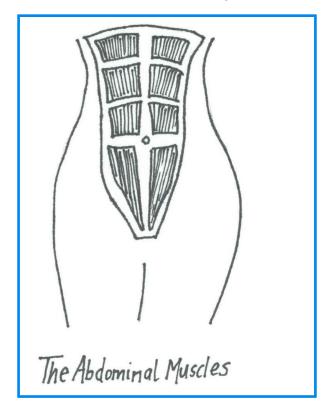
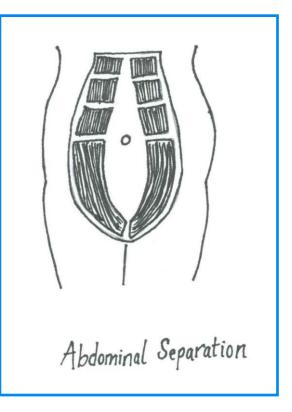
Separation of the abdominal muscles (diastasis or divarification of rectus abdominis)

What is separation of the abdominal muscles?

In pregnancy, the tummy (abdominal) muscles stretch to allow room for the baby to grow. Sometimes these muscles stretch to the point of separating along their midline (linea alba). 'Gaping' occurs as a result of this separation in two thirds of pregnancies.

The muscles affected are the most superficial 'six-pack' muscles, correctly called the rectus abdominis muscles. You may notice a gap in your abdominal muscles, particularly when sitting up from a lying down position or leaning forward in the bath. When this happens, you may see a visible 'peak', also called 'doming'.





After a pregnancy it is common to have a gap of about one to two fingerbreadths between the tummy muscles. This does not usually cause a problem.

In most cases, the muscles come back together within a few weeks. However, if the gap persists, it can cause tummy or back pain, as well as a feeling of having a 'flabby' tummy. This happens more commonly if your baby was large, if you had a twin or triplet pregnancy, or if you have had several pregnancies.

Try to avoid constipation and straining as much as possible.

Separation of the abdominal muscles (diastasis or divarification of rectus abdominis muscles) © Poole Hospital NHS Foundation Trust

Some general advice

- 1) Use an abdominal support like Tubigrip, support pants, a corset or a belt (your specialist physiotherapist can advise on this).
- 2) Avoid 'sit-up' type movements, especially if your tummy is 'doming'.
- 3) Take great care when lifting and **avoid** heavy lifting if at all possible. If you **have** to lift, make sure you lift correctly:
 - Keep your back straight
 - Bend your knees
 - Keep a 'wide base' with your feet
 - Don't ever stoop or twist to lift
 - Try to draw in your tummy muscles to avoid or reduce any 'doming'
 - Don't hold your breath
- 4) When getting out of bed:
 - Have your knees bent and keep them together
 - Roll onto your side and push yourself up with your hands in front of you
 - Do the reverse to get back into bed
 - Avoid a 'sit-up' type of action
 - Try to draw in your tummy muscles to avoid or reduce any 'doming'
- 5) When you are upright, try to stand and walk as tall as possible, gently drawing your tummy in and bottom under.
- 6) When getting out of the bath, do the same as you would for getting out of bed and then push up onto all fours. Use a handrail or side of the bath to go up into a kneeling position. Do the reverse to get into the bath.
- 7) When sneezing or coughing, gently support your tummy to stop it from bulging, draw your tummy muscles in and squeeze your pelvic floor muscles.
- 8) Avoid getting constipated by eating plenty of fibre and drinking enough fluids.
- 9) Try not to strain when you are opening your bowels. Instead, lean forward. You may feel more comfortable by supporting your tummy in this position. Don't hold your breath.

Exercises

It is important to do these exercises on a regular, daily basis.

You should start by exercising your deep tummy muscles. These are your 'core' and act like an inner corset. You can then progress to more strenuous sit-up type exercises, providing there is no residual 'doming'. Consult a specialist physiotherapist for further advice on positions, progression and timing for these exercises. Avoid any exercises that make your tummy bulge out or 'dome'.

- 1) Deep tummy exercise (deep transverse abdominal exercise):
 - Lie on a firm surface with your back supported, your knees slightly bent and your feet flat and hip-width apart
 - Let your tummy, shoulders, neck and ribs relax
 - Breathe in
 - As you breathe out, gently pull your tummy button in, drawing in your lower abdominal muscles; try to hold this muscle action for a few seconds.

- Try to keep breathing normally as you hold this gentle abdominal 'bracing'. Aim to build up to a 10 second hold, then let go.
- Repeat the above, this time gently tightening your pelvic floor muscles at the same time, as though you were stopping wind escaping from your back passage. Again, aim to hold this up to 10 seconds and keep breathing normally.
- Lastly, repeat the above exercise lying on your side, or even in a sitting or standing position, or on all fours. Aim for a 10 second hold again in each position, then let go.
- 2) Pelvic tilt exercise:
 - Lie on a firm surface with your back supported, your knees slightly bent and your feet flat and hip-width apart
 - Draw in your tummy muscles, as above
 - Now gently 'tilt' your pelvis as though you were zipping up your trousers and flattening the small of your back onto the bed
 - Stay in this position for a few seconds then release slowly, as though you were 'uncurling' a string of pearls one by one





More progressive exercises

Only do these if your tummy doesn't bulge out while doing them and you are able to do the above two exercises successfully.

- 3) Gentle sit-up/head and shoulder lift:
 - Lie on a firm surface with your back supported, your knees slightly bent and your feet flat and hip-width apart
 - When first doing this exercise, 'hug yourself' by crossing your hands over your tummy as if you were 'closing' the gap between your abdominal muscles
 - Gently pull your hands together as you lift your head up slightly
 - Keep your chin tucked in to avoid neck strain
 - Hold for a few seconds and control the movement slowly
- 4) Diagonal/oblique abdominal exercise:
 - Lie on a firm surface with your back supported, your knees slightly bent and your feet flat and hip-width apart
 - Activate your deep abdominal muscles first, then tilt your pelvis (as explained above in the pelvic tilt exercise)
 - Now reach with one hand up towards the outside of the opposite knee, lifting your shoulder and head slightly
 - Repeat on the other side
 - Control the movement going up and coming down slowly

It may take up to a year or more for your body to recover from the whole experience of pregnancy/labour/delivery, so it is important to persevere with all the advice and exercises given.

References

Sapsford, R., Bullock-Saxton, J., Markwell, S. (1999) Women's Health – A Textbook for Physiotherapists, Sydney: W.B.Saunders

Hsia, M., Jones, S. (2000) Natural resolution of rectus abdominis diastasis. Two single case studies, Australian Journal of Physiotherapy, Vol.46, Issue 301, pp 301-307

Lee, D., Lee, L.J., McLaughlin, L. (2008) Stability, Continence and Breathing – The role of fascia in both function and dysfunction and the potential consequences following pregnancy and delivery, Journal of Bodywork and Movement Therapies, Vol.12, Issue 4, pp 333-348

Boissonnault, J.S., Blaschak, M.J. (1988) Incidence of diastasis recti abdominis during the childbearing year, Physical Therapy (68):7, pp1082-1086

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