

DIASTASIS RECTI & ATHLETICISM



BRIANNA BATTLES



About Your Coach

Brianna Battles is the Founder of Pregnancy & Postpartum Athleticism and CEO of Everyday Battles LLC.

She specializes in coaching pregnant and postpartum athletes, as well as educating coaching professionals on how to help athletes navigate the physical and mental considerations of training during these chapters in a woman's life. She is a relentless advocate and relatable resource for women who want training during pregnancy and make a sustainable return to performance, lifestyle, function, career, and activity postpartum (and postpartum is forever)! This effort is what led to her creating a curriculum for her colleagues- coaches and practitioners- who also want to support athletes through this process.



Brianna has well established, successful online education, programs, and resources for fitness professionals, practitioners, and athletes. She has built an international team of P&PA Coaches who are equipped to work with pregnant and postpartum athletes in their communities and online.

She has experience coaching a variety of athletes, ranging from professional and collegiate athletes to the recreational exerciser. This is how she cultivated a top-down approach to her coaching culture. She has helped many athletes manage core, pelvic health, orthopedic and other physical challenges while still encouraging their athletic goals and pursuits.

Brianna has her Master's Degree in Coaching and Athletic Administration and her Bachelor's degree in Kinesiology. She is an active member of the NSCA where she is a Certified Strength and Conditioning Specialist (CSCS), and a USAW Sports Performance Coach. She has completed multiple continuing education courses and mentorships in the women's health and strength and conditioning realm.

She lives in Southern California with her husband and 2 sons (Cade and Chance).



Intro

*Author Note:

This outline of “what you need to know about Diastasis Recti” was born from an Instagram series I did on this subject. The feedback and engagement was incredible, and I knew this information needed to be consolidated, while still keeping the content relatable and digestible. Instead of focusing on the physiological side of diastasis recti only, I tried to merge my personal situation of navigating a significant diastasis with my professional work of helping athletes recover and better manage their core, pelvic health and athleticism.

What has been frustrating to me, and so many other women, is the mixed messages surrounding diastasis recti. It went from being an unknown consideration, to incorrectly pathologized. The pendulum swung from oblivion to fear and everything in between was strong messages and advice that often are not founded on evidence, professionalism or practicality for the individual.

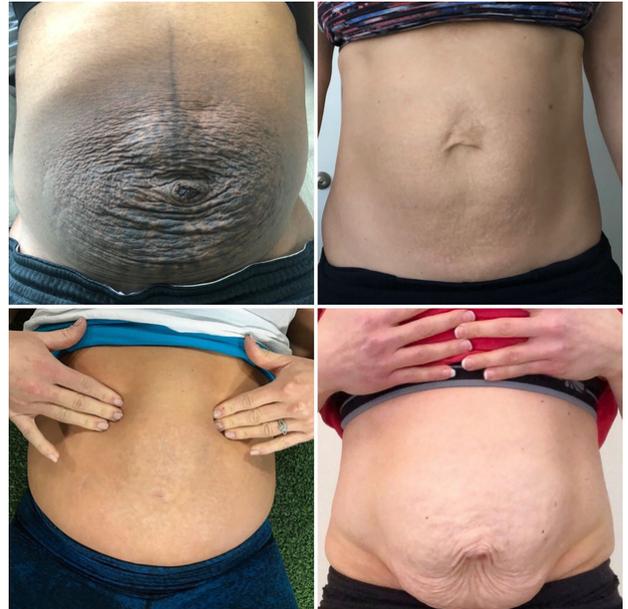
I hope this series helps break down a lot of confusing information and broadens your understanding by giving you well rounded education, awareness, strategies, resources and practical examples.



WHAT IS DIASTASIS RECTI?

Diastasis Recti is a naturally occurring component of pregnancy and postpartum. Your abdominal muscles have to expand during pregnancy to make room for your growing baby. The fascia of the Linea Alba, which is the line of connective tissue of the abdominal wall, has to spread and the muscles separate from the center. Your abs do not tear apart, split or stop working, despite common misconceptions.

You shouldn't be "terrified," of diastasis recti but your concern is valid because it is a new, physiological change to your anatomy. It's certainly hard to sort through the information made available.



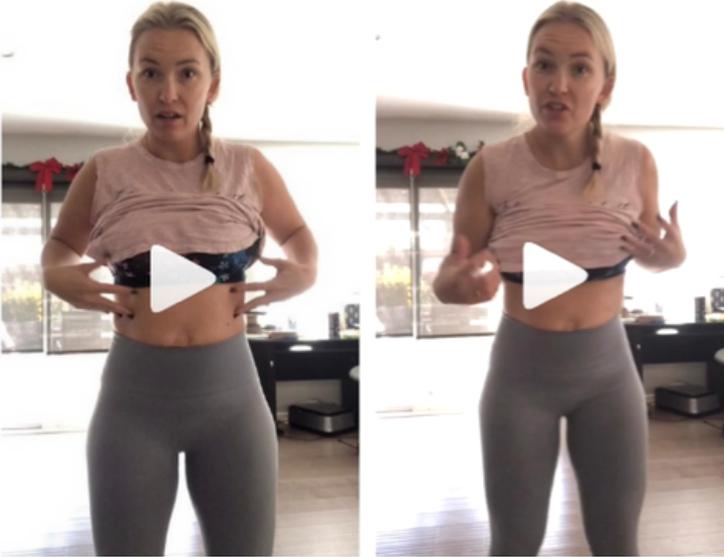
A diastasis during pregnancy is NOT preventable. However, adjusted training strategies (not just arbitrary do this/don't do that exercises) can help with the severity and management of it for most people during pregnancy and recovering postpartum.

- A 2 cm or less diastasis is considered within a "normal" range.
- Fascia density/tension is just as important as approximation (i.e. how the fascia feels and responds to challenge is just as important as how far separated your abs are).
- A diastasis may heal on its own, or it may need a lot of rehab. It might be minor, or it might be severe. It may accompany a hernia, pelvic health symptoms or orthopedic pain. Each case is unique.
- Pelvic floor physical therapy, a qualified coach and making awareness/adjustments to your tendencies and exercise all assist in the preservation and rehab process.
- Surgery does not need to be the only option, but it is for some after exhausting rehab and/or mental efforts.
- Diastasis recti presents aesthetically and symptom wise differently in every woman.



PRESSURE

Pressure isn't bad, we need intra abdominal pressure (IAP) to be a functioning, active person. However, athletes typically have high pressure tendencies that carry over into things that don't need bracing and breath holding.



- Pregnancy increases intra abdominal because the baby creates new demands on your core system, which impacts your physical structure, habits, breathing and movement. This is why “doing what you’ve always done” isn’t an accurate exercise recommendation. Everything is changing!
 - Your awareness of pressure tendencies and adjustments in training and life can help manage a diastasis during pregnancy and recovery postpartum.
-
- Try to discover new pressure strategies instead of the only one you’ve been coached on (which is to breath hold and brace- generating a lot of tension). That strategy tends to carry over to tasks that don’t require it, placing excess force on the linea alba, an area that’s already being pressed into and/or recovering from a lot of demand. You can control some pressure by controlling your habits in training and applying them to your activities of daily living.
 - Try to exhale prior to your effort, whether it’s squatting with a barbell or picking up your baby. An exhale prior to the movement may help generate more support and tension in the linea alba, redistributing pressure. This will likely feel different, but different is good right now.
 - High IAP is great when you need it, like lifting that 300 lb barbell or opening a stubborn jar! But you don’t need to purposefully create high IAP in pregnancy or rehabbing/rebuilding postpartum when you’re trying to preserve and manage your core and pelvic health. Try new ways with new levels of awareness and intention.



DIASTASIS RECTI: HOW TO CHECK

- Lay on your back with your knees bent, fingers pointed downward and feel your midline (Linea Alba) from your sternum to your pubic bone (watch video). You are measuring distance separated between the rectus, as well as what the fascia feels like. Measure the resting separation flat on your back, feeling for the edges of the rectus.
- 2cm or less (~2 fingers) is within “normal” range of approximation. The fascia of your midline should dense up, becoming more taut with the crunch. It may feel different in different spots down the midline where it may sink in more.



A “functional diastasis” is where the distance is perhaps more than 2cm, but the fascia responds well (densifies) to different physical demands. This is where many postpartum women end up. “Normal” is variable and dependent upon many factors, which is why we cannot focus on measurements alone. Diastasis Recti is a wholistic adaptation our body makes both during pregnancy and postpartum.

I do not recommend measuring during pregnancy, only because it can become one more thing to obsess about. You will have a diastasis, it’s absolutely a normal part of the process. Focus your attention on what your tendencies are, how you’re managing pressure, positioning and exercise selection.

Some women may experience symptoms such as pain, orthopedic symptoms, pelvic health symptoms, hernia etc, but we can’t solely blame diastasis recti. For many women, it may simply be an aesthetic concern.

It is never too late to improve core function and symptoms. For some, healing takes place in the first 6 to 8 weeks postpartum, for others, months or years. Some may choose surgery by choice or circumstance. We have options and help available to us.

Pregnancy changes your body. We are designed to evolve and acclimate. Your body is resilient, and this does not define what you can or cannot do for the majority. There is help via building self awareness, getting professional support and by embracing patience, adaptability and strength.



DIASTASIS RECTI & MOVEMENT

I completely understand how you want a “do this/don’t do that” when it comes to exercise for both core and pelvic floor “safe” movements.



There are movements that may generate more tension, create higher pressure to manage, or requires a position that may not be beneficial to managing or healing diastasis. A lot of these movements and variables can be adjusted to accommodate the demand on your core during more vulnerable chapters in your athleticism. This goes for both for pregnancy and postpartum exercise considerations. Remember, this is not forever, it's for now, while building or preserving core capacity.

Movement habits in lifestyle and exercise are more important than just doing exercise modifications.

Small adjustments in training can make a big difference in how your core and pelvic health is managed. For example, pressure management (what are you doing with your breath when you train) and positional awareness can assist in your pregnancy prehab and postpartum rehab.

In these photos, my pressure is leading out into my diastasis in the photos on the left. A simple adjustment of position (right) to being more “stacked” impacts how much pressure is being distributed forward/managed. Can you see how if I was pregnant, or rehabbing a diastasis, that this position may contribute to greater stress on the linea alba (midline fascia)?



You may physically be able to perform movements (toes to bar, kipping, handstand push-ups, heavy loads, ab workouts etc) but do they support the longevity of your performance and function, or just support your ego in the moment? I know that sounds harsh, but “athlete brain” can cloud our choices and reasoning.

Ask yourself WHY you want to do this particular movement, and then ask what benefit it is providing and how ready you are for it. Don't worry about strength or loss of skill - they come back!

In summary, control what you can in exercise and surrender to the other variables that come with the chapter you're in.



DIASTASIS RECTI & CONING



In this picture, this athlete is demonstrating a variation of pull-ups so that you can see the coning of her abdomen.

I will reiterate that a diastasis is not the worst thing ever. It's nothing to fear, it is simply something to be aware of so you can make informed training & lifestyle adjustments during a more vulnerable chapter in your athleticism.

Coning has become a "dreaded" symptom, when really, it's just feedback on how you're managing intra abdominal pressure. Breath holding, positioning, exercise, bracing/sucking in, etc are factors that may create this "bulge." Improved core strategy can manage how pressure is distributed into the midline fascia.

The pregnant athlete shown in this image had a pretty significant separation. In this picture she's hanging from a pull up bar so I could see what her midline did in that extended position. She made modifications to her training, strategies and habits so that she could better manage this diastasis.

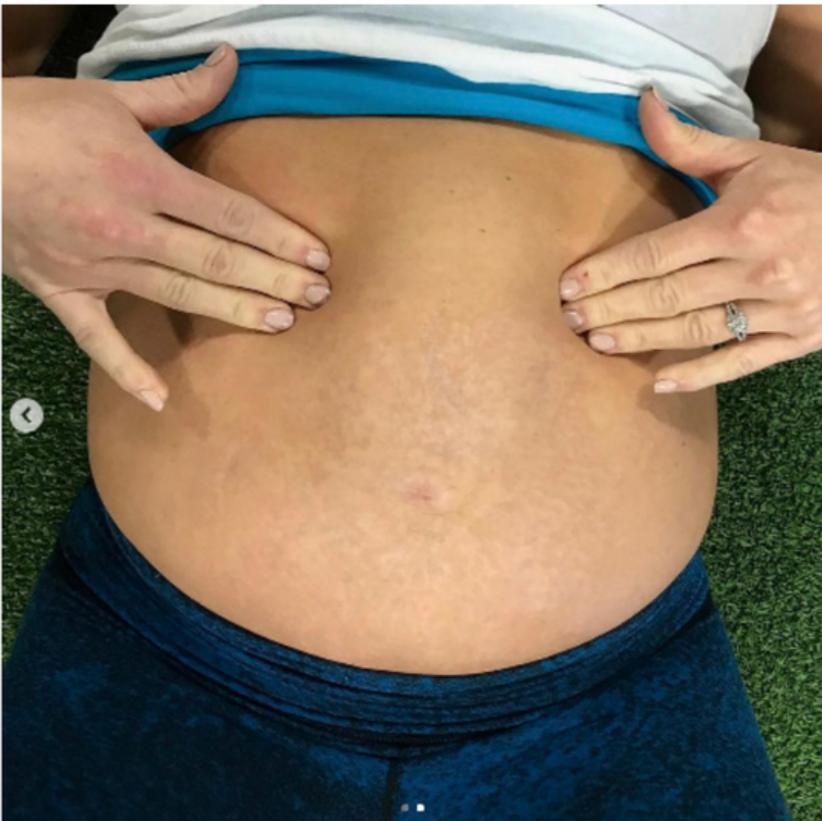
Some movements are hard to manage pressure, and when you are pregnant or postpartum, being mindful of these demands are key so you don't contribute to diastasis more than the baby already is/has. I don't say this to create fear, but to counter the exemption mindset. Just because you physically can, doesn't always mean you should when taking into account your long term function & performance.



Coning is just visual feedback of pressure distributing forward. It will happen when getting off the couch, doing pull ups, rolling over, doing sit ups, a push press, etc.

An exhale with a gentle pelvic floor contraction may help provide more support for the abdominal wall, fascia and pelvic floor during demands that may cause coning. However, changing pressure management strategies aren't enough, changing HOW you train (your tendencies, the risk vs reward mindset and patience for the chapter you're in) will yield greater results.

High intra abdominal pressure strategies (coning/bracing/valsalva), may increase risk of hernia, DR or pelvic floor dysfunction. So it's not just "omg my abs are ruined," or aesthetic concerns, it's preservation in the ways you can control via awareness/adjustment in training and habits, not perfection or obsession.



In this picture, she is doing a crunch, fingers are on the edges of her rectus, everything in the center is fascia.



CONNECTION

This is a helpful sequence to connect what your abs and pelvic floor do in relation to how you breathe, and in turn, how that's impacting your diastasis and exercise.

1) Hands on pelvic region: inhale into your hands, then slowly exhale and gently initiate the rise/contraction of your pelvic floor.

2) Hands on lower abdomen: this is where you may feel more transverse abdominal engagement. Inhale into your hands, then exhale and gently think about drawing your fingers closer together with your muscles and breath only. Can you do that without squeezing your butt? Try to isolate this effort for now.



3) Hands on either side of your belly button: inhale into your ribs and stomach, then slowly exhale, imagining your abs traveling toward the center/midline. Do you feel the abs approximating with that exhale?

4) Hands on ribs: inhale gently into your rib cage, let your stomach go. Then exhale and draw your ribs together. "Turn on" more ab (rectus) effort and see if that changes how your ribs are holding. Does the exhale close and slightly draw down the ribs?

5) Can we now sequence steps 1-4? Inhale gently into your ribs and stomach. Let it go. Then exhale and kick on the pelvic floor (not just squeezing your ass). Then the TA. Then the center. Then the ribs. It's like an ab elevator! And NO it's not neurotic and sequential forever, just when learning and connecting until it's more second nature upon effort. Try this laying down as well. This is brain effort, not muscle effort. This is why rehabbing a diastasis isn't about a 12-week program or specific exercises. It's mental and physical awareness of tendencies and coordination.

It's not simple, but it's coachable and eventually, second nature. There is beauty in the boring. If you want to heal, manage, perform and sustain, it starts here with practice and understanding of the core system process, not monotonous exercises. This helps build the foundation of healing a diastasis, and THEN exercise is added to complement the effort and is progressed appropriately and individually.

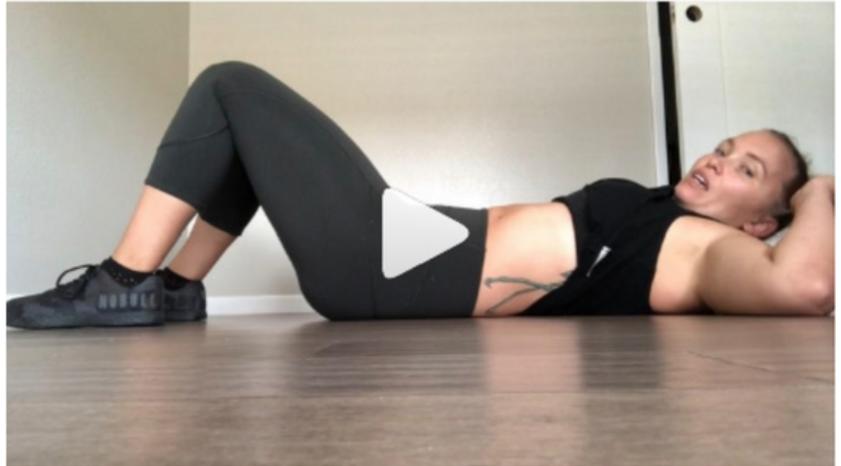




“INTENTION NOW, INTENSITY LATER.”
You have to earn it, just like with any athletic effort.

SAFE VERSUS UNSAFE?

There is no safe or unsafe exercise, but there's always individual and task specific considerations, just like any movement. For DR and exercise, can you connect it (breath, pelvic floor, TA, rectus)? Control it (pressure, range of motion, demand)? Progress it (intensity, volume, load, challenge)? These variables are impacted during pregnancy, recovering postpartum and



rebuilding capacity as an athlete. In different chapters, for different circumstances, one of these (or all) will be a variable that has implications on exercise and risk vs reward of specifics, especially as it pertains to core and pelvic health.

In the video above, I showed what's typically considered “diastasis safe movement.”

How it's performed is what makes it appropriate for someone managing diastasis. I sequence/connect my breath, exhale and then move with control.

- Pressure does still exist, but it's better managed when I adjusted my strategy.
- Bracing, breath holding, squeezing or generating high intra-abdominal pressure does not help preserve, rehab or manage a diastasis. Compensation is a beautiful neuromuscular effort, but not right now and not for this. Awareness, practice and appropriate integration yields a stronger return in the long run.
- I do not recommend ab specific work during pregnancy, because it can't be controlled consistently or progressed well with a baby creating more pressure, compromising the system. The same applies for early postpartum, there are too many vulnerable variables.
- Connect, then move with control, then add challenge. Master one before the next and then all will work together synergistically.
- This can be integrated into every movement, but if you can't do the basics with control, you aren't ready for more.
- Check in with the variables (Connect? Control? Progress?) to know if it's right for YOU, right now.
- Every rep is an assessment and opportunity to make significant improvements in your function AND athleticism.



DIASTASIS RECTI & PREGNANCY

I grew 2 big babies, straight out. It was a lot of pressure on the fascia of the linea alba (line of the 6 pack abs that spreads to accommodate the growing baby). Even with well managed pressure, positioning and mindful approach to exercise, I couldn't control how I carried my boys. My body did what it needed to do, and my abdominal wall took a hit. I knew that risk and vulnerability and with my second pregnancy, I knew it was (even with prior rehab/healing), a "pre-existing condition" for my body.



While it's a very normal part of pregnancy, it's not a problem until it's a problem. This process is different for every woman.

It was a problem for me after both of my boys and not just a couple centimeters...like double digit measurements with weak fascia in the early months postpartum. This may be similar to your experience, or completely different. Diastasis is dependent on a LOT of factors (genetics, fascia, training, habits, pregnancies, postures, etc).

You don't always know until you know, and that's why preservation (in the ways you can control) is so key and the same goes for pelvic health preservation and rehabilitation of symptoms like leaking, prolapse and/or pain.

None of us are invincible. No one is exempt from core and pelvic health considerations. No one can control everything. No program can prevent or heal. No coach or practitioner knows it all. You have one body. Gather the information you can. Make the changes, and not just exercise modifications.

Awareness and education will take you far. I provide a lot of accessible information because I hated feeling like "WHY DID NO ONE TELL ME?!" Could I have prevented it? No. But should I have known how to try and manage and adjust how I did everything that first time around? Absolutely, but it wasn't prevalent messaging like it is now. It would have saved my mental health and bank account desperately seeking answers about what was happening with my abs and what to do about it.



YOU ARE YOUR OWN EXPERT

When should I stop doing ___? When can I do ___ again? I don't know.

It is overwhelming for sure, but YOU know your body, symptoms, goals, situation, mental and physical tendencies. It's a fine line to walk for pregnant and postpartum athletes.

We want permission and set rules but instead, I want to offer a more sustainable solution, which is education, self-awareness and mental adjustments to your training which will help navigate the physical ones.

Look at the position of my body. If I am trying to decrease the severity of a diastasis by reducing the amount of pressure and force on my midline, is this a good movement for me? Even if I can do it?

Probably not (right now). What about with a baby in there? No.



We don't need to stress an already stressed system by CHOICE. Exercise is our *choice* not our circumstance. This is where education, awareness, adjustments and performance integrate.

“Keep doing what you've always done” is misleading advice. Doing what you always done in the WAY you (currently) do it can contribute to core and pelvic health symptoms, especially during chapters where your body is more vulnerable due to the structural changes, demand and overall Metamorphosis.

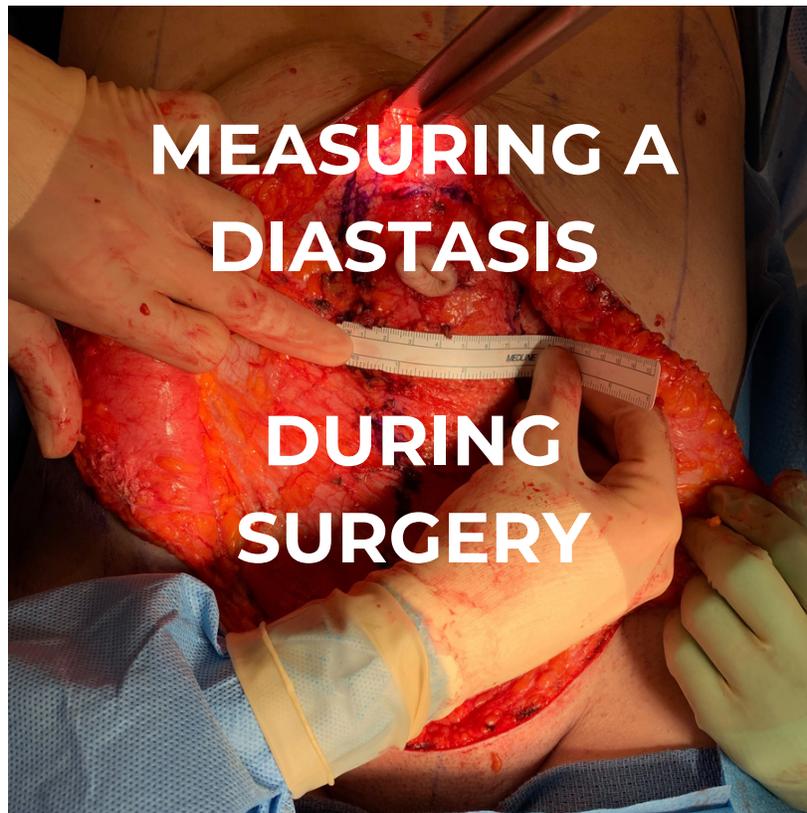
POSTPARTUM:

Build capacity via rehab, adjusting the approach/strategy (HOW), giving yourself TIME and starting conservatively and building demand (volume, intensity, load, challenge) over time, monitoring your function/symptoms. Listen to your body in a new way. Your fitness does not start with higher level demand and stress on the system (high pressure, high impact, dynamic or stressful positions), you BUILD to it. This doesn't happen at 6 or 8 weeks postpartum; it's a process of months, or even years for some.

Pregnancy and recovering from birth is a big deal, even for the most “fit” women. Don't let social media fool you. Perception clouds reality, especially when motherhood and fitness combine.



WHEN IS SURGERY NECESSARY?



Often times, the physical therapy and pre/postnatal industry will tell you that you can rehab and it's rare to need surgery for a diastasis! The plastic surgery world will tell you that you can't repair a diastasis without surgery. The fitness influencers will encourage you to either embrace your #mombod or bounce back using this routine to get your "body back." All of these messages are misleading and lack context

Making the decision to have surgery was really conflicting. In order to fix my mesh from a previous hernia repair after my first son, AND to address the diastasis while in there (it wouldn't make sense to fix one without the other), the abdominoplasty was the best choice for ME for the "best" outcome. I had rehabbed my diastasis well and my fitness was not inhibited.

This is not a decision to make out of desperation because there's so much help and hope that comes with deliberate rehab, training and time for MOST women.

If the mesh wasn't altered from a second pregnancy, I don't know what I would have decided to do. I was at the end of what I could control.

I expired rehab, built strength, had excellent training strategies, understood my body and had professional support.



IS SURGERY RIGHT FOR ME?

If you are considering surgery to address your diastasis, I recommend the following: Rehab (building strength and challenge) for at least a year and master your understanding of pressure management and training considerations for your choice of exercise.

- Be done nursing for at least 4 months.
- Get different opinions from PROFESSIONALS (at least 2 pelvic floor physical therapists and different surgeons).
- Consider your resting diastasis. It's one thing to approximate well on the contraction, but what is the resting at? Mine could approximate to 2 cm which is great for exercise but "splayed" open at rest to about 5 cm.
- Build density to the linea alba via loading + strategy. If it consistently does not respond (sinks in), surgery may be your best choice because your abdomen needs structural support down the midline. This can be accomplished in many ways, but it's individual.
- If a woman opts for surgery by choice or circumstance, she needs support, not judgement.



CONCLUSION

I hope this resource provided you with a great overview of the considerations that surround diastasis recti. This is not something that women should be fearful of, as there's so much we can do to manage pressure during pregnancy and rehab from pregnancy and birth postpartum. Diastasis recti is not a problem, until it's a problem. There is so much help and hope for healing and returning to the level of desired fitness with time, trust and deliberate training.

The spectrum of this process and how it's achieved varies for everyone. Therefore, my advice is to seek guidance from a qualified [Pregnancy and Postpartum Athleticism Coach](#), and also a Pelvic Floor Physical Therapist. One assessment for basic education and hands on cueing can make a big difference during pregnancy and before returning to exercise postpartum.

All of the strategies discussed in this series are elaborated on and applied to fitness in the [8 Week Postpartum Athlete Training Program](#).



- 3 Workouts Per Week + 6 Bonus Conditioning Workouts
- Each workout designed for the phase of recovery you're in.
- Detailed downloadable PDF guide with complete programming
- Demonstration videos for all exercises, including tips for the best movement strategy
- A teaching video that provides an essential overview of postpartum athleticism strategy

This helps reintegrate into a fitness routine again, while honoring the healing process of the core and pelvic floor. This is a short term commitment with long term benefits for your health, core function and fitness.

I am with you,

Brianna Battles, MS, CSCS
Founder: Pregnancy & Postpartum Athleticism
www.briannabattles.com



SUGGESTED RESOURCES

[The Pregnant Athlete Training Program \(an at home version available\)](#)

This is a 36 week training program that was created to strategically guide workouts through the duration of pregnancy. It does the thinking, modifying and teaching for you, so all you have to do is follow the workouts provided, with the trust that you're training in a way that will keep your body, baby and fitness in mind.

[Pregnancy & Postpartum Athleticism \(for coaches\)](#)

Pregnancy & Postpartum Athleticism is an online certification program for coaches and practitioners who want to better support pregnant and postpartum athletes. Join the team of coaches around the world who are leading their communities, gym and practice with unique expertise and recognition.

Practice Brave Podcast Episodes:

[Episode 35- What We Want You To Know About Abdominoplasty Surgery](#)

[Episode 34- Why I Got Abdominoplasty Surgery](#)

[Episode 17- The Technical and Tactical of Diastasis Recti with Munira Hudani](#)

[Episode 7- Diastasis Recti & The Female Athlete With Lisa Ryan](#)

