

Case Study: Rebozo

[AIMS Journal, 2025, Vol 37, No 2](#)



By Julia Mihaylov

A rebozo may well be something that you haven't come across before - it is a colourful traditional Mexican shawl - the word 'rebozo' means shawl or scarf in Spanish - usually handmade.^[1] In Mexico and Guatemala rebozo scarves have been used for generations, often passed down within families, or from midwife to midwife. Rebozo scarves have many varied uses in addition to being used in pregnancy and birth. These include giving warmth as a piece of clothing, a sling to carry babies in, transporting other things such as firewood or shopping, and in traditional ceremonies.^[2]

Rebozos are used by traditional midwives in Mexico before, during or after pregnancy, with a multitude of techniques and roles in pregnancy and labour, aimed at facilitating or optimising physiological birth. Rebozo massage techniques can be used to provide comfort and pain relief, with no known harmful side effects, providing they are used correctly.^[4] It is thought that rebozo may help to open the pelvis to encourage optimal fetal positioning in pregnancy and progress in labour.^[3] The rebozo can also be used to apply gentle pressure to certain specific areas and assist with mobility and movement, for example by providing something to hold or hang onto when the woman is pushing during labour.^[4] Midwife Gail Tully suggests that tension in the pelvic ligaments can reduce the space available to the baby to move within the uterus, potentially preventing an optimal fetal position for labour.^[2]^[4] The use of the rebozo scarf can address this issue by relaxing the broad ligament. The technique involves massaging across the uterus with the woman's belly hanging down, using a very gentle "sifting" motion from side to side. This assists with relaxing the broad ligament, potentially helping to create more space and assisting the baby to move into an optimal position. 'Spinning Babies', the USA-based antenatal education system created

by Gail Tully, no longer directly educates parents in rebozo techniques because they were sometimes misused and there were concerns about cultural appropriation, recommending instead those who wish to learn more about rebozo seek a teacher, preferably with heritage which connects them to rebozo^[2]. The organisation maintains that rebozo techniques can still be used to support pregnant women when taught and used correctly - emphasising the importance of acknowledging rebozo's cultural heritage, and being gentle and respectful at all times when using rebozo^[2].

There are a few studies in the academic literature looking at the use of rebozo: in a Danish study of women's experiences of using rebozo the majority felt that it had helped them with pain management and labour progress, potentially avoiding the need for interventions.^[5] Another study from 2023 found rebozo techniques were effective at reducing pain and anxiety, while also increasing women's reported level of satisfaction with how labour was progressing.^[6] However, like many practices which have originated outside of the Western medical system, there is relatively little scientific evidence around whether use of the rebozo is effective, with no Cochrane reviews or randomised controlled trials yet available.^[4] The many different uses and purposes of rebozo also mean that it would be very hard to study in randomised controlled trials - these techniques have evolved over hundreds of years and rebozo is "not an intervention that was created to solve a specific problem"^[4] The World Health Organisation states that a lack of scientific studies "should not become an obstacle" to the development of traditional techniques such as rebozo, providing there are no concerns about adverse effects.^[7] Although, as Dr Sara Wickham points out in her article on rebozo, "there exists scant evidence to support a good few of the interventions and practices that birthing women are subject to in modern western maternity services...(but when) women and midwives want to introduce tools and techniques into these maternity services, they are often asked to produce evidence of their effectiveness and safety"^[4]. Sara Wickham has written an excellent overview of these issues and the use of rebozo in modern maternity settings in two articles in *The Practising Midwife* (see further reading). Although the use of rebozo techniques doesn't yet form any part of the UK midwifery training curriculum, there has been increased interest in recent years among midwives, doulas and other birthworkers. It is a shame that a lack of awareness or understanding means that techniques such as rebozo are not usually considered worth conducting research into, teaching others about or implementing in an NHS setting. We hope this case study highlights how this traditional technique, if taught authentically with an understanding of rebozo's cultural context, can still bring benefits to modern NHS maternity care. There are easy adaptations to using the rebozo in hospitals. For example, concerns about infection control can be addressed by using a bedsheet to create a rebozo that can be washed between uses, or asking women to provide their own rebozos^[5]. For more detailed information on implementing rebozo techniques, please see our [AIMS journal article](#) by Jude Davis^[5], discussing implementing rebozo in an NHS setting and [this study](#)^[8], which describes how rebozo techniques were introduced into a hospital in Utah, USA.



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Further Reading

Spinning Babies (2024) 'Rebozo Manteadas and Spinning Babies® Today':

www.spinningbabies.com/pregnancy-birth/techniques/other-techniques/rebozo-manteadas-4

Wickham, S (2017) 'Thinking Outside The Box: What's the evidence for rebozos? Part 1': *The Practising Midwife*

www.all4maternity.com/thinking-outside-box-whats-evidence-rebozos-part-1

Wickham, S (2017) "Thinking Outside The Box: The Evidence For Rebozos – Part 2" *The Practising Midwife*

www.all4maternity.com/thinking-outside-box-evidence-rebozos-part-2

These two articles are summarised online on Dr Sara's website [here](#) if you cannot access the full versions published in *The Practising Midwife*.

[1] Cook, L.-M. (2016) 'Rebozos in Pregnancy and Birth': <https://birthingbasics.net/birthing-basics-about-rebozos>

- [2] Spinning Babies (2024) 'Rebozo Manteada and Spinning Babies® Today': www.spinningbabies.com/pregnancy-birth/techniques/other-techniques/rebozo-manteada-4
- [3] Wickham, S.(2017) 'The evidence for rebozos' :www.sarawickham.com/articles-2/the-evidence-for-rebozos
- [4] Davis, J. (2014) 'Rebozo in an NHS setting':www.aims.org.uk/journal/item/rebozo-in-an-nhs-setting
- [5] Iversen, M. L., Midtgaard, J., Ekelin, M., & Hegaard, H. K. (2017). Danish women's experiences of the rebozo technique during labour: A qualitative explorative study. *Sexual & Reproductive Healthcare*: www.sciencedirect.com/science/article/pii/S1877575616301732#bib0015
- [6] Mahmoud Mahmoud Saadoon, O. H., & Fouad Mohammed, S. (2023). Effect of Applying Rebozo Techniques on Pain Intensity and Anxiety among Primiparous Women during the Active Phase of Labor. *Egyptian Journal of Health Care*: https://ejhc.journals.ekb.eg/article_297805_7cb147bb255cf4c6e6cd8e2178e4258c.pdf
- [7] Zhang, X., & World Health Organization (WHO). (2000). General guidelines for methodologies on research and evaluation of traditional medicine. *World Health Organization*, 1, 1-71. https://iris.who.int/bitstream/handle/10665/66783/WHO_EDM_TRM_2000.1.pdf?sequence=14
- [8] Cohen, S. R., & Thomas, C. R. (2015). Rebozo technique for fetal malposition in labor. *Journal of midwifery & women's health*, 60(4), 445-451. <https://onlinelibrary.wiley.com/doi/10.1111/jmwh.12352>
- [9] Rebozo images courtesy of Born Through Yoga