

LETTER TO EDITOR

Postpartum Physical Activity among Multiparous Women with Diastasis Recti

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Dear Editor,

Pregnancy is a natural physiological process, which is generally experienced by every normal woman throughout her life. Multiparity is more than one but less than five live births¹. It is always a big task for the physiotherapist to treat women during their pregnancy or postpartum period. Different structural and functional changes happen during pregnancy. In the third trimester, the individual muscle cell of the uterus grows to 10 times from the previous length when there was no pregnancy. In the third trimester, the abdominal muscles, especially both margins (right and left) of the rectus are extended to their elastic limit; this significantly lessens the ability of muscles to produce strong abdominal contractions¹. Diastasis recti abdominis (DRA) is characterized as a disability with partition from the middle of the two rectus abdominis muscles at the level of linea alba².

Few researches revealed the commonness of diastasis recti in pregnant females and six weeks after delivery. In these studies, the hazardous factors for having diastasis recti have been proposed i.e., greater age, more than one child birth, caesarean section, obesity, high birth weight, multiple pregnancies, ethnicity, and childcare. There are few types of research exploring the hazardous factors for having diastasis recti in a period of greater than 6 months postpartum and there is sparse knowledge on the results of diastasis recti. It has been asserted that diastasis recti may change posture and give more back strain because of decreased strength and function of muscles prompting low back pain³.

Physical activity is a broad term that means any action that includes active movement can cause a rise in heart rate and caloric expenditure, the extent of calories used. An active lifestyle prevents chronic degenerative diseases. In pregnant women, exercise is related with various benefits to maternal health, which include the prevention strategies and control of gestational diabetes, weight gain, low back pain and positive impacts on maternal psychological well-being and lifestyle. Thus, an active lifestyle is suggested for all the normal pregnant women. The individuals who are active before pregnancy and those who are inactive but planning to start some activity during the period of pregnancy can perform physical activity, provided that they participate in exercises that are moderately vigorous and do not participate in those activities that cause risk of falling or abdominal injury⁴.

The majority of pregnant females do not perform any type of activity and leads to a reduction in their physical activity including their household and work-related tasks. In our project with a sample size of 108 female patients having diastasis recti, reported mild level 15(13.89%) of physical activity, 87(80.56%) with moderate level and 6(5.56%) with a rigorous physical activity (Figure 1). To the best of our knowledge, pregnant women have been observed to be inconvenient doing exercise because they have a fear of miscarriage. Physical inactivity during pregnancy prompts numerous complexities for example, obesity, cardiovascular, weight gain, diabetes, glucose intolerance and stress where all these conditions may cause issues in normal delivery⁵. The health care professionals should direct attention towards development of physical activity awareness programs as it is the need of an hour during this sedentary behavior era.

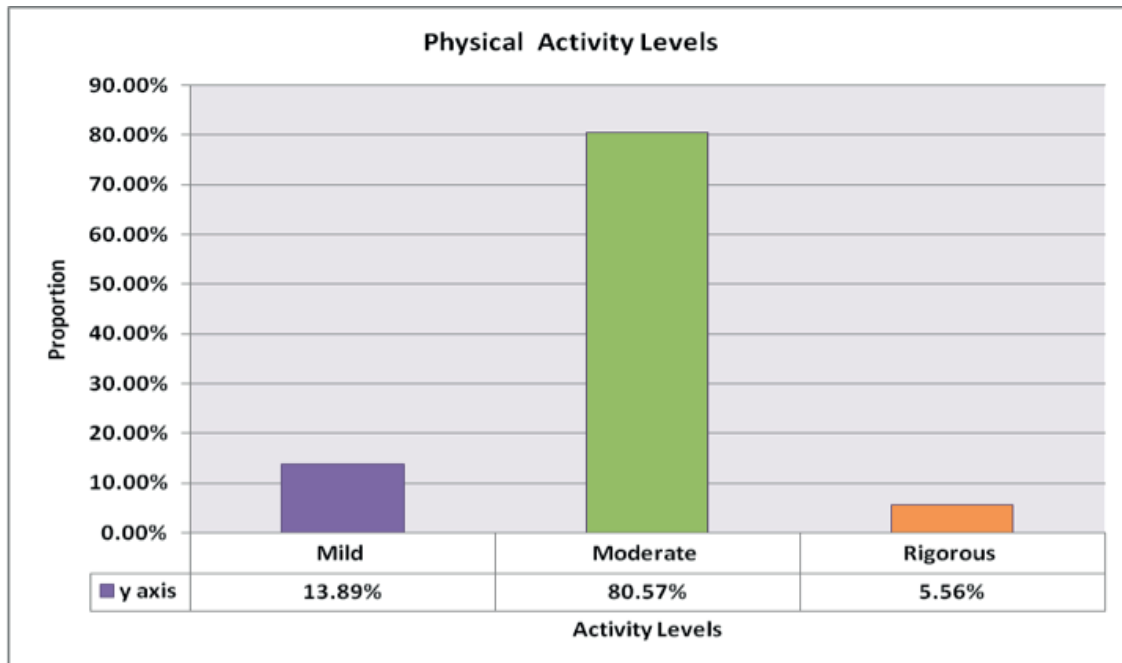


Figure 1: Levels of physical activity among the female patients.

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CONFLICT OF INTEREST

The authors declare no conflict of interest.

AUTHORS' CONTRIBUTION

NN did the conception and design. HG did the data collection and HMA did the intellectual content.

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