



Patient information service St Michael's Hospital Weston General Hospital

Divarication of the abdominal muscles Advice during and after pregnancy



Your abdominal (tummy) muscles

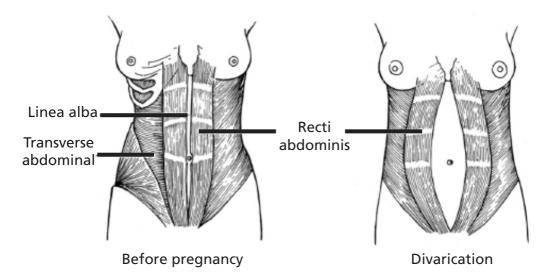
There are four abdominal muscles that help to support your internal organs.

They are the:

- recti abdominis
- transverse abdominis
- external obliques
- internal obliques.

They support your back and help you move. The recti muscles are joined in the middle by a fibrous band called the linea alba.

The deepest abdominal muscle, the transverse abdominis, works with your pelvic floor and they are often called your core muscles.



What is a divarication?

A divarication is an increase in the gap between your two recti muscles.

This separation is a completely normal part of pregnancy. However, the size of the gap can vary from one woman to another.

You can have a divarication anywhere along the middle of your tummy. It can be the whole length from just below your ribs to your pubic bone, or it can be just above, around or below your belly button.

What happens in pregnancy?

As your baby grows the two bands of recti muscles lengthen and move apart when they are not able to stretch anymore

At the same time, the linea alba is also softened and stretched. The hormones progesterone and relaxin allow this to happen.

How do I know I have a divarication?

One of the signs this is happening is that your notice a bulge or doming of your muscles when you sit up from lying down or getting out of the bath.

You may notice this when you are pregnant, or it may be more obvious after you have given birth.

If you notice it after your baby is born, you may also realise that your stomach muscles feel very loose and stretched.

Advice for antenatal and postnatal care

As much as possible try to avoid activities that make your muscles bulge/dome, for example:

- Try to avoid unnecessary heavy lifting and hold heavy objects as close to your body as possible.
- Tighten your pelvic floor muscles, gently contract/pull in your tummy muscles, and avoid holding your breath as you lift.
- When getting out of bed, roll onto your side and sit up sideways using your arms to push yourself up.
- To get into bed first sit down, then lower yourself onto your side lifting your legs up at the same time.
- Try and maintain a good upright posture, do not slouch when you are sitting or standing.
- Pelvic floor exercises are very important both before and after you have given birth.

Abdominal supports

If your abdominal muscles feel very uncomfortable or you feel the need for some support, then close-fitting or elasticated clothing or maternity bands can help. You can find many examples on the internet. These can be worn before and/or after the birth of your baby.

Close fitted clothing that covers your bump will not harm your baby, however, they are usually meant to be worn while you are 'up and about' and removed overnight.

If you need to wear some support after your baby is born, then it should usually be just for a few weeks at the most. You should also be doing some gentle abdominal exercises to help your abdominal muscles recover well.

Exercises

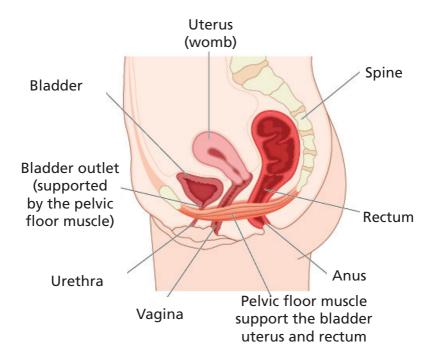
These are safe to do while you are pregnant, and you can start as soon as you feel able following the birth of your baby unless you have been advised otherwise.

Important

You should not lie on your back to exercise after 19 weeks of pregnancy. You should lie on your side rather than your back.

Pelvic floor exercises (Kegels)

The pelvic floor muscles are a group of muscles that form a sling at the bottom of your pelvis. These muscles are stretched and weakened during pregnancy and vaginal deliveries, which when weak, can lead to problems.



How to do a pelvic floor exercise

You may notice that your lower abdominal muscles tighten when you complete the pelvic floor contraction, this is normal because these muscles usually work together. These exercises can be done in lying, sitting or standing.

Slow pelvic floor contractions

- Tighten your pelvic floor muscles around your anus as if you are trying to hold in wind (trying not to fart).
- Feel this tightening continue forwards and upwards as if you are trying to stop the flow of urine (pee).
- Hold the contraction, if you can, for 2 to 3 seconds then relax your pelvic floor and rest it for 2 to 3 breaths.
- Complete this exercise as many times as you feel you can, up to 10 times.

As you get stronger hold the contraction for longer until you can hold it for 10 seconds, 10 times.

Fast pelvic floor contractions

- Tighten your pelvic floor muscles as before but quickly.
- Squeeze and lift your pelvic floor muscles all the way to the top and then release them so that they relax fully.

Complete this exercise as many times as you can up to 10 times in a row.

Pelvic floor exercises should include long holds and quick squeezes. You should aim to work the muscles until they tire and do between 2 to 3 sessions a day. You are aiming to be able to do x10 quick and 10 second holds x10 in standing.

Abdominal exercises

Abdominal activation

This is a gentle exercise to help improve the activity of your abdominal muscles. You can complete this exercise in lying, sitting or standing positions. If lying down, it must be on your side after 19 weeks of pregnancy.

You can rest one hand on your tummy to feel the muscles activate.

- Take a slow breath in.
- As you exhale (breathe out) tighten your pelvic floor muscles and your abdominal muscles.
- Hold this contraction for a couple of seconds.
- As you inhale (breathe in) relax your pelvic floor muscles and your abdominal muscles.

Complete as many times as you can do well, up to 10 times.





Pelvic tilts

This is a gentle exercise to help improve the activity of your abdominal muscles and to help your lumbar spine mobility.

This exercise can be completed while sitting or lying with your knees bent. Not on your back after 19 weeks of pregnancy. The technique remains the same in either position.

- Take a slow breath.
- Then as you breathe out gently draw in and tighten your abdominal and pelvic floor muscles and tilt your pelvis backwards which flattens your spine as shown in the first picture.
- Then as you breathe in tilt your pelvis forwards and relax your abdominal and pelvic floor muscles.

Complete as many of these movements as you feel able to, up to 20 times.





Four-point kneeling (postnatal exercise)

This exercise should be completed when you feel you have increased control of your muscles (potentially three to four weeks after your baby's birth).

This is a lovely position to exercise in as it allows you to have your baby on the floor and engage with them whilst you exercise.

The key points are the breathing and position of your back.

- On all fours make sure your knees are under your hips and your hands under your shoulders.
- Allow your abdomen to fully relax.
- Take a big breath in, on the exhalation tighten your tummy muscles and draw your abdomen muscles up towards your spine (this is a gentle movement).
- Take a few breaths whilst holding this contraction and then fully relax.

Complete as many of these movements as you feel able to, up to 10 times.





Postnatal advice

It is normal for your abdominal muscles to feel stretched and weak immediately after birth. A gap of 2 to 3 fingers wide is considered normal.

Your muscle separation should recover naturally as the softening effect of the hormones on the linea alba reduces.

Continue following the advice in this leaflet and start your core exercises as soon as you feel ready.

If you feel you need to wear abdominal support, remember you also still must do your exercises, don't just rely on the support. By two to four weeks, you should be able to reduce the amount of time you wear it, as you regain more control of your muscles.

Avoid constipation by drinking enough fluids and eating fruit, vegetables, and plenty of fibre.

You may find it easier to put your feet up onto a step-stool when you use the toilet and support your abdomen as you do a poo.

If you need to cough strongly, then cross your arms over your tummy and pull up your pelvic floor muscles to give extra support.

You should try to avoid any heavy lifting for the first two to four weeks, which will allow healing to get established. **Car seats** with baby in them are very heavy.

If you use a baby sling, then consider using it for short periods of time only and take regular rests to allow your muscles to rest.

Avoid forward leaning positions as much as possible so try kneeing down by the side of the bed when you change your baby's nappy/get baby dressed. When you do need to lean forwards then gently draw in your tummy muscles.

When you feel you can control the doming/bulge and you feel that you have regained some strength in your muscles then you can progress to the exercises shown in the Pelvic, Obstetric and Gynaecological Physiotherapy (POGP) leaflet, see below. This can be from four weeks onwards.

However, if your tummy still bulges then it is too soon, wait another two weeks before tying again.

POGP Fit for the future leaflet

This leaflet also includes advice about returning to fitness following vaginal and caesarean section births. It can be read online, or you can download and print it.

IT can be downloaded by visiting: https://thepogp.co.uk/_userfiles/pages/files/211721pogpfffuture_signed_off.pdf

or by scanning the QR code below.



Babies are very welcome to accompany patients to their appointments with the pelvic health physiotherapy team.

When to ask for help

A small divarication usually improves a great deal in 4 to 8 weeks by following the advice and exercises in this leaflet. However, the muscles can take up to 12 weeks to return to their correct position, and some wider divarication's can take much longer. Some women do need extra help.

A. If your muscles, feel very floppy and bulgy after birth then your midwife should assess you to see how wide your divarication is and the ward physiotherapist may be able to see you.

If the gap is more than 4 fingers wide a referral should be made for an outpatient appointment. You should still start the exercises in this leaflet before your appointment.

If you have had an early discharge, then you can also be referred by your community midwife or health visitor.

- B. If your gap is less than this and you have followed all the advice and exercises yet are not seeing any improvement at all by 6 weeks again you should ask for a referral. This can be done by your GP at your postnatal check, or you can speak to your midwife or health visitor.
- C. If you are concerned about abdominal or back pain then ask for a referral to physiotherapy from your midwife, GP or health visitor.
- D. If you have concerns about bladder, bowel or prolapse symptoms we have a self-referral leaflet you can fill in.

You can download this here: http://foi.avon.nhs.uk/download. aspx?did=15577 or scan the QR code:



Notes	

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Help us prevent the spread of infection in hospital. Please make sure your hands are clean. Wash and dry them thoroughly/use the gel provided. If you have been unwell in the last 48 hours please consider whether your visit is essential.

Smoking is the primary cause of preventable illness and premature death. For support in stopping smoking contact

NHS Smokefree on 0300 123 1044.

Drinkline is the national alcohol helpline. If you're worried about your own or someone else's drinking, you can call this free helpline in complete confidence.

Drinkline on 0300 123 1110.

To access all patient leaflets and information please go to the following address:

http://foi.avon.nhs.uk/

Bristol switchboard: 0117 923 0000 Weston switchboard: 01934 636 363 www.uhbw.nhs.uk



For an interpreter or signer please contact the telephone number on your appointment letter.





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