

Bridging the Gap: Knowledge of Diastasis Recti Abdominis in Postpartum Women

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Introduction

Diastasis recti abdominis (DRA) leads to a myriad of limitations in the physical and emotional well-being of women. Currently, there is an absence of evidence regarding the lived experience of women with DRA and suggestions for effective and accurate patient education. The purpose of this study was to understand the experience of postpartum women who have either been self-identified or medically diagnosed with DRA. This study provides a more in-depth insight into the care and education for postpartum women with DRA.

Methods

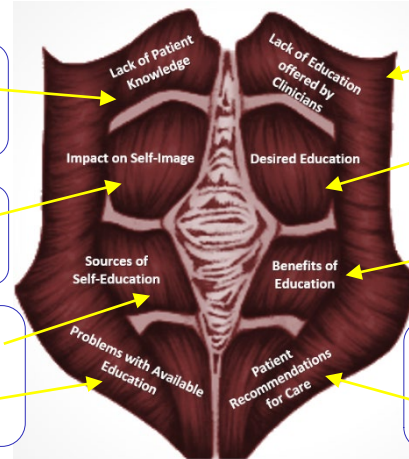
Basic interpretive qualitative methodology and convenience sampling was used. Recruitment occurred in a variety of settings including outpatient physical therapy practices, OB/GYN offices, online support groups for mothers/expecting mothers, and local colleges and universities. A total of 13 participants, 8 weeks- 3 years postpartum, were included with a mean age of 31.3 (±3.65) with an average gravida 2.3 (±0.5) and para 2 (±0.3). Of the 26 total births among participants, 16 were of natural delivery and 10 were cesarean, with only one multiparous birth. Each participant contributed their experience through a semi-structured, in-depth interview which ranged from 15-45 minutes in length. Transcription and coding of interviews resulted in the generation of themes.

Results

Jamie: *I feel like if I had known immediately that's what it was. I could have gone, you know, to physical therapy and, you know, gotten the problem fixed a lot earlier, um, than waiting so long to even know what it is and more about it.*

Myrna: *After pregnancy, I've struggled extremely. It makes you conscious about yourself, and I don't even, like makes you feel ugly, not like yourself...I don't want them [daughters] to have a negative body image.*

Rebecca: *I dove into the Journal of Physical Therapy, and other scholarly journals, mainly physical therapy based. I spoke with a mentor who does a lot with women's health. I used ol' Google. I joined Facebook support groups but quickly realized all the bad information on those forums*



Annalise: *...I can't believe my doctor didn't mention this while I was pregnant. And I literally said, it feels like my muscles are ripping apart*

Brit: *Do something about this and make a brochure, of some sort to give women some type of knowledge of what is going on.*

Rebecca: *I think honestly, having the diagnosis and how, like how many fingers and all that was helpful to know...So again, you're not making people fearful cause I think that's, there's enough fear around pregnancy. We don't need to add to it.*

Rheema: *I would say that you should never be ok with "well you had a baby, you should feel this way... Even if it is an expected effect of pregnancy it doesn't mean you shouldn't have care for it... if one person will not help you, ask another until you get the help you deserve.*

Discussion and conclusions

Participants identified anxieties and confusion surrounding the physical limitations they were experiencing. The lack of knowledge led to the search for information from many sources regardless evidence behind the information. The education they did receive regarding the diagnosis of DRA provided a perceived empowerment which resulted in recommendations from every participant for others to be empowered in their own care. Education not only serves as a conduit of knowledge, but it also serves to provide comfort and understanding of a new normal. This study provides the insight that for women experiencing DRA the amount and type of education they receive is important. It has the ability to develop self-advocacy, affect self-perception of health status, and provide direction for possible treatment options that were otherwise unknown.

Recommendations

Future research into the experience women have surrounding the diagnosis of DRA is needed to expand on the themes identified in this study. Investigation of the experiences of women in a broader geographic area would provide insight into health disparities among different populations and identify best practices.

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IRB Approval

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