Pregnant Not Now question cards



1 Do you want children?



2a What to consider before having children?



2b Special circumstances (optional)



3 Weighing the pros and cons of (postponing) a pregnancy



4a Sexuality



4b Sexuality (optional)



5a Menstrual cycle



5b Male fertility



6 How does a pregnancy occur?



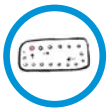
7 Fertile period



8 How to choose a suitable method of birth control?



9 Long-acting contraceptives



10 Short-acting contraceptives



11 The IUD (intra uterine device)



12 The hormonal implant



13 The hormonal injection



14 Female sterilization



15 Male sterilization



16 The contraceptive pill



17 The contraceptive patch



18 The contraceptive ring



19 The (female) condom

1. Do you want children?



What you can say about this drawing

These people are thinking about whether they want to have a child. Do you think about this as well? What do you think about it? How is this for you?

Sample questions

- Would you like to have (more) children?
- Do you want to have a child in your current situation? And how does your partner feel about this?
- What ideas did you have about your future in the past? Did you want to have children then?
- What image did you have of fatherhood or motherhood when you were young?
- What kind of father or mother would you like to be for your child(ren)?
- What does having a (another) child mean to you (and your partner)?
- What kind of responsibility does having children bring for you and your partner?
- When would you like to have a (another) child? And how does your partner feel about this?
- Does having a child fit with your current situation?
- In your opinion, what is a good situation in which to have children?
- Have you (or your partner) experienced an unintended pregnancy before?
- How was that for you?
- What would it be like for you if you were confronted with an unintended pregnancy?

Reading guide

If the client **does not want to have children** in the current situation, you can move on to **card 4a**.
If the client **does want to have children**, you can move on to **card 2a**.

2a. What to consider before having children?



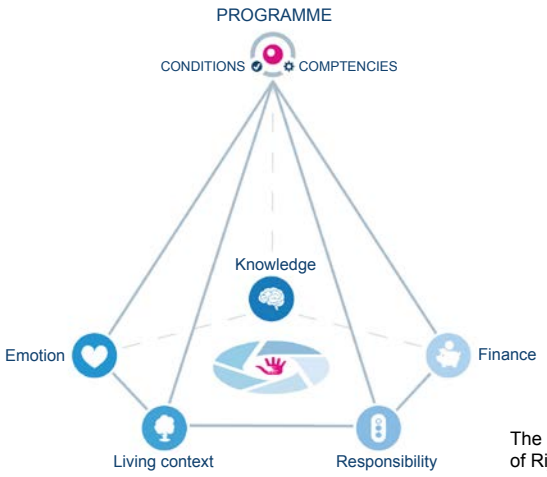
What you can say about this drawing

When you look at this drawing, what comes to mind? Which things do you already have in place in your current situation? What do you feel is missing in your situation?

*Use **legend map 1** with this visual prompt.*

Sample questions

- How is your situation at the moment?
- What would having a child mean in your situation? And for your partner?
- What do you need in order to have a (another) child?
- What is necessary to be able to have a child?
- What do you already have, and what is still missing?
- What would the consequences be for your social life if you were to have a child?
- Who could support you when you have a (another) child?
- What options do you have if your child needs (extra) care?
- What needs to be arranged before you would have a (another) child?



The model of Rijlaarsdam

Reading guide

If the client **does not want to have children** in the current situation, go to **card 4a**.
If the client **does want to have children**, or has doubts about having children and there are, for example, psychiatric or addiction-related problems, go to **card 2b** (optional). Otherwise, go to **card 3**.

2b. Special circumstances *(optional)*



What you can say about this drawing

What do you think when you see this? Do you recognize anything from your own situation in this drawing?

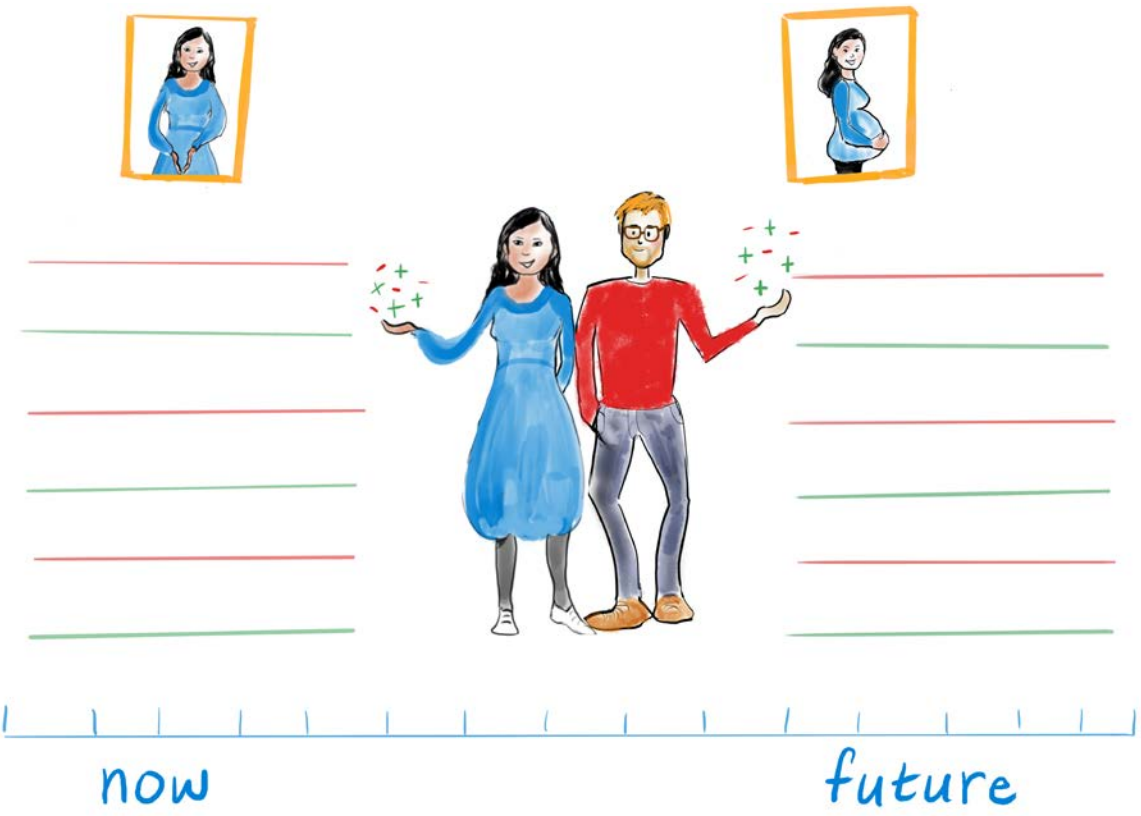
Sample questions

- How do you spend your days? And your partner?
- What would need to change in your daily routine if you were to have a child?
- What would be the impact of having a child on your current way of living?
- What would be the impact of your current circumstances on your child?
- In your opinion, what is important for a child to grow up in a healthy way?
- What would it mean for you if you were not able to raise your child by yourself (yourselves)?
- What would it mean for you if your child could not stay with you? (For example, if other children have already been taken into care or there is a risk of this happening.)
- Why do you think this child may be able to stay with you? (For example, if other children have already been taken into care.)
- What can you (and your partner) do to make sure your child can grow up safely and in good health with you?
- What needs to be arranged first before you would have a (another) child?

Reading guide

If the client **does not want to have children**, go to **card 4a**.
If the client **does want to have children**, go to **card 3**.

3. Weighing the pros and cons of (postponing) a pregnancy



What you can say about this drawing

*You see two people making an overview of the pros and cons of having children in their current situation or postponing this wish. What pros and cons come to mind for you when considering whether to have children now or later? There is also a timeline to plan when to have children and to consider what needs to be arranged beforehand. You can **use a printed worksheet** to fill in the pros and cons together with the client.*

Sample questions

- What will your life look like when you have a child?
- What are the pros (advantages) of getting pregnant now?
- What are the cons (disadvantages) of getting pregnant now?
- What would be the cons of postponing a pregnancy?
- What would be the pros of postponing a pregnancy?
- Which of these pros and cons are important to you?
- Which pros and cons outweigh the others?
- Which of these pros and cons are most important when deciding to have a child?

Reading guide

If the client **does not want to have children**, go to **card 4a**.
If the client **does want to have children** or is unsure, give them the worksheet to reflect on the pros and cons and schedule a follow-up appointment. Discuss temporary contraceptive options to use in the meantime until a well-considered decision is made. Go to **card 4a** and/or **card 10**.
When the client has made a well-considered decision about having children in their **current situation**, the visual prompts and question cards about a **healthy pregnancy and parenthood** can help them prepare. See the toolkit at www.nunietzwanger.nl.

4a. Sexuality

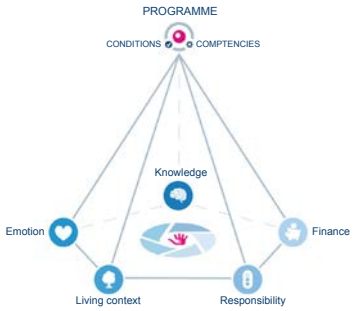


What you can say about this drawing

You see two people in a bed. What do you think they are doing together? Do you ever have sexual contact with someone?

Sample questions

- Do you have a partner with whom you have sexual contact?
- What do you or your partner use to prevent pregnancy?
- Does that always go well?
- What do you do if it doesn't go well?
- Do you talk with your partner about preventing pregnancy?
- If not, what is the reason?
- Who do you think is responsible for preventing an unintended pregnancy?
- How can your partner contribute?
- What is sex like for you if you are worried that a pregnancy might occur?
- What would it mean for you if you (or your partner) were to become pregnant?
- What would it be like for you if you did not have to worry during sex?
- Do you know how you (or your partner) can become pregnant?
- Do you know what options are available to prevent you (or your partner) from getting pregnant?



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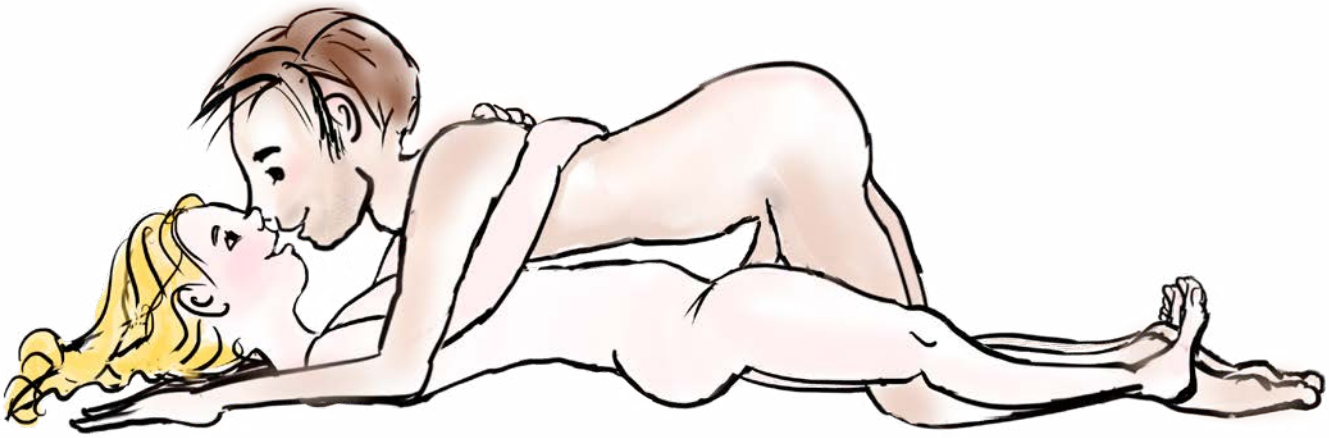
Reading guide

For a more explicit visual prompt, see **card 4b**.
If the client does not know how pregnancy occurs, go to **cards 5a** and **5b**.
If the client does know how pregnancy occurs, go to **card 7**.
If the client is not ready to talk about contraception, return to **card 3**.

4b. **Sexuality** (optional)

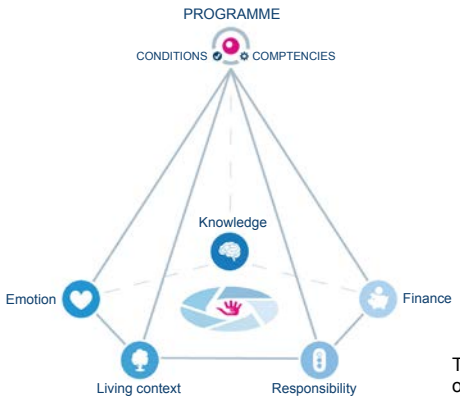


What you can say about this drawing

You see two people lying on top of each other. What do you think they are doing together? Do you ever have sexual contact with someone?

Sample questions

- Do you have a partner with whom you have sexual contact?
- What do you or your partner use to prevent pregnancy?
- Does that always go well?
- What do you do if it doesn't go well?
- Do you talk with your partner about preventing pregnancy?
- If not, what is the reason?
- Who do you think is responsible for preventing an unintended pregnancy?
- How can your partner contribute?
- What is sex like for you if you are worried that a pregnancy might occur?
- What would it mean for you if you (or your partner) were to become pregnant?
- What would it be like for you if you did not have to worry during sex?
- Do you know how you (or your partner) can become pregnant?
- Do you know what options are available to prevent you (or your partner) from getting pregnant?



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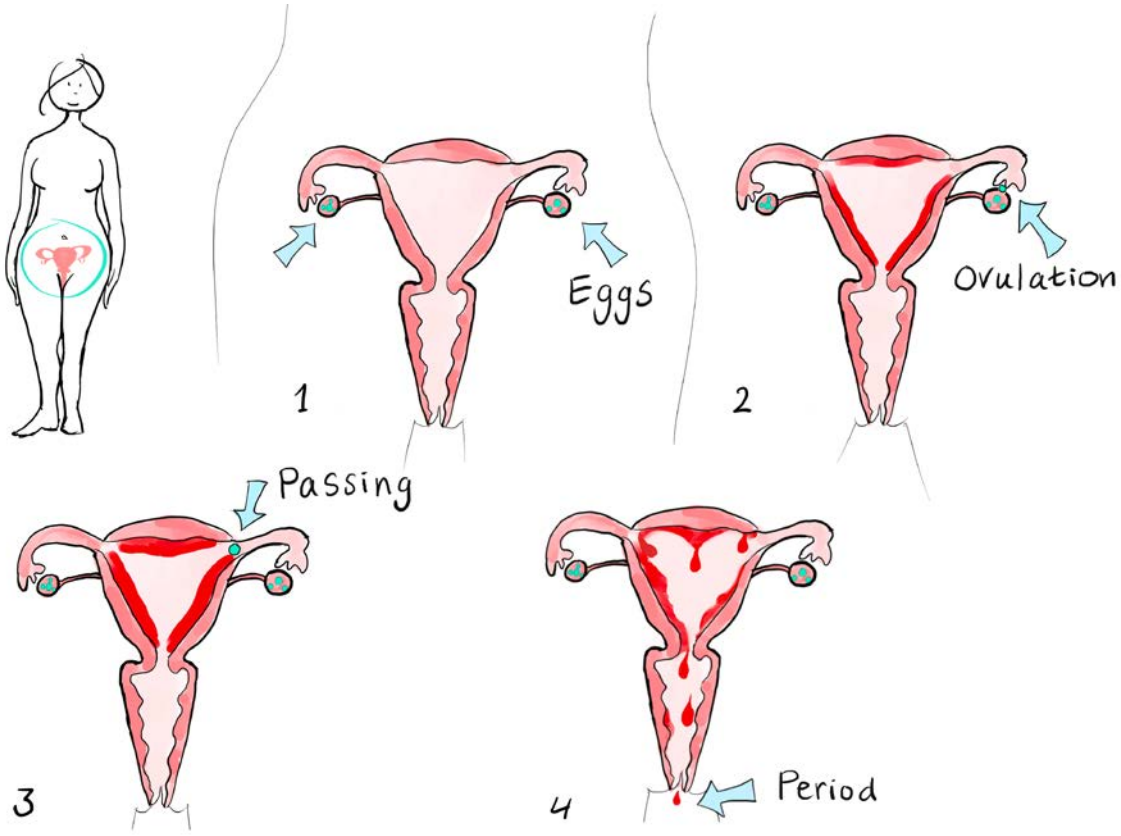
Reading guide

If the client does not know how pregnancy occurs, go to **cards 5a** and **5b**.
If the client does know how pregnancy occurs, go to **card 7**.
If the client is not ready to talk about contraception, return to **card 3**.

5a. Menstrual cycle



What you can say about this drawing

It is important to provide information about what happens in the body. See the manual for more information.

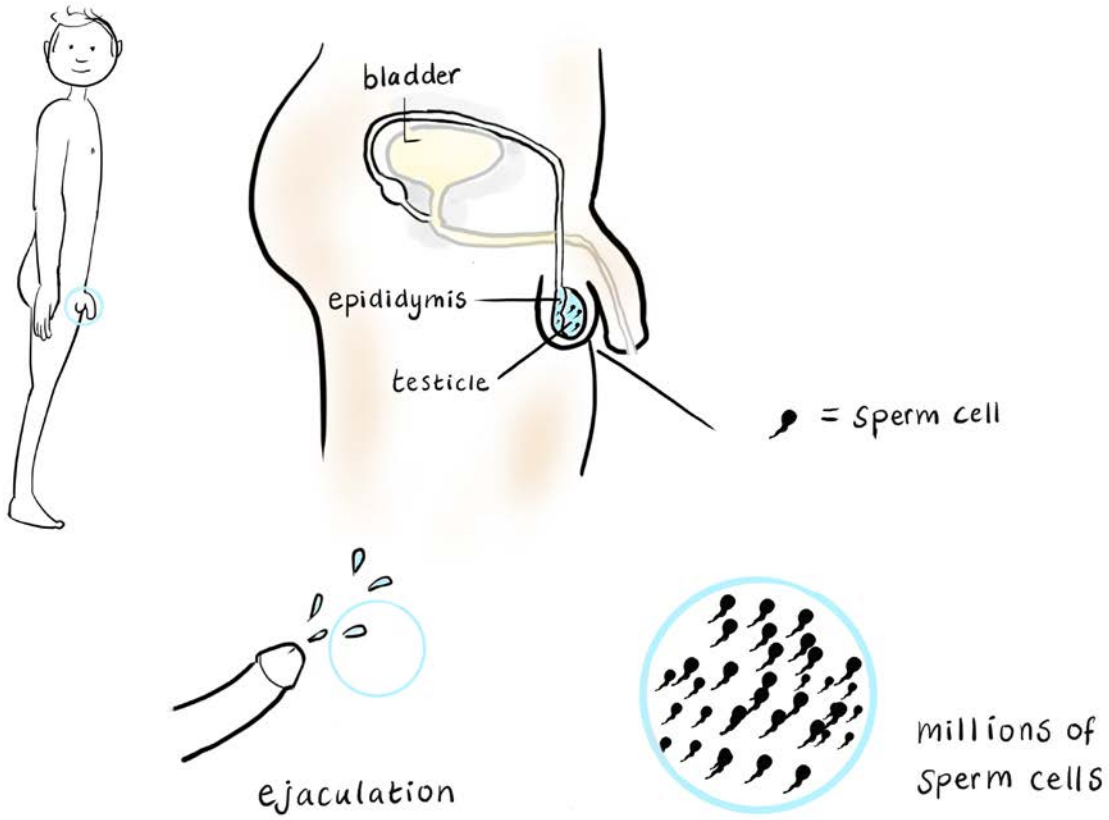
Sample questions

- Do you have your period regularly?
- How often do you have your period?
- What do you know about the menstrual cycle and what happens during this cycle in a woman's body?
- Do you know during which part of the cycle a woman is fertile?
- What do you know about male fertility?

Reading guide

If the client does not know how pregnancy occurs, go to **cards 5a** and **5b**.
If the client does know, go to **card 7**.

5b. Male fertility



What you can say about this drawing

It is important to provide information about what happens in the body. See the manual for more information.

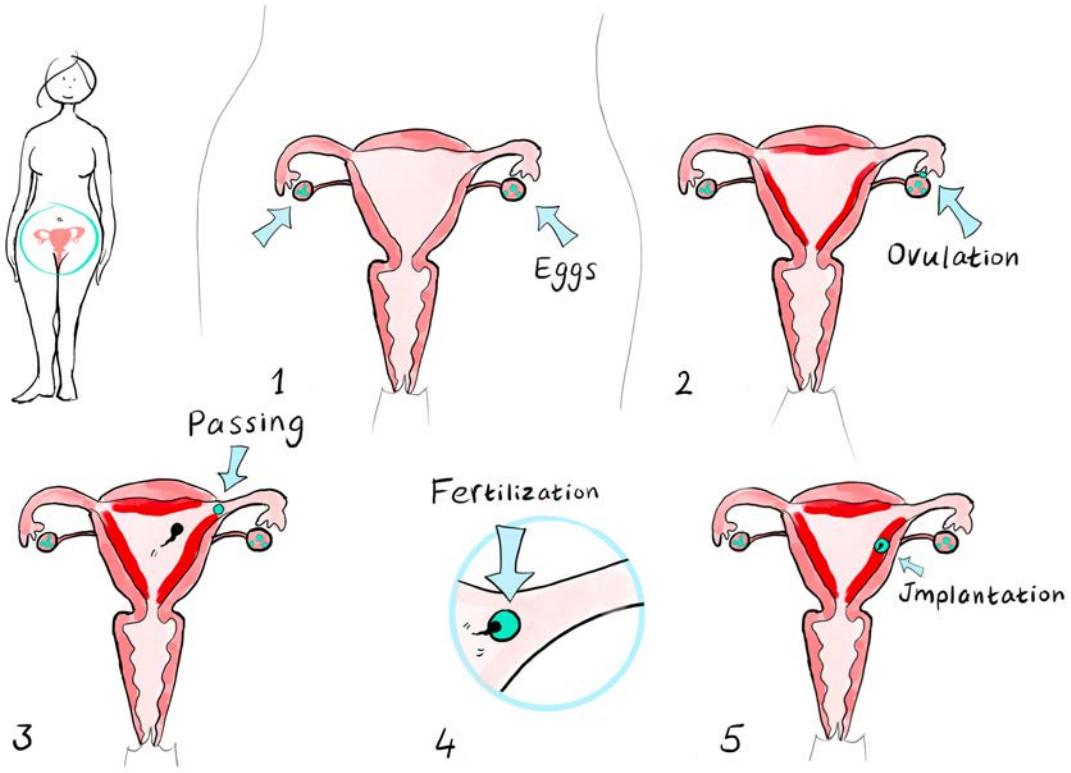
Sample questions

- How often does the male body produce sperm cells?
- Where in the body are sperm cells produced?
- How do sperm cells leave the body?
- How many days per month is a man fertile?
- What do you know about female fertility?
- How does pregnancy occur?

Reading guide

If the client does not know how pregnancy occurs, go to **cards 5a** and **5b**.
If the client does know, go to **card 7**.

6. How does pregnancy occur?



What you can say about this drawing

*It is important to provide information about what happens in the body. See the manual for more information. **Cards 5a** and **5b** should be discussed before working with this card.*

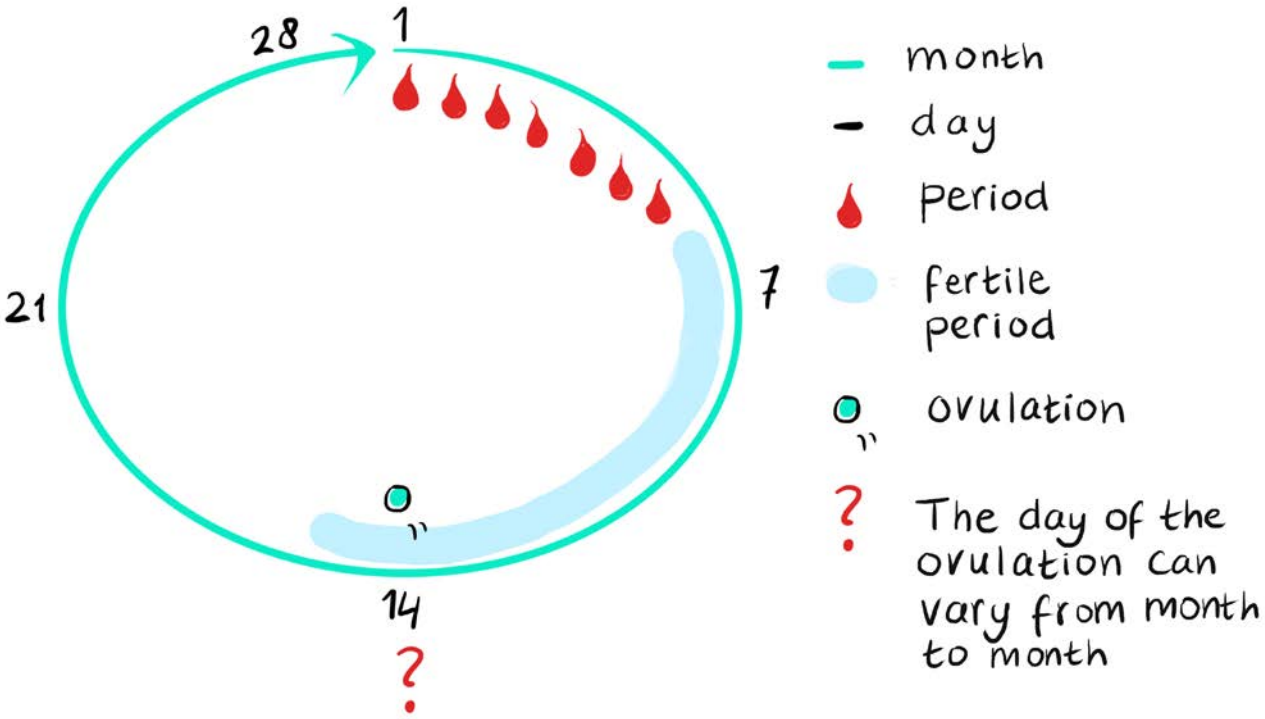
Sample questions

- Do you know how you (or your partner) can become pregnant?
- Can you tell me how you think it happens?
- What would it mean for you if you (or your partner) were to become pregnant (again)?
- Do you take the fertile days into account when you have sex?
- Do you know when you (or your partner) are fertile?

Reading guide

Go to **card 7**.

7. Fertile period



What you can say about this drawing

It is important to provide information about what happens in the body. See the manual for more information.

Sample questions

- How many days per month do you think a woman is fertile? And a man?
- Do you know the different options for preventing pregnancy?
- Which options do you think are safe for preventing pregnancy?
- Do you take the fertile days into account to prevent an unintended pregnancy?
- Do you use condoms during these days, or do you avoid having sex?
- Why do you think people still get pregnant even when they take the fertile days into account?

Pay attention

Natural methods, such as withdrawal (not ejaculating in the vagina) or avoiding sex during the fertile days, are not reliable for preventing pregnancy. See the manual for more information.

Reading guide

Go to **card 8**.

8. How to choose a suitable contraceptive method

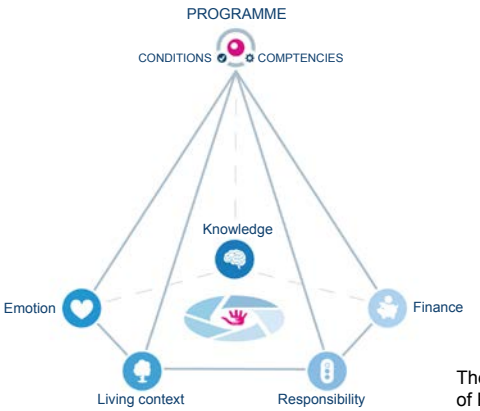


What you can say about this drawing

*Here you see different factors that may play a role in choosing a contraceptive. Use **legend map 2** with this visual prompt.*

Sample questions

- Have you (or your partner) ever used birth control?
- What did you (or your partner) use, and how did you experience that?
- Do you discuss with your partner which contraceptive you want to use and how you can support each other?
- Do you (or your partner) prefer birth control with or without hormones?
- What makes you have that preference?
- How is your menstruation in terms of regularity, pain, duration, and amount of blood loss?
- How important is it for you (or your partner) to have a monthly period?
- What would it mean for you if you had irregular bleeding, or no period at all?
- How often do you want to have to think about your birth control?
- Would you (or your partner) like to be able to postpone your period?
- What would it mean for you if others could see that you (or your partner) are using birth control? Do you (or your partner) need to keep it a secret?
- Do you have a preference for a specific contraceptive method?



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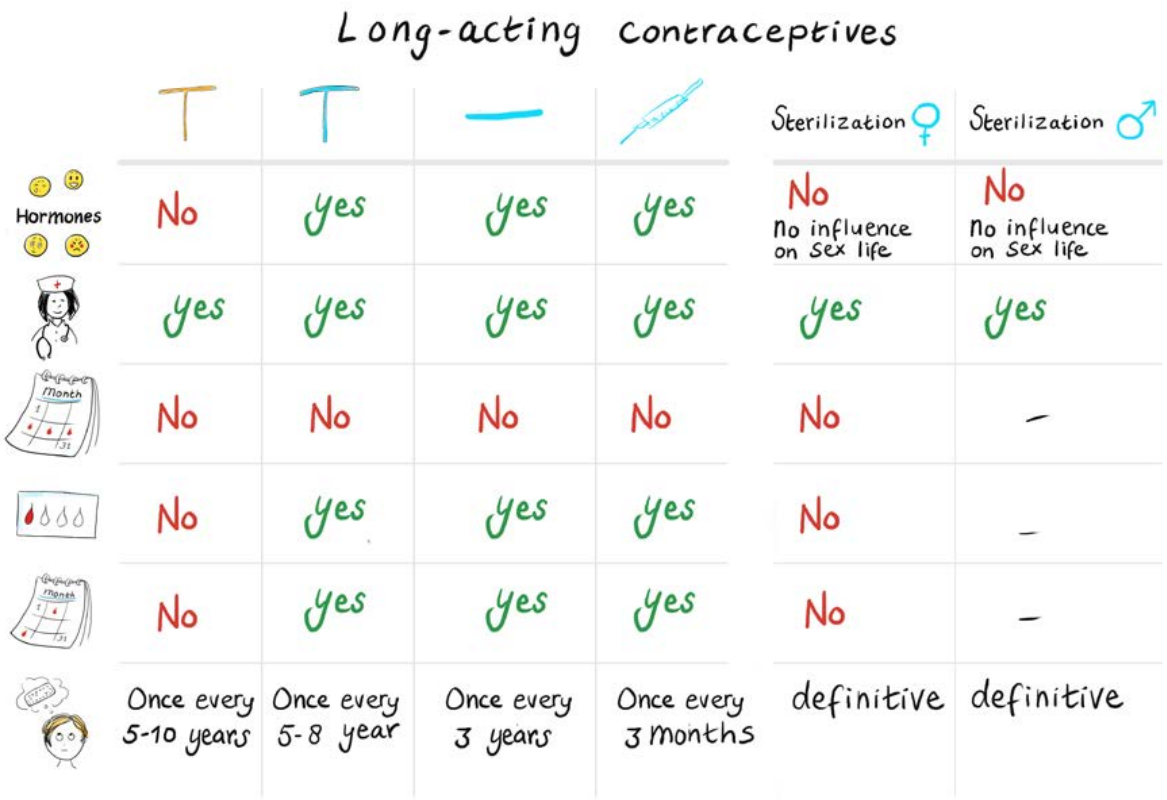
Reading guide

For an overview of **long-acting contraceptives**, go to **card 9**.
For an overview of **short-acting contraceptives**, go to **card 10**.

9. Long-acting contraceptives



What you can say about this drawing

Here you can see an overview of all long-acting contraceptives: the copper IUD (coil), the hormonal IUD, the contraceptive implant, the contraceptive injection, and female and male sterilization. Do you know all these methods? What do you notice when you look at this overview? Which of these methods appeal to you? Use ***legend maps 2****,* ***3****, and* ***4*** *with this visual prompt.*

Sample questions

- Which of these long-acting contraceptives do you already know?
- Which ones do you already have experience with?
- When you look at this list, which methods appeal to you?
- What makes them appealing to you?
- Which contraceptives do you (or your partner) not want to use?
- What is the reason you (or your partner) do not want to use them?
- What kind of birth control would you (or your partner) prefer?

Reading guide

For more information about specific contraceptives, go to the following visual prompts:

- Copper IUD (coil) or hormonal IUD: **card 11**
- The hormonal implant: **card 12**
- The hormonal injection: **card 13**
- Female sterilization: **card 14**
- Male sterilization: **card 15**

If there is a preference for short-acting contraceptives (for example, to regulate or postpone menstruation), go to **card 10**.

10. Short-acting contraceptives



What you can say about this drawing

Here you can see an overview of all short-acting contraceptives: the contraceptive pill, the contraceptive patch, the contraceptive ring, and the condom. Do you know all these methods? What do you notice when you look at this overview? Which of these methods appeal to you?
*Use **legend maps 2**, **3**, and **4** with this visual prompt.*

Sample questions

- Which of these short-acting contraceptives do you already know?
- Which ones do you already have experience with?
- When you look at this list, which methods appeal to you?
- What makes them appealing to you?
- Which contraceptives do you (or your partner) not want to use?
- What is the reason you (or your partner) do not want to use them?
- What kind of birth control would you (or your partner) prefer?

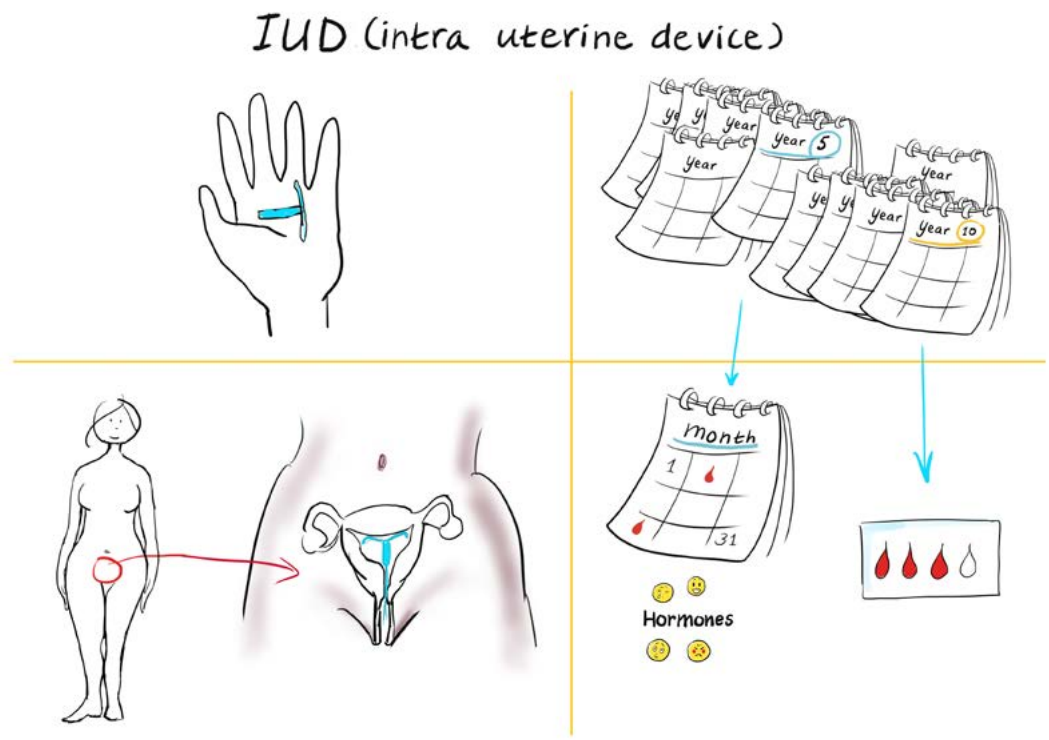
Reading guide

For more information about specific contraceptives, go to the following visual prompts:

- The contraceptive pill: **card 16**
- The contraceptive patch: **card 17**
- The contraceptive ring: **card 18**
- The condom: **card 19**

If long-acting contraceptives have not yet been discussed, you can also go to **card 9**.

11. The hormonal and copper IUD (coil)



What you can say about this drawing

It is important to provide information about what happens in the body. See the manual for more information. Also refer to ***legend maps 3*** *and* ***4*** *(contraceptives).*

Advantages of the IUD

- Very reliable. You cannot forget it.
- You only need to think about it once every 5 to 10 years (hormonal IUD: 5 to 8 years; copper IUD: 5 to 10 years).
- It remains reliable even if you are vomiting or have diarrhoea.
- It is not visible, so others cannot see that you are using contraception.
- Hormonal IUD: Your period may become shorter and lighter, and you may experience less pain. Sometimes menstruation may stop completely.
- Do you prefer not to use a hormonal IUD? Then a copper IUD may be an option. Your natural menstrual cycle is maintained.

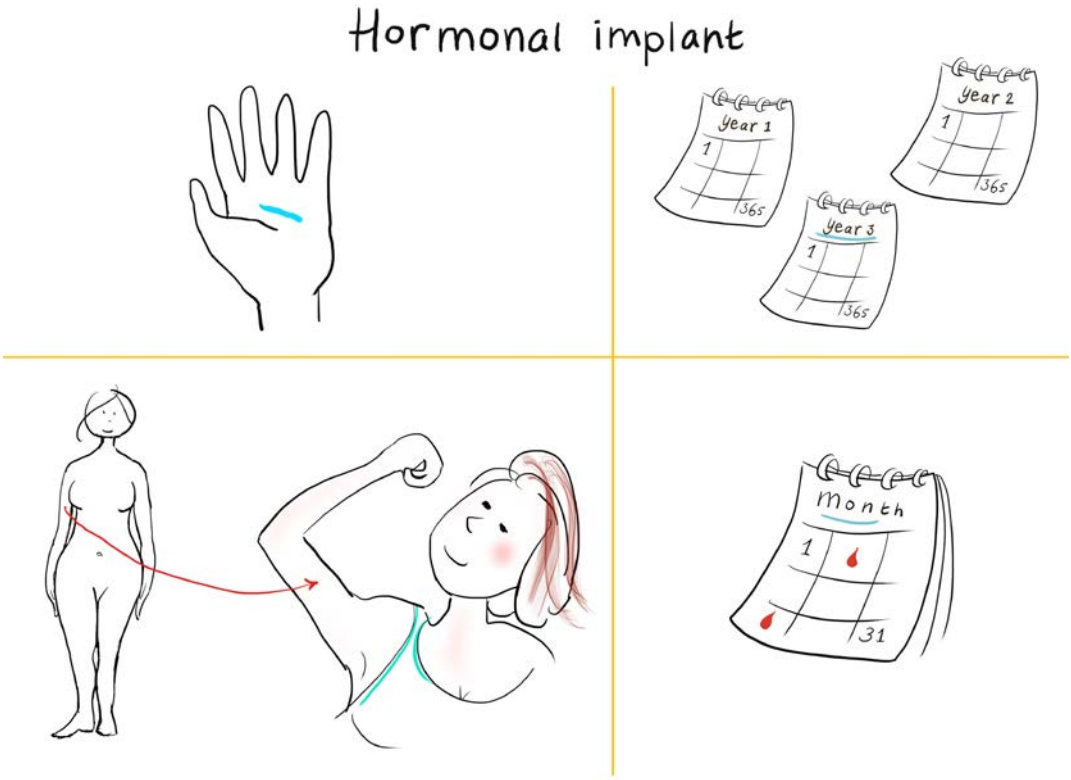
Disadvantages of the IUD

- Insertion may be painful. You can take a painkiller beforehand. The IUD must be inserted by a doctor or midwife.
- You cannot plan or postpone your period with an IUD.
- It does not protect against sexually transmitted infections (STIs).
- Hormonal IUD: You may experience irregular bleeding, or your period may stop completely.
- Copper IUD: Your period may become longer, with heavier bleeding, and you may experience more pain during your period.

Myths / questions:

1. **Can the IUD move through your body?**
   No, it cannot move through your body. The IUD is placed in your uterus, and if it becomes dislodged, it will come out through the vagina. This rarely happens. It is therefore advisable to check the threads occasionally with your fingers to make sure the IUD is still in place.
2. **Can you get pregnant with an IUD?**
   If the IUD is correctly in place, the chance of getting pregnant is very low. An ultrasound can be used to check the position of the IUD.
3. **Can an IUD make you infertile?**
   No, this is not possible. Once the IUD is removed, you can become pregnant again.
4. **Can my partner feel the IUD during sex?**
   During sex, the partner may sometimes feel the threads, which is usually not a problem. If it is bothersome, a doctor can adjust the length of the threads.

12. The hormonal implant



What you can say about this drawing

It is important to provide information about what happens in the body. See the manual for more information. Also refer to ***legend maps 3*** *and* ***4*** *(contraceptives).*

Advantages of the hormonal implant

- Very reliable. You cannot forget it.
- You only need to think about it once every three years.
- It remains reliable even if you are vomiting or have diarrhoea.
- It is not visible, so others cannot see that you are using contraception.
- Your period may become lighter.

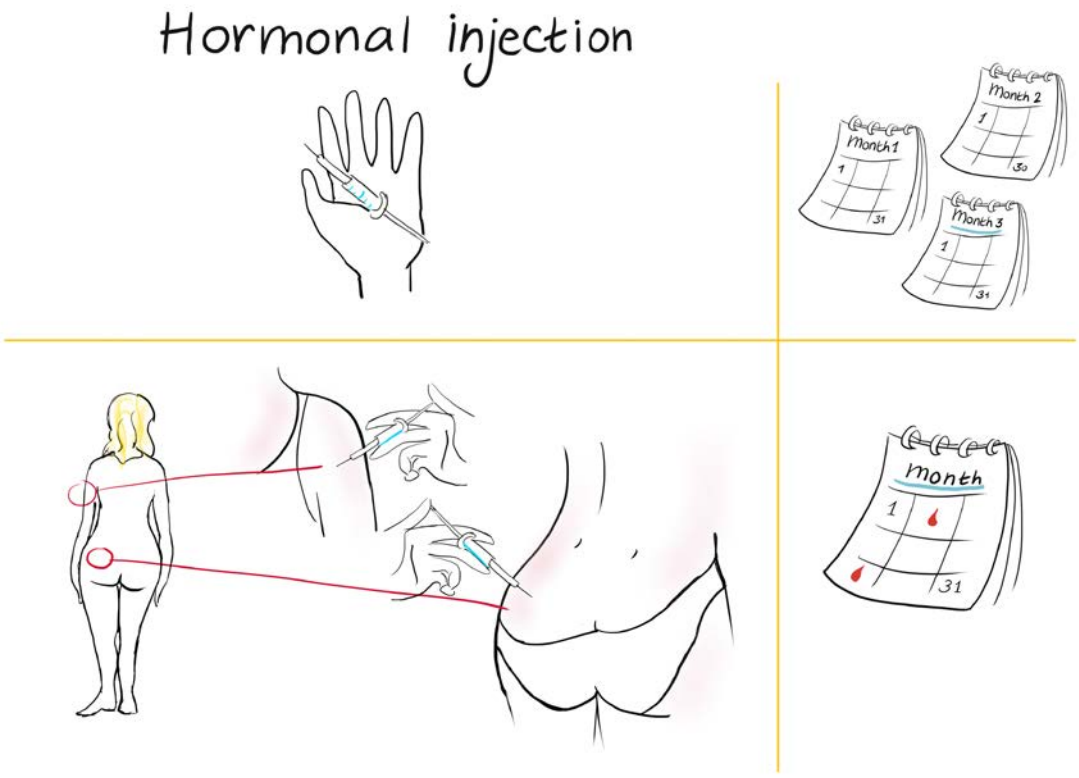
Disadvantages of the hormonal implant

- You cannot plan your period.
- You may experience irregular bleeding.
- Your period may stop completely, but it can also become heavier.
- It does not protect against sexually transmitted infections (STIs).
- If your body weight is over 90 kg, the implant needs to be replaced after 2 years.

Myths / questions:

1. **Can the implant move through my body?**
   No. This is very unlikely. It is important that the implant is placed by an experienced doctor or midwife.
2. **Can the implant break?**
   No. The implant is made of flexible material and bends with the movement of the skin.
3. **Does the implant leave a scar?**
   No. The implant is inserted with a needle. It is removed through a small incision in the skin. Sometimes the wound is closed with stitches, but this is not always necessary.

13. The hormonal injection



What you can say about this drawing

It is important to provide information about what happens in the body. See the manual for more information. Also refer to ***legend maps 3*** *and* ***4*** *(contraceptives).*

Advantages of the hormonal injection

- You only need to think about it once every three months.
- Some women no longer have their period.
- It remains reliable even if you are vomiting or have diarrhoea.
- It is not visible, so others cannot see that you are using contraception.

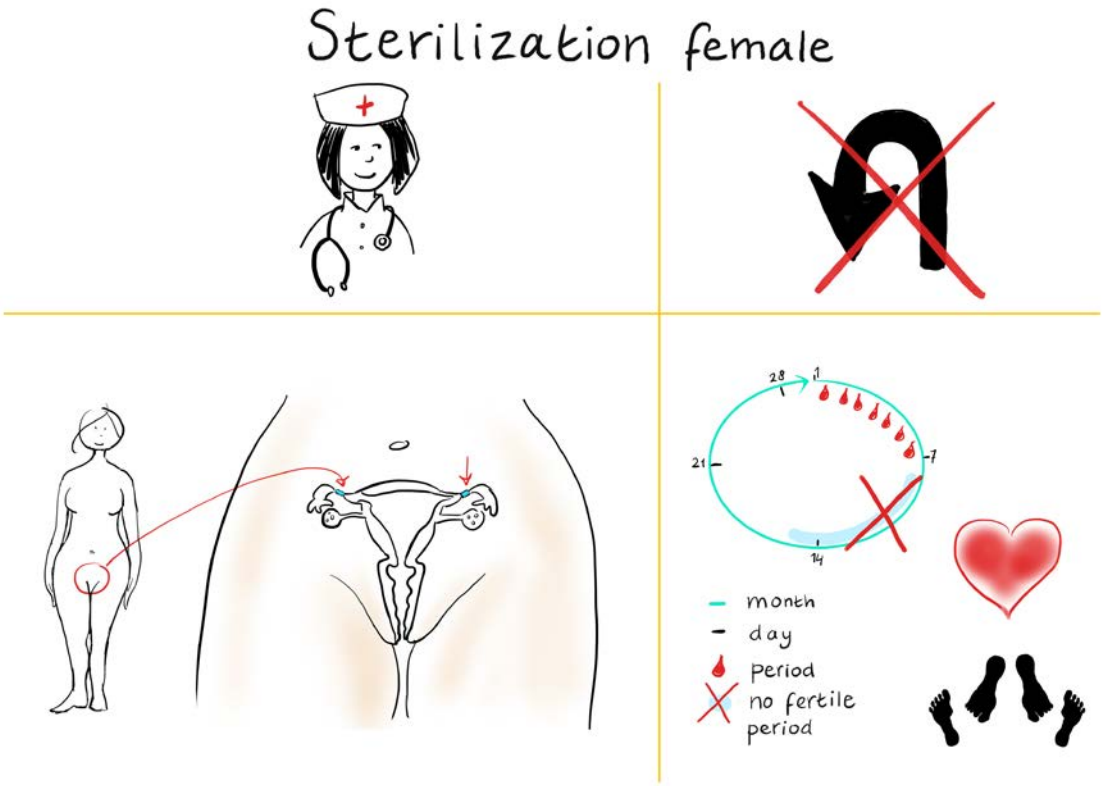
Disadvantages of the hormonal injection

- Some women experience irregular bleeding.
- You need to have the injection every three months.
- It must be administered by a doctor or nurse.
- It does not protect against sexually transmitted infections (STIs).

Myths / questions:

1. **Can the hormonal injection make you infertile?**
   No. When you stop using the injection, you will become fertile again. In some cases, it may take a while for your natural cycle to return and for you to become pregnant.
2. **Does the hormonal injection hurt?**
   The injection feels like a regular injection. It is usually given in the upper arm or buttock.
3. **Is it harmful not to have your period?**
   No. When you stop using the injection, your period will return. The injection prevents the uterine lining from building up, so there is no need for it to be shed.

14. Female sterilization



What you can say about this drawing

It is important to provide information about what happens in the body. See the manual for more information. Also refer to ***legend maps 3*** *and* ***4*** *(contraceptives).*

Advantages of sterilization

- You are permanently protected against pregnancy.
- You no longer need to think about contraception.

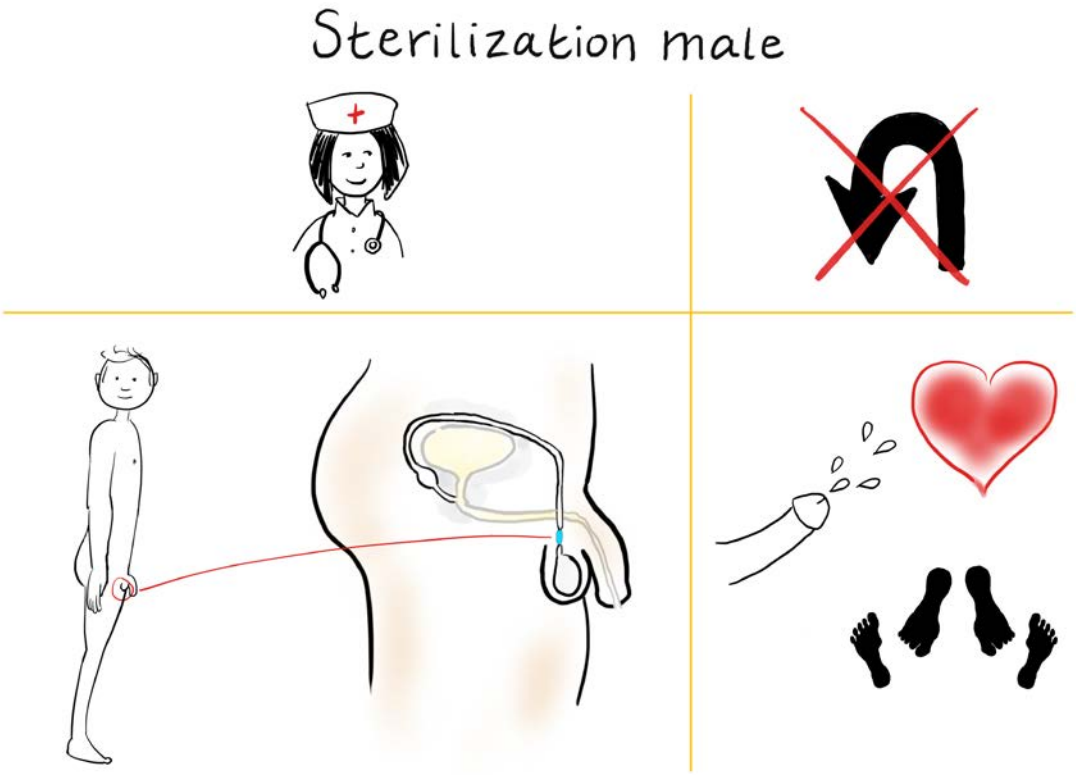
Disadvantages of sterilization

- It is a surgical procedure. Every procedure carries risks and possible side effects.
- After sterilization, you can no longer become pregnant (permanent).
- It does not protect against sexually transmitted infections (STIs).

Myths / questions:

1. **Will I still have my period after sterilization?**
   Sterilization does not affect your menstrual cycle or your hormones. You will still have your period. Your ovaries remain intact, so you will not enter menopause earlier.
2. **Will I still have a sex drive after sterilization?**
   Yes. Sterilization does not affect your sexual feelings.
3. **Can I still use another contraceptive method to manage my menstruation after sterilization?**
   Yes, that is possible. For example, if you were already using the contraceptive pill before sterilization, you can continue using it.

15. Male sterilization



What you can say about this drawing

*It is important to provide information about what happens in the body. See the manual for more information. Also refer to **legend maps 3** and **4** (contraceptives).*

Advantages of sterilization

- You will no longer be at risk of an (unintended) pregnancy.
- You no longer need to think about contraception.
- It is a minor procedure.

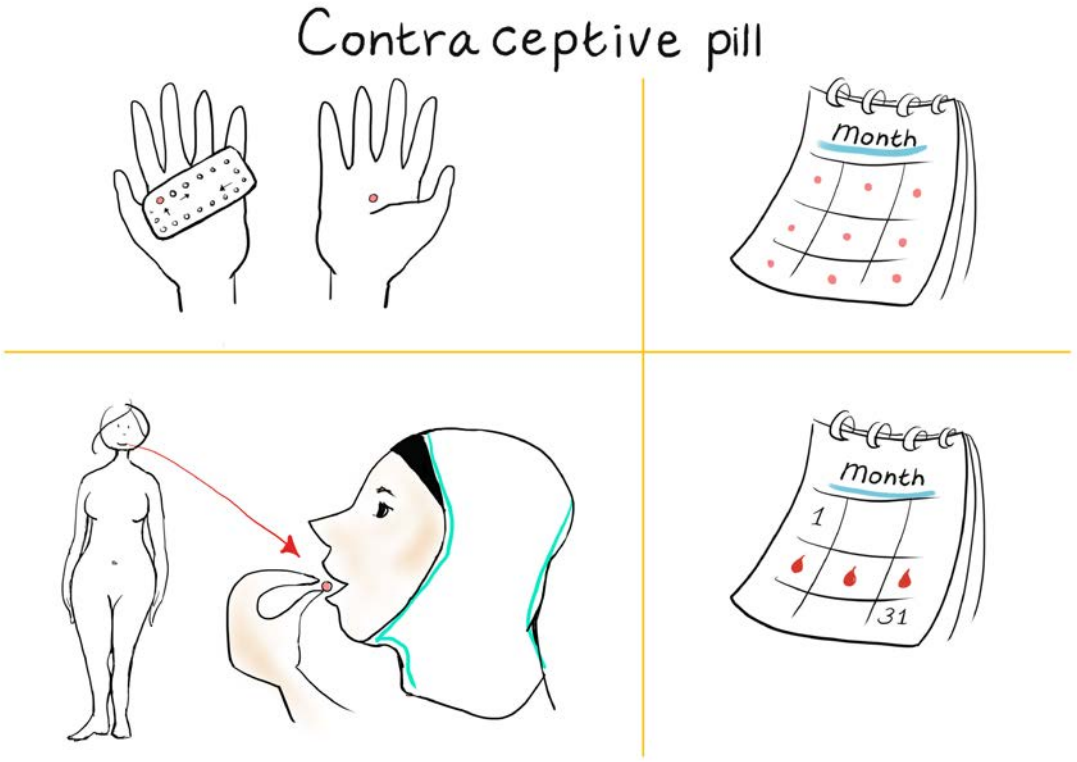
Disadvantages of sterilization

- It is a surgical procedure. Every procedure carries risks and possible side effects.
- After the procedure, it takes about three months before you can no longer get someone pregnant.
- It does not protect against sexually transmitted infections (STIs).

Myths / questions:

1. **Can I still get an erection after sterilization?**
   Yes. Nothing changes. You can get an erection as before, and orgasms remain the same. Ejaculation will still occur, but without sperm cells.
2. **Am I less of a man after sterilization?**
   No. You remain the same as before. Nothing changes in your body or your sex drive. The only difference is that you can no longer get someone pregnant.
3. **Can I have sex without worrying about pregnancy immediately after the procedure?**
   No. During the first three months, sperm cells may still be present in the semen. You should use condoms (or another form of contraception) during this time. After three months, a semen test can confirm whether the procedure was successful and no sperm cells are present.

16. The contraceptive pill



What you can say about this drawing

It is important to provide information about what happens in the body. See the manual for more information.
*Also refer to **legend maps 3** and **4** (contraceptives).*

Advantages of the contraceptive pill

- You can regulate your menstrual cycle.
- Most women experience less pain and lighter bleeding during their period.
- If you do not want to have your period, you can continue taking the pill and postpone it.

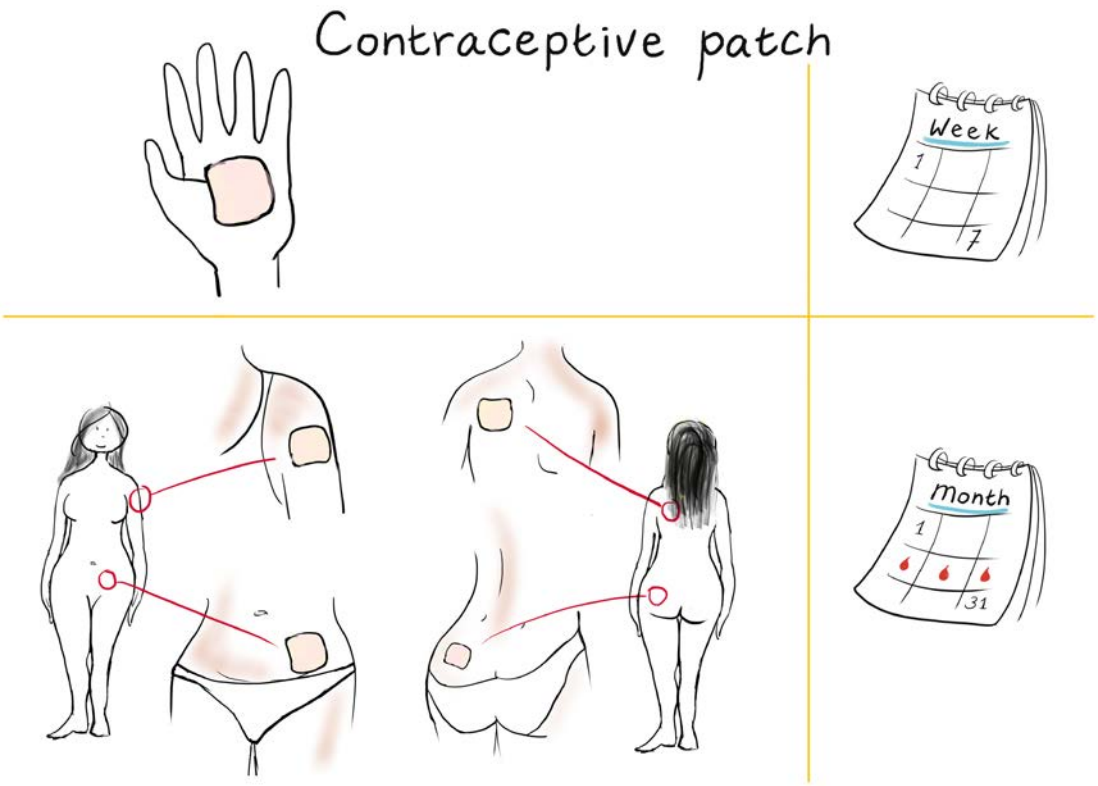
Disadvantages of the contraceptive pill

- There is a risk of forgetting to take the pill, which makes it less reliable.
- The pill may be less effective if you are vomiting or have diarrhoea.
- The pill may be less effective when taking certain antibiotics. Check with your doctor and use a condom to be sure.
- It does not protect against sexually transmitted infections (STIs).

Myths / questions:

1. **Do you gain weight when using the contraceptive pill?**
   No, the pill does not cause weight gain. Some people may experience an increased appetite. If this leads to eating more, weight gain can occur. During the first three months, you may also retain more fluid, which can temporarily increase your weight, but this will pass.
2. **Can I stop taking the pill if I do not have a partner for a while?**
   Yes, this is possible, but it is not recommended. Starting hormonal contraceptives carries a higher risk of thrombosis. Stopping and starting again increases this risk each time. It is therefore better to continue taking the pill. The hormone levels are low and do not harm your body.
3. **Does the pill make you infertile?**
   No. If you stop taking the pill, your natural cycle will return, and you can become pregnant again.

17. The contraceptive patch



What you can say about this drawing

*It is important to provide information about what happens in the body. See the manual for more information. Also refer to **legend maps 3** and **4** (contraceptives).*

Advantages of the contraceptive patch

- You only need to think about it once a week.
- You know when your period will occur.
- You can postpone your period by continuing to apply a new patch (without a break week).
- It remains reliable even if you are vomiting or have diarrhoea.

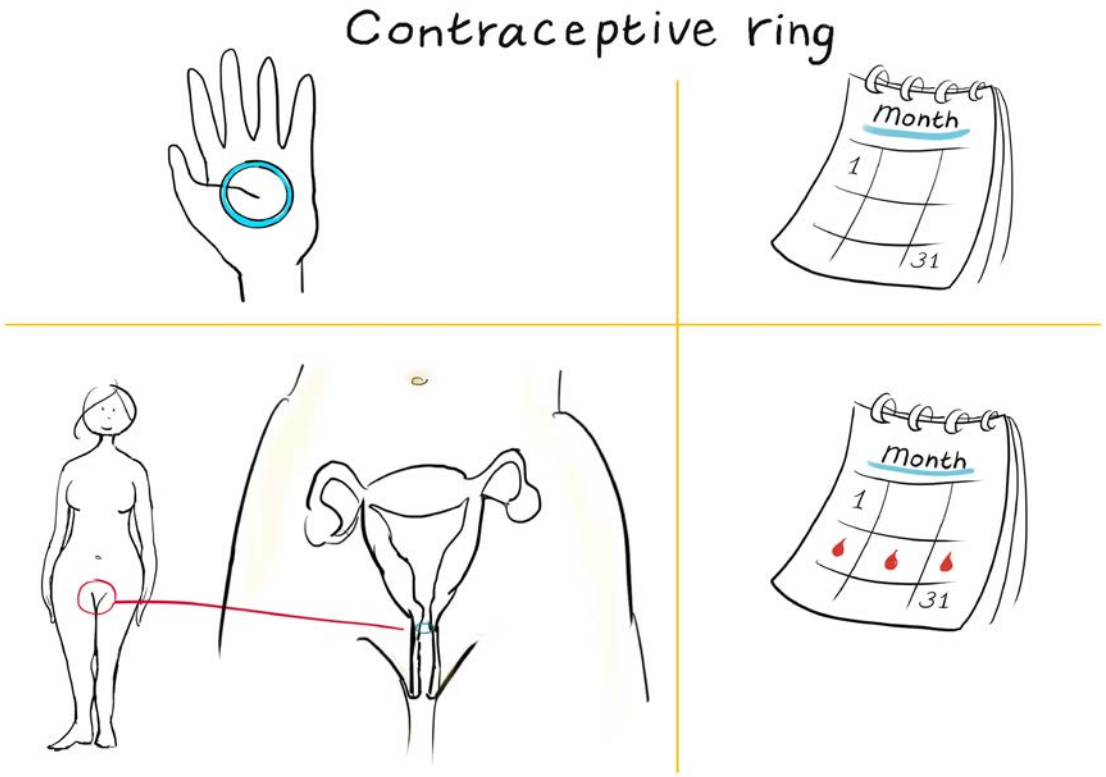
Disadvantages of the contraceptive patch

- You may forget to apply a new patch.
- The patch is visible, so others may see that you are using contraception.
- You cannot apply lotion or cream to the area where the patch is placed.
- It does not protect against sexually transmitted infections (STIs).

Myths / questions:

1. **Does the patch stay on while showering?**
   Yes, the patch stays on while showering, swimming, or exercising. However, it is important to check regularly that the patch is still in place.
2. **Is it harmful to skip a break week?**
   No, it is not harmful to skip a break week. This does not affect your health. If you start to experience bleeding, you can take a break week and then start again after 7 days by applying a new patch.
3. **How do I remind myself to apply a new patch each week?**
   Choose a fixed day and time each week to apply the patch. If your weekdays are busy, choose a day during the weekend. If mornings are hectic, choose a quieter moment in the evening. Keep the new patches somewhere visible, or ask your partner to remind you. You can also set a reminder on your phone or use an app to help you remember.

18. The contraceptive ring



What you can say about this drawing

It is important to provide information about what happens in the body. See the manual for more information.
*Also refer to **legend maps 3** and **4** (contraceptives).*

Advantages of the contraceptive ring

- You only need to think about it once every three weeks.
- You know when you will have your period.
- You can postpone your period by skipping your ring-free week.
- It is not visible, so others cannot see that you are using contraception.
- It remains reliable even if you are vomiting or have diarrhoea.
- You can leave the ring in during sex, but you can also remove it temporarily. The ring must be reinserted within 3 hours.

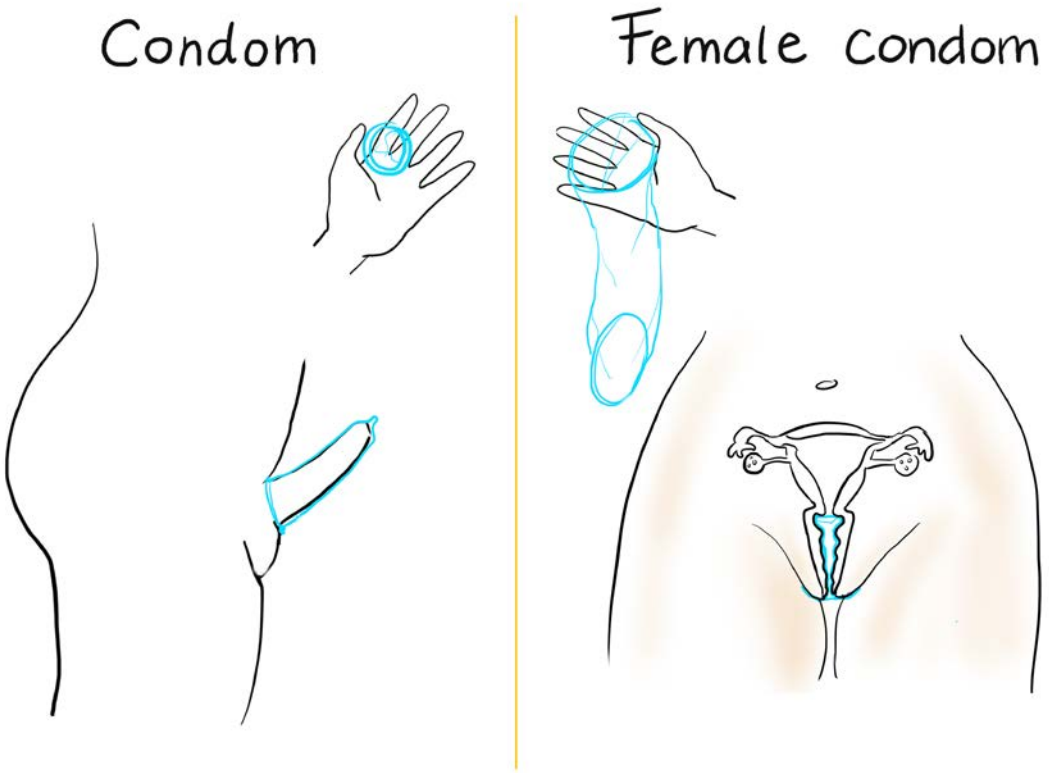
Disadvantages of the contraceptive ring

- You may forget to insert a new ring after 3 weeks.
- It does not protect against sexually transmitted infections (STIs).
- Although you can keep the ring in during sex, there is a risk it may fall out. Therefore, it is important to reinsert it after sex (within 3 hours) or check whether it is still in place.

Myths / questions:

1. **Can my partner feel the ring during sex?**
   The ring is soft and flexible and sits around the cervix, so the chance that it can be felt is very small. If you prefer, you can remove it for a maximum of three hours.
2. **How can I remember to change the ring?**
   It may help to set a reminder on your phone. If you have a ring-free week, it is important to start again with a new ring after 7 days, even if you are still experiencing bleeding. Otherwise, you will not be protected against pregnancy. Always insert the ring on the same day of the week.
3. **How do you know if the ring is correctly in place?**
   If the ring is inserted correctly, you should not be able to feel it. Check from time to time whether the ring is still in place. The chance of it falling out is small.

19. The (female) condom



What you can say about this drawing

It is important to provide information about what happens in the body. See the manual for more information. Also refer to ***legend maps 3*** *and* ***4*** *(contraceptives).*

Advantages of condoms

- With a (female) condom, you are protected not only against pregnancy but also against sexually transmitted infections (STIs).
- Using (female) condoms allows you to have sex with different partners without worry.
- You only use a condom during sex.
- The female condom provides additional protection against STIs because the labia are also covered. This reduces skin-to-skin contact, making it less likely for infections such as herpes, syphilis, and genital warts to be transmitted.

Disadvantages of condoms

- Some people experience condom use as an interruption to sex.
- You need to be able to put the condom on correctly (on the penis or in the vagina). Practising in advance can help.
- Condoms can tear or slip off if they are not used correctly or are used for too long (more than 15 minutes).
- Condoms can cause vaginal dryness. Use additional lubricant (water-based or silicone-based) when using condoms (no oil-based products).

Myths / questions:

1. **With a condom, you feel less during sex.**
   The sensation may be slightly different, but condoms are thin, and with the use of lubricant, the difference is usually minimal. Considering the benefits (protection against STIs and pregnancy), the question is whether a small difference in sensation outweighs these advantages.
2. **With a condom, he loses his erection.**
   Some men find it difficult to maintain arousal when putting on a condom. Practising a few times in advance, for example during masturbation, can help.

Colofon

This manual, the visual prompts and the question cards have been made by the team of Pregnant Not Now (Nu Niet Zwanger-team) of the Municipal Health Service of Rotterdam-Rijnmond. They developed these materials in consultation with ambassadors of the program Pregnant Not Now of different care organisations and their clients. In collaboration with GGD GHOR Nederland and Rutgers these materials have been adjusted for national use. This publication is made for the program Pregnant Not Now and may not be duplicated or used for other purposes without permission of the makers.

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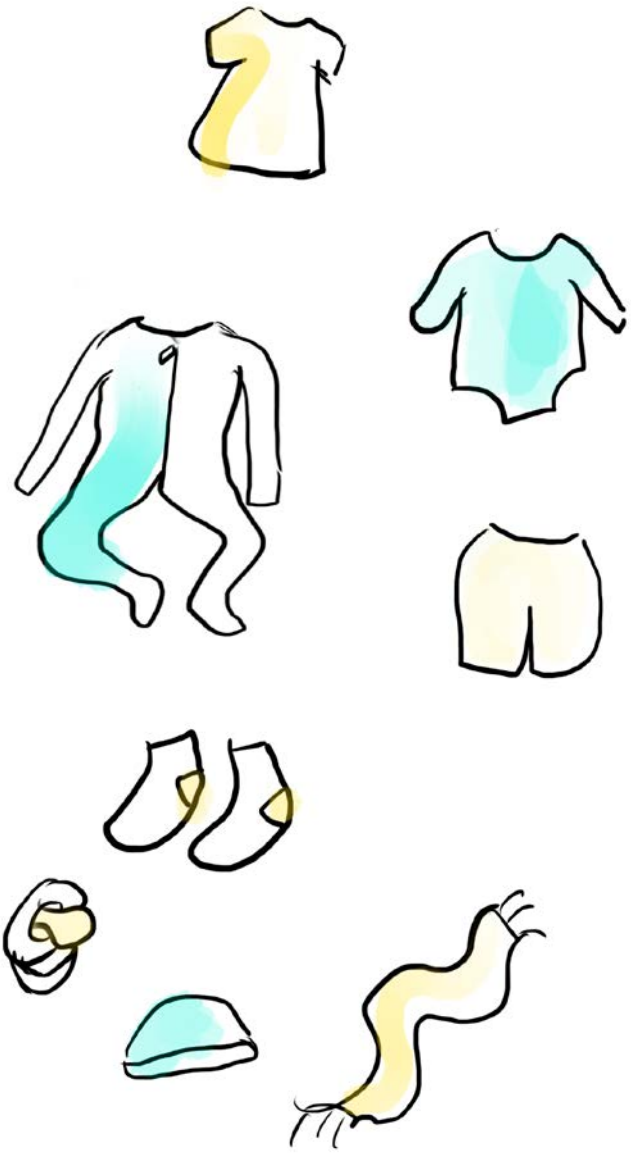



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