Diastasis Recti (Abdominal Separation)

Diastasis Recti (DR), often called abdominal separation, occurs in almost 50% of pregnancies in the 3rd trimester. It is when there is stretching or separation of the fascia (Linea Alba) that runs vertically between your rectus abdominis muscles. DR usually occurs in the third trimester when your growing uterus puts the most strain on your abdominal muscles. DR isn't painful, but it may lead to back pain, pelvis pain, and pelvic floor dysfunction. The good news is that it can usually be rehabilitated postpartum.

How do I know if I have it?
We recommend asking your healthcare provider to check for you. She will ask you to lie on your back and raise your shoulders off the ground like you are doing an abdominal curl. She'll then use her fingers to feel for both sides of your rectus abdominis and measure the gap in between. A gap of 3cm+ at the umbilicus or 1cm+ above or below the umbilicus, it is considered Diastasis Recti.

What causes it?
DR in pregnancy is caused by increasing pressure on the abdominal wall. Why do some women have DR and others do not? Postulated reasons include: genetics, pregnancy hormones, rapid abdominal growth and poor movement strategies. It is also possible that a combination of weak pelvic floor or Transversus Abdominis (TA) and tight internal obliques could contribute. It is important to note that having a strong core cannot cause DR, but unfortunately it does not prevent it either.
I am pregnant but I do NOT have DR, what should I do?
(a) Continue doing deep (pelvic floor, TA etc) and superficial (rectus abdominis etc) core exercises. A toned pelvic floor prevents back and pelvic pain as well as incontinence. It also reduces the chances of tearing or episiotomy. Strong rectus abdominis muscles prevent lower back ache and help with the pushing stage of labour. Pregnant women need strong core muscles.

Please note: If you are 16+ weeks pregnant, supine (lying on your back) exercises should be done on an incline (head higher than your lower body). This is to prevent putting too much pressure on the vena cava and therefore to prevent dizziness.

If I have DR, what should I do?
(a) If you have DR while you are pregnant, you should:
   a. Avoiding unsupported forward flexion from supine position. All pregnant women in their 2nd and 3rd trimester should roll over onto their sides and use their chest and arm muscles to bring themselves to sitting. This is especially true if you have DR.
   b. Avoid intense abdominal exercises that put strain on the rectus abdominis. Intense exercises like abdominal curls or planks from your toes could actually worsen DR.
   c. Focus on Pelvic Floor and TA exercises to improve movement strategies, prevent discomforts and prepare for post partum recovery. Pelvic floor lifts (Kegels) and baby hugs are good choices.
   d. Prioritize your mind-core connection during pregnancy so that you will not be starting from scratch post partum.

(b) If you have DR after baby arrives, ask your healthcare provider to refer you to a physiotherapist or personal trainer who is trained to assess your DR and either guide you in your rehabilitation or refer you to someone who can. It is important to note that strengthening your superficial core muscles before your deep core muscles are rehabilitated can worsen DR and lead to other problems. Take the time to get strong from the inside out.

Fit 4 Two Classes that are safe for women with DR include Prenatal Fitness, Prenatal Aqua, Mom & Baby Fitness, Stroller Fitness and Tummies 4 Mommies Level 1. The latter is the ideal Fit 4 Two class for postnatal women who need guidance rehabilitating DR.

References
Diastasis Rectus Abdominis – Its Cause, Its Course and Its Treatment, Diane Lee BSR, FCAMT, CGIMS
A Strong Core for Life, Sue Dumais