

Maternal and Child Health Data Analysis Brief for Northern Bristol County

A quantitative representation of Maternal and Child Health in
Attleboro, Berkley, Dighton, North Attleborough, Rehoboth,
and Taunton, MA

October 2025

Background

The objective of this data brief is to utilize quantitative data to display the gaps in maternal and child health (MCH) within the communities of Northern Bristol County (NBC). This data brief includes information regarding maternal health data, social determinants of health, existing MCH services and programming, and recommendations for future programming.

Methods

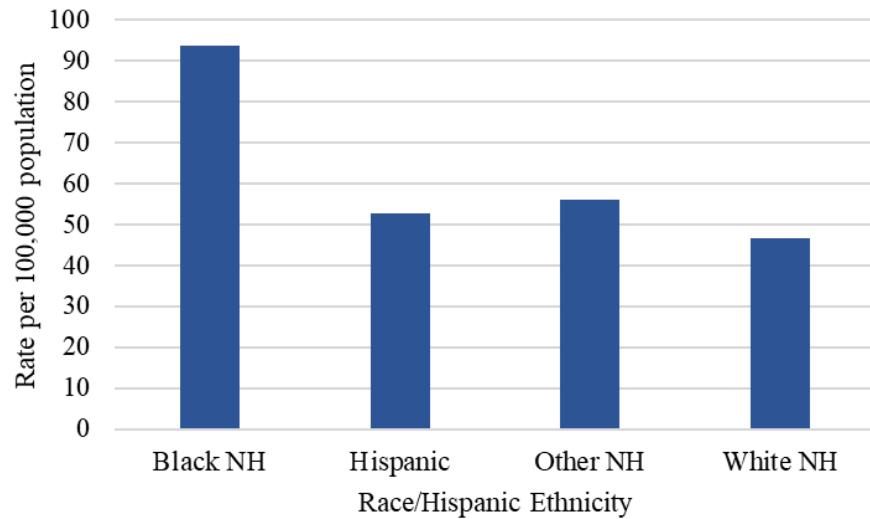
Data presented in this brief was obtained through multiple public data sources. These public sources included the Massachusetts Public Health Information Tool (PHIT), the Massachusetts Executive Office of Health and Human Services' 2020-2021 Report on Maternal Mortality in Massachusetts, the Massachusetts Pregnancy Risk Assessment Monitoring System (PRAMS) 2019-2021, and the Massachusetts Community Health Equity Initiative (CHEI) data. These data tools were utilized to compile region-specific data on specific aspects of MCH.

Maternal Health Data

Maternal Mortality

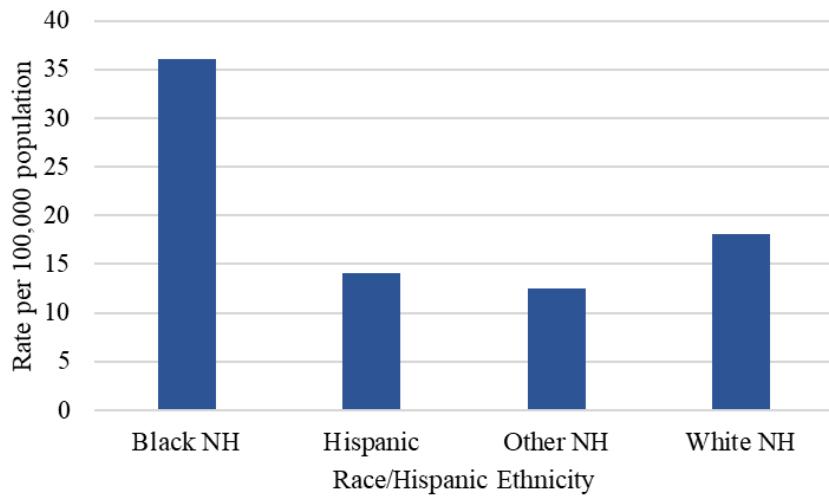
Maternal mortality is a public health issue across the nation, and Massachusetts is no exception. Public health professionals use two different rates to outline maternal mortality; Pregnancy-Associated Mortality Rate and Pregnancy-Related Mortality Rate. Pregnancy-Associated Mortality Rate (PAMR) is defined as a death during or within one year of pregnancy, regardless of the cause or outcome of the pregnancy. Pregnancy-Related Mortality Rate (PRMR) is defined as a death during or within one year of pregnancy, from a pregnancy complication, a chain of events initiated by pregnancy, or the aggravation of an unrelated condition by the physiological effects of pregnancy. PRMR includes preventable pregnancy-related deaths. The figures below outline both the PAMR and PRMR across Massachusetts in 2020-2021, stratified by race/Hispanic ethnicity, age, and insurance type.

Figure 1. Pregnancy-Associated Mortality Rate (PAMR) in Massachusetts by Race/Ethnicity, 2020-2021



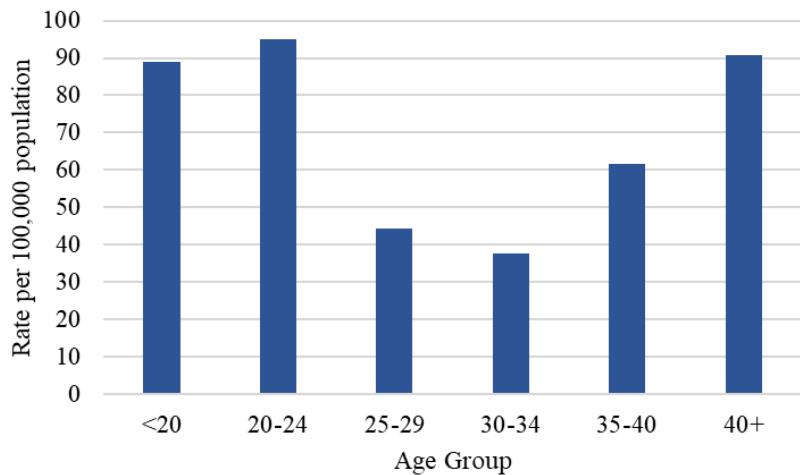
The graph above outlines the PAMR across Massachusetts from 2020-2021. The data shows that Black Non-Hispanic (NH) birthing people died at more than twice that of White NH birthing people, approximately 1.7 times that of Hispanic and other NH birthing people. For Bristol County, the PAMR for 2020-2021 was 35.3 deaths/100,000 population, which was lower than the PAMR for Massachusetts overall (53.8 deaths/100,000 population).

Figure 2. Pregnancy-Related Mortality Rate (PRMR) in Massachusetts by Race/Ethnicity, 2020-2021



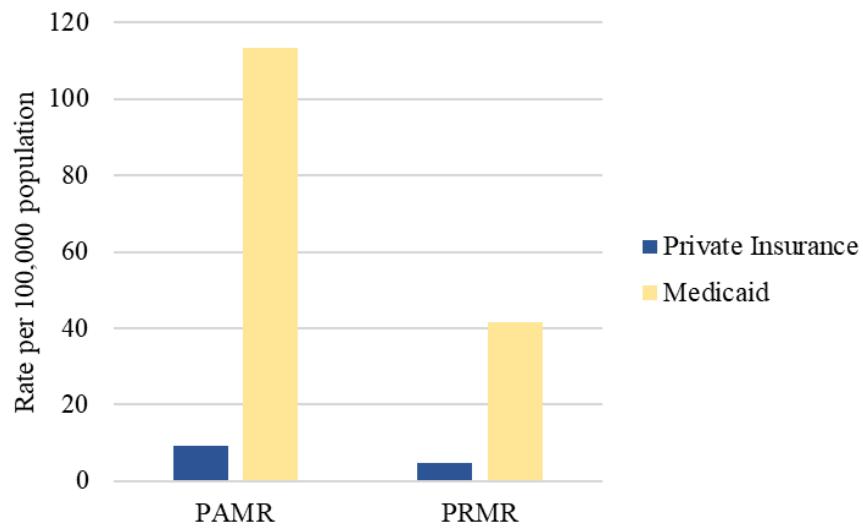
The trends of PRMR varied from that of PAMR. The PRMR for Black NH birthing people was just about twice that of White NH birthing people. However, the PRMR for Black NH birthing people were 2.5 and 2.9 times that of Hispanic and other NH birthing people, respectively. For Bristol County, the PRMR for 2020-2021 was 8.8 deaths/100,000 population, which was lower than the PAMR for Massachusetts overall (18.4 deaths/100,000 population).

Figure 3. Pregnancy-Associated Mortality Rate (PAMR) in Massachusetts by Age Group, 2020-2021



The PAMR for Massachusetts overall was the greatest for birthing people aged 20-24 years, 40+ years, and <20 years old. The rates for these three age groups are alarmingly high; the PAMR for birthing people aged 20-24 years is more than double that of birthing people aged 25-29 years and 30-34 years. The higher rates of PAMR observed in these populations may be indicative of numerous risk factors affecting these groups in particular (e.g., social, emotional, and financial supports; advanced maternal age, etc.). This high prevalence may be worthy of further investigation of risk factors and exposures for these specific age categories.

Figure 4. PAMR and PRMR in Massachusetts by Insurance Type, 2020-2021.



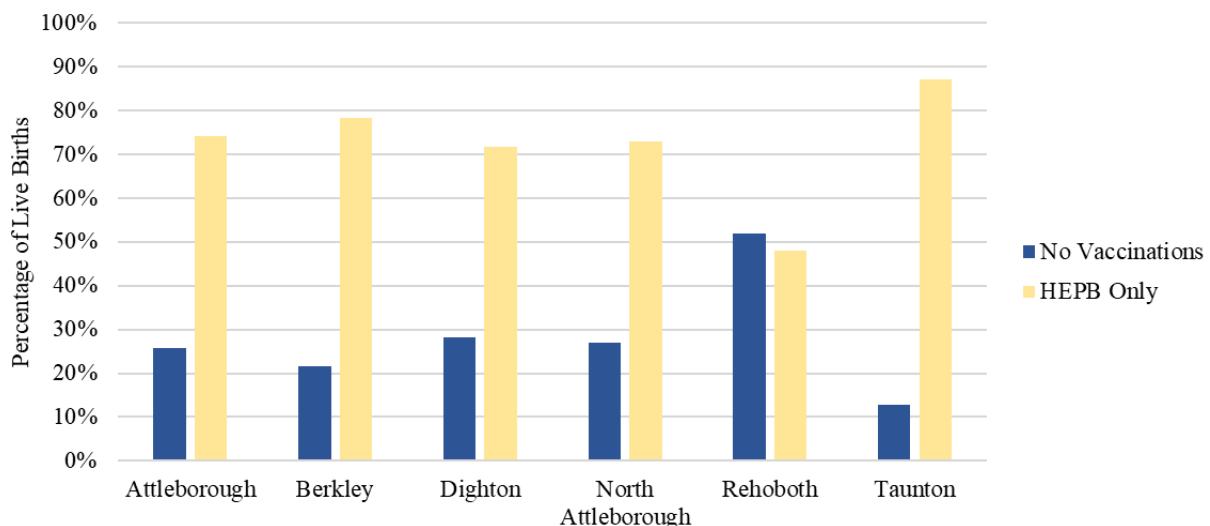
Stratifying by insurance type showed the greatest disparity in maternal mortality. The PAMR for birthing people on Medicaid was 12.3 times that of birthing people with private insurance. Similarly, the PRMR for birthing people on Medicaid was 9 times that of birthing people with private insurance. This data should be used to further investigate the care available through Medicaid and ways to expand access and care to Medicaid recipients.

The leading causes of pregnancy-associated maternal mortality in Massachusetts in 2020-2021 were 1. Overdose (42%), 2. Medical causes of death (35%), and 3. Homicide, suicide, and other injuries (23%). Overdose was also the leading cause of death for pregnancy-related maternal mortality (36%). In terms of timing, the majority of pregnancy-associated maternal mortality occurred between 43 days and 1 year after the end of the pregnancy (58%).

Birth Outcomes

In Northern Bristol County (NBC), 80.9-85.0% of babies born were deemed to be a “normal birth weight”. Less than 1.5% were classified as “very low birth weight”, and 5.1-9% were considered “low birth weight”. In terms of newborn vaccination before leaving the hospital, there was considerable variety among the six municipalities of NBC.

Figure 5. Newborn Vaccinations Received before Leaving the Hospital



The graph above represents data for all live births to parents residing in one of the six municipalities within NBC. Taunton shows an encouraging 87% of newborns vaccinated against Hepatitis B within their first days. Attleboro, Berkley, Dighton, and North Attleborough parents opted for vaccination at slightly lower rates, ranging from 71.7-78.3%. Rehoboth, however, presented a much lower vaccination rate at just 48.1% of live births. This data highlights the need for more information regarding the importance and efficacy of Hepatitis B vaccination within a newborn's first 12-24 hours of life.

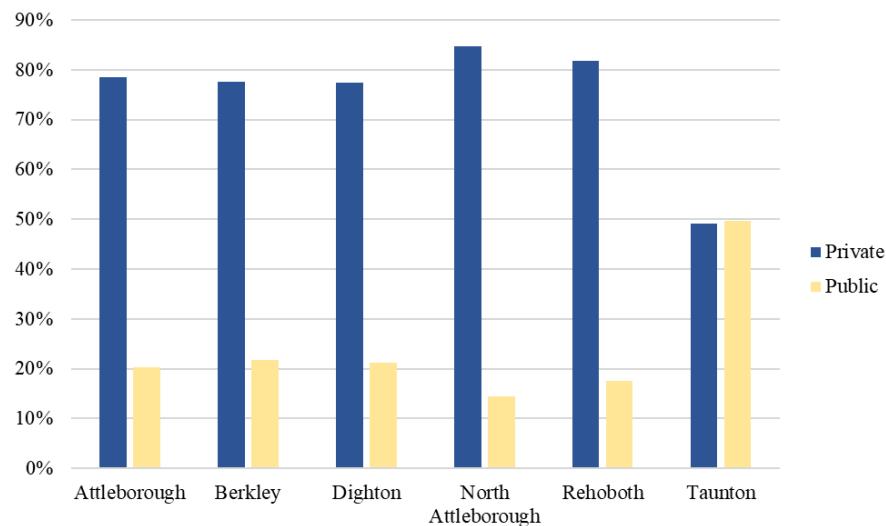
Another birth outcome outlined in the Massachusetts Department of Public Health's (MDPH) Public Health Information Tool (PHIT) was Neonatal Abstinence Syndrome (NAS). Plainly speaking, NAS is a presentation of withdrawal symptoms in a newborn after opioid exposure in utero. The rate of NAS for the Southeast Region of MA (which includes NBC) was 15.7 diagnoses per 1,000 live births in 2020. This was the highest rate of NAS across all Executive Office of Health and Human Services (EOHHS) regions in MA. Overall, the rate of

evidence of opioid use disorder during pregnancy was 2.3 per 1,000 live births in the Southeast Region in 2020.

Prenatal Care Access

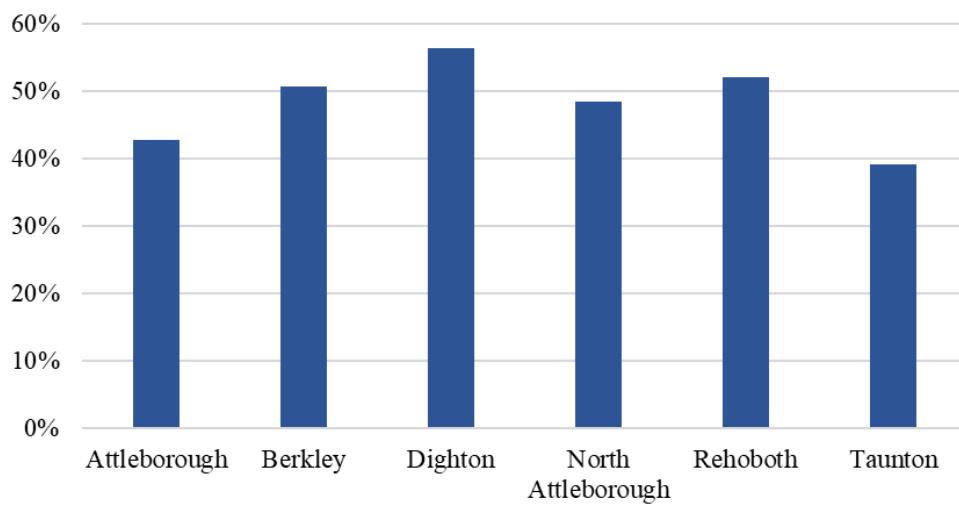
In terms of prenatal care access, there was a bit of variability in access across the six municipalities of NBC in 2022. Figures 6 and 7 below outline prenatal care funding and access to oral healthcare, respectively.

Figure 6. Prenatal Care Funding in Northern Bristol County, 2022



Prenatal care funding typically follows an approximate 80/20 split between private and public funding. Taunton, however, presents with a split closer to 50/50. This is important to know as it can help drive programming to better support those receiving public funding in Taunton especially.

Figure 7. Access to Dental Cleanings during Pregnancy in NBC, 2022



Access to oral care during pregnancy proved to be a challenge for the majority of pregnant people in NBC. No municipality saw more than 56% of pregnant people receive dental cleanings during their pregnancy in 2022. The data clearly shows a need for increased access to dental services for pregnant people, as well as likely a need for increased education and understanding of the importance of oral health during pregnancy.

Breastfeeding Rates

Data regarding breastfeeding was collected through the PHIT. In NBC, the initiation of breastfeeding while at the hospital among all live births in 2022 is as follows;

- Attleboro: 73.8%
- Berkley: 76.3%
- Dighton: 69.3%
- North Attleborough: 74.8%
- Rehoboth: 50.0%
- Taunton: 77.1%

The PHIT also provided information on breastfeeding among WIC-enrolled families in NBC. In 2023, 80.8% of participants initiated breastfeeding, and 34.9% continued to breastfeed at 6 months. There are numerous reasons for a parent to discontinue breastfeeding, and it is important that parents know all of their options in terms of proper feeding and nutrition.

Social Determinants of Health

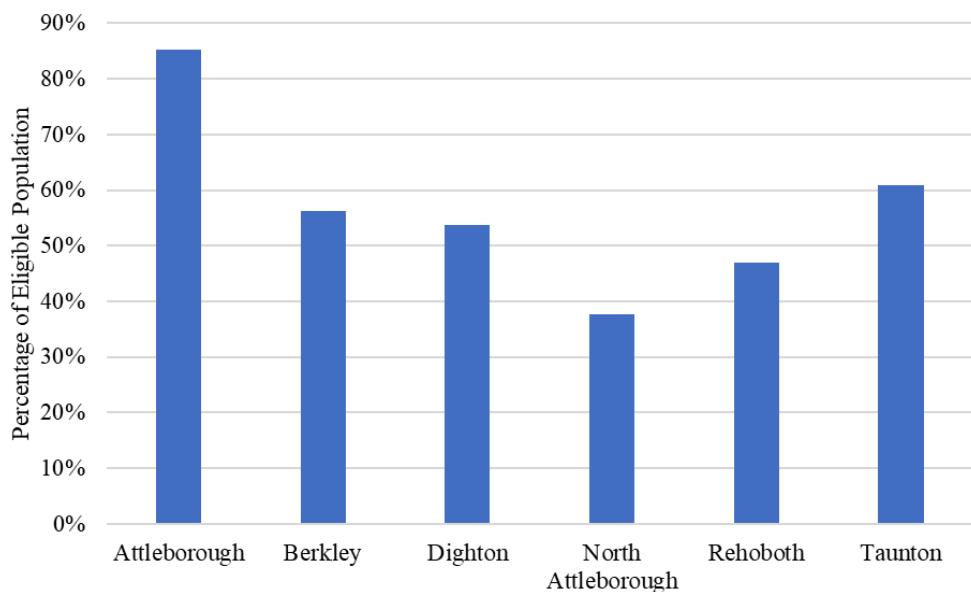
Food Insecurity

Statewide WIC enrollment data was used to assess food insecurity in NBC. Figure 8 below outlines the proportion of eligible participants enrolled in WIC in each of the six municipalities. The distribution of 2023 WIC enrollment for each town is as follows;

- Attleboro: 703 enrolled, 824 eligible (85.3%)
- Berkley: 54 enrolled, 96 eligible (56.3%)
- Dighton: 57 enrolled, 106 eligible (53.8%)
- North Attleborough: 118 enrolled, 314 eligible (37.6%)
- Rehoboth: 45 enrolled, 96 eligible (46.9%)
- Taunton: 1,363 enrolled, 2,241 eligible (60.8%)

In terms of utilization, 47.8% of whole grain benefits and 82.2% of cash value benefits (fruit and vegetables) were redeemed by NBC participants. This data suggests that there is an opportunity to increase understanding and utilization of benefits among participants.

Figure 8. WIC Enrollment of Eligible Participants in NBC, 2023



No municipality saw 100% WIC enrollment of eligible community members. The greatest enrollment rate was in Attleboro (85.3%) and the lowest rate was seen in North Attleborough (37.6%). It will be important to investigate the infrastructure for food insecurity in each municipality to understand these discrepancies. Five of the six municipalities saw an enrollment rate of 61% or less. This data highlights the need to explore the causes of low enrollment among eligible participants. For example, local public health officials should consider what the barriers to enrollment are and how they can help to increase enrollment within their community.

Substance Use

The MA PRAMS report presented data on maternal smoking behaviors before, during, and after pregnancy. Prior to becoming pregnant, 8.2% of respondents reported smoking within 3 months prior to becoming pregnant. This percentage fell to 3.7% smoking during pregnancy, though the ideal number would be 0%. It is important to note that the data did not mention frequency of smoking, which would certainly impact the effects of smoking on the pregnancy. Notably, White NH parents reported smoking during pregnancy at more than twice the rate of any other race or ethnicity (4.7%). Postpartum, smoking prevalence did not go back up to prepregnancy levels, but did increase from the reported prevalence during pregnancy, as 4.7% of parents reported returning to smoking after childbirth.

Regarding prescription drug use, 6% of respondents reported use of any prescription pain relief during pregnancies from 2019-2021. Oxycodone use was reported by 2.8% of respondents, codeine use by 2.6%, morphine use by 1%, and fentanyl use by 0.9%. Prescription pain relief drugs were typically provided by an OBGYN or prenatal care provider, an Emergency Department doctor, or the person's family doctor/PCP, and the main reason for use was to relieve pain from conditions that began during pregnancy. To attempt to reduce prescription drug use for

pain relief, it may be beneficial to offer programming to aid the prevention of condition onset or to offer guidance around alternative home remedies and therapies to alleviate pain.

Basic Needs

The MDPH Community Health Equity Initiative (CHEI) data indicated gaps in access for multiple basic necessities among pregnant and parenting people in MA in 2023. In terms of transportation, 17-21% of parents reported having trouble paying for transportation services. When stratified by age, 39.3% of parents under the age of 25 years reported having trouble paying for transportation services.

Healthcare showed similar rates, with 15-21% of parents reporting having trouble paying for health care. The rates were a bit higher for parents of children and youth with special health care needs (CYSHCN) and parents under the age of 25 years, at 24.5% and 22.4% respectively.

Housing costs proved to be an issue for a larger portion of pregnant and parenting people in MA. Overall, 28-30% of respondents reported having trouble paying for housing. Parents with CYSHCN reported having trouble at a similar rate (32%). The highest rate of trouble paying housing costs was among parents under the age of 25 years (44.3%).

Existing MCH Programs and Services

Massachusetts Maternal Health Law (2024)

A recent Massachusetts law was passed that expanded access to midwives, doulas, and lactation consultants for MassHealth recipients. The law includes increased support during labor and delivery, as well as up to 8 total hours during pregnancy and 12 months after pregnancy for home visits. If there is a need for more hours/visits, the patient must receive prior authorization to confirm the extended coverage. Additionally, the law enacted statewide midwifery and lactation licensing boards to ensure competent care.

Birthright (Taunton, MA)

Birthright of Taunton is an organization providing emotional and material support to anyone who is pregnant or who thinks they may be pregnant. Their services include informational resources regarding pregnancy, childbirth, prenatal care, adoption, etc.; referrals for medical support, financial resources, housing, legal assistance, etc.; and material resources like pregnancy tests and maternal and baby items.

SAFE Coalition (Franklin, MA)

The SAFE Coalition is a community organization committed to community education and support for individuals and families affected by substance use and mental health disorders across southern MA. SAFE offers numerous programs targeted toward pregnant and parenting people, including a community diaper bank, car seat donation and installation program, postpartum support group, and sibling support group.

Manet Community Health (Attleboro, Taunton)

Manet Community Health (MCH) is a unique Primary Care Provider that offers numerous services outside the scope of a typical PCP practice. MCH offers Women's Health and Prenatal care services, as well Newborn and Well Child care. Women's Health services include OB/GYN care, family planning counseling, patient education and prenatal care. The prenatal services aim to support a positive pregnancy, birth, and postpartum experience for parent and child. MCH has pediatric and family medicine practitioners to allow for long-term patient retention. Additionally, all sites offer same-day appointments for any urgent care needs.

Family Resource Centers (Attleboro, Taunton)

The Attleboro and Taunton Family Resource Centers offer numerous types of support and resources for all community members. A handful of their offerings directly support MCH, including support with childcare options, early childhood development, family support, school services, and mental health. Goals of the Family Resource Centers include strengthening parenting skills, linking families to services and opportunities, and valuing and supporting parents.

Justice Resource Institute (JRI) Young Parent Support Program (Attleboro/Taunton area)

The JRI Young Parent Support Program is designed to provide resources and programming to new and expecting young parents. Services offered within this program include parenting education, housing assistance, employment guidance, referrals to specialists, community support, and more. JRI collaborates with numerous local partners to help provide a wide range of services to parents in need.

Abundant Hope (Attleboro, MA)

Abundant Hope is a pregnancy resource center in Attleboro that provides all services free of charge. They offer monthly diaper banks and material assistance programs where parents and caregivers can receive necessities like diapers, wipes, formula, etc. The center also offers emotional support and mentoring programs.

Participating WIC Vendors in NBC

The table below lists all participating WIC vendor locations within NBC. There are only locations in Attleboro, North Attleborough, and Taunton, which may prove to be a barrier to people with limited access to transportation or busy schedules/time constraints. It may be beneficial to implement local programs to bring in WIC vendors to the remaining municipalities on a regular basis.

Table 1. Participating WIC Vendor Locations in NBC

Vendor	Street Address	City/Town
CVS Pharmacy #1864	191 N Main St	Attleboro
CVS Pharmacy #1896	486 Pleasant St	Attleboro
CVS Pharmacy #2206	366 Washington St	Attleboro
Market Basket #76	1200 Newport Ave	Attleboro
Seabra Food VI, INC	217 S Main St	Attleboro
Stop & Shop (F&P) #432	469 Pleasant St	Attleboro
Stop & Shop #443	251 Washington St	Attleboro
Walgreens #3020	196 Pleasant St	Attleboro
CVS Pharmacy #938	8 E Washington St	North Attleborough
Shaws Supermarket (F&P) #1412	125 Toner Blvd	North Attleborough
Stop & Shop (F&P) #490	206 E Washington St	North Attleborough
Target Store T-1190	1205 S Washington St	North Attleborough
Walgreens #17612	475 E Washington St	North Attleborough
Walmart Store (F&P) #2366	1470 S Washington St	North Attleborough
CVS Pharmacy #1041	675 County St	Taunton
CVS Pharmacy #41	284 Winthrop St	Taunton
CVS Pharmacy #5402	7 Washington St	Taunton
Hannaford Supermarket & Pharmacy #8383	255 Joseph E Warner Blvd	Taunton
Target Store T-1189	81 Taunton Depot Dr	Taunton
Trucchi's	53 Tremont St	Taunton
Trucchi's Supermarkets #3	534 County St	Taunton
Walgreens #12399	226 Broadway	Taunton

Resources

Below is a list of free resource guides to help inform pregnant and parenting people on an array of health and safety topics.

- [Safe Home Checklist](#)
- [Welcome Family](#)
- [All Babies Cry](#)
- [Safe Sleep](#)
- [Safe Sleep Reference Guide](#)

Recommendations for Future Programming

Below is a non-exhaustive list of recommendations to guide development of future programming aiming to close the gaps in maternal and child health in Northern Bristol County.

- Coordinate with the Taunton/Attleboro WIC Program to implement a program that brings participating WIC vendors and foot items to communities that do not have immediate access to WIC vendors; namely Berkley, Dighton, and Rehoboth. These pop-up/market-type shops could be held weekly or monthly, and would provide greater access to WIC's services across NBC. There is a discrepancy in WIC enrollment and eligibility in every community, and bringing services closer to individuals and families may help to close this gap.
- Consider coordinating with local maternal health and pediatric clinics as well as local transportation organizations to develop a system designed to ensure transportation for parents and children to healthcare appointments.
- It is clear that there is a need for increased access to oral care and routine dental cleanings during pregnancy, and likely after pregnancy and childbirth as well. Similar to the vaccination, blood pressure, and podiatry clinics offered within NBC, it may be beneficial to implement dental clinics to pregnant and parenting people in our communities. This may be achievable by collaborating with local dental offices to find providers or dental students who would be willing to donate time or work at a discounted rate in order to increase access to dental care.
- Similar to clinics, consider offering trainings for new and expecting parents and caregivers on topics like home safety, infant and child CPR, recommended nutrition and physical activity practices, etc. These trainings should offer numerous reference guides for parents and caregivers to take home and refer back to whenever necessary.
- Consider organizing a wellness fair (i.e., Community Baby Shower) to help bring awareness to these resources and help get individuals and families signed up for available programming (e.g., WIC, clinics, trainings, etc). We should collaborate with midwives, doulas, lactation consultants, mental health and substance abuse counselors, SAFE coalition professionals, WIC program officials, etc. to develop a well-rounded offering of support and resources for expectant and recent parents.
- Collaborate with maternal medicine professionals including midwives, doulas, and nurses to develop programming and resources to guide healthy pregnancy and prevent painful pregnancy-related conditions. This might include yoga classes to help alleviate pain and build or maintain stability or information guides on healthy actions and behaviors to help prevent or alleviate common pregnancy-related conditions (e.g., gestational diabetes, preeclampsia, infections, cardiovascular conditions, etc).

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