

# Guiding Principles for Inclusive Language

This document from the AAP Section on LGBTHW Health and Wellness is intended to provide guidance for authors, editors, presenters, media spokespersons, and other content contributors. It expands upon the [Words Matter](#) guidance, and in particular, provides specific examples of strategies for making language as accurate and gender-inclusive as possible. Vocabulary continually evolves. This is a working document that will be continuously updated as recommendations for suggested terminology evolve. Get stuck? Feel free to email [SOIGBTHW@aap.org](mailto:SOIGBTHW@aap.org) for assistance.

\*individuals, people, parents, children, adolescents, students, patients, etc....these often can be interchangeable depending on context because they are nongendered terms.

1. [Discuss humans in neutral terms](#)
  2. [When appropriate, focus on body parts, functions, & behaviors rather than gender](#)
  3. [Avoid binary terms to compare or describe sex or gender](#)
  4. [Do not make assumptions](#)
  5. [Acknowledge upfront](#)
- [Exceptions](#)
  - [Other things to note](#)

Guiding Principle	Examples of binary or assumptive language	Consider Replacing with...
<b>1. Discuss humans in neutral terms</b>  Use gender-inclusive language Consider strategies to make language as gender-inclusive as possible, including using gender-neutral endings or non-gendered terms.	<ul style="list-style-type: none"> <li>Boys, girls</li> </ul>	<ul style="list-style-type: none"> <li>Children</li> <li>Individuals</li> <li>Patients</li> <li>Youth</li> <li>Adolescents</li> <li>Teens</li> <li>Students</li> <li><i>See principle #2</i></li> </ul>
	<ul style="list-style-type: none"> <li>Men, women</li> </ul>	<ul style="list-style-type: none"> <li>People</li> <li>Persons</li> <li>Individuals</li> <li>Persons with ovaries and estrogen-based systems, persons with testes and testosterone-based systems</li> <li><i>See principle #2</i></li> </ul>
	<ul style="list-style-type: none"> <li>Ultimately, the student and <b>his or her</b> parent determine how to proceed.</li> </ul>	<ul style="list-style-type: none"> <li>Ultimately, the student and <b>their</b> parent determine how to proceed.</li> </ul>
	<ul style="list-style-type: none"> <li>Mother</li> </ul>	<ul style="list-style-type: none"> <li>Caregiver</li> <li>Parent</li> <li>Birth parent</li> <li>Guardian</li> <li>Gestational parent</li> <li>Gestational carrier</li> <li><i>See principle #2</i></li> </ul>
	<ul style="list-style-type: none"> <li>Pregnant women</li> </ul>	<ul style="list-style-type: none"> <li>Pregnant people*</li> </ul>
	<ul style="list-style-type: none"> <li>Breastfeeding women</li> </ul>	<ul style="list-style-type: none"> <li>Lactating individuals*</li> </ul>
	<ul style="list-style-type: none"> <li>Maternal depression</li> </ul>	<ul style="list-style-type: none"> <li>Postpartum depression</li> </ul>

Rewrite / omit unnecessary words	<ul style="list-style-type: none"> <li>Maternal-infant health</li> </ul>	<ul style="list-style-type: none"> <li>Parental-infant health</li> </ul>
	<ul style="list-style-type: none"> <li>Mother-child dyad</li> </ul>	<ul style="list-style-type: none"> <li>Parent-child dyad</li> </ul>
	<ul style="list-style-type: none"> <li>Breastmilk</li> </ul>	<ul style="list-style-type: none"> <li>Human milk</li> </ul>
	<ul style="list-style-type: none"> <li>Mailman, chairman, policeman, congressman etc</li> </ul>	<ul style="list-style-type: none"> <li>Mail carrier, chairperson, police officer, congressional representative / legislator</li> </ul>
	<ul style="list-style-type: none"> <li>For <b>women</b> in treatment of OUD who receive frequent toxicology testing, infant meconium and/or umbilical cord tissue testing may not be necessary.</li> </ul>	<ul style="list-style-type: none"> <li>For <b>gestational individuals</b> in treatment for OUD and receiving frequent toxicology testing, infant meconium and/or umbilical cord tissue testing may not be necessary.</li> </ul>
	<ul style="list-style-type: none"> <li>Management of infants born to HBsAg-positive <b>women</b></li> </ul>	<ul style="list-style-type: none"> <li>Management of infants <b>exposed to HBV at birth</b></li> <li><b>Persons living with HBV</b></li> </ul>
	<ul style="list-style-type: none"> <li>Mother-to-child transmission</li> </ul>	<ul style="list-style-type: none"> <li>Vertical transmission</li> </ul>
	Genital herpes is characterized by vesicular or ulcerative lesions of the <b>male or female</b> genitalia, perineum, or perianal areas.	Genital herpes is characterized by vesicular or ulcerative lesions of <b>the</b> genitalia, perineum, or perianal areas.
<b>2. When appropriate, focus on body parts, functions, &amp; behaviors rather than gender</b>  Focusing on gender could lead to missed opportunities (eg, health screenings)	<ul style="list-style-type: none"> <li>Girls/females</li> </ul>	<ul style="list-style-type: none"> <li>Children* with vaginas, uterus, ovaries, vulvas</li> <li>People* with uterus...</li> </ul>
	<ul style="list-style-type: none"> <li>Adolescent <b>girls</b> should be counseled....</li> </ul>	Depending on context: <ul style="list-style-type: none"> <li>Adolescents* <b>who have menstrual cycles</b> should be counseled...</li> </ul>
	<ul style="list-style-type: none"> <li>Obtain a urine pregnancy test in <b>girls</b>.</li> </ul>	<ul style="list-style-type: none"> <li>Obtain a urine pregnancy test in <b>patients who have the ability to become pregnant</b>.</li> </ul>
	<ul style="list-style-type: none"> <li>Increased rates of opioid use and opioid use disorder among <b>women</b> of reproductive age has led to a parallel increase in infants born with NWS.</li> </ul>	<ul style="list-style-type: none"> <li>Increased rates of opioid use and opioid use disorder among <b>persons who have the reproductive capacity to become pregnant</b> has led to a parallel increase in infants born with NWS.</li> </ul>
	<ul style="list-style-type: none"> <li>Boys/males</li> </ul>	<ul style="list-style-type: none"> <li>Children* with penises</li> <li>People* with testicles</li> </ul>

	<ul style="list-style-type: none"> <li>• Gamete preservation can be done as an outpatient procedure for post-pubertal <b>boys</b>...</li> </ul>	<ul style="list-style-type: none"> <li>• Gamete preservation can be done as an outpatient procedure for adolescents that are post-pubertal and <b>sperm-producing</b>...</li> </ul>
	<ul style="list-style-type: none"> <li>• All <b>women</b> found to have HIV infection should receive appropriate antiretroviral therapy for their own health and for prevention of vertical transmission. All HIV-infected <b>women</b> should be counseled regarding possible risks associated with breastfeeding.</li> </ul>	<ul style="list-style-type: none"> <li>• All <b>individuals who are able to conceive and</b> found to have HIV infection should receive appropriate antiretroviral therapy for their own health and for prevention of vertical transmission. <b>All people who are pregnant</b> and infected with HIV should be counseled regarding possible risk associated with breastfeeding.</li> </ul>
	<ul style="list-style-type: none"> <li>• Testing for <i>N gonorrhoeae</i> and <i>C trachomatis</i> should be performed from specimens collected from the pharynx and anus, as well as the vagina in <b>girls</b>, and urine in <b>boys</b>. Cervical specimens are not recommended for prepubertal <b>girls</b>. For <b>boys</b> with a urethral discharge, a meatal specimen discharge is an adequate substitute for an intraurethral swab specimen.</li> </ul>	<ul style="list-style-type: none"> <li>• Testing for <i>N gonorrhoeae</i> and <i>C trachomatis</i> should be performed from specimens collected from the pharynx and anus. Patients with a vagina should collect a specimen in this area as well, however, a cervical specimen is not recommended prepuberty. For patients with a penis, a urine specimen should be collected, and if urethral discharge is present, a meatal specimen discharge is an adequate substitute for an intraurethral swab specimen.</li> </ul>
	<ul style="list-style-type: none"> <li>• Men who have sex with men (MSM)</li> </ul>	<p>Is the concern about a specific gender (which could include trans men) or is the concern about the specific behavior? Social network?</p> <p>If specific to the behavior (specify receptive or insertive if relevant to risk)...</p> <ul style="list-style-type: none"> <li>• Youth who engage in anal intercourse?</li> <li>• Youth who engage in penile-anal intercourse?</li> <li>• Oral sex?</li> </ul>
	<ul style="list-style-type: none"> <li>• within 21 days of illness onset – had close or intimate in-person contact with individuals in a social network experiencing monkeypox activity, <b>this includes men who have sex with men (MSM) who meet partners through an online website, digital application (“app”), or social event (eg, a bar or party).</b></li> </ul>	<ul style="list-style-type: none"> <li>• within 21 days of illness onset – had close or intimate in-person contact with individuals in a social network experiencing monkeypox activity, <b>this includes those with close physical contact within the MSM community.</b></li> </ul>

Rewrite / omit unnecessary words	<ul style="list-style-type: none"> <li>• <b>Male</b> partners of <b>females</b> with TV are likely to have infection, although the prevalence of trichomoniasis in <b>males</b> who have sex with <b>males</b> is low.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Transmission</b> of TV is likely through <b>penile-vaginal sex</b>, while <b>transmission</b> of trichomoniasis during <b>penile-anal sex</b> is low.</li> </ul>
	<ul style="list-style-type: none"> <li>• Genitourinary tract manifestations, such as vaginitis in prepubertal <b>females</b>; urethritis, cervicitis, endometritis, salpingitis, and pelvic inflammatory disease, with or without perihepatitis (Fitz-Hugh-Curtis syndrome) in postpubertal <b>females</b>; urethritis and epididymitis in <b>males</b>; and reactive arthritis (with the classic triad, formerly known as Reiter syndrome, consisting of arthritis, urethritis, and bilateral conjunctivitis) can occur.</li> </ul>	<ul style="list-style-type: none"> <li>• Genitourinary tract manifestations can occur in all youth. <b>For youth with a vagina</b>, this may manifest as vaginitis in prepuberty, and urethritis, cervicitis, endometritis, salpingitis, and pelvic inflammatory disease, with or without perihepatitis (Fitz-Hugh-Curtis syndrome) post puberty. <b>For youth with a penis</b>, this may manifest as urethritis and epididymitis. And for all youth, with the classic triad, formerly known as Reiter syndrome, consisting of arthritis, urethritis, and bilateral conjunctivitis.</li> </ul>
	<ul style="list-style-type: none"> <li>• Pediatricians play a role in ensuring the <b>woman</b> has all the information about the importance and the management of breastfeeding that <b>she</b> needs to make the best choice for <b>her</b>, and to then ensure that <b>her</b> feeding decision is fully supported without pressure or guilt by the entire health care team.</li> </ul>	<ul style="list-style-type: none"> <li>• Pediatricians play a role in ensuring the <b>parent</b> has all the information about the importance and the management of breastfeeding <b>needed</b> to make the best choice for <b>that individual</b>, and to then ensure that <b>the</b> feeding decision is fully supported without pressure or guilt by the entire health care team.</li> </ul>
	<ul style="list-style-type: none"> <li>• This may occur in <b>women or men</b> who engage in receptive anal intercourse.</li> </ul>	<ul style="list-style-type: none"> <li>• This may occur in <b>people*</b> who engage in receptive anal intercourse.</li> </ul>
	<ul style="list-style-type: none"> <li>• Commercial NAATs have been cleared by the FDA for testing vaginal (provider or patient collected), endocervical, <b>male</b> intraurethral, throat, and rectal swab specimens; <b>male and female</b> first-catch urine specimens placed in appropriate transport devices; and liquid cytology specimens.</li> </ul>	<ul style="list-style-type: none"> <li>• Commercial NAATs have been cleared by the FDA for testing vaginal (provider or patient collected), endocervical, intraurethral <b>via the penis</b>, throat, and rectal swab specimens; first-catch urine specimens <b>for all children</b> placed in appropriate transport devices; and liquid cytology specimens.</li> </ul>

<b>3. Avoid binary terms to compare or describe sex or gender</b>	<ul style="list-style-type: none"> <li>• opposite sex</li> <li>• the other gender</li> </ul>	Depending on context: <ul style="list-style-type: none"> <li>• another gender</li> <li>• all genders</li> <li>• all other genders</li> </ul>
	<ul style="list-style-type: none"> <li>• Although the disease is mild in adults, the risk to a fetus necessitates documentation of rubella immunity in health care providers of <b>both</b> genders.</li> </ul>	<ul style="list-style-type: none"> <li>• Although the disease is mild in adults, the risk to a fetus necessitates documentation of rubella immunity in health care providers of <b>all</b> genders.</li> </ul>
	<ul style="list-style-type: none"> <li>• It is recommended that each treatment facility have a protocol in place that describes how urine specimens intended for drug testing will be collected from <b>both male and female patients</b>.</li> </ul>	<ul style="list-style-type: none"> <li>• It is recommended that each treatment facility have a protocol in place that describes how urine specimens intended for drug testing will be collected <b>depending on anatomy</b>.</li> </ul>
<b>4. Do not make assumptions</b> about, sexual or gender identity, marriage, partner status, or parenthood, breastfeeding, etc.	<ul style="list-style-type: none"> <li>• Mother and father</li> </ul>	<ul style="list-style-type: none"> <li>• caregiver</li> <li>• grown-ups</li> <li>• parent</li> <li>• birth parent</li> <li>• foster/adoptive parent</li> <li>• partner</li> <li>• spouse (if marriage is known)</li> <li>• guardian</li> </ul>
	<ul style="list-style-type: none"> <li>• Boyfriend / girlfriend</li> </ul>	<ul style="list-style-type: none"> <li>• Depending on context:               <ul style="list-style-type: none"> <li>○ Partner</li> <li>○ Romantic partner</li> <li>○ Sexual partner</li> </ul> </li> </ul> <p><small>*don't assume a parent has a partner</small></p>
	<ul style="list-style-type: none"> <li>• Born male/female</li> </ul>	<ul style="list-style-type: none"> <li>• Assigned male/female</li> <li>• Designated male/female</li> <li>• Intersex, differences of sexual development (DSD), variations of sex characteristics</li> </ul>
	<ul style="list-style-type: none"> <li>• <b>Mothers</b> of infants infected with <i>C trachomatis</i> and <b>mothers'</b> sexual partners should be evaluated</li> </ul>	<ul style="list-style-type: none"> <li>• The <b>person who gave birth</b> to the infant infected with <i>C trachomatis</i> as well as <b>their</b> sexual partners should be evaluated.</li> </ul>

<p><b>5. Acknowledge upfront.</b></p> <p>In some cases it may be appropriate to make an acknowledgement in the introduction or background to prevent over wordiness and contextualize the chosen terms.</p>		<ul style="list-style-type: none"> <li>Not all parents who nourish their infants with their own milk are comfortable with the term breastfeeding; nor do all transmasculine and nonbinary parturients use the term chestfeeding. For simplicity, throughout this document, the term breastfeeding will often be used to describe direct feeding of human milk to an infant by the person who gave birth to that that child.</li> </ul>
<p><b>Exceptions</b></p> <p>When referencing a study that uses a particular identity term to define their study group.</p>	<ul style="list-style-type: none"> <li>Hepatitis C virus (HCV) RNA and antibody to HCV have been detected in milk from mothers infected with HCV, but transmission of HCV via breastfeeding has not been documented in mothers who have positive test results for anti-HCV antibody but negative test results for HIV antibody.</li> </ul>	<p>If a study's participants identified themselves as X, then this would be appropriate to use.</p> <p>However:</p> <ul style="list-style-type: none"> <li><a href="#">Words Matter</a> states: The term “sexual and gender minority” should be used sparingly, and specifically in the context of discussing issues of marginalization and privilege in society (not as a general label or medical term).             <ul style="list-style-type: none"> <li>If a study uses “sexual and gender minority”, you can still report on the study and replace it with different language like “LGBTQ+ youth/people”, depending on how the study defined the term.</li> </ul> </li> <li>Note the limitation that some studies' methodology may not specifically ask about gender identity and therefore cannot analyze results based on gender identity vs sex assigned at birth. Consider acknowledging this limitation as appropriate.</li> </ul>

## **Other things to note:**

- Gender dysphoria is not synonymous with the term transgender.
  - Some people may identify as transgender
    - Transgender: A subset of gender-diverse youth whose gender identity does not match their assigned sex and generally remains persistent, consistent, and insistent over time; the term “transgender” also encompasses many other labels individuals may use to refer to themselves.
  - Not all transgender people may experience gender dysphoria. Family acceptance and gender affirming care help prevent, mitigate, and alleviate gender dysphoria.
    - Gender dysphoria: A clinical symptom that is characterized by a sense of alienation to some or all of the physical characteristics or social roles of one’s assigned gender; also, gender dysphoria is the psychiatric diagnosis in the DSM-5, which has focus on the distress that stems from the incongruence between one’s expressed or experienced (affirmed) gender and the gender assigned at birth.
- gender diverse is the preferred term over “gender non-conforming” per the [2018 policy statement](#).
- An individual has a gender identity and pronouns; not a *preferred/asserted* gender identity, nor *preferred* pronouns.
- The term “sexual and gender minority” should be used sparingly, and specifically in the context of discussing issues of marginalization and privilege in society (not as a general label or medical term).
- This does not mean that we should never discuss gendered groups (men, women, girls, boys), but that we should do so in an inclusive way or in a way that acknowledges the shortcomings of the conversation or the literature. For example, it is okay and important to discuss the discrimination experienced by people that identify as women or girls, but it is important to define this as such and to discuss whether literature includes all people that identify as girls or women and how those populations are defined. Consider how the literature defined the terms girl/woman and boy/man. Quoting the literature can only go as far as the original study was done.