

# Diastasis Rectus Abdominis

## Abdominal muscle separation

### Patient Information

This information leaflet is about Diastasis Rectus Abdominis, what it is, how to recognise it and gives you information about self-managing this condition. If you don't find this information or the exercise helpful after 6 weeks, or you have concerns about your abdominal muscles, please contact your GP and request to be assessed by a physiotherapist.

### What is a diastasis rectus abdominis (DRA)?

Diastasis Rectus Abdominis, or DRA, (sometimes called abdominal muscle separation) happens when the abdominal wall, especially the midline between the "six-pack" muscles, is stretched and weakened. This most commonly happens during pregnancy.

The midline between the "six-pack muscle" (the Rectus Abdominis muscle) is part of normal anatomy. During pregnancy it stretches and thins out to allow for the growing baby bump. This is a normal process of the body to accommodate for pregnancy.

All women are thought to experience some degree of DRA towards the end of pregnancy. This process is affected by the hormones progesterone and relaxing. The amount of separation varies from one woman to another.

DRA tends to improve within about 8 weeks after delivery. However, in about one third of women it can persist.

If you have DRA, you might see doming along the midline when you increase the pressure in the abdomen e.g. by sitting up from lying, doing a sit up, lifting, straining.

It can affect your core strength and function and create a "mummy tummy" appearance, which can affect your confidence in your post-pregnancy body.

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## Your abdominal muscles

Your abdominal wall consists of four layers of muscles which are all attached to a central fibrous band called the Linea alba (the midline between your sixpack muscles).

View of the abdomen without a DRA (top picture) and with a DRA (bottom picture):

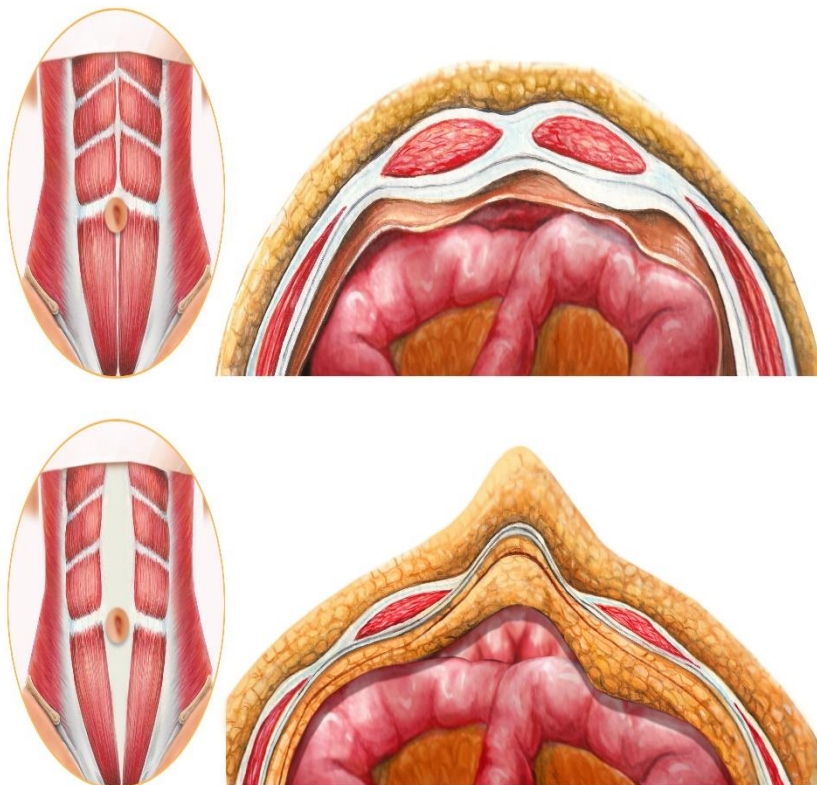



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## Risk factors for ongoing problems with DRA

- Pregnancy – especially with twins
- Chronic straining (cough, vomiting, constipation)
- Family history of DRA
- Poor lifting techniques e.g. holding your breath while lifting heavy items
- Excessive abdominal loading through exercise

## How to assess if you have a DRA

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- Lie on your back with your feet flat on the floor/bed and knees bend
  - Place your fingers in a horizontal line in the centre of your abdomen, just above the belly button
  - Tuck your chin onto your chest and round your shoulders forward slightly off the floor/bed. This will increase the tension in your abdominal muscles. It is not a sit up.
  - Gently try to feel the edges of the abdominal muscles (it can be difficult to know what you are feeling and if unsure, ask a GP, midwife or physiotherapist for their advice)
  - With the increase in tension see how many fingers fit into the gap between the two bands of muscle
  - A separation of 2.5 cm (2-3 fingers) is normal. Immediately after having your baby the gap can be wider which is also normal.

## Tips for week 1- 6 postnatal

- Allow your body to heal during the first 4-6 weeks. The separation should reduce naturally during this time.
- Try to avoid carrying heavy loads e.g. car seats. If this is unavoidable, then 'love your load!' Hold the load as close to you as possible. Tighten your abdominal muscles and pelvic floor and bend your knees.
- When getting into bed, lower yourself down on your side then roll on to your back. When getting out of bed, roll on to your side and push up using your arm.
- Manage constipation and avoid foods that cause bloating
- Treat a chronic cough

Start the exercises below and progress as you feel able. If you have pain, continue to see uncontrolled doming, or feel you are not progressing, please ask your GP for a referral to a Pelvic Health Physiotherapist.

## **DRA exercises**

Graded abdominal strengthening can offer effective management of DRA for most women. The best exercises for you will depend on your presentation and your goals. Below are some very gentle exercises to get you started. They are just a starting point. Over time you will be able to progress to much more challenging exercises so that you can achieve the physical challenges of your day to day as well as any sports that you did before your pregnancy.

### **Early Stage Exercises:**

#### **1. Abdominal breathing**

- You can do this exercise lying down with knees bent, sitting or standing.
- Rest one hand on your tummy and take a deep breath in.
- As you breathe out, draw in/tighten your pelvic floor muscles and your abdominal muscles.
- As you breathe in, relax your pelvic floor muscles and your abdominal muscles.
- Complete up to 10 times.

#### **2. Pelvic tilts**

- You can do this exercise lying down with knees bent or in sitting.
- As you breathe out, gently draw in your abdominal muscles and pelvic floor and flatten your spine into the bed or back of the chair. This will tilt your pelvis backwards.
- As you breathe in, tilt your pelvis forwards and relax your abdominal muscles and pelvic floor.
- Complete up to 20 times.

After a few weeks, you may consider progressing to the more challenging exercises in our “Postnatal Progressive Abdominal Strengthening booklet”.

[https://www.ruh.nhs.uk/patients/services/physiotherapy/documents/PHY042\\_Progressive\\_Abdominal\\_Strengthening.pdf](https://www.ruh.nhs.uk/patients/services/physiotherapy/documents/PHY042_Progressive_Abdominal_Strengthening.pdf)

Signs that you are ready to progress to a more challenging exercise include:

- You see minimal doming with the exercise
- You are not holding your breath during the exercise
- You are not overusing/gripping with your neck muscles
- During the more difficult exercise, you can control your pelvis without arching your back

Please note that these exercises are a guide, and an individualised assessment and exercise programme is sometimes required.

### **What should I do now?**

If, after the above exercises, your separation is more than three fingers, you notice ongoing “doming”, or you have concerns about your diastasis and would like to be assessed by a physiotherapist, please contact your GP and request a referral to a Pelvic health physiotherapist.

***This leaflet has been amended and reproduced with thanks to the Royal United Hospital Pelvic Health Team (Author: Harriet Peatman, Diastasis rectus abdominus (abdominal muscle separation), Date of Publication July 2021, RUH PHY/048)***

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If you or your carer have any concerns regarding a child or adult's safety, please phone Wiltshire Safeguarding Team on 0300 456 0111 (Adult) or 0300 456 0108 (Child) (9am – 5pm Monday - Friday) or please call 999 if you feel they are in immediate danger.

## **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 123 7797 and [whc.pals@nhs.net](mailto:whc.pals@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](mailto:ask.wiltshirehealthandcare@nhs.net) or telephone 01249 454386. Please scan the QR code below to access the Friends and Family Test survey.

