

Mindful Self-Compassion Training During Pregnancy: An Interpretative Phenomenological Analysis Study

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This study explored the experiences of Brazilian pregnant women who underwent mindfulness and self-compassion training during pregnancy. Using a qualitative approach and interpretative phenomenological analysis (IPA), the subjective experiences of participants in a 9-week Mindful Self-Compassion (MSC) program were examined. Analysis of the transcripts revealed four main themes: perceived benefits of MSC during pregnancy, challenges faced during the program, evaluations of the online format, and anticipated future use of learned skills. Participants identified challenges such as fatigue and physical limitations but found MSC training to be a valuable tool for self-care, well-being, and mental health during gestation. The findings underscore the role of MSC in enhancing emotional resilience and coping strategies during pregnancy, with participants expecting to apply these skills postpartum. The study advocates for the integration of MSC training into prenatal care to support maternal mental health and improve outcomes for mothers and children.

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The perinatal period is a time of extreme vulnerability for women's mental health. Despite cultural expectations that motherhood is a moment of fulfillment and happiness, it is observed that, due to physiological, psychological, and social factors, this can be a stressful time that may be complicated by mental health disorders (Kendig et al., 2017). Interventions that promote self-care and the development of psychological resources aimed at resilience are crucial for motherhood, as this is a period of changes, demands, and challenges that may exceed a woman's psychological capacities. There is good-quality evidence that interventions delivered during the antenatal period prevent perinatal anxiety and depression, improve treatment-seeking, psychosocial functioning, and are feasible and acceptable across different settings and cultures (Waqas et al., 2022). There seems to be no reason to assume that interventions effective at other times in a woman's life would not be useful during the perinatal period. However, some questions may arise about whether these interventions need to be adapted for the perinatal period, whether they are effective during this stage of life, and whether their application during pregnancy is appropriate.

Mindfulness and self-compassion have emerged as valuable resources for the prevention and care of mental health, improving stress regulation, resilience, and reducing the prevalence of psychopathology (Germer & Neff, 2013; MacBeth & Gumley, 2012; Yela et al., 2022). Self-compassion refers to compassion for the experience of suffering turned inward (Neff, 2023). The three components of self-compassion include self-kindness, which involves being gentle with oneself and avoiding self-judgment and criticism; common humanity, which entails feeling connected to others through the shared experience of life rather than isolated in facing suffering; and mindfulness, which emphasizes being present with one's experience without ignoring or amplifying it (Neff, 2023). Some interventions promoting self-compassion during the perinatal period have emerged as options to reduce anxiety, depression, and self-criticism (Millard & Wittkowski, 2023; Mitchell et al., 2018). Significant relationships have been found between self-compassion and attachment to the fetus (Mohamadirizi & Kordi, 2016), less perinatal body dissatisfaction (Dryer et al., 2022), higher-quality intimate relationships (Huynh et al., 2022), less fear of childbirth (Samios et al., 2021), less

postpartum depression (Monteiro et al., 2019), and less dysfunctional beliefs about motherhood (Xavier et al., 2023).

The Mindful Self-Compassion (MSC) program was the first training program specifically designed to cultivate self-compassion (Germer & Neff, 2019; Neff & Germer, 2013). Combining the principles of mindfulness and self-compassion, the program aims to help individuals cultivate greater awareness of their thoughts and feelings, while also encouraging a kinder, more understanding response to personal struggles. Findings indicate that engaging in the MSC program can lead to significant improvements in psychological health, including reduced anxiety and depression, and increased life satisfaction, making it a valuable resource for individuals seeking to improve their mental well-being (Neff, 2023).

Despite evidence supporting the benefits of self-compassion during the perinatal period, we raise the question of how self-compassion training would be experienced and accepted during pregnancy, given the limited data available on this topic. This study aims to explore the lived experience of women undertaking MSC training during pregnancy. The interpretative phenomenological analysis (IPA) methodology is particularly suitable for this study as it allows for an in-depth exploration of individuals' lived experiences and the meanings they attach to them (Smith, 2017; Smith et al., 2009; Smith & Eatough, 2007). This methodology entails an intensive interpretation of information from a small group of participants linked by a common event in their lives. By focusing on participants' subjective interpretations, IPA provides a framework that acknowledges the complexity of human psychology, particularly in the context of skills training aimed at enhancing emotional well-being during the perinatal period.

Methods

The study was approved by the Ethics Committee of the College of Psychology of the University of Lisbon and by the Ethics Committee of the Federal University of Pernambuco. All participants provided electronic informed consent prior to participation. The consent form detailed the study procedures, ensured data confidentiality, and informed participants of their right to withdraw from the study at any time without consequences. It also clarified that all data were anonymized and identified only by codes, ensuring the protection of personal information. Participants were recruited over 20 days

from Brazilian prenatal care centers. Eligible participants were pregnant women who: (a) were aged 18 years or older; (b) had no serious or acute physical or mental health condition (as identified through the MSC program's self-report screening form); and (c) attended at least six of the eight MSC sessions.

The pregnant women participated in the MSC training course, offered in an online format and conducted from September to November 2023 by two MSC-trained teachers. The sessions took place on Tuesday evenings, from 7:00 to 10:00 pm. In addition to the sessions, the course included exercises to be completed at home throughout the week. The topics of the eight sessions (each session lasted between two and three hours), plus a 3-hour retreat session, are described in Figure 1. The group initially comprised nine participants. One participant decided to withdraw following a miscarriage, and two others were excluded from the study because they missed more than three sessions.

Figure 1

Mindful Self-Compassion Program Sessions

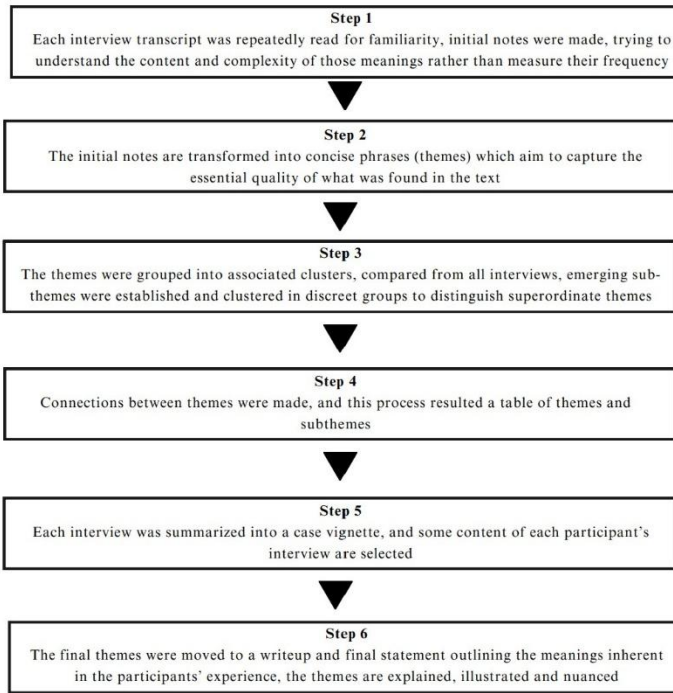
Session 1 – Discovering Mindful Self-Compassion	Participants are familiarized with the meaning and practices of self-compassion. Informal practices: Soothing touch and self-compassion break
Session 2 – Practicing Mindfulness	Participants bring mindful awareness to present-moment, warm up awareness by combining breath meditation with savoring and appreciation. Core meditation: Affectionate Breathing
Session 3 – Practicing Loving-Kindness	Participants learn the difference between loving-kindness and compassion, discover how to use phrases in loving-kindness meditation
Session 4 – Discovering your compassionate voice	Participants exercise cultivating compassionate inner voice and motivate themselves with encouragement and kindness. Core meditation: Loving-kindness for ourselves
Session 5 – Living Deeply	Participants learn to cultivate compassion for self and others, discover core values and hidden meaning in life's difficulties. Core meditation: Giving and receiving compassion
Session R - Retreat	Participants discover the power of practice in silence, in a more spacious and relaxed atmosphere, and savor the experience of mindfulness and self-compassion
Session 6 – Meeting Difficult Emotions	Participants learn to meet difficult emotions by using mindfulness and self-compassion, and learn how self-compassion is an antidote to shame
Session 7 – Exploring Challenging Relationships	Participants meet unmet needs in challenging personal relationships and combine self-compassion and equanimity to manage caregiving fatigue
Session 8 – Embracing your life	Participants explore cultivating happiness, savoring, gratitude, and self-appreciation

One to two weeks after concluding the MSC, all the participants were interviewed. Individual semi-structured interviews were conducted online by a

professional experienced in qualitative research interviews, who had no involvement in the MSC course. The interview topics focused on the experience of the MSC course during pregnancy: “Thinking about the MSC...a) How did you experience it? b) What about doing the MSC during pregnancy? c) What were the benefits or difficulties you encountered with the course?”

The interviews were recorded with participants’ consent and manually transcribed by the first researcher (CFZ). CFZ also conducted data checking and cleaning to ensure accuracy and completeness. The IPA methodology was used to analyze and interpret the data, as shown in Figure 2. Reflexivity was applied throughout the research process to enhance the study’s credibility, transparency, and trustworthiness. Reflexivity involves researchers’ continuous reflection on how their own perspectives, experiences, and assumptions may influence data collection, analysis, and interpretation (Smith et al., 2009).

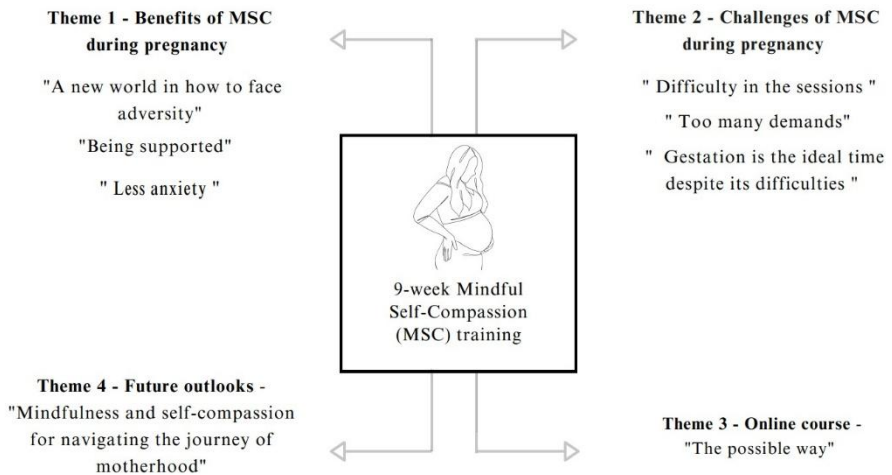
The analysis was conducted by CFZ, a female perinatal psychiatrist and Trained Teacher of MSC, who approached the data with curiosity to understand this group’s experience of mindfulness and self-compassion during pregnancy, considering the delicate nature and vulnerability of the gestational period. PV and AMP independently read the transcripts, and the themes and subthemes proposed by CFZ were reviewed and discussed with them. Any suggestions or adjustments were incorporated through discussion until consensus was reached, ensuring reliability and agreement in the interpretation of the data.

Figure 2*Steps of the Interpretative Phenomenological Analysis***Results**

The sample for the qualitative study comprised six women, but one participant did not complete the interview phase. Analysis of the interviews with the five participants resulted in four main themes and their subtopics (Figure 3). These women, with an average age of 33.3 years, ranged from 30 to 36 years old. At the initiation of the training, they were at varying stages of pregnancy, ranging from 18 to 26 weeks (with an average of 20.5 weeks). The majority were first-time mothers. The themes are described below, illustrated with excerpts from participants' narratives. Aliases were assigned to protect participants' confidentiality.

Figure 3

Themes Identified Through Interpretative Phenomenological Analysis



Theme 1: Benefits of MSC During Pregnancy

All participants reported that their experience with MSC was positive, beneficial, or advantageous. It was highlighted as a time of learning. Practicing mindfulness and self-compassion was new to them, which changed their perspective on their actions and how to face suffering.

A New World in How to Face Adversity

Rose considered it a good opportunity to have taken the course during her pregnancy. She highlighted how it helped her discover new ways to cope with life's challenges and aspects of the pregnancy, especially in seeing herself with kindness.

It was really good for me... To be in the program while being pregnant... To have access to the exercises, training, the group, to be there together. A new world, with a new possibility of how to face situations, face adversities, and to have new internal resources to be prepared for life. I went on to receive several resource keys to deal with adversity. I felt more present in the gestation process. It brought me a better sense of presence, a place of self-compassion, of being more loving towards myself, in this moment of

pregnancy. I was able to ask myself what I needed and offer it to me. Having a more loving dialogue. (Rose)

Bruna noticed that she was using mindfulness and self-soothing techniques during stressful moments, which she found very helpful.

When I needed to, I'd use the "support touch" with my hands [referring to her daily life]. I went on to use meditation to control my anxiety and take the time to really savor the food, enjoy my shower, or put my feet on the floor, things that on a day-to-day basis would go unnoticed. (Bruna)

In Júlia's experience, being introduced to mindfulness during pregnancy was like a "seed falling on fertile ground." She learned new exercises, especially in self-compassion. She found herself using meditation, as well as giving and receiving compassion, when she felt the need to change her attitude in a difficult relationship.

It was wonderful. I loved it. The MSC course embraced me. I hadn't had access to mindfulness, so it was like opening a new world that I hadn't known. We learned an exercise on transmitting compassion to the person we were talking to and to ourselves. This, for me, was very good...and by making use of this, I was able to respond with more love and empathy. I think it's wisdom that many people don't have access to, and sometimes it's like turning the key into being able to live better. (Júlia)

The formal mindfulness training, combined with day-to-day informal exercises, had a significant impact on Marina. Learning to treat herself with the same kindness she would offer a friend allowed her to adopt a more compassionate view of herself.

Without focusing on the present, the belly keeps growing, and we don't realize it because life is happening. It's important to appreciate the moment, what we are doing, savor the moment, indeed, to live. This impacted my pregnancy. I'm very self-critical, I want to do things perfectly, and pregnancy brings its challenges... It was good to take part in MSC while pregnant. I take a breath and think about how I'd speak to another person in that situation. (Marina)

Sofia saw the MSC course as a valuable opportunity for self-awareness and for gaining tools for self-care. She viewed pregnancy as the perfect time to learn about mindfulness and self-compassion resources.

The most positive thing was the question of always demanding of myself, of not always treating myself as a friend, and I think this was the main differential for me, and the tools, for example, to practice meditation where we speak phrases of affirmation [Loving-Kindness to ourselves meditation], or writing yourself a letter [Compassionate letter to myself], and this way of self-care was, for me, the biggest watershed moment of the experience. (Sofia)

Being Supported

Three participants stated how important it was to be part of a group with other pregnant women.

I met new people. We were able to give each other support. It made me feel good. Comfortable. We shared what we were feeling, there were testimonials, and I saw that, regardless of the region, pregnant women many times have the same conflicts. (Bruna)

My pregnancy has been quite peaceful, and for sure, in part because of participating in this group. Taking the course with the other pregnant women was beneficial to me. This self-care, I think, for me, was a turning point. (Sofia)

Less Anxiety

Many found that engaging in both formal and informal mindfulness exercises helped them manage their anxiety more, allowing them to stay present and fully savor the moment. Rose shared that, “Pregnancy is a great time to take part in the program, for women are more anxious at this time, worried, and all. [She] felt more anxious during pregnancy, so the course came at a good time.” Another participant shared:

It helped me a lot in controlling my anxiety, without the need for other resources. We feel very anxious during pregnancy, the breathing exercises helped me to control it. It was something that I didn’t practice before, so I think it was very important. I already had an anxiety condition before getting pregnant....but MSC helped me. (Bruna)

Theme 2: Challenges of MSC during pregnancy

The participants' experience with the MSC program was also affected by challenges like fatigue, discomfort during the sessions, and difficulty completing the training exercises at home.

Difficulty in the Sessions

Most participants reported that physical discomfort and fatigue during pregnancy affected their participation in the sessions. Some had to miss sessions on days they were not feeling well, while others participated by lying down the entire time. Three of them stated that taking the course at night was tiring; they felt exhausted at the end of the session, especially the participant who had come from a full day of work. Two women highlighted the fact that it was quite difficult to remain seated during the 3-hour sessions.

I feel that I didn't take full advantage of the program with all that it has to offer. I was tired, my body was asking for rest. I think the duration of three hours was too long. I can't stay sitting down for very long like I could before. (Rose)

The experiences of other participants echoed Rose's words. Marina expressed that "In fact, [she] thought the meeting was a bit more tiring because it was on a day that [she] needed to work all day, so the three hours became tiring." While Bruna shared that "There were days that [she] couldn't profit much from the session because I was very tired."

Too Many Demands

All participants reported limited adherence to the exercises at home between sessions, either due to forgetfulness or difficulties managing multiple demands. Bruna expressed, "Because when we are pregnant, our mind becomes more flighty, so there were things that I remembered to do, others that I forgot, and there were things that were registered inside me." Júlia noted, "It was a challenge because a pregnant woman has to reconcile with some demands." Similarly, Rose shared:

I found it difficult to do the proposed training outside of the session time. For me, it was the feeling of having one more task, one more activity. During pregnancy, we already have a lot going on. Like, you need to do

this, do that, and this. So I didn't want to look at it like a task to be done, I left things more fluid. You know? (Rose)

Gestation is the Ideal Time, Despite its Difficulties

Despite the challenges and difficulties of taking the MSC course during pregnancy, some participants considered that this was, paradoxically, the best time to do so. “On the one hand, being pregnant was a great time to take the course, as it is a period in one’s life marked by heightened anxiety,” as Rose noted. Júlia reflected that pregnancy made her more open to learning: “I keep thinking, this I can use with my son, and he will benefit. It was like a seed falling on soil that was ready to receive the teachings.”

Theme 3: Online Course—The Possible Way

Participants unanimously agreed that the online model facilitated their participation, affirming that they would not have been able to engage in the course had it been held in person. They highlighted its ability to connect individuals across distances, allowing them to access the MSC, which they felt was otherwise inaccessible. One participant noted, “The in-person method does not make me feel like going, because of the drive and everything” (Rose), while another emphasized, “For me, it wouldn't have been possible to do it in person. The online way brought together people from different states. It is totally doable online” (Marina). The online method was also described as not limiting the experience, as expressed by Júlia: “The online method didn't limit the experience” (Júlia). Furthermore, some participants expressed a preference for the online format, underscoring its effectiveness in meeting their needs and preferences.

Theme 4: Future Outlooks—Mindfulness and Self-Compassion for Navigating the Journey of Motherhood

Most participants expressed a strong commitment to continuing the practice of skills acquired in the MSC course, viewing it as an ongoing journey rather than a finite endeavor. Many indicated plans to revisit the material, considering it only the beginning of their exploration. Notably, four participants specifically mentioned their intention to apply the learned techniques after the birth of their baby, anticipating an increased need for mindfulness and self-

compassion during that period. Bruna said, “This is a time of many changes, with more to come, so taking the course while pregnant is one more tool to deal with what we are going through, and especially when the baby is born.”

I already feel that I’ve incorporated some things. Like, these are things I feel that I want to keep on using. The audios, the exercises, what I learned. I feel that I can keep going back to the material. And I want to do this. (Rose)

This is a revolutionary path for me and for those around me. I think the hormones have made me extremely loving, more open to learning things, especially I keep thinking, I will use this with my son and he will benefit, especially a course like this, right? So I have already been overcome with positive emotions. (Júlia)

I was able to [incorporate in my life] more of the informal exercises than the formal ones. But I also think that it’s a process; this was just the beginning, we can revisit them. Pregnancy is a sensitive time of many changes, and those still to come, and I think what we learned is a tool to help us in what we are going through, and especially for when the baby is born. (Sofia)

Marina highlighted the importance of mindfulness exercises with her baby. She also noted that learning to set aside time for self-care during the week was very important and expressed her intention to return to this practice after the baby is born: “Mindfulness will impact my being a mother when I’m with the baby. It is important to enjoy the moment we are living in, to savor the moment, actually experience it, to be present in what we are doing.”

Discussion

Mindfulness and self-compassion skills bring positive changes to participants’ lives and daily routines, serving as readily accessible tools to enhance their well-being and help them cope with life’s challenges. Being kind to oneself can signify a shift in how individuals relate to themselves, and the perinatal period may offer a unique opportunity to honor personal boundaries, recognize one’s potential, and extend the same compassion to oneself that one would offer to a friend. Approaching moments of suffering with warmth rather than harshness and recognizing suffering as part of the shared human experience can help alleviate overwhelming negative emotions and reduce the

risk of developing psychopathology (Miyagawa & Taniguchi, 2020). Participants described how mindfulness practice enriched their perception and engagement with the present moment, including their awareness of their body and surroundings. Some highlighted the simple act of breathing as a valuable resource for managing stress and anxiety, and for cultivating a sense of presence. By embracing the concept of “being present” and fully immersing themselves in the present moment, they reported a deeper appreciation for life and their pregnancy journey. Moreover, many participants expressed an intention to continue using mindfulness and self-compassion skills after childbirth, particularly as supportive strategies for facing the emotional challenges of motherhood and nurturing a more mindful and compassionate connection with their babies. This allowed them to savor each moment more fully, with fewer distractions, less agitation, and reduced uncontrolled worries or ruminations, whether the experiences were pleasant, unpleasant, or neutral (Brandmeyer & Delorme, 2021; Tang & Posner, 2013).

The benefits highlighted in the participants’ accounts are particularly relevant, given that during the perinatal period, women commonly experience excessive worry, fear, high self-expectations, and negative thoughts about motherhood, identity, and their abilities as mothers (Cantilino & Zambaldi, 2020). Feelings of shame and self-criticism often accompany these thoughts (Beato et al., 2022). Many women, even without a diagnosed mental illness, may see themselves as inadequate for motherhood, or struggle with idealized expectations of the maternal role, have concerns about others’ judgments, self-shame, or doubts about their self-worth. The experience of shame—characterized by negative self-evaluation, identity judgment, and feelings of being bad, inferior, or unworthy—is common in motherhood (Caldwell et al., 2021). Many women compare themselves unfavorably to the ideal of a “good mother,” perceiving themselves as bad, inadequate, or insufficient (Law et al., 2021). Mindfulness and self-compassion skills can be a transformative experience in this context. Some authors have highlighted that self-compassion acts as a buffer against dysfunctional attitudes and beliefs about motherhood (Fonseca & Canavarro, 2018; Xavier et al., 2023), potentially alleviating symptoms of perinatal depression and anxiety (Felder et al., 2016; Guo et al., 2020; Townshend & Caltabiano, 2019).

Participants in this group reported that the MSC group provided valuable emotional and social support. They described the feeling of being understood and the sense of belonging within the group, as participants recognized that

they were navigating similar challenges. This sense of shared experience helped alleviate feelings of isolation and loneliness, mitigating the sense of loneliness often associated with adversity (Neff, 2017). Many mothers found it beneficial to hear their peers' experiences and advice regarding self-care, coping with mental health challenges, and parenting issues. Peer support is recognized as a potentially effective strategy for preventing depression, reducing isolation, and enhancing confidence in motherhood (Fang et al., 2022; McLeish et al., 2023). Although the MSC is not specifically a peer support group, it appears to have fostered shared experiences and validated them, providing a space for sharing, learning, and skill development that helped mothers feel more connected and empowered in their maternal journey.

We identified several factors that hindered pregnant women's comfort and full adherence to the 9-week MSC course format. The weekly sessions, which lasted three hours with short breaks, were particularly taxing due to physical fatigue, discomfort, and the challenge of prolonged sitting. Participants often felt overwhelmed by the numerous demands of pregnancy, including medical appointments, tests, dietary considerations, physical activity, supplementation, and preparations for the baby's arrival. Many women missed one or two sessions due to physical discomfort, and several also did not complete the home exercises for the week. During discussions, they expressed a compelling perspective: on one hand, they felt that at another time in their lives, they might have been able to participate more fully in the course. On the other hand, they recognized that pregnancy seemed to be an ideal time for MSC courses, particularly because it is a period when they are open to change and developing psychological resources that will benefit both them and their future child.

The MSC program can be conducted either in-person or online. While some participants noted potential advantages of attending an in-person course, there was a unanimous agreement that, given their current life circumstances, the online format was the only feasible option for participation. This group included women from various Brazilian states, making in-person meetings impractical. The online and digitally delivered interventions during the perinatal period are feasible, providing flexibility, reducing time and travel demands, and improving accessibility. The direct comparisons between face-to-face and online interventions in the perinatal period remain limited, but emerging evidence suggests that digitally delivered programs can be as effective as, or even more effective than, traditional in-person formats in reducing symptoms of anxiety and depression (Ashford et al., 2016; Davis et

al., 2023; Lau et al., 2021). It is also important to recognize that the widespread implementation of online and digitally delivered interventions demands careful attention to potential challenges. These include unequal internet access and device availability, limited digital literacy, competing childcare and work responsibilities, privacy and confidentiality concerns, and possible reductions in engagement compared to face-to-face formats.

Strengths and Limitations

This study makes a unique contribution to the growing literature on mindfulness and self-compassion interventions in the perinatal period by providing qualitative insights into women's lived experiences of the MSC program in a Brazilian context, a setting where such interventions remain underexplored. The findings shed light on the practical barriers pregnant women face when engaging in structured interventions, including fatigue, time constraints, and competing responsibilities. Acknowledging this high rate of disengagement is essential, as it highlights both the logistical and emotional challenges of participation and underscores the importance of developing more flexible, context-sensitive delivery models. At the same time, the successful engagement and reported benefits among those who completed the program suggest the MSC's potential feasibility and acceptability during pregnancy, positioning this study as a valuable step toward adapting and implementing compassion-based interventions for maternal mental health across diverse cultural and socioeconomic contexts.

We believe this study can serve as a starting point for exploring potential adaptations of the MSC program to better accommodate pregnant and postpartum women. Although our findings do not yet provide sufficient evidence to propose specific modifications, they offer valuable insights into possible directions for adjustment. For instance, shorter session durations, fewer home practices, and exercises that do not require prolonged sitting positions could enhance accessibility and comfort for pregnant participants. Future research should systematically examine these possibilities and investigate the long-term effects of MSC practice on maternal well-being.

Some limitations must be acknowledged. The sample consisted of only five participants, consistent with the idiographic focus of IPA but limiting the transferability of findings to broader populations. Additionally, one participant withdrew from the interviews, and there was a notable rate of non-completion

of the minimum required MSC sessions, reflecting the practical and emotional difficulties of sustained engagement during pregnancy. Although this did not compromise the methodological adequacy of the IPA approach—which values depth over breadth—it may have influenced the diversity of perspectives represented. Furthermore, data interpretation in IPA is inherently shaped by the researcher’s reflexivity and interpretative stance, which, despite efforts to ensure rigor and transparency, may introduce subjective bias. Future studies employing mixed-methods or longitudinal designs could complement these findings and expand understanding of MSC implementation in perinatal populations.

Conclusion

The findings underscore the transformative potential of Mindful Self-Compassion training during pregnancy, highlighting its capacity to enhance emotional resilience, foster self-kindness, and improve coping strategies for navigating the challenges of the perinatal period. While participants reported meaningful benefits from cultivating mindfulness and self-compassion skills, they also faced challenges related to physical fatigue and the logistics of the course format. Although these findings suggest that MSC could be a valuable complement to prenatal care, further studies are needed to explore how adaptations in program delivery might enhance feasibility and effectiveness across different populations and contexts.

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