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Original Study

⁴ **The Effect of the Rebozo Technique on the Length of Stage I Labor Active Phase in Primigravida Mothers at the Pagelaran Primary Health Center**

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⁴ **The Effect of the Rebozo Technique on the Length of Stage I Labor Active Phase in Primigravida Mothers at the Pagelaran Primary Health Center**

Labor is a physiological process in which the fetus, placenta, and membranes are removed from the uterus and passed via the birth canal. The most taxing time for mothers, especially primigravida mothers, is the active phase of Stage I labor. The labor process is said to be aided by the application of the Rebozo technique. The purpose of the Rebozo technique is to give the mother a broader pelvic area, which facilitates the baby's descent into the pelvis and quickens the labor process. The goal of this study was to ascertain how the Rebozo approach affected the labor process.

The study's methodology used a satisfied group comparison design with a pre-experimental research strategy. There were 52 primigravida moms in the research group who received prenatal care at the Pagelaran Primary Health Center's work site. 32 people who fit the inclusion and exclusion requirements made up the sample; they were split into two groups. Group I consists of women who got the Rebozo technique, while Group II consists of mothers who did not. The length of Stage I labor was the indicator employed in this investigation.

Results: The Chi-Square hypothesis test was used in the data analysis with SPSS. The data from Group I showed that 14 respondents' labor hours were less than six hours and two respondents' labor hours were greater than six hours. Eight responders in Group II who did not use the Rebozo technique had a labor time of less than six hours, and eight others had a labor time of more than six hours. The p-value for the hypothesis test was 0.022 0.05.

There are signs that the Rebozo technique has an impact on how long labor takes.

Keywords: Primigravida, Labor Process, Rebozo Technique

Introduction

The natural process of ending a pregnancy as it reaches term, or 37–40 weeks, namely the process of birthing, is a greatly awaited condition. Nearly all women will experience anxiety and happiness in this situation.[1] The delivery of the fetus, placenta, and membranes from the uterus through the birth canal is a physiological process called labor. The opening and dilatation of the cervix, which is brought on by regular uterine contractions in terms of frequency, persistence, and force, is the first step in this process. When labor begins without issues at term (after 37 weeks), it is regarded as normal.[2] Mothers' worry during childbirth might affect the length of the labor and increase or decrease pain levels. Between 2007 and 2012, the prevalence of protracted labor remained constant at 1.8%. According to the Maternal Mortality Rate (MMR) for 2015, problems during the prenatal, intranatal, and postnatal periods were to blame for 64% of all deliveries, with prolonged labor accounting for 31% of cases, bleeding occurring in 7%, and infection occurring in 5%. The prevalence of protracted labor was estimated to be 53.3% in the city of Malang. A total of 56 primigravida and multigravida moms in labor were found at the Yuni Maternity Clinic in the Pagelaran Subdistrict between September and November of 2021, according to a preliminary study.

In Stage I's active phase, labor advances from 3 cm to 10 cm dilation during the course of about 7 cm and six hours. The active phase of Stage I labor is broken down into three distinct phases: acceleration, which lasts for two hours and involves rapid dilation from three to four centimeters, maximal, which lasts for two hours and involves rapid dilation from four to nine centimeters, and deceleration, which lasts for two hours and involves slower dilation up to ten centimeters. The most taxing and difficult part of Stage I labor is the active phase, and as the uterine activity increases, most moms begin to feel severe pain or discomfort. Anxiety may result when contractions get longer, stronger, and more frequent throughout this stage. Increased adrenaline secretion can be brought on by anxiety during Stage I labor. Blood artery constriction caused by adrenaline reduces the fetus's ability to get enough oxygen. In addition to weakening uterine contractions and lengthening the labor process, the reduction in blood supply causes labor to be protracted. The main reason why labor lasts a long time is because the uterine contractions are weak or insufficient.[3]

Rebozo is a shawl or fabric that is placed on the mother's pelvis when she is in labor and moved gently back and forth to help move the hips. The patient's lumbar, sacral, and coccyx (Lumbosacral) bones are specifically targeted by this movement, which applies pressure by continuously rocking or shaking the pelvis during contractions.[4] According to Damayanti and Fathimah's research from 2021, the rebozo technique, which induces the right circular movements during labor to lessen discomfort, will make the mother feel loved and cause the release of the joyful hormone (oxytocin) to make the mother's labor go more smoothly. Muscle and ligament strain during the laboring process makes the rebozo movement particularly beneficial during delivery. Without using any drugs, you can help yourself relax by using the rebozo technique. This makes this method extremely helpful when labor is protracted and the mother starts to feel at ease.[5] The research of Maryati and Nursitiharoh (2023) demonstrated that the rebozo technique is effective in lowering contraction pain, or, to put it another way, there is an effectiveness of the rebozo technique in reducing contraction pain during childbirth. By creating a stimulation effect on the body that releases endorphin chemicals, it is thought that the use of non-pharmacological procedures like rebozo can have physiological effects.[6] In order to help the uterine muscles and ligaments relax and lessen pain during contractions, the rebozo technique can be utilized during labor.[7]

The frequency of contractions can be increased using a variety of techniques, including proper ambulation technique, position changes, bladder emptying, nipple stimulation, supplying food and liquids, and minimizing maternal stressors.[8] The employment of the Rebozo technique is another efficient strategy. The Rebozo technique aids in widening the mother's pelvic space, which facilitates the baby's descent into the pelvis and quickens the labor process. The goal of the Rebozo technique is to ensure the baby is positioned in the womb optimally while also relaxing the pelvic muscles and ligaments. This method helps to calm the mother and is especially helpful during protracted labor. In addition, the method can be utilized to make room for the infant, guaranteeing that the latter is in the best possible position for birth.[9]

The duration of active Phase I labor in primigravida mothers at the work site of Pagelaran Primary Health Center is one of the consequences of the Rebozo technique that needs to be studied, as research on the technique has primarily focused on minimizing discomfort during labor. The purpose of this study is to advance clinical practice and scientific understanding of the advantages of the Rebozo approach.

Methods

To ascertain the impact of the Rebozo technique on the length of active Phase I labor in the treatment group compared to the length of active Phase I labor in the control group, this study used a pre-Experimental research design using a satisfic group comparison design approach. Throughout the first active phase of labor, the Rebozo technique is used when a contraction occurs. The Pagelaran Primary Health Center is where the research is being done. All 52 primigravida moms who are now in labor make up the study's population. The sample is chosen using the purposive sampling method, and the following requirements must be met for inclusion: (a) primigravida mothers; (b) no history of miscarriage; (c) willingness to participate as respondents; (d) cephalic fetal presentation; (e) no history of placental abruption; and (f) full-term pregnancy.

The Rebozo method and the length of active Phase I labor are the study's factors. Using moderate motions, the Rebozo technique helps the baby find the best position by moving the pelvis and relaxing the muscles around it. Shake apple tree and shifting type rebozo techniques are provided. Using both hands to support the mother's gymnastic ball and a blanket draped over her waist and pelvis, the shake apple tree method involves progressively changing the mother's buttocks in accordance with her comfort. This is followed by the shifting rebozo technique. The shawl is then gently, slowly, and with great care shook. As long as the mother is comfortable, each activity can be performed for two to five minutes and then repeated. When a primigravida mother's cervix dilates from 4 cm to 10 cm, the length of active Phase I labor is defined as the time it takes. The Chi-Square hypothesis test is used in data analysis with the SPSS program.

Result

Table 1. General Research Data

Characteristic	Frequency	Percentage
Age:		
• 17-25 year	18	56,2%
• 26-35 year	14	43,8%
Dilation		
• Dilation1-3	0	0%
• Dilation4-10	32	100%
Birth Weight		
• 2500-3500 grams	29	90,6%
• >3500 grams	3	9,4%
Duration of Labor:		
• <6 hours	23	75,0%

• >6 hours	9	25,0%
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According to Table 1, the bulk of the 32 respondents were between the ages of 17 and 25. All respondents were in the active stage of Stage I labor; the average length of labor was less than 6 hours; there were 23 respondents; and the average birth weight ranged from 2500 to 3500 grams.

Table 2. Cross-tabulation of Rebozo Technique and Duration of Labor

Indicators		Duration of Labor		Difference
		<6 hours	>6 hours	
Provision of Rebozo Technique	Rebozo	14	2	16
	Without Rebozo	8	8	16
Total		24	10	32

The provision of Rebozo Technique involved 16 respondents, as can be seen in the cross-tabulation table between Rebozo Technique and Duration of Labor described above. 14 of the 16 responders who underwent the Rebozo Technique had labor times under six hours, while just two had times longer than six hours. In contrast, 8 of the 8 responders who did not use the Rebozo Technique had labor that lasted less than 6 hours and 8 of them had labor that lasted longer than 6 hours.

Table 3. Hypothesis Test

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	5.236 ^a	1	.022		
Continuity Correction ^b	3.636	1	.057		
Likelihood Ratio	5.512	1	.019		
Fisher's Exact Test				.054	.027
Linear-by-Linear Association	5.073	1	.024		
N of Valid Cases	32				

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 5.00.

b. Computed only for a 2x2 table

There is no predicted value less than 5, as shown in Table 3. The Chi-square test can be performed since the smallest predicted value, 5.326, meets the requirement. The Chi-square test findings yielded a p-value of 0.022. The p-value, or significance level, is 0.05 using an alpha value of 0.05, proving that the Rebozo approach has an impact on labor time.

Discussion

According to the study's findings, the majority of the 32 respondents were between the ages of 17 and 25. All of the respondents were in the active stage of Stage I labor, with the average labor lasting under 6 hours and the average birth weight falling between 2500 and 3500 grams. This supports research by Ardhiyanti (2016), which found that the mother's age is a factor related to her physical and psychological readiness, which can affect fetal growth and development as well as the length of the labor process.[9]

The provision of the Rebozo Technique involved 16 respondents, as can be seen in the cross-tabulation table between the Rebozo Technique and the labor time already mentioned. 14 of the 16 responders who underwent the Rebozo Technique had labor times under six hours, while just two had times longer than six hours. In contrast, 8 of the 8 responders who did not use the Rebozo Technique had labor that lasted less than 6 hours and 8 of them had labor that lasted longer than 6 hours. These results back up the study by Afrilia and Suksesty (2021), which showed that the Rebozo approach was more effective in reducing active Phase I labor time in primigravida moms.[10]

Rebozo aids in widening the mother's pelvic space, which facilitates the baby's descent into the pelvis and quickens the labor process.[11] Because the mother's muscles and ligaments might occasionally become tense, the Rebozo technique is employed to position the baby as best as possible. By 38 weeks of gestation, the baby's head should have lowered into the pelvis, therefore if the baby is not in a suitable position, it may be challenging for the fetus to enter the pelvis. It's safe to utilize Rebozo without worrying that the fetus will change from its ideal position to a malposition.[12] The ligament muscles in the pelvis and uterus are in a tense position, which causes the fetus in the uterus to be in a non-optimal position, according to other research, which also claim that the rebozo procedure optimizes fetal position. Rebozo tactics come in two varieties: shifting and shake apple tree. Rebozo shifting is helpful for the uterine ligament muscles, whilst apple trees are more for the ligaments of the

pelvic muscles. The uterus will be tilted if the mother's ligament muscles are tight and she is in a poor delivery position, which will make it challenging for the baby to descend into the pelvis.[13]

According to Munafiah's research, the Rebozo technique group received a score of 10.00, whereas the control group received a score of 9.00. The Mann-Whitney Test statistical analysis yielded a value of 0.018, or 0.05, for the difference between the Rebozo method intervention group and the control group. As a result, the alternative hypothesis (H_a) is accepted, showing that cervical dilatation during active Phase I labor in PMB C, Semarang, differs between the intervention and control groups in terms of effectiveness.[11] Nurpratiwi (2020) reports that both the "shake the apples" and "sifting while lying down" forms of the Rebozo technique demonstrated a significant difference between pre- and post-intervention in the dependent sample t-test analysis with a significant two-tailed value 0.05. With controlled movements, a shawl or wrap called a rebozo is placed over the mother's pelvis to help move it or gently sway it from side to side.[14]

According to the study's findings, majority of the respondents who underwent the Rebozo treatment went through a quick active Phase I labor. This supports earlier research-based hypotheses that the Rebozo technique can assist in lowering the fetal head and relaxing the mother's tight ligament muscles. Age, education, occupation, and the presence of labor assistance are additional factors that, in addition to the use of the Rebozo technique, affect the acceleration of active Phase I labor. These traits were primarily positive within the treatment group. These elements greatly aid in promoting the quickening of active Phase I labor. Therefore, the majority of primigravida inpartu experienced an average active Phase I labor duration of less than 6 hours after receiving the Rebozo technique during active Phase I labor at 4 cm of cervical dilation for 2–5 minutes or during the times in between contractions, indicating a quick progression. Musliha's research suggests (2023) which offers the rebozo shake apple tree technique for inpartu multigravida, it demonstrates that the effectiveness of the rebozo technique on the length of the first stage of labor is due to the fact that through it, the mother's pain is reduced, which in turn affects how relaxed she feels. When a laboring mother uses the Rebozo technique, the emotions and support she receives from her labor support team—which includes midwives, husbands, and families—can have a favorable psychological impact. Additionally, the mother's pelvic area is widened by the fabric swing's moderate swaying, allowing the baby to descend the pelvis more quickly for the delivery to proceed more quickly. According to the study's findings, Rebozo can be utilized to aid in the relaxation of the muscles and muscle fibers in the uterine ligament during labor in order to lessen discomfort caused by contractions.[15] However, after obtaining the Rebozo method, two responders had sluggish active Phase I labors. One of the causes may be

psychological ones, such as the mother's lack of concentration when arranging her body or excessive anxiety about the delivery process, which can also slow down labor.

Conclusion

According to the study's findings, the Rebozo technique significantly increases the length of active Phase I labor in laboring mothers.

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