AIMS For a better birth...

Rebozo in an NHS setting

AIMS Journal, 2014, Vol 26 No 4

Jude Davis encourages those supporting births to increase their confidence

A *Rebozo* is a versatile piece of woven cloth which is commonly worn by women in Mexico and Guatemala. Often brightly coloured and sometimes decorated with tassels, it not only provides warmth as a shawl or blanket, but may be used to carry babies, older children, firewood or shopping, and has many other uses, most interestingly those employed by traditional midwives. Rebozos are more than long enough to go around the body and are about 70cm wide.

I was first introduced to the Rebozo by Mexican midwife Naoli Vinaver at a Midwifery Today conference in 2006. This inspirational midwife demonstrated how traditional Mexican midwives use the Rebozo in a variety of ways during pregnancy, birth and postnatally. I subsequently learned more from Debra Pascali Bonaro in her doula training, Gail Tully in her - Spinning Babies' workshop, and more recently from Mirjam de Keijzer and Thea van Tuyl at the Midwifery Today conference in Blankenberge in 2013.

Mirjam and Thea have co-authored a book about Rebozo with Naoli[1] and run Rebozo workshops for birth workers such as midwives, doulas and childbirth educators. They are passionate about Rebozo use and continually discover new ways of using the cloth. As well as teaching the more gentle rhythmic movements produced by the cloth, the workshops also share ways in which traditional midwives use Rebozo to encourage breech babies to turn cephalic and posterior babies to turn anterior. I do not teach, advocate or use any of these - advanced' uses of Rebozo, which use strong jerky movements. The uses I demonstrate are aimed at producing relaxation or gentle movement.

Most of the uses are likely to be appreciated inbetween rather than during contractions, with the exception of the Helping with Breathing technique, which is specifically designed to help during contractions. If a technique is uncomfortable or a woman is not enjoying it then it must be stopped immediately. I try not to be prescriptive about the timing of Rebozo use. Any application that promotes movement and relaxation and which the woman is enjoying should be beneficial. One further word of caution: sometimes teaching midwives and other birth workers new tricks can have the potential to cause their overuse. It is empowering to teach women and their birth partners skills to facilitate normal birth. However, when we as practitioners are considering using the techniques in the labour room we need to remain aware that any intervention is an intervention. We need to keep our default position of guardians of normal birth as predominantly - sitting on our hands' unless there is good reason to be using those hands.

I've worked as an NHS midwife for nearly seven years now and although I've known about the techniques, I've been a bit shy to introduce Rebozo use into practice. Previously I worked in a hospital where the bed was very much the focal point of the labour rooms and I felt that the environment was not especially conducive to physiological birth. As a newly qualified idealistic and passionate midwife, I wanted to make so many changes, but quickly discovered trying to make them all at once just got on too many of my colleagues' nerves! I needed to consider one area of - challenge' at a time and especially focused on increasing the water birth rate within that consultant-led unit.

When I moved to a new job in an NHS free-standing birth centre where the environment was specifically designed with physiological birth in mind and the water birth rate was high, I felt ready to move on to a new area of innovation. The birth centre runs an Active Birth Workshop to help prepare parents for physiological birth. I got involved in the workshop and found its format to be a little tired and sometimes more like a lecture than a workshop. This provided me with an ideal opportunity to develop it by sharing many of the tips and tricks for normal labour learned in various workshops and doula training, to help empower women in their pursuit of physiological birth. Rebozo use is now a popular part of the class and is being met with a lot of enthusiasm from parents-to-be, students and midwives.

My *Rebozos* aren't beautiful coloured woven cloths, but ripped-up hospital sheets and a few pashminas and other long scarves I have acquired. The pashminas are prettier, but actually don't work as well as the cotton sheeting because they tend to be shiny, which makes them slippery and less effective. To satisfy any infection control concerns, I wash my plain cotton sheet Rebozos between workshops and encourage women to search their scarf collections to find their own suitable piece of cloth to apply the techniques at home. When teaching larger groups, I request that students bring in their own long, wide scarves to use.

I shall describe some of the techniques here, but also would definitely encourage anyone to attend a study day to learn them properly.

Rhythmic movement called 'sifting'

Have the woman lean against a wall with only the top part of her back touching it. Her feet are hip-width apart, her body is fairly straight and her bottom is not touching the wall. The middle of the Rebozo is placed behind her, covering the area from the bra-line to just below her bottom. The partner stands facing her holding the Rebozo near the front of her abdomen. Spending time ensuring that there is good tension in the cloth makes all the difference to the techniques because if the cloth is saggy in places it will be uncomfortable and ineffective. Tension is then taken up in the cloth further by the birth partner before the motion begins. The movement is called 'sifting' and the cloth is moved from side to side to provide a pleasant rhythmic movement of the pelvis which can promote relaxation and may facilitate some useful movement of the baby. Most women enjoy this technique very much.

Relaxing the broad ligament

US homebirth midwife Gail Tully suggests that tension within the pelvic ligaments may impact on the

space the baby has to move in within the uterus and this technique is aimed at reducing that tension. With the woman in an all fours position (or resting her upper body on a beanbag, birth ball or chair) stand above her, facing the same direction and place the Rebozo around her belly ensuring the whole 'bump' is within the cloth [see our beautiful cover illustration]. Inform the woman that you will be using the same movement as above, but this time to relax that big broad ligament that lies across the front of her uterus. Encourage her to let her belly hang down and think about the relaxation. Ensure there are no baggy or loose sections of the Rebozo, pull the cloth towards you to increase the tension a little, then begin the sifting movement.

Helping with breathing

Slowing down a woman's breathing in labour is key to her feeling more able to manage contractions. This technique involves placing the rebozo around the woman from the waist to below her bottom before she sits deeply in a chair. Take up the tension in the cloth then observe her breathing. On her in-breaths, pull her towards you with the Rebozo - not enough to lift her from the chair but so that there is a strong tension in the cloth.

As she breathes out, slowly let go of the tension as she sinks back deeply into the chair. As you continue this rhythm of working together with the breath, begin to linger on the out-breath before taking up the tension again with the in-breath. This will encourage the outbreath to be longer than the in-breath and so help her to avoid hyperventilation.

Shaking the apples

The woman kneels and puts her head on the floor, the cloth is placed over her bottom and the ends of the cloth are held close to her. In this position, the shape of the cloth on her bottom resembles a toffee and one student at a recent workshop sweetly re-named this technique the 'toffee wiggle'. All of the other techniques described employ the fairly slow and gentle 'sifting' motion; however, this one is a more brisk 'shaking' movement. Be sure to have a good tension in the cloth to cause a good wobble; this should never be a 'sawing' motion that drags on the flesh, but an application of cloth to gain traction on a wide area and movement that causes the buttocks to wobble. It always raises a smile in class, but women also see its benefits in promoting the relaxation of those big muscles.

Head massage

A simple head massage is easy to apply with the Rebozo folded and placed under the head. It is important to keep the head in line with the body. I have found a slippery fabric or the woman's hair being particularly well-conditioned and shiny both prevent this technique from being effective. First the tension is taken up in the cloth, then one side of the cloth is slowly raised, allowing the head to gently turn to the side and then repeated on the opposite side. After a while, the head can be gently lifted a few centimetres from the floor in the cloth and the same movement repeated for an even more relaxing technique.

Remember, Rebozo massages such as this relaxing head massage can be used with non-pregnant people too, and any relief of anyone's stress in labour or otherwise is beneficial.

Hopefully these examples will create further interest in Rebozo use within the NHS setting. It has long been known that massage can promote relaxation to aid childbirth, but now we see that this massage with a cloth can provide further benefits.

Interest in the techniques is growing and new applications are continually evolving. I have now taught the techniques to some midwives studying for a 'Normal Birth' module of their Masters degree and to some undergraduate midwives. I have also returned to the lovely midwife colleagues in my previous jobs to show them my active birth workshop in the hope that they will be encouraged to embrace new (old) ways of facilitating physiology.

Gail Tully states in workshops that since employing a variety of active birth techniques, she no longer finds women in her care having such long latent phases of labour and believes this is because activity and movement promote fetal engagement, rotation and descent. It is great to give those having a long latent phase at home not just something to do to ease the tension and to promote comfort, but something which has the potential to help a labour progress from a latent to an active phase. I'm delighted to be using it with women in the classes and (cautiously) in birth rooms and I'm increasingly convinced of its benefits.

Jude Davis is an NHS midwife who spent her first five years of midwifery in a consultant-led unit and now works in the community and in a free-standing birth centre.

References

1. De Keijzer M, van Tuyl T (2010) The Rebozo Technique Unfolded: work book rebozo massage. Rebozo, 2010