

DIASTASIS RECTI: A SOLUTION

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A possible complication to pregnancy, delivery, and post-partum recovery is the condition known as diastasis recti. This is the separation of the connective tissue of the midline anterior trunk into which the rectus abdominus muscle attaches, can be a mild annoyance or a major disability. This condition can impair the ability to take a deep breath, do tasks of daily living, sleep comfortably, or continue exercising.

The use of kinesiotape in a new technique of application has shown to provide relief from discomfort, enable deep breathing, and allow the pregnant woman to do some exercise and ADL's without as much difficulty. It can also stabilize the extent of the diastasis and possibly prevent any further separation while patient strengthens the abdominal muscles. This can reduce back pain and decrease the length of labor. Patients who have not been started on the exercises early on in their pregnancy need some assistance in proving a prolonged abdominal contracture with pressure to further the delivery process.

When the first case was presented to me, it was the first I'd seen in my 30 years of practice. It turns out it is more common than I thought and I have treated several in the past 5 months. Conventional abdominal supports were not providing the extensive support this woman needed for her 4-finger width separation at 5 months gestation. She reported difficulty with sleeping, resting comfortably, getting in and out of bed, and exercising. Her short stature also made the supports fit even more poorly. The properties of kinesiotape made it ideal to try as a support and when I broached the trial to the patient she readily agreed.

I applied 2" width tape in strips laid down in a herringbone or criss-cross design, beginning just below the breast and extending to superior pubis. With the tape in place the patient was immediately able to take deep breaths, transfer with less difficulty, and perform the abdominal strengthening exercise for diastasis patients. The additional anterior abdominal support also helped decrease her complaints of low back pain. Because of the problems breathing without the tape, the patient was reluctant to give her skin the proper breaks and cleaning to prevent irritation and became unable to wear the tape. However, she reported that the tape had given her the confidence to begin swimming regularly and managed the remainder of her pregnancy. Complications with her pregnancy prevented her from planned water birth and her labor was hard and long. The second patient was a much further gestation and had difficulty with the feeling of confinement. Decreasing the skin coverage laterally still accomplished the goals and was better tolerated. Her separation had been present since her 2nd pregnancy and at the 4th extended from xyphoid process to pubis symphysis. She was instructed in taping and had her husband tape her at home.

Third patient was post-partum and needed support to be able to do strengthening and get back to her pre-pregnancy activity levels and shape. She was instructed in taping and was able to do her own as it was a smaller length, umbilicus to pubis, and able to see what she was doing. She reported no difficulty and continued to use tape for approximately 4 weeks during her exercise program for diastasis and at work for support and protection while lifting.

More patients will be treated with this method as more of our obstetricians learn of the benefits of taping to early and late pregnancy and post-partum patients.

