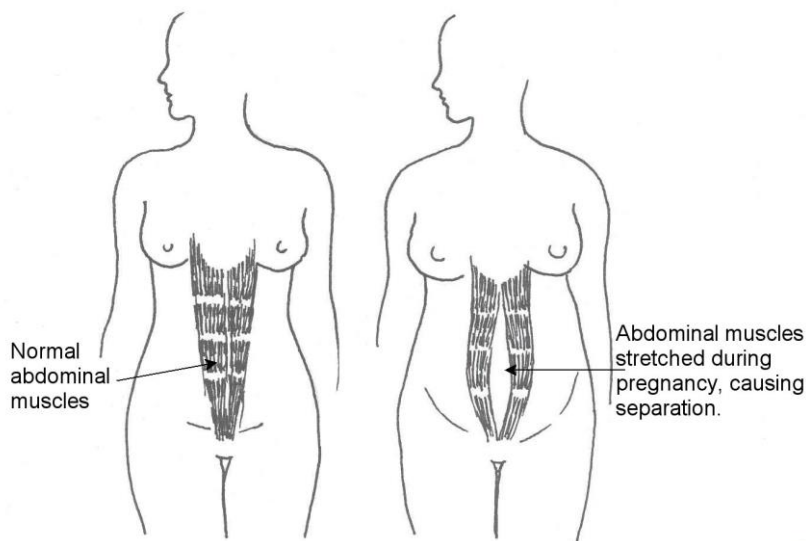


Separation of the abdominal muscles (diastasis/divarification)

This leaflet explains what diastasis / divarification is and outlines exercises you can do to manage your symptoms and to reduce the problem.

Exercise and pregnancy

You have been diagnosed as having diastasis/divarification. This means you have a gap between the muscles that form the front part of your abdominal “corset”. You will need to do exercises to bring these muscles back together. It is important to do these exercises as these muscles support your pelvis and back. These exercises will help you avoid backache and restore your stomach to pre-pregnancy strength more easily.



Abdominal muscles

The abdominal muscles form a corset that helps to support your back. These muscles are stretched during pregnancy and therefore are weakened. It is important not to try to do strong exercises until you have good control as this may strain your back. These exercises will help strengthen your abdominal muscles and prevent or relieve backache.

All exercises should be repeated up to 10 times with a short rest between each exercise, 3 times a day.

Exercise 1 (Core exercise)

- Start lying down with knees bent and feet resting on the bed. Take a breath in, and then as you breathe out gently draw your lower abdomen in towards your spine.
- Try to hold this while continuing to breathe, and then relax.
- Try to increase the hold until you can hold for the count of 10.
- Always draw these muscles in to support you when you are doing any abdominal exercises and in any activity involving your back e.g. lifting, lifting your baby, standing from sitting, getting out of bed and bending over. This is a good habit for life.

Exercise 2 (Pelvic tilting)

- Start lying down with knees bent and feet resting on the bed, draw in your lower abdomen, as in exercise 1.
- At the same time tuck your tailbone under, flattening the curve of your lower back.
- Keep breathing while holding this position for a few moments and then relax.
- This exercise can be done at any time and is also very good for easing an aching back.

Exercise 3 (Crunches)

Only start exercise 3 when there is no bulge noted in the abdominal muscles

- Draw in your lower abdomen as in exercise 1 and hold it in while continuing to breathe.
- Reach your hands towards your feet, lifting your head just off the pillow to look at your knees.
- Hold the position for 2-4 seconds.
- Your abdomen should remain flat throughout this exercise and you should continue to breathe.
- Lower your head back to the pillow and relax.



These exercises will help strengthen your abdominals and correct any gapping in the front of the abdominal muscles.

- **Do not** lift both legs up straight at the same time when lying on your back.
- **Do not** do sit ups from lying flat on your back.

The physiotherapist will provide you with tubigrip to wear around your abdomen to provide extra support when active. Try and only use tubigrip when on feet for long periods and then use your abdominal muscles (as in Exercise 1) when completing activities of daily life at home. You should use self assessment (as taught by your

physiotherapist) once a week to check that the gap is closing. It is important to also do your pelvic floor exercises with these abdominal exercises.

During exercise and normal activity it is important to avoid “peaking” (bulging of the abdomen through the gap in your muscles) as this delays healing.

Points to remember:

- Golden rule – look for abdominal bulge and avoid those movements!
- Avoid twisting movements.
- Always stand and walk tall.
- Always bend your knees and roll on to your side to get out of bed.
- Pull in your lower abdomen when standing up from sitting, getting out of the bath or lifting and bending.
- Use tubigrip after two weeks if you had a Caesarean section.

Useful websites and contacts

Association of chartered physiotherapist in Women’s health www.acpwh.co.uk

Chartered Society of Physiotherapy (CSP) www.csp.org.uk

Please ring 0118 322 7818 to speak to a maternity/women’s health physio at the Royal Berkshire Hospital.

This document can be made available in other languages and formats upon request.

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