ENGLISH FOR MIDWIFERY PURPOSES (EMP): A LITERATURE REVIEW OF ITS CONCEPT, POSITION IN ESP, VOCABULARY, AND LANGUAGE SKILLS

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Abstract

English is increasingly needed by midwifery students and midwives, both to access international evidence and guidelines and to care for women and families who do not speak the local language. However, English for Midwifery Purposes (EMP) has received far less attention in the English for Specific Purposes (ESP) literature than English for medicine or nursing. This article aims to describe the concept of EMP, locate it within established ESP classifications, map the vocabulary it involves, and identify the language skills it requires. The study is a narrative literature review of foundational ESP works, vocabulary research, and international midwifery documents published by the International Confederation of Midwives and the World Health Organization; the sources were analysed thematically. The review shows that EMP can be defined as a needs-based branch of ESP characterised by its learners, purposes, midwifery content, specific language, and woman-centred communication. Within ESP, it belongs to English for Science and Technology and, more narrowly, to English for Medical Purposes, where it functions as English for Academic Purposes for students and English for Occupational Purposes for practising midwives; it is a narrow-angle course. Its vocabulary follows the continuum of maternity care and combines high-frequency, academic, technical and sub-technical words, Latin and Greek word elements, technical–lay pairs, and abbreviations. All four skills are required, with speaking and listening at the centre of practice. These findings imply that EMP courses should begin with needs analysis, be organised around the stages of maternity care, and use authentic texts, role-play and simulation.

Keywords: *English for Medical Purposes; English for Midwifery Purposes; English for Specific Purposes; Language Skills; Midwifery Vocabulary*

Article History:
Submitted : 15 Novemeber 2025 (The Submission, revision and acceptance processes were conducted via WhatsApp (WA) due to technical issues with the Open Journal Systems (OJS) platform)
Revised : 15 December 2025 (The Submission, revision and acceptance processes were conducted via WhatsApp (WA) due to technical issues with the Open Journal Systems (OJS) platform)
Accepted : 17 December 2025 (The Submission, revision and acceptance processes were conducted via WhatsApp (WA) due to technical issues with the Open Journal Systems (OJS) platform)
Published : 31 December 2025
How to cite this article:
Nurpahmi, S. (2025). ENGLISH FOR MIDWIFERY PURPOSES (EMP): A LITERATURE REVIEW . *English Language, Linguistics, and Culture International Journal*, *5*(03), 221–236. https://doi.org/10.24252/elstic-ij.v4i03.51006

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INTRODUCTION

Midwives accompany women through some of the most important moments of their lives: pregnancy, childbirth and the first weeks of motherhood. They monitor the health of mother and baby, recognise danger signs, support women in labour, assist at births, help

mothers to breastfeed, and give advice on nutrition, family planning and newborn care. In many countries, including Indonesia, midwives are the first and most accessible health workers for women in villages and urban communities alike, and their work makes a direct contribution to reducing maternal and newborn deaths (Renfrew et al., 2014).

Midwifery is also an increasingly international profession. Global standards for midwifery education and practice are set by the International Confederation of Midwives (ICM, 2017, 2019), and international recommendations on antenatal and intrapartum care are published by the World Health Organization (WHO, 2016, 2018). Influential research on the contribution of midwifery to maternal and newborn health, such as the *Lancet* Series on Midwifery (Renfrew et al., 2014), appears in English. Midwifery students and midwives who can read English therefore have direct access to current evidence and recommendations. English is also needed in practice: midwives in tourist areas and large cities may care for foreign women giving birth in Indonesia, and some midwives take part in international training programmes, conferences and research projects or seek education and employment abroad. In all these situations, they need English that is accurate, clinical and, above all, sensitive to women and families at a time of strong emotion.

General English courses do not prepare learners for these tasks. A student may describe her hobbies fluently, yet be unable to ask a pregnant woman about the date of her last menstrual period, coach a woman to push during the second stage of labour, or read an English guideline on postpartum haemorrhage. English for Specific Purposes (ESP) addresses this kind of gap. ESP starts from the principle that teaching should be based on what learners need to do with the language (Hutchinson & Waters, 1987), and it has developed well-established branches for the health professions under the umbrella of English for Medical Purposes (Dudley-Evans & St John, 1998; Ferguson, 2013).

Within English for Medical Purposes, however, most attention has traditionally been given to English for medicine and, to a lesser extent, nursing. English for midwifery is usually treated as part of these broader fields rather than as an area with its own content and communicative demands. Yet midwifery has distinctive features: it follows the woman across a continuum of care from pregnancy to the postnatal period, it deals largely with normal life events rather than illness, and it is grounded in a philosophy of partnership with women (ICM, 2017; Renfrew et al., 2014). These features shape the language midwives need, from the vocabulary of pregnancy and birth to the short, encouraging language of labour support.

A further source of confusion is terminological. The abbreviation *EMP* is widely used in ESP literature for *English for Medical Purposes*. In this article, *EMP* refers to English for

Midwifery Purposes, and the broader field is always written in full as English for Medical Purposes.

The gap addressed in this article is therefore the lack of an integrated conceptual account of English for Midwifery Purposes that brings together ESP theory, vocabulary research and the professional standards of midwifery. Drawing these strands together, this review seeks to answer four questions:

RQ1. How can English for Midwifery Purposes be defined?

RQ2. Where does it belong in established classifications of ESP?

RQ3. What kinds of vocabulary does it involve?

RQ4. Which language skills does it require, and what tasks and language features characterise each skill?

The novelty of the review lies in treating midwifery English as a field in its own right and in organising its language demands around the continuum of maternity care, which offers a practical basis for course design in Indonesian midwifery education.

METHOD

This study employed a narrative literature review. A literature review is an appropriate method when the aim is to synthesise existing knowledge, map a field and develop a conceptual framework rather than to test a hypothesis (Snyder, 2019). A narrative (integrative) approach was chosen because the relevant literature is spread across different kinds of sources, from ESP theory to professional midwifery documents, which cannot be combined statistically.

The sources were selected purposively according to their relevance to the four review questions. They comprised three groups. The first group consisted of foundational works on ESP and its classification (Carver, 1983; Dudley-Evans & St John, 1998; Hutchinson & Waters, 1987; Jordan, 1997; Robinson, 1991; Strevens, 1988; Widdowson, 1983), together with works on ESP course design and needs analysis (Basturkmen, 2010; Long, 2005) and on English for Medical Purposes (Ferguson, 2013). The second group consisted of research on vocabulary in specialised texts (Chung & Nation, 2003; Coxhead, 2000; Nation, 2013). The third group consisted of authoritative documents that define the scope and competencies of midwifery, namely the publications of the International Confederation of Midwives (ICM, 2017, 2019), the World Health Organization recommendations on antenatal and intrapartum care (WHO, 2016, 2018), and the *Lancet* Series on Midwifery (Renfrew et al., 2014).

The sources were read closely and analysed thematically. Relevant concepts were extracted and grouped under four themes corresponding to the review questions: definition, classification, vocabulary and language skills. The ESP concepts in each theme were then applied to midwifery tasks described in the professional documents, and illustrative examples were drawn from typical midwifery situations such as antenatal booking interviews, labour support, emergency referral and breastfeeding counselling. The results are presented descriptively and summarised in tables and a figure.

FINDINGS AND DISCUSSION

The Concept of English for Midwifery Purposes

The concept of English for Midwifery Purposes rests on the concept of ESP. Hutchinson and Waters (1987, p. 19) describe ESP as an *approach* to language teaching in which all decisions about content and method are based on the learner's reason for learning; it is not a special kind of English, but a way of teaching English that starts from learners' needs. Strevens (1988) characterised ESP as designed to meet specified learner needs, related in content to particular disciplines and occupations, and centred on the language appropriate to those activities. Dudley-Evans and St John (1998, pp. 4–5) refined this into absolute characteristics (ESP meets the specific needs of the learner, makes use of the underlying methodology and activities of the discipline it serves, and is centred on the language, skills, discourse and genres appropriate to these activities) and variable characteristics (it may be designed for specific disciplines, may use a methodology different from General English, is likely to be designed for adult learners, and is generally designed for intermediate or advanced students).

The second element of the concept is midwifery itself. The International Confederation of Midwives defines the midwife as a responsible and accountable professional who works in partnership with women to give support, care and advice during pregnancy, labour and the postpartum period, to conduct births, and to provide care for the newborn and infant; the role also includes health counselling and education for the woman, the family and the community (ICM, 2017). Two features of this definition shape midwifery language. The first is partnership: midwives work *with* women, respecting their choices, rather than simply treating patients. The second is the continuum of care: midwives follow women from before pregnancy through birth to the postnatal period, so their language covers many different situations.

Combining these two strands, English for Midwifery Purposes can be defined as a branch of English for Specific Purposes that prepares midwifery students and midwives to understand and use English accurately, appropriately and sensitively in the academic and clinical contexts of midwifery. These contexts include studying midwifery science, caring for women during pregnancy, labour, birth and the postnatal period, caring for newborns, giving health education and counselling, communicating with families and colleagues, and documenting care.

The definition contains five key elements. The learners are students of diploma, bachelor and professional midwife programmes and practising midwives in hospitals, community health centres, independent midwifery practices and village health posts. The purpose is the ability to perform midwifery tasks in English, such as conducting an antenatal booking interview, supporting a woman in labour or explaining breastfeeding. The content comes from midwifery: reproductive anatomy and physiology, pregnancy, antenatal care, labour and birth, complications, the postnatal period, newborn care, breastfeeding, family planning and reproductive health. The language consists of the vocabulary, grammatical patterns, text types and communication strategies of midwifery, including the language of clinical assessment and of emotional support. Finally, woman-centred communication is respectful, supportive and empowering: midwives address the woman as a partner in decisions, give information so she can make informed choices, and adapt their language to her emotions, culture and level of understanding (Renfrew et al., 2014). Table 1 contrasts EMP with General English.

Table 1. English for Midwifery Purposes compared with General English

Aspect	**General English**	**English for Midwifery Purposes**
Starting point	General syllabus of structures, functions and themes	Analysis of midwifery learners' academic and clinical needs
Learners	Any learner	Midwifery students and midwives
Topics	Daily life, travel, hobbies	Pregnancy, labour, birth, postnatal care, newborns, breastfeeding, family planning
Vocabulary	High-frequency everyday words	Obstetric and neonatal terms, plus lay terms used with women and families
Texts and situations	Stories, dialogues, articles	Booking interviews, antenatal checks, labour support, partographs, birth notes, counselling
Communication style	Neutral social interaction	Woman-centred, supportive, calm in emergencies
Accuracy	Minor errors often tolerated	Errors in dates, measurements or danger signs can endanger mother and baby

Following the continuum of care, the scope of EMP can be described in four domains: an academic domain (lectures, textbooks, guidelines, research articles, assignments, case studies and presentations); an antenatal domain (booking interviews, routine checks, health education, birth preparation and recognition of danger signs); an intrapartum and postnatal domain (supporting women in labour, assisting at birth, managing emergencies, newborn care, breastfeeding support and postnatal checks); and a professional domain (documentation, referral, handover, communication with doctors and other colleagues, and community health education). EMP is thus a needs-based, discipline-centred form of English teaching that enables midwives to communicate competently, safely and compassionately throughout maternity care.

The Position of English for Midwifery Purposes in the ESP Classification

Hutchinson and Waters (1987, p. 17) pictured English Language Teaching (ELT) as a tree. ELT divides into English as a Mother Tongue, English as a Foreign Language and English as a Second Language; EFL and ESL branch into General English and ESP; and ESP divides by subject area into English for Science and Technology (EST), English for Business and Economics (EBE) and English for Social Sciences (ESS). Each branch splits into English for Academic Purposes (EAP), for study, and English for Occupational Purposes (EOP), for work. Midwifery is a health science grounded in anatomy, physiology, obstetrics and neonatology, so EMP belongs to the EST branch, under English for Medical Purposes. For students in midwifery schools and faculties it is EAP, English for midwifery studies; for practising midwives it is EOP, English for midwifery practice. Figure 1 traces this path.

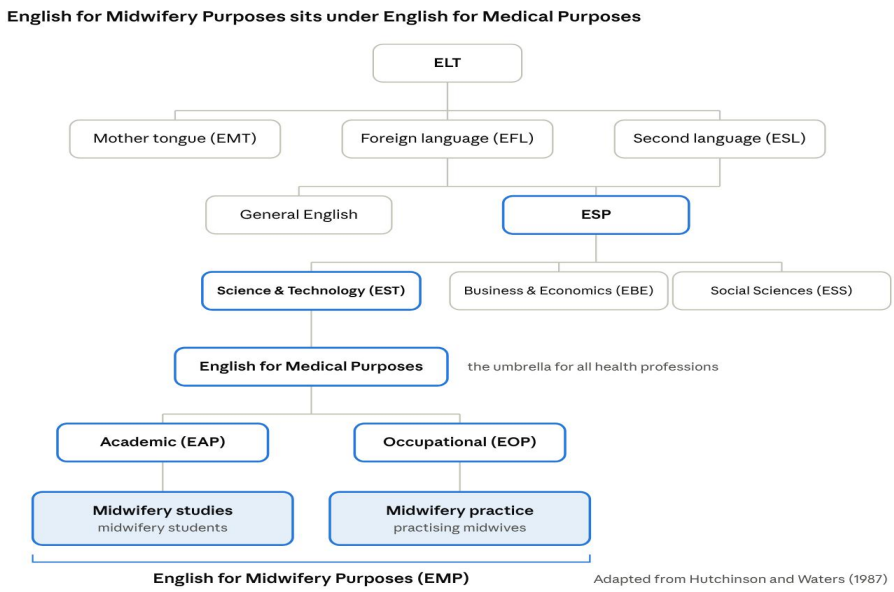


Figure 1. The position of English for Midwifery Purposes in the ELT tree (adapted from Hutchinson & Waters, 1987)

Dudley-Evans and St John (1998, p. 6) divided ESP into English for Academic Purposes, which includes English for Science and Technology, English for Medical Purposes, English for Legal Purposes and English for Management, Finance and Economics, and English for Occupational Purposes, which includes English for Professional Purposes (among them English for Medical Purposes and English for Business Purposes) and English for Vocational Purposes. English for Medical Purposes appears in this model under both EAP and English for Professional Purposes, and EMP occupies the same double position. A midwifery student reading a textbook on the physiology of labour is working in the academic branch, whereas a registered midwife conducting an antenatal check with a foreign woman is working in the professional branch. Shorter, more practical courses for birth attendants or maternity care assistants can be placed under English for Vocational Purposes.

Within English for Medical Purposes, EMP stands beside English for Medicine, Nursing, Pharmacy, Dentistry and Public Health. It shares their core medical vocabulary but has its own focus on pregnancy, childbirth, the postnatal period and the newborn. It is closest to English for Nursing, as both involve continuous, hands-on care, but it differs in its specialised obstetric content and its strongly woman-centred communication (Ferguson, 2013; ICM, 2019).

Other classifications confirm this placement. Carver (1983) identified English as a restricted language, English for academic and occupational purposes, and English with specific topics. EMP belongs mainly to the second type, but restricted-language elements

appear in the short, fixed instructions used during the second stage of labour (*Push now. Keep going. Breathe. Stop pushing and pant*), in charting conventions such as the partograph, and in emergency protocols for complications such as postpartum haemorrhage. Robinson (1991) classified courses by time of study: in Indonesian midwifery education EMP is usually taught as in-study EAP in the early semesters, while preparatory courses before entering a programme are pre-study EAP, courses before clinical placements are pre-experience EOP, workplace courses for midwives caring for international clients are simultaneous (in-service) EOP, and courses for experienced midwives preparing for international training, study or work are post-experience EOP. In terms of specificity, Widdowson (1983) contrasted wide-angle and narrow-angle courses, and Jordan (1997) distinguished English for General Academic Purposes from English for Specific Academic Purposes (ESAP). EMP is a narrow-angle, ESAP-type course, narrower than English for Health Sciences or general English for Medical Purposes, and it can be narrowed further, for example to English for Antenatal Care or English for Neonatal Care. Table 2 summarises the placement.

Table 2. The position of English for Midwifery Purposes in ESP classifications

Classification	**Category for English for Midwifery Purposes**
Hutchinson and Waters (1987)	ESP → EST → English for Medical Purposes → EAP (midwifery studies) and EOP (midwifery practice)
Dudley-Evans and St John (1998)	Within English for Medical Purposes, under both EAP and English for Professional Purposes; vocational English for maternity assistants
Carver (1983)	Mainly English for academic and occupational purposes, with restricted-language elements
Robinson (1991)	Usually in-study EAP; also pre-experience, in-service and post-experience EOP
Specificity (Widdowson, 1983; Jordan, 1997)	Narrow-angle course; English for Specific Academic Purposes

The practical consequence of this placement is that, like any ESP course, EMP should begin with an analysis of learners' needs, use authentic midwifery situations and texts, and assess learners' ability to perform midwifery tasks in English (Basturkmen, 2010; Long, 2005).

Vocabulary in English for Midwifery Purposes

The vocabulary of midwifery follows the life cycle of pregnancy and birth. A midwife needs words for the reproductive body, for the stages of pregnancy and labour, for complications and emergencies, for the newborn, and for breastfeeding and family planning.

Like other health professionals, midwives also need two registers: technical obstetric terms for records and colleagues, and gentle, everyday words for women and their families. Nation (2013) divides the vocabulary of specialised texts into four groups, which are illustrated with midwifery examples in Table 3; the academic group corresponds to the words of Coxhead's (2000) Academic Word List.

Table 3. Types of vocabulary in midwifery texts

Vocabulary type	Description	Midwifery examples
High-frequency words	The most common 2,000–3,000 word families	*baby, mother, birth, pain, feed, push, breathe*
Academic words	Words common across academic disciplines	*monitor, assess, stage, indicate, normal, factor, outcome*
Technical words	Words specific to obstetrics and midwifery	*gestation, cervical dilatation, placenta, pre-eclampsia, Apgar score*
Low-frequency words	Rare words appearing occasionally	*vernix, lanugo, meconium, colostrum*

Chung and Nation (2003) showed that technical vocabulary includes everyday words with special meanings. Such sub-technical words are a particular source of difficulty because learners believe they already know them. Table 4 presents common examples in midwifery.

Table 4. Everyday words with special meanings in midwifery

Word	General meaning	Midwifery meaning
labour	work, effort	the process of giving birth
delivery	bringing goods to a place	the birth of the baby (or placenta)
presentation	a talk; giving something	the part of the baby that comes first (e.g. head, breech)
show	a performance; to display	a discharge of mucus and blood in early labour
engagement	a promise to marry	the baby's head entering the pelvis
term	a period of time; a word	the normal length of pregnancy (37–42 weeks)
lie	not the truth; to rest flat	the position of the baby's long axis (longitudinal, transverse)
expressing	saying something	removing breast milk by hand or pump

Thematically, midwifery vocabulary can be organised into eight fields that mirror the continuum of care: (a) reproductive anatomy and physiology (uterus, cervix, perineum, pelvis, placenta, umbilical cord, amniotic fluid, ovulation, implantation); (b) pregnancy and antenatal care (gestation, trimester, last menstrual period, estimated date of delivery, gravida, para, fundal height, fetal heart rate, oedema, birth plan); (c) labour and birth (contractions, latent and active phase, cervical dilatation, effacement, rupture of membranes, crowning, episiotomy, perineal tear, active management of the third stage, partograph, caesarean section); (d) complications and danger signs (hyperemesis gravidarum, anaemia, gestational

diabetes, pre-eclampsia, eclampsia, placenta praevia, placental abruption, preterm labour, obstructed labour, shoulder dystocia, postpartum haemorrhage, puerperal sepsis); (e) postnatal care (puerperium, involution, lochia, perineal care, postnatal depression, baby blues); (f) the newborn (neonate, Apgar score, low birth weight, skin-to-skin contact, cord care, vitamin K, newborn jaundice, kangaroo mother care, neonatal resuscitation); (g) breastfeeding (colostrum, early initiation of breastfeeding, exclusive breastfeeding, latch, let-down reflex, engorgement, mastitis); and (h) family planning (contraception, injectable, implant, intrauterine device, birth spacing, lactational amenorrhoea method).

Many of these terms are built from Latin and Greek elements. For example, postpartum = post- (after) + partum (birth), and dystocia = dys- (difficult) + tokos (birth). Because elements of time (ante-, intra-, post-) and of birth (-natal, -partum) recur constantly, word analysis is a productive learning strategy. The most useful elements are listed in Table 5.

Table 5. Common word elements in midwifery terminology

Element	Meaning	Examples
ante- / pre-	before	antenatal, antepartum, preterm, pre-eclampsia
intra-	during, within	intrapartum, intrauterine
post-	after	postnatal, postpartum, post-term
-natal / -partum	birth	perinatal, neonatal, postpartum
neo-	new	neonate, neonatal
peri-	around	perineum, perinatal
primi- / multi- / nulli-	first / many / none	primigravida, multipara, nulliparous
gravida / para	pregnancy / birth	G2 P1 (second pregnancy, one previous birth)
-tocia / oxy-	birth / quick	dystocia, oxytocin
-rrhage / -rrhoea	bursting forth / flow	haemorrhage, amenorrhoea
-ectomy / -otomy	removal / cutting	hysterectomy, episiotomy

Women and families rarely use technical terms. Midwives must therefore recognise lay expressions and use them when speaking, while recording the technical term in the notes (Table 6). Clinical records also rely on standard abbreviations, such as ANC/PNC (antenatal/postnatal care), LMP/EDD (last menstrual period/estimated date of delivery), G/P (gravida/para), FHR (fetal heart rate, DJJ in Indonesian), SROM/PROM (spontaneous/prelabour rupture of membranes), SVD/CS (spontaneous vaginal delivery/caesarean section), PPH (postpartum haemorrhage), LBW (low birth weight) and KMC (kangaroo mother care).

Table 6. Technical terms and their lay equivalents

Technical term	Lay term
estimated date of delivery	due date
rupture of membranes	waters breaking
uterine contractions	contractions, labour pains, tightenings
placenta	afterbirth
perineal suturing	stitches
fetal movements	baby's kicks, baby moving
hyperemesis / nausea and vomiting	morning sickness
oedema	swelling (of feet, hands or face)
lochia	bleeding after the birth
caesarean section	C-section, operation to deliver the baby

Vocabulary in midwifery is also shaped by values. Midwifery places strong emphasis on respectful, woman-centred language. Many midwives prefer to speak of a woman rather than a patient, because pregnancy and birth are normal life events rather than illnesses. Phrases such as the woman chose to… or with her consent… express partnership, while phrases such as failed to progress or poor maternal effort are increasingly avoided because they can sound blaming (Renfrew et al., 2014). Useful collocations include book for antenatal care, measure fundal height, go into labour, the waters have broken, deliver the placenta, put the baby to the breast and initiate breastfeeding.

The literature suggests several strategies for learning this vocabulary: organising words by stage of the life cycle; learning technical–lay pairs for each important term; analysing word parts; using visual aids such as labelled diagrams of the pelvis, the stages of labour and breastfeeding positions; practising vocabulary through role-play; and keeping a personal glossary with the term, pronunciation, lay equivalent, example sentence and Indonesian equivalent, reviewed regularly (Nation, 2013).

Language Skills in English for Midwifery Purposes

EMP develops the four language skills of speaking, listening, reading and writing, each shaped by midwifery tasks. Because midwives spend long periods in direct, often emotional contact with women and families, speaking and listening are at the heart of midwifery communication. Reading supports evidence-based practice, and writing ensures safe, continuous documentation of care. The ICM's essential competencies for midwifery practice place communication, information-sharing and respectful partnership with women at the centre of every stage of care (ICM, 2019).

Speaking. Midwives speak to women and families in very different situations, from calm antenatal visits to urgent emergencies. Typical speaking tasks include greeting the woman and building trust; conducting a booking interview covering obstetric, medical and social history; explaining examinations and asking for consent; giving health education on nutrition, danger signs, birth preparation and breastfeeding; supporting and coaching a woman in labour; explaining complications calmly and clearly; counselling on family planning and newborn care; and communicating with colleagues during referral and handover. Supporting a woman in labour calls for short, clear and encouraging language, such as *You're doing really well. Breathe slowly through the contraction. Now stop pushing and pant*, in which praise and reassurance are as important as instructions. When a midwife needs to refer a woman or call a doctor urgently, a structured format such as SBAR (Situation, Background, Assessment, Recommendation) helps to make the message clear and complete.

Listening. Midwives listen to women during antenatal visits, in labour and in the postnatal period, and to families, colleagues and doctors. Women describe symptoms and feelings in everyday language, for example *my waters have gone*, *the baby's not moving as much*, or *I've got a terrible headache and I'm seeing spots*. The midwife must recognise when such expressions signal danger signs, such as reduced fetal movements or possible pre-eclampsia, and respond appropriately (WHO, 2016). Listening also means attending to emotions and preferences: a woman may be anxious about pain, fearful because of a previous difficult birth, or uncertain about breastfeeding. Active listening, including summarising and checking understanding, supports woman-centred care, and in clinical teams midwives must also listen carefully to handovers and verbal orders and read back important numbers and drug doses.

Reading. Midwifery students and midwives read textbooks of midwifery, obstetrics, neonatology and reproductive health; international guidelines such as the WHO recommendations on antenatal care (WHO, 2016) and intrapartum care (WHO, 2018); research articles in midwifery and maternal health journals; clinical records, including antenatal cards, partographs, birth notes and referral letters; and drug information for medicines such as oxytocin, magnesium sulphate and iron supplements. Useful strategies include scanning a guideline for a specific recommendation, skimming research abstracts, and intensive reading of emergency protocols. Learners must also read charts and graphs, such as the partograph, on which cervical dilatation, fetal heart rate and contractions are plotted over time, and they must decode the condensed note form of clinical records (e.g. *G2 P1 A0, 39 weeks, SROM 05:30, clear liquor, Cx 5 cm, FHR 140 bpm*).

Writing. Writing in EMP includes clinical texts (antenatal records, partographs, labour and birth notes, postnatal and newborn records, referral letters, incident reports and discharge summaries), academic texts (assignments, continuity-of-care case studies, reflective journals, research proposals and theses), and educational texts (leaflets and short messages for women and families on danger signs, breastfeeding and family planning). Clinical documentation must be accurate, timed, objective and concise, often in note form with standard abbreviations. Educational materials, by contrast, use plain language, short sentences, direct address and clear actions, for example *If you notice bleeding, severe headache, blurred vision or swelling of your face, go to the health centre immediately.*

Grammar in EMP serves these skills rather than being taught in isolation. Each midwifery function is associated with recurrent grammatical patterns, as shown in Table 7.

Table 7. Grammar in service of midwifery functions

Function	Typical grammar	Example
Taking a history	Question forms, past simple, present perfect	*When was your last period? Have you had any bleeding?*
Giving instructions in labour	Short imperatives, *keep* + *-ing*	*Push now. Keep breathing. Stop pushing.*
Explaining procedures	*going to*, present simple, sequencers	*First I'm going to feel your tummy, then listen to the baby's heartbeat.*
Giving advice	Modals *should, need to, it's important to*	*You should take your iron tablets every day.*
Describing danger signs	Conditionals	*If the baby moves less than usual, come in straight away.*
Reassuring	Present continuous, praise	*You're doing really well. The baby is coping well.*
Documenting care	Past simple, passive, note form	*Baby born 10:15. Placenta delivered complete at 10:22.*

In real midwifery work, the skills are rarely used separately. An antenatal booking moves from speaking and listening (taking the history) to writing (the antenatal record) and back to speaking (health education). Labour care moves from reading the records to speaking and listening during support and coaching, and then to writing the partograph and birth notes. Managing an emergency moves from listening to the woman's symptoms, to speaking in an SBAR call, to listening to orders and writing the incident record. A case study assignment moves from reading records and literature to writing the case study and presenting it orally. For this reason, simulation and role-play in the skills laboratory, such as a booking interview, labour support or a postpartum haemorrhage drill conducted in English, are among the most suitable activities for developing EMP.

Implications for EMP Course Design

The four themes together point to several implications for teaching. First, consistent with ESP principles, EMP courses should begin with a needs analysis of the particular learners, distinguishing the academic needs of students from the occupational needs of practising midwives (Basturkmen, 2010; Long, 2005). Second, because midwifery follows a continuum of care, the syllabus can be organised around the stages of pregnancy, labour, birth, the postnatal period and the newborn, with vocabulary, skills and grammar introduced as they are needed for the tasks of each stage. Third, materials should be authentic or close to authentic, including guideline extracts, antenatal cards, partographs and health-education leaflets. Fourth, teaching should give equal weight to accuracy and to woman-centred communication, since errors in dates, measurements or danger signs can endanger mother and baby, while insensitive language can undermine the partnership on which midwifery depends. Finally, assessment should focus on the ability to perform midwifery tasks in English, for example through role-play and simulation, rather than on isolated knowledge of grammar or vocabulary.

CONCLUSION

This review set out to define English for Midwifery Purposes, locate it in the ESP classification, and describe its vocabulary and language skills. EMP is a branch of English for Specific Purposes that prepares midwifery students and midwives to use English accurately, appropriately and sensitively in the academic and clinical contexts of midwifery. It is defined by its learners, its needs-based purposes, its content across the continuum of maternity care, its specific language, and its strongly woman-centred style of communication. In the classification of ESP, it belongs to English for Science and Technology (Hutchinson & Waters, 1987) and, within it, to English for Medical Purposes, which appears under both English for Academic Purposes and English for Professional Purposes (Dudley-Evans & St John, 1998); it is a narrow-angle course, usually taught as in-study EAP in Indonesian midwifery programmes and as EOP for practising midwives.

The vocabulary of midwifery follows the life cycle of pregnancy, birth and the postnatal period and includes high-frequency, academic, technical and sub-technical words, Latin and Greek elements of time and birth, technical–lay pairs, abbreviations and woman-centred expressions. All four skills are essential, with speaking and listening at the centre of practice and reading and writing supporting evidence-based care and accurate documentation.

Because communication failures can endanger both mother and baby, accuracy, clarity and compassion are central values in every skill.

This study is limited by its narrative design and by its reliance on conceptual and professional sources rather than empirical data from classrooms or clinical settings. Future research could conduct needs analyses of midwifery students and midwives in Indonesia, build corpora of midwifery texts to identify their characteristic vocabulary and genres, and evaluate the effectiveness of simulation-based EMP courses.

AI USE AND DISCLOSURE

During the preparation of this manuscript, the author used Claude (Anthropic) for language editing, improving readability, and formatting the manuscript according to the ELSTIC-IJ author template. The ideas, selection of sources, analysis and conclusions are the author's own. The author reviewed and edited all content and takes full responsibility for the published article.

ETHICAL STATEMENT AND INFORMED CONSENT

This study is a literature review of published sources and did not involve human participants, personal data or animals. Ethical approval and informed consent were therefore not required.

CRediT AUTHORSHIP CONTRIBUTION STATEMENT

- Sitti Nurpahmi: Conceptualization, Methodology, Formal analysis, Writing – original draft, Writing – review & editing.

CONFLICT OF INTEREST

The author declares that she has no known competing financial interests or personal relationships that could have influenced the work reported in this article.

DATA AVAILABILITY

No new data were generated or analysed in this study. All sources reviewed are publicly available and are listed in the References.

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