

Rebozo Technique Shortens First Stage of Labor

Erma Nur Fauziandari¹, Amri Wulandari², Saumi Fijriyah³, Lutfi Annarahayu⁴

^{1,2}Diploma Three Program in Midwifery, Poltekkes Karya Husada Yogyakarta, Yogyakarta, Indonesia

^{3,4}Applied Bachelor Program in Midwifery, Poltekkes Karya Husada Yogyakarta, Yogyakarta, Indonesia

Corresponding author: erma.nf@gmail.com, 081572775457, Orchid ID 0009-0000-7031-2729, 0000-0001-7712-8852, 0000-0003-4229-7212, 0009-0008-5713-5519

ABSTRACT

The maternal mortality rate that occurs in maternal mothers in Indonesia reaches 189 per 100 thousand live births. Indonesia ranks second highest in ASEAN. 80% percent of maternal deaths are caused by direct factors, one of which is stuck Labor. To reduce Maternal Mortality Rate, appropriate childbirth care efforts are needed, namely pharmacological methods and non-pharmacological methods. One of the efforts to reduce the incidence of Labor jams is to shorten or speed up the length of labor. Efforts to speed up the duration of delivery in the first period is by managing the rebozo technique. The Rebozo technique is a technique to give space to the baby in a way that is pleasing to the mother. Rebozo can be used during childbirth to help the muscles and muscle fibers in the uterine ligaments relax so that it can reduce pain during contractions. The purpose of this study is to determine the effectiveness of the rebozo technique on the length of First Stage labor. Type of experimental quantitative research with a case control design. The sampling technique in this study is purposive sampling, which is based on inclusion and exclusion criteria. The number of samples of 18 maternity mothers was divided into 2 groups, namely 9 maternity mothers in the rebozo technique group and 9 maternity mothers in the untreated group. The sampling sites were Clinic Midwife Saumi Fijriyah and Clinic Midwife Emi narimawati. The research time is from September to October 2024. The results of the study, namely the analysis with an independent t test, obtained p value $0.018 < \text{sig } 0.005$ so that H_0 was rejected and H_a was accepted. From these results, it can be concluded that the rebozo technique is effective in shortening the length of delivery time during First Stage Labor.

Keywords: First Stage Of Labor, Rebozo Technique

1. INTRODUCTION

The Maternal Mortality Rate and Infant Mortality Rate in Indonesia are a concern for the government because based on data from the 2020 Population Census, mortality in maternal mothers reaches 189 per 100 thousand live births. This figure makes Indonesia ranked second highest in ASEAN. The Maternal Mortality Rate is much higher than Malaysia, Brunei, Thailand, and Vietnam which are already below 100 per 100 thousand live births (Afrilia & Suksesty, 2021).

To reduce the causative factors of Maternal Mortality Rate various efforts are needed. Efforts that can be made to optimize the length of childbirth can use 2 methods, namely pharmacological methods and non-pharmacological methods (Diastuti et al., 2024). Pharmacological methods that can be used to optimize the length of delivery time are narcotic analgesia, regional analgesia, and intra thecal labor analgesia or ILA.

Non-pharmacological methods that can be carried out by midwives applying complementary therapy in childbirth. Non-pharmacological methods can be useful to release muscle tension, reduce physical tension and pain so that it will reduce anxiety and pain during the labor process. Complementary therapy that can be applied in childbirth is the rebozo technique (Diastuti et al., 2024).

Rebozo is a technique to give space to the baby in a way that is pleasing to the mother. Rebozo can be used during childbirth to help the muscles and muscle fibers in the uterine ligaments relax so that they are able to reduce pain when contractions

occur (Hutabarat et al., 2022).

The purpose of this study is to determine the effectiveness of the rebozo technique on the length of First Stage of Labor.

2. METHODS

The type of research is quantitative experiment with a *case control* design. The sampling technique in this study is *purposive sampling* with inferential analysis using an *independent t test*. The number of samples was 18 maternity mothers consisting of 9 people in the rebozo technique group and 9 people in the control group. The research was carried out at Clinical Midwife Saumi Fijriyah and Clinical Midwife Emi Narimawati from September to October 2024.

3. RESULTS

The research has been carried out from September to October 2024 with the number of samples for each group of 9 people, bringing the total sample to 18 people. The sample in this study was divided into 2 groups, namely the Rebozo group, and the control group. Based on the data obtained, it is then tabulated and presented in a table based on the length of delivery time.

Table 1. Average Length of Delivery Time

NO	Length of Delivery Time (Hours)	
	Technical Rebozo	Control Group
1.	3	4
2.	4	5
3.	4	4
4.	3	6

5.	5	4
6	5	4
7	4	7
8	3	6
9	3	5
Mean	3,77	5,00

From the table above, it can be seen that the rebozo technique group has an average shorter time compared to the control group, which is 3.7 hours which means 1.3 hours faster than the control group. The results of this study are in accordance with several previous studies. According to Munafiah et al., n.d. (2020) the rebozo technique is useful for shortening the delivery time of Period I.

Table 2 Inferential Analysis Test Results Independent Sample T Test

First Stage		Sig. (2-Tailed)
Labor	Equal variances assumed	0,018
	Equal variances not assumed	0,019

4. DISCUSSION

The results of the *Independent T test* analysis obtained a significance value of $\alpha 0.018$. The significance value $\alpha 0.018 < \alpha 0.05$, then H_0 was rejected and H_a was accepted, meaning that the Rebozo Technique was effective in shortening the length of First Stage Labor.

The length of labor is the time needed during the labor process. The normal delivery time in the active phase 1 multigravida ranges from 6-8 hours or 360-480 minutes and the duration of delivery in phase I for primigravida mothers is 12 hours. The length of labor in the first period is

influenced by several factors, namely the age factor that is still productive, parity (multigravida or primigravida) and physiological factors such as the thickness of the cervical portion, his, and the mother's strength in pushing during labor (Ita Ayu Agustin, 2023).

Rebozo helps to provide a wider pelvic space so that the baby can descend the pelvis more easily and the delivery process becomes faster. The rebozo technique is a non-pharmacological therapy to accelerate the opening of the cervix of pregnant women.

According to Yulidian Nurpratiwi et all (2020), the rebozo technique helps to make childbirth more comfortable. Rebozo is a technique to give space to the unborn baby in a way that is pleasing to the mother. This Rebozo technique can be used during childbirth to help the muscles and muscle fibers in the uterine ligaments relax so that it can reduce pain when there is contraction.

Rebozo has been popularly used in developed countries by health workers in performing childbirth assistance as a non-pharmacological method. The rebozo technique is a practical noninvasive technique that is performed when the mother gives birth in a standing, lying or kneeling position and both palms touch the floor. It involves gently controlled movements of the mother's hips from side to side using a special woven scarf, and performed by a midwife or delivery companion (Iversen et al., 2017).

The rebozo technique functions as an optimization of the fetal position because the muscles of the pelvic ligaments and uterus are in a tense position so that the fetus in the womb

is in an unoptimal position. In this study, the researcher used a combination of 2 types of rebozo techniques, namely shifting and shaking apple tree. Rebozo shifting is useful to help the muscles of the ligaments in the uterus while the apple tree is more for the ligaments of the pelvic muscles. If the mother's ligament muscles are tense and in a poor delivery position, it will result in the uterus being in an inclined position so that it is difficult for the baby to descend to the pelvis. Where at 38 weeks of gestation, the fetus has gone down to the pelvis. So the rebozo technique is very helpful for mothers in the delivery process. (Afrilia & Suksesty, 2023)

The condition of the mother's body and reproductive organs is still in a healthy state so that it can facilitate the delivery process. According to Nursalam, the older you are, the more mature and strong a person will be more mature in thinking and working, while according to Hurlock, the age of 20-35 years is said to be maturity and reproduction, where at this time psychologically it is expected to be able to face problems during childbirth.

5. CONCLUSION

The mean value in the Rebozo technique group was 3.77 hours, in and the control group was 5 hours. From the mean value, it can be concluded that there is an average difference between the rebozo technique group and the control group.

The α value was $0.018 < \alpha 0.05$ which means that there was a significant difference in the length of

time during delivery in the Rebozo Engineering group, and the control group. So it can be concluded that the rebozo technique is effective in shortening the length of delivery time in period I.

The suggestion of the research is Health workers, especially midwives, can apply non-pharmacological methods in complementary as an effort to spice up maternal care to reduce Maternal Mortality Rate

6. REFERENSI

- Afrilia, E. M., & Suksesty, C. E. (2021). *THE EFFECT OF THE REBOZO TECHNIQUE ON THE LAMA*. 5(1).
- Afrilia, E. M., & Suksesty, C. E. (2023). The Effect of the Rebozo Technique on the Length of Period I in Vaginal Delivery. *IMJ (Indonesian Midwifery Journal)*, 5(1), 28. <https://doi.org/10.31000/imj.v5i1.6010>
- Bilqis, Ida Fatmawati, Weni Anggraini et al. (2021). Effect of Nipple Stimulation on Uterine Contraction in Phase I Active Phase Delivery at Aura Syifa Hospital. *Health Care*, 12(2), 20-23.
- Dhita Yuniar Kristianingrum. (2016). *The Effect of Nipple Stimulation with Cervical Opening on Phase 1 Active Phase Delivery*. 10(1), 1-23.
- Diastuti, V. S., Hartati, D., Meihartat, T., & Purwanti, H. (2024). Effectiveness Of The Rebozo Method And Zilgrei Method On The Duration Of The First Stage In Vaginal Delivery. *JKM (Jurnal Kebidanan Malahayati)*, 10(5), 409-417. <https://doi.org/10.33024/jkm.v10i5.14440>

- Fitriahadi, E. (2019). Textbook of Childbirth Care and Labor Pain Management. *Aisyiyah University Yogyakarta*, 1-156.
- Handayani, T. Y. (2021). *Benefits of Rebozo Using the Shake The Apple Technique to Reduce Pain and Duration of the First Active Phase in Maternity Mothers at the Mutiara Kasih Purwakarta Clinic in 2021*. 50-61.
- Hutabarat, J., Suryani, S., & SN, T. M. (2022). Rebozo Relaxation in Trimester-III Pregnant Women at Tanjung Primary & Pmb Asni Sitio Clinic. *Journal of BINAKES*, 3(1), 21-25. <https://doi.org/10.35910/binakes.v3i1.589>
- This is Agustin. (2023). The Effect of the Rebozo Technique on Pain and Duration of Labor in the 1st Active Phase. *WOMB Midwifery Journal*, 2(2), 42-49. <https://doi.org/10.54832/wombmidj.v2i2.125>
- Iversen, M. L., Midtgaard, J., Ekelin, M., & Hegaard, H. K. (2017). Danish women's experiences of the rebozo technique during labour: A qualitative explorative study. *Sexual and Reproductive Healthcare*, 11, 79-85. <https://doi.org/10.1016/j.srhc.2016.10.005>
- Khodijah, H., & Sriwenda, D. (2023). *LIMBANGAN KABUPATEN GARUT Comprehensive Midwife Care In Ny. W With The Application Of Rebozo Technique In Active Phase I Labor In The Area Of BL*. 1043-1050. <https://doi.org/10.34011/jks.v2i1.1520>
- Lestari, R. H., & Aprilia, E. (2017). Midwifery Care for Maternity Mothers with Nipple Stimulation at Bpm Lilik Kustono Diwek Jombang. *STRADA Health Scientific Journal*, 6(2), 38-42. <https://doi.org/10.30994/sjik.v6i2.7>
- Masruroh, Pujiani, & Muniroh, S. (2020). The Effect of Nipple Stimulation on Long Period II in Maternal Mothers. *Proceedings*.
- Munafiah, D., Puji, L., Mike, A., Parada, M., Rosa, M., & Demu, M. (n.d.). *The benefits of the Rebozo technique on the progress of childbirth*. Sec. 1(3), 23-27.
- Musliha, I. (2023). The Effectiveness of the Rebozo Shake the Apple (RSTA) Technique on the Intensity of Pain and Duration of 1 Active Phase in Multigravida Maternal Delivery. *Indonesian Scholar Journal of Nursing and Midwifery Science (ISJNMS)*, 2(10), 893-901. <https://doi.org/10.54402/isjnms.v2i10.359>
- Statistics, I. classification of diseases for mortality and morbidity. (2018). World Health Organization. *11th Revision*, 9(2), 225-236. <https://icd.who.int/browse11/1-m/en>
- Sulisdian, Erfiani Mail, Z. R. (n.d.). *Childbirth and Newborn Midwifery Nursing Textbook*.
- Yulidian Nurpratiwi, Muhammad Hadi, I. (2020). *Rebozo Technique on Pain Intensity in the First Active Phase and Duration of Labor in Multigravida Mothers*. 4, 293-304.
- Yuriati, P., Khoiriyah, E. (2021). *Comfortable Childbirth with the Rebozo Technique* (Vol. 12, Issue 2).
- Yuriati, P., & Amelia, N. (2022). Nipple stimulation of the placenta at the time of placental excretion at the III period of labor. *Journal of Health Horizons*, 13(02), 2087-4944.