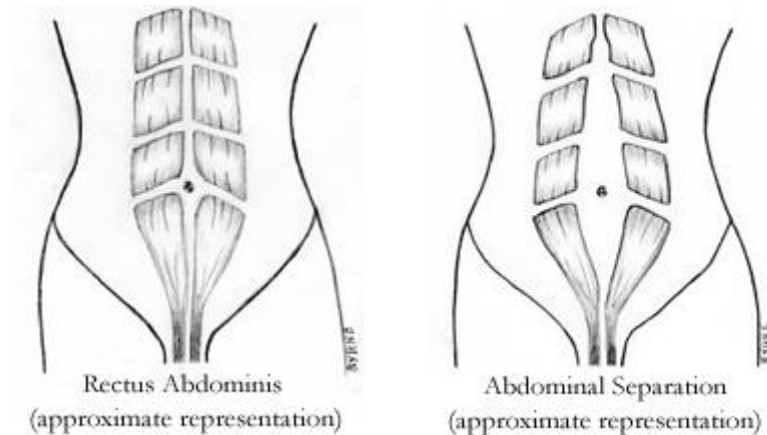


Abdominal Separation/Diastasis Recti



COMMON MYTHS about

Postpartum Abdominal Conditioning and Abdominal Separation/Diastasis Recti:

- Abdominal separation/diastasis recti causes permanent damage to your midline.
- Abdominal muscles will never flatten after abdominal separation/diastasis recti.
- Abdominal separation/diastasis recti requires surgical repair.
- The abdominal muscles will always be weaker after childbirth.
- Everyone should wait for at least six weeks after delivery before beginning a postnatal reconditioning program.

None of these statements are true!

Abdominal Separation/Diastasis Recti Test

This simple self-test will help you determine if you have abdominal separation/diastasis recti and how severe it is.

Lie on your back with your knees bent, and the soles of your feet on the floor.

Place one hand behind your head, and the other hand on your abdomen, with your fingertips *across* your midline—parallel with your waistline— at the level of your belly button.

With your abdominal wall relaxed, gently press your fingertips into your abdomen.

Roll your upper body off the floor into a “crunch,” making sure that your ribcage moves closer to your pelvis.

Move your fingertips back and forth across your midline, feeling for the right and left sides of your Rectus Abdominis muscle.

Use Correct Form for an Accurate Assessment of Abdominal Separation/Diastasis Recti

Make sure that you don’t simply pull your head off the mat—a common mistake. To effectively contract your abs, you need to move your ribcage closer to your pelvis. If you don’t adequately activate your abdominal wall, you might assume that you have abdominal separation/diastasis recti. But for most, as the rib cage moves closer to the pelvis and the contraction deepens, the width of the gap at your midline will decrease.

Don’t panic if you feel a “hole” in your belly in the first few postpartum weeks. Everyone’s connective tissue at the midline is lax after childbirth. As you recover, your midline will slowly regain its former density and elasticity, and the “hole” will become shallower, and if you do the right exercises, more narrow too.

Signs of Abdominal Separation/Diastasis Recti

A small amount of separation of midline—one to two fingers’ width—is common after most pregnancies, and is not a problem. But if the gap at your midline is:

- more than 2 1/2 finger widths
- does not shrink as you deepen the work of your abdominals or
- you can see a small mound protruding at your midline

then you probably have abdominal separation/diastasis recti and need to take a few special precautions during exercise and other activities.

Special Precautions for Women with Abdominal Separation/Diastasis Recti

Avoid all activities that place stress on the midline, that stretch or overly expand the abdominal wall through everyday activities, exercise or inhalation techniques.

Some Types of Movement to Avoid

- Movements where the upper body twists and the arm on that side reaches backward, such as during a tennis serve.

- Exercises that require lying backward over a large exercise ball.
- Yoga postures that stretch the abs, such as “cow pose,” “up-dog,” all backbends, and “belly breathing.”
- All exercises that cause your abdominal wall to bulge out upon exertion.
- Rising from a supine position by rolling up and twisting at the same time. Instead, roll first onto your side, and then use your arms to help push yourself up to a sitting position.
- Intense coughing while your muscles are unsupported.

Other postpartum exercise programs suggest that women with abdominal separation start abdominal reconditioning with “mini-crunches,” or lifting only the head, while applying manual compression with the hands across the abdomen. Isolation of the head exerts a small amount of work on the external abdominal muscles, but only in some individuals. Women with good neuromuscular coordination will, for the most part, engage the muscles that flex the neck, not their abs.

In addition, lifting the head off the floor as a preamble to exercises like crunches teaches poor technique. Ideally, in all abdominal exercises that flex the upper spine, movement should be initiated in the thorax, which will pull the rib cage closer to the pelvis. The head and shoulders should stay fairly relaxed, and basically “go along for the ride.” In Pilate’s exercises, this is aptly called the “head-float position.”

Signs of Midline Recovery

Abdominal separation/diastasis recti resolves when either your muscles have pulled back together to less than two finger widths, or when you can feel that your midline has become strong and elastic, at about six months postpartum. At this point, you will no longer feel a hole in your abdomen. Once your connective tissue has regained its former density and elasticity, you are no longer at risk for hernia or other associated problems.

For Best Results, Start Reconditioning Soon after Childbirth

Starting your abdominal reconditioning soon after pregnancy will yield the best results. If you begin abdominal reconditioning at more than six months postpartum it is unlikely that you will be able to decrease the width of the gap at your midline. So if at all possible, start exercises that restore the abdominal wall in the initial months after childbirth.