



HUMANKIND MOVEMENT

FREE GUIDE FOR NEW MOTHERS

Cleared, But Not Ready.

An honest, evidence-based guide to your
postpartum recovery.

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INTRODUCTION

The Question I Hear Most

Almost every new mother I work with asks the same question, in one form or another: how long until I get my body back?

I understand the question. It comes from a culture that has trained all of us to see recovery as a deadline rather than a process, something to circle on a calendar and count down to.

But the body that grew and delivered a baby did not disappear. It changed. What we are actually talking about, when we strip away the marketing language, is helping a body that has been through something enormous rebuild strength, coordination, and awareness. That is a different project than bouncing back to a photograph from before.

This guide is built around one idea: **being medically cleared and feeling genuinely ready to move again are two different things**. A six-week checkup is an important, necessary check for immediate complications. It was never designed to be a statement that your body is ready for the demands of exercise, parenting, or daily life. Closing that gap, between clearance and readiness, is what the rest of this guide is about.

A NOTE FROM YOUR OB

"Medical clearance tells you it's safe to start moving again — it doesn't tell you how. This guide fills exactly that gap, helping mothers rebuild strength and confidence the right way, alongside their care, not instead of it."

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Your Body After Birth

When people hear "core," they usually picture a six-pack or a plank challenge. That picture is part of why so many postpartum women end up doing the wrong work at the wrong time, sometimes before their body is ready for it at all.

The core is not just the visible abdominal muscles. It is a pressure system: the diaphragm at the top, the pelvic floor at the bottom, and the deep abdominal and back muscles wrapping around the middle. During pregnancy, this whole system stretches, shifts, and adapts to a growing baby. After birth, it does not simply snap back into its old coordination pattern. It has to relearn how to work together.

This is why the starting point for recovery is rarely a crunch or a plank. It's breath.

EXERCISE · 360° BREATHING

Lie on your back, knees bent. One hand on your ribs, one on your belly. Inhale slowly through your nose and feel your ribcage expand in all directions, not just forward, but to the sides and into your back against the floor. Exhale slowly and let everything settle. Ten slow breaths, once or twice a day, is enough to begin.

EXERCISE · THE CONNECTION BREATH

Still lying down, breathe in and let your pelvic floor lengthen and soften, like a gentle release. As you exhale, imagine drawing your pelvic floor gently up and in, coordinating with a soft, natural core activation. No straining. Ten repetitions is a full set.

These may not look like much. Someone watching might wonder when the actual workout starts. But this quiet work is the actual workout, at the beginning, because without a foundation of breath and pressure management, any strength built on top of it tends to be built on shaky ground.

Rebuilding is not the same as returning. We are not trying to recreate exactly what existed before pregnancy. We are building a system that can manage the demands of this new life: carrying a car seat on one hip, bending over a crib dozens of times a day, and getting up off the floor more often than most exercise programs ever account for.

EXERCISE · THE BRACE-AND-ROLL

When getting out of bed or up from the floor, exhale first, gently engage as you learned above, and roll to your side before pushing up with your arms, rather than sitting straight up through your abdomen. This small habit protects your midline while it's healing.

Progress happens in layers: breath and pressure work first, then gentle activation, then integrating that activation into simple movement, then gradually adding load. The sequence matters more than the intensity.

Diastasis Recti

The first question almost every client asks me about diastasis recti is how many fingers wide the gap is. I understand why. It's measurable, concrete, and feels like something to fix. But the research tells a more complicated story than the finger count suggests.

A study following 300 first-time mothers found that diastasis recti, a separation of the abdominal muscles along the midline, was present in **60% of women at six weeks postpartum**, falling to 45% at six months, and 33% at twelve months (Sperstad et al., 2016). For most women, meaningful natural narrowing happens in the first several months. For a real minority, roughly a third, some separation is still measurable a year out.

What the same research found next matters more than the finger count itself: once other factors like body weight and parity were accounted for, the width of the gap stopped predicting how much pain or dysfunction someone actually experienced (Bixo et al., 2022). The same tracking study found no difference in back or pelvic pain between women with and without diastasis. Some women with a wide gap function beautifully; some with a narrow one still feel unstable. The measurement is one data point, not the whole story, though it isn't meaningless either.

I am not a physiotherapist, and this is not a diagnosis. A significant separation, especially paired with doming, pain, or a sense of the midline giving way under load, deserves a proper clinical assessment. So instead of asking only "how many fingers," ask: what happens when I cough, when I get out of bed, when I carry my baby up the stairs? Capacity is the goal. The gap closing is one possible sign of that, not the definition of it.

The Pelvic Floor, Beyond Kegels

Kegels are usually the first and last thing new mothers are told about pelvic floor recovery. Squeeze, hold, repeat. It's simple, needs no equipment, and sounds like it addresses the problem directly. The research suggests it's a more incomplete picture than the popularity of the advice implies.

A review pooling data from roughly 1.6 million women found postpartum urinary incontinence affects about **28% of women**, and prolapse symptoms about 14% (Barca et al., 2021). Vaginal delivery carries meaningfully higher risk than cesarean for both, but cesarean birth reduces the risk, it doesn't remove it. Pregnancy itself, not just delivery, loads the pelvic floor.

A major review of the evidence (Woodley et al., 2020) found structured pelvic floor training, done proactively during pregnancy, meaningfully reduces the chance of developing incontinence. But for women who already have persistent leaking months after birth, the same review found no clear evidence that Kegels alone resolve it. Prevention and treatment are not the same use case.

There's a second complication: some pelvic floors aren't weak, they're already gripping too much, and more squeezing only worsens that. What I actually focus on with clients is coordination — can the pelvic floor lengthen on an inhale and gently lift on an exhale, and can that hold up under real movement. Pelvic floor concerns like persistent leaking, pain, or heaviness deserve a proper clinical assessment, often from a pelvic health specialist.

C-Section Recovery

If you had a cesarean birth, your recovery has its own timeline, and it deserves its own attention rather than being treated as a footnote to vaginal-birth advice.

A cesarean is major abdominal surgery. What's well established about how surgical wounds heal is worth knowing plainly: a wound reaches only about **half its final strength by six weeks**, and doesn't reach its peak until somewhere around eleven to fourteen weeks. Even at its strongest, scar tissue typically doesn't fully match the tissue it replaced, and deeper remodeling continues for up to a year (general wound-healing physiology, StatPearls). That's the honest basis for why "the six-week mark" so often gets treated as a finish line when the tissue underneath is still very much a work in progress.

I want to be direct about the limits of what's known here: there isn't a single, trial-tested answer for exactly when to reintroduce core loading after a cesarean specifically. What follows is coaching judgment, built on that wound-healing timeline, not a proven protocol.

In practice, that means the breath and pressure work from Chapter One often needs to start gently and stay gentle for longer, with real attention to how the scar area feels, before real core loading begins. It also means being honest that cesarean birth doesn't fully protect the pelvic floor either — pregnancy itself loads that system, regardless of how the baby was delivered.

The Return-to-Exercise Timeline

"How many weeks until I can exercise again?" I understand wanting a number. In years of coaching postpartum clients, I've never found one that holds up across different people.

Clearance and readiness are two different things. A standard medical clearance, often happening around six weeks, is a check for immediate complications, not a statement that your body is ready for the actual demands of training. UK clinical guidance on returning to running (Goom, Donnelly & Brockwell, 2019) recommends no return to running or high-impact activity before roughly twelve weeks, and only once simple strength and control checks can be done symptom-free. Official guidance from ACOG takes a deliberately individualized approach: gentle activity can often resume within days if medically safe, building gradually from there. These aren't in conflict — gentle movement can start early, while higher-impact training needs more time and readiness, not just a calendar date.

What actually determines readiness has less to do with the calendar and more to do with specifics: how breath moves through your body, whether your deep core and pelvic floor coordinate under increasing demand, whether there's any doming, leaking, or heaviness during daily movement, and how your sleep and energy are holding up.

Rushing a return based on a generic timeline often costs more time than a patient approach would have. Letting your body set the pace looks slower from the outside. It tends to move forward without the interruptions.

Sleep, Stress, and Your Mood

Recovery isn't only physical, and this guide would be incomplete if it only talked about tissue and muscles.

Postpartum depression is common enough that it's worth naming plainly: research pooling data across dozens of countries puts the global rate at roughly **17%**, or somewhere between one in five and one in seven women (Wang et al., 2021; Hahn-Holbrook et al., 2018). Postpartum anxiety, measured through structured clinical interviews, affects a further 8 to 9% (Goodman et al., 2016). If either describes you, that is common, it is not a personal failure, and it deserves real support.

Here's where the research offers something genuinely useful: a recent large analysis found regular movement meaningfully reduced the odds of postpartum depression, by roughly 45%, and reduced symptom severity with a moderate effect (Deprato et al., 2025). That's real and well-supported. What it doesn't mean is that exercise replaces clinical treatment for depression or anxiety that's already present — think of movement as a genuine support alongside proper care, not a substitute for it.

EXERCISE · THE CALMING BREATH

When things feel like too much: inhale slowly for a count of four, hold gently for four, exhale slowly for four, and rest at the bottom for four before beginning again. Repeat for a minute or two. It won't fix a hard night, but it's a genuine, harmless way to ask your nervous system to settle.

A Self-Check Before You Start

Before I program anything for a new client, there's a conversation that has to happen first. Here's that same conversation, turned into questions you can ask yourself.

About your birth

Was it vaginal or cesarean? Were there complications? Any pain or unusual sensation around your abdomen or pelvic floor?

About your breath

Without thinking about it, does your ribcage expand as you breathe, or does your belly do most of the work?

About daily symptoms

Do you leak when you cough, sneeze, or jump? Any heaviness, doming, or bulging along your midline? These are common — common is not the same as fine.

About your life right now

How is sleep? Are you breastfeeding? Do you have support at home? A plan that ignores this asks too much.

About what you actually want

To run again? To pick up your child without wincing? To feel like yourself? These are different goals, even if the starting point looks the same.

The Myths Worth Letting Go Of

"You should bounce back."

A meaningful share of women still have some diastasis at a year out. Cesarean scar tissue is still remodeling for up to a year. Recovery is measured in months, sometimes longer, not weeks.

"The six-week clearance means you're ready for anything."

It means you've been checked for immediate complications. Guidance on returning to running specifically suggests waiting closer to twelve weeks, with symptom-free checks first.

"Crunches and planks are bad for diastasis."

The evidence doesn't support a blanket rule that abdominal strengthening is harmful. The real issue is loading your midline before breath, core, and pelvic floor can coordinate under it — not the exercise itself.

"A wider gap means worse function."

Not reliably. Once other factors are accounted for, gap width alone doesn't predict pain or dysfunction. Capacity tells you more than a measurement does.

Where to Go From Here

Permission to stop measuring your recovery against a deadline that was never yours to begin with.

I don't think of myself as someone who has this all figured out, dispensing wisdom from above. I'm a fellow traveler in this work, still learning from every client I coach, still adjusting my own understanding of what strength and recovery actually mean.

What I do know is that recovery built on breath, honest self-observation, and patience tends to hold up. Not because it's dramatic, but because it's built on a system that actually understands how to carry the life you're living now.

If you'd like support putting any of this into practice, specific to your body, your birth, and your life right now, that's exactly the kind of work I do.

I've been coaching for six and a half years, working directly with more than twenty postpartum women, and I'm a certified human biomechanics specialist. None of that makes me your doctor. It's just the lens I bring to this work.

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Health before success. Awareness before action.

— Ajith Jagadish

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This guide is educational and does not replace individualized medical or physiotherapy care.