

Give Birth Without Pain With The Rebozo Technique

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ABSTRACT

Labor pain is caused by contractions of the uterus. Unanticipated labor pain can cause psychological and cardiovascular impacts, namely increased fear and anxiety, cardiac output, blood pressure, pulse and impact on the fetus, namely acidosis due to hypoxia. The rebozo technique is a non-pharmacological therapy to speed up the opening of the cervix of the birth mother by rhythmically shaking the pelvis using the rebozo. The gentle movements in the rebozo technique really help the birthing mother feel more comfortable, triggering the release of the hormone oxytocin and endorphin hormones, thereby facilitating the birthing process. This research was conducted by comparing labor pain before and after being given the rebozo technique (Pre-experimental Design with One Group Pretest-Posttest Design) to 13 mothers who met the inclusion criteria. The statistical test results obtained a p-value of 0.001 so it can be concluded that after carrying out the rebozo technique for 5 -10 minutes in the first stage of labor it can relax the body, reduce anxiety levels, speed up the labor process, reduce the intensity of labor pain. The rebozo technique is an alternative that can make birthing mothers feel the direct participation carried out by midwives so that it can have positive psychological and clinical implications.

KEYWORDS

Give Birth, Painless, Rebozo



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INTRODUCTION

Childbirth is the process of spontaneous expulsion of the fetus through the birth canal which occurs at term pregnancy (37-42 weeks) with a posterior presentation which takes place within 18 hours without complications for both mother and fetus (Saifuddin, 2013). According to Marmi (2016), labor begins when the uterus contracts and causes changes in the cervix (opening and thinning) and ends with the complete birth of the placenta. The first stage of labor is the beginning of labor contractions which are marked by progressive

changes in the cervix and end with complete dilatation (10 cm). The labor process in primigravida, first stage, lasts approximately 13 hours, while in multigravida approximately 7 hours (Prawirohardjo, 2012).

According to Fortune. et al (2013), the majority (90%) of mothers experiencing labor experience pain during the birthing process. Labor pain is an unpleasant feeling which is an individual response that accompanies the birth process due to physiological changes in the birth canal and uterus. Labor pain is caused by the process of cervical dilatation, hypoxia of the uterine muscles during contractions, ischemia of the uterine corpus and stretching of the lower uterine segment and compression of the nerves in the cervix (Bandiyah, 2012). Inversen et al., (2017) said that the rebozo technique is a non-pharmacological therapy that can be used as an effort to manage labor pain. The rebozo technique is a practical, non-invasive technique that is performed on mothers giving birth in a standing, lying or resting position on their hands and knees. This technique is performed using a scarf/jarik, with controlled movements to help move the pelvis or swing it slightly from side to side. This movement applies pressure by continuously shaking the pelvis during contractions, where the pressure is precisely placed on the patient's lumbar spine, sacrum and coccyx (Lumbosacral) with a rebozo cloth. The movements in the rebozo technique can inhibit the pain impulses sent to the center of the brain so that the pain felt will be slightly lighter.

The movements given to the mother using the rebozo technique make the mother feel more comfortable. The Rebozo technique uses a tool in the form of a long cloth that is wrapped around it and then shaken gently. This movement helps mothers feel more comfortable. The right rotation will make the mother feel like she is being hugged and trigger the release of the hormone oxytocin which can help the birth process run smoothly. Apart from that, the hormone oxytocin is a hormone that can increase feelings of comfort and also help in the birth process (Yuriati and Khoiriyah, 2021). The rebozo technique can be done in the early phase of labor, namely between contractions and is recommended to be done as often as possible to make the mother feel more relaxed and comfortable. The aim of this study was to determine the effectiveness of the rebozo technique on the intensity of pain in the first stage of labor.

RESEARCH METHOD

This research was conducted using a pre-experimental design with one group pretest-posttest design, namely comparing labor pain before and after the rebozo technique was given to mothers giving birth. Pain intensity assessment is carried out using a numerical rating scale (Numerical Rating Scale) which is used as a substitute for word description tools. In this case, the mother in labor assesses the pain using a scale of 0-10. The most effective scale is used when assessing pain intensity before and after therapeutic intervention. Mothers in labor are asked to rate their pain using a verbal scale. Pain intensity was categorized as follows: no pain, mild pain, moderate pain and severe pain. The pain scale which was previously qualitative was converted quantitatively using a 0-10 scale which means 0: no pain, 1-3: mild pain, 4-6: moderate pain, 7-10: severe pain (Yuriati and Khoiriyah, 2021).

The sample in this study used a Purposive Sampling technique, with inclusion criteria, namely mothers who gave birth physiologically with a term pregnancy, fetal head presentation, no history of miscarriage and no history of placental abruption. The rebozo technique is given to mothers in labor during the first stage of labor and is carried out during relaxation/between contractions and is recommended to be done as often as possible to make the mother feel more relaxed and comfortable. The duration of the rebozo technique

is 5-10 minutes, then observations are made to measure the intensity of labor pain in the first stage during contractions, namely every 30 minutes.

RESULT AND DISCUSSION

Based on the results of this research, the following results were obtained:

A. Univariate Analysis

1. Pain intensity in the first stage of labor before the rebozo technique was given

Table 1. Frequency Distribution of Pain Intensity in the First Stage of Labor Before Being Given the Rebozo Technique

Pain Scale	Frequency	Percentage (%)
Light	1	7,7
Currently	4	30,8
Heavy	8	61,5
Amount	13	100

Based on table 1, the results showed that the majority of pain intensity in the first stage of labor before the rebozo technique was given to mothers giving birth was on the severe pain scale, as many as 8 people (61.5%).

The results of this research are in accordance with research conducted by Silfia Nuzulus Sa'idah (2024) entitled "The Effect of Rebozo on Pain in the First Stage of Labor in the Community Health Center Area C" which stated that as many as 19 respondents (63.3%) experienced bad labor pain. in the first stage of labor before the rebozo technique is used. This can be caused by discomfort caused by the ongoing pregnancy process during the first stage of labor.

According to Wulandari and Hiba (2015), the majority of pain in the first stage was reported on a severe pain scale, namely 78.3%. Pain during labor has time and limits. If the pain is not resolved quickly and effectively, it will worsen the condition of both the mother and baby. Pain management to reduce pain during labor, especially in mothers experiencing the first stage of labor in the active phase, is very necessary and must be monitored because it can determine a normal birth or use of action (Indrayani & Djami, 2016).

According to Marmi (2016), the first stage is usually called the opening period which lasts from zero opening to complete opening (10 cm). This process of opening the cervix is due to the presence of his. Labor pain begins to appear in the first stage of the latent phase, namely the process of opening the cervix to 3 cm and in the active phase, namely the process of opening the cervix from 4 cm - 10 cm. In the active phase leading to complete opening, there is an increase in the intensity and frequency of contractions, so that the peak pain response is in this phase.

Labor pain is a manifestation of contractions of the uterine muscles, these contractions cause opening of the cervix, effacement of the cervix and ischemia. Because the uterus is an internal organ, the pain caused is called visceral pain, which causes pain in the inside of the uterus, waist and stomach and radiates to the thighs (Judha. et al., 2012).

2. Pain intensity in the first stage of labor after being given the rebozo technique
Table 2. Frequency Distribution of Pain Intensity of First Stage Labor After Being Given the Rebozo Technique

Pain Scale	Frequency	Percentage (%)
Light	3	23,1
Currently	9	69,2
Heavy	1	7,7
Amount	13	100

Based on table 2, the results showed that the majority of pain intensity in the first stage of labor after being given the rebozo technique to mothers in labor was on a moderate pain scale, as many as 9 people (69.2%).

According to Silfia Nuzulus Sa'idah (2024), in her research, 21 respondents (70.0%) experienced changes in the intensity of labor pain which became lighter in the first stage of labor after the rebozo technique was carried out.

Labor pain is a subjective experience of physical sensations associated with uterine contractions, cervical dilation and effacement, and fetal descent during labor. Physiological responses to pain include increased breathing, blood pressure, pulse, pupil diameter, sweat, and muscle tension (Wulandari and Putri, 2018).

The use of the rebozo technique involves rhythmic movements that can be gently controlled from the woman's hips to her groin using a long piece of cloth that wraps around the woman's hips. Rhythmic movements carried out directly can stimulate mechanoreceptors in the brain which can reduce the perception of pain (Indrayani & Djami, 2016).

According to Yuriati and Khoiriyah (2021), the rebozo technique makes mothers feel more comfortable. The right rotation will make the mother feel like she is being hugged and trigger the release of the hormone oxytocin which can help the labor process run smoothly and can increase feelings of comfort.

B. Bivariate Analysis

Based on the results of statistical tests comparing the intensity of labor pain in the first stage before and after being given the rebozo technique, the following results were obtained:

Table 3. Comparison of the intensity of labor pain in the first stage before and after being given the Rebozo technique

Paired Samples Statistics					
		Mean	N	Std. Deviation	Std. Error Mean
Pair 1	Before Rebozo	6.23	13	1.833	.508
	After Rebozo	4.62	13	1.446	.401

Based on table 3, the results show that the average intensity of pain in the first stage of labor before the rebozo technique was given to mothers in labor was 6.23, while the average intensity of pain in the first stage of labor after the rebozo technique was given to mothers in labor was 4.62. The standard deviation of pain intensity in the first stage of labor before being given the rebozo technique was 1.833 while after being given the rebozo technique was 1.446.

The rebozo technique can be done in the early phase of labor, namely between contractions, and is recommended to be done as often as possible to make the mother feel more relaxed and comfortable. This technique is carried out for 5-10 minutes, the

companion can slow down the movement gradually for a few seconds until it finally stops. Record changes in the level of pain that occur in mothers giving birth after the rebozo technique is carried out, then the pain scale recording is monitored every 30 minutes using pain scale observation guidelines (Munafiah et al., 2020).

Table 4. Statistical test results for the intensity of labor pain in the first stage before and after being given the Rebozo technique

		N	Correlation	Sig.
Pair 1	Before Rebozo & After Rebozo	13	.791	.001

Based on table 4, the statistical test results show that the p value $< \alpha$ ($0.001 < 0.05$), so it can be concluded that there is a significant difference before and after the rebozo technique is given to mothers in labor regarding the intensity of labor pain in the first stage.

The results of this research are in accordance with research by Nuzulus Sa'idah (2024), that the average score at the pretest was 6.27, then after the Rebozo technique or posttest intervention was carried out the average score was 5.07. These data show that the administration of the rebozo technique has reduced pain, meaning that it has decreased, because the lower the score indicates a decrease in pain after the rebozo technique, thus there is a significant influence between the administration of the rebozo technique on reducing pain in mothers in the first stage. Childbirth in the Warungkondang Community Health Center area. Therefore, giving the Rebozo technique to mothers in the first stage of labor is very effective and is recommended in reducing pain in mothers giving birth. Yulidian Nurpratiwi.et al (2020), stated in his research that the rebozo technique was effective in reducing the intensity of labor pain during the first active phase and the length of labor in multigravida mothers. The results of the dependent sample t test analysis obtained a 2-tailed significance value of $0.007 < 0.05$, which means there is a significant difference between pre and post intervention with the rebozo shake the apples technique. The results of the dependent sample t-test analysis obtained a 2-tailed significance value of $0.000 < 0.05$, which means there is a significant difference between pre and post in the rebozo shifting while lying down technique intervention..

Inversen et al., (2017) said that the rebozo technique is a non-pharmacological therapy that can be used as an effort to manage labor pain. The rebozo technique is a practical, non-invasive technique that is performed on mothers giving birth in a standing, lying or resting position on their hands and knees. This technique is performed using a scarf/jarik, with controlled movements to help move the pelvis or swing it slightly from side to side. This movement applies pressure by continuously shaking the pelvis during contractions, where the pressure is precisely placed on the patient's lumbar spine, sacrum and coccyx (Lumbosacral) with a rebozo cloth. The movements in the rebozo technique can inhibit the pain impulses sent to the center of the brain so that the pain felt will be slightly lighter. The rebozo technique can be carried out by midwives and birth attendants as a form of direct participation in providing psychological support to mothers in labor so that they can feel a relaxed body sensation, reduce anxiety levels, speed up the labor process and reduce the intensity of labor pain.

CONCLUSION

Based on the research results, it can be concluded that:

1. The majority of pain intensity in the first stage of labor before the rebozo technique was given to women in labor was severe pain, as many as 8 people (61.5%).
2. The majority of pain intensity in the first stage of labor after being given the rebozo technique to mothers in labor was mild pain, as many as 9 people (69.2%).
3. There was a significant difference before and after the rebozo technique was given to the intensity of labor pain in the first stage, namely 0.001

The effectiveness of the rebozo technique is very significant in reducing the intensity of pain in the first stage of labor, so it is hoped that this technique can be applied by birth attendants in physiological labor as an effort to manage non-pharmacological labor pain..

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