

Article

Rebozo Technique on Labor Pain Intensity in Multigravida Mothers

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Abstract: Childbirth is a process where the baby, placenta and amniotic membranes emerge from the mother's womb at term without any complications. During the birthing process, the ability and skills of the helper greatly influence the comfort and smoothness of the birth. The care provided can be adjusted to the mother's condition. The rebozo technique can be used during labor to help the muscle fibers in the uterine ligament relax, thereby reducing pain and creating positive psychological and social effects, so that the mother who gives birth is relaxed, all the muscle layers in the uterus will work together in harmony so that labor goes smoothly, easy, and comfortable. This study aims to determine the effect of the rebozo technique on pain intensity during the labor process. This research design uses pre-experimental techniques with a satisfic group comparison design approach to determine the effect of the rebozo technique on pain intensity. The results of analysis using the rebozo technique obtained a mean value of 1.20 with $p = \text{value } 0.000$. There is an influence of the rebozo technique on the intensity of pain during the labor process. The rebozo technique can be applied to any normal delivery process.

Keywords: Rebozo, Pain, Childbirth, Multigravida

1. Introduction

Childbirth is a series of processes that end with the mother expelling the products of conception from intrauterine to extrauterine. The initial stage of labor is the first stage, namely the opening and dilatation of the cervix, which consists of a latent phase and an active phase. The latent phase is the start of regular contractions and is followed by cervical dilatation up to 3 cm, while the active phase is the interval after the latent phase which is followed by complete cervical dilatation (10 cm) [1].

During childbirth, if a person feels anxious, the brain will release substances that block the release of endorphins, making the pain felt more extraordinary and causing the mother to become stressed in facing labor, which causes more pain impulses and weaker uterine muscle contractions [2]. Mothers giving birth in the 1st stage of labor, the pain felt is visceral in nature which is caused by uterine contractions and cervical dilatation which is innervated by sympathetic afferent fibers and transmitted to the spinal cord in the 10-Lumbal Thoracic segment 1 via delta nerve fibers and C nerve fibers originating from the lateral wall. and uterine fundus. Pain will increase with isometric contractions of the uterus which oppose resistance by the cervix/uterus and perineum [3]. The Japanese article said that 77.8% of women in France experienced labor pain, 61% in the UK, 26% in Norway while in Japan the rate of labor pain was only 5.2% [4].

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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 [5]. In order to prevent complications in childbirth as mentioned above, health workers, especially midwives, have the responsibility and challenge of providing adequate care to assist the birth process by relying on the use of a partograph to monitor the condition of the mother and fetus and the progress of the birth process. It is hoped that this will be one of the efforts that can be implemented in accordance with standards of care for all mothers giving birth at every stage of labor by every birth attendant wherever this occurs [6]. The application of best practices for normal delivery care carried out optimally has been proven to be able to prevent various complications that can threaten the safety of the mother and baby and is expected to be able to improve the health status and quality of life of people in Indonesia [3].

All pregnant women will definitely experience pain and worry during the birthing process. Labor pain can be treated, even though the pain does not disappear, it can at least reduce labor pain, so that it can provide a sense of comfort to the mother during the birthing process. The pain management intervention that is determined depends on the choice and condition of the birthing mother or maternity nurse who handles it. Management of labor pain and duration of labor varies, both pharmacological and non-pharmacological.

The treatment that will be applied in this research is non-pharmacological therapy, many non-pharmacological techniques have been carried out in previous research such as massage, acupressure, acupuncture, relaxation techniques, counterpressure techniques and other techniques, but researchers want to develop new alternative therapies from non-pharmacological therapies. Another pharmacology is a technique from Mexico. This rebozo technique originates from Latin America. The rebozo technique is a practical, non-invasive technique that is performed on women standing, lying or resting on their hands and knees. It involves gently controlled movement of the birthing woman's hips side by side using a specially woven scarf, and is performed well by a midwife or other support person [7]. Rebozo helps provide a wider pelvic space for the mother so that the baby can descend the pelvis more easily and the birth process is faster. (8; theasianparent.com)

Based on research by [7] regarding the rebozo technique for treating fetal malposition, there were 7 respondents, PROM was 3 respondents, fetal descent was 3 respondents, pain relief was 1 respondent, strengthening contractions was 2 respondents and dystocia was 1 respondent. The rebozo technique in standing, hands and knees, and lying down position shows that women's overall experience with the rebozo technique is very positive, one of which is increasing the feeling of comfort during labor. Based on research by [9], there were 18 respondents (51.4%) in multigravida mothers with a duration of labor in the first stage of labor with a duration of 9 hours. Meanwhile, the duration of labor in the second stage was 29 people (82.9%) with the duration of labor being 61-100 minutes.

2. Materials and Methods

This study used a pre-experimental research design with a satisfic group comparison design approach to determine the effect of the rebozo technique on the intensity of pain in the first stage of labor in the treatment group and to determine the intensity of pain in the first stage of labor in the control group. The rebozo technique is given as long as there are contractions during the first stage of labor.

The research location was carried out at the Pratama Az-Zahrah Clinic, Bengkulu City. The population in this study were multigravida mothers. The sample for this study was selected using the Purposive Sampling technique, with inclusion criteria, namely multigravida mothers with no history of miscarriage, willing to be informants, fetal presentation, namely head, no history of placental abruption, term pregnancy.

The data collection tools and materials used in this research were partographs and observation sheets to determine the frequency of the Rebozo technique which was carried out in accordance with standard operational procedures and to see the intensity of pain during the first active phase. The data that has been collected in this research is then processed using a computer program with several stages, namely recapitulating the results of the answers to the questionnaire filled out by respondents and then editing, coding, processing and cleaning. Data were analyzed using the Univariate frequency distribution analysis technique and the Bivariate Independent T-test analysis technique to determine the effectiveness of the Rebozo technique on the intensity of labor pain and the length of the first stage of the active phase in multigravida mothers at the Az – Zahrah Clinic, Bengkulu City.

3. Results

Table 1. The level of labor pain in the treatment group

Pain Intensity	Treatment Group		Control Group	
	f	%	f	%
No pain	0	0.0	0	0.0
Mild Pain	12	80.0	2	13.3
Moderate pain	3	20.0	8	53.3
Severe pain	0	0.0	5	33.3
Pain is very severe	0	0.0	0	0.0
Total	15	100.0	15	100.0

The results from Table 1 show that the level of labor pain in the treatment group, most respondents experienced mild pain, namely 80.0%, for the control group, the majority experienced moderate pain, 53.3% and 13.3% experienced mild pain.

Table 2. Differences in Pain Intensity in the Treatment Group and Control

Group	N	Mean	elementary school	S.E	P Value
Treatment	15	1.20	0.414	0.107	0,000
Control	15	2.20	0.676	0.175	

From the results of Table 2, it can be seen that the median value in the treatment group (Rebozo technique) was 1.20 and the control was 2.20. Statistical tests using the Independent T test obtained a P value for the difference between the treatment group (Rebozo technique) and control of $0.000 < 0.05$, so H_a was accepted, so it was concluded that there was an influence of the Rebozo technique on the level of pain in labor.

4. Discussion

Description of Labor Pain Intensity in the Treatment Group and Control Group

The results from Table 1 show that the level of labor pain in the treatment group, most respondents experienced mild pain, namely 80.0%, for the control group, the majority experienced moderate pain, 53.3% and 13.3% experienced mild pain. The birthing process is synonymous with the pain experienced by mothers giving birth. Physiologically, pain occurs when the uterine muscles contract in an effort to open the cervix and push the baby towards the pelvis. Pain in the first stage of labor is a physiological process caused by cervical dilatation, hypoxia of the uterine muscles during contractions, ischemia of the uterine

corpus and stretching, thereby increasing the pain impulses. Previous experience of giving birth can also influence the mother's response to pain.

In this study, the level of pain used the VDS (Verbal Descriptor Scale) scale (Potter & Perry, 2006) 0 to 10. Where the number 0 indicates no pain, numbers 1 - 3 indicate mild pain, numbers 4 - 6 indicate moderate pain, number 7 - 9 indicates severe pain and 10 indicates very severe pain. If pain during labor is not resolved, it will result in prolonged labor. Therefore, to reduce pain during childbirth, it can be done by providing midwifery care during the birth process, one of which is the rebozo technique. The movements given to the mother using the rebozo technique make the mother feel more comfortable. Placing the cloth correctly will make the mother feel like she is being hugged, which can trigger the release of the hormone oxytocin which can help the birthing process.

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Differences in Pain Intensity in the Treatment Group and Control Group

From the results of Table 2, it can be seen that the median value in the treatment group (Rebozo technique) was 1.20 and the control was 2.20. Statistical tests using the Independent T test obtained a P value for the difference between the treatment group (Rebozo technique) and control of $0.000 < 0.05$, so H_a was accepted, so it was concluded that there was an influence of the Rebozo technique on the level of pain in labor.

The rebozo technique is a non-pharmacological therapy to reduce the intensity of labor pain in the first stage of labor in mothers giving birth. Research has proven the effectiveness of the rebozo technique for the first stage so that it can speed up the progress of labor. The rebozo technique functions to optimize the position of the fetus because the ligament muscles in the pelvis and uterus are in a tense position so that the fetus in the uterus is not in an optimal position. If the mother's ligaments are tense and the birth position is not good, it will result in the uterus being in a tilted position making it difficult for the baby to descend into the pelvis. Where at 38 weeks of gestation the fetus should have descended into the pelvis. So the rebozo technique really helps mothers during the birthing process. Researchers conducted research using a pre-experimental method which concluded that there was a difference in the length of the first stage between the treatment group (Rebozo technique) and the control group.

According to research by [10], which examined the benefits of the Rebozo technique on the progress of labor, it concluded that there was effectiveness in providing the rebozo technique in opening the cervix and lowering the fetal head in mothers during the first active phase of labor and that the rebozo technique was very beneficial for the progress of labor. Comfort is the experience a person receives from an intervention.

This is a direct and comprehensive experience when physical, psychospiritual, social and environmental needs are met. Rebozo can be used during labor to help the muscles and muscle fibers in the uterine ligaments relax so as to reduce pain during contractions.

Some researchers state that rebozo can create positive psychological effects from the feelings and support that birth mothers get from the birth support team such as midwives, husbands and families when they use rebozo.

5. Conclusion

From the results of research regarding the Rebozo Technique on the intensity of labor pain in multigravida mothers at the Pratama Az - Zahrah Clinic, Bengkulu City, with 30 respondents, it can be concluded that multigravida mothers who give birth using the rebozo technique have the intensity of pain for mothers in labor. It is 1.20 with a p-value of 0.000. Statistically there is an influence of the rebozo technique on the intensity of pain during labor.

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