

Diastasis Recti

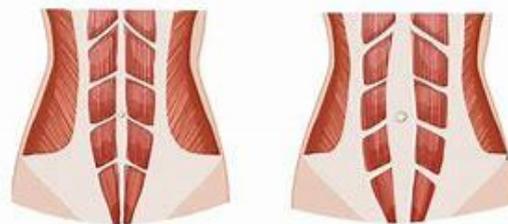
Patient Information

Diastasis Rectus Abdominis (DRA) or Diastasis Recti

What is Diastasis Rectus Abdominis (DRA)?

While you are pregnant, your abdominal (six-pack) muscles will stretch and separate. This is due to the growth of the baby in the uterus and pregnancy hormones that soften the connective tissue. DRA is when these tummy muscles over-stretch during pregnancy and separate down the stomach midline (linea alba).

Separation can occur any time in the last trimester but is most problematic after pregnancy when the abdominal wall is weak. If your abdominal muscles remain weak, you are more likely to suffer from back pain and have an increased risk of a hernia. This is because the abdominals are important in supporting your back.



Normal abdomen

Diastasis recti

Wellness Mama

What causes Diastasis Rectus Abdominis?

- Most commonly pregnancy – increased risk with twin or IVF pregnancy due to increased bump size/tissue elasticity.
- Many years of abdominal loading/lifting with poor technique.
- Chronic straining
- Obesity
- Hypermobility
- Multiple pregnancies

Signs of DRA

After a pregnancy it is common to have a gap of about one to two finger breadths between the tummy muscles. This does not usually cause a problem. However, if the gap at your midline is more than two fingers' width and has a visible bulge, you may have diastasis recti and need to see a physiotherapist.

Treatments for DRA

Physiotherapy treatment is available and your GP or midwife can refer you to the women's health physiotherapy team. Your physiotherapy treatment may include advice on daily activities, back care/lifting and an abdominal exercise program.

General advice

Do not engage in activities that place stress on your stomach and that stretch or overly expand the abdominal wall.

Avoid:

- sit ups/abdominal crunches
- holding baby on one hip
- lifting and carrying heavy objects
- rising from a lying position by pulling up and twisting at the same time
- intense coughing while your muscles are unsupported
- constipation and straining

When getting out of bed, always roll onto your side, drop your legs off together and push up into a sitting position with your arms. Do the reverse to get back into bed.

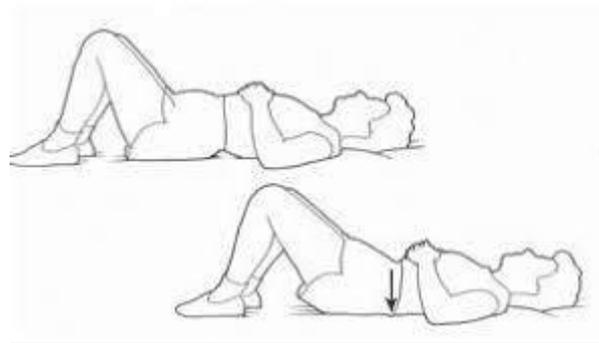
When lifting your baby, draw in and hold your tummy muscles, bend your knees and bring baby into your chest. Wearing a Tubigrip support (elasticated tubular bandage) can be beneficial to wear during the day till you regain muscular control (your Physiotherapist can give you more advice about this).

Exercises

Deep abdominal activation

Transversus Abdominis muscle (TrA) relates to the deep abdominal muscle which acts like a corset. It stabilises your spine and pelvis and helps to reduce strain on your back and pelvic floor.

Lying on your back with both knees bent, let your tummy relax. Breathe in and as you breathe out, draw in your deep tummy muscles and gently squeeze and lift your pelvic floor muscles at the same time. Hold for 5-10 seconds while breathing normally. Repeat 5-10 times.



Pelvic Tilts

Tilt your pelvis to flatten the arch of your lower back into the floor or bed. This can be done sitting on a chair or a gym ball too. Hold for 5-10 seconds. Repeat 5-10 times.



Progressions of exercises

Your physiotherapist will progress your exercises when your abdominal control has improved.

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.

Further information

You may also want to have a look at this article: <http://dianelee.ca/article-diastasis-rectus-abdominis.php>

If you would like to seek the advice of a physiotherapist, there are a number of options within Wiltshire. Please speak to your GP practice about the ways you can be referred

Safeguarding

Wiltshire Health and Care has a strong commitment to care that is safe, of a high quality and that upholds our patients' rights. All our patients have the right to live lives free from abuse or neglect and, where they are able, to make or be supported to make informed decisions and choices about their treatment, care and support. Where patients are not able to make their own decisions, Wiltshire Health and Care staff are committed to ensuring that treatment, care and support is undertaken in accordance with the person's best interests. In order to fulfil these commitments, Wiltshire Health and Care follow the Safeguarding principles and responsibilities laid out in Sections 42-46 of the Care Act (2014) and are informed by, and apply, the guiding principles and provisions of the Mental Capacity Act (2005).

If you or your carer have any concerns about abuse, neglect or your rights in relation to care provided by Wiltshire Health and Care or any other agency or individual, please raise this directly with any Wiltshire Health and Care staff or contact the Safeguarding Adults Team by telephone on: 0300 4560111.

Regarding children, WHC is responsible for providing services in accordance with Section 11 of the Children's Act (1989) and works under the principles of Working Together to Safeguard Children (2018).

Patient Advice and Liaison Service (PALS)

If you have any questions, or concerns, suggestions or compliments about our service, please speak to a member of staff.

This information sheet is available in other languages and formats. If you would like a copy, please contact us on 0300 1237797 and

PALS.wiltshirehealthandcare@nhs.net

Patient and Public Involvement

We value your opinions which will help us to further develop our services.

If you wish to provide feedback or get involved in our patient participation groups, please email the Patient and Public Involvement Officer at

ask.wiltshirehealthandcare@nhs.net or telephone 01249 454386.