

Write Now!

Beyond U.S. Borders
Writing for Non-American English-Speaking Audiences in Perinatal Health



The Author Series from Praeclarus Press



As the health field becomes more international, writers in that field need to become aware of English-speaking audiences outside the U.S. Some differences are fairly straightforward. For example, writers from Canada, the U.K., Ireland, Australia and New Zealand use different spellings of words than Americans. Some examples include behaviour vs. behavior, colour vs. color, and surprise vs. surprize. Other differences include use metric measurements for temperature, length, volume and weight. In addition, there are structural issues between countries in health care provision, maternity leave and

return to work that impact how we communicate to both health care providers and mothers.

I recently asked three colleagues from Canada, Great Britain, and New Zealand to provide some examples of differences they have observed between American English and English in Canada, the UK, and New Zealand. All have been called upon to “translate” publications from American English to wording more appropriate for their cultures. This roundtable is not meant to be a comprehensive list of differences, but merely a brief summary. The authors also discuss differences in health care delivery and how that influences the materials they write for mothers.

Teresa Pitman, Canada

Depending on what you are writing about, you may need to be aware of differences in the health care system. In Canada, everyone is covered by a national system, which is administered province by province. People do not pay anything to see a doctor or go to the hospital (no co-pays) and can choose to go to any physician (assuming one is available, which is another whole story). In some provinces but not all, midwifery care is also covered. This does make a difference in breastfeeding helping because we are able (for example) to send mothers to a doctor other than her regular doctor without any insurance or cost concerns if she needs (for example again) to have a tongue-tie clipped or to get a prescription. It also makes a difference for things such as counseling. Psychiatrists are covered, but psychologists are not. So people may be more likely to see a psychiatrist.

Perhaps the other thing is the maternity leave. It is not, unfortunately, available to all women. But the majority of women can have a full year off work after giving birth, with partial payment (and some employers do “top it up” to full payment). This makes a difference in many things and was a major area of difference in the book with I wrote with Jack Newman. [Editor note: This book, *The Ultimate Breastfeeding Book of Answers*, had

both a Canadian and an American edition.] We wrote very little about going back to work with small babies in the Canadian book because it rarely happens here. Even moms who can't take the full year will do six months or so most of the time.

Rosemary Gordon, New Zealand

Each country has its own colloquialisms of course, but I suspect that people in NZ are more familiar with American ones than Americans are of NZ ones, purely because of the influence of the media, especially TV, films, and music. Plus, NZ has made quite a few Maori words mainstream, which are largely unfamiliar outside NZ: whanau, iwi, aroha, haka, kumara, kai, moana, mokupuna, rangatira, haere mai, kia ora, puku and so on. You know there's a whole unit on NZ English in the Year 13 English curriculum; Far too much to fit into a paragraph! Then there are the spelling differences. Americans leave letters out! Programmme, colour, caesarean, paediatrics, counsellor. I could go on forever!

In addition, we wouldn't say grade 1. It would be the primers (pronounced primmers), or primary school. Or J1 or reception class or whatever the school chooses to call it. But I think we'd understand first grade. Then there's diapers (nappies), pacifiers (dummies), and bottle nipples (teats). Plus descriptions of things like the U.S. health system, education system, and maternity system. There is a national health service in NZ, although a doctor's visit isn't actually free any more. However, not everyone has to have private health insurance as in the USA. It's just a good idea if you want a hip replacement now rather than waiting for years on a waiting list! NZ is unique with our Leader Maternity Carers, who are by-and-large midwives, who now deliver the majority of babies by themselves. They care for the mother until four to six weeks after the birth, when they hand mother and baby over to the Plunket nurse or other well-child provider. For general health care, it's the GP. There's only a paediatrician if there is a problem.

Also naming specific products or drugs doesn't always work as they may not be available here nor have a different name. Plus weights and measures and temperatures. We are metric, and use the Celsius scale. I guess that basically, many things involving health and education should not be assumed to be the same around the world.

Rachel O'Leary, Great Britain

We don't say 'Do you have...?' we say 'Have you got...?' We say got, not gotten. We sound the h in hotel and herb (there are regional dialect variations in sounding Hs, but I won't go into those!). We use the same spellings that Rosemary mentions: honour, colour, etc. When you say "the holidays" in the USA, you mean the Christmas/Hanukah/New Year period. When we say "the holidays," we mean the July-August school holidays. Some swear words seem to be different. I had to explain some to a U.S. friend when she came over here to study, as in, "don't say that one! Even if your professor does."

As for healthcare, we write in that everyone has healthcare, but there is less choice of health care providers. Most births in hospital are attended by a midwife, who delivers

the baby; a doctor would be called if there is some problem. Births at home (now about 2 % of all births) are attended by two midwives. In hospital, a paediatrician checks the baby over before discharge. At home the baby check is done by a General Practitioner (family doctor). Most families never see a paediatrician again. If there is an ongoing concern about the baby, the GP might refer the baby to a paediatrician at the hospital and the family would attend the out-patient clinic. It would be whoever the paediatrician is on duty, so they might not see the same one twice, and certainly would not choose which one.

Families can choose their GP, usually it's one nearby the home but if they want to see one further away, they can (e.g., if they like their old one when they move across town, they can keep him/her). They register with the GP practice and all visits are free, of course.

Every mother is allocated a community midwife who visits her after she is discharged from hospital, every day if she needs it, or at least a few times, up to 28 days after the birth. Then the Health Visitor takes over the care. I think this is similar to a Plunket Nurse in NZ. We would write in references to this system.

So in adapting texts, we have to take out all references to “choosing your paediatrician,” we edit bits warning against unattended home births (why would a home birth be unattended? It's the mother's legal right to have a home delivery and the health authority's legal duty to provide a midwife). When it says “talk with your doctor” we put “talk with your health care team” or similar, to include midwives and Health Visitors.

Another difference is the timing of going back to work. In GB, we now have 26 weeks paid maternity leave (after full time work for same employer for a certain length of time) and 26 weeks unpaid leave. They have to keep the job for the mother. Then they have the right to discuss flexible working arrangements. Doesn't mean they get it, but can at least talk about it. We might change references to going back to work to reflect mothers' rights here, and the older age of the baby when the mother goes back.

Summary

In many ways, the world has become a smaller place, at least in the field of perinatal health. That gives us an unprecedented ability to communicate with colleagues in countries outside our own. Being sensitive to differences in language use is well worth the effort--and will help your work reach around the world.

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