ISSN 2598-3180 (Online)
JOURNAL OF MIDWIFERY
Research and Practice
Accredited by SINTA 4th

Article

Physical Exercise Intervention in Postpartum Mothers with Diastasis Recti Abdominis: A Literature Review

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SUBMISSION TRACK

Recieved: January 25th, 2026
Final Revision: June 25th, 2026
Available Online: June 30th, 2026

KEYWORDS

Diastasis Recti Abdominis, Intervention, Postpartum.

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A B S T R A C T

Background: The postpartum period is the most crucial phase for mothers after giving birth. One of the problems that can arise is diastasis recti abdominis, which causes instability in the torso and pelvis, leading to symptoms such as abdominal pain, back pain, and hip pain. Treatment of diastasis recti abdominis with physical exercise is believed to reduce adverse effects and provide benefits for postpartum mothers.

Objective: This study aims to analyze the intervention of abdominal rectus diastasis in postpartum mothers as a treatment for abdominal rectus diastasis.

Method: Literature search through databases such as PubMed and Google Scholar, with a publication period of 2022-2026. The inclusion criteria were articles in English, Indonesian, open access, experimental approach, traditional exercise intervention, and from accredited or indexed journals.

Conclusion: Hypopressive and conventional abdominal exercises, split tummy exercises, plank exercises, belly binding and abdomen exercises, and postpartum exercises are effective in reducing rectus diastasis in postpartum women. In addition, curl-up exercises have a positive effect on the strength and thickness of the abdominal muscles of postpartum women with diastasis recti.

https://doi.org/10.25077/jom.11.1.8-17.2026
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I. INTRODUCTION

Postpartum or puerperium comes from Latin, namely the word “puer” which means baby and “parous” which means giving birth, where the mother's body adapts after childbirth, namely the change from the condition of a pregnant woman's body back to its condition before pregnancy, and lasts from the birth of the placenta until the first 6 weeks or 42 days after childbirth (1,2). Physiological changes that occur in postpartum mothers include physical and psychological changes, but permanent changes need to be watched out for as they can affect a woman's life (3).

This period is the most crucial phase because problems can arise and, if left unaddressed, will affect the mother's quality of life, such as pelvic floor disorders, urinary incontinence, fecal incontinence, pelvic organ prolapse, sexual function, and diastasis recti abdominis (4,5). According to Levytskyy, I., et al. (2024), when assessing the role of postpartum mothers' abdominal muscles in various physical activities, diastasis recti abdominis is thought to interfere with the stability of the trunk and pelvis, causing symptoms such as abdominal pain, back pain, and hip pain (6).

According to research by Saisai Lin, et al (2024), the prevalence of long-term effects of abdominal rectus diastasis in postpartum women with a diagnostic abdominal muscle separation of > 2 cm shows a prevalence of 3 years (36%), 5 years (31%), 10 years (22%), 20 years (26%), and 30 years (30%) after delivery, respectively. The prevalence of abdominal muscle separation > 3 cm was 3 years (13%), 5 years (8%), 10 years (6%), 20 years (8%), and 30 years (10%) respectively after delivery (7).

Diastasis recti is caused by increased abdominal muscle elasticity combined with continuous stretching of the uterus during pregnancy, which increases the likelihood of abdominal muscle separation (8). Scientific evidence shows that diastasis recti has functional implications for posture disorders, poor core control, and musculoskeletal complications, resulting in significant impacts including lower back pain, pelvic instability, neuromuscular disorders, self-concept disorders, and decreased quality of life (8–10).

In general, mothers with abdominal diastasis recti can perform exercises as a form of rehabilitation, such as physical exercise, non-exercise physical therapy, acupuncture, and electrotherapy (11). According to research by Abdullah et al. (12), compared to no intervention, abdominal exercises significantly reduce diastasis recti abdominis at ≤2 cm below the navel with an average reduction of 0.31 cm, but are not effective at ≥2 cm above the navel. This is also in line with research conducted by Carlstedt, A., et al (13), which states that physical therapy is the primary treatment for diastasis recti abdominis and surgery should only be considered in patients with diastasis recti abdominis with functional impairment.

A study conducted by Qu et al. (14), found that the diagnostic criteria for diastasis recti abdominis based on ultrasound are a distance between the rectus muscles of >2 mm at 3 cm below the navel, >20 mm at the navel, and >14 mm at 3 cm above the navel. In studies conducted in the literature, the threshold value for measuring the distance between the rectus muscles using finger width is greater than or equal to 2 cm (15). Diagnosis and treatment of rectus diastasis vary, but to date there is no international consensus on the management of rectus diastasis (13).

According to Suparyanto, T., et al (10), their research shows that postnatal exercises are more effective for treating diastasis recti than wearing a corset. The findings of Gluppe S, et al (16), indicate that physical therapy such as abdominal muscle exercises, pelvic floor muscle exercises, or a combination of both can reduce the distance between abdominal muscles by 0.63 cm compared to minimal intervention. Another finding from Gluppe, S. B. et al (17), is that sit-up exercise programs do not improve or worsen the distance between abdominal muscles but improve the thickness of the rectus abdominis muscle and strength at a 10-degree angle; the effect on other outcomes is very small or unclear.

Treatment and control efforts for diastasis recti have been shown to reduce adverse effects and provide benefits for postpartum mothers, but the interventions provided vary and each

intervention shows different results. In addition, there is currently no international consensus on the treatment of diastasis recti, so treatment efforts are controversial and must be proven clinically.

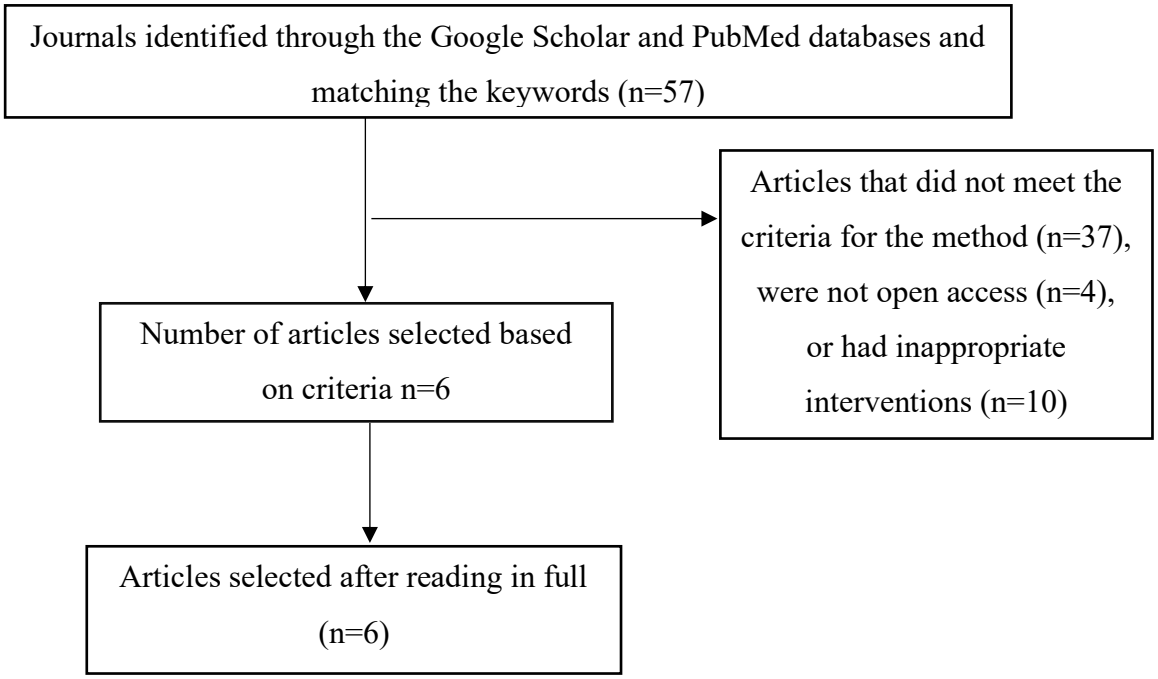
Therefore, it is not yet known specifically which is more effective in reducing or treating abdominal rectus diastasis. The clinical gap has led to a lack of implementation and attention from health workers and the community, so a better understanding and overview of the treatment and control of abdominal rectus diastasis is needed. This study aims to analyze several interventions for abdominal rectus diastasis in postpartum mothers so that the results obtained can provide a clear picture of the treatment efforts for abdominal rectus diastasis.

II. METHODS

The method used in this article is a literature review related to diastasis recti abdominis intervention in postpartum mothers. The researchers then conducted a search and review of journals found through the PubMed and Google Scholar databases, with publication time frame criteria of 2022-2026. The inclusion criteria used were articles in English, Indonesian, open access, experimental approaches, interventions in the form of traditional exercises, and from accredited or indexed journals.

In searching for journals and articles as references, the author used the keywords “Diastasis Recti Abdominis,” “Intervention,” and “Postpartum”. The selected articles were those that met the criteria. After the selection process, six research articles that met the criteria were obtained as material for analysis.

Table 1. Journal screening process



III. RESULT

Table 2. Search results for articles related to diastasis recti abdominis intervention and its effects on postpartum mothers

No.	Author	Year	Method	Title	Result
1.	Lisnaini	2022	This quantitative research used a quasi-experimental method with a two-group approach, namely an intervention group and a control group, with a total sample of 124 people.	Effect of Plank Exercise on Distasis Recti Abdominis Below Umbilicus in Potpartum Women	The results of this study indicate that plank exercises affect changes in the DRA distance below the navel and there is a relationship between plank exercises and a reduction in DRA width below the navel in postpartum women.
2.	Sandra B Gluppe, Marie Ellström Engh, Kari Bø	2023	Analysis of articles using a randomized controlled trial design with two parallel groups with concealed allocation and assessor blinding, and analysis based on intention-to-treat analysis. The sample size of the study was 70 respondents.	Curl-up exercises improve abdominal muscle strength without worsening inter-recti distance in women with diastasis recti abdominis postpartum: a randomised kontrolled trial	The results of the study showed that exercise programs containing sit-ups for women with DRA did not worsen IRD (Inter Rectus Distance) or change the severity of pelvic floor dysfunction, lower back, pelvic, and abdominal pain, but increased abdominal muscle strength and thickness.
3.	Sophia Sophia, Fitri Nurhayati, Rika Nurhasanah	2023	The method used was a quasi-experiment with a pretest-posttest single group design as the research approach. The total number of respondents was 60 postpartum mothers.	The Effect of Belly Binding and Abdomen Exercise on Reducing Diastasis Recti Abdominis in Postpartum Mothers	The results of this study indicate that the use of abdominal corsets and abdominal exercises have an effect on reducing abdominal rectus diastasis in postpartum mothers and alleviating muscle pain caused by abdominal rectus diastasis.
4.	Suhaila Shohaimi,	2023	The method used was a	Split Tummy Exercise	The results of this study show that there

	Nik Rosmawati Nik Husain, Faizah Mohd. Zaki, Ixora Kamisan Atan		randomized controlled trial conducted from 2008 to 2020 at the Obstetrics and Gynecology Clinic of the National University of Malaysia Medical Center, with a sample size of 41.	Program for Reducing Diastasis Recti in Postpartum Primigravidae: A Randomized Kontrolled Trial	was a reduction in the size of diastasis recti in the intervention group that was given split tummy exercises 8 weeks postpartum, indicating that the intervention is effective as part of a postpartum training program in managing abdominal diastasis recti.
5.	Mercedes Soto-Gonza´lez, Iria Da Cuña-Carrera, Eva Marı´a Lantaro´n-Caeiro, Augusto Gil Pascoal	2024	The method used was a multi-center parallel-group randomized controlled trial (RCT) conducted in Vigo, Spain, from July to December 2022 with a sample size of 28 respondents.	Effect of hypopressive and conventional abdominal exercises on postpartum diastasis recti: A randomized kontrolled trial	The results of this study showed no difference between the conventional exercise program and the hypopressive exercise program, indicating that both had similar positive effects. A reduction in IRD was achieved with both exercise programs in postpartum women, with multiparous women benefiting the most.
6.	Fitra Erlina, Novalia Widiya Ningrum, Muhammad Zulfadhilah, Ika Friscilla	2025	The method used was a quasi-experiment and non-equivalent control group with the sample divided into two groups, namely the intervention group and the control group, with a total sample size of 20 postpartum mothers on days 1 to 3.	Efektifitas Senam Nifas Terhadap Kejadian Diastasis Rectus Abdominalis Di Wilayah Puskesmas Martapura 2	The results of this study indicate the effectiveness of postpartum exercises for mothers in preventing diastasis rectus abdominis in the working area of the Martapura 2 Community Health Center.

Based on the selection of articles and journals and the results of the review that has been conducted, several interventions for abdominal rectus diastasis and their effects on reducing the distance between the rectus muscles in postpartum mothers were found, as follows:

Table 3. Results of grouping interventions and outcomes for abdominal rectus diastasis in postpartum mothers

Intervention	Result
Plank Exercise	There Is an Effect
Curl-up exercises	No Effect
Hypopressive And Conventional Abdominal Exercises	There Is an Effect
Belly Binding and Abdomen Exercise	There Is an Effect
Split Tummy Exercise	There Is an Effect
Senam Nifas	There Is an Effect

IV. DISCUSSION

Based on the results of the article review conducted by the researchers, several interventions were found to have an influence and be effective in reducing the distance between the rectus muscles in postpartum mothers experiencing abdominal rectus diastasis.

Plank Exercise

Research conducted by Lisnaini, (2022), involved Plank Exercise intervention, which was carried out on 124 postpartum mothers and divided into two groups, namely 62 respondents as the intervention group and 62 respondents as the control group. Postpartum mothers at the Makassar Community Health Center and the Kebon Pala Community Health Center, East Jakarta, at least 2 hours after normal delivery and experiencing diastasis recti abdominis (>2.5 cm) Included as respondents, in addition to mothers who did not participate in exercise activities that could affect abdominal diastasis recti outside the program, were also included in the study. Mothers with respiratory disorders, a history of pelvic/abdominal surgery, neurological diseases, intestinal or bladder trauma, and postpartum depression were excluded. The intervention given to the control group was a plank exercise program, which is a type of static muscle contraction exercise against resistance without changing muscle length, carried out for 6 weeks with a frequency of 3 times a week. Meanwhile, the control group was given an intervention in the form of an educational program on the importance of exercise for restoring maternal health after childbirth. Diastasis recti abdominis assessment was performed in two stages: first, using palpation by placing the fingers between the medial borders of the right and left rectus abdominis muscles parallel to the linea alba. Second, using calipers positioned at the location of the previously palpated finger and perpendicular to the direction of the muscle and adjusted to the intra-rectal distance, the measurement location was 4.5 cm above the midpoint of the navel and 4.5 cm below the midpoint of the navel. The results of this study indicate that in the intervention group, 42 respondents experienced a reduction in the width of the rectus abdominis diastasis, while in the control group, only 15 individuals experienced a reduction. Therefore, it can be concluded that plank exercises have a significant effect on reducing the width of the rectus abdominis diastasis below the navel in postpartum mothers (18).

Curl-up exercises, Hypopressive And Conventional Abdominal Exercises

In a study conducted by S. B. Gluppe et al., (2023), the intervention was curl-up exercises in the form of sit-ups and head lifts. The sample size for this study was 70 primiparous or multiparous women 6 to 12 months postpartum, divided into two groups: 35 respondents in the intervention group and 35 respondents in the control group. The diagnostic criteria used were <2.8 cm at rest or <2.5 cm during a 2 cm curling movement above or 2 cm below the navel. The intervention carried out in the intervention group was a standard exercise program consisting of abdominal sit-ups, head lifts, and abdominal sit-ups with twisting movements, for 10 minutes/day, 5 days/week for 12 weeks. The results of the changes in the distance between the rectus abdominis muscles were measured using ultrasound. The results showed that the abdominal exercise program with sit-ups for women with diastasis recti abdominis did not improve or worsen the distance between the rectus abdominis muscles but increased the strength and thickness of the abdominal muscles. This was because only 66% of the respondents in the experimental group complied with the intervention given, and the exercises were done at home without direct supervision. Therefore, it can be concluded that curl-up interventions in the form of sit-ups and head lifting exercises have no effect on improving the distance between the rectus abdominis muscles in postpartum mothers suffering from diastasis recti abdominis (17).

Another study conducted by Soto-González et al., (2024), involved hypopressive intervention and conventional abdominal exercises (sit-ups) on 28 postpartum mothers in Vigo, Spain, with 14 respondents in the hypopressive group and 14 respondents receiving conventional intervention in the form of sit-ups. Postpartum women who had given birth normally were included in the study 8 weeks before the first measurement, but women who were pregnant, had abdominal hernias, or had undergone abdominal surgery (C-section) were excluded. The intervention was conducted over 6 weeks, and the final results were measured using ultrasound. The study results demonstrated that both exercise programs—hypopressive and conventional abdominal exercises—had an effect on reducing the distance between the rectus abdominis muscles in postpartum women. Additionally, multiparous women experienced the greatest benefits compared to primiparous women (19). Therefore, it can be concluded that the Hypopressive and Conventional Abdominal Exercises intervention showed positive results for hypopressive and conventional abdominal exercises, but the Curl-up Exercise or sit-up exercise combined with head lifting showed no effect but had a positive effect on the strength and thickness of the rectus abdominis muscle (17,19).

Belly Binding and Abdomen Exercise

In a study conducted by Sophia et al., (2023), the intervention aimed to determine the effectiveness of abdominal corsets and abdominal muscle exercises in reducing diastasis recti abdominis. This study was conducted on 60 postpartum mothers who were randomly divided into two groups: an intervention group consisting of 30 respondents who used abdominal corsets and a control group consisting of 30 respondents who performed abdominal muscle exercises. The respondents included primiparous postpartum mothers who had undergone vaginal/normal delivery and had a BMI <30 kg/m2. In the abdominal binder intervention group, the binder was worn from day 2 to day 42 postpartum for 12 hours and rested for 12 hours. In the abdominal muscle exercise group, exercises were performed from day 2 to day 42 postpartum with a frequency of 3 times a week. The results of the intervention were measured by palpation using fingers. The results showed that the use of abdominal corsets in postpartum women had a more significant effect on reducing the width of abdominal rectus diastasis compared to abdominal exercises, but both had a positive effect in overcoming abdominal rectus diastasis. Therefore, it can be concluded that the use of abdominal corsets and abdominal exercises are effective in reducing the width of diastasis recti abdominis (20).

Split Tummy Exercise

In a study conducted by Shohaimi et al., (2023), the intervention consisted of split tummy exercises for 41 postpartum mothers, with 21 respondents in the intervention group given the STEP (Short Term Step) exercise program for 8 weeks postpartum, 3 times a week. The control group received standard care in the form of routine postpartum exercises. The respondents included were primigravida mothers with a diagnosis of diastasis recti abdominis at 34-40 weeks of pregnancy, who gave birth to a single pregnancy through spontaneous labor and assisted delivery. Mothers with a history of breech delivery, without a diagnosis of diastasis recti abdominis, multiple pregnancies, and a history of previous abdominal surgery were excluded. The intervention was conducted for 8 weeks, and assessments were performed using two-dimensional ultrasound by a physical therapist supervised by a radiology consultant. The results of the study showed that the Split Tummy Exercise had a significant effect on reducing the distance between the rectus abdominis muscles, with an average difference of 6.17 mm compared to the group that performed standard exercises. Therefore, it can be concluded that the Split Tummy Exercise program in the form of STEP exercises is effective in improving diastasis recti abdominis (21).

Postpartum Exercise

Research conducted by Erlina et al., (2025), involved an intervention in the form of postpartum exercise performed on 20 postpartum mothers and divided into 2 groups, namely 10 respondents as the intervention group who received postpartum exercise and 10 respondents as the control group who did not receive postpartum exercise. The inclusion criteria were postpartum mothers on days 1 to 3 with a diagnosis of diastasis recti abdominis (>2.5 cm). The intervention results were assessed using a measuring tool with units of cm. The results showed that postpartum exercises were effective in treating diastasis recti in postpartum women in the Martapura 2 Community Health Center Working Area. Therefore, it can be concluded that postpartum exercises are effective in treating diastasis recti in postpartum women (22).

After conducting a comprehensive review of the selected articles, it can be concluded that there is an effect of interventions in the form of Hypopressive and Conventional Abdominal Exercises, Split Tummy Exercise, Plank Exercise, Belly Binding and Abdomen Exercise, as well as postpartum exercises on reducing the distance between the abdominal muscles in postpartum mothers with diastasis recti abdominis. These findings are consistent with the literature, which states that conservative treatment, especially core stabilization, can improve muscle function in cases of diastasis recti abdominis (8).

Regular exercise is expected to reduce abdominal muscle separation and alleviate symptoms of diastasis recti abdominis, which can have long-term effects if not treated appropriately. However, respondent compliance in implementing the intervention needs to be considered as it can affect the results of the study. Respondent compliance is the most important part of the study and is key to its success, so supervision is necessary during the intervention.

V. CONCLUSION

From all studies conducted related to interventions for diastasis recti in postpartum mothers, it can be concluded that Hypopressive and Conventional Abdominal Exercises, Split Tummy Exercise, Plank Exercise, Belly Binding and Abdomen Exercise, and postpartum exercises are effective in treating diastasis recti abdominis by reducing the distance between the rectus abdominis muscles in postpartum mothers. In addition, the Curl-up Exercise has a positive effect on the strength and thickness of the abdominal muscles of postpartum mothers with diastasis recti. The evaluation results show that physical exercise and the use of abdominal corsets can reduce the distance between the abdominal muscles and increase the strength and thickness of the abdominal muscles in postpartum mothers with abdominal diastasis recti.

The recommendation of this study is the need for public awareness of the management of diastasis recti abdominis obtained through knowledge and examination. Mothers who have been diagnosed with diastasis recti are advised to do physical exercises and use abdominal corsets. For future researchers, the focus should be on standardizing treatment criteria, specific types of treatment, and long-term outcome evaluation.

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