

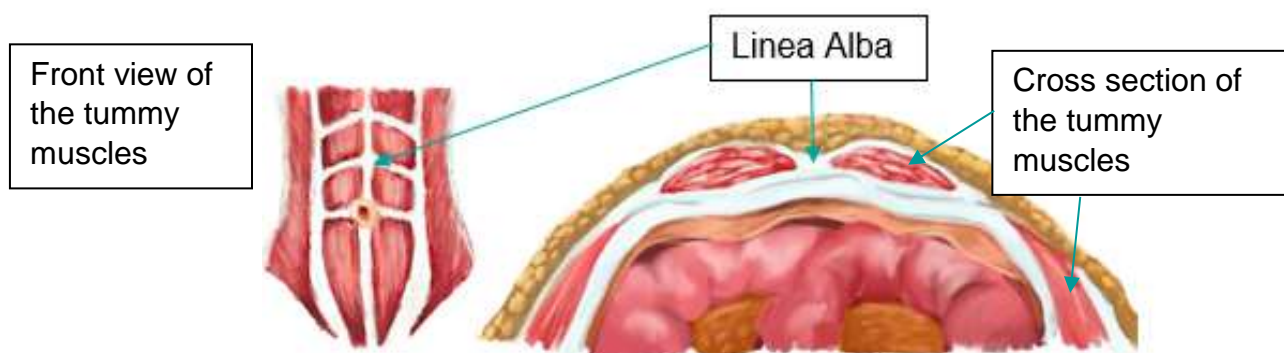
# Diastasis Rectus Abdominis

## Abdominal muscle separation

### Physiotherapy Patient Information

#### Your tummy muscles

Your abdominal wall consists of four layers of muscles which are all attached to a central fibrous band called the linea alba.



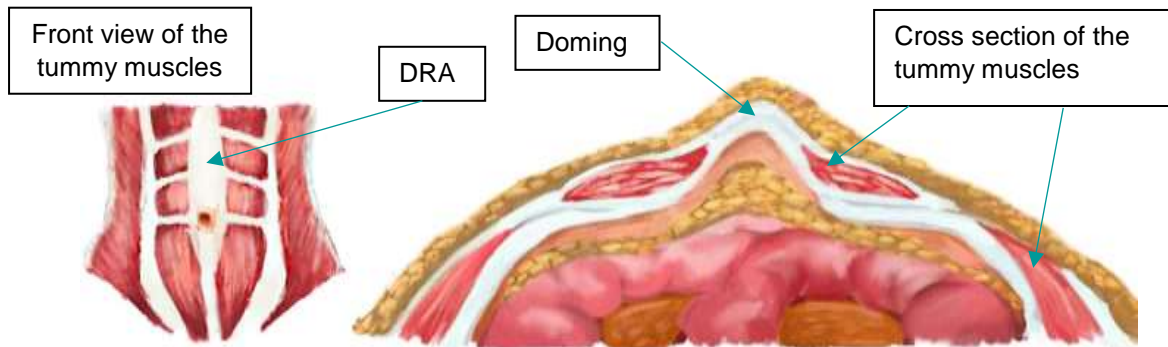
#### What is a diastasis rectus abdominis (DRA)?

DRA (sometimes called abdominal muscle separation) happens when the abdominal wall is stretched and weakened during pregnancy. The linea alba becomes thinner and wider.

All women are thought to experience some degree of DRA towards the end of pregnancy. This separation is a normal part of pregnancy. The muscles lengthen and the linea alba stretches to allow your baby to grow. This process is affected by the hormones progesterone and relaxin. 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.

You might see a 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 abdominal wall strength and function and create a “mummy tummy” appearance, which can affect your confidence in your post-pregnancy body.

### Risk factors for ongoing problems

- 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 do a self-assessment

• Lie on your back with your feet flat on the floor/bed and your knees bent.

• Place your fingers in a horizontal line in the centre of your abdomen, just above the belly button.

• Tuck your chin down 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 your abdominal muscles (it can be difficult to know what you're feeling and if unsure, ask your midwife, physiotherapist or GP for their advice).

• With this increased tension, assess how many fingers fit into the gap between the two bands of muscles.

A separation of 2.5cm (two to three fingers) is normal. Immediately after having your baby the gap can be wider than this which is also normal.

Try the exercises on page 4 and see if it improves over 3-4 weeks.

If it is more than three fingers or you notice ongoing “doming” please contact your GP and request a referral to a women’s health physio.

### 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 Women’s 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.

(see Pelvic Floor Exercises link on this webpage for more information).

### 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”.

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.*

If you have ongoing concerns about your diastasis and would like to be assessed by a physiotherapist, please ask your GP or health visitor for a referral.

If you have any queries, please do not hesitate to call Physiotherapy reception on (01225) 821241. They will be able to direct you to your Physiotherapist.

Alternatively, you can email [ruh-tr.therapiesoutpatientadmin@nhs.net](mailto:ruh-tr.therapiesoutpatientadmin@nhs.net)  
To access video links and further support, please visit the Physiotherapy webpage: <https://ruh.nhs.uk/patients/services/physiotherapy/>



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“illustration independently created but based upon: Donnelly G.  
(2019) Diastasis rectus abdominis: physiotherapy management. *Journal of Pelvic, Obstetric and Gynaecological Physiotherapy* 124 (Spring), 15–19.”