CONDITION

# Diastasis recti

Diastasis recti is a widening of the connective tissue between the two main abdominal muscles.

**WHAT IT IS**
Widening between the two main abdominal muscles

**BODY SYSTEM**
Muscles and connective tissue

**MAIN SYMPTOMS**
Abdominal bulge, midline doming, weakness, discomfort

**WHAT CAUSES IT**
Stretching and sustained pressure on abdominal tissues

**HOW IT IS DIAGNOSED**
Physical examination, sometimes ultrasound

**MAIN TREATMENT**
Targeted exercise, physiotherapy, or selected surgery

**CAN IT BE CURED?**
Sometimes - exercise or surgery can improve it

**IS IT AN EMERGENCY?**
Sometimes - painful trapped hernia symptoms need emergency care

**LONG-TERM OUTLOOK**
Often improves; persistent widening can usually be managed

## Overview

Diastasis recti is a widening of the tissue that joins the left and right sides of the rectus abdominis, the paired muscles often called the "six-pack" muscles.

The tissue between them is called the linea alba. When it becomes stretched and thinner, the muscles sit farther apart. This may cause a ridge or bulge along the middle of the abdomen, especially when you sit up, cough, or lift something.

Diastasis recti is a condition, not a disease. It is common during and after pregnancy because the growing uterus stretches the abdominal wall. It can also occur in men, people who have never been pregnant, and babies.

It is not the same as a hernia. A hernia is an opening or weak spot that allows fat or part of an

organ to push through. Diastasis recti is a broad area of stretched tissue without a true hole, although a hernia can occur at the same time.

Diastasis recti often causes no medical problem. For some people, it affects strength, movement, comfort, body confidence, or how clothing fits.

## Symptoms

The most noticeable sign is usually a bulge, ridge, or "doming" along the middle of the abdomen. It may appear only when the abdominal muscles are working.

Other possible symptoms include:

The width and depth of the separation do not always match the symptoms. Someone with a wide separation may have little difficulty, while someone with a smaller gap may feel weak or uncomfortable.

Back pain, pelvic girdle pain, urinary leakage, and other pelvic floor symptoms can occur alongside diastasis recti, particularly after pregnancy. The separation is not always the cause, so each symptom may need its own assessment.

In babies, the condition may appear as a ridge when the baby cries or strains. It often becomes less noticeable as the abdominal wall develops.

- A soft or widened area above, at, or below the belly button
- Reduced abdominal support or core weakness
- Difficulty lifting, getting out of bed, or doing some exercises
- Abdominal discomfort during movement
- Changes in posture or confidence in movement

## Causes and risk factors

Diastasis recti develops when pressure inside the abdomen stretches the linea alba over time. The tissue may become wider and less able to transfer force between the abdominal muscles.

Pregnancy is a major cause. The uterus grows, the abdominal wall stretches, and hormonal changes make connective tissue more flexible. The separation may be most noticeable later in pregnancy and during the months after birth.

Greater stretching may be associated with multiple pregnancies, carrying more than one baby, or having a larger baby. These factors do not mean that diastasis recti will develop or persist.

Outside pregnancy, repeated increases in abdominal pressure or substantial weight changes may contribute. Some people may also have naturally more flexible connective tissue or differences in abdominal anatomy.

Exercise and lifting are not automatically harmful or usually the sole cause. How the abdominal wall manages an activity depends on technique, breathing, strength, symptoms, and load.

In newborns, a small separation may be part of normal abdominal development and does not result from anything a parent did.

## Diagnosis

A healthcare professional can usually identify diastasis recti by examining your abdomen. You may be asked to lie down and gently lift your head or shoulders while the examiner feels along the midline.

The assessment may consider:

There is no single measurement that defines every meaningful case. A separation of more than about 2 centimetres is often used in research and specialist guidance, but methods and normal values differ. Treatment should not be based on width alone.

Ultrasound can measure the distance between the muscles and examine the abdominal wall. It may be used if the examination is unclear, precise measurement is important, or a hernia is suspected. CT or MRI scans are not routinely needed, although they may be used for another condition or surgical planning.

- The width and depth of the separation
- Whether the tissue firms when the muscles contract
- Where doming appears during movement
- Your strength, breathing, symptoms, and daily activities
- Whether an abdominal hernia is present

## Treatment and management

Treatment is based more on symptoms and function than appearance or measured width. Some people need only reassurance and time. After pregnancy, the abdominal wall can continue to recover for many months.

A physiotherapist, particularly one with pelvic health or abdominal wall experience, can assess

breathing, movement, strength, and pelvic floor symptoms. Exercise programmes often focus on controlled abdominal activation, breathing, posture, and gradual whole-body strengthening. The aim is usually to improve how the abdominal wall manages pressure rather than close the gap completely.

Research suggests abdominal training may reduce the distance between the muscles, but no single programme is best for everyone. Sit-ups, planks, lifting, and running are not universally forbidden. If a movement causes marked doming, pain, breath-holding, or loss of control, it can often be adjusted by changing the load, position, range, or breathing pattern.

Abdominal binders or support garments may improve comfort during early recovery or certain activities. They do not permanently repair stretched tissue and should not replace gradual strengthening when exercise is appropriate.

Surgery may be considered if significant bulging, weakness, discomfort, or functional difficulty remains despite non-surgical management, or if a hernia is present. The operation usually brings the two sides closer by folding and stitching the central tissue. Hernia repair or surgical mesh may be used in selected cases.

Risks include infection, fluid collection, scarring, ongoing pain, recurrence, and complications from anaesthesia. Lifting and strenuous activity are restricted during recovery. Future pregnancy can stretch the repair, so pregnancy plans should be discussed with the surgeon.

## Complications

Diastasis recti itself does not contain bowel and does not usually become trapped or strangulated. Those are complications of a hernia.

An umbilical or midline hernia can occur alongside it and may appear as a focused lump rather than a broad ridge. A hernia that becomes suddenly painful, firm, discoloured, or impossible to push back needs prompt assessment, especially with vomiting or abdominal swelling.

Persistent diastasis recti can make lifting, exercise, work, or daily tasks uncomfortable. Visible bulging may also affect body image and emotional wellbeing.

Pain, pelvic floor problems, or reduced function should not automatically be blamed on the gap. Other causes may need assessment and treatment.

## Prevention

Diastasis recti cannot always be prevented. During pregnancy, some widening is a normal

response to the growing uterus. In babies, it is usually related to normal development.

There is not enough evidence that a particular exercise programme, lifting technique, support belt, or type of birth will prevent it.

Staying active within your comfort, building strength gradually, breathing during effort, and avoiding sudden increases in training load may help manage abdominal pressure. These habits support general function but cannot guarantee prevention.

Exercise may need to be adapted during pregnancy or when returning to activity after birth. This does not mean you must avoid using your abdominal muscles.

## Living with it and what to expect

Diastasis recti often becomes less noticeable during the months after pregnancy as tissues recover and strength returns. A gap may remain without causing pain or limiting daily life.

Improvement does not always mean the muscles completely meet again. Better tension through the central tissue, improved strength, and greater confidence during movement may matter more than width.

You can usually remain active. Return gradually to walking, resistance training, running, or other activities, guided by comfort and control. Temporary doming does not prove that damage is occurring, but repeated marked bulging or symptoms are reasons to modify the movement and seek assessment.

Progress may be uneven. Sleep, childbirth recovery, weight changes, other health conditions, and time available for exercise can affect rehabilitation.

Persistent diastasis does not always worsen. Some people need no treatment, some use exercise to improve function, and a smaller group chooses surgery because symptoms or appearance remain important to them.

## When to get medical help

Arrange a routine appointment if you have a persistent abdominal bulge and are unsure whether it is diastasis recti or a hernia. Seek assessment if pain, weakness, pelvic floor symptoms, or difficulty with daily activities continues.

Seek routine follow-up if:

Seek urgent medical care for a lump that becomes suddenly painful, firm, tender, discoloured, or impossible to push back. Vomiting, increasing abdominal swelling, or inability to pass stool or

gas with a painful lump may indicate a trapped or obstructed hernia.

Call emergency services for severe or rapidly worsening abdominal pain, collapse, breathing difficulty, or other signs of serious illness. These symptoms are not typical of uncomplicated diastasis recti.

- Symptoms are not improving with gradual recovery or exercise
- You avoid normal movement because of discomfort or fear
- A focused lump develops around the belly button or a surgical scar
- You want help returning to work, sport, or lifting
- The condition affects your wellbeing or body confidence

## Common questions

Is diastasis recti a hernia?

No. Diastasis recti is broad stretching of the tissue between the abdominal muscles. A hernia is a true opening through which fat or bowel may protrude. They can occur together.

Will diastasis recti heal on its own?

It may improve naturally, particularly during the months after pregnancy or as a baby grows. Some widening can remain without needing treatment if it causes no symptoms or functional problems.

Can exercises close the gap?

Exercise may reduce the gap and improve strength, tissue tension, and movement control, but may not completely close it. No single programme has been proven best for everyone.

Should I avoid sit-ups, planks, or lifting?

Not automatically. These activities can be adjusted to your ability. Reduce or change an activity if it causes pain, pronounced doming, breath-holding, or loss of movement control.

Can I have another pregnancy with diastasis recti?

Diastasis recti does not usually prevent pregnancy, but another pregnancy may widen the tissue again. If you have had or are considering surgical repair, discuss future pregnancy because it may stretch or disrupt the repair.

Does losing weight fix diastasis recti?

Weight loss may reduce pressure or change the abdomen's appearance, but it does not directly restore stretched connective tissue. Diastasis recti can remain at any body size.

## Sources

- Henriksen NA, Montgomery A, Kaufmann R, et al. European Hernia Society guidelines on management of rectus diastasis . British Journal of Surgery . 2021;108(10):1189-1191.
- NHS. Separation of stomach muscles in pregnancy . Pregnancy and baby guide.
- Gluppe SL, Engh ME, Bø K. What is the evidence for abdominal and pelvic floor muscle training to treat diastasis recti abdominis postpartum? A systematic review with meta-analysis . Brazilian Journal of Physical Therapy . 2021;25(6):664-675.
- Benjamin DR, van de Water ATM, Peiris CL. Effects of exercise on diastasis of the rectus abdominis muscle in the antenatal and postnatal periods: a systematic review . Physiotherapy . 2014;100(1):1-8.
- Jessen ML, Öberg S, Rosenberg J. Treatment options for abdominal rectus diastasis . Frontiers in Surgery . 2019;6:65.