

DOPE LABS

Maternal Health Part I: Lab 062

Zakiya Oh, my goodness. Did you see Rihanna's latest look with that string going across that pregnant belly?

Titi Yes, she is putting out looks that I wouldn't dare to. And she's doing it with a plus one in her belly.

Zakiya Yes.

Titi She is definitely that girl.

Zakiya That girl. You know, it feels only right that when our good friend Rihanna goes through the changes, that we go through them right beside her.

Titi Yes, I'm having sympathy pains.

Zakiya Are you?

Titi Yes. I've been eating a lot more. You know, I feel like. I mean, for two. Or maybe I'm just greedy. Who knows? Could be.

Zakiya I'm not going to say which one. I'm not going to say what I think.

Titi Our age group, we kind of grew up with Rihanna, so it feels like a family affair. So talking about all the motions that she's going through, it feels therapeutic for us all.

Zakiya And so, it's only right that we jump into what her new future will look like and what it looks like right now in the landscape of maternal health.

Titi I'm Titi.

Zakiya And I'm Zakiya.

Titi And from Spotify, this is Dope Labs.

Titi Welcome to Dope Labs, a weekly podcast that mixes hardcore science, pop culture and a healthy dose of friendship.

Zakiya Now, we've already talked about our friend Rihanna, but we also want to remember that Mother's Day is right around the corner. So it's only fitting that we're talking all about maternal health this week.

Titi That's right. We specifically wanted to know about the current status of our maternal health care system, whether it's working and what we can do to better support birthing parents. And because it's such a huge topic, we're going to have another episode next week, a part two, to dig in even deeper into maternal health.

Zakiya Let's get into the recitation.

Titi So, what do we know?

Zakiya Well, I know we already talked about reproductive health, and maternal health is kind of related to reproductive health, but a little bit different.

Titi I think we also know that having children is a long term commitment and it is very expensive and so having the right resources in place is very important.

Zakiya And I also know that having children not only is expensive and a long term commitment is risky. There are so many things that come along with it. And as more of my friends are having kids, I'm like, that's a risk. That's something that could happen? It's wild.

Titi Honestly and I guess that gets into what do we want to know? And I want to know why after all this time, you know, people been having babies forever. I know we say since the beginning of time as like a phrase or a turn of phrase, but literally since the beginning of time, people have been having babies. And so I want to know why we're still having all of these issues with maternal health care and not just blanket issues. So it's blanket risky, but then within that risk disparities, whereas riskier for certain groups, right?

Zakiya Why?

Titi Yes. And then I want to know about the stuff that is not making front page news or is not, you know, associated with some of these really big name celebrities that has happened to them. I want to know about some of the stuff that you might not know about day to day swept under the rug. Absolutely.

Zakiya And then once we understand that, then what if we know all this stuff? What's next? What can we do? I want to know what the future of maternal health looks like.

Titi A future! All right. Let's jump through the dissection.

Zakiya Our guest for today's lab is Simmone Taitt.

Simmone Taitt I'm Simmone Taitt. I'm the founder and CEO of Poppy Seed Health.

Titi Poppy Seed Health is a telehealth app that connects birthing people to doulas, midwives or nurses for one on one support.

Zakiya And the fact that an organization like Poppy Seed Health exists already points to some gaps in our maternal health care system.

Titi Absolutely. So the first thing that we asked someone was to help us understand maternal health care in the United States right now. Where do we stand?

Simmons Taitt Maternal health care in the U.S. is what I like to call perfectly antiquated. We haven't evolved in the same ways as some of the other developed countries. We are still addressing, especially populations that are underserved, in a lot of the same ways that we were doing 20, 30 and 40 years ago.

Zakiya So basically, it's still the Game of Thrones if you're on a maternal health care journey.

Titi I wish I knew a Game of Thrones reference. Cersei!

Zakiya Shame, shame, that's all. That's the one that I think of all the time. Shame on the health care system for being like that.

Simmons Taitt What we see happening in maternal health care today as relates to the rise in maternal mortality and morbidity cases, especially for women that look just like us, right? Black and brown women in the US. And in near misses, which means that you might have complications or something that's literally a near miss, that could be fatal in a lot of ways.

Zakiya Morbidity and mortality are often grouped together. Morbidity refers to health issues, and when we say maternal morbidity, we're referring to health issues due to pregnancy or giving birth, whereas mortality is death, and that's death from health issues during pregnancy or giving birth or within six weeks after a pregnancy ends.

Titi The U.S. spends the most money on maternal health in the world, but has one of the highest mortality rates among developed countries.

Zakiya According to the CDC. Each year, around 700 birthing people die from pregnancy or birth complications, and that risk is 3 to 4 times more likely for black women. So we asked Simmons to break down what is included in maternal health.

Simmons Taitt As soon as you go to see your doctor, which is typically somewhere between 8 to 9 weeks pregnant, you are then in the maternal health care system in the U.S. and that doesn't matter who you are, right? Where you are in the spectrum of health insurance, commercial health insurance or Medicaid, as soon as you're identified in the system, there is a maternal health care journey that you are immediately put on.

Zakiya For most people, this looks like 20 minute monthly appointments with your OB-GYN.

Simmons Taitt That might include having a sonogram. There are some major milestone tests that you're also getting along the way. One of the big ones that most people know of is the anatomy scan when they scan and measure the entire baby. There's your gestational diabetes test, which is another big milestone. And then there's labor and delivery. Once you have that baby, you are effectively out of the maternal health care system.

Zakiya It happens really fast. The federal requirement for insurance coverage after the delivery of a baby is only 60 days. So that's a really short window to get your things together and to have appointments, you know?

Titi Yeah. And on average, the appointments are 20 minutes, 20 minutes over ten months. It's only 200 minutes worth of time eyeball to eyeball with a doctor.

Zakiya And that's if it's eyeball to eyeball, girl.

Titi Hello? If it's eyeball to eyeball, that would make me very nervous. That doesn't seem like enough time.

Zakiya Especially considering all the changes that are happening to your body. And now there's a whole new person here too.

Titi Exactly, like who going to look out for this thing. And they just got here.

Simmons Taitt Once you have the baby, the entire thing shifts and you have follow up appointments for your baby. But the birthing person typically is only going to see their doctor at that fateful six week mark. When you get to find out if you can have sex again or not, that's what most people know that appointment for. And then you're back into your normal health care.

Zakiya I think I would have a lot of follow up questions. Yes, I would want that doctor to move in with me. And I think that's what Simmons is advocating for, holistic care, a doctor or provider to look after your body and mind considering the major event that just took place.

Titi Yes, birth. Pushing a whole body out of your body.

Zakiya Yes.

Simmons Taitt The maternal health care system is really focused on the baby. We want to focus on both the baby and the person. So, your emotional and mental health support, which is health care, is just as important as your physical care. And also having the kind of evidence based information and knowledge that helps you to understand what's actually happening with your body as you go through one of life's biggest milestones. That's a cultural shift that's going to take time.

Titi And these opportunities for birthing people to get that emotional mental health and support should happen throughout a pregnancy, not just during the 20 minute appointments with their doctor. It's also important to have continued support after birth to.

Simmons Taitt That first year of postpartum is so critical. For example, if you look at the Nordic countries or even the UK, you get sent home from the hospital after having a baby and within just a day or two a nurse or a doula shows up on your doorstep and they're with you for the first 4 to 6 weeks, sometimes eight weeks after you have the baby just showing up, taking care of you, and also taking care of the baby. So there are so many points that we can improve on for the whole person for the best health outcomes.

Zakiya We've been talking about what maternal health can look like if everything goes right with pregnancy and birth. Birthing people are looking at ten monthly appointments, a

six week follow up, and then they're pretty quickly back into the regular health care. But we know health care, access and quality are not equal for all people in this country.

Titi According to Simone, there are three main bottlenecks when it comes to accessing care within the maternal health care system.

Simone Taitt So the first one is when we think about showing up to appointments, that means that you are able to leave your job, take the time off. If you have other children, you're able to get child care. It also means that you have a car or transportation, and I'm talking about these 20 minute appointments. But let's be honest, we show up to the doctor's office and we're usually there for way more than 20 minutes.

Zakiya If you think about taking 2 hours out of your day every month for ten months, that's around 20 hours. That's a lot of time spent not working.

Titi Not everyone is allowed to do that.

Zakiya Not everyone is allowed to do that. And even if they're allowed, not everyone can afford to do that.

Titi Exactly, because time off is money lost.

Zakiya So then we have to ask, what are the outcomes for a birthing person who's unable to attend those monthly appointments? Exactly. And this relates to the second bottleneck in our current maternal health care system, the lack of remote care options.

Simone Taitt Our infrastructure and maternal health care is not set up for both the digital space and the in-person space. I take a strong stance that holistic care and a new care model is both in-person and not in-person to make sure that people are taken care of wherever they are.

Zakiya So we've seen COVID increase access to telehealth, right? But that's a double edged sword because there are still these disparities that exist. For example, who has a computer and who feels like they're able to connect with their doctor. So on one hand, it may be beneficial to have some appointments over telehealth. On the other hand, it may be beneficial to have them in-person. And so I think that's why Simon is suggesting a blended model.

Titi Absolutely. Because there are some things that are lost through, you know, face time. We know that just from our social interactions with people. And sometimes just being able to be like physically in-person, looking your doctor in the eye gives you a certain level of comfort in your ability to explain what's going on with you and the service that you may require from them.

Zakiya And that leads us right to the third point. Simone says the third bottleneck is maternal health care deserts. That mean someone lives 90 miles or more from their closest health care provider or hospital.

Simone Taitt If you live in an urban area or a major city in the U.S., we're all in bubbles. It's hard to imagine that your home is that far away from a hospital or your closest provider. So this is rural America. It's also the majority of where people are living that need maternal

health care. We also are seeing a decrease in OB-GYNs in these areas and also in doctors who go through med school and decide to become OB-GYNs.

Titi This is all really interesting, but one thing that jumped out to me is the OB-GYN shortage. Why is there a shortage?

Zakiya It seems like there's a lot of factors. It's a supply and demand kind of thing. You know, interestingly, when we look at our population over time, the number of women over 18 has really increased. But the number of positions when we think about OB-GYN trainings or first year residency positions is not growing at the same scale. So you're having fewer OB-GYNs even able to push through the training, and then you have more women who need to be served. That's just the baseline, the basic layer. The other part is when we consider we have aging populations that are retiring. And additionally, when you look at surgical residencies, OB-GYNs are not getting paid a lot. And, you know, the other part is that they want to live in urban areas, too. So then this doesn't help that shortage that we see in rural areas. Most of the training is in urban areas, like when you think about where med schools are and where major hospitals are. I think I saw something that said people are likely to stay in the same place where they did their residencies. .

Simmons Taitt So these maternal health care deserts are becoming a major concern in the U.S. And just to put that in perspective for you, that affects about 7 million birthing people in the U.S..

Zakiya That's while 90 miles is the lower limit. It's 12 miles in D.C. is 45 minutes.

Titi Truly. And you can speak on Atlanta. Oh, I know that traffic is wild.

Zakiya Man, they're doing crash cars on the highway, right? They're doing monster trucks. And so even if you think about how long is it going to take, is there public transit? Would I feel safe getting in, like, a car service? You know, like Uber or Lyft, can I afford to do that? There are so many compounding factors.

Titi Absolutely. I recently saw TikTok of a woman who was pregnant and she was trying to get to a doctor's office. She doesn't have a car. And to use public transportation, it would probably take her half of a day, a workday, so like 4 hours just to get to the doctors. And so she was saying that she kept asking friends for help and every time they would say yes and then eventually fall through. So she had already missed two months of appointments and she was very nervous that this would negatively impact her health and the health of her baby. And when you think about stories like that, Simmons is basically telling us that this is not just a one off. This is happening to millions of Americans that are pregnant. And this really makes me start thinking about how all these bottlenecks can then be further exacerbated or directly linked to socioeconomic status.

Titi Absolutely.

Zakiya If gas prices are up and your doctor is 90 miles away or more, baby, that's adding up. It now costs way more to get to the doctor.

Simmons Taitt Furthermore, 50% of the birthing population in the U.S. are on Medicaid, which means they don't have equal and equitable access to the best care.

Titi This is a really important point that Simone is making, and we are going to do an even deeper dive into Medicaid and access to equitable care in next week's episode in our Part two. Okay, so back to the population on Medicaid.

Simone Taitt So for that population specifically, those folks aren't even showing up into the maternal health care system until they're somewhere between 20 to 23 weeks pregnant. So almost half or more than half of your pregnancy without prenatal care definitely affects health outcomes. But we need to stop blaming and shaming the person and look at the systems and the infrastructure that are lacking to begin with.

Zakiya Those are a lot of cards to have stacked up against you.

Titi Yeah, that seems like more than just one deck. It seems like a few decks of cards stacked against you.

Zakiya Blackjack. Six decks.

Titi We wanted to learn more about some of the disparities in maternal health and why black and brown communities face more challenges in receiving care.

Simone Taitt So the CDC was not reporting on maternal health care outcomes for a decade, and when they did report on maternal health care outcomes and morbidity rates in the U.S., it showed that black and brown women are 3 to 5 times more likely in some parts of our country who have died from preventable deaths. That means that there were medical interventions that happened that escalated and resulted in a preventable death. The other side of that is that there were no medical interventions that happened and resulted in preventable deaths.

Titi Things can go bad if people get involved and then things can go bad if they don't, right? It's a scary situation to be in because you see two doors and there might be some bad behind both.

Simone Taitt Yeah. Not only was it shocking, but it was truly unexpected. And that is because when we look at how our neighboring countries are doing, we see that maternal mortality rates are really low or nonexistent.

Titi So my question is, why is this happening in the United States? Simone told us that the U.S. pours the most money in the world into the maternal health care system. Clearly, something isn't working.

Simone Taitt And as we know in our maternal health care system, in our health care system as a whole, the deep, deep racial bias that exists.

Zakiya There are these myths when it comes to black people and birth right about right black women being able to withstand a lot of pain or that all black people are on Medicaid. And we know Medicaid isn't giving equal and equitable care. And we'll talk about that more next week. But I think all of that stuff just distracts us from these disparate health outcomes that black and brown people are experiencing in the health care system.

Simone Taitt And historically speaking, we also know that black women were used for experiments. We know that black women, pregnant black women specifically were used in

the medical industry to create all sorts of life saving surgeries. Yet these same things aren't being used today to save our lives.

Zakiya We've talked about racism in medicine on the show before, and so you got to understand that obstetrics and gynecology are no exception. Take us back in time, Titi.

Titi James Marion Sims, who's been called the father of modern gynecology, performed experiments on enslaved black women without anesthesia in the 1840s until the procedures were safe enough for white women. Later, he became the president of the American Medical Association and the American Gynecological Society.

Simmone Taitt I want to relate this to this narrative that I would love us to smash. We are not stronger than every other woman out there. We absolutely feel pain. We know pain. And when we're reporting pain, we need that to be taken seriously. And currently, because of racial bias. We know that black women are not getting the kind of pain control or the kind of attention when we say that we are in discomfort. So being disregarded in that way can be fatal. There is a higher rate of pre-eclampsia that happens for black women.

Titi Preeclampsia is a pregnancy complication that usually occurs during the second half of pregnancy after 20 weeks, if left untreated. It can be fatal for the birthing parent and baby, so it needs to be carefully monitored and managed until delivery. The most common symptoms are high blood pressure, an excess of protein in your urine. Some people also experience headaches, dizziness, nausea and blurred vision.

Simmone Taitt If there are any symptoms that you feel that just don't feel great, you're there swelling or bloating or something that's very out of the norm for you. Make sure that you're calling your doctor immediately, but keep a pulse. Keep a check on your own body and make sure that you know that you're not the only person responsible for your health, but that you have places and partners and the kind of network that can really support you.

Zakiya And thinking about what someone just said. It really ties back to those bottlenecks we talked about earlier. And if we think about do you have social support? Do you have somebody else that's responsible for your health or is it just you? Do people believe you when you say things? Are you able to get to a doctor to address all of these concerns? I mean, because so many changes are happening, how do you know if it's a normal change that comes with pregnancy or a life threatening change? And 20 minutes once a month is not a lot.

Titi Let's take a break. And when we come back, we'll talk about what we can do to support birthing people. Maternal health policy, and the future of maternal health care.

Zakiya We're back. We've been talking with Simmone Taitt about maternal health and some of the challenges facing birthing people in the U.S.

Titi Next week, we're continuing this conversation because this is such a big topic and we're going to be focusing on the historical and political context to help us understand these disparities more.

Zakiya All right. So let's get back to the lab. Let's talk about maternal health in a post-birth context. We know that there's a six week checkup after birth, but what other resources are necessary for birthing in the weeks and months after that?

Simmons Taitt There's not really anyone checking in on you, which is why it's so important to consider having a doula, making sure that you're leaning into your support network. I often times suggest to never bring flowers if you're going to visit someone who's just had a baby. Please lend a hand that could be babysitting the other kiddos or cooking a delicious, nutritious meal or doing a load of laundry. Don't make the whole thing about the baby. Don't make the whole thing about the bump. Ask them how are they doing and really mean it and really listen, because that's so important to show up for that person.

Titi This is such a great point because, you know, the baby's cute. We're all excited the baby's here. We want to see it and, you know, be vaccinated before you visit the baby, of course, to create that cocoon of health and safety. But someone just went through a very traumatic experience, not in that, oh, they're traumatized. Some are. But, I mean your body, their bodies are going through so, so much. And some people can't really walk well. They can't move around. They can't bend down there. They're in a lot of pain. They're uncomfortable. So lending a hand is definitely better than bringing in those flowers that are going to die in two days.

Simmons Taitt And the other thing that I want us to consider here is what happens, what is actually happening to your body? I'm not a doctor. I'm not a medical professional. But I can tell you as a doula myself, the hormones are all over the place after you have a baby and you cannot control what's happening between your brain and your body.

Zakiya As soon as the baby and the placenta are delivered, progesterone and estrogen decrease. So you might remember those from lab 041 on birth control. Oxytocin surges immediately following birth to compensate for those drops in progesterone and estrogen. And so this is was responsible for what's known as like the strong mothering instinct, how they be lifting those cars. Yes.

Titi Or maybe that's adrenaline.

Zakiya That's adrenaline. But but we'll allow it. But then you still have to consider that oxytocin working itself out of the system. And so then you're still going to get some of those baby blues in those first few days postpartum. And that's just those three hormones. We're not even talking about breast milk production and the hormones involved in that. We're not even talking about the physical pain as your body tries to heal, we're not even talking about your immune system.

Titi Right. All your organs got to get back to the right location.

Zakiya Bay-bee.

Titi They lost in there. No map. They got to figure it out.

Zakiya Cupid shuffling trying to find the right spot.

Titi Left to the left. Now, kick. Then it could take months for hormones to settle to pre-birth levels. And that can have a lot of big effects on your mental health.

Zakiya According to the CDC, about one in eight women experience symptoms of postpartum depression, and really that number could be higher. Earlier, we learned that many people just have that one six week follow up after birth. So you might not even have captured it.

Titi Honestly, because what if your issues with postpartum depression happen at seven weeks or eight weeks? You're not a part of that study.

Simmons Taitt After having the baby. It's sometimes really hard to focus on yourself and how you're feeling. And one of the things that's so important to focus on is your mental health. I know it sounds crazy to try and fit that in in between perhaps sleepless nights and a billion feedings a day. But it is important for you to know when you have postpartum mood disorder or the kinds of feelings that don't feel safe for you or the baby. Those can be very lonely and isolating and dark days for people. We also know that that is the number one reason why people who have just had babies have thoughts of suicide or harming themselves. So getting this kind of help is really important. And even if you don't realize it for yourself in the moment, it's important that your partner does your support system, whoever is around you.

Simmons Taitt That's if somebody is around you. There are a lot of assumptions about what birthing looks like. You see it on television. They don't always look like that.

Zakiya Right? Sometimes you give birth and you are with a person who is abusive. Sometimes it's just you.

Titi Sometimes it's just you, and you're not able to do the necessary things to check in with yourself because you never have time off. I've never had a child, but it looks time consuming.

Zakiya And so that becomes the question. How do we consider all of these different context in which birthing happens in all of these needs that can look different for different people? What type of public health interventions are in place to address these issues?

Simmons Taitt Let's talk about the Black Maternal Health Caucus and the Black Maternal Health Omnibus, which is a historical legislation. It was originally led by our now vice president, Kamala Harris. We work very closely with Rep Lauren Underwood's office on this. But the reason why this is so historic is because the Omnibus has legislation in it very specifically to increase funding around getting doulas into our communities, our hospitals, our health care networks to support black and brown birthing people across our country. This is really important in bridging the gap in the everyday lives of pregnant and postpartum people. Doula are your emotional and well-being best friend that you never knew that you needed. I became a doula myself when I was thinking about launching Poppy Seed Health and its work that you're called to. But it's also really emotional and physical work. For example, my shortest birth was 27 hours. That's not something that people can do every single day and folks don't really realize that. Plus all the prenatal appointments and all the things that you're doing with your clients.

Titi When you have a doula, there's a 65% decrease in interventions that happen when you're going into labor and delivery.

Zakiya But I mean, is a doula covered, you know, is that something that's accessible for everyone?

Titi I don't know if that's on the health care plan. They don't talk about it if it is.

Zakiya Erica Badu is a doula. I bet she's expensive. I'll put in a special request.

Simmons Taitt For a very, very long time the narrative has been that only wealthy women, which doulas, are now covered by insurance, that can pay somewhere between 1500 to sometimes upwards of 4 to \$5000 out of pocket to have a doula. The great thing about everyone paying attention to doulas now is that at the state level it's very exciting to see. So, for example, in New York City, Mayor Adams just announced that we will be rolling out a doula pilot, which I'm very excited about, to help about 500 families in this pilot for every single one of them to have doulas and very specifically for those jewelers to be making a livable wage.

Zakiya So then, you know, this sounds great, but are there similar programs in other cities?

Simmons Taitt One of the other pieces of legislation that was actually passed in 2021 was for veteran mothers to be able to support them through their pregnancies. The omnibus is so historic because for the first time at the federal level, we are focusing on solving for bringing those preventable mortality rates from where they are today down to 0.

Zakiya The Protect Moms Who Served Act as the veteran mothers act she just referenced, and that passed the Senate with unanimous consent and then the House with a vote of 414 to 9. And the cool thing about this bill is that it gives a \$15 million investment from the VA to improve maternal health care for birthing veterans. And that includes parenting classes, nutrition counseling and breastfeeding support. It will commission a first ever comprehensive report on maternal mortality and severe maternal morbidity among pregnant and postpartum vets. And those are things that we have no clue about. And it will additionally focus on racial and ethnic disparities in the outcomes for those vets, too.

Simmons Taitt The other thing is that for the first time, V.P. Harris actually had the very first historic maternal health care day at the White House, and they focused on the omnibus. They also focused on some of these pieces of legislation. But it was an open, national and public conversation about improving maternal health care in our country, especially for underserved populations.

Zakiya This feels like the right track. Rihanna has turned our eye to maternal health. I mean, maybe for some people it wasn't Rihanna. For some people it was VP Harris's policy and some of the other policies that are going through. And we're just coming off Black Maternal Health Week, which was mid-April. I mean, I'm excited. The possibilities feel limitless.

Titi Yes. Black Maternal Health Week takes place every year from April 11th to April 17th. And it was officially recognized by the White House on April 13th of 2021.

Simmons Taitt And so I'm excited about what's happening at the national level. Policy takes time, but it also takes politics. And that doesn't always mean that things get solved for immediately. And for that reason, it is just as important that the everyday person has the resources in their community to be able to have the best possible health outcomes.

Titi With all that we know now about the maternal health care system, some of the disparities that are there. We asked them to share her perfect world for maternal health care and her visions for the future.

Simmons Taitt I take a bold stance in that maternal health care in our country needs to be equitable and accessible for every single birthing person, no matter what their socioeconomic background is, no matter how they identify, no matter where they live in our country. And so it doesn't matter if you're on Medicaid or you have commercial insurance, everyone should be able to get the same exact care. And that new way forward includes both in-person and also virtual care. So hybrid health is not only good for that birthing person, but it's great for the entire family. We have to consider what telehealth looks like in a really innovative way to be able to support people exactly where they are on the Journey. It's important to me that the future of maternal health care for the person feels like they have almost no questions about the kind of support, and they have no questions about the safety and the trust, and that is so important for someone who is going through life's biggest moments in their pregnancy. As a first time parent, as a partner, and as families.

Zakiya I think all of these things are so important for understanding all the different ways that we need to serve folks who are giving birth from pregnancy to the birthing experience to even after it. And it's really incredible what Simmons has been doing to make a change in this system.

Titi Absolutely. Because, I mean, I think we see a trend in a lot of the labs that we've done in the past is that the policy isn't in place for a lot of reasons. And one of the major reasons being that politicians historically have been white and male, and we know that they don't care about stuff that don't affect them directly. And so now that we're seeing this increased focus on maternal health care and bettering the maternal health care space. I think it's really great that, you know, everyone's voice is heard. Black and brown folks are also given a microphone to say the issues that they have, people that are living in rural areas, people of lower income, everybody needs to have the opportunity to say their lived experience so that we can make this world a better place for everyone that is bringing another life into this world.

Zakiya All right, it's time for one thing. Titi, I want to hear from you. What's your one thing this week?

Titi My one thing this week is a movie and it's called Everything, Everywhere, All at Once. I saw it last week. And it is phenomenal. It is such a good movie. It has such a good story and there was so much thought put into it. It kind of lends itself to a little bit of science where it kind of references the many worlds theorem that some people subscribe to. And that's the idea that there is an infinite amount of worlds in an infinite amount of like use, that there are just based off of little mind differences in your life. So like depending on, you know, if you put on a certain shirt versus another shirt, it changes the trajectory of your life and that, you know, creates a different world that becomes. But every iteration in between also exists. And it is just such a beautiful story and it's so well done. And it really had me hooked. This movie, it felt like I was inside of it.

Zakiya Like you were invested in the storyline.

Titi Very invested. And then also just like engulfed by the production. It's so good. It's just really, really good. And the story is good. And so I really enjoyed it. I don't watch movies more than once, but I feel like I would watch this movie multiple times because it was just so well-done. Give them all the awards. They deserve it.

I have to check it out. That's it for Lab 062. Were you just as shocked as me about some of these things we learned about our maternal health care system? Call us at 202-567-7028

and tell us what you thought. Or give us an idea for a lab we could do this semester. We really like hearing from you. That's 202-567-7028. And don't forget that there is so much more to dig into on our Web site. There'll be a cheat sheet for today's lab. Additional links and resources in the show notes. Plus, you can sign up for our newsletter. Check it out at dopelabspodcast.com. Special thanks to today's guest expert Simone Taitt. You can find and follow her on Twitter @simmonetaitt and learn more about her work @PoppySeedHealth.

Titi You can find us on Twitter and Instagram @DopeLabspodcast.

Zakiya And Titi's on Twitter and Instagram @dr_tsho.

Titi You can find Zakiya on Twitter and Instagram @zsaidso. Dope Labs is a Spotify original production from MEGAOHM Media Group.

Zakiya Our producers are Jenny Radelet Mast and Lydia Smith of Wave Runner Studios.

Titi Editing and Sound Design by Rob Marczak.

Zakiya Mixing by Hannis Brown.

Titi Original Music composed and produced by Taka Yasuzawa and AlexSugiura from Spotify. Creative producers Candice Manriquez Wrenn and Corinne Gilliard. Special thanks to Shirley Ramos, Yasmeen Afifi, Kimu Elolia, Teal Kratky and Brian Marquis.

Zakiya Executive producers for MegaOhm Media Group are us.

Titi Titi Shodiya.

Zakiya And Zakiya Watley.