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Editor

The *British Journal of Midwifery* aims to provide midwives, students and maternity services professionals with accessible, original clinical practice and research articles, while also providing summaries of high-quality research evidence, promoting evidence-based practice.

It's time to rethink our vocabulary

As I find myself engrossed in midwifery in both my personal as well as my professional life once again, not a bad thing I hasten to add, I have been reflecting on my personal experience as a service user. I am one of the many women who are lucky enough to call themselves 'low-risk' and have happily enjoyed the benefits of midwifery-led care. Had I been pregnant 40 years ago, my care may well have been different. It is thanks to the work that midwives like you do every day, and to many non-midwives—people like Sheila Kitzinger, who sadly passed away last month—that women are enjoying fewer interventions. Sheila was one of the many people who have challenged the medicalisation of childbirth in favour of normality.

As part of its *Campaign for Normal Birth,* the Royal College of Midwives, defines a 'normal' birth as a woman commencing, continuing and completing labour physiologically at term, with medical intervention and caesarean section the last choice (RCM, 2005).

However, we still have a long way to go to reach universal 'normality'. As George Winter highlights in his comment piece (page 314), unfortunately, the UK's caesarean rate is still at 24.6%, much higher than the World Health Organization's recommended rate of 10–15% (Macfarlane et al, 2015; WHO, 2015). It is important to note that some caesarean sections are essential and a careful 'balance between achieving normality and knowing when medical care is required is crucial' (Page, 2015: 234).

Above all this, we need to be aware of the terminology we use and to think of the women who haven't been able to achieve spontaneous vaginal delivery. Obviously, most women would prefer to give birth as physiologically as possible; however, those who haven't been able to achieve this should not be made to feel like they are not 'normal'.

At a time when mental health is so high on the public health agenda, midwives should be thinking of the impact that their words have on the women they care for. Women may feel more vulnerable and anxious while pregnant and after the birth, and it is the job of health professionals to support new mothers and avoid anything that may exacerbate these feelings. If 'normal' defines the majority then maybe we shouldn't use it at all as most births don't fit the normality criteria, and in fact, neither do most people. **BJM**

Macfarlane AJ, Blondel B, Mohangoo AD et al (2015) Wide differences in mode of delivery within Europe: risk-stratified analyses of aggregated routine data from the Euro-Peristat study. *BJOG*. doi: 10.1111/1471-0528.13284

Page L (2015) Normal birth in the shadow of Morecambe Bay. *British Journal of Midwifery* 23(4): 234

Royal College of Midwives (2005) Campaign for normal birth. tinyurl.com/qhpohor (accessed 24 April 2015)

World Health Organization (2015) WHO Statement on Caesarean Section Rates. WHO, Geneva