Title: Establishing best practice principles for pregnancy-related diastasis rectus abdominis: A consensus study

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Purpose (Hypothesis): Pregnancy-related diastasis rectus abdominis (DRA) is a highly prevalent condition . To date, knowledge related to risk factors or long-term implications of a widened linea alba (LA) remains limited, but many suggest implications for trunk and pelvic function. Current evidence is conflicting, creating much debate amongst health care providers and women seeking care. We sought to bring together key stakeholders regarding DRA to develop a set of consensus-based practice principles.

Subjects: Following Ethics approval, an expert panel (n=28) was purposively assembled and invited to participate. Experts were identified nationally as credentialed clinical specialists in physiotherapy, evidenced through clinical or academic achievements, with varied experience in women's health.

Methods: Informed by the Knowledge to Action (K2A) framework and principles of practice-based inquiry, physiotherapist experts were invited to participate in a three-round Delphi consensus study. Round one consisted of a list of 82 items through a comprehensive literature review, inclusive of grey literature. For each item, participants indicated agreement on a 5-point rating scale. Consensus for item inclusion was defined a priori as greater than 80% agreement of respondents rating an item 5 or above. Three sequential rounds of anonymous online questionnaires and were used and opportunities to provide perspectives via free form text boxes was encouraged in all three rounds to maximize the depth and breadth of data collected. In round two, items receiving consensus from round one were ranked and collapsed if redundancy was identified. Additionally, summary descriptions, developed through round round findings, for each category of data collection were proposed and feedback requested. Finally, items from round one that were ranked a score of 60% (a rating of 3) were further explored. In round three, final consensus was determined on all statements that had now evolved into practice principles and the seven summary descriptions for each data category.

Results: Twenty-one out of the twenty-eight invited experts participated (75%). Round one generated 38 consensus-statements, 20 of which a degree of agreement was achieved. Round two, translated into 28 consensus statements and modifications to proposed summary descriptions for each data category. The remaining items indicated important discussion points in which there was not consensus, but rather mixed perspectives. In round three 28 practiced principled had been developed with accompanying summary statement for each category of inquiry.

Conclusions: Nationally recognized experts in women's health agree that the impairments and dysfunctions related to DRA are multi-dimensional and multifactorial. The practice principles established, emphasize the need for a global and tailored care approach. There is agreement that the LA is intrinsic to the thoraco-pelvic abdominal manometric system. Further, it was determined that assessment approaches for DRA are evolving and measurement of the inter-recti distance does not provide clinically meaningful information. Some of these principles corroborate with the scientific literature, and some do not. Our findings point to practice gaps that require further study.

Clinical Relevance: To our knowledge, this is the first study to establish consensus across key stakeholders to bridge the evidence-practice gap regarding pregnancy-related DRA.

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