



Women with Rectus Diastasis Feel Neglected by Health Professionals: A Qualitative Interview Study

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Backgrounds: Abdominal rectus diastasis is a condition where the abdominal rectus muscles are abnormally separated due to widening of the linea alba. Pregnancy is a main risk factor. Symptoms may include abdominal pain, lumbar back pain, urogynecological problems, and impaired quality of life. If rectus diastasis is symptomatic, physiotherapy is the first line of treatment. The aim of this study was to explore discomforts, symptoms, problems, obstacles, and considerations that women with rectus diastasis postpartum have before seeking treatment.

Methods: This was a qualitative study with a hermeneutic/phenomenological orientation and was set in Copenhagen, Denmark. The participants were women diagnosed with rectus diastasis who were recruited from a single physiotherapy clinic, either at the start of treatment, during treatment, or after completing treatment. In-depth face-to-face interviews were conducted and transcribed verbatim. A conventional content analysis was used to derive themes from the data.

Results: Ten women were included. Two themes emerged from the interviews: “Women with rectus diastasis experience impaired quality of life and limitations in their everyday life” and “Women with rectus diastasis feel neglected by health professionals and instead have to obtain knowledge of their condition and treatment options from internet searches”.

Conclusion: Health professionals should have rectus diastasis in mind in women postpartum, including those with potentially related symptoms, such as low back pain. We encourage health professionals to recognize and take responsibility for diagnosis and treatment of symptomatic rectus diastasis.

Keywords: Abdominal rectus diastasis; Qualitative study; Interview; Symptoms; Treatment.

Introduction

Abdominal rectus diastasis is a condition where the abdominal rectus muscles are abnormally separated due to widening of the linea alba^[1,2]. The condition causes the abdominal content to bulge, and pregnancy is the main risk factor in women^[1,2]. Rectus diastasis is a common condition in pregnancy; 66% of women have rectus diastasis in the third trimester and 30–60% persist postpartum^[3,4]. Some women with rectus diastasis postpartum only have an abdominal bulge without other symptoms while others have additional symptoms. Symptoms associated with rectus diastasis may be pain and discomfort in the abdomen^[5], pelvic instability and lumbar back pain^[6], urinary incontinence, fecal incontinence, and pelvic organ prolapse^[7], though a direct causal relationship remains unclear. In addition to these symptoms, women with rectus diastasis have a significantly lower perception of their body image and body satisfaction, as well as a lower quality of life compared with the general population^[7,8]. Some women with rectus diastasis live with their condition while others seek treatment. If symptoms are bothersome, the first treatment to be considered is physiotherapy, and surgery can be considered if

physiotherapy does not lead to a satisfactory recovery^[9–11].

Despite rectus diastasis being a common condition, qualitative studies are needed to gain a deeper understanding of the condition from the patients’ perspective. To enhance external validity, it is also important to investigate this aspect in women from different countries, as differences in health care systems and cultural contexts may influence how women experience and perceive postpartum rectus diastasis. Therefore, this study aimed to explore discomforts, symptoms, problems, obstacles, and considerations in women with postpartum rectus diastasis in a Danish health care setting, prior to seeking treatment.

Methods

This is a qualitative and exploratory study with a hermeneutic/phenomenological orientation^[12]. The hermeneutic orientation was used when creating the interview guide, and the phenomenological orientation was used when interviewing the patients to allow them to freely talk about their experiences. A pilot interview was conducted, and the remaining study consisted of in-depth face-to-face interviews to capture individual experiences and opinions. The study is reported according to the Consolidated criteria for Reporting Qualitative research (COREQ)^[13].

Participants

Participants were recruited from a private physiotherapy clinic

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that had physiotherapists who were experienced in treating rectus diastasis. Patients were recruited through the clinic's social media platform. The clinic is based in Copenhagen, Denmark. We recruited participants who were either starting treatment, were currently being treated, or had completed treatment, with inclusion of at least one participant from each category to ensure a diverse range of experiences. There were no exclusion criteria. All participants were diagnosed with rectus diastasis through manual palpation by either a medical doctor or an experienced physiotherapist specialized in rectus diastasis. No specific width measurement was used. Instead, the assessment was based on a combination of symptoms and the observed widening of linea alba. An image of the manual palpation is shown in [Fig.1](#). New participants were added until data saturation was obtained, which means that no new themes or opinions were mentioned in the interviews^[14].



Fig. 1. Manual palpation technique for assessing rectus diastasis.

Data collection

The face-to-face interviews were conducted in a comfortable environment of the patient's choice, and only the first author and the participant were present. The participants were informed that they could decline to participate, withdraw their statements, leave the study at any time, and that they were assured anonymity. An informed consent form was signed at the beginning of each interview. The interviews were conducted in a semi-structured fashion according to an interview guide consisting of open-ended questions. The interview guide was created by the first author, discussed and revised in the author group, and pilot-tested on one participant. The pilot interview did not lead to any significant changes to the interview guide. The interview guide was originally in Danish but has been translated into English (available as a [Supplementary material](#)). The interview guide was based on the following areas: what symptoms and discomforts made the women seek treatment for the rectus diastasis and how it affected

everyday life, how they determined that the problem they had was rectus diastasis, and what treatment methods they knew about and from where they had gained this information. The first author conducted all interviews, and except for agreeing on a date for the meeting via e-mail or telephone, no relationship was established with the participants prior to the interviews. Before the interviews, participants were only informed that the first author was doing research on rectus diastasis, without any additional details. The first author had preplanned instructions from the senior authors with great experience with qualitative research. The interviews were planned to last until both the participant and the interviewer felt the topic had been thoroughly covered. Interviews were audio-recorded on a digital recorder and transcribed verbatim. In the result section, the participants are referred to as the women.

Data analysis

Content analysis was used for data analysis, which is a flexible method for developing and extending knowledge of the participants' experiences^[15,16]. The first author (MJ) analyzed data according to conventional content analysis^[17] with guidance from a senior author with expertise in this type of study (JL). In summary, the process consisted of reading, re-reading to find meaning units, and then condensing the units to subthemes before identifying the final themes. Themes were not identified in advance but were derived from the obtained data. The pilot test was included in the data analysis. Interviews were conducted and analyzed in Danish. Themes and quotes were subsequently translated into English. Quotes were translated as accurately as possible while still reassuring that the meaning remained the same. To maintain consistency between the Danish and the English versions, the first author conducted a forward translation, the second author performed a backward translation, and any discrepancies were resolved through discussion until consensus was reached^[18].

Ethical considerations

Participants were given oral information about the study, and they provided both oral and written consent. All data were anonymized. According to Danish law, approval from ethical committee or the Danish Data Protection Agency was not required for this type of study.

Results

Eleven women were recruited. One participant dropped out before the interview because of disease in the near family. Therefore, 10 interviews were performed, including the pilot test. One participant was recruited before scheduled treatment, five participants were currently treated, and four participants had completed their treatment recently. Details about the interviewed population are described in [Table 1](#). The women, aged 27 to 42, had normal body mass index, were all highly educated, and had between one and four pregnancies.

The interviews lasted between 20 and 30 minutes. We identified two major themes, which are presented in the following.

Table 1. Patient characteristics.

Characteristics	
Age, years, median (range)	39 (27–42)
Height, cm, median (range)	167 (159–180)
BMI, median (range)	23.2 (18.4–26.6)
Number of pregnancies, n (%)	
1	2 (20)
2	4 (40)
3	3 (30)
4	1 (10)
>4	0 (0)
Highest education degree, n (%)	
Less than high school	0 (0)
High school	0 (0)
Bachelor	3 (30)
Master	7 (70)
PhD	0 (0)
Work, n (%)	
Blue collar	0 (0)
White collar	10 (100)

BMI, body mass index; n, number.

Theme 1: Women with rectus diastasis experience impaired quality of life and limitations in their everyday life

The women often stated that their rectus diastasis had a great impact on their everyday life. They felt limited in being able to perform activities due to lack of core stability and strength and due to lumbar back pain. Several women were treated by physiotherapists and chiropractors for back pain without any improvement. The physiotherapist or the chiropractor often ended the treatment because it was ineffective, and it was clear from the interviews that the lack of improvement from treatment was frustrating for the practitioners as well. Some women were told by their practitioner that they just had to live with the lumbar back pain. It was obvious that the limitation in physical activity due to back pain and lack of core strength led to impaired quality of life. *“I saw a physiotherapist for a long time because of my back, and I got a lot of exercises to strengthen my back. I am sure it was fine and needed but it didn’t solve my problems. So, she out phased me and told me she couldn’t do more for me and that it was something I might have to live with.”* [Woman 8]. When asked, nine out of ten considered themselves physically active in their spare time before the pregnancy while only four out of ten were physically active postpartum (Table 2). Many women stated that they wanted to be more physically active but was limited because of the rectus diastasis. A common description was that they sensed that something was wrong in the stomach, lower back, and/or pelvic area but that they had a hard time figuring out what exactly was wrong. A lot of women stated problems with their digestion such as constipation, increased flatus, and feeling bloated after meals, which they related to their rectus diastasis. *“I have had many symptoms throughout the years, and especially pain in the lumbar back has limited me. I like to be physically active, so it has been very frustrating to be limited.”* [Woman 2].

Table 2. Self-reported physical activity before, during, and after pregnancy.

Physical Activity	Yes, n (%)	No, n (%)
Before	9 (90)	1 (10)
During	6 (60)	4 (40)
After	4 (40)	6 (60)

n, number.

These women with rectus diastasis had struggled to lose weight using several diet plans, even though their weight was normal. Their stomachs did not become flat no matter how much weight they lost, which frustrated them. It was clear from the interviews that the women had been prepared that their body would look different after giving birth—but not that different. Many women stated that they used to like their stomachs very much, but not anymore. A common statement was that they were unable to use the same clothes again even though they had returned to their normal weight, and they felt like they were looking pregnant such as during the second trimester. Some were embarrassed to return to work after maternity leave since they still looked pregnant. Further, some women shared that they had been asked about being pregnant when they were not, which made them feel uncomfortable. In general, they spent a lot of time finding the right clothes to hide the stomach. *“I wanted to hide my stomach so it wasn’t as obvious, and so there would not be any comments on possible pregnancy when I was not pregnant. Therefore, I have had to change most of my wardrobe.”* [Woman 5].

Many women stated that they felt uncomfortable in their own skin, did not trust their body anymore, felt exposed, and had a lack of confidence. *“Even though you would like to be a modern woman, there is something stigmatizing about it when you don’t have a proper proportion—not because you have to be skinny but because the proportions are wrong”* [Woman 9]. Many women used to wear bikinis but stated that they would never again do so. They now use swimsuits to cover up their stomachs. *“I am 27 years old, and my stomach looks terrible. It looks like a traffic accident. It may well be that I have born two beautiful children, but if I can’t train it better so that I’m satisfied, then I can’t live with it. We are going on vacation this summer and I’m 100% wearing a swimsuit.”* [Woman 4]. Some women stated that the rectus diastasis had affected their relationship and sex life negatively. They described discomfort with being naked and having their partner touch their stomachs.

A common statement was that the women blamed themselves for making the condition affect them so much as they knew some people experience worse things in life. In general, the women stated that it was a relief to find out that their symptoms had a cause and that treatment options existed. *“I have been a little angry with myself because it is just split abdominal muscles. It’s not like I can’t do my daily activities, and you hear many horror stories about other complications after pregnancy, but it is actually something that has made me sad.”* [Woman 5].

Theme 2: Women with rectus diastasis feel neglected by health professionals and instead have to obtain knowledge of their condition and treatment options from internet searches

It was clear throughout the interviews that these women with rectus diastasis experienced trouble with getting recognition for

their symptoms' major impact on everyday life. Many women faced challenges in obtaining the correct diagnosis from health professionals, including medical doctors, chiropractors, and physiotherapists.

Several women had been treated for months and up to years for back pain and other symptoms and were never examined for rectus diastasis. The report of low back pain led to a referral to back specialists for some women but did not lead to a diagnosis of rectus diastasis. Most women diagnosed themselves by finding information online via websites. It was uncommon for the women to have heard about the condition from health professionals even though they had consulted health professionals with symptoms of rectus diastasis. Their knowledge of treatment options often came from the internet as well. Many women reported seeing their general practitioner after diagnosing themselves, and some women felt that the medical doctor neglected their problems and did not consider the condition serious. Some women were told by their general practitioner that he or she did not know anything about the condition or the treatment options. Women who were in their late 30s when giving birth reported that health professionals informed them that the symptoms were simply due to their age. One woman stated, *"You always want to be met as though your condition is serious, to be taken seriously, and I think that it would have been nice if the medical doctor had taken part in referring me to some kind of treatment."* [Woman 1]. In general, the women did not experience that medical doctors took part in their treatment.

All women described that getting treatment for their rectus diastasis required strong personal perseverance, mostly due to lack of knowledge or recognition from health professionals, including medical doctors, chiropractors, and regular physiotherapists. One woman was told by her medical doctor that *"it was an expected side effect of being pregnant"* [Woman 3] even though it was many months after giving birth. Most women experienced a lack of knowledge and recognition among friends and family as well since their condition again was perceived as not serious. The women also reported a lack of knowledge from personal trainers, yoga instructors, etc. The women felt relieved, optimistic, and happy when they started treatment. They described that the best thing was that their problems were finally recognized.

When asked about what they wished were different in their process, they mentioned: more knowledge about the condition, more information, faster diagnostics, and recognition for their symptoms and the seriousness of their condition—both from health professionals and the surroundings. They wished that their general practitioner had checked for the condition at the medical check done on all women in Denmark eight weeks postpartum and that their general practitioner had taken part in their treatment, as they felt left alone with the decision-making regarding treatment. Furthermore, they hoped that training instructions with focus on rectus diastasis postpartum would have been given from medical doctors and physiotherapists in the public healthcare system. One woman stated, *"You get information about adding vitamin K in the baby's food and about giving vitamin D to the baby, and you get a folder about baby stool. Why don't you get a folder about rectus diastasis? It is just like breastfeeding and pelvic floor training, it is just as important."* [Woman 9]. In general, the women felt that it should be natural to inform about rectus diastasis. It was very clear throughout the interviews that many women were sad and frustrated to have lived with a condition that

could have been treated for months or even years. It was obvious that the women felt that health professionals had a responsibility to discover a rectus diastasis: *"When I saw my medical doctor and have born two kids, one of them within the last year, and tell that I have back pain, it should ring a bell."* [Woman 8].

Many women describe that they learned about the condition randomly because they searched for their symptoms on the internet, and they said that they had learned about treatment options on the internet as well. Several women had conversations with their general practitioner about the diagnosis and asked for treatment. Eventually, they ended up finding treatment options on the internet themselves because of lacking acknowledgment from the medical doctor: *"The doctor said that I should come back in a few months. When I then came back four months after delivery where I still had it, and I did not feel that anything had changed, she told me to come back when six months had passed."* [Woman 1].

The lack of recognition of the condition and the delay in diagnosing rectus diastasis led many women to spend a significant amount of money on different treatments before their diagnosis, in addition to the treatments after getting diagnosed. They had spent money on chiropractors, masseurs, personal trainers, etc., and several had bought a new bed to get rid of the back pain. It was described as, *"I was mad when I realized that I had spent over 10,000 Danish kroner /around 1,340 Euro) at this chiropractor, and I could have been going there forever because the condition was not discovered."* [Woman 2]. The treatment at the private physiotherapist specialized in rectus diastasis was also expensive, although it was commented that it was worth the cost. Some women stated that they felt that many other conditions similar to rectus diastasis are treated in the Danish public healthcare system without self-payment, which made them feel neglected.

Discussion

This qualitative study explored discomforts, symptoms, problems, obstacles, and considerations in women with rectus diastasis postpartum before seeking treatment. We identified two themes: "Women with rectus diastasis experience impaired quality of life and limitations in their everyday life" and "Women with rectus diastasis feel neglected by health professionals and instead have to obtain knowledge of their condition and treatment options from internet searches".

Comparison with existing literature

In accordance with previous studies, we identified low back pain, negative body image, and impaired quality of life as symptoms that led the interviewed women to seek treatment for rectus diastasis^[6–8]. Low back pain is a serious health issue. It is the leading cause of disability worldwide, and it can be difficult to find the origin of the pain^[19]. Even though rectus diastasis has not been proven to be a causal factor of low back pain, rectus diastasis is suggested to be a pathological interplay between biomechanical properties of the abdominal muscles and the linea alba^[20]. Thereby, rectus diastasis could theoretically contribute to low back pain. Further, in our current study, women reported that rectus diastasis did limit their participation in physical activity. In a prospective cohort study including 484 women, only 19% of the

women exercised six months postpartum, however, it remains unknown how many had rectus diastasis and whether rectus diastasis contributed to fewer women engaging in physical activity^[21]. A retrospective study that assessed women's exercise beliefs and behaviors postpartum with validated questionnaires found that time constraints were the most common exercise barrier, followed by physical limitations and fatigue as the second most common causes^[22]. Even though physical limitation due to rectus diastasis was not explored in the questionnaire study^[22], physical inability due to rectus diastasis can be a health issue, and many of the women in our study felt motivated to exercise but were limited because of the rectus diastasis. This underlines the importance of treating symptomatic rectus diastasis to promote physical activity in women postpartum.

A major finding of this study was that women with rectus diastasis experienced a negative body image, which is supported by previous studies^[23–25]. Body dissatisfaction has been correlated with eating disorders, depression, unhealthy weight control behavior, reduced physical activity, reduced health-related quality of life, among other things^[26]. A recent American study that used several validated questionnaires to assess body image found that negative body image was both common and significantly correlated with poorer wellness behavior, negative affect, quality of life, and functional impairment^[26]. Considering the significant impact body image may have on health and well-being, and the relationship between rectus diastasis and negative body image, further exploration is needed into the many problems associated with poor body image, particularly in women with rectus diastasis.

Many women described digestion problems such as constipation, which they connected to their rectus diastasis. This symptom is not well described in the literature in association with rectus diastasis and might need further evaluation. Rectus diastasis can lead to both reduced physical activity and changes in diet, which can contribute to constipation. However, reduced physical activity and changes in diet are also seen in women postpartum without a rectus diastasis. Digestive problems for women postpartum are described^[27], and it could be interesting to explore the incidence of digestion problems in women with rectus diastasis compared with women without rectus diastasis postpartum, also adjusting for possible confounders such as changes in exercise pattern.

We believe it is important for healthcare providers to inform pregnant women about the possibility of developing rectus diastasis that will persist postpartum, as it is a common condition and might even be preventable in some cases. A systematic review that assessed physiotherapy's effect on the incidence of rectus diastasis postpartum found that it might be possible to prevent rectus diastasis with antenatal exercise, however, the included studies used different exercise programs, and it is not possible to define an exact training program for the prevention of rectus diastasis^[6]. In a randomized controlled trial including 175 primiparous women, 55% of the women had rectus diastasis six weeks postpartum, 44% six months postpartum, and 40% had rectus diastasis one year postpartum^[28]. This implicates that most rectus diastases do not resolve naturally, and therefore, women with symptomatic rectus diastasis should be referred to treatment and not told to wait. If women present with symptomatic rectus diastasis at the scheduled medical check eight weeks postpartum that all women in Denmark are offered, the general practitioner should refer the patient to physiotherapy as it is the first treat-

ment step^[9]. Eight weeks postpartum might be a good time to consider treatment options if the diastasis is symptomatic. Low back pain may be associated with rectus diastasis and should therefore indicate examination for such. It should not be the patient's responsibility to diagnose themselves. It is a problem when women are thrown around the healthcare system to different physiotherapists and back specialists and no one considers rectus diastasis as the cause of the symptoms. Delaying the diagnosis leads to increased costs for both patients and society.

Whether or not a woman gets diagnosed can depend on her own perseverance, a factor also highlighted by women in countries with health care systems similar to Denmark's^[23–25]. Despite feeling neglected by health professionals, the women in this present study, who had high levels of education, continued seeking explanations and treatments for their symptoms. They were also able to afford the costs associated with getting diagnosed and treated outside the public healthcare system. Women from lower social classes may lack these resources, potentially facing even greater neglect. Despite the alleged equal access to healthcare in the Nordic countries, socioeconomic inequality in health is a known problem^[29]. A recent socio-economic study showed that there are differences between self-assessed health in lower- and upper-income groups in the Nordic countries, UK, and Germany^[30]. In addition, inequality in health was increasing in Denmark between 2002 and 2012^[30]. On top of that, low back pain is overrepresented in people with low socioeconomic status^[9], and perhaps some of these patients suffer from rectus diastasis. The high economic costs from treatment both before and after a correct diagnosis might cause more socioeconomic differences. The Danish healthcare system is tax-funded. However, some treatment options, such as physiotherapy, are partly tax-funded with a medical doctor's referral and partly funded by self-payment. The physiotherapy clinic used for recruitment was specialized in rectus diastasis and is one of the many special clinics that are not a part of the public healthcare system. Therefore, the treatment was paid for by the women themselves.

Strengths and limitations

The strengths of this study include reporting according to the COREQ guideline^[13], quotes being forward and backward translated for language validity, and the study being performed according to the gold standard in qualitative research. Furthermore, women were included at different stages of treatment. There are some limitations as well. Only ten women were included. They were all from the same private physiotherapy clinic and had not received treatment through the public healthcare system. To increase the external validity, it would be valuable in the future to conduct studies that also include women who have unrecognized symptomatic rectus diastasis, women being treated for rectus diastasis in physiotherapy clinics covered by the public health care system, as well as women undergoing surgical treatment within the public system. There might also be limited external validity to other countries because of the Danish population and the way the Danish healthcare system works.

Conclusion

Women with rectus diastasis interviewed in this study experi-

enced impaired quality of life and limitations in their everyday lives. Additionally, they felt neglected by health professionals when seeking help. Medical doctors and other health professionals should consider rectus diastasis in women postpartum who are presenting with symptoms associated with rectus diastasis, including low back pain. We encourage healthcare providers to recognize and take responsibility for diagnosis and treatment when rectus diastasis is symptomatic, which includes care for both patients' physical and mental wellbeing.

Abbreviations

COREQ: COnsolidated criteria for Reporting Qualitative research.

Ethics approval and consent to participate

All participants provided both oral and written informed consent. No ethics approval was required for this type of study according to Danish law.

Authors' contribution

MLJ: Conceptualization, Methodology, Formal analysis, Investigation, Writing – original draft. SÖ: Conceptualization, Validation, Writing – review & editing, Supervision. JL: Methodology, Writing – review & editing. JR: Conceptualization, Writing – review & editing, Supervision.

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