

detail. One notable exception is www.manbit.com/obstetispain/default.htm, which contains much useful information especially 'in defence of epidurals'. However, this site is quite technical in nature and is more suitable for anaesthetic trainees than their patients.

www.painfreebirthing.com addresses this 'gap' in the market by providing a fully comprehensive resource for those who wish to gain a fuller understanding of obstetric anaesthesia written in layman's language. This site has the highest credentials, having been written by the academic department of the Brigham and Women's Hospital in Boston, Massachusetts, USA. It immediately sets itself aside from other websites by asking the user to 'agree' to terms and conditions of use before being allowed entry into the rest of the site. This device, familiar to anyone who has downloaded software, adds an authoritative feel to the website and emphasizes the serious nature of the learning contract between author and reader.

Once entrance has been allowed, 30 pages of information are provided, taking the reader from the history of analgesia in labour to details of the latest advances. Each page is linked by both a clear menu on the left side of the screen, and a hyperlink to the next page at the bottom. The text is accompanied by bold, illustrative, animated cartoons that are amusing but add little to the message contained in the surrounding text. The 'pros' and 'cons' of various methods of analgesia and anaesthesia are discussed in an unbiased manner, with links to other relevant external websites.

Achieving the correct balance between providing sufficient information and overwhelming or frightening the unwary is difficult. In most cases, www.painfreebirthing.com manages this admirably. On the page describing the effects of epidural analgesia on labour, the reader is given a bullet-point overview. Those wishing a fuller explanation can click through to another page that shows a comprehensive summary of scientific evidence from randomized trials comparing epidurals and opioid analgesia. This device is extremely useful and perhaps should also have been used on the page describing the procedure of general anaesthesia for Caesarean section. Most UK anaesthetists would limit their explanation of general anaesthesia to a description of preoxygenation and cricoid pressure. Instead, the reader is given full details of tracheal tube placement, accompanied by a graphic, colour, animated cartoon. This may have a beneficial effect of persuading more patients to accept regional anaesthesia.

The strength of this website is that it clearly and unequivocally addresses a large number of concerns that mothers may have regarding epidural analgesia, ranging from choice of analgesic technique to the effects on the neonate. In doing so, it presents clear, up-to-date scientific evidence that may counter many of the 'old wives' or even 'old midwives' tales that form part of the mythology surrounding epidural analgesia. As such, this site can be recommended strongly to those who wish to go beyond the standard information leaflet.

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www.painfreebirthing.com. B.-S. Kodali. Produced by B.-S. Kodali, Harvard Medical School, MA, USA. Pp. 30; indexed; illustrated. Price free.

Two years ago, we surveyed mothers who had received an epidural in labour to find out where they obtained information about the procedure. Most cited 'magazines' and 'friends/family'; <3% had used the internet to find out about methods of pain relief in labour. Today, a far greater proportion of mothers-to-be have ready access to the internet. This has been accompanied by a proliferation of websites dedicated to providing information to mothers about methods of pain relief in labour: over 71 900 according to google.co.uk. The top ranked sites vary in quality enormously from the blatantly commercial to those produced by charitable organizations dedicated to providing independent information for mothers-to-be. Most of the latter take a fairly straightforward 'glossy magazine' approach to discussing the 'pros' and 'cons' of analgesic options, but do not go into too much