

Can
you
prevent
mummy
tummy
?

**REAL TALK: YOUR ABS
MIGHT SEPARATE
DURING PREGNANCY.
BUT IT'S NOT
NEARLY AS SCARY
AS IT SOUNDS.
FIND OUT WHY IT
HAPPENS AND
WHAT YOU CAN
DO ABOUT IT.**

By Leslie Goldman \ Additional Reporting by T.K. Brady

The question “Will my body ever be the same?”

crosses every pregnant woman’s mind at least once. Ground zero for our fretting: the belly. But you may be surprised to learn that a post-baby mummy tummy is often not the result of excess weight gain, but of a condition called *diastasis recti*, or DR. It’s a separation of the two large parallel bands of muscles (the rectus abdominis) running from the top to the bottom of the abdomen, and it occurs to some degree in more than 99 percent of pregnant women. “As your uterus grows with the baby, it forces the intestines and other abdominal organs up, pushing the ab muscles out,” explains Lesli Lo, a physical therapist specializing in women’s health at Northwestern Medical Group Obstetrics and Gynecology in Chicago. To accommodate your changing body, the connective tissue that runs between these muscle groups stretches. Over time, the tissue thins and begins to lose elasticity (kind of like that hair tie you use ... Every. Single. Day.), resulting in what looks (to a very discerning eye) like two three-packs instead of one six-pack under the skin. And OK, to a less discerning eye, it looks like a bit of a pooch.

But relax—this isn’t a totally freaky pregnancy problem. In fact, plenty of women (and men!) who have never even been pregnant have a diastasis recti. Bonnie Wayne, a prenatal- and postnatal-certified personal trainer in Yorkville, Ill., who teaches the diastasis-closing Tupler Technique (an 18-week program of exercises, physical therapy and splints—learn more at diastasisrehab.com) says about 30 percent of her clients have a small to moderate diastasis before they conceive. That’s partly due to poor body mechanics, e.g., jackknifing out of bed instead of rolling onto your side to push up with your hands (which you should do every time, preg or not!), and overdoing exercises that tug on that ab-level connective tissue. (Crazy fact: Joseph Pilates himself sported a

diastasis. Plenty of muscly male bodybuilders do, too.)

So if it’s normal and common, what’s to worry about? Not much, at least while you’re pregnant. “When you lie down and engage your abs, you may see an alien-like bulge in the middle of your bump where your abdominal organs or uterus are protruding now, but you won’t notice it when standing,” Lo says. And thankfully, most women have such minor DRs that they don’t cause significant side effects during pregnancy, observes Leena Shankar Nathan, M.D., an OB-GYN at UCLA Health System. If you do develop a major one while expecting, as some pregnant women do (there aren’t hard numbers on this, though some experts estimate it affects around a third of women)—or if you have a C-section, during which your doctor essentially

has to create a diastasis to get the baby out—your OB may give you activity restrictions or exercises to temper the back pain that could accompany it (see “Do I have a diastasis?,” at right). Whether your gap is tiny or noticeable, stave off post-preg problems and reduce the pooch by laying the groundwork now: During workouts, opt for moves that engage your transverse abdominal (TVA) muscle without targeting your obliques and six-pack muscles (see “Do These Moves,” p. 100).

The long-term outlook is good. For most women (even those with larger separations), the diastasis will naturally shrink back to less than one finger width by one year postpartum, Lo says. (Anatomically speaking, though, the muscles will never fully join back together because of the lost elasticity.) In about a third of women,



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Preg or not, don't hold your breath when lifting heavy objects or using the toilet; breathe from your belly to avoid straining your abs.

● Do I have a diastasis?

You're more likely to develop a noticeable diastasis if you're carrying multiples or a bigger babe, if you're over 35, or if this isn't your first rodeo, since muscles weaken with age and with each pregnancy. Testing for a diastasis is easy, and you can do it at any point before, during or after you're preg: Lie on your back, legs bent, and place your fingers a few inches above your navel (pointing down toward your pelvis) while lifting your head a few inches off the ground, engaging your core. As you curl, you may feel one or two fingers sinking between the rectus abdominis muscles; if so, you might have a small but likely inconsequential diastasis. If you find more than three fingers sinking, check with your doctor about how to avoid making it worse.

● Will one of those corset things fix it?

It's debatable. Many new moms swear that abdominal splints and braces worn during or after pregnancy helped give them their old abs back (exhibit A: Jessica Alba, who has said she wore two corsets, around the clock, for three months postpartum!), but there's no scientific evidence to prove it. Still, braces and belts worn during pregnancy can be helpful in preventing back pain and pelvic discomfort, Nathan says, and they certainly won't make a DR worse. Just check with your OB to make sure you've got a good one and you're wearing it correctly.

● Should I get surgery?

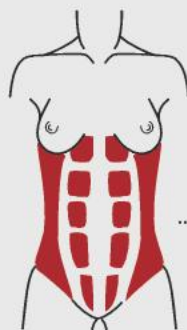
Surgery to fix a diastasis is often performed in conjunction with an abdominoplasty, or tummy tuck, but it's a major ordeal (think: general anesthesia and a hip-bone-to-hip-bone scar). It is rarely done independently of other procedures, i.e. just to correct a DR, Nathan says. If you do think you need the surgery, she recommends doing it six months to one year after your very last pregnancy, when you're sure you're shutting down the baby-making factory. Talk with your OB about the right option for you—you may just need to change the way you're exercising or do physical therapy to help your DR grow back together.

a space of two to four finger widths remains, which could mean your organs haven't shifted back into place and are protruding through the stretched connective tissue, leaving you with an unsightly bulge (and, ugh, causing strangers to inquire about your nonexistent due date). If that's you, steer clear of crunches, because they engage your obliques and worsen the separation. (That's right, permission to give sit-ups the slip! You're welcome.) Instead, stick to the TVA-focused exercises you did during pregnancy to close the space and strengthen your abs.

The most comforting news: With the right moves and body mechanics, you can minimize your diastasis while pregnant, close it up afterward and continue rocking a bikini until your babe becomes a mortified tween ("Mommmmm!").



YOUR ABS BEFORE SEPARATION ...



... AND AFTER

DO THESE MOVES TO PREVENT A DIASTASIS

The TVA muscle wraps around your entire midsection to stabilize and support your abdomen, spine and pelvic floor; strengthening the TVA helps it hold your organs in place.

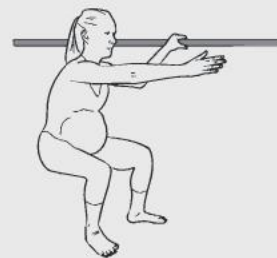
During pregnancy, your organs naturally shift around a bit, but doing these exercises now will keep them closer to their starting positions, and continuing to do the moves after Baby is here will help push them back into place. Most TVA moves are extremely gentle—you're unlikely to feel a burn and may be left wondering, *Am I really doing anything?* You are, assures trainer Bonnie Wayne, who did these moves, among others, during four of her own pregnancies, closing a four-finger diastasis to less than one every time. After her fifth pregnancy, she returned to a 25-inch waist in just four weeks!



THE ELEVATOR Sitting or standing up straight, contract TVA muscle back toward spine, as if you were squeezing into a pair of skinny jeans. Hold for 30 counts, continuing to breathe, then perform 10 squeezes—pull in as you exhale, release as you inhale. Next, inhale deeply through belly, releasing abdominal muscles, then repeat the hold-and-squeeze sequence. Aim for 10 sets daily—Wayne suggests sneaking them in while you're driving, showering or brushing your teeth.



HEAD LIFT If your OB has cleared you for supine exercises, lie on your back, knees bent, wrap a large scarf around your waist and gently grab opposing ends to bring "six-pack" muscles toward the middle. Inhale deeply, then slowly exhale for 5 seconds as you squeeze navel down towards spine, engaging your abs, and raise head just an inch above the ground (shoulders remain on the ground). Return to starting position. Perform 2 to 3 sets of 10 to 15 reps a day.



SECRET AB SQUAT Hold onto a barre or the back of a chair and stand with feet parallel, hip-width apart, and weight in heels. Engage abs, inhale and bend knees, sending hips backward and down parallel with knees, keeping back straight and chest upright (don't hunch or lean over). Hold position for 1 to 5 minutes. Exhale as you return to standing. Do 10 to 20 reps 1 to 5 times per week. (Hint: The "secret" is that you're safely using your abs, not just your legs, to help lower and lift your body.)

WHAT NOT TO DO Avoid crunches (regular and bicycle), twists and back-lying Pilates moves during pregnancy and for six to nine months postpartum (if you have a noticeable DR) as these exercises work your obliques, which run diagonally across your core. "When you engage your obliques, you pull your ab muscles further out to the sides, worsening the diastasis," physical therapist Leslie Lo says.

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