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Diastasis Recti Abdominis in Postpartum Women

Diastasis des grands droits du postpartum

1. Systematic Reviews and Meta-Analysis

1.1. Wu 2025

Wu WC, Wu WH, Lee MF, Wu PY, Tu YK, Lin H, Chan CY, Huang CY. Comparative Efficacy and Acceptability of Non-surgical Treatments with or without Exercise for Diastasis Recti Abdominis in Postpartum Women: A Network Meta-Analysis of Randomized Controlled Trials. Sports Med. 2025 Jan 29. https://doi.org/10.1007/s40279-025-02179-5

Background	Diastasis recti abdominis (DRA), commonly occurring in postpartum women, is not only an aesthetic issue but is also highly associated with functional impairments. Various conservative treatment modalities have been employed in clinical practice to alleviate DRA. However, the comparative efficacy of these non-surgical treatments for improving the inter-recti distance (IRD) remains to be determined.
Aim	This current network meta-analysis (NMA) aims to compare the efficacy and acceptability of different non-surgical treatments with or without exercise for improving DRA in postpartum women.
Methods	This NMA adhered to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines. ClinicalKey Cochrane Library CINAHL Embase PubMed Web of Science and ClinicalTrials.gov were systematically searched for randomized controlled trial (RCT) studies up to April 2024. The analysis included studies that met the following criteria: (1) postpartum women diagnosed with DRA defined as an IRD greater than 2 cm; (2) intervention: any non-surgical treatments for at least 2 weeks; (3) comparator: no-treatment control; and (4) outcome: changes in IRD and acceptability. The relative efficacy between the non-surgical treatments tested and the probability of treatments were evaluated.
Results	Twenty-one RCTs comprising 1195 participants aged from 18 to 45 years old were included. The forest plot revealed that exercise coupling with neuromuscular electrical stimulation systems (NMES) [mean difference (MD) -1.12 cm 95% confidence interval (CI) -1.66 to -0.58], **acupuncture** (MD -0.81 cm 95% CI -1.54 to -0.08), corset (MD -0.65 cm 95% CI -1.24 to -0.06), and exercise alone (MD -0.48 cm 95% CI -0.80 to -0.16) led to significant reductions in IRD compared with control. Further the treatment ranking indicated that the combination of NMES with exercise has the highest probability (91.0%) of being the best treatment for reducing IRD followed by acupuncture with exercise (71.1%). Treatments combined with exercise demonstrated better rankings for reducing IRD than individual treatments without exercise. Acceptability did not significantly differ between the groups.
Conclusion	This NMA encountered limitations due to participant variability differing measurement methods and sparse data necessitating careful interpretation of findings regarding postpartum DRA interventions.