



FOR IMMEDIATE RELEASE

Contact: Bethany Hardy, 202-277-3848

## **Surgo Ventures releases first national, county-level index to show where and why mothers are vulnerable to poor health**

***New, open-source Maternal Vulnerability Index aims to help combat maternal mortality and bridge the racial maternal health gap***

**Black women are 1.6 times more likely, and American Indian and Alaska Native women are 2.6 times more likely, to live under conditions that are not conducive to good maternal health — a sign of structural racism.**

**WASHINGTON, October 20, 2021** — Today, Surgo Ventures launched the [Maternal Vulnerability Index \(MVI\)](#): the first county-level, national-scale, freely available data tool to help identify precisely where and why mothers and birthing people in the United States are vulnerable to poor health outcomes.

“When it comes to a mother’s health and survival, the United States fares worst among high-income countries, and what’s been even less carefully explored is the degree to which a woman’s environment contributes to her risk of pregnancy-related death or other poor health outcomes,” said **Dr. Sema K. Sgaier**, Co-Founder and CEO of Surgo Ventures and Affiliate Assistant Professor, Global Health at University of Washington. “The [Maternal Vulnerability Index](#) offers us the opportunity to explore important environmental and contextual factors affecting maternal health and develop more precise, localized solutions.”

The [MVI](#) ranks US counties and states in terms of vulnerability to poor pregnancy outcomes, offering each geography a relative maternal vulnerability score (on a scale of 0-100, where a higher score indicates greater vulnerability to adverse maternal outcomes). It ranks counties and states on six themes: reproductive healthcare, physical health, mental health and substance abuse, general healthcare, socioeconomic determinants, and physical environment. The six themes reflect 43 county- and state-level indicators associated with maternal health outcomes.

Using data from the MVI, Surgo Ventures conducted an analysis of the current state of maternal vulnerability across the United States. Their ensuing report, [Getting Hyperlocal to Improve Outcomes & Achieve Racial Equity in Maternal Health: The US Maternal Vulnerability Index](#), identified three key findings:

1. **Overall maternal vulnerability is highest in the South, Midwest, and for rural communities, but there are pockets of concern across the US.** Rural areas, the South, and the Midwest have particularly high concentrations of counties where pregnant women and mothers are exposed to harmful neighborhood conditions across MVI themes. The average woman of reproductive age lives under higher vulnerability conditions in the South than in any other region.
2. **Each county has a unique maternal vulnerability profile, with the majority of counties vulnerable in at least one dimension.** Most counties are vulnerable in at least one dimension, even if their overall vulnerability score is low. In fact, 59% of US counties score “Very High” on at least one theme. For more detailed summaries of how counties fare across the six themes, download the [full report](#).
3. **Black and American Indian and Alaska Native (AIAN) women of reproductive age are more likely to live under conditions that are not conducive to good maternal health — a sign of structural racism.** Individual characteristics like age, income, and education cannot fully explain why these women experience such high risk from pregnancies: for example, the most educated Black women are still more likely to die from pregnancy-related causes than the least educated White women, according to [the CDC](#). One driver of these disparities is structural racism, which affects maternal health outcomes by limiting access to health-promoting factors leading to worse maternal health conditions for women of color. One key pathway through which structural racism exerts its influence is residential racial segregation. The MVI shows that relative to the US average, Black and AIAN women of reproductive age are 1.6 and 2.6 times more likely to live under conditions not conducive to good maternal health, respectively.

“From the MVI we understand that mothers of different races are unequally exposed to conditions that are harmful for maternal health based on where they live. However, preliminary analysis of the relationship between vulnerability and maternal health outcomes suggests we’ll need to look beyond county-level factors to fully explain persistent racial disparities in maternal outcomes,” Sgaier noted. “For instance, not only do mothers of color tend to live in poorer neighborhoods within their counties; but they might also face differential treatment when interacting with the health system due to interpersonal racism; and systemic inequities might make them more prone to chronic conditions.”

Surgo Ventures publicly launched the MVI today, at a virtual panel discussion moderated by **Dr. Sema Sgaier, PhD** and featuring panelists **Christy Turlington Burns**, Founder of Every Mother Counts; **Dr. Ololade “Lola” Okito, MD**,

Neonatologist, Children’s National; **Dr. Mary-Ann Etiebet, MD**, Lead, Merck for Mothers; and **Michele Blackwell**, Public Policy Manager, Uber.

“Pregnancy and childbirth should be safe, respectful, and equitable for every mother, everywhere,” said **Christy Turlington Burns**. “I’m grateful that the Maternal Vulnerability Index will bring much more comprehensive, localized data to our efforts to understand the challenges of and opportunities for improving access to essential and quality maternity care in this country.”

“We know that common sociodemographic factors such as education and income don’t protect women of color from being subject to worse maternal health outcomes,” said **Dr. Ololade “Lola” Okito**. “I believe the Maternal Vulnerability Index can be a powerful tool for bridging the racial maternal health gap, helping us better understand, and design solutions around, the content and context of women’s lives.”

“The Maternal Vulnerability Index will be invaluable to those of us who believe in taking a holistic, localized approach to improving maternal health outcomes by tackling social determinants of health – the conditions in which people live and work,” said **Dr. Mary-Ann Etiebet**. “This important tool addresses a need that we have heard time and again from community leaders in our Safer Childbirth Cities initiative, which is that data are critical for driving action and scaling solutions for safe, high-quality, respectful maternal health care.”

“Although we know clinical care is important for maternal health, we also know environmental and community-level factors — like access to transportation — are just as important,” said **Michele Blackwell**. “A tool like the Maternal Vulnerability Index will be especially useful to those of us working to advocate for innovative transportation policies that can benefit everyone in a community.”

Access the [Maternal Vulnerability Index](#).

Download Surgo’s report, [Getting Hyperlocal to Improve Outcomes & Achieve Racial Equity in Maternal Health: The US Maternal Vulnerability Index](#).

###