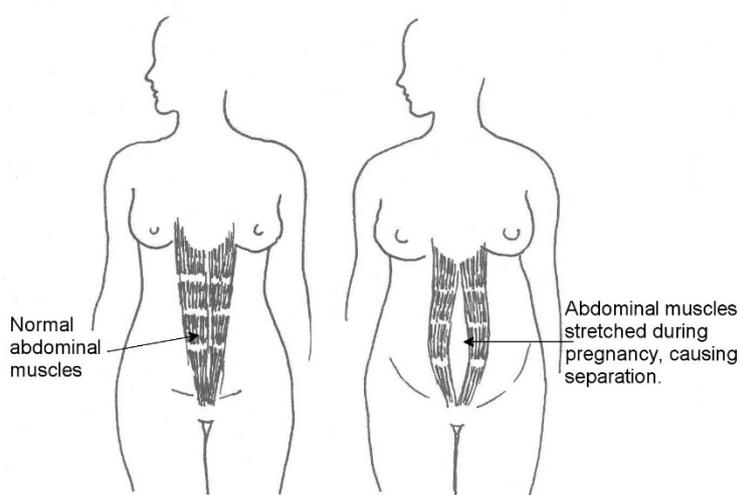


## Separation of the abdominal muscles (diastasis/divarification)

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 and exercises

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. The following exercises will help strengthen your abdominal muscles and prevent or relieve backache.

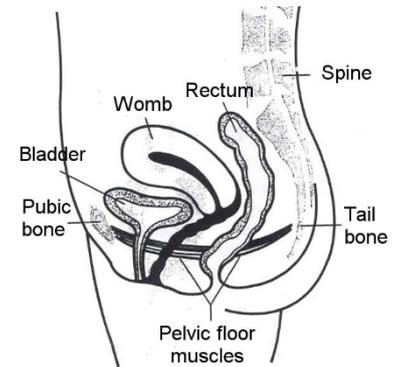
All exercises should be repeated up to 10 times with a short rest between each exercise, 3 times a day.

## Pelvic floor muscles

These are the sling of muscles that lie underneath the bladder and bowels which, when contracted, tighten around the back, vaginal and urethral passages. They support the internal organs and help control the bladder and bowels.

During pregnancy and vaginal delivery these muscles are put under considerable strain. Even if you have stitches in your perineum (the area between your vagina and anus) and/or haemorrhoids (piles) you should still start practising these exercises on day one. If you have a catheter in, then wait until the catheter has been taken out and you have passed a normal volume of urine before starting these exercises.

Gentle rhythmic tightening and relaxing of these muscles will help to ease pain and swelling.



### Exercise 1 'Slow ones' (these also help with urge incontinence and urgency)

- You should begin exercising your pelvic floor lying on your back with knees bent and feet flat on the bed.
- Tighten the back passage as if trying to hold in wind and then bring this contraction forward as if trying to stop urine.
- Do not use your tummy or bottom muscles when doing this exercise. You should not see any external movement.
- Aim to hold this contraction for 3-5 seconds. Build up strength within your pelvic floor until you can hold for 10 seconds.
- Keep breathing throughout and then relax your pelvic floor for at least 6 seconds in between each contraction.

### Exercise 2 'Quick ones' (these can also help with stress incontinence)

- You should begin exercising your pelvic floor lying on your back with knees bent and feet flat on the bed.
- Tighten the back passage as if trying to hold in wind and then bring this contraction forward as if trying to stop urine.
- Do not use your tummy or bottom muscles when doing this exercise. You should not see any external movement.
- Hold for 1 second and relax for 1 second. Repeating 10 times.

Try to build these exercises into your routine, for example, while feeding or changing your baby. Try to use these muscles to support you by tightening them before you cough, sneeze, lift baby, or stand from sitting - this is a habit for life.

## Abdominal Exercises

### 1. Core Exercise

- Start by lying down with your knees bent and feet flat. Take a breath in, and as you breathe out draw in your belly button towards your spine.
- Hold this for 2-4 seconds while continuing to breathe, and then relax.
- Progress this exercise by holding for up to 10 seconds.
- Complete 10 repetitions; continue to breathe throughout the exercise.
- 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 your baby, standing from sitting, getting out of bed and bending over.

### 2. Pelvic Tilting

- Start by lying down with your knees bent and feet flat.
- Draw in your belly button towards your spine and hold (as above).
- Then flatten the curve of your lower back down, lifting your bottom upwards.
- Hold this for 2-4 seconds and then relax.
- Complete 10 repetitions; continue to breathe throughout the exercise.
- This exercise is also very good to ease any back ache.

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, if they feel this is necessary. 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.
- 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, 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](http://www.acpwh.co.uk)

Chartered Society of Physiotherapy (CSP) [www.csp.org.uk](http://www.csp.org.uk)

Please ring 0118 322 7811/ / 7812 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.

Written by: Women's Health Physiotherapy Department, June 2018

Reviewed: September 2020 (J Churches/A Manoharan)

Approved by Maternity Information Group & Patient Information Manager, November 2020

Review due: November 2022