

RCN Podcast 3: “The Language We Use”

Learning Objectives

After reading this transcript, learners will be able to:

1. Describe how language influences patients’ emotional experiences during fertility care

Including how common phrases can unintentionally reinforce feelings of guilt, failure, or anxiety.

2. Apply practical, compassionate communication strategies in everyday clinical practice

Using inclusive phrasing, expectation-setting, and patient-led conversation openers.

3. Communicate sensitively with diverse family structures and cultural backgrounds

Recognising individual journeys, adapting terminology, and respectfully correcting communication slips.

Anne Howard:

Welcome to the Royal College of Nursing Fertility Nurse Forum podcast. I’m Anne Howard, one of the committee members, and today I’m joined by Sally Wood, Fertility Nurse Manager at the Hewitt Fertility Centre. Sally also has her own personal fertility journey, which has deeply shaped her professional perspective. Through both her clinical role and lived experience, she has developed a strong focus on how the language we use as fertility nurses affects patients.

Sally, could you share a little about your background and what led you to become so interested in communication in fertility care?

Sally Wood:

Thank you for inviting me. I’ve been a fertility nurse specialist for 17 years, and for the last decade I’ve split my work between clinical practice and managing a nursing team. Over time, I’ve seen just how much emotional difficulty many of our patients go through before they even reach us.

My own fertility journey had a huge effect on me. I had nine pregnancies; two resulted in healthy children, and seven ended in pregnancy losses, ranging from biochemical pregnancies to losses at around nine or ten weeks. So I've been on the receiving end of many of the phrases we commonly use without thinking. Some were incredibly painful to hear. That combination of clinical experience and personal experience made it clear to me that our language can either support a patient or unintentionally wound them.

Anne:

Why does the language we use matter so much to people undergoing fertility treatment or experiencing pregnancy loss?

Sally:

Patients are extremely vulnerable by the time they reach us. Many have spent two years trying to conceive before they're eligible for NHS care. Something that they expected would "just happen" hasn't happened. They often feel like their body has let them down. So when they finally step into our clinics, they're already on emotionally fragile ground.

If the words we use reinforce ideas like "failure," "fault," or "should have," it can deepen their sense of blame or shame. Even though we never intend harm, the impact can be powerful. Compassionate, thoughtful language helps patients feel seen and respected at a time when they already feel very exposed.

Anne:

Many nurses listening will recognise some of the phrases you're about to mention. What are some common terms used in fertility settings that can unintentionally hurt?

Sally:

A really common one is "failed treatment." Patients often tell me, "I already feel like a failure because I can't get pregnant and hearing that my treatment 'failed' makes it worse."

Comments about weight can be especially damaging. I've supported patients who were told things like, "I don't like treating patients who are overweight," even when their BMI was under 30 and they were about to have an embryo transfer.

Then there's the phrase, "Hopefully it will be better next time." For someone focused on *this* cycle and *this* embryo, that comment can feel like you've already written off their current hopes.

During my miscarriages, I heard phrases like, "It was only a biochemical pregnancy." For me, that was the start of a longed-for pregnancy. Dismissing it as "just chemicals" felt deeply painful.

Even the word "miscarriage" carries a sense of having "missed" something or done something wrong. "Pregnancy loss" can feel more respectful for some patients.

Anne:

How can nurses balance being honest and realistic with still being compassionate and hopeful?

Sally:

We have to be honest, patients deserve accurate information. But honesty doesn't require bluntness.

It helps to prepare patients for difficult news gently:

"I'm really sorry, the news today isn't what we had hoped for."

Allowing pauses gives patients time to process. We should also avoid overwhelming them with jargon or rapid explanations. Fertility terminology can be confusing even for new staff, so you can imagine how it feels for patients in distress.

Tone matters as much as the words. Slowing down, softening your phrasing, and keeping explanations simple all help patients feel cared for rather than rushed.

Anne:

For nurses listening who want to make changes straight away, what simple language swaps would you recommend?

Sally:

Here are some easy but powerful ones:

- Instead of **"Your cycle failed,"** try **"The outcome wasn't what we hoped for."**
- Instead of **"You should try..."**, use **"Have you thought about...?"**
- When starting a procedure, set expectations clearly:
"There will be times when I'm quiet because I'm concentrating, please don't worry."
- At the start of a consultation, ask:
"What would you like to get from today's appointment?"

Setting expectations early helps build trust and reduces anxiety. Patients appreciate clarity and honesty about the structure of the appointment and what to expect.

Anne:

You mentioned earlier the diversity of patient groups we see. How can we communicate more sensitively with different family structures and cultural needs?

Sally:

First, recognise every patient as an individual with their own journey. We support same-sex couples, solo parents, donor-conceived pathways, surrogacy arrangements, and people with varied cultural backgrounds. Simple recognition goes a long way.

For language needs, ensure we have interpreters, ideally in-person when possible, and written materials in different languages. It's important to request interpreters who understand medical terminology and who are appropriate for intimate clinical settings.

Pronouns are important too. If a patient records their pronouns, use them. If you get it wrong, acknowledge it, correct it, and continue. Patients appreciate sincerity more than perfection.

Anne:

If a nurse realises they've used language that hasn't landed well, what should they do?

Sally:

Acknowledge it. That's always better than hoping the patient didn't notice.

Ask if they'd like you to rephrase or repeat information. Offer written resources they can take away. Many patients are overwhelmed and can't absorb everything in the moment.

Ignoring the slip can make patients feel dismissed. Owning it shows respect and restores trust.

Anne:

A lot is changing in fertility care. How do you think expectations around compassionate communication are evolving?

Sally:

Patients now have access to far more information, so they know what compassionate communication looks like. Many trusts are also offering more training around communication, but fertility-specific training is still limited.

Fertility work is emotionally demanding, and empathy burnout is real. We ask nurses to shift from joyful to heartbreaking situations multiple times a day. That emotional switching is exhausting.

We made changes in our own clinic, like not doing full lists of pregnancy scans back-to-back this was to protect both staff and patients. We also build in debriefs and reflection time. Supporting staff wellbeing ultimately improves patient communication.

Anne:

What is one practical change every nurse could make tomorrow to help patients feel more heard and supported?

Sally:

Set expectations at the start of every appointment. Something as simple as:

“Here’s what we’ll cover today, here’s when I might need to focus quietly, and please ask questions at any point.”

It centres the patient, reduces fear, and sets up a more trusting interaction. It also helps nurses manage the appointment more easily.

Anne:

That’s brilliant. Thank you so much, Sally. Your insights today have been incredibly valuable, and I want to acknowledge your openness in sharing parts of your own story. It takes courage, and it helps so many people.

Thank you to everyone listening. Please look out for more episodes, we have lots more to come.