



Defense Health Agency (DHA) Clinical Communities Speaker Series

2026 SEP CCSS: Mission Ready: Advancing Clinical Practices in Women's Health and Obstetrics

2026 SEP CCSS S02: Obstetric Anesthesia Overview and Our Role in Peripartum Birth Trauma

Resource List

[Factors Associated With Postoperative Opioid Prescribing After Primary Elective Cesarean Section](#) (2023) focuses on opioid prescribing patterns after primary elective cesarean delivery in a military treatment facility. The study explores which patient and clinical factors were associated with discharge opioid prescriptions for patients who received regional neuraxial anesthesia. Its findings show that post-cesarean pain management extends beyond the operating room and continues into the recovery period after hospital discharge. This concept is useful for understanding how anesthesia care can affect pain control, recovery, and medication use in the postpartum period. The study also supports the use of individualized, opioid-sparing pain management strategies rather than a one-size-fits-all approach. This study highlights the important role of anesthesiologists and obstetric teams in shaping both immediate and longer-term outcomes after cesarean birth.

The narrative review [Analyzing the Efficacy and Potential Risks of Nitrous Oxide for Pain Management During Labor: A Narrative Review](#) (2026) demonstrates that inhaled nitrous oxide, administered as a premixed 50/50 blend with oxygen, serves as a noninvasive analgesic option for managing labor pain by providing rapid-onset, mild-to-moderate relief alongside anxiolysis. Although it demonstrates lower analgesic potency compared to epidural analgesia, it significantly enhances maternal satisfaction by allowing laboring individuals to maintain bodily autonomy and physical mobility throughout labor. Maternal adverse effects are generally mild, transient, and self-limiting, most commonly presenting as dizziness, nausea, vomiting, or lightheadedness. Neonatal outcomes remain favorable because the gas is rapidly cleared through infant respiration immediately following birth, avoiding the prolonged central nervous system depression associated with systemic narcotics. Rigorous clinical safety relies heavily on self-administered demand valves, which prevent oversedation by ensuring gas delivery ceases if the patient becomes overly drowsy. Institutional adoption requires active scavenging systems and adequate room ventilation to mitigate occupational exposure risks for healthcare personnel. Overall, nitrous oxide represents a viable, low-intervention alternative or bridge to neuraxial analgesia within modern obstetric pain management.

[Posttraumatic Stress Disorder, Military Sexual Trauma, and Birth Experiences at the Veterans Health Administration](#) (2023) examines how mental health history and prior trauma affect the way veterans experience childbirth. The study focuses on veterans who had recently given birth and explored whether anxiety, depression, PTSD, and military sexual trauma were associated with how they perceived their birth experience. The findings suggest that veterans with PTSD or a history of military sexual trauma were more likely to report a negative or neutral birth experience. Anxiety and depression, however, were not associated with birth experiences in the same way. This study shows that childbirth may be experienced differently by patients with trauma histories, especially during painful, invasive, or urgent situations. The findings support the use of trauma-informed care, including sensitive communication, screening, and individualized support during pregnancy, labor, birth, and recovery. For obstetric anesthesia, the study highlights the need to consider psychological safety alongside physical pain management when caring for veteran patients.



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References

- Kichili, N., Brown, M. K., Armer, D. S., Mashaw, S. A., Gennuso, S. A., Ahmadzadeh, Shekoohi, S., & Kaye, A. D. (2026). Analyzing the efficacy and potential risks of nitrous oxide for pain management during labor: A narrative review. *Clinical Pharmacology: Advances and Applications*, 18, 1–11. <https://doi.org/10.2147/CPAA.S577932>
- Patzkowski, M. S., Hammond, K. L., Herrera, G., & Highland, K. B. (2023). Factors associated with postoperative opioid prescribing after primary elective cesarean section. *Military Medicine*, 188(1–2), e339–e342. <https://academic.oup.com/milmed/article/188/1-2/e339/6315983>
- Schafer, K. M., Wallace, K. F., Kroll-Desrosiers, A., & Mattocks, K. (2024). Posttraumatic stress disorder, military sexual trauma, and birth experiences at the Veterans Health Administration. *Women's Health Issues*, 34(3), 303–308. <https://doi.org/10.1016/j.whi.2023.11.006>