

With Woman

Sex & Gender Identity

A toolkit for maternity & women's health workers who recognise that sex is real



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We are With Woman

We are a collective of women working in, researching and closely linked to maternity care, women's health services, and allied reproductive health services. We are mostly UK-based, but we have members all over the world who are facing the same or similar challenges.

We know biological sex is real.

We know that biological sex plays an important role in women's lives, not just in their reproductive health and experiences, but in numerous other health and social contexts.

We understand the difference between sex (biological), gender (social) and gender identity (personal) and that while you can change how you present to the world, you cannot change your sex.

We have looked at what happens when gender identity is positioned alongside, or over, sex in reproductive and other health care, and we believe that communications with and about women should continue to use sexed language, for clarity and for safety.

We think everyone should receive personalised care, and recognise that for some, that will mean using the language that feels most comfortable.

Thank you for reading,

With Woman

Find us at with-woman.org or you can follow us on twitter [@WeAreWithWoman](https://twitter.com/WeAreWithWoman)

Sex and Gender in Maternity Care: a toolkit



You may have seen language or policies that undermine the material reality of sex by prioritising gender identity over sex. Many people think these changes are inaccurate, unhelpful or maybe even dangerous. It needs challenging and this may take courage.

We want to help you take meaningful steps to maintain the importance of sex in reproductive health care. Many people stay silent out of discomfort, embarrassment, dislike of making a ‘fuss’ and sometimes fear. They find their voice when they know they're not alone.

This toolkit is for you if you're a midwife, maternity support worker, lactation consultant, a breastfeeding peer supporter, a maternity and neonatal voice partnership (MNVP) representative, a doula, an antenatal educator... if you are anyone involved in supporting or caring for women and their reproductive health, whether that's fertility, pregnancy, birth and postnatal period, or other health concerns.



We are looking at situations that arise

- at work.
- in universities and colleges.
- in training.
- in voluntary organisations.
- in health care settings.
- in campaigns & public health communications.
- on social media.

“ This toolkit comes from our observations of the way the importance of our sex is minimised, ignored or denied, and our experiences in confronting the results.

It is designed to

- provide helpful resources and references.
- suggest easy phrases or ideas you can use to challenge changes.
- recommend strategies for resisting the erasure of sex.
- inspire with positive stories.
- give a context and help you see you are not alone.
- give you the background you need to ask the right questions and help protect yourself from any unfair retribution.

Note: this toolkit is not intended as legal advice. It has been compiled by women who live in the UK, and our experience, knowledge and focus is inevitably there. Different countries face different situations and of course different responses. However, some of what we say here will apply wherever you are.



What's in the toolkit?

Chapter 1: Background

Why it matters to be clear about sex, gender and gender identity. If you're planning on challenging confusion and conflation, start here.

Chapter 2: Steps you can take

Our tips on starting to challenge 'inclusivity' when it excludes women, mothers, sex-based language, policies and priorities, how to learn about impact assessments, when/how to use a Freedom of Information request, and check out the communications in your organisation/situation.

Chapter 3: Supporting guidance, studies and policies

Overview of and links to the many policies, guidance and research you can use as support.

Chapter 4: Frequently asked questions

Some real-life issues, small and large, which we have helped with, and the tactics you can copy. Advice on getting media coverage.

Chapter 5: Case studies

Real life case studies showing positive resolutions to problems, challenges and campaigns.

Chapter 6: The law

UK law including details about the Equality Act, plus info about Gender Recognition Certificates.

Chapter 7: Workplace rights

Protections for you if you speak up, including support if you're a whistle blower, and if you have gender critical views and experience discrimination or poor treatment as a result.

Chapter 8: Captured

Examples of poor policies and statements showing how 'captured' organisations related to maternity and women's health have become, and how they privilege gender identity over sex.



Source: NHS England



1. Background

What's the concern?

Sex is a primarily biological term which categorises females (women and girls) and males (men and boys).

In April 2025, in the UK, the Supreme Court clarified that when the law refers to 'sex', it means biological sex, which is the sex observed and recorded at birth. While some individuals may claim to have a gender identity, and some of these may have a Gender Recognition Certificate (a GRC), their sex remains what it has always been, for all circumstances where sex is differentiated.

Sex is important in health care, specifically reproductive health care. There are other circumstances where sex matters, in order to protect sex-based rights to single-sex exceptions to the Equality Act of 2010 (these allow for women-only - and men-only - services and spaces), but this toolkit is primarily concerned with health and maternity.

For more on this, see [Chapters 2 and 3](#)

Gender can mean

- A polite word for sex. Partly because that same word is used to mean sexual intercourse, it became normal to replace *sex* with *gender* for example on forms. You can see it used in this way in many policy documents where it is intended as a synonym for sex. It can also be intended as a synonym for 'gender identity' (see below).
- A power dynamic and set of sex stereotypes. By this we mean a socially constructed set of social norms which result in a mechanism of expectations and exploitation by men over women. Sex stereotypes are hierarchical with male stereotypes and expectations frequently having higher social value and prestige than those ascribed to women. For example, the idea that women are less rational, that their caring natures mean they are more suited to doing the majority of unpaid domestic work. This is a basic feminist understanding of gender (gender stereotypes harm men too, but that is not our main concern here).

Gender identity is

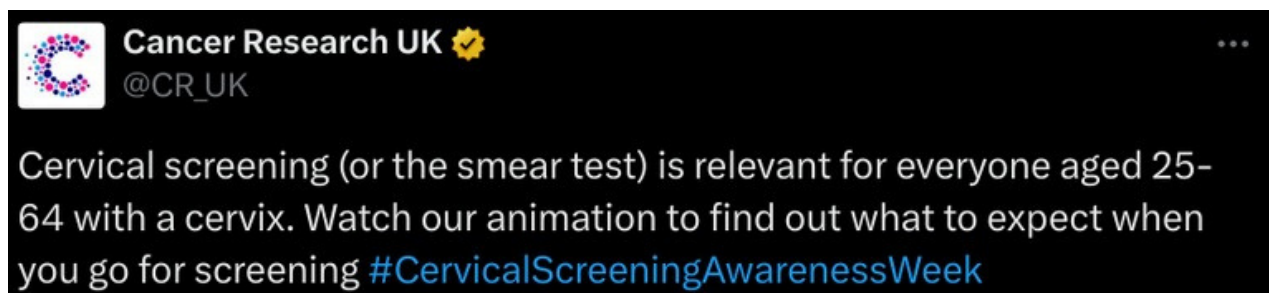
- A personal, internal connection with notions of femininity or masculinity not necessarily linked to your sexed body. Not everyone believes they have a 'gender identity', but the rising popularity of the idea means that sometimes the terms "*woman*" or "*man*" now relate to how someone feels inside, rather than their physical body.

This is the core of the new gender ideology. It implies that language and belief create reality. We don't agree with this. When people claim a gender identity, their explanation often involves identifying with various sex stereotypes.

Elevating gender identity and allowing it to become more important than sex, conflating it with sex or even erasing acknowledgement of sex altogether, is harmful and confusing, particularly in health literature which needs to be universally clear and accessible.

Over the past few years, institutions, organisations, businesses and services, from small ones (like a locally-based new mums' group) to large national and international ones (such as public broadcasters, or a country's health service) have been adopting so-called 'gender-neutral' or 'inclusive' language, and in some cases changing policy accordingly, by writing this language into legislation.

For example you may see ‘woman’ or ‘mother’ in pregnancy information has changed to ‘birthing person’. A request for a female caregiver may mean you see a male doctor, or other medic or carer who identifies as a woman.



Source: Cancer Research UK



Source: Prostate Cancer UK

“*The fact that this language change does not generally happen in men’s health services itself reveals the sexist element*”

Changing communications or policies to make *woman* seem something fluid you can cast off (or acquire) is harmful to women and girls. *Woman* and *her* are already inclusive words: they embrace everyone who is female, everyone who is pregnant, whatever their sense or understanding of identity. Sex-based language describes the material, biological reality of female bodies. We consider that the following are some of the potential harms of using de-sexed language in reproductive and women's healthcare:

- Using de-sexed language (sometimes known as ‘inclusive’ or ‘gender-neutral’) is confusing. Not everyone reads or speaks English fluently. Replacing common and established words (like *woman*, *mother*, *breastfeeding*) with de-sexed terms (like *uterus owner*, *birthing parent*, *chest-feeding*) makes health literature harder to navigate for some women accessing services. It's not 'inclusive language' if the effect is to make the language more difficult to understand.
- De-sexing language to be more ‘inclusive’ or ‘gender-neutral’, sometimes misrepresents factual information. When talking about conditions that only affect females, it's wrong to say (for example) ‘1 in 10 people are diagnosed with endometriosis’.
- There can be a lack of clarity about what being a woman means. This is detrimental to women and girls (in fact, all young people). It changes the meaning of *woman* and other sex-related words (like *mother*, *female*, *sister*) into ‘gender identities’, which men can choose to share. *Woman* then includes those it should not (males who identify as being transwomen) and excludes those it should include (females who identify as transmen or non-binary). ‘Additive language’ (*women and people with uteruses* and similar phrases) also produces this confusion. It makes the text more complex, and puts the sexed word literally alongside the de-sexed one.

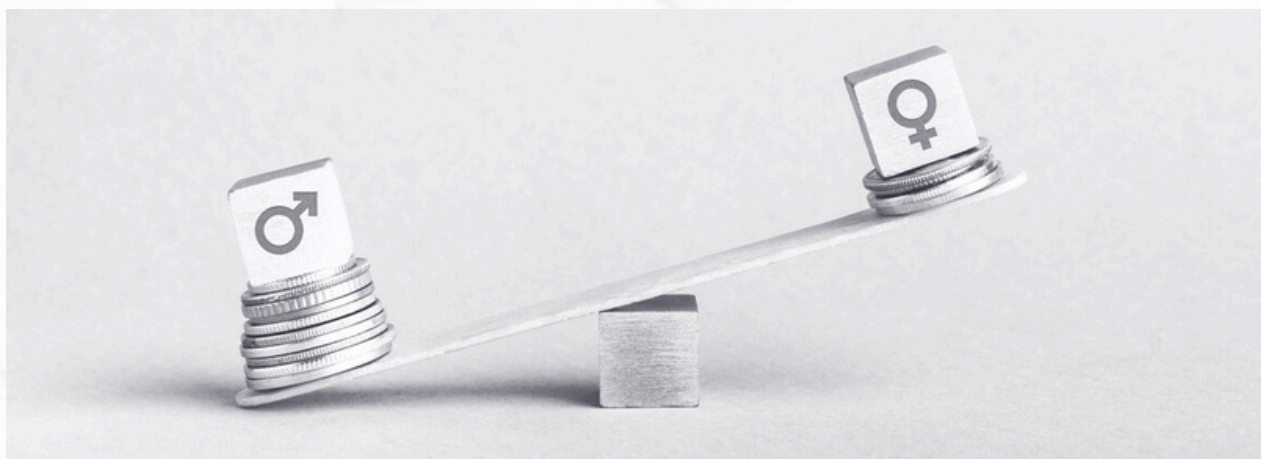
- Obscuring the difference between male and female people and their health needs is unethical. Not being clear about the potential health implications now and in later life (for example, differences in male and female experiences of cancer, dementia, heart disease) inhibits people's ability to manage their own health and well-being.
- It may compromise trust in health care professionals (HCP). If HCPs and others in a helping or support role use language that suggests they believe something that you know to be untrue (for example, that men can give birth or breastfeed) it undermines trust in other advice too.

The UK has the largest sex health gap in the G20.

There are far too many statistics that confirm this. For example, less than 2.5 percent of publicly funded research goes into reproductive health.

House of Lords Library

- It hides the sexism inherent in health care. Part of this comes from male bodies being the standard (and women's bodies being 'different' from what's 'normal'). Women often experience a lack of appropriate and timely healthcare because there is an absence of research and a data gap in women's health. Women's health needs are not the same as men's but this is often overlooked or ignored in research.
- Removing sex from language can be culturally insensitive, and for some groups removing respect for the position of 'woman' or 'mother' may be confusing or offensive.



2. Steps you can take



Prepare

- Take time to prepare before you raise your concerns. Be clear about what exactly you are challenging. Be as precise as you can. Back yourself up with research and case studies (see the sections on frequently asked questions, case studies and resources). Make sure you take the needs of others into account such as service users, staff or students who identify as trans or non-binary. Your position will be stronger if you can show you have considered all angles.
- Check out the legal situation, if you think it might apply. Look for sources of good practice and become familiar with their recommendations. The next chapter has examples, but you will find the Supreme Court ruling on the correct interpretation of the Equality Act helpful. In addition, the [Sullivan review](#) has useful guidance on establishing accurate data collection related to sex.

Find your people

- Find out, if you can, who in your organisation is likely to agree with you. You may have had private conversations where you've become aware that others may turn out to be a source of support. Inform these key people and ascertain if they are prepared to speak out in your support.



Go in calmly

- Think about how you will raise your concerns – email, one-to-one with a manager, in a group meeting, or all of these. It's wise to get ready to keep your own notes of any discussions that arise. If you have any dialogue on social media, keep screenshots.
- You may find the reason for a change in language or policy is an oversight or someone acting in 'good faith'. You might find surprising allies. You may end up with no conflict at all.
- You could ask whoever you are challenging to explain themselves to you. Ask to 'see their working'. Get the references they're using. Often false rationale or logic collapses once it's exposed to scrutiny.

Framing essentials

Equality Impact Assessments

- An impact assessment is an established and evidenced way to demonstrate if the legal obligation to explore change has been fulfilled. Templates for impact assessment are available on the internet, or your organisation may have its own.
- It is your employer's/NHS Trust's/surgery's obligation to consider all policies in relation to its impact of the nine protected characteristics.
- You can ask if proposed language/policy changes have been piloted. Ask if they are research based, or if they have been tested in any way at all with the target group (in these situations, women, girls, pregnant women, or women using the health or maternity services).
- If there has been an assessment done to benefit trans or non-binary staff or service users, it is worth checking if the section on 'other people affected' or 'other impacts' includes any impact on women and girls. For example, mixed-sex toilets might be easier for those who identify as trans or non-binary to use, but what is the impact on women and girls no longer having a sex-specific facilities?
- Services should consider the impact of each of the nine protected characteristics which should be listed accurately. If sex is replaced with gender, or gender identity, or missing, it is not fulfilling its equality obligations.

Equality Impact Assessment

Full Assessment Form v12009

Division/Department: Patient Experience and Subgrouping

Title of policy, procedure, function or service: Chaplaincy Policy

Policy lead: Brian Selmes

People involved with completing the EIA: Brian Selmes, Alan Williams

Type of policy, procedure, function or service:

Existing ☐ New/improved ☐ Changed ☒

Discuss 'inclusivity'



The 9 Protected Characteristics

Equality Act 2010 Section 4

It is against the law to discriminate against someone because of a protected characteristic

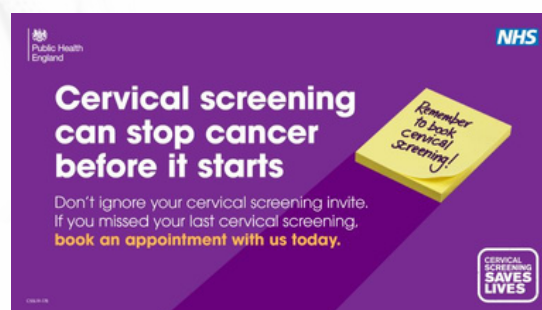
- Being inclusive – not leaving anyone out, or changing language or activities to enable anyone to feel represented – is often seen as desirable and fair. However, to provide specialist services the best practice may sometimes be to exclude some groups. This may be for reasons of safety, fairness, privacy or dignity.
- The Equality Act 2010 protects us against discrimination, but also clarifies when discrimination on the basis of a protected characteristic is lawful. For example:
 - **AGE** to provide a teen pregnancy support group, & exclude those above a specific age.
 - **SEX** to enable a woman/girl to request a female midwife
 - **SEXUAL ORIENTATION** to provide a parenting groups for gay or lesbian parents.
- Some organisations may consciously decide to use 'inclusive' (sometimes called gender-neutral) language. Maybe they have signed up to an EDI (Equality, Diversity & Inclusivity) scheme that requires an organisation to use this language as a condition for membership.
- It may be well-intentioned and they simply haven't done the thinking. However, de-sexing language does not lead to inclusivity.

- As we have explored, inclusivity can come at the expense of fairness, or safety, or clarity. You can challenge ‘inclusivity’ by exploring who may be ‘excluded’ by this and the possible consequences of this. For example, a poster in a GP surgery could call for all ‘cervix havers’ to book their smear. Would a woman with a learning disability or English as a second language understand this was aimed at her? Does this undermine our ability to do targeted signposting/ awareness raising? Who suffers as a result?
- If we seek to meet everyone's needs with one communication, or one approach, we risk failing to meet anyone's needs effectively. There is evidence that tailored communication which targets specific groups when needed, is a better approach. Just as very young mothers may benefit from their own targeted support, women who wish to identify as men, or non-binary, may have language, communication or health needs which aren't the same as the general population.

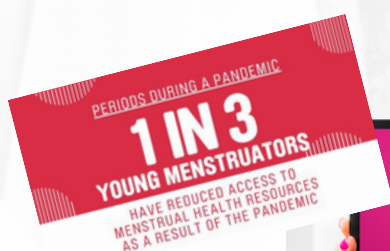


Find out the background

- If you are told a change, or a new communication or instruction, is ‘policy’, or the change you suggest is not in accordance with policy, ask to see the policy referred to. You may find there is not much there, or that it refers vaguely to not discriminating. Some policies may use ‘gender’ instead of ‘sex’, or they may misquote the Equality Act.
- If you want to trace the history and background of a change, then make a Freedom of Information (FOI) request. You have a right to do this, and the answers to your request can reveal helpful specifics, regarding origins and progress of a decision. There are organisations and websites that can help you do this (www.whatdotheyknow.com)
- If you are exploring the use of your own personal data, you can make a subject access request (SAR).



Be observant



- Look at the communications coming from your organisation. We have seen ‘ideological creep’ whereby sexed language is removed without proper consideration nor discussion. Or wholesale changes are announced as a great progressive leap forward, with no opportunity to challenge or to feed into better, safer and more inclusive policies on this issue.

Take it further

- If the issue is still not resolved and you want to take it further, see some of the resources below and the info sheet you can present and lay out your case in writing. Keep good records. Call upon the support of wider networks. Write to us using the email address on our [website](#).

3. Which studies and policies support you?

You need to be aware of any relevant and current policies or guidance. This will differ according to what country or region you are in. Some professional bodies have their own guidance or rules.

In particular, you can remind your colleagues that acting on or implementing any change without evidence of impact, effectiveness or even safety, has risks.

The papers and reports we suggest here may not all be applicable to you, but they may include arguments you can use.

UK Supreme Court

This ruling in April 2025 clarified for the whole of the UK that ‘gender’ or ‘gender identity’ can’t be used as synonyms or proxies for ‘sex’ for any spaces, services or circumstances where the provision of single sex exceptions to the Equality Act apply. For example, if you offer a service for women (or mothers) and publicise it as this, you cannot make it open to individuals who are not biological women. You can offer mixed sex provision, if you want to open it to men, however they identify.

Sullivan Review

Published March 2025, this is a helpful guide to best practice if your organisation is concerned with gathering data on who uses your services, or if you want to improve your knowledge of who you’re already in touch with, or if you want to identify gaps in your outreach. It explains how to make survey clear.

NHS Health literacy guide

<https://service-manual.nhs.uk/content/health-literacy>

Equality Act

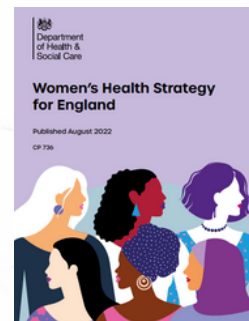
The Equality Act is a useful and important piece of legislation. See the legal section below.

<https://www.gov.uk/guidance/equality-act-2010-guidance>

The Woman's Health Strategy (NHS England)

Page 23 has advice about making language clear and the importance of using sexed terms. The document itself uses sexed terms throughout.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1100721/Womens-Health-Strategy-England-web-accessible.pdf



Reports from the Universal Health Care National Inquiry

Includes ways of making healthcare available to all, including those with language difficulties and cultural barriers impeding their understanding and access.

https://www.lsbu.ac.uk/_data/assets/pdf_file/0019/373033/Universal-Healthcare-National-Inquiry.pdf

The UK Network of Professors of Midwifery and Maternal and Newborn Health position paper: use of sexed language

<https://www.councilofdeans.org.uk/2024/02/midwifery-network-position-paper-use-of-sexed-language/>



Effective Communication About Pregnancy, Birth, Lactation, Breastfeeding and Newborn Care: The Importance of Sexed Language

Accessible paper which explains the drawbacks of 'gender-neutral' language in maternity-related communications.

<https://pubmed.ncbi.nlm.nih.gov/35224545/>

Monitoring equality: Developing a gender identity question

Useful paper which explains the pitfalls for data collection, when gender, gender identity, and/or sex, are used as categories without clarification.

www.equalityhumanrights.com/sites/default/files/rr75_final.pdf

The Cass Review

This is the published NHS review of care and treatment of children and adolescents experiencing confusion or distress about their sex.

<https://cass.independent-review.uk>

There are myths and misinformation about the credibility and integrity of Cass. Here are some of the responses which correct the myths

<https://www.bmj.com/content/385/bmj.q794>

<https://www.quackometer.net/blog/2024/04/breaking-down-cass-review-myths-and-misconceptions-what-you-need-to-know.html>

No evidence of transition reducing suicide risk

<https://www.gov.uk/government/publications/review-of-suicides-and-gender-dysphoria-at-the-tavistock-and-portman-nhs-foundation-trust/>

Clinicians urge use of sex-based language in health communications

<https://can-sg.org/2023/02/23/open-letter-to-nhs-chiefs-the-importance-of-the-word-woman/>

Government orders NHS website to use sex-based language

<https://www.pulsetoday.co.uk/news/clinical-areas/womens-health/government-reverts-nhs-advice-to-sex-specific-language/>

BMJ editorial discusses sex, gender and medical data and stresses the health risks of erroneous use of gender in data collection

<https://doi.org/10.1136/bmj.n735>

Discussion of the value of impact assessments of language changes

Testing Inclusive Language Revisions of the Breastfeeding Attrition Prediction Tool Using Cognitive Interviewing: A Pilot Study

<https://pubmed.ncbi.nlm.nih.gov/37272601/>

<https://journals.sagepub.com/doi/abs/10.1177/08903344231174221>

Trans and non-binary experiences of maternity services: cautioning against acting without evidence

britishjournalofmidwifery.com/content/clinical-practice/trans-and-non-binary-experiences-of-maternity-services-cautioning-against-acting-without-evidence/



Sex & Gender Identity A With Woman toolkit

4. FAQs

I have been asked to put my pronouns in my email and Zoom/Teams window at work

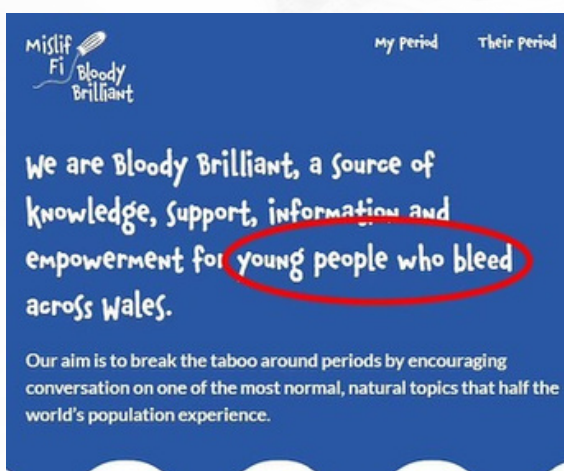
- One option is simply to do nothing. Leave your email signature as it always has been and don't change your Zoom/Teams window. When it comes to introducing yourself, you can just say your name and your position without any pronouns.
- If anyone asks, or prompts you, just say, 'it's not relevant to me', 'no thanks' or 'my pronouns are as you'd expect'. Stay polite and calm. It might give others the option to not join in too, much to their relief! Currently, it would be very difficult for any organisation to make this a condition of your employment.

[More information here](#)

<https://womansplaceuk.org/2021/06/27/share-pronouns-at-work/>
<https://sex-matters.org/posts/updates/pronouns/>
<https://www.legalfeminist.org.uk/tag/pronouns/>

I want to challenge the wording of our new patient leaflet, which has been re-written using de-sexed language

- It may well be that the author who used the de-sexed language did so in good faith, because it seems to now be the 'correct' language. Sometimes just a gentle nudge or criticism to test the water is all it takes to get the change needed.



- On the other hand the author may be a gender activist. You can always back down if it feels like a bigger fight than you want. If you want to take it further follow the steps laid out above and arm yourself with the evidence of the importance of clear communication. You may find that requesting amends back to sexed language draws like-minded people to you. Remember, your beliefs are protected in law. Having these views cannot be the basis of any disciplinary action against you.

FAQs continued



Our equality training at work seems to have got the Equality Act wrong

Write to the people responsible for the training pointing them to the error and the correct definitions. See links and explanation above. The relevant protected characteristic is sometimes written as *gender* not *sex*. It is always worth pointing this out. You can point to the Sullivan Review to show what language to use.

My co-authors or editor of my academic article or text book are suggesting additive language or de-sexed words.

Here are some examples you can adapt

The NICE postnatal care guideline

The guideline uses the terms *woman* or *mother* throughout. These should be taken to include people who do not identify as women but are pregnant or have given birth. Similarly, where the term *parents* is used, this should be taken to include anyone who has main responsibility for caring for a baby. <https://www.nice.org.uk/guidance/ng201>

From an academic paper

The words *women* and *woman* are used throughout this paper, recognising that these terms reflect the biology of all people who are pregnant and give birth and the identity of most people who are pregnant and give birth. For the purpose of this paper, these terms include girls, and people whose gender identity does not correspond with their birth sex or who may have a non-binary identity.

From an academic literature review

We use the term *women* to encompass maternity service users regardless of gender identity. As pregnancy and birth are inherently sexed states and processes it is important to use sexed language.

From research methodology section

The questionnaire asked respondents to provide their *sex*, rather than their *gender* or *gender identity*. This was to indicate the reproductive category they belonged to, rather than participants' societal role or inner sense of self, as sex is pertinent in discourse relating to reproduction given the biological implications [27]. The terms *woman/women* and *man/men* were used in the study.

From a book chapter

The terms *woman* and *women* are used throughout this chapter; however, we know not all natal women identify with their biological sex, and caregivers should use appropriate individualised language that is sensitive to an individual's needs.

FAQs continued

Editors suggesting additive language cont.

From a paper on breastfeeding

The terms *woman* and *mother* and *breastfeeding* are used throughout our paper. Individual parents and families may use different words and we respect their preferred terminology when we care for them. <https://www.frontiersin.org/articles/10.3389/fgwh.2022.818856/full>

From a public information booklet

Most people who re-lactate or induce lactation see themselves as women and as mothers, so these are the terms used in this booklet. No offence is intended to any person who uses other words to describe themselves.

From an academic article

In this paper, *mother* refers to the female biological parent of a child and *woman* to a person of the female sex.

There are some more in the supplementary material of this article:

<https://www.frontiersin.org/articles/10.3389/fgwh.2022.818856/full>

How do we get media coverage of the sex and gender issue?



- Media is interested in the topic of sex and gender identity, and media coverage may make a difference. It brings your issue to the attention of people who were unaware or silent and gives them the information, understanding and courage to speak up. It may reach someone who has the power to help you.
- When you contact media, aim to target a named journalist who has shown interest in this topic in the past, rather than just contacting the news or features desk. Compose a brief and punchy press release, an open letter, a petition. Maybe all three.
- Contact more than one journalist/publication; you can direct message them on social media, send emails, phone them. Make sure you give them a contact number.
- Be prepared! Back up your story by using named examples if you can – it's always stronger if you can use people's real names with photographs and quotes if possible.
- Think about who can be available for interview. Who is the most qualified to speak?
- If you speak to a journalist, have the points you want to make ready. Everything you say will be 'on the record' and may be published unless you both agree it will be withheld.
- For live TV/radio interviews, think of three important points you want to make. Focus on making these points no matter what questions the interviewer asks you.
- Work out simple and catchy sound bites for each point to make your message clear, relevant and memorable.

5. Case studies



Here are examples from real life where change happened, sometimes easily, sometimes over time. We've paraphrased and changed identifying details in some of these examples.

Pronouns

“

The chair at a meeting asked us to share our pronouns as we went round the table introducing ourselves and our role. When it came to me, I just gave my name and role and said nothing about pronouns. No one said anything at all, and a few people did the same as I did.

“

I was part of the communications team of a charity who I volunteer with. The newly-appointed (paid) CEO wanted to get to know all 200 of us better, and suggested we all send in a short bio, including our pronouns, and it would be circulated round the whole group. I noticed the CEO and her assistant both had their pronouns on their emails. The assistant's signature was very prominent, with each letter of SHE/HER a different colour. She, like her boss, was female. I said I didn't think this would be a good idea, using the notion that some people may prefer to keep an ongoing transition process to themselves. Requiring a pronoun might 'out' someone before they were ready. The CEO said this was a point that had not occurred to her and she would seek further advice. The matter has never been brought up again.

“

I am a visiting tutor at a university. I was emailed by the department for biographical and work details and invited to share my pronouns, if I wanted to. I ignored it. No one asked again.

Policy and Strategy

“

In England, Integrated Care Systems (ICS) exist to improve care, health and wellbeing of a local population. I am working with an ICS to support them to develop a systemwide breastfeeding strategy, under the leadership of the ICS Women's Health Board in our area. I've shared the Women's Health Strategy and its clear statement on language to ensure we don't develop a policy that attempts to use gender-neutral or otherwise confusing language.
*<https://www.england.nhs.uk/integratedcare/what-is-integrated-care/>

Challenging written material

“

I'm currently enrolled in the Breech Without Borders course. New instruction handout material was being discussed with the cohort and all the usual noise about 'more inclusive language' and changing women to people popped up and I braced myself for the moment of truth. I'm so, so happy to say that BWB totally blanked it and stuck with sexed language! I pointed out the handout was clearly understandable and the language was perfect and would translate well into other languages.

<https://www.breechwithoutborders.org>. US organisation which supports research and training in the management of breech birth.

Websites

“

I called out an Australian pharmacy chain for calling mothers 'birthing parents' on their website. In less than 24hrs they changed it to mothers.

Equality Act

“

At my NHS Trust induction session, the Equality Act was incorrectly presented by stating that 'gender' was a protected characteristic. After the event I informed the presenter they were wrong and linked to the EA website. They corrected the slide.

Intention to spend £100k on basis of

ITEMS

NHSE put forward a £100,000 contract to create a 'gender-inclusive' maternity care training programme based on research by LGBT Foundation, the ITEMS Study, since discredited.

“

Letter about the funding

<https://with-woman.org/2023/01/04/open-letter-pause-midwifery-training-based-on-flawed-research/>

Critique of the research

<https://www.britishjournalofmidwifery.com/content/clinical-practice/trans-and-non-binary-experiences-of-maternity-services-cautioning-against-acting-without-evidence/>

6. The Legal Situation



Whistleblowing

If you work in the National Health Service, you are protected as a 'whistle blower' with the Freedom to Speak Up programme.

<https://www.england.nhs.uk/ourwork/freedom-to-speak-up/how-to-speak-up-to-us-about-other-nhs-organisations/>

<https://www.nhs.uk/our-policies/freedom-speak-raising-concerns-whistleblowing>

<https://www.citizensadvice.org.uk/scotland/health/nhs-healthcare-s/whistleblowing-reporting-a-problem-in-the-nhs-s/>

<https://assets.publishing.service.gov.uk/media/5a819ef5e5274a2e87dbe9e3/bis-15-200-whistleblowing-guidance-for-employers-and-code-of-practice.pdf>



Gender Recognition Certificate

In the UK getting a Gender Recognition Certificate (GRC) is a means of having your preferred new gender identity legally recognised and your sex changed on your birth certificate to either male or female. This was introduced under the Gender Recognition Act 2004. It is not possible to choose non-binary or any of the other new gender identities. It costs £5 and is assessed by a panel.

The applicant needs to be

- **aged 18 or over**
- **diagnosed with gender dysphoria in the UK**
- **living in their affirmed gender for at least 2 year**
- **intending to live in this gender for the rest of their life.**

People can apply if they have not yet had any gender affirming surgery or treatments, or they do not plan to have any.

It's estimated that about 5000 people have a Gender Recognition Certificate – it's clear most people who identify as trans do not have one.

The Equality Act

You may feel you want to know more about the Equality Act. It can seem complex, but it's worth being familiar with the basic points. One of our colleagues has shared some guidance to help you.

The Equality Act outlaws discrimination, harassment or victimisation in employment and services on the basis of nine protected characteristics (PCs). These include 'sex' (which means biological sex) and 'gender reassignment' (we explain more about what this means below). For the purpose of making a discrimination claim against an employer or service provider, an individual compares their situation with an actual or hypothetical individual in the same situation but who does not share their protected characteristic. For example, for a claim on grounds of religion or belief to succeed, the claimant would have to show that they had been treated less favourably than someone with a different religion or belief has been (or, hypothetically, would be). This is known as the comparator.

Sex

All of us have a sex, and so are covered by the PC of sex. This means that in employment and the provision of services both men and women are protected against discriminatory treatment. An individual, or a group of individuals, can bring a claim against an employer or service provider if they are treated less favourably than a person of the opposite sex, because of their sex. For sex discrimination claims, the comparator is someone of the opposite sex.

The Equality Act does, however, permit some rational discrimination on grounds of sex. These are known as **single-sex exceptions**. Discriminating between women and men is legal in the following six situations (Equality Act 2010, Part 16, Schedule 3, Part 7, Para 26)

- where the provision of separate sex or single-sex services is a proportionate means to achieve a legitimate aim.
- In employment, where being of a particular sex is a genuine occupational requirement.
- in the provision of single-sex communal accommodation.
- in sports or games where the sex of participants is relevant to safety or fairness.
- in the creation of associations for members with a particular protected characteristic.
- in selection arrangements for candidates of political parties, to correct under-representation of women.



Some examples given in the Explanatory Notes

<https://www.legislation.gov.uk/ukpga/2010/15/notes/division/3/16/20/7>

The Equality Act continued

Gender Reassignment



Gender reassignment is also a protected characteristic (PC). This PC covers anyone planning to undergo, in the process of undergoing, or having undergone some form of gender reassignment. It applies to anyone at any stage of 'transition' and does not require a gender recognition certificate or indeed surgery or any medical intervention. It is understood to be a process and not an identity, and there is no reference to 'Gender Identity' in the Equality Act.

The PC of gender reassignment gives legal protection if discriminated against in employment or services.



The 9 Protected Characteristics

Discrimination means being treated less favourably in comparison with someone who does not have the protected characteristic of gender reassignment.

The Equality and Human Rights Commission has given guidance which states that the comparator of someone without a Gender Recognition Certificate is a person of the same birth sex.

It should therefore be noted that while the PC of Gender Reassignment provides protection against discrimination, it does not give rights to access single-sex spaces and services of the opposite sex, or genuine occupational requirements reserved for the opposite sex, or other single-sex exceptions.

- Where it remains a proportionate means of achieving a legitimate aim, someone with a GRC could still be excluded from single-sex provision (and the explanatory notes for service provision clearly anticipate this) but the legal threshold would be considerably higher than in the case of someone without a GRC. In practice, that means that exclusion of a male person who has a GRC, and is thus legally female, would rely on specific provisions of the Equality Act relating to exclusion on grounds of gender reassignment, rather than more general provisions relating to exclusion on grounds of sex. These specific provisions are not available across all of the single-sex exceptions – for example they exist for services, but not for associations.
- For example, rightly you cannot say 'your contract is not being renewed because you are trans'. However, this does not mean that the organisation has to treat the person as the gender they identify with. A male who identifies as a transwoman cannot be discriminated against because of their gender reassignment, but this doesn't mean they have the right to use the women's changing rooms at work. Due to the complexity and difficulty in implementing the law, some campaigners have asked the government to make clear that sex in the Equality Act refers to biological sex.
- Organisations or employers may have an equality/diversity/inclusion statement which describes how they follow the Equality Act, listing attributes which are not in the Equality Act, and omitting sex. This is misleading, and the omission of the word *sex* removes an important protection.

<https://womansplaceuk.org/2022/08/11/attorney-general-affirms-sex-based-rights/>

IMPORTANT: in the UK the Supreme Court ruling clarified much of this, and ensures the meaning and impact of the word 'sex' on other legislation and policies affected by the Equality Act.

7. Workplace rights

Under current UK law, you have the right to believe that sex cannot be changed, that in certain circumstances, someone's sex is important, and it is different from their gender identity (some people who hold these views call themselves 'gender-critical').

These views are protected, deemed 'worthy of respect in a democratic society'. This means that the view is both reasonably held and without prejudice (the Grainger test). Other examples of beliefs that are protected include veganism, human-made climate change and evolution. Views that rightly fail this test include ideas such as racism and homophobia.

If a belief passes the Grainger Test it means it is a protected belief. This means it is unlawful to discriminate against a person on the grounds that they hold gender critical beliefs, for example withholding services, placing their views under discriminatory levels of scrutiny, creating a hostile working environment.

It also means that it is discriminatory, unlawful and prejudicial to act on the assumption that because a person holds gender critical views they are therefore transphobic. This is similar, in law, to assuming (for example) that because someone is a Muslim, they support terrorist groups. It is not an acceptable statement.

In practice, of course, it may be uncomfortable to express these views, however there are now a number of test cases providing a precedent, including a landmark case over a regulatory body.

More information here

<https://womansplaceuk.org/2024/01/16/rachel-meade-v-westminster-city-council-and-social-work-england/>

8. Captured!



Examples of ‘inclusivity’

Here's a few real-life examples of non-sexed or gender neutral ‘inclusive’ language in health and maternity care-related communications. Our comments alongside these examples may help you compose a quick explanation of your objections.

Author Milli Hill has an up to date list of examples of the erasure of the word woman, and other gender neutral ‘inclusive examples. www.millihill.substack.com

Form for registering with a new GP

Gender

Please make sure the information you provide here is the same as you have on file with the NHS

Male	<input type="checkbox"/>
Female	<input type="checkbox"/>
Indeterminate	<input type="checkbox"/>
Rather not say	<input type="checkbox"/>

This form is unclear. It confuses sex and gender, asking for “*gender*” while providing tick boxes for sex. Medics need to know what sex a patient is, in order to make sure any treatment is safe and effective. Clear questions result in clear and accurate answers.

The word ‘indeterminate’ is inappropriate as it is not a medical condition, nor is it clear language. If the question is ‘do you have a disorder of sexual development?’ that should be on the health history, not the registration form.

<https://www.nhs.uk/conditions/differences-in-sex-development/>

Health app to track menstrual cycles

“ *It's a simple fact that healthcare for women and people with cycles is fundamentally underserved.* ”

This is an example of **additive language**. ‘People with cycles’ compromises the simplicity of the health information by making unclear who this information and technology is intended for.

Professional organisation statement of the RCOG and the RCM

“ We recognise maternity and gynaecological services will be accessed by women, gender diverse individuals and people whose gender identity does not align with the sex they were assigned at birth [...] We understand the importance of language in breaking down barriers for people accessing care and are committed to using inclusive language in its communications, publications and patient information to meet the needs of all individuals.

Interspersing ‘inclusive terms’ is not clear, but we think the intention is to encourage the use of both sexed and gendered language. However, both these organisations deal with people of one sex: women.

The use of the phrase *sex assigned at birth* should be replaced by *observed* or *recorded* for accuracy. Sex is not assigned at birth.

When language is confusing and unclear it is not inclusive, as it is intended; it excludes. There is a longstanding convention that health information should be suitable for people with a reading age of 9-11 years. Complicating information by adding unnecessary information and medical terms makes it confusing for many people.

https://service-manual.nhs.uk/content/health-literacy_

Unicef UK Baby Friendly Initiative Inclusivity and Language Statement

“ Language is one of many ways to include and respect people. Through careful attention to the use of language, we can positively contribute to inclusive thought and behaviour and work to support all people to feel represented and to receive care which is culturally sensitive and upholds their dignity and human rights.

Baby Friendly's position is to avoid the word *mother* and *woman* in their public facing communications. Occasionally they use ‘additive language’ (for example *breastfeeding* and *chestfeeding*).

There is no evidence ‘that people feel included and respected when receiving infant feeding support’ as a result of this use of language. No impact statement has been done, and there was no indication that consideration had been paid to clarity and accessibility.

Related organisations



Medics & healthcare professionals



Clinical Advisory Network on Sex & Gender (CAN-SG)
www.can-sg.org



Society For Evidence Based Gender Medicine (SEGM)
www.segm.org



Thoughtful Therapists
www.thoughtfultherapists.org



Evidence Based Social Workers Alliance (EBSWA)
www.ebswa.org

Academia, feminist education & publishing



Centre For Feminist Thought
www.feminist-thought.org



The Radical Notion
www.theradicalnotion.org



GC Academic Network
www.cefawomen.org



The Open University GC Research Network
www5.open.ac.uk/

Campaigning organisations



Woman's Place UK
www.womansplaceuk.org



Fairplay For Women
www.fairplayforwomen.com



Sex Matters
www.sex-matters.org



Merched Cymru
www.merchedcymru.wales



MBM Policy
www.murrayblackburnmackenzie.org



For Women Scotland
www.forwomen.scot

Legal professionals



Legal feminist
www.legalfeminist.org

Other groups

Professionals & parents supporting children



Transgender Trend
www.transgendertrend.com



GENSPECT
www.genspect.org



Bayswater Support Group
www.bayswatersupport.org.uk



Safe Schools Alliance
www.safeschoolsalliance.uk.net

In addition, there are groups of people in every setting who have banded together to support challenges. As well as the public groups listed here, there are informal or private groups.

Workplace Networks



Sex Equality and Equity Networks
seen.network.uk/other-seens

Miscellaneous



Sex and Gender; A beginners guide
<http://sexandgenderintro.com>



FiLiA
<http://filia.org.uk>



Sex and gender

maternity care, research and education

LANGUAGE CLEAR SIMPLE COMMUNICATION

Clear, simple communication is important for everyone. Without it, those with English as a second language, with impairments, learning difficulties, or other issues will face unnecessary boundaries and unfair disadvantages accessing health care. Use clear language and phrases such as 'all women' when designing a cervical screening campaign rather than 'adults with a cervix'.

Women who identify as trans or non-binary know what sex they are!

POLICIES INCLUSION & EXCLUSION

Using *woman* as a gender term includes people you might want to exclude i.e., transwomen (males), and excludes those you might want to include, i.e. transmen (females). Policies about 'keeping the parent and baby together after birth' are different from 'keeping the mother and baby together after birth'. A mothers-only group might be affected if fathers who identity as mothers come. Making a group that appears to be single-sex, actually mixed-sex might particularly affect women who need single-sex spaces for religious reasons, women who have experienced sexual trauma, or anyone who wants a single-sex space.

VALUES FEMINIST & WOMAN CENTRED

Examining sexism in maternity care, or the role or experiences of women in society, one must have a clear category of women as a group. De-sexing language makes the category unclear and so hinders any feminist analysis.

POLICY EVIDENCE DRIVEN SEX MATTERS

In health care the category that is most measurable and relevant is sex, not the changeable ideas of gender identity. It is sex that is medically relevant when someone presents with abdominal pain, chest pain, or pretty much everything else regarding physiology and medicine. People with disorders or differences of sexual development are still male or female and this is not related to gender identity.

THE LAW FAIRNESS WORKPLACE RIGHTS

The Equality Act has protected characteristics of sex and gender reassignment. This means that it is legal to provide single sex services if appropriate.

The law recognises sex and gender reassignment as distinct groups, it protects both and tells us when discrimination against either group is lawful or unlawful.

Organisations cannot discriminate against people with gender critical views. These views are protected, deemed 'worthy of respect in a democratic society'. This means that the view is both reasonably held and without prejudice

With Woman

@WeAreWithWoman withwoman.org





Written by Heather Welford; aided and edited by members of With Woman
With Woman acknowledges all who have contributed to this toolkit. Thank you!

Design by: A Ceesay Project Voices

Available as a free PDF download from our website

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