewhat bewilderingly it so often doesn't. A recent referral into my service a point in case: 'please can you see this lady, she has bleeding down below'.

I read the referral, sighed and thought this tells me nothing of what I need to know. I rang the referrer up and said, *'thank you for your referral. Are you actually a qualified health professional?'.* There was a stunned silence before the response, *'what, of course I am'*. I replied, *'sorry, my error, I really wasn't sure as you refer to bleeding "down below". Could I just clarify down below where exactly? Down below the waist? The knees? The ankles? Is it fresh, can you quantify the amount, have you carried out an examination?'.* The referrer started blustering, *'Well, I mean per vaginal bleeding obviously'. 'Yes obviously',* I reply.

And of course I did know exactly what was meant, because we are so used to hearing and using euphemisms to beat around our own 'bushes', pun intended. One could theorise it to relate to that peculiar British coyness about body parts and functions, but 'lady garden', 'bits', 'yoni's' and 'vajayjays' cross not just countries but continents also, although that said, some names don't translate as well as one would expect. 'Fanny', a uniquely British word for the 'nether regions' is one that would have Americans raising their eyebrows and Canadians choking on their large double doubles (large coffee, two creams and two sugars).

The anatomical divide

Even within the boundaries of our own realm, there is a continental divide. The UK notoriously has a plethora of different

words for what is essentially the same thing. We are all used to the bap, bun, cob and roll debate, but how does this pan out in a ‘wonder down under’ discussion and what do you call your ‘minnie’ debate? The outcome of various informal polls have found a glut of ‘fannys’ and ‘foofs’ up north, ‘minge’s’ and ‘noo noos’ down south, ‘nunnys’ in Northern Ireland, ‘private parts’ in Scotland and ‘lady bits’ in Wales.

And whilst this is a tongue in cheek consideration of how we communicate and discretely discuss our body, sexual health and reproductive needs, there is a serious message to impart.

Current analysis and trends

Analysis by the Local Government Association in January 2024 found that over two thirds of council areas have seen rates of gonorrhoea and syphilis increase since 2017.[1] The 2024 House of Lords Library sexual and reproductive healthcare in focus series indicate that more than a third have also seen increases in detection of chlamydia.[2] UK Parliamentary research evidence identifies that almost 4.5million sexual health consultations were carried out in 2022, up by a third since 2013.[3]

Sexual health services are at breaking point

Sexual health services are at breaking point due to rising demand, reduced funding, impact of tendering processes and structural inequalities contributing to a lack of stability in the sexual health sector. This results in reduced ability to spend on contraception, sexually transmitted infection (STI) testing and treatment and depleted training opportunities which in turn jeopardises quality of and access to services. Reduced access to contraception also directly impacts on gynaecological and midwifery services through additional care required to address unplanned pregnancies.

Antibiotic resistance, changing sexual practices and the influence of pornography on young people are all implicated, as are increasing rates of older people becoming infected with STIs. The UK Health Security Agency (UKHSA) reported 401,800 STIs in England alone in 2023, representing a 4.7% increase since 2022.[4] Statistics indicate a higher base level of STIs within the community than was previously the case, with the Terence Higgins Trust highlighting in 2024 that year after year the same groups are most impacted, including young people, gay and bisexual men, people living with HIV and those of Black Caribbean ethnicity.[5] These demographics include midwifery service users and their sexual partners.

Of further impact, cervical screening rates are declining, rates of sexual violence are a major public health issue and FGM disclosures on the rise due to greater awareness of the issues it presents and increasingly culturally diverse communities within the UK. The Terence Higgins Trust research highlights that sexual and reproductive health services are doing more with less, with an increase in service use, yet corresponding 40% cut to public health funding since 2015.[6]

Wider factors

How do these wider factors relate to our use of language and why the relevance to our professional practice? It is in every man, woman and child’s best interests to know the correct anatomical terminology. It allows us to accurately identify where issues may be occurring and convey that to our health care providers. It aids in the expression of sexuality, sexual health needs and is also protective, holding a role in safeguarding, particularly of children, where nicknames may be misinterpreted or unrecognised and sexual abuse consequently go unidentified.

Conclusion

Whatever name you choose to use for your own ‘below the belt’, it pays to remain mindful that whilst euphemisms can be helpful to mirror patients and ease their discomfort when discussing intimate needs and issues, or for those who do not have the language, terminology or knowledge to refer accurately to their ‘down south’. As professionals, we should be cognisant of our role in not just caring but also sharing information, utilising a partnership approach with those in our care, part of which occurs through normalising and demonstrating comfort in the use of the correct terminology when describing our anatomy.

References

1. STI surge: Sexual health services at breaking point due to rising demand. Local Government Association. https://www.local.gov.uk/about/news/sti-surge-sexual-health-services-breaking-point-due-rising-demand. Published January 19, 2024. Accessed February 21, 2025.
2. Sexual and Reproductive Healthcare. House of Lords Library. https://lordslibrary.parliament.uk/sexual-and-reproductive-healthcare/. Published March 15, 2024. Accessed February 22, 2025.
3. The prevalence of sexually transmitted infections in young people and other high risk user groups. Fifth Report of Session 2023-2024. UK Parliament House of Commons Women and Equalities Committee. https://committees.parliament.uk/publications/44036/documents/218269/default/. Published March 20, 2024. Accessed February 22, 25.
4. Sexually transmitted infections and screening for Chlamydia in England 2023 report. The UK Health Security Agency. https://www.gov.uk/government/statistics/sexually-transmitted-infections-stis-annual-data-tables/sexually-transmitted-infections-and-screening-for-chlamydia-in-england-2023-report. Updated July 17, 2024. Accessed February 22, 2025.
5. New STI data shows rates at record levels and severe inequalities in England. Terrence Higgins Trust. https://www.tht.org.uk/news/new-sti-data-shows-rates-record-levels-and-severe-inequalities-england-terrence-higgins-trust. Published June 04, 2023. Accessed February 22, 2025.
6. New STI data shows 24% increase in rates in England. Terrence Higgins Trust.https://www.tht.org.uk/news/new-sti-data-shows-24-increase-rates-england. Published June 06, 2023. Accessed February 22, 2025.

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