

Nordic perinatal statistics 2024

Summary

In 2024 about 255 000¹ children were born in the Nordic countries, relatively stable compared to 2023. The number of live births increased in Finland and Norway but decreased in Denmark and Sweden while stable in Iceland compared to the year before. The fluctuation was relatively minor in all Nordic countries in the recent two years. Total fertility rate decreased in all Nordic countries in 2024, except Norway. Like in recent years, it was still the highest in Iceland (1.56) and distinctly lowest in Finland (1.25). Multiple births are most common in Norway (14.1 per 1 000 deliveries) and least common in Sweden (12.2 per 1 000 deliveries).

In the Nordic countries, between 43% to 45% parturient are primiparas. The parturients are getting older in all Nordic countries. The mean age of both all parturient and primiparas rose in 2024 in all the Nordic countries. The proportion of parturients aged 35 and over was the highest in Finland (27.7 %) and lowest in Denmark (22.8%). Advanced maternal age is associated with a higher likelihood of pregnancy-related complications, increased use of birth interventions, and lower total fertility rates.

Caesarean sections have become more common in the Nordic countries over the past four decades. In 2024, Denmark (20.3%) and Finland (20.3%) had the highest proportion of caesarean sections while Iceland had the lowest (14.0%). For primiparas, the proportion of caesarean sections was clearly highest in Finland (25.1%). Also, the proportion of planned caesarean sections was the highest in Sweden (8.5% of all birth) and Denmark (8.4% of all births), while much lower in Iceland (4.9% of all birth) and Norway (5.0% of all birth).

Reporting of BMI statistics in NOMBIR commenced in the year 2023. There is an increasing trend in all Nordic countries of the proportion with high BMI before or at the beginning of the pregnancy. In 2024, there were up to 23.3% of Icelandic parturient with BMI higher than 30 before or at the beginning the pregnancy while in Denmark the proportion is about 15.6%.

¹ There is no data available for approximately 3 000 children born in 2024 from Sweden due to technical reasons in the process of data collection. Data on the total birth was supplemented with estimated figures from Statistics Sweden's Total Population Register. However, these births are missing from all other statistics for 2024 in this report.

The number of maternity hospitals has declined across all the Nordic countries over the last ten years, excluding Iceland. Denmark and Sweden now have the highest number of births per maternity hospital. The average number of births per hospital has increased in all the Nordic countries during the last ten years, despite declining fertility rates.

Main Findings

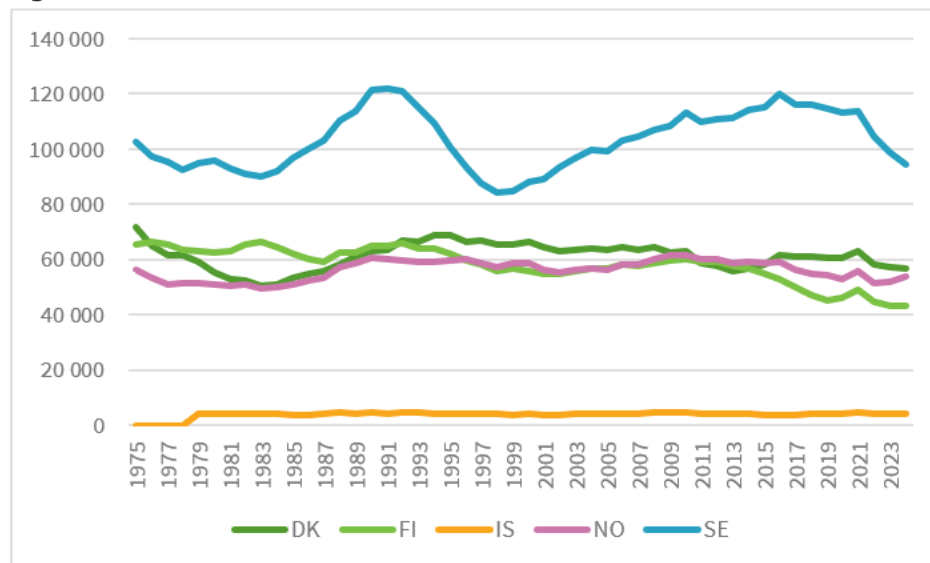
- The total number of livebirths and the total fertility rate showed different trends among the Nordic countries in 2024.
- The mean age of parturients has risen in all the Nordic countries since the 1980s.
- The share of parturients with BMI before pregnancy over 30 has increased in all Nordic countries.
- Caesarean sections have become more common in the Nordic countries over the past four decades.

Fertility

There were about 255 000¹ children born in the Nordic countries in 2024, which is similar to the year before. The number of live births increased most in Norway (around 3.6%) and decreased most in Sweden (around 2.5%) in 2024. Sweden accounted for 40 per cent of all children born in the Nordic countries (about 98 500¹ live births), while Finland, Norway and Denmark accounted for 17–22 per cent with 43 328–56 785 births. Iceland had 4 299 births, representing less than 2 per cent of all births in the Nordic countries. ([Sotkanet ind. 10074](#))

In 2024, the total fertility rate decreased in all Nordic countries. Finland's total fertility rate is still the lowest in the Nordic countries after a decline that continued the whole 2010's. In 2024, total fertility rates varied between 1.25 (Finland) and 1.56 (Iceland). ([Sotkanet ind. 10072](#))

Figure 1. Number of deliveries in the Nordic countries 1975–2024



Källa: NOMBIR

The total fertility rate has also decreased elsewhere in Europe. In 2023, the total fertility rate in the EU was 1.38 live births per woman. Among the EU countries, Bulgaria reported the highest total fertility rate in 2023, with 1.81 live births per woman, followed by France (1.66) and Hungary (1.55). By contrast, the lowest total fertility rates in 2023 were recorded in Malta (1.06 live births per woman), Spain (1.12) and Lithuania (1.18).²

Multiple births have become more common in all Nordic countries since the 1980s. The most important reason for this is the increased use of assisted reproductive technology (ART treatments). As methods of assisted fertility treatments have improved, the proportion of multiple births has declined since early 2000's. In 2024, the multiple birth rate among the Nordic countries ranged from 12.2 per 1 000 births in Sweden to 14.1 in Norway. ([Sotkanet ind. 10105](#))

There are differences in both the practices of assisted reproductive technology and the number of started treatment cycles that partly explain the differences in multiple births. Single-embryo transfers are significantly more common in the Nordic countries than in Europe in general. In 2020, the proportion was the highest in Finland and Iceland (97-98% of all fresh transfer cycles). The number of initiated fertility treatments also varies by country. The number of fertility treatments, adjusted by population size, is the highest in Denmark among the Nordic countries.³

² https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Fertility_statistics

³ The European IVF-Monitoring Consortium (EIM) for the European Society of Human Reproduction and Embryology (ESHRE); Smeenk, Wyns, De Geyter et al. [ART in Europe, 2020: results generated from European registries by ESHRE](#). Hum Reproduction 2023 Dec 4;38(12):2321-2338. doi: 10.1093/humrep/dead197.

Maternity units

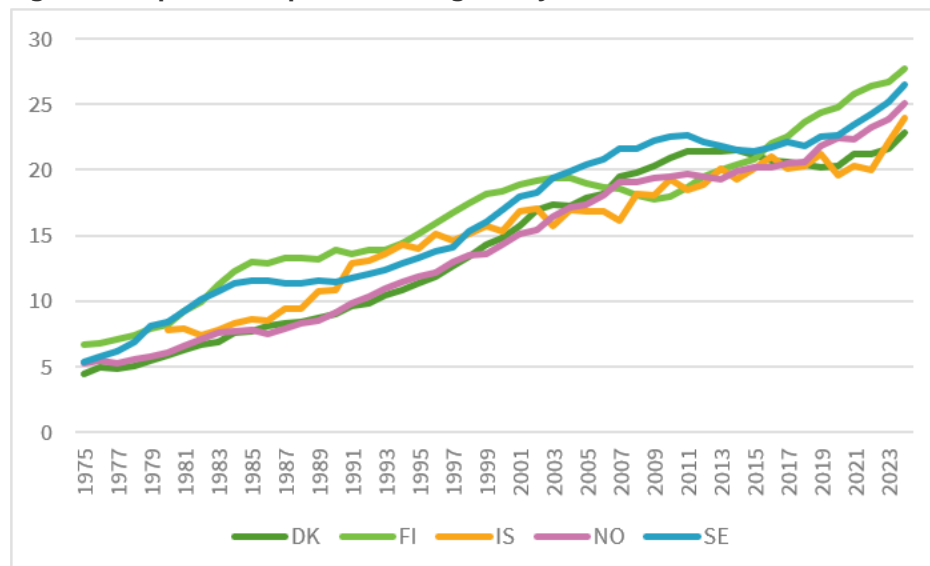
The number of maternity units has declined in all Nordic countries in the past decade, excluding Iceland. The size of the closed maternity units varies across the countries. While for example Finland has closed units with less than 1 000 deliveries annually, Norway has focused on units with less than 300 deliveries annually. Denmark has clearly most deliveries per maternity unit (on average 2 500 deliveries per unit per year).

Parturients

In 2024, women gave birth at a higher age than previously, and the mean age of parturients has risen since the 1980s in all the Nordic countries. In 2024, the mean age of primiparas was 29.1–30.3 years, while four decades earlier the mean age was 22.4–25.4 years ([Sotkanet ind. 10109](#)). In 2024, the mean age for all parturients was 30.9–31.9 years ([Sotkanet ind. 10108](#)).

Similarly, the proportion of parturients aged 35 and over has increased considerably in all the Nordic countries since the 1980s, when less than 10 per cent of parturients were aged 35 and over. In 2024, the corresponding proportion was 22 per cent or more in all Nordic countries. The proportion was the highest in Finland (27.7%) and the lowest in Denmark (22.8%). ([Sotkanet ind. 10075](#), Figure 2.)

Figure 2 Proportion of parturients aged 35 years and older in 1975–2024, %



Källa: NOMBIR

At the same time the proportion of mothers aged under 20 years has decreased in all Nordic countries. In 2024, the proportion was 0,3–1,1%. The decline has been remarkable in all Nordic countries, but the decline has been the fastest in Iceland where in the mid-1970s more than 15 per cent of all parturients were aged under 20 (0.7% in 2024). ([Sotkanet ind. 10106](#))

The mean age of primiparas in the Nordic countries is close to the European average (29.8 in 2023). In Europe, Bulgaria and Romania recorded the lowest average age for first-time mothers, at 26.9 years and 27.1 years respectively and the highest in Italy (31.8 years), followed closely by Ireland (31.6 years).⁴

In 2024, the proportion of primiparas of all parturients was the highest in Denmark (45%) and the lowest in Iceland (42.9%). In Norway, Finland and Sweden the proportion was between 43 and 44 per cent. ([Sotkanet ind. 10110](#))

Smoking during early pregnancy has significantly decreased in all Nordic countries. In Finland, the proportion of women who smoked during early pregnancy stayed relatively stable for a long time but has also decreased during the last two decades and is now close to the rate in other Nordic countries. ([Sotkanet ind. 10111](#), Figure 3.)

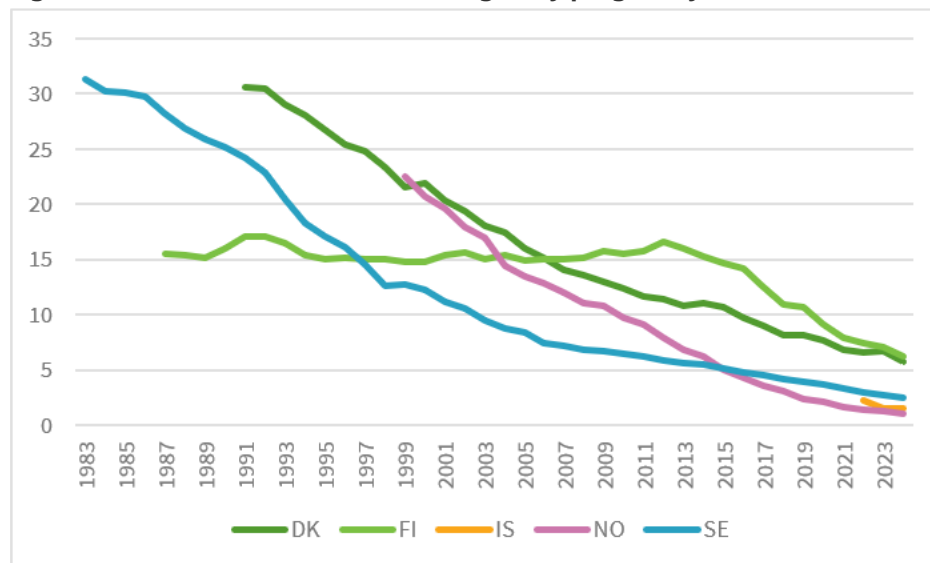
An increasing number of women who smoke at the start of pregnancy quit smoking during pregnancy, and the proportion of women who smoke at the end of pregnancy has decreased over time. Norway has had the greatest drop in the number of smokers at the end of pregnancy: two decades ago, close to 14 per cent of parturients were smokers compared to only 1.1 per cent in 2024. The percentage of smokers at the end of pregnancy was the highest in Denmark (4.1% in 2024). ([Sotkanet ind. 10112](#))

According to the European Health Interview Survey (EHIS) which covers the whole population, smoking among women was most common in Denmark (12.4%) and the least common in Iceland (6.7%).⁵

⁴ [Eurostat Statistics Database](#) (Tables by themes - Population and social conditions - Demography, population stock and balance - Fertility) (14.2.2024)

⁵ [Eurostat – Smoking of tobacco products](#) (14.2.2024)

Figure 3 Parturients who smoke during early pregnancy 1983–2024, %



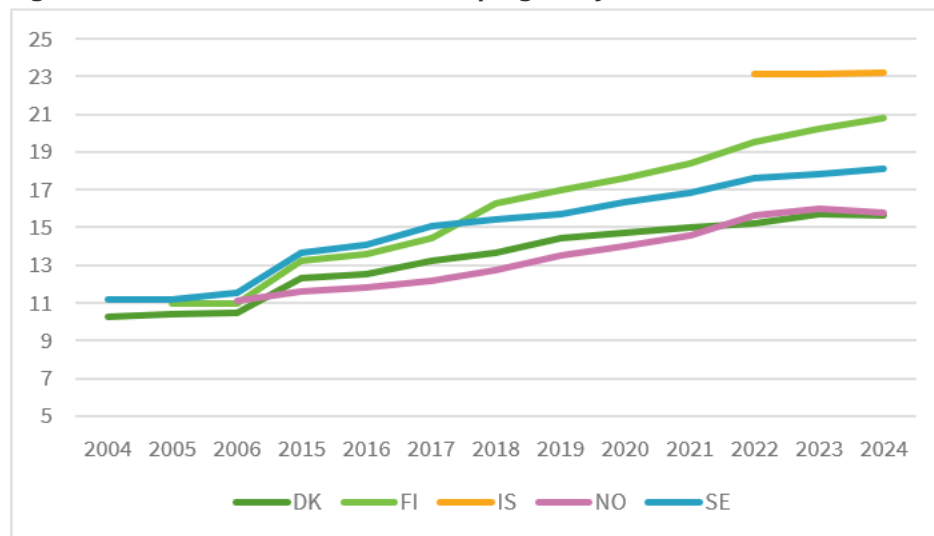
Källa: NOMBIR

The proportion of parturients with body mass index (BMI) before pregnancy over 30 was the highest in Iceland (23.2 %) and Finland (20.8 %) and lowest in Denmark (15.6%) and Norway (15.8%). The share has increased in most Nordic countries during the 2000's. ([Sotkanet ind. 10133](#), Figure 4.)

According to the self-reported data from the European Health Interview Survey (EHIS), the proportion of women with BMI at least 30 was at the population level the highest in Finland (20.8%) and Iceland (20.0%) and lower in Norway (12.4%), Sweden (14.8%) and Denmark (16.2%).⁶

⁶ [Eurostat – Body Mass Index \(BMI\)](#) (14.2.2024)

Figure 4. Parturients with BMI before pregnancy at least 30, %



Källa: NOMBIR

Delivery procedures

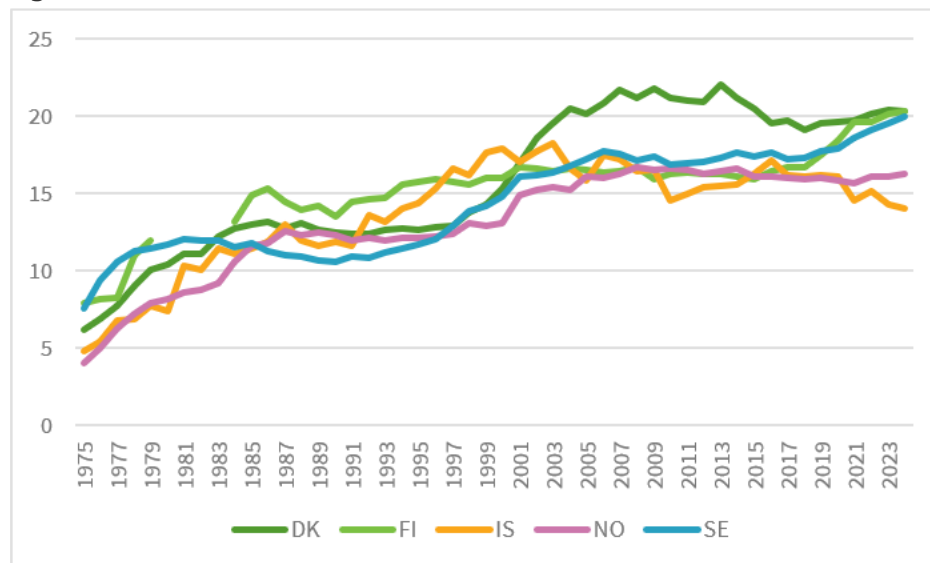
Caesarean sections have become more common in the Nordic countries over the past four decades. In 2024, Denmark and Finland had the highest proportion of caesarean sections (20.3% in both countries) and Iceland (14.0%) the lowest. During recent years the proportion of caesarean sections increased in Denmark, Finland and Sweden and stayed relatively stable in Iceland and Norway. ([Sotkanet ind. 10073](#), Figure 5.) Compared to the other OECD countries, the number of caesarean sections per thousand live births is relatively low in all the Nordic countries.⁷

In all Nordic countries, the proportion of caesarean sections is higher among primiparous women than among those with previous deliveries, and substantial variation exists between countries. In 2024, the proportion among primiparas was lowest in Iceland (15.1%) and highest in Finland (25.1%). ([Sotkanet ind. 10014](#))

The proportion of planned (elective) caesarean sections follows the proportion of all caesarean sections. The proportions of planned caesarean sections were higher in Denmark, Finland and Sweden (8.2-8.5%) than in Norway and Iceland where the proportion was close to five per cent. ([Sotkanet ind. 10115](#)) For primiparas the highest proportions of planned caesarean sections were in Finland (6.8%) and Sweden (6.1%) ([Sotkanet ind. 10116](#)).

⁷ [OECD Data, Caesarean sections Total, Per 1 000 live births 2021](#). (14.2.2024)

Figure 5. Caesarean sections of all deliveries 1975–2024, %



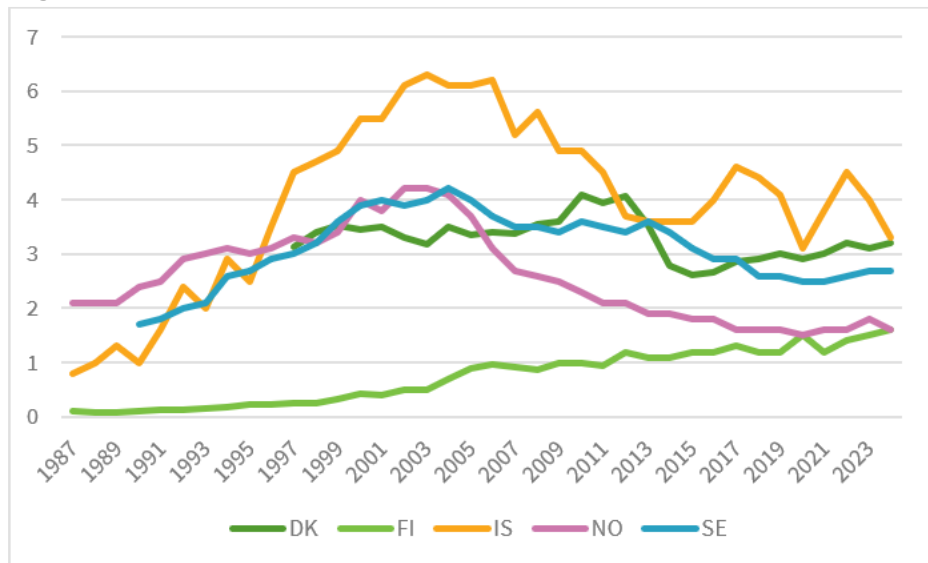
Källa: NOMBIR

During the last decade the number of vacuum extraction deliveries has increased in Finland, Iceland and Norway and decreased in Denmark and Sweden. In 2024, the proportion was highest in Finland (10.2%) and lowest in Denmark (6.7%) and Sweden (6.9%). ([Sotkanet ind. 10117](#)) Deliveries using forceps are very rare across the Nordic countries, accounting for 0.0–1.2 per cent of all deliveries ([Sotkanet ind. 10119](#)).

Third and fourth degree perineal lacerations are reported in 1.6 –3.3 per cent of vaginal deliveries in the Nordic countries, Finland and Norway having the lowest proportion while Iceland the highest (3.3%) followed by Denmark (3.2%). ([Sotkanet ind. 10121](#), Figure 6.) Despite a recent decline in severe perineal lacerations during instrument-assisted deliveries (using forceps or vacuum extraction), the proportion of third- and fourth-degree lacerations remains significantly higher in Denmark and Sweden (11.4% and 9.9%) than in Finland and Norway (3.7% and 4.6%). ([Sotkanet ind. 10123](#))

Risk factors for third and fourth degree perineal lacerations in vaginal delivery are the use of forceps or vacuum extraction and a large newborn (birth weight over 4000 g).

Figure 6. The proportion of third and fourth degree perineal lacerations in vaginal deliveries 1987–2024, %



Källa: NOMBIR

Newborns

The percentage of preterm deliveries (before the 37th week of gestation) of all deliveries was 4.9–5.9 per cent in all Nordic countries in 2024 and has stayed relatively stable in recent decades ([Sotkanet ind. 10124](#)). The proportion of post-term deliveries (at 42nd week of gestation or later) varied between 0.9 per cent in Iceland and 3.9 per cent in Norway. The proportion of post-term deliveries has decreased in all Nordic countries, with the most pronounced decline observed in Sweden in recent years. ([Sotkanet ind. 10125](#))

In 2024, Denmark had the highest (4.5%) and Iceland and Sweden the lowest (3.6%) percentage of live births with a birth weight less than 2 500 g ([Sotkanet ind. 10125](#)). Average birth weight in all Nordic countries was relatively similar, slightly under 3 500 g with Icelandic newborns having the highest average close to 3 590 g ([Sotkanet ind. 10128](#)).

Perinatal mortality stays extremely low in all Nordic countries. Of children born after 22 weeks of pregnancy, 2.4 to 4.0 children out of a thousand are stillborn in the Nordic countries, and an average of 1.0 child out of a thousand die during their first week of life. The differences between the Nordic countries are relatively small. ([Sotkanet ind. 10130](#) and [10131](#)) These figures are among the lowest in the world.⁸

⁸ [European health for all database](#) (HFA-DB). (14.2.2024)

The statistical data

The Nordic perinatal statistics contain statistical data concerning parturients, deliveries and newborns in all the five Nordic countries (Denmark, Finland, Iceland, Norway and Sweden). The purpose of the statistics is to collect data for research and development of maternity care, obstetrics services and the care of newborn infants.

The statistics are mainly based on information from the Nordic Medical Birth Registers. These registers include data on all deliveries and newborn children in each country according to national definitions.

The Norwegian Medical Birth Register was established in 1967. Corresponding registers were established in Iceland in 1972, Denmark and Sweden in 1973, and in Finland in 1987.

Birth Registers (NOMBIR) has designed and developed the content of the statistics. NOMBIR agrees on and confirms the terms and definitions used. The aim is to ensure the comparability of statistics from different countries.

In addition to birth registers, statistical data from Eurostat, OECD (Organisation for Economic Co-operation and Development), WHO (World Health Organization) and ESHRE (European Society for Human Reproduction and Embryology) are utilised in this report.

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Appendix

Terms and definitions

Body Mass Index (BMI): a measure that is used to estimate the proportionality of a person's height and weight. $BMI = \text{weight (kg)} / \text{height (m)}^2$.

Delivery: Definition of a birth varies between the countries (see stillbirth). In Finland a process resulting in at least one fetus or child of at least 22+0 weeks of gestation or weighing at least 500 g. Live birth is always a birth. In this report all numbers are calculated according to the limit of 22 weeks.

Live birth: Birth of a child that, irrespective of the duration of the pregnancy, breathes or shows any other evidence of life, such as beating of the heart, pulsation of the umbilical cord or movement of the voluntary muscles, whether or not the placenta is attached or the umbilical cord has been cut.

Neonatal mortality: Deaths during the first four weeks of life (0–27 days after birth or child's age < 28 days) per 1000 live births. Due to different definitions, mortality figures are collected separately concerning newborns weighing 1 000 g or more and pregnancies with at least 22 gestation weeks.

Perinatal mortality: Stillbirths and deaths during the first week of life (0–6 days after birth or child's age < 7 days) per 1 000 births. Due to different definitions, mortality figures are collected separately concerning newborns weighing 1 000 g or more and pregnancies with at least 22 gestation weeks.

Stillbirth: Birth of a fetus or a child that shows no evidence of life typical of a live birth, but complying with the definition of a birth ($\geq 22+0$ weeks of gestation or ≥ 500 g). The registration criterion is 22 weeks in all Nordic countries. Finland and Norway use the birth weight limit of 500 g as a parallel registration criterion. In this report all numbers are calculated according to the limit of 22 weeks.

Total fertility rate: The imputed number of live births experienced by a woman during their fertile period, assuming that their mortality is zero during this period and that the age-specific fertility rates for the year in question are valid throughout the reproductive period.

Suggested citation:

The Association for Nordic Medical Birth Registers (NOMBIR). Nordic perinatal statistics 2024. Statistical Report 01/2026.



Quality description (OSF)

Perinatal statistics in the Nordic countries

Relevance of statistical data

The Nordic perinatal statistics contain statistical data concerning parturients, deliveries and newborns in all the five Nordic countries (Denmark, Finland, Iceland, Norway and Sweden). The purpose of the statistics is to collect data for research, development and provision of maternity care, obstetrics services and the care of newborn infants.

The Association for Nordic Medical Birth Registers (NOMBIR) has designed and developed the content of the statistics. The association meets annually, and each country holds the presidency and performs secretarial duties over the period of three years at a time. The presidency is held by Sweden in 2026–2028.

The statistical report aims to provide information to health care professionals, administrators, planning officials and researchers working in the area of reproductive health. The report text describes the concepts used in the statistics.

Description of methods

The statistics are mainly based on information from the Nordic Medical Birth Registers. These registers include data on all deliveries and newborn children in each country, covering all live births and stillbirths according to national definitions.

The Finnish Medical Birth Register was established in 1987. It contains data on all mothers who have given birth in Finland and on all newborn infants up to the age of seven days. Corresponding registers were established in Sweden in 1973, in Norway in 1967, in Denmark in 1973 and in Iceland in 1972. The data content of the Nordic perinatal statistics has been expanded based on the data available in the registers. In this report, the statistics on total fertility rate is based on statistics from the national statistical authorities.

The Swedish National Board of Social Affairs and Health (Socialstyrelsen) is responsible for data collection, reporting and publishing of this report. The Finnish Institute for Health and Welfare (THL) is responsible for publishing the indicators. Each country has a contact person for supplying NOMBIR with data who is also responsible for the correctness of the data for the country. Prior to release each contact person checks the report.

The statistics were published for the first time in 2005. The time series presented in the statistics are, however, updated retrospectively.

The statistical report also uses data from [Eurostat](#), [the World Health Organisation \(WHO\)](#), [Organisation for Economic Co-operation and Development \(OECD\)](#) and [the European Society for Human Reproduction and Embryology \(ESHRE\)](#) for comparative purposes at European level.

Correctness and accuracy of data

Each country is responsible for the correctness of its data. The Finnish statistics are based on the Medical Birth Register and correspond with data published in an earlier national report.

Timeliness and promptness of published data

The statistical report Nordic perinatal statistics is published by THL every other year (in even-numbered years). The report contains the most recent data available from the Nordic countries. The data collected for the Nordic perinatal statistics cover the two preceding years for which data are available. Data on earlier years can be updated where necessary.

Availability and transparency / clarity of data

The statistical report is available on [THL's website](#) as well as on the websites of the Nordic sister organisations. The statistical indicators are published in THL's [Sotkanet indicator portal](#).

Comparability of statistical data

NOMBIR agrees on and confirms the terms and definitions used. The aim is to ensure the comparability of statistics from different countries. The terms and definitions are revised where necessary. Previous years' data are also corrected, if necessary.

The Finnish statistics are based on the Finnish Medical Birth Register from 1987 onwards. The register has been revised in 1990, 1996, 2004 and 2017. Finnish data for 1975–1986 are based on information from [Statistics Finland](#).

The 2019 reform at the Danish birth register caused changes in the time series and which should be taken into account when making comparisons.

For other Nordic countries, the time series have been completed with information from NOMESCO publications 25/1987⁹ and 39/1993¹⁰ and from WHO and Eurostat.

Clarity and consistency

All Nordic countries produce data on all the variables used in the statistics.

The length of the presented time series varies by country. While most of the time series start in 1975, only the number of live births and the total fertility rate are available for all Nordic countries from that year onwards. In the other tables data are given for the years the data are available.

The statistics use established international terms and classifications (such as mode of delivery and perineal lacerations, of which third and fourth degree lacerations are considered as serious).

The terms and definitions related to pregnancy and newborns are based on [the International Statistical Classification of Diseases and Related Health Problems ICD-10](#) and a [Finnish handbook on the recording of diseases \(in Finnish\)](#).

Special issues concerning the 2024 statistics

The 2024 data for Sweden is partly missing (around 3 000 newborns) from the statistical report because of the technical issues in data collection. Data be updated in the next statistical report.

Data collected for the Nordic statistical report was revised in 2023. As new information, there are information on

- BMI for parturients (30 or over) and
- planned caesarean sections (all parturients and primiparas).

At Nordic level, information is not collected anymore on:

- number of multiple newborns (multiple births are still included)
- parturients with at least 4 earlier births
- children with birth weight of at least 4 000g (birth weight of at least 4 500g still included)
- children with 5-minute Apgar scores of 0–6 (Apgar scores of 0–3 still included)
- mean birth weight of girls, boys and singletons (birth weight of all children still included)

⁹ Fødsler i Norden. Medicinsk fødselsregistrering 1979-1983. (Births in the Nordic Countries. Registration of the Outcome of Pregnancy 1979-1983).NOMESCO 25, Reykjavik 1987.

¹⁰ Births and Infant Mortality in the Nordic Countries. NOMESCO 39, Copenhagen 1993.

- mortality with 1000g cut-off point (cut-off point of 22 weeks still included)

Separate appendix tables will not be published as a part of the statistical report anymore. All data collected from the Nordic countries will be published through [Sotkanet](#).

Nordic data sources

[Icelandic Medical Birth Register, Directorate of Health in Iceland](#)

[Norwegian Medical Birth Register, Norwegian Institute of Public Health](#)

[Swedish Medical Birth Register, National Board of Health and Welfare](#)

[Finnish Medical Birth Register, Finnish Institute for Health and Welfare \(THL\)](#)

[Danish Medical Birth Register, Danish Health Data Authority](#)