



QR code — Ivy Collaborative

IVY COLLABORATIVE HEALTHCARE

We help people **Feel Good, Look Good & Function Well**

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www.IvyCollaborative.com

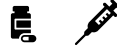


IMPROVING THE POST-PREGNANCY ABDOMEN

Self-Help, Traditional Approaches & Ivy Collaborative Support

1. What a Post-Pregnancy Abdomen Can Feel Like

Baby weight can leave—and a soft, protruding midsection can stay. Pregnancy stretches the rectus muscles and the linea alba; in many women that gap (diastasis recti) persists. The wall no longer braces the organs well, so a “pooch” remains even after fat is gone. Crunches do not close the gap and can worsen it if done early. A weak wall also feeds low-back pain, posture collapse, and pelvic-floor strain while lifting a car seat. This is a structural and functional change, not a willpower problem. Healing takes clearance, time, and targeted core work.



2. Self-Help Strategies	3. Traditional Medicine Options	4. How Ivy Collaborative Can Help
• Wait for OB clearance (often 3–6 months) before intense core work or devices • Learn a gentle transverse-abdominis brace; avoid early crunches and sit-ups • Protect the midline when lifting the baby, car seat, or groceries • Walk daily; add protein and sleep as the schedule allows • Track function: back comfort, standing posture, how clothes sit at the waist • Know the myth: losing the last pounds will not close a muscle gap • Ask about pelvic-floor leaks—the core and floor recover together • See a clinician for a persistent bulge, pain, or a gap you can feel	• OB/midwife clearance before any focused abdominal program • Pelvic-floor and core physical therapy for diastasis and posture • Screen for hernia versus diastasis when a bulge is present • Nutrition support that protects milk supply if breastfeeding • Surgery (tummy tuck / hernia repair) only for selected cases after shared decision-making • Understand limits: PT helps many—and leaves others with a residual pooch or a long wait for strength • Ask about non-surgical, FDA-cleared muscle building once you are cleared and not pregnant	• Emsculpt Neo (BTL) — FDA-cleared HIFEM+ and RF that builds abdominal muscle and can reduce overlying fat • ~20,000 supramaximal contractions in a 30-minute session • Studies report about a 19% reduction in abdominal separation after a treatment course* • Typically started after postpartum healing and clinician clearance; generally compatible with breastfeeding* • Typical course: 30-minute visits, often 4–6 weekly sessions; no downtime* • Complements—not replaces—pelvic PT, walking, and gradual return to exercise

5. Helpful Links

Self-Help	Traditional Medicine	Ivy Collaborative
acog.org / postpartum voicesforpfd.org Clearance • Brace • Walking	mayoclinic.org (diastasis) augs.org / patients PT • Hernia screen • Surgery options	ivycollaborative.com — Emsculpt Neo Emsculpt Neo • Postpartum core Physician-directed care with Dr. Jocelyn Bayliss, MD dual board-certified psychiatrist

6. Contact Ivy Collaborative Healthcare

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Complimentary Wellness Assessment • Non-invasive support for the postpartum core

You do not have to accept a weak core as the price of motherhood—support is available.



*Emsculpt Neo (BTL) is FDA-cleared for non-invasive muscle strengthening and fat reduction. Published HIFEM+RF studies report averages such as ~25% more muscle thickness and ~30% less subcutaneous fat; diastasis studies report about a 19% reduction in abdominal separation. Individual results vary. Not a weight-loss procedure or a substitute for hernia repair. Typical course is 30-minute sessions (often 4–6 visits) and may be individualized. Metal or electronic implants in the treatment area, pacemakers, defibrillators, pregnancy, nursing, and active hernia in the field are common contraindications—eligibility is determined after physician screening. Serving Augusta, Evans, Grovetown, Martinez, North Augusta, Harlem, and Richmond, Columbia, and Burke Counties.