

## 8 Conclusion

Postpartum diastasis recti abdominis (DRA) is a highly prevalent structural and functional condition that has evolved from being considered a cosmetic concern to a clinically significant functional disorder. Evidence indicates that its prevalence among postpartum women ranges from approximately 30% to 60%, with a proportion of cases persisting for years after childbirth. DRA not only compromises the structural integrity of the abdominal wall but is also associated with reduced core stability, lumbopelvic dysfunction, chronic pain, and pelvic floor disorders. Additionally, it may contribute to body image concerns and diminished quality of life. Therefore, DRA should be incorporated into both perinatal care and long-term women's health management, with appropriate conservative or surgical interventions selected based on severity.

A scientific and standardized assessment framework is fundamental to effective intervention. Currently, significant variability exists in measurement tools, anatomical landmarks, and diagnostic criteria, which limits comparability across studies and hinders clinical translation. Although ultrasound is widely regarded as a reliable method for assessing inter-recti distance (IRD), reliance on a single structural parameter is insufficient to capture overall functional status. Thus, a multidimensional assessment approach is needed, integrating IRD measurements with core function, pelvic floor status, pain, and quality-of-life outcomes, alongside dynamic monitoring throughout rehabilitation to better evaluate treatment efficacy and guide clinical decision-making.

Future research should advance toward standardized and precision-based assessment and intervention strategies within an evidence-based framework. The lack of unified diagnostic criteria and core outcome sets remains a major challenge, highlighting the need for internationally consensus-driven classification systems and structured rehabilitation pathways. While comprehensive rehabilitation programs, centered on exercise and supplemented with modalities such as electrical stimulation and taping, have demonstrated promising results, optimal protocols and long-term effectiveness require further validation. High-quality multicenter studies, combined with the integration of intelligent rehabilitation technologies and telemedicine, will be essential to promote individualized, digital, and multidisciplinary management approaches, ultimately improving functional recovery and quality of life in postpartum women.

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## Conflict of Interest Disclosure

The author affirms that this research was conducted without any commercial or financial relationships that could be construed as a potential conflict of interest.

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