

The Effect Of The Rebozzo Technique On The Progress Of The Active Phase Of First Stage Labor In The Clinic Pratama Citra Marindal Deli Old Deli Serdang Regency Year 2025

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ABSTRACT

Optimal labor progress during the first stage's active phase is a crucial factor in the smoothness of the normal labor process. Among the non-pharmaceutical methods that can support the acceleration of cervical dilation is the Rebozzo technique, a traditional Mexican technique that aims to relax the pelvic muscles and improve the position of the fetus. Goal To ascertain how the Rebozzo approach affects the development of active phase I labor. Method: The research employed a two-group posttest-only design methodology and a quasi-experiment design. Thirty mothers who were giving birth during the first stage's active period made up the sample. divided into two groups: intervention (given the Rebozzo technique) and control (without intervention). The total sampling technique was used, and measurements were taken based on the duration of the first stage and cervical dilation. Data analysis used the Paired Sample t-Test. Results: A p-value of 0.000 (<0.05) was obtained, indicating that the Rebozzo technique had a significant effect on accelerating the progress of active phase I labor. Conclusion: The Rebozzo technique is efficient as a non-pharmacological technique to aid in the work process throughout the first stage's active phase.

Keywords: Rebozo technique, labor progression, active phase of first stage of labor

INTRODUCTION

Mortality and morbidity of pregnant, childbirth, and postpartum women are still a significant problem, especially in developing countries like Indonesia. As is known, the maternal mortality rate (MMR) of a country serves as a measure of the country's overall health. Data from WHO shows that there are 99% maternal deaths, where one of the most common causes of death in pregnant and childbirth women is heavy bleeding, infection, and pregnancy-related hypertension (preeclampsia and eclampsia), plus other factors with a fairly high abortion rate, namely between 14-15% of the incidence rate.(Mufarrocha et al., 2024).

One of the causes of the high maternal mortality rate (MMR), especially during the birth process, is several factors that affect the smoothness of the process, including: Power (his, pushing power), Pesenger (fetus, placenta) Passage (birth canal). This birth process is usually accompanied by feelings of fear, worry, or anxiety, which can affect the psychological condition of women during labor and can cause the head to drop into the birth canal for a long period.(Fahnawal & Yunita, 2022).

In the first stage of labor, the main changes in the levator plexus are pressure from the fetal bottom, causing it to transform from a wedge-shaped mass of tissue 5 cm thick into a thin, membranous structure less than 1 cm thick. The vagina is stretched into a thin-walled canal. The anus will appear open due to this stretching, and the perineum will appear thin and prominent. Uterine contractions and cervical dilation initiate the first stage of labor, which lasts until full dilation (10 cm). The latent phase and the active phase are the two stages of labor in stage 1.(Tamara et al., 2023).

According to data According to the World Health Organization (WHO), 239 out of every 99% of maternal deaths, or 100,000 live births, occur in developing countries; in developed countries, this figure is inversely proportional to 12 out of every 100,000 live births. The maternal mortality rate in rich countries such as Europe and North America reaches 12 per 100,000 live births, in Australia and New Zealand the maternal mortality rate in underdeveloped countries, especially Brunei (23 per 100,000 live births), Malaysia (40 per 100,000 live births), and 415 per 100,000 live births, is 7 per 100,000 live births.(Martiana et al., 2023).

The overall maternal mortality rate decreased from 390 to 305 per 100,000 live births, according to the 2021 Indonesian Health Profile statistics. When linked to the Millennium Development Goals (MDGs), one of the goals of which is If the maternal mortality rate (MMR) is reduced to 102/100,000 live births, the MDGs target will not be achieved.(Umairo & Anita, 2022)According to data, maternal deaths in Indonesia are still caused by bleeding at 33.19%, hypertension in pregnancy at 32.16%, infection at 3.36%, blockage of the heart circulation at 9.80%, metabolic blockage at 1.75%, and other causes such as prolonged labor at 19.74%.(Qurniasih et al., 2024).

Based on research conducted by(Afrilia & Suksesty, 2023)By utilizing the rebozzo technique which is carried out for 10-20 minutes in mothers in labor, it takes place quickly

1.20 with (P-value 0.002) this shows that it is very beneficial for the progress of labor and when a mother gives birth during the first active phase, the fetal head drops.

METHOD

The research methodology used in this study is a descriptive quantitative approach, specifically research conducted in 2025 at the Citra Marindal Deli Tua Primary Clinic, Deli Serdang Regency to characterize the impact of the rebozzo technique on the progress of labor in the active phase of Stage 1. The research method used in this study is a Quasy Experiment (quasi-experimental) with a Two Group Post-Test Only Design that compares two groups (intervention and control groups) without initial measurements (pre-test).

In 2025, the Citra Marindal Deli Tua Primary Clinic in Deli Serdang Regency used a total sampling approach, which involved selecting a sample of up to 30 respondents from the entire population, divided into two groups (control and intervention), with 15 participants in the control group and 15 participants in the intervention group. The study was conducted in April and May 2025.

RESEARCH RESULT

The Citra Marindal Deli Tua Primary Clinic in Deli Serdang Regency collected the following data in 2025 to determine how the Rebozzo approach affects the progress of early active labor in pregnant women. The information was then analyzed and presented in tabular form.

a. Respondent Characteristics

Based on age, parity and progress of labor.

Table 1. Respondent Characteristics Citra Marindal Deli Tua Primary Clinic, Deli Serdang Regency Based on Frequency Distribution in 2025 (intervention group)

No	Characteristics	F	%
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1	Age	<20 Years	3	20.0
		21-34 Years	11	73.3
		>35 Years	1	6.7
Total			15	100.0
2	Parity	Primigravida	9	60.0
		Multigravida	6	40.0
Total			15	100.0
3	Labor Progress	Slow	3	20.0
		Normal	4	26.7
		Fast	8	53.3
Total			15	100.0

Of the 15 respondents analyzed, Table 1 reveals that 11 (73.3%) were between 21 and 34 years of age, 9 (60.0%) were primigravidas, and 8 (53.3%) had rapid labor progress.

Table 2. Frequency Distribution of Respondent Characteristics at the Marindal Citra Pratama Clinic, Deli Tua District, Deli Serdang Regency in 2025 (control group)

No	Karakteristik	F	%	
1	Umur	<20 Tahun	1	6.7
		21-34 Tahun	12	80.0
		>35 Tahun	2	13.3
Total		15	100.0	
2	Paritas	Primigravida	7	46.7
		Multigravida	8	53.3
Total		15	100.0	
3	Kemajuan Persalinan	Lambat	9	60.0
		Normal	6	26.7
		Cepat	1	14.2
Total		15	100.0	

According to Table 2 of the 15 respondents surveyed, 12 (80.0%) were aged between 21 and 34 years, 8 (53.3%) were multigravida, and 9 (60.0%) experienced slow labor progress.

Table 3. Distribution of Progress Improvement in Labor

		N	Mean	Std. Deviation	Min	Max
Kemajuan persalinan	Kelompok Intervensi	15	3.17	.983	1	3
	Kelompok Kontrol	15	2.44	.726	1	2

Table 3 showed that the average increase in labor progress in the intervention group using the rebozzo technique on labor progress was 3.71, Std. Deviation 0.983 while the average increase in labor progress in the control group using the rebozzo technique on labor progress was 2.44, Std. Deviation 0.726.

Table 4. Normality Test of the Impact of the Rebozzo Technique on the Progress of the First Active Phase of Labor at the Citra Marindal Deli Tua Pratama Clinic in 2025 in Deli Serdang Regency.

Group	Shapiro-Wilk statistic	df	sig
Labor progress	Intervention group	.749	15 .061
	Control group	.630	15 .059

Based on Table 4 above using Shapiro-Wilk because the sample <50 shows the results Data on the progress of labor in both the control and intervention groups can be interpreted as follows: in the intervention group, the p-value is 0.061; in the control group, the p-value is 0.59 > alpha, with a value of 0.05. Thus, the data meets the assumption of normality and can be analyzed using the Paired Sample T-test is the test used.

b. Bivariate Analysis

To determine whether the data distribution within a data group or variable is regularly distributed, one can apply a normality test. This test is used as a requirement in dependent t-test analysis. The Shapiro-Wilk value is used to test data normality.

Table 5. The impact of the rebozzo technique on the progress of the first active phase of labor at the Citra Marindal Deli Tua Pratama Clinic in 2025 in Deli Serdang Regency.

Variabel	Mean	Std.Dev	Std.EM	Lower	Upper	p-value
Kelompok intervensi	3.71	0.469	0.278	-.790	1.346	.000
Kelompok kontrol	2.44	0.440	0.278	-.673	1.228	.003

Based on Table 5 above it was found that the T-Test, a statistical test for paired samples, can be used to determine that there is a difference in the rebozzo technique on the progress of labor in the intervention group in the first active phase with a mean of 3.71 with Std. Deviation 0.469 with 95% CI 0.790-1.346 in the control group, with a p-value of 0.000 which is 2.44 with Std. Deviation 0.440 with 95% CI 0.673-1.228 with a p-value of 0.003. It can be concluded from the results of the previous Paired Sample T-Test that the rebozzo approach has an impact on delivery during the first active period.

DISCUSSION

Characteristics Based on Age

Based on table 1 above, it shows that of the respondents studied who were aged 21-34 years, there were 11 people (73.3%), 9 respondents were primigravida (60.0%), while 8 respondents (53.3%) stated that the delivery process was fast.

According to research (Qurniasih et al., 2024) showed that mothers in this age group responded better to the rebozzo technique than the age group over 35 years.

Characteristics Based on Parity

The majority of respondents, or 8 people (53.3%), were multigravida, according to the study's conclusions based on parity features. Multigravida parity is influenced by physiological factors such as cervical port thickness, his tone, cervical tissue elasticity, and a tendency for the pelvis to be more flexible. Therefore, when given interventions in the form of gentle and rhythmic movements of the rebozzo technique, the body is more responsive to the process of fetal head descent, cervical dilation, and how hard the mother pushes during labor. The duration of labor is the length of time required for the birth process to occur; in multigravida, the first active phase of labor usually lasts 6–8 hours, or 360–480 minutes. Researchers also noted that the intensity of contraction pain does not always align with the development of cervical dilation and contraction frequency.

This is in line with research(Qurniasih et al., 2024)which states that multigravida mothers show a faster response to the rebozzo technique intervention, characterized by an acceleration of the active phase travel time up to 2-3 hours faster than controls.

Characteristics Based on Labor Progress

Based on the characteristics of labor progress, the study findings showed that 9 respondents, or 60.0% of the sample, felt that labor progress was slow. Progression of the active phase of first stage labor is characterized by progressively increasing cervical dilation, descent of the fetal head, and increasingly strong, frequent, and regular uterine contractions. These characteristics of labor progress are key indicators of the effectiveness of non-pharmacological interventions such as the rebozzo technique. In this study, labor progress was assessed using several parameters: active phase time, cervical dilation rate, and descent of the fetal head. The response to the rebozzo technique was significant in respondents who demonstrated a more regular and efficient labor progress pattern compared to the control group.

According to research (Mufarrocha et al., 2024)Studies have shown that the rebozzo technique increases the effectiveness of uterine contractions and accelerates cervical dilation by 1-2 cm compared to the untreated group. In other words, the better the initial characteristics of labor progress (e.g., regular contractions, dilation reaching 4 cm or more, and a normal fetal position), the greater the effectiveness of the rebozzo technique.

The Impact of the Rebozzo Method on the Development of Active Phase I Labor at the Citra Marindal Deli Tua Primary Clinic, Deli Serdang Regency in 2025

Based on the results of the study, it was analyzed that there were differences in the rebozzo technique between the intervention and control treatment groups based on the dependent statistical test T-test of the effect of the rebozzo technique on the progress of labor at the Pratama Citra Marindal Deli Tua Clinic, Deli Serdang Regency in 2025. The following findings were obtained, statistical analysis of the data showed a p value of 0.000 when compared with $\alpha = 0.005$, and the p value was smaller than α . This indicates that the rebozzo approach has an impact on the delivery process.

This study supports the research of Marlina et al. (2025) who found that pregnant women who received the Rebozzo procedure gave birth faster than the control group. Similarly, a study by (Marlina et al., 2025) found that the rebozzo technique can accelerate the active phase of labor by improving fetal position and increasing maternal comfort.

In addition, research by (Nyeri et al., 2025) also mentions with the title Effectiveness of Using Gym Ball and Rebozzo Technique on the Duration of Labor in Mothers in the Early Active Phase of Labor that the origin of the use of gym ball has been proven to have a significant effect on the duration of labor, as evidenced by Lilis Suryani and Mufida Dian Hardika (2022), which showed a positive effect on reducing the duration of the first stage of the active phase with a value of $p = 0.042$ and $p = 0.013$ statistically significant. It was concluded that the rebozzo technique is effective in the progress of labor. The rebozzo method has been proven successful in advancing the labor process.

CONCLUSION

From the results of the discussion on the Influence of the Rebozzo Technique on the Progress of Childbirth in 2025, Citra Marindal, Deli Serdang Regency, Deli Tua Pratama Clinic has been active in Phase 1. and the conclusions that can be obtained from the results are as follows:

The average distribution of labor progress using the rebozzo technique on labor progress using the Rebozzo approach, the difference in the relationship between each control group and the intervention group was 3.17 and 2.44. Labor progress after the rebozzo technique in the intervention group on labor progress at the Citra Marindal Primary Clinic was at a fast level of progress for 8 people (53.3%), at a slow level for 3 people (20.0%), whereas at a

normal level there were 4 people (26.7%). The influence of labor progress after the rebozzo technique on labor progress The results of the Paired Sample T-test with a significance of 0.000 (<0.005) for active phase 1 at the Citra Marindal Primary Clinic, Deli Tua, Deli Serdang Regency in 2025 showed that the rebozzo technique can improve the progress of labor for mothers giving birth in active phase 1.

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