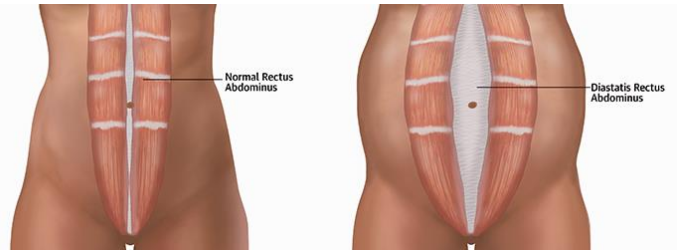


Rectus Abdominus Diastasis (Diastasis Recti)

Diastasis Recti occurs when the two vertical abdominal muscles (recti) stretch apart and separate outwards creating a gap.

This gap can be from 2 to 3 centimetres wide to 12 to 20cm and extending nearly the whole length of the muscles. A severe diastasis can weaken the entire abdominal “corset”.



This lack of support – along with the softening of ligaments by pregnancy hormones – increases the risk of back or pelvic problems before or after birth and may cause problems in subsequent pregnancies. There is also a risk of an abdominal hernia if the diastasis remains over long period of time.

Self-check for diastasis recti

1. Lie on your back with your legs bent – as shown (right).
2. Rest the fingertips of one hand across the centre of your abdominal muscles just above or below your belly button.
3. Tilt your pelvis back, and breathe out as you lift your head and shoulders towards your knees.



You will feel the firm edges of the muscles on each side and a soft gap in the middle if you have diastasis recti.

4. Hold for no more than a few seconds and then lower your head and shoulders back to the floor.

[Watch a video on how to self-test for diastasis recti](#) (MuTu System UK).

Activity advice for women with diastasis recti

You will need to modify any exercise programme until the diastasis has resolved to less than 2 centimetres in width. Avoid any kind of abdominal crunching movement or one that places great strain on the area until this time – this including sit-ups, leg lifts, leg extensions or sitting up in bed.

Be careful when lifting heavy weights or performing other strenuous exercises such as running, jumping, and picking up children or shopping.

Consult a qualified personal trainer or physiotherapist if your diastasis is not reducing by six weeks. They can help advise you on the exercises to avoid and suggest those that will help close the abdominal muscle gap.

Getting help and support

Some small diastasis rectus abdominis can resolve spontaneously postnatally. However a larger diastasis may need physiotherapy intervention. It is recommended you get this checked by your midwife, obstetrician, GP or women's health physiotherapist. Extreme cases may require surgery.