

Dr Google, Our Patients and Us: Let's Get Connected !

Christian Loubert, MD, FRCPC
Anesthesiologist

CEMTL – Maisonneuve-Rosemont Hospital
June 2018

Come and celebrate 75 years of history!

1943-2018

- No disclosure
- Except for...



Canadian
Anesthesiologists'
Society

Société
canadienne des
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1943 – 2018

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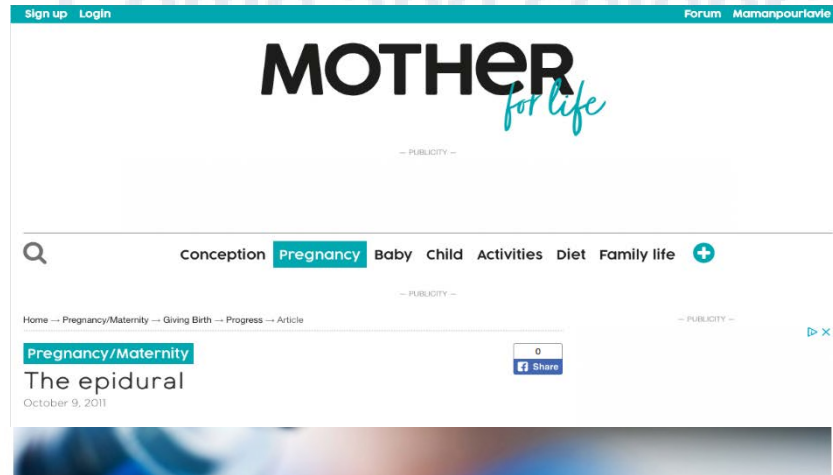


Dr Ron George





The Good



Invasive injection that increases the medicalization of childbirth or God-sent relief when giving birth becomes torture? Let's take a look at the epidural.

The epidural demonstrated its efficiency a long time ago in relieving labor and delivery pain. This undeniable relief is also very popular for women in labor. In Quebec, nearly 70% of all women giving birth demand the injection. It is the highest rate in Canada.

With the epidural, the contractions are sometimes felt as a mere pressure on the abdomen.

What is the epidural?

First, let's take a look at the point of injection. It is located in the spinal cord where the nerve roots (spinal nerves) relaying pain messages from the uterus to the brain are attached. The spine bathes in cerebrospinal fluid, inside the dura mater (the membrane that protects the spinal cord).

During the perfusion, the needle is inserted into the epidural space (epi=around, around dura mater). The medication is then injected through a catheter attached to the needle. The effect is felt after 15 to 20 minutes and lasts until delivery through a continuous perfusion of the drug in the catheter.

The liquid painkiller that subsequently diffuses in the epidural space is composed of a local anaesthetic (similar to the one used by the dentist) and a narcotic. "*This narcotic increases the analgesic potential to eliminate or reduce pain*" says Dr Christian Loubert, anaesthesiologist at the Maisonneuve-Rosemont Hospital. The local anaesthetic, however, doesn't only inhibit the pain signal transmission; it also disrupts the motor functions of the nerve. A higher dose can cause partial paralysis of the lower body. For this reason, anaesthesiologists have substantially reduced the dose over the past ten years, says Dr. Loubert.



The New York Times



Epidurals Do Not Prolong Labor

By Nicholas Bakalar

Oct. 10, 2017

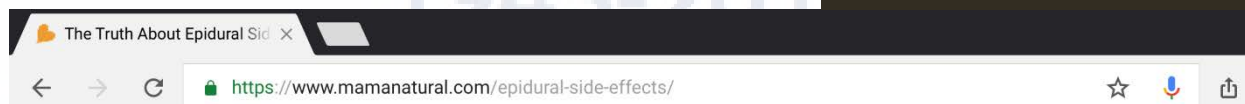
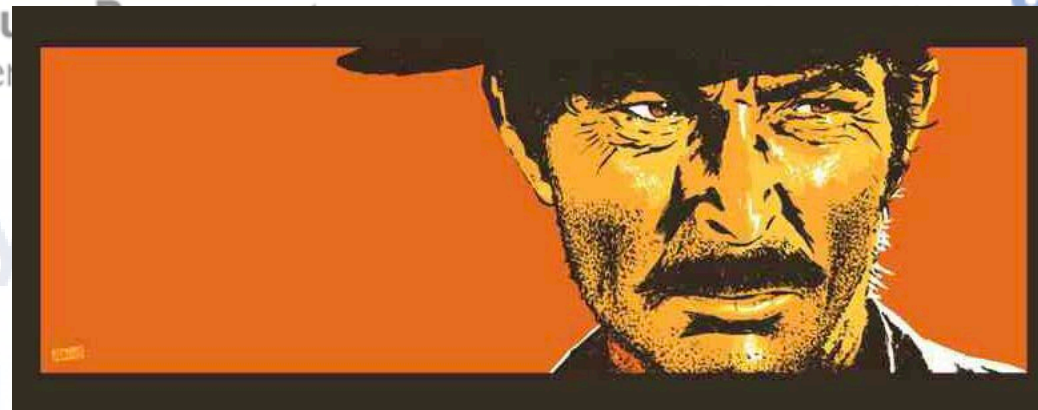


Many obstetricians resist giving epidural anesthesia during the late stage of delivery because they believe it lengthens the duration of labor. But a clinical trial by Chinese researchers has found that it does not.

The Bad

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Ex

Epidural Side Effects

- ✓ Longer labors
- ✓ More medical interventions
- ✓ Double the risk of cesarian
- ✓ Reduced incidence of breastfeeding

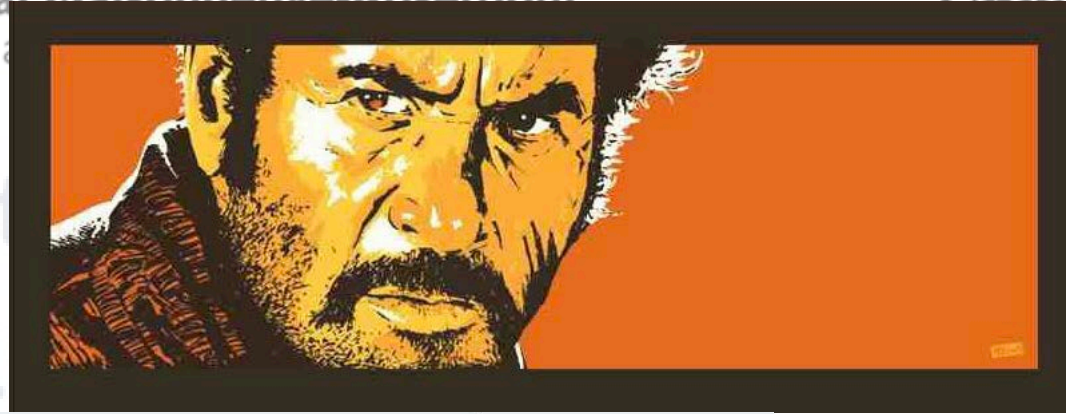
mamanatural.com/epidural-side-effects/



helpers effect the pain of birth naturally. However, because Pitocin is synthetic and

Some say that the crunchy mamas of the world are crazy for not wanting an epidural during birth. Who wants to feel needless pain? (Not me!)

The Ugly



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Guardian

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The

International
edition

Walsh, a senior midwife and associate professor in midwifery at Nottingham University, argues that many women avoid experiencing the discomfort of childbirth because hospital maternity staff are too quick to offer an epidural or agree to a woman in labour's request for a pain-killing injection in her back to ease her suffering.

"A large number of women want to avoid pain. Some just don't fancy the pain [of childbirth]. More women should be prepared to withstand pain," he told the Observer. "Pain in labour is a purposeful, useful thing, which has quite a number of benefits, such as preparing a mother for the responsibility of nurturing a newborn baby."

Celebrity births, television portrayals of labour as a highly medicalised process and films such as Knocked Up have added to a culture where pain relief seems normal, even though labour pain is natural, healthy and temporary, he said.



WIKIPEDIA
The Free Encyclopedia

Plan

- Demographics
- Characteristics of a good medical website
- Recommendations
- Example

Google

Bing



YouTube

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JANUARY 15, 2013

Health Online 2013

35% of U.S. adults have gone online to figure out a medical condition; of these, half followed up with a visit to a medical professional

PCOGS PAPERS

www.AJOG.org

Google obstetrics: who is educating our patients?

Anjali J. Kaimal, MD; Yvonne W. Cheng, MD, MPH; Allison S. Bryant, MD, MPH;
Mary E. Norton, MD; Brian L. Shaffer, MD; Aaron B. Caughey, MD, PhD

oversight. Seven of 10 Americans are now online,¹ and according to a recent use survey, health and medical information queries comprise 45% of the searches performed on the major internet search engines.² Traditionally, physicians have acted as the primary

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Listening to Mothers™ III Pregnancy and Birth



Table 23. Before and during pregnancy: trends across *Listening to Mothers* surveys

Survey Item	LTM I 2000-02	LTM II 2005	LTM III 2011-12
Base: all survey participants in respective year			
Pregnancy was unintended: wanted to be pregnant later or never wanted to be pregnant	38%	42%	35%
Had obese body mass index just before becoming pregnant	n.a.	25%	20%
Obstetrician-gynecologist was care provider most directly involved with prenatal care	77%	79%	78%
Family physician was care provider most directly involved with prenatal care	7%	8%	9%
Midwife was care provider most directly involved with prenatal care	13%*	9%	8%
Always or almost always saw same person for prenatal care	70%	73%	78%
Had zero to two ultrasound scans	n.a.	41%	30%

pregnancy

Used Internet as source of information about pregnancy and childbirth during pregnancy

n.a.

76%

97%

As came to end of pregnancy, hoped to exclusively breastfeed baby

67%

61%

54%

1943 – 2018



70%



Available online at www.sciencedirect.com

ScienceDirect

Procedia
Computer Science

Procedia Computer Science 100 (2016) 347 – 354

Conference on ENTERprise Information Systems / International Conference on Project
MANagement / Conference on Health and Social Care Information Systems and Technologies,
CENTERIS / ProjMAN / HCist 2016, October 5-7, 2016

The influence of the web on health related decision-making
processes: a survey with Portuguese women during pregnancy

Marta Ferraz^{a,*}, Ana Margarida Almeida^b, Alexandra Matias^c, Dan Farine^d

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^b University of Aveiro, Department of Communication and Art, 3810-193 Aveiro, Portugal

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^d University of Toronto, Toronto, ON M5S, Canada



50%

Almoqel and Almarqabi, J Women's Health, Issues Care 2016, 5:3
<http://dx.doi.org/10.4172/2325-9795.1000026>



Journal of Women's
Health, Issues & Care

Research Article

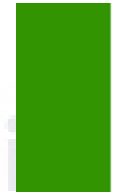
A SCITECHNOL JOURNAL

Online Health-information
Seeking Behavior among
Pregnant Women in Prenatal
Clinics at King Saud Medical
City, Riyadh

Alla Almoqel^{a,*} and Nada Almarqabi^b

practices. Experts in health interventions and health policy became increasingly aware of human behavioral factors in quality health care provision. To respond to community perspectives and needs, health systems need to adapt their strategies, taking into account the findings of behavioral studies [1].

Recent studies reported that four in ten adults [5] and one in four adolescents [6] had searched for health information online. Recently, patients' use of medical information available on the Internet has been spreading rapidly in our country, as well as all over the world [7]. According to The Saudi Communications and Information Technology Commission (CITC) website, the number of Internet



95%

JECH Online First, published on September 26, 2013 as 10.1136/jech-2013-202584

Research report

J Epidemiol Community Health 2013;**0**:1–6.

Pregnancy e-health: a multicenter Italian
cross-sectional study on internet use and
decision-making among pregnant women

Fabrizio Bert,¹ Maria Rosaria Gualano,¹ Silvio Brusaferrò,² Elisabetta De Vito,³
Chiara de Waure,⁴ Giuseppe La Torre,⁵ Lamberto Manzoli,⁶ Gabriele Messina,⁷
Tullia Todros,⁸ Maria Valeria Torregrossa,⁹ Roberta Siliquini¹

Midwifery 30 (2014) e26–e33

Contents lists available at ScienceDirect



Midwifery

journal homepage: www.elsevier.com/midw



Matern Child Health J (2016) 20:2502–2509
DOI 10.1007/s10995-016-2075-0



Patterns of Internet Use by Pregnant Women, and Reliability
of Pregnancy-Related Searches

Deepa Maheswari Narasimulu¹ · Scarlett Karakash¹ · Jeremy Weedon² ·
Howard Minkoff¹

Sources of information used by women during pregnancy to meet
their information needs

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ARTIGO ORIGINAL

Acesso a informações de saúde na internet: uma questão de saúde
pública? Rev Assoc Med Bras 2012; 58(6):650-658

FELIPE AZEVEDO MORETTI¹, VANESSA ELIAS DE OLIVEIRA², EDINA MARINO KOGA DA SILVA³

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² Mestre e Doutora em Ciências Políticas pela Universidade Federal do Rio de Janeiro (UNIRIO); Mestre em Saúde Coletiva pela Faculdade de Ciências Médicas da Santa Casa de São Paulo; Professora
de Ciências Políticas e Políticas Públicas da Universidade Federal do Rio de Janeiro (UNIRIO), São Paulo, SP, Brasil

³ Mestrado e Doutorado em Pediatra pela UNIRIO; Vice-coordenadora do Programa de Medicina Interna e Terapêutica da UNIRIO; São Paulo, SP, Brasil



80%



70%



45%

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- Higher socio-economic status
- Higher education level
- Primiparous
- Primary language : English

Who?



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Société
canadienne des
anesthésiologistes

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- Improvement of knowledge
- Empowerment
- Convenience
- Immediate availability
- Anonymity
- Social support

Why?





Matern Child Health J (2016) 20:2502–2509
DOI 10.1007/s10995-016-2075-0

Patterns of Internet Use by Pregnant Women, and Reliability
of Pregnancy-Related Searches

Deepa Maheswari Narasimhulu¹ · Scarlett Karakash¹ · Jeremy Weedon² ·
Howard Minkoff¹

Table 2 Internet search methodology

Variable	n	%
Internet access devices		
Computer	395	85
Tablet	160	34.4
Smartphone	312	67.1
Other	3	0.7
Browsing method		
Search engine	317	94.2
Specific website	90	26.8

The percentages summed exceed 100 % for internet access devices and browsing method as participants were allowed to pick more than one response

Almoajel and Almarqabi, J Womens Health, Issues Care 2016, 5:3
<http://dx.doi.org/10.4172/2325-9795.1000228>



Journal of Women's
Health, Issues & Care

Research Article

A SCITECHNOL JOURNAL

Online Health-information
Seeking Behavior among
Pregnant Women in Prenatal
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Alia Almoajel^{1*} and Nada Almarqabi¹

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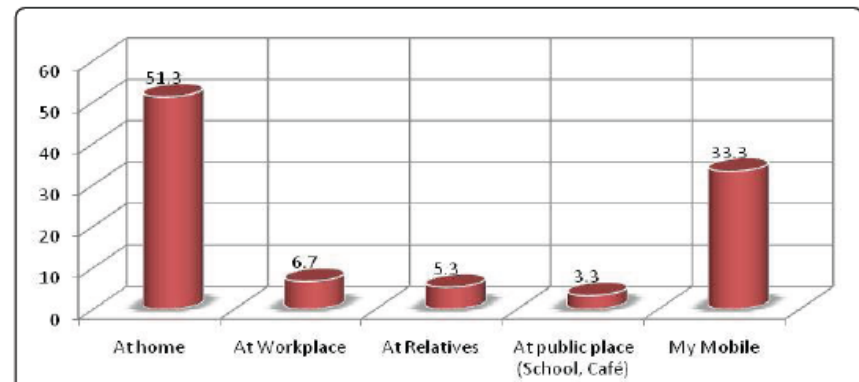


Figure 3: Distribution of respondents according to where they access the Internet.

Access, Use, and Preferences for
Technology-Based Perinatal and
Breastfeeding Support Among
Childbearing Women

Jill Radtke Demirci, PhD, RN, IBCLC
Susan M. Cohen, PhD, APRN, FAAN
Maris Parker, MSW
Ashleigh Holmes
Debra L. Bogen, MD, FAAP, FARM

The Journal of Perinatal Education, 25(1), 29–36

Platform	Participants Using: <i>N</i> (% of Those Who Specified Using a Type of Technology; <i>n</i> = 34)	Specific Applications
Apps	85 (63)	Baby Connect, I'm Expecting, Pregnancy Companion, Sprout, Mobile Mom, Medela iBreastfeed, Fit Pregnancy, Baby Bump, ^a BabyCenter/My Pregnancy Today, ^a BabyGaga, ^a The Bump, ^a What to Expect, ^a WebMD/WebMD Baby, ^a Contraction Timer, Kickme-Baby Kicks Counter, commercial companies (e.g., Similac, Enfamil, Gerber)
Internet search engines	72 (54)	"Googling" questions
Websites:		
Pregnancy/parenting websites	49 (37)	Parents.com, Ask Dr. Sears, Just Mommies, KellyMom, Baby Bump, ^a Baby Center/My Pregnancy Today, ^a Baby Gaga, ^a Everyday Family, ^a The Bump, ^a What to Expect, ^a WebMD/ WebMD Baby, ^a commercial companies (e.g., Pampers ^a)
Professional organization websites	10 (8)	American Academy of Pediatrics, American Pregnancy Association, Mayo Clinic

Come ar

f history!

Conference on ENTERprise Information Systems / International Conference on Project
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The influence of the web on health related decision-making processes: a survey with Portuguese women during pregnancy

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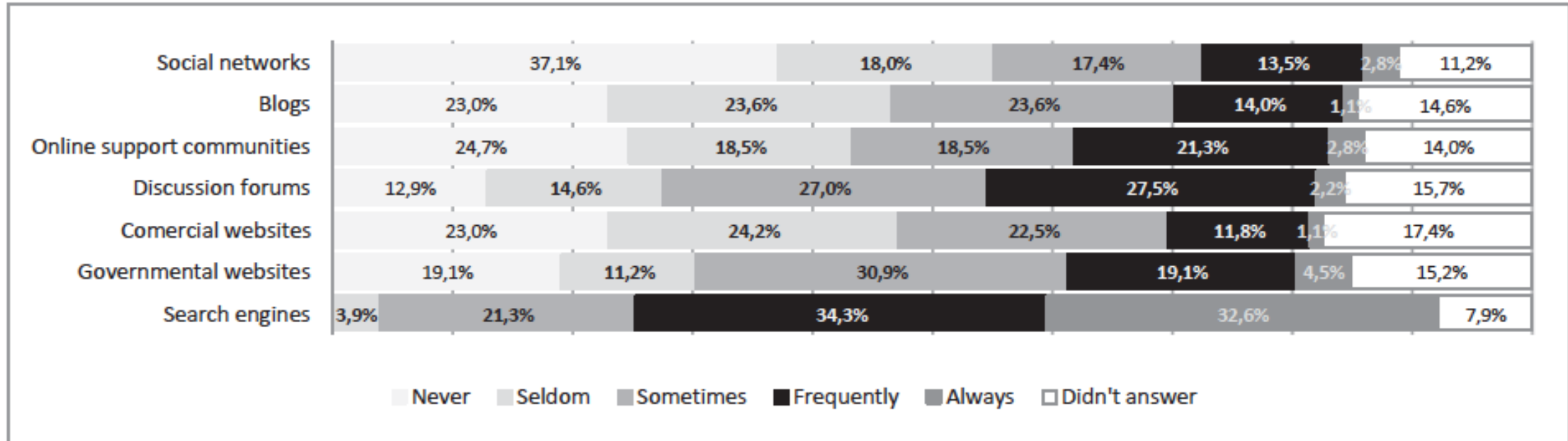


Fig. 1 Pregnancy information search locations

Google obstetrics: who is educating our patients?

Anjali J. Kaimal, MD; Yvonne W. Cheng, MD, MPH; Allison S. Bryant, MD, MPH;
Mary E. Norton, MD; Brian L. Shaffer, MD; Aaron B. Caughey, MD, PhD

Am J Obstet Gynecol 2008;198:682.e1-682.e5.

TABLE 3

Distribution of sponsors of websites on the first page of search results (%)

Search Term (# of results retrieved)	Lawyer	OB/GYN	Other health professional	Government or educational institution	Commercial reference site	Nonprofit	Other
Birth Trauma (42)	48%	0%	29%	0%	10%	5%	10%
Cerebral Palsy (46)	52%	0%	9%	11%	15%	7%	7%
Shoulder dystocia (37)	43%	11%	14%	14%	14%	3%	3%
Cesarean section (35)	0%	3%	0%	17%	57%	0%	23%
Epidural (35)	0%	3%	17%	0%	26%	3%	49%
Forceps Delivery (26)	4%	8%	23%	8%	35%	0%	23%
	$P < .001$	$P < .001$	$P < .001$	$P < .001$	$P < .001$	$P < .05$	$P < .001$

Kaimal. Google obstetrics: who is educating our patients? Am J Obstet Gynecol 2008.

Come

Sayakhot and Carolan-Olah *BMC Pregnancy and Childbirth* (2016) 16:65
DOI 10.1186/s12884-016-0856-5

BMC Pregnancy and Childbirth

history!

RESEARCH ARTICLE

Open Access



Internet use by pregnant women seeking pregnancy-related information: a systematic review

Padaphet Sayakhot* and Mary Carolan-Olah

Results: Seven publications met inclusion criteria and were included in the review. Sample size ranged from 182 – 1347 pregnant women. The majority of papers reported that women used the Internet as a source of information about pregnancy. Most women searched for information at least once a month. Fetal development and nutrition in pregnancy were the most often mentioned topics of interest. One paper included in this review found that women with higher education were three times more likely to seek advice than women with less than a high school education, and also that single and multiparous women were less likely to seek advice than married and nulliparous women. The majority of women found health information on the Internet to be reliable and useful.

and nulliparous women. The majority of women found health information on the Internet to be reliable and useful.

Conclusion: Most women did not discuss the information they retrieved from the Internet with their health providers. Thus, health providers may not be aware of potentially inaccurate information or mistaken beliefs about pregnancy, reported on the Internet. Future research is needed to address this issue of potentially unreliable information.

Keywords: Pregnancy, Antenatal care, Information, Internet

glogistes

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Access, Use, and Preferences for
Technology-Based Perinatal and
Breastfeeding Support Among
Childbearing Women

Jill Radtke Demirci, PhD, RN, IBCLC
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The Journal of Perinatal Education, 25(1), 29–36

Matern Child Health J (2016) 20:2502–2509
DOI 10.1007/s10995-016-2075-0



**Patterns of Internet Use by Pregnant Women, and Reliability
of Pregnancy-Related Searches**

Deepa Maheswari Narasimhulu¹ • Scarlett Karakash¹ • Jeremy Weedon² •
Howard Minkoff¹

- Fetal development
- Nutrition during pregnancy
- General pregnancy issues
- Breastfeeding
- Track pregnancy/labor indices
- Peer support/advice
- Ideas for baby names

1943 – 2018

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International Journal of Obstetric Anesthesia (2017) 30, 52–57
0959-289X/\$ - see front matter © 2017 Elsevier Ltd. All rights reserved.
<http://dx.doi.org/10.1016/j.ijoa.2017.02.004>



ELSEVIER
www.obstetranesthesia.com

ORIGINAL ARTICLE

What's trending now? An analysis of trends in internet searches for labor epidurals

C.D. Sutton, B. Carvalho
Department of Anesthesiology, Perioperative and Pain Medicine, Stanford University School of Medicine, Stanford, CA, USA

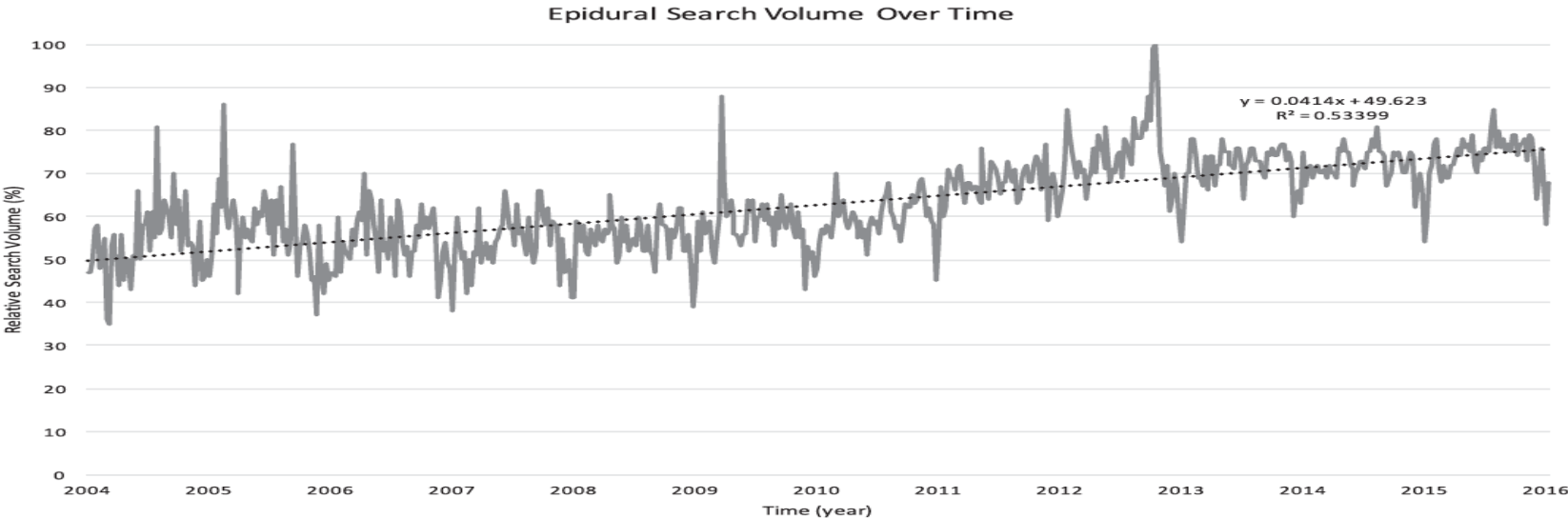


Fig. 1 Google search trends for epidurals. Search volume over time for input term [epidural], excluding non-obstetric-related epidural searches involving the words “cervical,” “hematoma,” “injection,” or “steroid” in the United States from January 2004 to December 2015. Numbers represent search volume relative to the highest point on the chart, which is 100. This does not convey absolute search volume. Data source: Google Trends (www.google.com/trends)

epidural

Search term

+ Compare

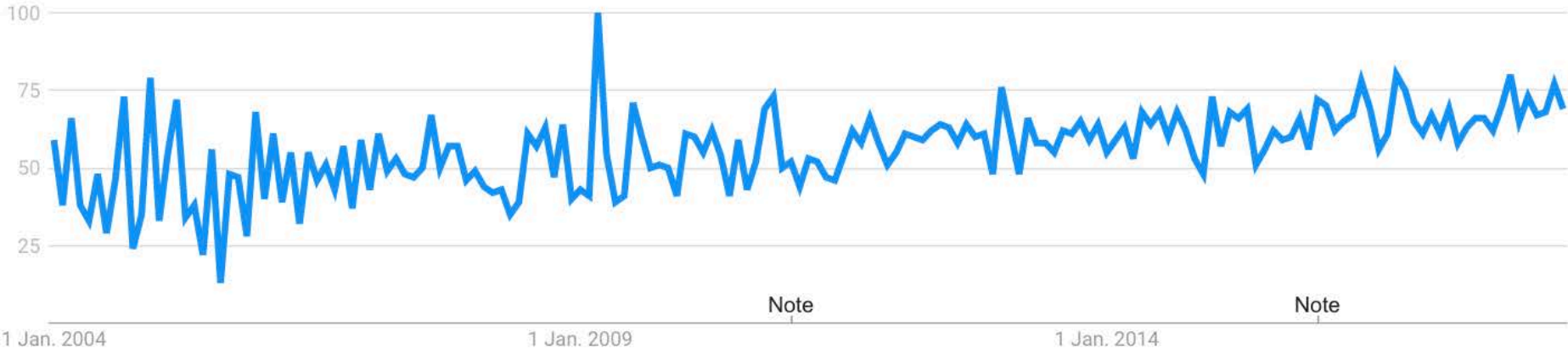
Canada

2004 - present

All categories

Web Search

Interest over time



● epidural

Search term

● breastfeeding

Search term

● labor pain

Search term

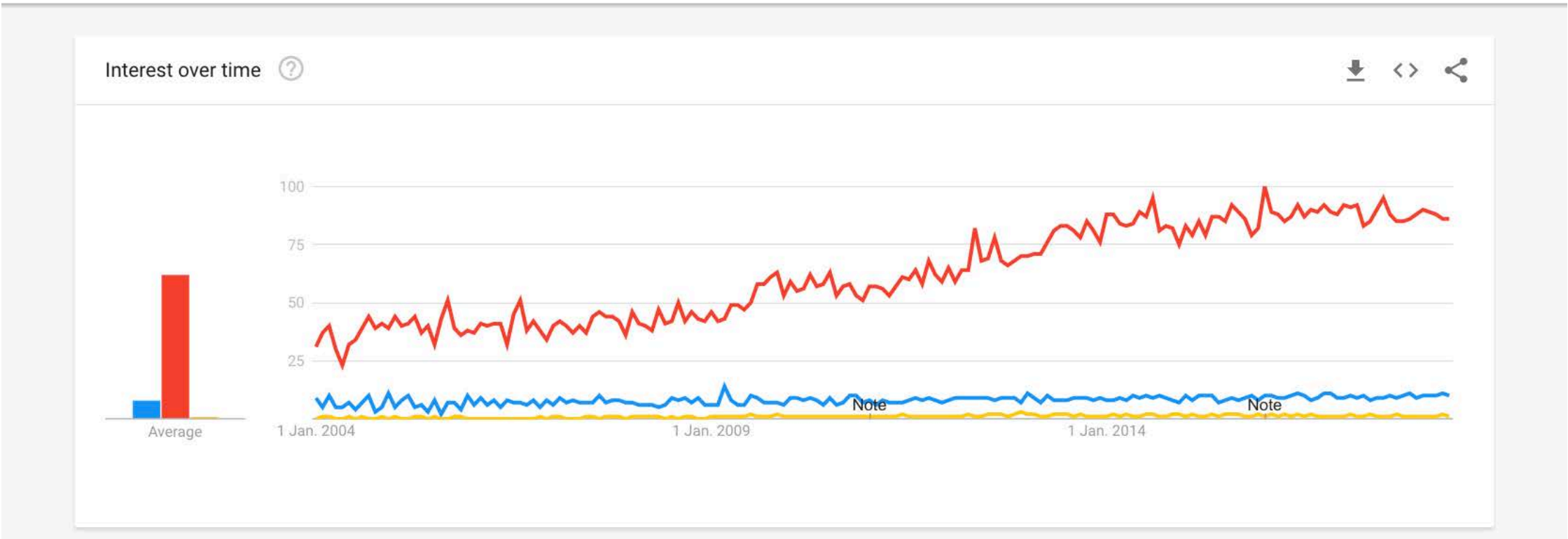
+ Add comparison

Canada

2004 - present

All categories

Web Search




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← Retour ↶ ↷ → 📁 Archiver 📁 Déplacer 🗑 Supprimer 🛡 Pourriel ⋮ ▲ ▼ ✕

• Re: Internet and OB anesthesia - your experience

Yahoo/Boîte ré... ★

À : Christian Loubert

  14 févr. à 15 h 50 ★

Allo

Super idée!

Les gens sont étonnamment peu informés selon mon expérience tant celles qui l'a veulent que celles qui ne la veulent pas. Il y a beaucoup de "ma belle soeur a dit » ou encore "aux cours prénataux ils ont dit ». C'est rare qu'elles me parlent d'un site précis où elles ont pris l'infos...



anesthésiologistes

1943 – 2018

Giving Birth With Epidural Analgesia: The Experience of First-Time Mothers

Ryoko Hidaka, RN, CNM, MSN

The Journal of Perinatal Education, 21(1), 24–35

Lynn Clark Callister, RN, PhD, FAAN

Coping with pain before opting for an epidural. All the participants had expected some discomfort, but they were unprepared for the intensity of the pain they experienced. Amy, whose labor was induced, described her pain in this way: “People told me that contractions are like very severe menstrual cramping, but these pains were like perforating the bowel, or [the] appendix rupturing.” Other participants who

TABLE 2: Multiple logistic regression analysis of factors associated with patients receiving epidural analgesia during labor.

Variable	Odds Ratio	95% CI	P-value
Partner preference			
Yes	25.1	5.2–122.0	<.0001
Undecided	11.4	22.9–45.6	.001
Prior epidural (yes/no)	9.0	2.5–32.5	.001
Language*	2.2	0.6–8.5	.264
Education [†]	0.9	0.6–1.4	.654
Insurance type**	0.7	0.1–4.0	.718
Age (years) [‡]	0.8	0.2–2.8	.752
Duration (hours) ^{††}	2.6	0.6–10.9	.192
Pitocin use (yes/no)	2.3	0.5–9.4	.263

Results were derived from a multiple logistic regression analyses comparing 243 patients who received a labor epidural to 59 patients who did not.
* Language (primary language English yes/no); [†] Education (primary, junior high, high school, university, post graduate); ** Insurance type (Medical/Private);
[‡] Age (≥ or <35 years); ^{††} Duration (<6 or ≥6 hours).

Come and celebrate
1943

Hindawi Publishing Corporation
Anesthesiology Research and Practice
Volume 2010, Article ID 356789, 8 pages
doi:10.1155/2010/356789

Research Article

Survey of the Factors Associated with a Woman's Choice to Have an Epidural for Labor Analgesia

Jennifer Harkins,¹ Brendan Carvalho,² Amy Evers,² Sachin Mehta,² and Edward T. Riley²

¹ University of South Florida College of Medicine, Tampa, FL 33612, USA

² Department of Anesthesia, Stanford University School of Medicine, Stanford, CA 94305, USA

Correspondence should be addressed to Edward T. Riley, edriley@mac.com

Received 29 January 2010; Accepted 16 April 2010

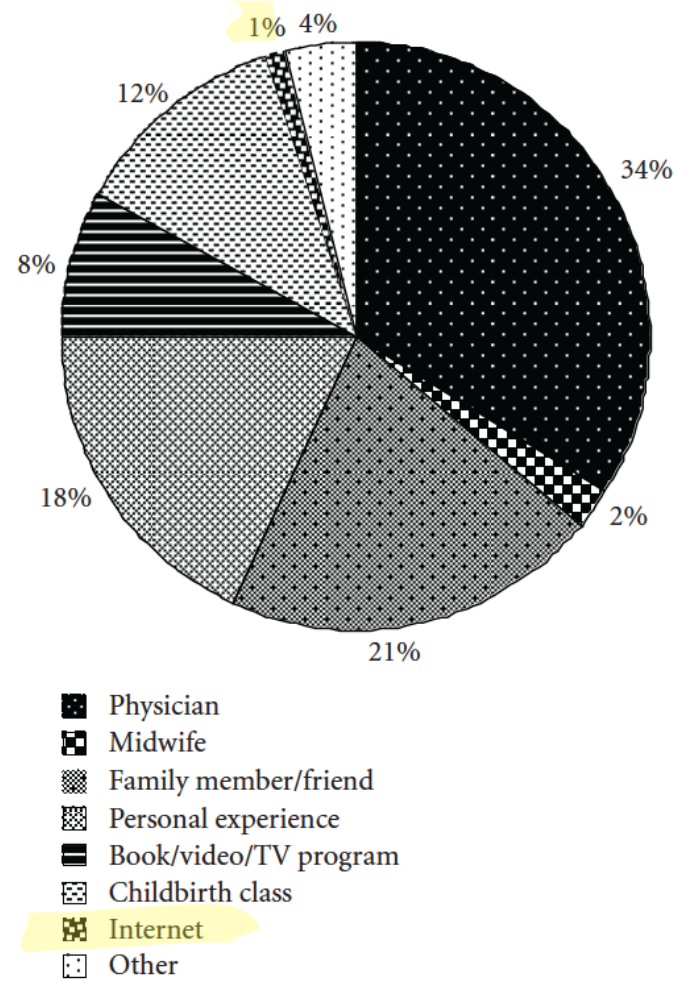


FIGURE 2: The main sources of information use by women surveyed ($n = 301$) to learn about epidurals prior to going into labor.

ORIGINAL ARTICLE

WILEY **BIRTH** JOURNAL OF PERINATAL CARE

Patients' preferences for labor analgesic counseling: A qualitative analysis

Paloma Toledo MD, MPH^{1,2} | Javiera Pumarino BS² | William A. Grobman MD, MBA^{2,3} |
Cynthia A. Wong MD^{1,4} | Jane L. Holl MD, MPH^{2,5} | Romana Hasnain-Wynia PhD^{2,6}

5 | TIMING AND CONTENT OF ANTEPARTUM ANALGESIC COUNSELING

Thirty-five (78%) women reported discussing labor analgesia with their obstetric providers before delivery. The discussions occurred mostly in the second and third trimester

When asked about which sources of information were most heavily relied upon, 17 of the 45 respondents replied that it was their obstetric provider (obstetrician or midwife). Several women commented on the trustworthiness of their provider relative to other sources. For example, one patient stated:

conversation was not ideal, especially once they were experiencing pain. Furthermore, the women who were interviewed expressed a preference toward having their analgesic education from their obstetric providers rather than an anesthesiologist because they had an established relationship and trust with their obstetrician or midwife.



RESEARCH ARTICLE

Open Access



The use and value of digital media for
information about pregnancy and early
motherhood: a focus group study

Deborah Lupton

- Immediate
- Regular
- Detailed
- Entertaining
- Customised
- Practical
- Professionnal
- Reassuring
- Unbiased

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canadienne des
anesthésiologistes

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RESEARCH ARTICLE

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information about pregnancy and early
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Deborah Lupton

- Immediate
- Regular
- Detailed
- Entertaining
- Customised
- Practical
- Professionnal
- Reassuring
- Unbiased

The women appreciated immediate access to information from a wide variety of sources: 'For me who likes a lot of opinions, I can go to Google something and get 50 answers straight away, whereas I'd have to read 50 books to get the same information.' They noted that conducting an initial online search was often how they were led



RESEARCH ARTICLE

Open Access



The use and value of digital media for
information about pregnancy and early
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Deborah Lupton

- Immediate
- **Regular**
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- Professionnal
- Reassuring
- Unbiased

1943-2018

Each day there's something different [on the app],
either about your baby's development or it will show
you a little picture of basically kind of a representation
of what the baby looks like, how much it weighs, what
its length is – all those kinds of things.

canadienne des
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RESEARCH ARTICLE

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The use and value of digital media for
information about pregnancy and early
motherhood: a focus group study

Deborah Lupton

- Immediate
- Regular
- **Detailed**
- Entertaining
- Customised
- Practical
- Professionnal
- Reassuring
- Unbiased

1943-2018

It is really cool, so you can actually go, week 29 and have a look and see what your baby's doing and it'll give you like a rundown of what's happening in there. And then it also gives you a section on what's happening in your body, so what hormones are causing what. And then it gives you a rundown of symptoms that you might be having for that week, so it might be heartburn. [It has] everything!

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RESEARCH ARTICLE

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1943-2018

It's also nice to sit on the train and you've got all little tips and other mother's groups, and forums and stuff you can go on as well. And cute little articles about baby names or whatever. It's more of a distraction.

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The use and value of digital media for
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- Professionnal
- Reassuring
- Unbiased

1943-2018

I just could not for the life of me remember – because I was breastfeeding, left breast, right breast. I didn't ever get really full, like completely, so I could never tell left, right, how long it was. You know, I was always wondering — is [the baby] getting enough milk? Because it was all new and you don't know what you are doing. The app was constantly just always there and it was really easy: it was just tap on, tap off.

1943 – 2018



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- Immediate
- Regular
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- **Practical**
- Professionnal
- Reassuring
- Unbiased

1943-2018

YouTube's really good. You can just go in and search, and then you find the video. And then it's a real live person saying "This is how I do it." And so it's quite good to watch. Because you can play it back, like several times, because you kind of feel bad when someone says "You swaddle it this way" and you're trying to take it in. And you're like, "Okay, I didn't get any of that!" But with a video you can do it at your own pace and go back, and see how they do it.

1943 – 2018



The use and value of digital media for
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- Immediate
- Regular
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- Practical
- **Professionnal**
- Reassuring
- Unbiased

Participant: It would be nice if there were an online
doctor, one that you can chat to instantaneously.

Participant: Definitely!

Participant: But just a midwife or someone that's 24/7
where you can just type in your question –

Participant: Or Skype, where you can actually chat
online with them.



RESEARCH ARTICLE

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The use and value of digital media for
information about pregnancy and early
motherhood: a focus group study

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- **Reassuring**
- Unbiased

1943-2018

Participant: It puts your mind at ease, and you want
to know that you're normal, and everything's normal,
and you're going to have a normal pregnancy, you
know.

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The use and value of digital media for
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- Practical
- Professionnal
- Reassuring
- **Unbiased**

1943-2018

mentioned the Huggies app. While they found this app useful, they were aware that it was sponsored by a nappy company. They noted that they needed to be wary of the information that the app provided because of its 'hidden agenda', as one woman put it, to market their products.

popularity. Compared to these kinds of websites, those online sources or apps that had government backing, such as health department websites for parents, were viewed as more trustworthy.



Health Literacy Online

A Guide for Simplifying the User Experience

This research-based guide will help you develop intuitive health websites and digital tools that can be easily accessed and understood by all users — including the millions of Americans who struggle to find, process, and use online health information.



Foreword by Dr. Karen B. DeSalvo, MD, MPH, MSc



About Health Literacy Online: 2nd Edition

- 50% US citizens have limited literacy skills
- 90 % US citizens have limited **health** literacy skills



This research-based guide will help you develop intuitive health websites and digital tools that can be easily accessed and understood by all users — including the millions of Americans who struggle to find, process, and use online health information.



Foreword by Dr. Karen B. DeSalvo, MD, MPH, MSc



About Health Literacy Online: 2nd Edition

Figure 1.1

Gaze path of a reader who does not have limited literacy skills skimming a page.



Source: Colter, A., & Summers, K. (2014). Eye Tracking with Unique Populations: Low Literacy Users. In J. Romano Bergstrom & A. J. Schall (Eds.), Eye Tracking in User Experience Design (pp. 331–346). Waltham, MA: Morgan Kaufmann Publishers/Elsevier.



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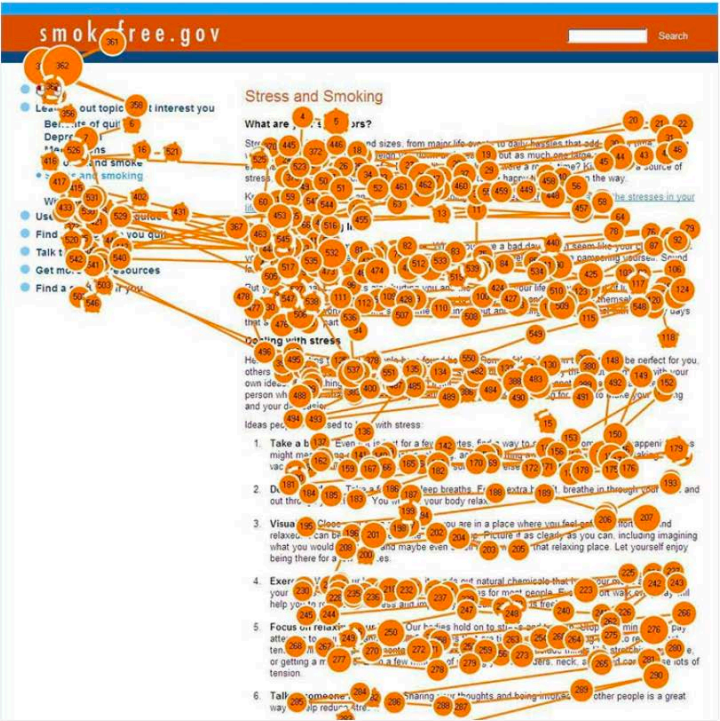
Foreword by Dr. Karen B. DeSalvo, MD, MPH, MSc



About Health Literacy Online: 2nd Edition

Figure 1.2

Gaze path of a user who has limited literacy skills reading (and re-reading) every word.



Source: Colter, A., & Summers, K. (2014). Eye Tracking with Unique Populations: Low Literacy Users. In J. Romano Bergstrom & A. J. Schall (Eds.), Eye Tracking in User Experience Design (pp. 331–346). Waltham, MA: Morgan Kaufmann Publishers/Elsevier.



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About Health Literacy Online: 2nd Edition

Figure 1.3

Gaze path of a user with limited literacy skills reading only the text that looks easy to read.



Source: Colter, A., & Summers, K. (2014). Eye Tracking with Unique Populations: Low Literacy Users. In J. Romano Bergstrom & A. J. Schall (Eds.), Eye Tracking in User Experience Design (pp. 331–346). Waltham, MA: Morgan Kaufmann Publishers/Elsevier.



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< 6th grade

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Readability of internet-sourced patient education material related to “labour analgesia”

Nilay Boztas, MD*, Dilek Omur, MD, Sule Ozbilgin, MD, Gözde Altuntas, MD, Ersan Piskin, MD, Sevdä Ozkardesler, PhD, Volkan Hanci, MD

Table 2

The relationships of web sites between ranks, means of readability grade level, and number of Latin words (the first 300 words).

	Commercial websites (n=22)	Personal websites (n=4)	Official institution websites (n=11)
Rank	1,470,737.68 ± 3,743,791.02	4,483,529.28 ± 8,945,451.71	571,261.00 ± 1,782,970.41 [†]
Mean FRES	50.16 ± 11.32	33.80 ± 8.29 [*]	47.29 ± 13.62
Mean FKGL	11.43 ± 2.30	14.87 ± 2.46 ^{*,‡}	11.83 ± 2.69
Mean SMOG	10.17 ± 1.57	12.80 ± 1.75 [*]	10.58 ± 2.05
Mean Gunning FOG	14.12 ± 2.43	17.92 ± 2.75 [*]	14.73 ± 2.82
Number of Latin words	16.95 ± 5.69	20.75 ± 3.77 [‡]	14.27 ± 7.81

FKGL = Flesch–Kincaid Grade Level, FOG = frequency of Gobbledygook, FRES = Flesch Reading Ease Score, SMOG = Simple Measure of Gobbledygook.

* $P < .05$; Personal sites when compared with commercial sites; Mann–Whitney U test.

† $P < .05$; Official institution websites when compared with commercial sites; Mann–Whitney U test.

‡ $P < .05$; Official institution websites when compared with personal sites; Mann–Whitney U test.

**Readability, Content, and Quality Assessment of
Web-Based Patient Education Materials Addressing
Neuraxial Labor Analgesia**

Samir K. Patel, MD,* Elisa J. Gordon, PhD, MPH,† Cynthia A. Wong, MD,*
William A. Grobman, MD, MBA,‡ Haley Goucher, MD,* and Paloma Toledo, MD, MPH*†

**Table 1. Readability Scores of English-Language
Web-Based Patient Education Materials**

Readability indices	Mean score ± SD^a	Comparison to sixth grade reading level (P value)
FKGL	9.1 ± 1.9	<0.001
Gunning FOG	11.8 ± 2.1	<0.001
SMOG	8.6 ± 1.4	<0.001

FKGL = Flesch-Kincaid Grade Level; Gunning FOG = Gunning Frequency of Gobbledygook; SMOG = Simple Measure of Gobbledygook.

^aScores represent a grade level (e.g., 12 = 12th grade, 13 = first year of college). For the sake of comparison, the readability scores of this manuscript's introduction section are FKGL, 14.6; Gunning FOG, 16.3; and SMOG, 12.8.

- The Flesch Reading Ease Score (FRES) formula:
 - $206.835 - (1.015 \times \text{mean sentence length} - (84.6 \times \text{mean syllable count per word}))$.
- The Flesch–Kincaid Grade Level (FKGL) formula :
 - $(0.39 \times \text{mean wordcount per sentence}) + (11.8 \times \text{mean syllable count per word}) - 15.39$
- The Simple Measure of Gobbledygook (SMOG) formula :
 - $3.1291 + 1.043 \times \sqrt{\frac{\text{number of multi-syllabic words}}{30} \times \frac{\text{number of sentences}}{\text{number of words}}}$
- The Gunning frequency of Gobbledygook (FOG) formula :
 - $0.4 \times [\text{mean number of words per sentence} - 100] \times \frac{\text{number of multi-syllabic words}}{\text{number of words}}$

HOW IS THE INTERNET

EDUCATING OUR OBSTETRIC ANESTHESIA PATIENTS?

C Murphy (MBBS,FCARCSI)^{1,2}, C Margarido (MD, PhD)^{1,2}

1.Division of Obstetrical Anesthesia, Sunnybrook Health Sciences Centre, Toronto 2. Department of Anesthesia, University of Toronto



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- **Transparency** was based on ownership, institutional affiliations, disclosure of sponsorship, advertising, year of posting, contact feedback, languages, and profit or non-profit status.
- **Content of website** was assessed based on best evidence with regard to epidural analgesia and end points: risk of cesarean delivery, stage of labor for epidural catheter insertion and effects on breast-feeding.³⁻⁵
- **Design** of each site was reviewed in terms of search function, index, link to other websites, discussion forums as a source of patient discussion and listed references.

Come and

of history!

The LIDA Instrument

Minervation validation instrument for
health care web sites

The LIDA Ins

nervation

Full Version (1.2) containing instructions

The Minervalidation tool evaluates the design and content of health web sites.

The tool measures three areas:

1. Accessibility

- Can your audience access your web site?
- Does your site conform to legal accessibility standards?
- Are your competitors ahead of you?
- Does your site reflect "best practice" in coding and relevant metadata?

2. Usability

- Can your users find what they need to know?
- Can they use your web site effectively?
- What does it cost people to use your web site?
- Do your site visitors return to use the site again and again?

3. Reliability

- Does your site keep up to date with the latest research?
- Does your site reflect best current knowledge?
- Do your users trust you to provide them with unbiased information?
- Does your site conform to the highest information quality standards throughout?
- Is your site harmful or dangerous?

EN | FR | DE | CN |



HONcode

PATIENT / INDIVIDUAL

MEDICAL PROFESSIONAL

WEB PUBLISHER

HONcode

HONsearch

HONtools

HONtopics

Trustworthy health site

Search

Home > Patients > IntroHONcode > What?



The commitment to reliable health and medical information on the internet

HON was founded to encourage the dissemination of quality health information for patients and professionals and the general public, and to facilitate access to the latest and most relevant medical data through the use

The HONcode certification is an ethical standard aimed at offering quality health information. It demonstrates the intent of a website to publish transparent information. The transparency of the website will improve the usefulness and objectivity of the information and the publishment of correct data.

**Last Certification
Activity**

Feedback

HONcode principles

Donate: You can
support our work by
clicking on the button
below:

provide quality, objective and transparent medical information tailored to the needs of the audience.

Sites applying for certification and sites already certified undertake to respect the HONcode and the requirements for certification.

HON cannot guarantee the accuracy of medical information presented by a site and its completeness at any given time, but possession of the HONcode seal allows a site to demonstrate its intention to contribute to quality medical information through the publishment of objective and transparent information.



HONcode is the oldest and the most used ethical and trustworthy code for medical and health related information available on Internet. The HONcode is designed for three target

The HON Foundation is a Non-Governmental Organization, internationally known for its pioneering work in the field of health information ethics, notably for the establishment of its **code of ethical conduct, the HONcode**.



Health On the Net Foundation

Non Governmental Organization

Medical information you can trust!

The HON Code of Conduct for medical and health Web sites (HONcode)

[> Apply for certification](#)

1. Authoritative

Indicate the qualifications of the authors

[> complete version](#)

2. Complementarity

Information should support, not replace, the doctor-patient relationship

[> complete version](#)

3. Privacy

Respect the privacy and confidentiality of personal data submitted to the site by the visitor

[> complete version](#)

4. Attribution

Cite the source(s) of published information, date medical and health pages

[> complete version](#)

5. Justifiability

Site must back up claims relating to benefits and performance

[> complete version](#)

6. Transparency

Accessible presentation, accurate email contact

[> complete version](#)

7. Financial disclosure

Identify funding sources

[> complete version](#)

8. Advertising policy

Clearly distinguish advertising from editorial content

[> complete version](#)

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- Incomplete or inaccurate info
- Lack of editorial control
- Lack of regulations and legal control
- Commercial interest
- Breaches of patient privacy
- Violation of patient / Health Care provider boundaries



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194

Recommendation



- Improve quality of the info :
 - Pool individual doctor resources
 - Update you website frequently
 - Obtain / look for / refer to HONcode accreditation

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Recommendation



- Make your website attractive
 - Make it smartphone-friendly
 - Use multiple social medias
 - Use videos, figures
 - Offer material in multiple languages
 - Address educational material to the patients Partner

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Recommendation



- Improve Readability

- Short words, short sentences, short paragraphs
- Put simple info at the beginning
- 6th grade or less
- Figures and Tables

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Recommendation



- Increase the visibility of the info
 - Make it reachable in one click
 - Use Search Engine Optimization (SEO) strategies
 - Offer standardized medical material to commercial sites

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OAA : Homepage

14:07

73 %

www.oaa-anaes.ac.uk/home

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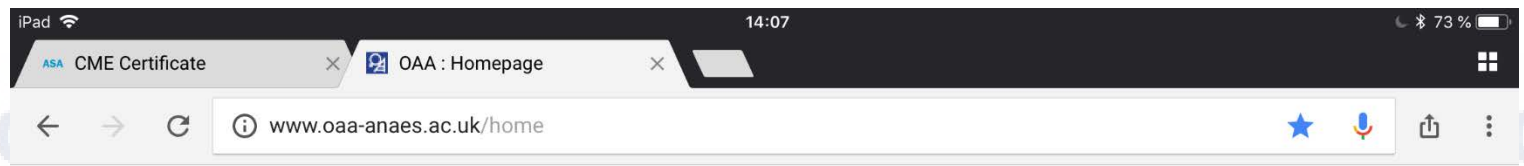
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14:08 73 %

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FAQs:
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www.labourpains.com/assets/_managed/cms/files/5-Step-Partner-Information-Guide.pdf

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Reliable information from doctors, midwives & mothers on
pain relief & anaesthesia choices for your baby's birth

Birthing partner information

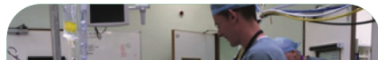
Caesarean Section

The aim of this leaflet is to let you know what to expect if your partner has a caesarean birth. If you would prefer not to go into theatre, your midwife will be happy to support your partner instead.

- 1 My partner has gone to theatre, what happens now?**

We'll give you theatre clothes to wear. You can bring your camera (or phone) with you. There will be some routine safety checks with the whole team. You or your midwife will support your partner whilst she has the spinal injection or is given more anaesthetic into her epidural. Her anaesthetist will check this is working well before anything more is done.
- 2 What should I expect to happen in theatre?**

You can sit next to your partner so that you can give her your support. You will be able to hold her hand and talk with her.



Please click on the videos below to watch more about Epidurals and Pain Relief in Labour. If you would like to read more about this topic, then make sure you take a look at our [information leaflets](#) or see our [translations page](#).

Co

The videos below cover the topic 'Pain Relief in Labour: Epidurals'

y!






















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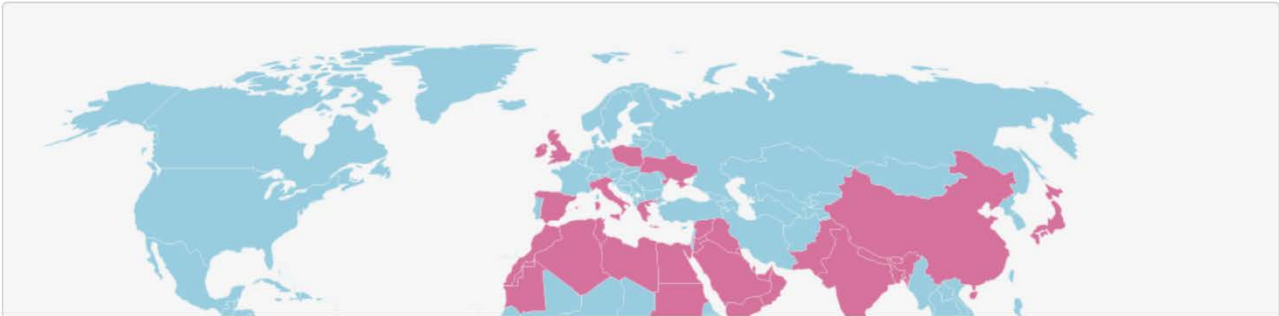




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ORIGINAL ARTICLE

A qualitative analysis of parturients' perspectives on neuraxial labor analgesia

P. Toledo,^{a,b} J. Sun,^a F. Peralta,^a W.A. Grobman,^{b,c} C.A. Wong,^a R. Hasnain-Wynia^{b,d}

^a Department of Anesthesiology, ^b Center for Healthcare Equity/Institute for Healthcare Studies,

^c Department of Obstetrics and Gynecology, ^d Division of General Internal Medicine, Northwestern University Feinberg School of Medicine, Chicago, IL, USA

ver high-quality care.¹⁹ Our study found that only a small number of women who declined analgesia did so out of a desire for an unmedicated childbirth or a perceived lack of need. Instead, we found that the majority of women avoided neuraxial analgesia because of fears or concerns, many of which reflected poor understanding of the procedure.

ORIGINAL ARTICLE


WILEY **BIRTH** JOURNAL OF PERINATAL CARE

Patients' preferences for labor analgesic counseling: A qualitative analysis

Paloma Toledo MD, MPH^{1,2} | Javiera Pumarino BS² | William A. Grobman MD, MBA^{2,3} |
Cynthia A. Wong MD^{1,4} | Jane L. Holl MD, MPH^{2,5} | Romana Hasnain-Wynia PhD^{2,6}

4 | SOURCES OF INFORMATION USED BY PATIENTS

Women mentioned several sources of information that were used to obtain information on labor pain relief options, including their obstetric providers, family and friends, birthing classes, and the media (i.e., Internet, books, magazines, and television). The Internet was the most frequently mentioned source (44%). The degree to which women used the information from the Internet varied. Some respondents were self-described “light-users” of Internet-based information. One

 labour epidural

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Neuraxial analgesia for labor and delivery (including instrumented ...

<https://www.uptodate.com/.../neuraxial-analgesia-for-labor-and-delivery-including-ins...> ▼

by L Leffert

Apr 27, 2018 - This topic will discuss the indications, common techniques, and drugs used for neuraxial labor analgesia. The pain pathways applicable to ...

Explainer: what is an epidural for labour? - The Conversation

theconversation.com/explainer-what-is-an-epidural-for-labour-64870 ▼

Oct 31, 2016 - Epidurals were developed for pregnant women to address the severe pain of labour. In Australia approximately one in three pregnant women ...

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Pain relief in labour: An epidural is an injection into the small of your back, using a curved, hollow needle. The anaesthetic deadens the nerves which are ...

How is an epidural put in ... · What are the disadvantages ...

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<https://academic.oup.com/bjaed/article/4/4/114/308005> ▼

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Readability, Content, and Quality Assessment of Web-Based Patient Education Materials Addressing Neuraxial Labor Analgesia

Samir K. Patel, MD,* Elisa J. Gordon, PhD, MPH,† Cynthia A. Wong, MD,*
William A. Grobman, MD, MBA,‡ Haley Goucher, MD,* and Paloma Toledo, MD, MPH*†

Table 2. Content Analysis of 72 Web-Based Patient Education Materials

Content Items	Percentage addressing each item (95% confidence interval)
Descriptions	
What is an "epidural?"	100% (95%–100%)
How is the epidural procedure performed?	100% (95%–100%)
Benefits of neuraxial analgesia	100% (95%–100%)
What is a "spinal?"	97% (90%–100%)
How is a spinal procedure performed?	94% (86%–98%)
Alternative analgesic modalities	68% (56%–78%)
Adverse effects and complications	
Postdural puncture headache	92% (83%–97%)
Hypotension	92% (83%–97%)
Drug toxicity/allergy	46% (34%–58%)
Effect of epidural analgesia on labor	42% (30%–54%)
Nerve damage	38% (26%–50%)
Dizziness	36% (25%–48%)
Infection	33% (23%–45%)
Back pain/soreness	22% (13%–33%)
Bleeding	19% (11%–30%)
Epidural fever	15% (8%–26%)
Contraindications	14% (7%–24%)
Nausea/vomiting	14% (7%–24%)
Shivering	14% (7%–24%)
Paralysis	11% (5%–21%)
Pruritus (itching)	10% (4%–19%)
Epidural analgesia failure	8% (3%–17%)

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ORIGINAL ARTICLE

WILEY **BIRTH** JOURNAL OF PERINATAL CARE

Patients' preferences for labor analgesic counseling: A qualitative analysis

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I guess my midwife would be the person who I [would go to] if I had serious questions. That is where I would get my final answer from, because you can't always trust those blogs and stuff like that ...

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