Lab 063

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 This week is part two of our series on maternal health. If you haven't listened to last week's lab yet with Simmone Taitt, we really recommend listening to that one first.

Titi We talked to Simmone about what services maternal health care encompasses. We learned that there's a lot of bottlenecks when it comes to getting good maternal health care here in the United States. And we also dug into disparities in maternal health among specific groups.

Zakiya This week, we're zooming out to understand more of the context around the state of maternal health care today, how we got here, and how to make it better.

Titi Okay, let's get into the recitation. What do we know?

Zakiya Well, you know, like you mentioned, we learned a lot from last week's lab. And sadly, we learned if you want good care, you basically need to move to Finland.

Titi But if you aren't trying to move to Finland, here are some of the major points from last week's episode about the state of maternal health care. Maternal health care in the United States is out of date and out of touch with the needs of today's birthing population.

Zakiya Yes, we're seeing rising rates of both morbidity, so those are health issue, and mortality, that's death, as is related to complications following pregnancy and giving birth.

Titi Some of the major bottlenecks in maternal health care include the hurdles that you have to jump over making monthly appointments, the lack of options of both in-person and virtual care and maternal health care deserts.

Zakiya Also, mortality rates are disproportionate among women of color, so they are 3 to 4 times more likely to die from pregnancy or birth complications.

Titi We also found out that 50% of the birthing population in the United States on Medicaid, which means that they don't have equal and equitable access to health care.

Zakiya And at the end of the last episode, we started talking about the momnibus legislation, which focuses on bringing preventable mortality rates closer to zero. And that takes us to kind of what we want to know for this lab.

Titi Yeah. So my first question is, why is maternal health care in the U.S. so bad with the amount of money that Simon is telling us gets poured into our maternal health care system? You would think that that would mean that we are doing really great, but that's not the case. And I want to know why and I want.

Zakiya And I want to know more about these programs. You know, so how does insurance and the support that the federal government provides for birthing parents, how does that come into play and why isn't it doing his job? It seems like--.

Titi That is such a good question. And I also want to know what makes maternal health care, quote unquote, good. And once we know what makes it good, how do we make it even better?

Zakiya Yes. And I think when we consider that, who is the we? Right. Right. Should it be non-profits and private agencies or are there policies and programs that our government should sponsor that might improve outcomes? That's what I want to know. I think we've got enough questions.

Titi Yes, let's jump into the defection.

Zakiya Our guest for today's lab is Dr. Sarah Benatar.

Dr. Sarah Benatar My name is Sarah Benatar. I'm a principal research associate at the Urban Institute in the Health Policy Center. So I do research mostly focused on maternal and child health.

Titi The first thing we wanted to know from Dr. Benatar is why maternal health care in the United States is so poor. She said it's not about money.

Dr. Sarah Benatar The U.S. spends more money on maternal health than any other country in the entire world, 25% more per capita than the next highest spender. Despite all of that, we have some of the worst outcomes for pregnant people and infants.

Zakiya And let's talk about those outcomes we learned from Simmone last week about increasing mortality rates. But what are the specifics?

Dr. Sarah Benatar In 2018, the rate was 17 per 100,000 births resulted in a maternal death that went up in 2019 to over 20 deaths per 100,000 pregnant people in 2020. That was even higher at 23.8. The next highest rate for a high income country is half that. So in Canada and France, the rates are more around eight per 100,000 deaths.

Titi And Sarah told us historically this upward trajectory hasn't been the trend.

Dr. Sarah Benatar The Commonwealth Fund has this terrific piece that we're looking at where they have a chart of maternal mortality starting in about 1918. And you can see that it starts really, really high. And then by the 1930s or so, it's considerably lower and it just keeps on going down until about the 1980s. Then in the 1980s, it goes up again, and now they just start creeping up consistently.

Zakiya So this chart is looking at deaths per 100,000 pregnant people in the eighties and nineties. You're only seeing about 7 to 8 deaths. But it's really sobering to learn that today we're up to about 23 deaths per 100,000 pregnant people. That's a problem.

Titi Huge. 23 sounds like it's small, but when you look at it like, what it was, that's significant?

Zakiya Yeah.

Titi We're talking about times three.

Zakiya Three times the amount.

Titi Yeah. Anything increasing by times three? You need to check on it. Yes.

Dr. Sarah Benatar A good segment of that can be attributed to discriminatory health care practices and systemic racism. I think because there is just an incredible amount of stress and I think it's relatively well demonstrated that it's not helpful for a pregnancy.

Zakiya In addition to mortality rates. There are other stats that Dr. Benatar points to that indicate the U.S. is not up to par when it comes to maternal health care.

Dr. Sarah Benatar In the U.S.. Some of the things that we really pay close attention to are low birth weight so that a baby that's born weighing less than five pounds, eight ounces, and preterm birth, which is being delivered before a 37 weeks gestation. So those are some of the bigger indicators. Another things are the C-section rates. Approximately a third of all deliveries are done by C-section. Now, the W.H.O. said that the ideal rate would be around 15%.

Zakiya Cesarean deliveries, which are also known as C-sections, do have more risk than delivering a baby vaginally, but they're often medically necessary in order to protect the health of a birthing parent or a baby. There are some common chronic health conditions that sometimes require C-section delivery, and those include heart disease, high blood pressure or gestational diabetes. And the disparities we've been talking about permeate all of these different areas.

Dr. Sarah Benatar If you look at this by race and ethnicity, the rates, particularly for black women and birthing people are much higher. So maternal mortality rates can be 3 to 4 times higher. C-section rates are quite a bit higher. Low birth weight and preterm birth rates are also higher for black women and birthing people.

Titi The math ain't matching.The U.S spends the most money on maternal health care but has the worst outcomes, especially for black women and birthing people? We need to understand more. So we asked Dr. Benatar, what is going on?

Dr. Sarah Benatar So many people who become pregnant and are then engaging in prenatal care have not necessarily had access to high quality care prior to that, and have also experienced all kinds of discrimination in care. But, you know, we're talking about people coming in to pregnancy, maybe haven't had, especially prior to the ACA, any medical insurance or coverage prior, because Medicaid pays for over 40% of all births in the United States and for black women and birthing people, it's higher. It's more like 65% of births.

Titi Medicaid is a federal and state program that helps with health care costs for Americans with limited income and resources. And it's the largest source of funding for medical and health. Related services for people with low income in the United States. So Medicaid is such an important program to have because it provides health care to a portion of the population that wouldn't have it otherwise. But because it is regulated at the

state level as well as the federal level, there are some parts of it that, you know, depending on the state that you're in, have some pitfalls.

Zakiya Insurance, I think, is one of the trickiest things in adulting, don't you think?

Titi Like for real. It's really wild. Dr. Benatar mentioned the ACA or the Affordable Care Act, which was passed in 2010 under the Obama administration. The ACA was meant to expand health care coverage for millions of uninsured Americans. It also expanded Medicaid eligibility and created the marketplace where people can purchase private insurance.

Zakiya And that private insurance is very expensive, by the way.

Titi Very. But before the Affordable Care Act, you had to basically have a job if you wanted good health care.

Zakiya And isn't that kind of wild when we step back from it?

Titi It's like, okay, you only have the right to live if you are working.

Zakiya And not all jobs provide health care.

Titi Exactly.

Zakiya I have health. I have a body, whether I'm working or not.

Titi Exactly. And that's something that's unique to the United States, because universal health care is something that they have in Europe and Canada, and we're just slow to get on it. People are still fighting the Affordable Care Act, also called Obamacare, by folks who want to make it seem like it's something that is partisan, like people who are getting quality health care is a partisan thing. It's not. Well, in my opinion, it shouldn't be.

Zakiya Mm hmm. But here we are.

Titi Here we are.

Zakiya At this big age, this country, at this big age set up having a temper tantrum around health care.

Titi Get it together or you're not getting anything.

Zakiya Yeah. Another answer to the question how did we get here is what Dr. Benatar calls a very medicalized approach to pregnancy, one that values profit over people.

Dr. Sarah Benatar Many other places approach pregnancy from perspective as much more normalized, where this is a natural process that maybe sometimes requires a little bit of help. But most of the time we can support women through it and have a healthy outcome. The medicalized model also maximizes profit. Many times these visits are very short, maybe 15 minutes. Like if you think about a hospital based clinic where we're trying to get as many people in, especially because Medicaid is one of the largest payers, there are often high no show rates.

Titi And that could be because of the factors we talked about last week with Simmone, lack of access to child care in transportation, no telehealth options in maternal health care deserts.

Dr. Sarah Benatar So there are these short visits in which maybe there has been no preexisting relationship, and many people will express that they aren't being listened to. And lots of people have all kinds of other social determinants that are affecting their health, like housing insecurity, food insecurity, anxiety, depression. The list is long.

Zakiya Another trend that directly correlates to worsening prenatal care in the United States is the growing OB-GYN shortage. And we mentioned that last week. But to help you understand it a little bit better, let's think about it from the entire national perspective. So not just rural areas. If you look at all the counties in the United States, half of them do not have a single OB-GYN.

Titi That's major.

Zakiya That's wild.

Titi Major.

Titi My whole county?

Titi Yeah. When I think about going to another county for anything, a specific grocery store because of a specific shop that I like? Oh my gosh?

Zakiya So far. So far.

Titi This is going to be a trek.

Zakiya Now, imagine doing that pregnant.

Titi In part one of this series, Simmone said that 50% of the birthing population is on Medicaid. And now we know that Medicaid is one of the largest payers of maternal health care in the United States, covering about 40% of all births in the United States and 65% of births for black women and birthing people. So let's break down Medicaid more in the context of maternal health.

Dr. Sarah Benatar In the 1980s, Medicaid expanded to include pregnant people. So prior to that, Medicaid was almost exclusively a program for children and for adults with very, very low incomes. So it was really pretty restrictive.

Titi To be eligible to receive Medicaid, most people have to meet an income requirement.

Dr. Sarah Benatar Each state decides how high the income threshold goes for pregnancy related Medicaid coverage. So in one state, you could make a certain amount of money and qualify for pregnancy related Medicaid. But in another state you could make 30% more and still qualify for pregnancy related Medicaid.

Zakiya Let's break that down. So when Dr. Benatar mentions qualifying, what she's talking about is the income level. How much income you make as it relates to the federal poverty

level. And so the federal poverty level is $13,500 annually for individuals and around 18k for families of two.

Titi And the gotcha gotcha with all of this is exactly what Dr. Benatar said. It changes between states. So we looked up what it would be for Maryland. So let's say it's you and your partner and one of you is pregnant. You qualify for Medicaid if you make up to $4,029 per month. Okay. So that's for Maryland. For Alabama, same situation. You, your partner, one of you is pregnant. You qualify if you make up to $2,228 per month.

Zakiya That's a lot lower.

Titi That is a lot lower.

Zakiya I would want to move to Maryland, if I could.

Titi Right. You think about the quality of life of the pregnant folks in Alabama who are looking to qualify for Medicaid. That annual income, when you do the math, that's not a lot of money.

Zakiya I mean, I think that's the interesting thing, that this is state by state, you know, and this is a much higher percentage of the federal poverty level that's allowed. And so this is gracious for maternal health care. We won't even get into what it looks like, how little income you can make if you want to qualify for Medicaid and you're not pregnant. And this is where I think we see these insurance gaps. And when people are pregnant, they show up and they haven't had good health care leading up to this. And I think this is how we get that vicious cycle of complications and increased morbidity and mortality.

Titi Absolutely. Because all of these things touch every aspect of your life is touching this. So if you have to make below a certain amount, that means that's going to affect, do you have a car? Do you have access to technology, the quality of your food? And all of these will affect your pregnancy, all of it where you can live air quality because of where you're living?

Zakiya Yes. Yes. I was going to say, this is just time back to so many episodes, including what Dr. Taitt said about if you're living with somebody else, if they make a little bit more income, it may not even be yours to spend. But what does that mean for your household amount? Right. And if you qualify or not, and then what does that mean for your support throughout your pregnancy?

Titi Absolutely.

Zakiya It's just oh, my goodness. There are so many, so many ways to look at this.

Titi Yeah. Because I mean, even when we think back to our sleep episode with Dr. Jean-Louis. And talking about the quality of your health is dependent on your zip code. Yep. Now, compound that with access to proper health care.

Zakiya Access to maternal health care is also depedent on your zipcode.

Titi Depending on your zip code.

Zakiya You just stacking those things up.

Dr. Sarah Benatar Mm hmm. In many states now, the threshold for eligibility is pretty high. You can be to 200% of poverty and qualify for pregnancy related Medicaid coverage. And then Medicaid covers all of your pregnancy related health care needs. It also covers any other health care related needs you have.

Zakiya Since 1989, pregnant women with incomes at or below 133% of the federal poverty level have been a mandatory Medicaid eligibility group. So that means you can make up to 100% of the poverty level, plus an additional 33%. They're giving you a little bonus area there. You know, so if you may, up to 133% of the poverty level, then you're mandatory, like it's mandatory that you are included in Medicaid coverage.

Dr. Sarah Benatar Every pregnant individual in the United States who becomes pregnant should qualify for either Medicaid or the Children's Health Insurance Program.

Zakiya The Children's Health Insurance Program, or CHIP, was part of the Balanced Budget Act of 1997. And so this program was created to provide low cost health coverage for children who wouldn't qualify for Medicaid but are still relatively low income like Medicaid. Each state is still determining the eligibility requirements for CHIP.

Titi So really, it's plugging a gap.

Dr. Sarah Benatar If the Children's Health Insurance Program covers some pregnancies that undocumented people are experiencing because it is focused on the unborn child in that situation, because they would not otherwise qualify for a federally funded health insurance program.

Zakiya Is like, we have some stopgaps. But it's not a 100%. So in the case of Chip, you know, if you imagine an undocumented person that's pregnant, they're not eligible for Medicaid, but their unborn child is eligible for CHIP, the Children's Health Insurance Program.

Titi Right. But the birthing parent still isn't covered by either of those two things.

Zakiya Right, so we have some stopgaps. But it's still leaky. It's still leaky.

Titi Yeah.

Zakiya Let's take a break. And when we come back, we'll talk about postpartum care and some legislation that's coming out to hopefully improve maternal health in the United States. Plus, stick around to hear about a special episode that we're working on.

Titi We're back. But before we get back to the lab, two things. Next week we're talking all about art therapy and how art can be utilized to help us in our mental health journeys.

Zakiya And we're also reaching out to ask for your input and feedback. We are doing a special episode calling out the LGBTQ community in STEM. If you are a member of this community we want to hear from you, call us at 2025677028 and tell us about your work, what you do. We want to hear it all.

Titi Let's get back to the lab. We've been talking with Dr. Benatar about Medicaid Chip, which is the Children's Health Insurance Program. And these are two programs meant to

expand maternal health care coverage in the United States and how complicated it can be to qualify for these programs.

Dr. Sarah Benatar So let's say you do qualify, you jump through all the hoops to get there. Medicaid coverage includes, you know, pregnancies with complications and postpartum health care, too. So remember how small said that typically there is a six week post-birth follow up and then that's it. If you have Medicaid, the minimum requirement is that pregnant people remain covered for up to 60 days postpartum. Now, I'm going to let you do the math for six weeks time, seven days. That's not giving you a lot of room if you missed that, right hitting on the nose at six weeks. You know what I'm saying, Titi?

Titi Yeah.

Zakiya And so in many states, there are now postpartum extensions of Medicaid that will let you stay cover up to a year after giving birth. And we want to pause and really take a moment to talk about postpartum care.

Dr. Sarah Benatar Sometimes we refer to the first three months, postpartum as the fourth trimester. And I think that more attention paid to that fourth trimester would be really valuable.

Titi When it comes to maternal health so much focus is on the time leading up to birth and then the birth itself. And then there's just a huge drop off in care. But having good medical care and a strong support system is just as crucial, if not more so after birth, when the baby is here.

Dr. Sarah Benatar Yes, there are a few things to think about. One is the safety of the mother or the birthing parent, because there are a number of sequelae that can happen that could really endanger the life of the person who just delivered a baby. And that is generally around hemorrhage

Zakiya By the quality just means a condition resulting from a previous condition. So think of it as like another domino in a sequence of conditions or effects. Postpartum hemorrhage is a rare but very serious condition when a person has heavy bleeding after giving birth is usually treatable as long as you have access to good medical care. And if you don't and it's not treated, it can be fatal.

Dr. Sarah Benatar Then there's support around breastfeeding. If that is a choice that has been made, and even if it's not, then there is like making sure that there is enough formula available. It's the wrong formula. If it doesn't taste good, if your child has allergies, it can be a real struggle. And not being able to provide adequate food for your child is just heartbreaking. And diapers, the same thing.

Titi If you make the decision to breastfeed. There are all kinds of things to deal with, like getting a newborn to latch, sore, chapped nipples, really painful infection of milk ducts called mastitis just to name a few. And with formula, next time you go to the pharmacy, go look at those formula prices and diapers. Oh, all of it is so expensive. They even have infant formula behind those little clear cases so that you have to call a salesperson over to unlock it for you. And so there are some programs like Women, Infants, Children or WIC, that will cover the cost of formula for low income families.

Zakiya Postpartum depression is also a huge health risk during the fourth trimester. Remember, Salman said that according to the CDC, about one in eight women experience symptoms of postpartum depression.

Dr. Sarah Benatar Of course, all of the other things that a new parent might need, like housing and there could be intimate partner violence. So there are programs out there that are designed to help support new parents. And sometimes doula care will extend to the postpartum period as well.

Titi All of this on top of very little sleep and pressure of keeping this little animal alive. It's no wonder that postpartum care is advised for up to a year after giving birth. That single six week appointment just doesn't cut it.

Zakiya You know, all of this information is really powerful, and it's important to remember that even though we're seeing this really concerning trend of increasing mortality rates among pregnant people, we're also now talking about it in a way that we haven't seen before.

Dr. Sarah Benatar There's a lot more attention to this topic now than there has been for many, many decades.

Titi So what are some elements of maternal health care that might help improve these statistics? Dr. Benatar and her colleagues at the Urban Institute did a project that looked at some different interventions or enhancements to existing maternal care, and there were some positive results.

Dr. Sarah Benatar Ultimately, what we found. Is that models of care in which there is more time to spend with patients and where there is a relationship that is built, tended to be associated with better outcomes from an impacts standpoint. We found that birth center care was positively associated with improved birth weight and gestational ages and reduced C-sections. If you feel like your provider understands you, listens to you and cares about you, the quality of the care will be improved. And as a result, so will the outcomes.

Zakiya This reminds me of the hybrid remote in-person model someone was talking about. Spending more time talking to health care providers can be really beneficial in some cases, and for some people you don't have to be in-person to do it. It can be online or telephone appointments. Those are all options for talking through things like what to expect from labor, measures to maintain your health during pregnancy and just fielding up any questions that are arising throughout your pregnancy.

Titi And it doesn't even have to be with a doctor or a midwife. Dr. Benatar mentioned doulas and care coordinators as other potential support systems.

Dr. Sarah Benatar Doula care is like an ingredient that you can add to prenatal and delivery care. It's the lay person who comes and can be your advocate during the birthing process.

Zakiya And this is such a great option for additional coaching through all these different stages of pregnancy, labor and beyond. Another type of support role that Dr. Benatar mentioned is being part of group prenatal care.

Dr. Sarah Benatar You have a short interaction with your obstetric provider who could be a midwife or a nurse practitioner or an OB-GYN. But you're also part of a group of people who are approximately at the same stage of pregnancy as you are. You always meet together. It's a two hour block of time. You learn. You talk about what your concerns are. You have social support in addition to the education and then the medical support.

Zakiya A major part of improving outcomes is collecting data, understanding where we are now. We asked Dr. Beitar about how we collect data around births.

Dr. Sarah Benatar We have birth certificate data and that's pretty well collected, although there are some things on the birth certificate that are really highly reliable and some things that aren't. We have data from Medicaid claims, but there's like no race ethnicity data on Medicaid claims. So that makes it really hard to disaggregate and see how the disparities are entrenched. I think we need to get more data on how people actually feel about the care that they're getting.

Titi And with all of this new data that we might be able to get our hands on, that will inform the laws and policies that are put in place.

Dr. Sarah Benatar I can't remember a time when maternal health had so much attention in Congress.

Zakiya Recently, we've seen some stories about the racial inequities for black women in maternal health care, and those stories have prompted many of these conversations that are now happening in Congress and on a larger stage. And they've mobilized a lot of these new policy proposals. When things happen to rich people, they listen.

Titi And also known as yes.

Dr. Sarah Benatar We're not just talking about people who haven't had access to care. We're talking about people who exist in more privileged spaces. I mean, Serena Williams has access to the highest quality care and still almost died.

Titi This is such a good point. So if you don't know Serena Williams, the Serena Williams delivered her baby by emergency C-section in September of 2017. The C-section went smoothly, but then she felt short of breath and immediately worried because she has a history of blood clots. She advocated for herself and asked for a CT scan and blood thinners. And the nurse just thought that she was kind of just like confused because of the pain medication that she was on from the C-section. Serena Williams then went on to develop blood clots in her lungs and her C-section incision ruptured because of the coughing from the clots that she had in her lungs. When the doctors went too close, the C-section wound again, they discovered a hematoma in her abdomen. She also had another procedure to insert a filter in a vein to prevent further clots in her lungs. Serena stayed in the hospital for another week and was confined to her bed at home for another six weeks.

Zakiya And this is a world class athlete, right, who knows her body with constant monitoring. Can you imagine?

Titi I can't. You're going to tell somebody who her body is, her job, that is her livelihood. And you to tell me you think you know better than she does when she's in pain. It just doesn't make sense. Recently, Congress unanimously passed a bill that authorized $60 million over the next five years to prevent maternal mortality in the United States. That

money is going to go to funding maternal health review committees in all 50 states, and that helps them to collect that data that we were talking about earlier on. What is killing women during or after childbirth?

Zakiya Dr. Benatar also mentioned another law that was introduced last month during Black Maternal Health Week by Senator Cory Booker and others called the Mamas First Act.

Dr. Sarah Benatar And that is also designed to address the maternal mortality crisis. Maternal mortality is tragic and preventable in almost all cases, but maternal morbidity happens two way, way, way more pregnant people. And that's like gestational diabetes, hypertension, pre-eclampsia, postpartum hemorrhage, you know, things that don't kill pregnant and birthing people but are still very serious and can have long term sequelae. So I think Senator Booker's legislation plans to expand Medicaid to include doula midwifery and tribal midwifery care.

Titi It's clear that a combination of all these things better care, more data and more legislation is going to be required to make the transformative change that we need in the United States.

Dr. Sarah Benatar Medicaid is an incredible lever because Medicaid pays for so many pregnancies. I think the opportunity to affect change through Medicaid is pretty remarkable. And there's, you know, talk about changing payment structure. You may have heard this term called value based payment where basically health plans are paid more for good outcomes. This is a conversation that is definitely being had, and I think a lot of people are asking hard questions and that's really important. I'm pretty hopeful. What concerns me is that what probably needs to happen is something that's really pretty transformative. The U.S. health care system does not transform quickly.

Zakiya It is this behemoth of a system. It kind of feels like when people talk about racism, right? How are we going to change that in the United States? It's huge is because the progress is so slow and incremental and sometimes incremental in the wrong directions, you have to think of these transformative ideas and principles so you can make any movement. Right? You have to shoot for the next galaxy to move to the moon. All right, it's time for one thing. I want to hear from you. What's your one thing this week?

Titi It is redyeing some of my old clothes.

Zakiya Oh, yes. You've been doing that again? Oh, I'm too excited.

Titi In the show we talk a lot about, reduce, reuse, recycle. And it's a really great way for me to give clothes new life. So I've been using RIT dye and. Is it Dylon DIY?

Zakiya Dylon.

Titi But you can search it pretty much anywhere and it's super, super easy. You just put your clothes in really hot water. You put some of the dye in there and it dies. Your clothes, you wash it, you got a brand new shirt. I've dyed about five or six items. You could do jeans. I've seen people do sneakers, anything. It's so much fun. And when you're thinking about donating some clothes or cutting up a shirt because you know as old now you might be able to give it some new life, an old T-shirt, you dye it black, you dye it orange, you dye it green, you got purple? Ooh. Now it's a look. What's your one thing?

Zakiya My one thing this week is a book. So a couple of weeks ago, I asked people, what are you reading? And if you go to my Instagram, you'll still see there's a highlight that says Book Club. And one of these books was from a friend of the show. Now I say a friend of the show. I don't know if she's listening, but we talk about her a lot because in the past, we read things that she wrote about movies and TV shows that we like. And so I'm reading a book by Brooke C.Obie, who went to Hampton with me.

Titi Yeah, absolutely.

Zakiya And she wrote this book called Book of Addis: Cradled Embers. Now, it's a novel. It's so good, and it really is a testament that talent exists because we went to the same school. I'm not able to write like that. All right. It's so good.

Titi Hampton putting out the best minds.

Zakiya I'm highlighting passages is also good. And if you're looking for a book to read, I think it is a great read. It is about love, loss and liberation, but a lot of love, and I'm really enjoying it.

Titi I can't wait. I'm going to add that to my Kindle right now.

Zakiya Yes. If you have Kindle Unlimited, yes, you can get it for free.

Titi Perfect. Brooke, we love you.

Zakiya That's it for lab 063. This has been a two parter. So we always love being able to tackle these ideas and really pull them apart with a little bit more time. What do you think? You like two-parters? You like single episodes? Let us know. Call us at 2025677028 and tell us what you thought. You can also call and give us an idea for the different lab you think we should do this semester? We'd like to hear from you. That's 2025677028. You can also text.

Titi And don't forget that there is so much more to dig into on our website. 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, Dr. Sarah Benatar.

Zakiya You can find and follow her on Twitter @sarahcbenatar.

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.