A NIGERIAN WOMAN'S STORY

WHOLE AGAIN

The Nigerian Woman's Guide to Postpartum Belly & Core Recovery

"My body built a life. Now I rebuild my core."

AMAKA O.

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WHOLE AGAIN

The Nigerian Woman's Guide to Postpartum Belly & Core Recovery

This guide is for educational and informational purposes only. It is not medical advice and does not replace consultation with a qualified doctor, midwife, or pelvic floor physical therapist. Every postpartum body heals differently, and recovery from vaginal birth and cesarean birth can involve different timelines and precautions. Always get clearance from your doctor or midwife before beginning any postpartum exercise routine, typically at your six week postpartum check-up or later if you had a complicated birth or cesarean. If you experience pain, bulging, leaking, pelvic pressure, or any symptom that concerns you, stop and consult a medical professional. Nothing in this guide should be used to delay or avoid appropriate medical care.

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INTRODUCTION

Six weeks after my second child, I tried to do a sit-up. Just one, the way I used to before either pregnancy. My stomach bulged upward into a strange ridge down the middle, like something underneath was pushing to get out. I didn't know what I was looking at, and honestly, it frightened me.

I later learned that ridge had a name: diastasis recti, a separation of the abdominal muscles that happens to some degree in the vast majority of pregnancies. Nobody had mentioned it to me at any antenatal appointment. I found out by googling a photo of my own stomach at midnight, scared and alone.

This guide exists because I don't want another woman finding out about her own body from a stranger's forum post at midnight. I want you to know, before you do a single exercise, exactly what happened to your core during pregnancy, how to check your own healing safely, and which movements help versus which ones can quietly make things worse.

> *By the time you finish this guide, you'll know how to check your own core safely at home, you'll understand belly wrapping and what it can genuinely do, you'll have a full sequence of safe core exercises, and you'll know exactly which common postpartum exercises to avoid until your body is ready for them. This is the guide I wish someone had handed me at six weeks postpartum.*

I am not a physical therapist or a doctor. I am a Nigerian mother who went through this twice and got tired of guessing. Everything in this guide is built from what actually helped my own recovery, cross-checked against how physical therapists who specialize in this exact issue explain it. Where medical clearance matters, I'll tell you clearly, because your safety matters more than any routine in this book.

Here's the shape of this guide. Chapter One explains what diastasis recti actually is and why it happens to almost every pregnant body to some degree. Chapter Two teaches you a simple, safe way to check your own separation at home. Chapter Three covers belly wrapping honestly. Chapter Four introduces the single most important exercise in this entire guide, one most women skip entirely. Chapter Five gives you a full safe core sequence. Chapter Six is just as important as Chapter Five: the movements to avoid until you're further along. Chapter Seven covers eating for repair.

Let's start with understanding what your body actually went through.

CHAPTER ONE

WHAT YOUR CORE ACTUALLY WENT THROUGH

Understanding diastasis recti before you do a single exercise.

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CHAPTER ONE

WHAT YOUR CORE ACTUALLY WENT THROUGH

Your abdominal muscles are built in vertical bands down the front of your stomach, held together at the center by a strip of connective tissue called the linea alba. During pregnancy, as your uterus grows, that connective tissue stretches to make room, and the two bands of muscle gradually separate, or widen, along the midline. This is diastasis recti.

> *The single most important thing to understand: diastasis recti is not a rare complication or something you did wrong. Some degree of it happens in the vast majority of pregnancies. It is a completely normal, expected consequence of growing a baby, not a sign that anything is broken.*

Why It Doesn't Always Heal on Its Own

For many women, the gap narrows naturally in the weeks and months after birth as the connective tissue regains some tension and the muscles draw back toward center. For others, especially after larger babies, multiple pregnancies, or pregnancies close together, the separation persists well beyond six weeks and needs targeted, gentle work to close further. Neither outcome means you did anything wrong. Bodies heal at different rates, and genetics, muscle tone before pregnancy, and how the pregnancy progressed all play a role.

Why Some Exercises Make It Worse

Here is the part that matters most before you do anything else in this guide: certain movements increase pressure straight down the midline of your abdomen, at exactly the connective tissue that's still healing. Traditional crunches, sit-ups, and full front planks are the most common offenders, along with any movement that causes your stomach to visibly bulge, dome, or cone upward along that center line. Doing these before your core has rebuilt sufficient tension can widen the gap further or slow its healing, which is the opposite of what you're trying to achieve.

Why This Isn't Just About Appearance

I want to be honest about why this matters beyond how your stomach looks. An unaddressed, significant separation can contribute to lower back pain, poor trunk stability, pelvic floor dysfunction, and in some cases can make you more prone to certain hernias. This is one of the few places in this entire guide series where I'm asking you to prioritize function and safety before you think about appearance at all. A flatter-looking stomach built on a core that's still fragile underneath isn't the win it looks like.

YOUR ACTION PLAN

1. Understand that some degree of diastasis recti is normal and expected. This is not a personal

failure.

2. If you're currently pregnant, avoid crunches, sit-ups, and full planks from here through delivery; move to Chapter Six for safe alternatives.

3. If you're postpartum and haven't yet had your six week check-up, wait for medical clearance before starting Chapter Five's exercises.

4. Move to Chapter Two next to learn how to check your own separation safely at home.

CHAPTER TWO

THE TWO-MINUTE CORE CHECK

How to test yourself safely at home, no equipment needed.

CHAPTER TWO

THE TWO-MINUTE CORE CHECK

> **Wait at least six to eight weeks postpartum before doing this check, and only after you've had medical clearance at your postpartum appointment. Checking too early, while tissue is still in the earliest stages of healing, won't give you an accurate picture.**

How to Check Yourself

You need nothing but your own hand and a quiet few minutes. This is the same basic check many pelvic floor physical therapists teach.

Step One: Get Into Position

Lie on your back with your knees bent and feet flat on the floor, the same position you'd use for a gentle sit-up. Relax your shoulders and let your arms rest at your sides.

Step Two: Find Your Midline

Place two fingers just above your belly button, pressing gently into your stomach, fingers oriented vertically (up and down, not side to side).

Step Three: Engage and Lift

Gently lift your head and shoulders slightly off the floor, as if starting the very first inch of a sit-up, just enough to engage your abdominal muscles. Keep the lift small and controlled.

Step Four: Feel for the Gap

As you lift, feel for a gap between the two muscle bands under your fingers. Note roughly how many fingers fit into that gap. Repeat this check at your belly button level and again about two inches below it, since the separation can differ along the length of your midline.

Understanding What You Feel

- One to two finger widths: a mild, common separation. The Chapter Five sequence is well suited to help close this further.
- Two to three finger widths: a moderate separation. The Chapter Five sequence still applies, but be extra attentive to Chapter Six's list of movements to avoid, and be patient with your timeline.
- More than three finger widths, or if you notice visible doming or bulging along the midline during the lift: this is a more significant separation. This is the point to work with a pelvic floor physical therapist directly rather than relying on a guide alone; they can assess depth and tension, not just width, which matters for a proper treatment plan.

> *Why this matters: width alone doesn't tell the whole story. A physical therapist checks tension across the gap, not just its size, because a narrower gap with poor tension can matter more*

> *than a wider gap with good tension. This home check is a genuinely useful starting point, not a full diagnosis.*

Re-Checking Over Time

Do this check every few weeks as you work through the Chapter Five sequence. Real, meaningful change in this kind of tissue takes weeks and months, not days, so don't check daily and don't expect daily change. Monthly is a reasonable rhythm for most women.

YOUR ACTION PLAN

1. Confirm you're at least six to eight weeks postpartum and medically cleared before doing this check.
2. Do the check today, at both points along your midline, and write down what you find.
3. If your gap is more than three finger widths or you notice visible doming, book an appointment with a pelvic floor physical therapist before starting Chapter Five.
4. Set a monthly reminder to recheck as you progress through this guide.

CHAPTER THREE

THE BELLY RECOVERY WRAP

How to bind safely, and what it can't do for you.

CHAPTER THREE

THE BELLY RECOVERY WRAP

Belly binding after birth is a tradition that goes back generations in cultures across the world, including here at home. My own mother wrapped me in cloth from my hips to my ribs within days of both of my births, the same way her mother did for her. There's real value in this practice. There's also real misunderstanding about what it does and doesn't do, and I want to walk you through both honestly.

What Wrapping Genuinely Helps With

A snug, properly worn belly wrap provides gentle external support to your core and lower back while your abdominal muscles and connective tissue are healing. Many women describe feeling more “held together” and physically supported during those early wobbly weeks, which can make daily movement, holding your baby, and simply standing upright feel more comfortable. It can also offer mild compression that helps some women feel less swollen in the abdominal area during early recovery.

What Wrapping Does Not Do

A wrap does not close a diastasis recti separation on its own, and it does not permanently reshape your abdomen. Think of it the way you'd think of a supportive brace for a healing joint: genuinely helpful for support and comfort while the real healing work happens underneath, but not a substitute for that underlying healing work itself. The actual closing of the gap comes from the tissue's own recovery process plus the targeted exercises in Chapter Five, not from the wrap.

How to Wrap Safely

1. Wait until you have medical clearance, typically starting a few days after a vaginal birth once you feel ready, or as specifically advised by your doctor if you had a cesarean birth, since the wrap must never press directly on a healing incision.
2. Start fastening from the bottom of the wrap near your hips and work upward toward your ribs. This distributes support evenly rather than concentrating pressure in one spot.
3. The fit should feel like a firm, supportive hug, never so tight that it's hard to take a full breath or that it causes pain or numbness.
4. Wear it for a few hours at a time rather than all day continuously at first, and never sleep in a tightly fastened wrap.
5. If you had a cesarean birth, wear a soft, thin cotton layer underneath to protect the healing incision, and confirm timing with your doctor before starting.

> **If a wrap ever makes it difficult to breathe fully, causes pain, or presses on a cesarean**

> **incision before it's fully healed, stop and loosen it immediately. Comfort and safety always come before a snug fit.**

YOUR ACTION PLAN

1. Confirm with your doctor or midwife when it's safe for you specifically to begin wrapping, especially if you had a cesarean birth.
2. If you choose to wrap, start fastening from the bottom and check that you can still breathe fully and comfortably.
3. Treat the wrap as support, not a substitute for the Chapter Five exercises; plan to do both together.
4. Reassess your wrap fit every couple of weeks as swelling naturally decreases in early recovery.

CHAPTER FOUR

THE FOUNDATION BREATH

The single most important exercise in this entire guide.

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CHAPTER FOUR

THE FOUNDATION BREATH

This chapter is short, and it's the most important one in the entire guide. Every physical therapist who specializes in postpartum core recovery starts here, and yet it's the step almost every woman skips because it doesn't look like “real” exercise. I promise you, it is.

Why Breath Comes Before Everything Else

Deep within your core sits a muscle called the transverse abdominis, which wraps around your midsection like a natural corset. This muscle, not your visible outer abdominal muscles, is your true foundation for core stability, and it works in direct partnership with your diaphragm and pelvic floor. After pregnancy, this deep system often needs to be deliberately reactivated before any other core exercise will be safe or effective. Skipping straight to visible ab exercises without rebuilding this foundation is like trying to build a house on a foundation that hasn't set yet.

> *The single most important thing to understand: if you only do one thing from this entire guide, do the Foundation Breath daily. It is the base that makes every other safe exercise in Chapter Five actually work.*

How to Do It

Step One: Position

Lie on your back with knees bent, feet flat on the floor, or sit tall in a supportive chair if lying down isn't comfortable. Place one hand on your chest and one hand on your stomach, just below your belly button.

Step Two: The Inhale

Breathe in slowly through your nose, allowing your stomach to rise gently under your hand. Your chest should stay relatively still; the movement happens low, in your belly.

Step Three: The Exhale and Engage

As you exhale slowly through your mouth, gently draw your belly button in and slightly up, as though you're softly zipping up a snug pair of trousers from the inside. This is a gentle contraction, not a hard squeeze or a sucking-in. You should still be able to talk normally through it.

Step Four: Hold and Release

Hold that gentle engagement for three to five seconds while continuing to breathe normally, then release fully and let your stomach relax completely before your next breath.

Building the Habit

Do ten of these breaths, once or twice a day. It takes under two minutes. Many women do this while feeding their baby, during a commute, or before getting out of bed in the morning. Once this becomes automatic, usually within two to three weeks, you'll notice yourself naturally engaging this same deep muscle during everyday movements like standing up or lifting your baby, which is exactly the point.

YOUR ACTION PLAN

1. Practice the Foundation Breath right now, ten repetitions, to learn the feeling before moving on.
2. Attach this habit to something you already do daily, like feeding your baby or brushing your teeth, so it doesn't require remembering.
3. Do this daily for at least two weeks before adding the Chapter Five sequence on top of it.
4. Notice, over the next few weeks, whether you start engaging this same muscle naturally during daily movement. That's a genuine sign of progress.

CHAPTER FIVE

THE SAFE CORE SEQUENCE

Five movements that rebuild without the risk.

CHAPTER FIVE

THE SAFE CORE SEQUENCE

> **Confirm medical clearance and complete at least two weeks of the Chapter Four Foundation Breath before starting this sequence. If you feel any pelvic pressure, leaking, pain, or notice doming along your midline during any of these movements, stop that movement and return to Chapter Four until it resolves.**

Every movement in this chapter was chosen because it strengthens your deep core without placing dangerous pressure on a healing midline. None of these are crunches. None of these are planks. All of them are safe, effective starting points for the vast majority of postpartum women.

Move One: Pelvic Tilts

Lie on your back, knees bent, feet flat. Combine this with your Foundation Breath: as you exhale and engage, gently flatten your lower back into the floor by tilting your pelvis slightly upward. Hold for two to three seconds, then release back to neutral.

Do: 10 to 12 repetitions.

Move Two: Heel Slides

Lie on your back, knees bent. Engage your deep core with an exhale, then slowly slide one heel away from you along the floor, straightening that leg, while keeping your lower back gently pressed down and stable. Slide the heel back to start and switch sides.

Do: 8 to 10 repetitions per side.

Move Three: Bent Knee Marches

Lie on your back, knees bent. Engage your deep core, then slowly lift one foot off the floor, bringing your knee toward your chest to a comfortable height, keeping your lower back still and stable throughout. Lower with control and switch sides.

Do: 8 to 10 repetitions per side.

Move Four: Glute Bridges

Lie on your back, knees bent, feet flat, arms resting at your sides. Engage your deep core, then press through your heels to lift your hips off the floor, forming a straight line from your knees to your shoulders. Squeeze your glutes at the top, then lower with control.

Do: 10 to 12 repetitions.

Move Five: Standing Wall Press with Core Engagement

Stand with your back against a wall, feet a small step forward, knees softly bent. Engage your deep core as in the Foundation Breath, then gently press your lower back into the wall and hold for five seconds while breathing normally. This teaches your core to stabilize in a standing, functional position, which is where you'll use this strength in real daily life.

Do: 8 to 10 holds.

Putting It Together

Do the Foundation Breath first, then all five moves in order, three to four times per week, resting on days in between. The full sequence takes about twelve to fifteen minutes. As your core check in Chapter Two shows improvement over several weeks, and once cleared by a professional if your separation was moderate to significant, you can gradually progress toward more advanced core work; that progression is worth doing under the guidance of a physical therapist or postpartum fitness specialist rather than guessing on your own.

YOUR ACTION PLAN

1. Try all five moves today at a gentle intensity, focusing on correct engagement over speed or repetition count.
2. Schedule three specific days this week for the full sequence, same as any other appointment.
3. Recheck your core gap (Chapter Two) after four weeks of consistent practice.
4. Stop any movement immediately if you notice doming, pain, or pelvic pressure, and revisit Chapter Four's foundation work.

CHAPTER SIX

THE MOVEMENTS TO AVOID (FOR NOW)

What to skip until your core is ready for it.

CHAPTER SIX

THE MOVEMENTS TO AVOID (FOR NOW)

This chapter matters as much as the last one. Knowing what to avoid protects the progress you're building, and every item on this list is temporary, not permanent. Most women can safely reintroduce these movements later, once their core check shows real improvement and ideally with a professional's guidance.

Traditional Crunches and Sit-Ups

These movements pull your upper body forward against gravity, generating significant pressure straight down your midline, exactly where your connective tissue is still healing. This is the single most common exercise mistake in postpartum recovery.

Full Front Planks

A full plank asks your entire core to resist a large amount of pressure all at once. Until your deep core foundation (Chapter Four) is well established and your gap has shown improvement, this is too much load too soon.

Double Leg Lifts and Bicycle Crunches

Lifting both legs simultaneously, or the twisting motion of a bicycle crunch, both place significant strain on a midline that's still finding its tension. Save these for later in your recovery.

Heavy Lifting Without Bracing

This isn't only about formal exercise. Lifting your toddler, a heavy shopping bag, or a car seat without engaging your deep core first (using the same exhale-and-engage pattern from Chapter Four) can place the same kind of pressure on your healing midline as an unsafe ab exercise. Get in the habit of a quick core engagement before any lift, however small it feels.

High-Impact Cardio, Too Soon

Running, jumping, and other high-impact movements place repeated, forceful pressure through your entire core and pelvic floor. Most postpartum guidance suggests holding off on these until your deep core and pelvic floor have rebuilt real capacity, generally a number of months in, and ideally with professional clearance if you had any diastasis recti or pelvic floor symptoms.

> *A simple rule of thumb: if any movement causes your stomach to visibly dome, cone, or bulge upward along the center line, or if you feel pelvic pressure, heaviness, or leaking, that movement is asking more of your core than it's currently ready to give. Modify it, or set it aside until you're further along.*

YOUR ACTION PLAN

1. Mentally note which of these movements are currently part of your routine, if any, and pause them.

2. Practice engaging your deep core (the Chapter Four exhale) before every single lift for the next two weeks until it becomes automatic.

3. Set a realistic checkpoint, around three to four months postpartum, to reassess whether you're ready to reintroduce more advanced movements, ideally with professional input.

4. Don't view this list as permanent. It's a sequencing decision, not a life sentence.

CHAPTER SEVEN

EATING FOR REPAIR

Feeding the healing process from the inside.

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CHAPTER SEVEN

EATING FOR REPAIR

Everything in Chapters Four and Five works on your core from the outside in. This chapter is the inside half, and if you're breastfeeding, it matters even more, since your body is doing two repair jobs at once.

Foods That Support Tissue Repair

Protein at every meal. Beans, eggs, fish, and lean meat provide the building blocks your body needs to repair connective tissue and rebuild muscle. Postpartum and breastfeeding both increase your protein needs above your pre-pregnancy baseline.

Vitamin C rich foods. Oranges, guava, bell peppers, and pineapple support collagen production, which is directly relevant to healing the connective tissue at your midline.

Anti-inflammatory foods. Fatty fish like mackerel and sardines, along with leafy greens and ginger, support your body's natural inflammation response during the healing process, which matters most in the earliest weeks postpartum.

Water, especially if breastfeeding. Aim for at least ten cups a day if you're nursing, since dehydration affects both milk supply and your body's tissue repair capacity.

What Slows Recovery

Rushing your calorie intake down. This is not a chapter about weight loss, and restricting food too aggressively postpartum, especially while breastfeeding, can genuinely slow tissue healing by starving your body of what it needs to repair itself. Recovery first, weight goals later.

Excess sugar and processed food. These offer little of what your healing tissue actually needs and can contribute to inflammation that works against your recovery timeline.

Skipping meals in the newborn chaos. I understand this one intimately; the early weeks make regular eating genuinely hard. Keep simple, protein-rich snacks within reach, boiled eggs, groundnuts, so “too busy to eat” doesn't undermine your own healing.

> *Why this matters: your body is doing significant repair work at your midline while possibly also producing milk for your baby. This is not the season to under-fuel yourself. Eating enough, and eating well, is part of your core recovery plan, not separate from it.*

YOUR ACTION PLAN

1. Add one vitamin C rich food to your plate today.
2. Prep or buy a few grab-and-go protein snacks this week for the chaotic moments.

3. Track your water intake for three days, especially if you're breastfeeding.

4. Give yourself permission to prioritize healing over any weight-loss timeline for these first few months.

CONCLUSION

You started this guide the way I started my own recovery: a little confused, maybe a little scared by what your body looked and felt like after growing and delivering a whole human being. That confusion is normal. Almost nobody explains this part properly, and you deserved better information from the beginning.

You now understand what diastasis recti actually is and why it's a normal, common part of postpartum recovery, not a personal failure. You know how to check your own separation safely at home. You understand what a belly wrap can genuinely offer, and what it can't. You know the Foundation Breath, the single most important exercise in this guide. You have a full safe core sequence, and you know exactly which movements to set aside until your body is further along. You understand how food supports this entire healing process.

Here's your one thing to do in the next twenty four hours: if you're medically cleared, do your first Foundation Breath, ten repetitions, right now. If you're not cleared yet, do your Two-Minute Core Check today so you know exactly where you're starting from.

This guide is part of the Still Wanted series. If you haven't already, the companion guides **Still Wanted** and **Smooth Again** cover the rest of this journey with the same honest, no-nonsense approach.

Your core carried a pregnancy and delivered a child. Rebuilding it isn't about erasing that. It's about giving your body the safe, patient support it needs to feel strong and stable again, on its own timeline, not anyone else's.

Start today, gently. I'll be cheering for you.

Amaka

ABOUT THE AUTHOR

Amaka O. is a Nigerian mother of two and the creator of the Still Wanted guide series. After navigating her own diastasis recti recovery following two pregnancies with little clear guidance, she researched postpartum core recovery thoroughly, eventually developing the safe, gentle routines shared in this guide.

She writes for Nigerian women who are tired of vague advice and want to understand their own bodies clearly before jumping into any routine. Her approach is simple: real information, real safety, and honesty about what postpartum recovery actually requires.

Amaka continues to write and share guides at the intersection of natural wellness and body confidence for Nigerian women. This guide is the third in the Still Wanted series.