

BACKGROUND

Cesarean delivery (CD) is one of the most frequently performed surgical procedures in the United States.

Anesthesia and pain management are essential to maternal safety, recovery, and birth satisfaction.

Patients heavily rely on online resources for self-education and shared decision-making requires access to accurate, comprehensive education.

We assessed the quality and readability of online CD resources, focusing on content addressing anesthesia options, risks, and pain management.

METHODS

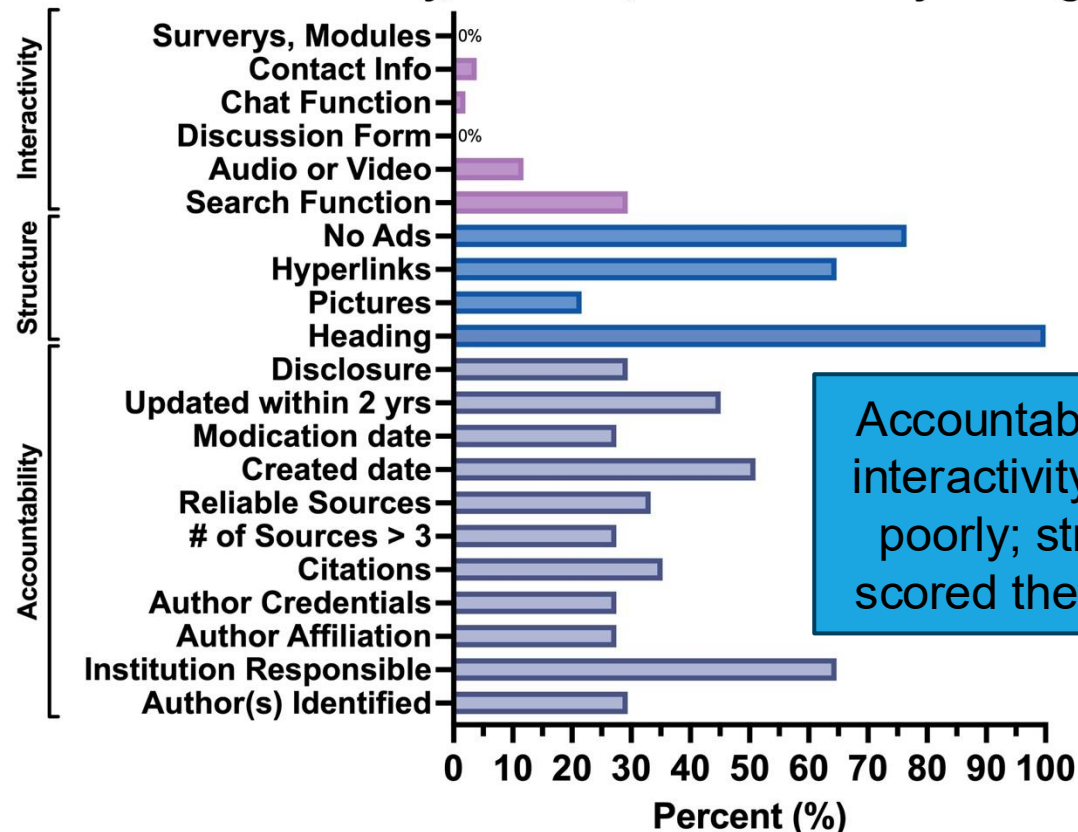
- Cross-sectional analysis of publicly available online resources on cesarean delivery (CD)
- Search strategy involved a systematic search using Google, Bing, and Yahoo
 - The first 30 results were taken from 6 common search terms
 - “Cesarean section,” “cesarean section information,” “what to expect during a cesarean section,” “cesarean delivery,” “what happens during a cesarean section,” and “c-section”
- Inclusion criteria were (1) open access, (2) patient-focused, (3) text-based
- Exclusion criteria were (1) clinician-focused, (2) multi-media only, (3) duplicates
- Quality assessment was done via binary scoring across four domains: Accountability, Interactivity, Structure, and Content
- Three standardized tools for quality assessment were used: DISCERN, JAMA benchmarks, and HONcode
- Readability was assessed via Flesch-Kincaid (FK) grade level, FK readability score, and SMOG

RESULTS

n = 51 websites → 47% healthcare, 43% open-access, 10% government

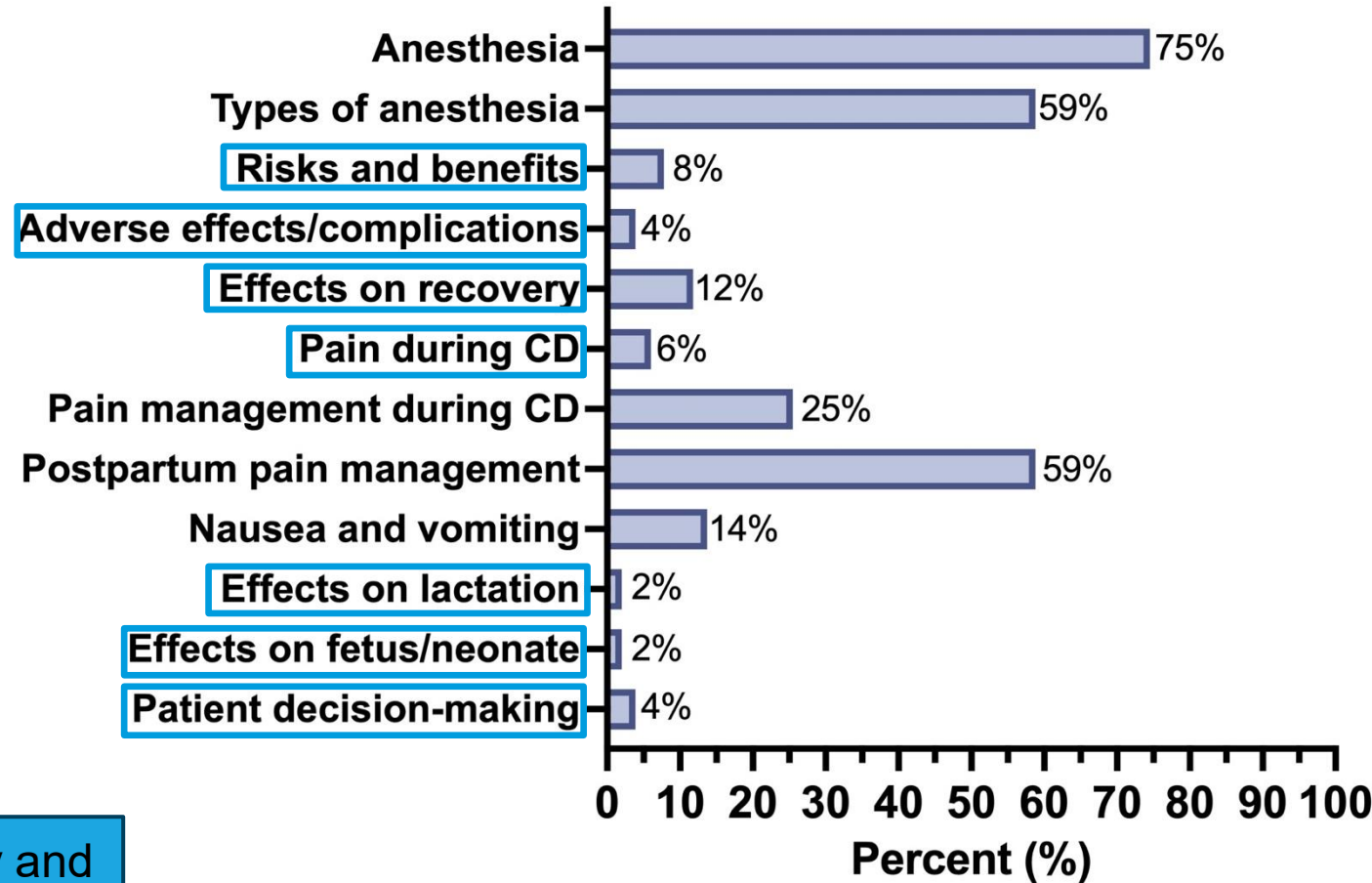
→ Overall quality score low → websites had a mean score of 10 out of 22 items

Accountability, structure, and interactivity scoring



Accountability and interactivity scored poorly; structure scored the highest

Anesthesia and pain-related content



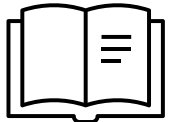
Over 70% of websites were at a 12th grade or higher reading level

94% of websites were either fair (49%) or poor (45%) quality when using the DISCERN score

CONCLUSION & DISCUSSION



Public online resources for CD were of poor overall quality with low accountability, minimal interactivity, and limited anesthesia-specific content.



The readability of CD patient education resources significantly exceeded recommended benchmarks for patient health education materials.



Anesthesia-specific content (risks, adverse effects, pain during CD, and patient decision-making) were underrepresented despite being among the most important concerns patients report before CD.



High-quality patient-centered resources regarding anesthesia options and pain management are necessary to improve informed shared decision-making and patient expectations.