



THE EFFECT OF REBOZO TECHNIQUE TO REDUCING PAIN AND PROGRESS MATERNITY

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Abstract. Background: Pain during labor is uncomfortable and can cause anxiety. In the labor process, when anxiety occurs it can cause weakness in uterine contractions, so that cervical dilatation does not increase. One method to reduce pain non-pharmacologically in this case can be using the Rebozo technique.

Methods: The methods is Evidence Based Case Report (EBCR). The article search was carried out on May 17, 2021 using the databases Pubmed, Google Scholar, Sciene Direct, and Cochrane Library. The keywords used are words that represent the population, namely rebozo tehnik and Labor. Search articles are limited to those published in the last 5 years and articles full text. After being read as a whole, can be used 3 articles. Then, the patient will be measured pain scale using Numeric rating scale (NRS) and Wong Baker FACES Pain Rating Scale.

Results: Before given intervention on the patient's pain scale was on a scale of 7-10 or severe pain. Then after the intervention was in mild pain.

Conclusion: Rebozo Technique Intervention on Mrs. A is able to reduce pain and progress Mrs. A's delivery was quite good.

Keywords: Rebozo technique; childbirth

Background

Labor is a process that ends with the expulsion of conception from intrauterine to extrauterine by the mother. The labor process consists of the first stage, the active phase and the latent phase. The latent phase is the start of regular contractions followed by cervical dilatation up to 3 cm while the active phase is the interval after the latent phase followed by cervical dilatation so that it is complete (10 cm).⁽¹⁾

In the first stage, pregnant women will experience pain which is a sign of the start of labor. However, sometimes the pain makes pregnant women uncomfortable and causes

anxiety. In the process of labor, if there is anxiety it can cause decrease in uterine contractions, there will be an elongated cervical dilatation. The cervical dilatation phase prolonged can be caused by decrease of the uterine muscles in contracting. In addition, elongated cervical dilatation can also be caused by the strength of the mother's pushing, fetal factors, birth canal factors, maternal psychological factors consisting of the level of anxiety and fear experienced in the face of childbirth. If there is a prolonged cervical dilatation, it will cause an extension of the first stage, which is called the prolonged first stage⁽²⁻⁴⁾.

If there is a prolonged labor, it can cause the mother to experience fatigue so that she lacks energy and the uterine contractions are increasingly inadequate and subsequently this condition can lead to failure of labor progress. Inadequate uterine condition will cause intrapartum and postpartum bleeding. Another condition that affects the length of labor is psychological conditions which include the mother's perception of pain and anxiety during childbirth⁽³⁾.

Based on an interview with the coordinator midwife at the Ibrahim Adji Health Center, She said that 100% of mothers who gave birth experienced pain during labor from mild to severe scale. 30% of them are able to handle the pain well, but most patients will be worried and anxious about the pain they are experiencing because they are not able to handle pain management properly. Even finally there are some patients who are referred because the first stage so prolonged.

One of the efforts to deal with the prolonged first stage during labor can be done by pharmacological and non-pharmacological methods. One of the non-pharmacological methods is to use the Rebozo technique. Rebozo helps provide a wider pelvic space for the mother so that the baby is easier to descend the pelvis and the delivery process becomes faster ⁽⁵⁾.

Based on the data, the authors plan to apply non-pharmacological interventions for pain management during labor using the rebozo technique, besides being included in non-pharmacological therapy, rebozo is also included in complementary therapy, namely traditional therapy which is included in modern therapy ⁽⁶⁾.

Methods

The methods is Evidence Based Case Report (EBCR). The article search was carried out on May 17, 2021 using the databases Pubmed, Google Scholar, Science Direct, and Cochrane Library. The keywords used are words that represent the population, namely rebozo technique and Labor. Search articles are limited to those published in the last 5 years and articles full text. After being read as a whole, can be used 3 articles. Then, the patient will be measured pain scale using Numeric rating scale (NRS) and Wong Baker FACES Pain Rating Scale^(7,8). In providing this care, the author uses a gym ball

and cloth, the rebozo movement given is an shake apple tree by slowly moving the mother's buttocks according to the comfort of using a shawl and both mother's hands supporting the gym ball. The second rebozo technique uses rebozo shifting by using a cloth to wrap the mother's stomach, the author can stand with his legs wide apart and take a comfortable position like gently swinging a bicycle using a shawl. The third Sifting While Lying Down By positioning the problem mother using a pillow, head higher. Wrap the bade or scarf around the waist to the hips and then rock it slowly, gently and carefully like swinging. Each of these movements can be done 2-5 minutes and repeated as long as the mother feels comfortable.

Results

Mrs. A came to the Ibrahim Adji Health Center because he felt quite intense contraction and bloody mucus, after an examination of the dilatation cervix on 3 cm with pain rating scale 7-10 and a diagnosis of G1P0A0 parturient at term gravida 38 weeks, the first stage of labor was latent phase, Single fetus alive intra uterine, head percentage. Then, given the intervention for reduce pain with the rebozo technique and the results of measuring the pain scale after being given the intervention are on a scale of 4-6. The rebozo technique can reduce pain and shorten the progress of labor, mother feel more comfortable and relax the stomach supported by the waist and bones the back causes less pain. The duration of the first stage in Mrs. A 3 hours. The limitation of this intervention is that with the limited facilities, the author is only able to do 2 rebozo movements, namely rebozo shake apple tree and rebozo sifting. Then, the low repetition of the intervention obtained by Mrs. A due to time constraints so that it can affect the optimization of the results.

It can be concluded that this rebozo intervention can reduce pain during labor and help the progress of labor. This is in line with the results of research that there is a significant difference between the intervention group and the control group, where the progress of labor is very significant in intervention group given rebozo intervention. Then, in addition, according to research that there is an effect of the rebozo technique intervention on pain reduction.

The rebozo movement is a movement to reduce pain during labor, but also make the body more comfortable afterwards. This is due to stretching of the spine, back, thighs, and legs. It is done optimally it will make muscles and joints around the waist and back are not stiff then this will reduce the pain getting better⁽⁵⁾.

The right twist will make the mother feel embraced and trigger the release of the hormone oxytocin or the happy hormone so that the mother's delivery is smoother⁽⁹⁾. Sometimes the mother's pelvic ligament muscles are tense, if they are tensed and given a bad position, the uterus can tilt the baby will also find it difficult to enter the pelvis because at 38 weeks the baby should have descended into the pelvis. That's why this rebozo movement is very helpful when mothers give birth. This rebozo technique can help to become more relaxed without the help of any drugs. This makes this technique very useful when labor is prolonged and the mother is starting to feel comfortable⁽¹⁰⁾. In addition, this technique can also be used to provide space to the baby so that the baby can be in the optimal position for delivery⁽¹¹⁾.

Not only limited to comfort during childbirth, Rebozo also helps provide wider pelvic space for the mother so that the baby is easier to descend from the pelvis and the delivery process is faster⁽¹²⁾.

Conclusion

After the author conducted midwifery care management on Ny. A with the provision of non-pharmacological intervention Rebozo technique, it can be concluded:

- a. At the time before the pain scale intervention was given to Mrs. A after measurements were made using the Numeric rating scale (NRS) and the Wong Baker FACES Pain Rating Scale was at 7-10 scale or severe pain.
- b. After two interventions on Mrs. A in approximately 2 hours with a pause, pain measurements were taken again using the Numeric rating scale (NRS) and the Wong-Baker FACES Pain Rating. The scale is on mild pain.
- c. Rebozo Technique Intervention on Mrs. A able to reduce pain and progress delivery in Mrs. A significantly.

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