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# Statistics on Pregnancies, Deliveries and Newborn Infants 2024

**In 2024, approximately 99,000 children were born in Sweden, which was the lowest number of newborns in 20 years. The average age of both first-time mothers and mothers who had given birth before continued to rise. The proportion of expectant mothers who were overweight or obese remained high, with significant regional differences. The proportion of births that began with induction continued to increase slightly. Around 20 per cent of all births were by caesarean section, and the proportion of emergency caesarean sections showed an increase. There are clear differences in the risk of stillbirth between different risk groups. This underlines the need for targeted interventions and systematic follow-up of high-risk groups, especially among mothers who smoke and those with very high BMI values.**

## Fewer than 100,000 births in 2024

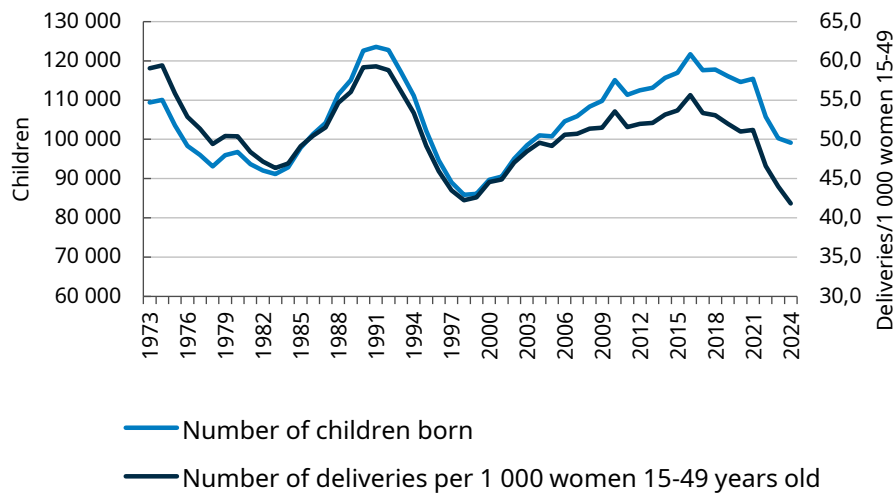
In 2024, approximately 98 000<sup>1</sup> births took place, of which around 1.2 per cent were multiple births. A total of around 99,100 children were born. Primiparous women accounted for 44 per cent of women giving birth, and around 70 per cent of all women who gave birth were born in Sweden.

Since 1973, when data began to be collected for the medical birth register, the number of births has varied in cycles of 10 to 15 years (see Figure 1). The most recent peak occurred in 2016, when 121,700 children were born. Since then, the number of births has declined every year, with particularly large declines in 2022 and 2023. The decline continued in 2024, but at a slightly slower pace. Compared to the previous year, approximately 1,600 fewer children were born in 2024. Not since 2003 have so few children been born in Sweden. The number of births per 1,000 women aged 15–49 was 41.8, which is the lowest figure since the Medical Birth Register was established in 1973.

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<sup>1</sup> There is no data available for approximately 3,500 children born in 2024, which corresponds to approximately 3.5% of the total number of births. The regions with the highest dropout rates are Region Skåne (24.2%) and Region Norrbotten (9.3%). Data on the number of births and the number of deliveries for the whole country has been supplemented with estimated figures from Statistics Sweden's Total Population Register. These births are missing from the other statistics for 2024.

**Figure 1: Number of births, number of deliveries per 1,000 women aged 15-49, 1973-2024**



Source: Medical Birth Register, National Board of Health and Welfare

## An increased proportion of high-risk pregnancies – older age and rising BMI

Women who give birth at an advanced age are at increased risk of complications during pregnancy and childbirth compared to younger women. Advanced maternal age is linked to a higher risk of chromosomal abnormalities, gestational diabetes and pre-eclampsia, as well as birth complications such as prolonged labour, caesarean section and postpartum haemorrhage. In 2024, the average age of first-time mothers increased in all counties. The average age among first-time mothers was 30.1 years, and half of first-time mothers were 30 years or older. The total average age among all women who gave birth was 31.6 years. Just over 5 per cent of all mothers were 40 years or older. The proportion of teenage mothers has continued to decline since the 1970s and in 2024 accounted for only 1.0 per cent of all first-time mothers.

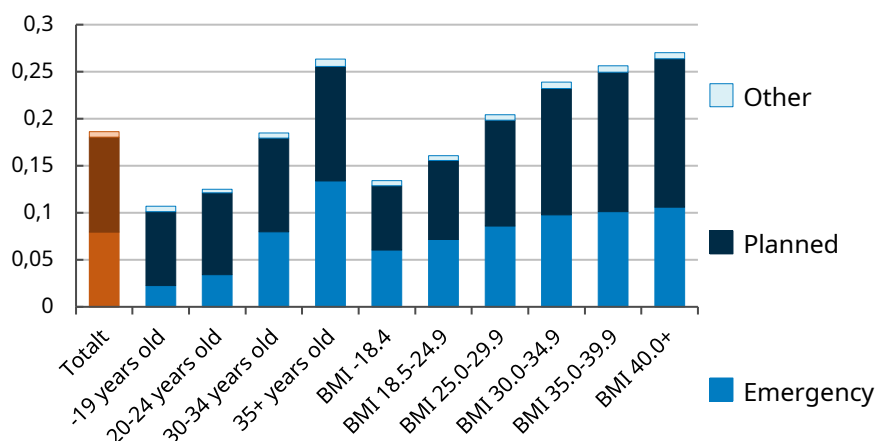
Another important risk factor for complications during pregnancy and childbirth is overweight and obesity. When registering with maternal health care in 2024, approximately half of all expectant mothers were not of normal weight (BMI of 18.5–24.9). The proportion of expectant mothers who are overweight or obese (BMI of 25 or more) continues to increase and has almost doubled from 25 per cent in 1992 to 47 per cent in 2024. There are clear regional differences: the Stockholm region had the lowest proportion of expectant mothers who were overweight or obese (39 per cent), while the Blekinge region had the highest (54 per cent).

## The proportion of inductions and caesarean sections is increasing and varies between different lengths of pregnancy

The proportion of caesarean sections continues to increase and varies significantly between different regions. In 2024, 20% of all births were by caesarean section, an increase from 17.9% in 2020. The largest proportion was emergency caesarean sections, which increased from 9.7% to 11.2% during the same period. The proportion of planned caesarean sections increased during the same period from 7.6% to 8.3%. In 2024, nearly 57% of multiple births were performed by caesarean section. The Kalmar and Östergötland regions had the lowest levels of caesarean sections in 2024, both around 14.0 per cent. Sörmland had the highest proportion, with 24.8 per cent of births by caesarean section, followed by Värmland with 23.2 per cent. The differences between the regions have been relatively stable over time.

**Figure 2: Proportion of caesarean sections after age and BMI 2015-2024**

Emergency, planned and caesarean sections with unclear planning



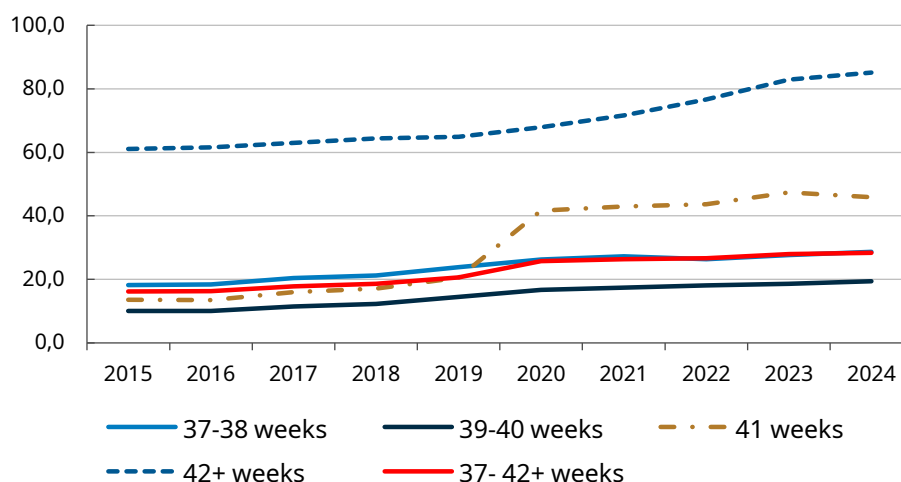
Source: Medical Birth Register, National Board of Health and Welfare

Certain conditions increase the risk of complications for both mother and child during pregnancy and childbirth, and to reduce this risk, it may sometimes be necessary to induce labour artificially. Indications for induction include prolonged (extended) pregnancy (pregnancy duration of 41 weeks +0 days to 41 weeks + 6 days) and post-term pregnancy (pregnancy duration of 42 weeks or more), multiple pregnancies, foetal growth restriction or medical conditions in the mother, such as pre-eclampsia or diabetes.

The proportion of births that start with induction has continued to increase since the early 1990s. In 1993, 8 per cent of single births were induced at

full term (over 37 weeks of pregnancy) . By 2024, the proportion had risen to 28 per cent. A clear increase has been seen in pregnancy week 41 since 2019 as a result of changes in working methods in maternity care. In 2024, however, there was a slight decrease in inductions in this week compared with the previous year.

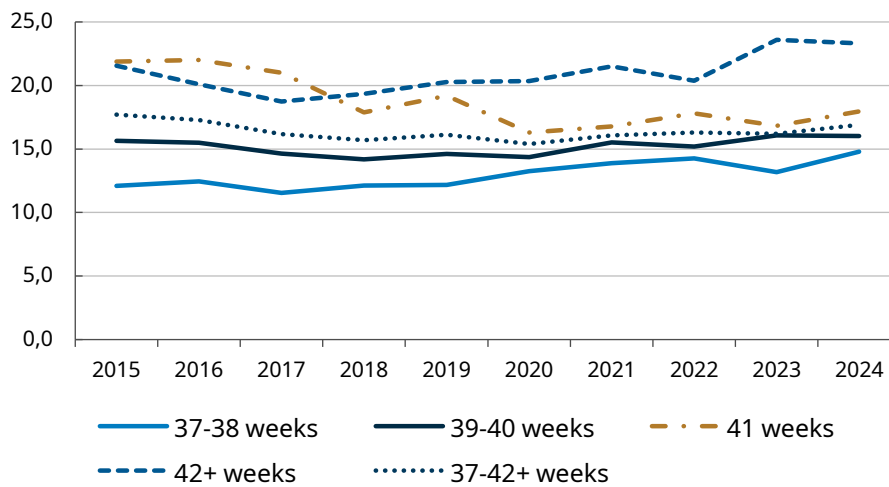
**Figure 3. The proportion of inductions of full term single pregnancies after gestational length (37 weeks and over), 2015–2024**



Source: Medical Birth Register, National Board of Health and Welfare

Caesarean sections are more common among women whose labour begins with induction compared to women with spontaneous labour. For single pregnancies at full term (gestational age 37+ weeks), 17 per cent of induced deliveries were completed in 2024. The proportion of caesarean sections among induced deliveries varies with the length of pregnancy. The highest proportion of caesarean sections among induced deliveries was seen in pregnancy week 42 (23 per cent). In weeks 37–38, the proportion of caesarean sections among induced deliveries increased from 13 per cent in 2020 to 15 per cent in 2024. For pregnancy week 41, the proportion rose from 16 per cent to 18 per cent during the same period.

**Figure 4. Proportion of caesarean sections concerning full term pregnancies (37 weeks and more), singleton births and induction after gestational length, 2015-2024**



Source: Medical Birth Register, National Board of Health and Welfare

## Smoking more than 10 cigarettes is the most serious risk factor for stillbirth

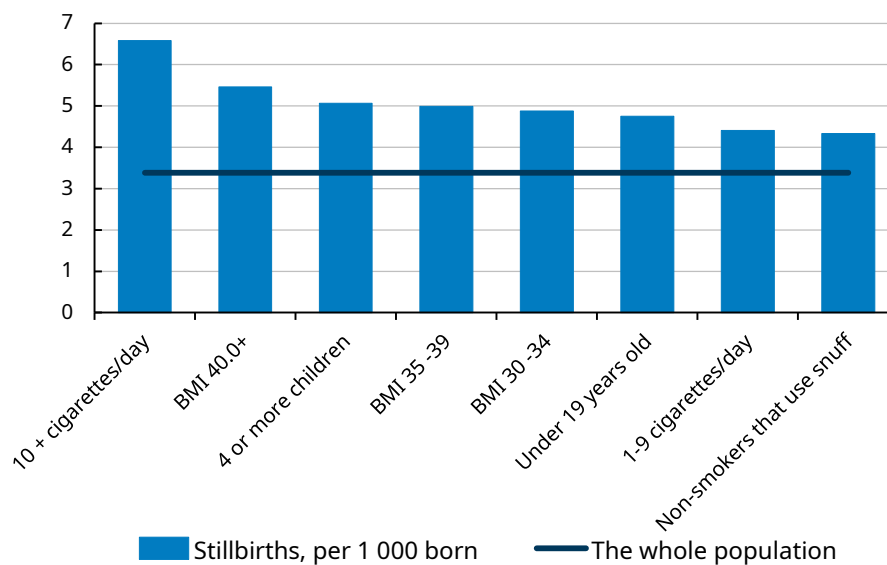
Since 2008, stillbirth has been defined as the death of a foetus in the womb during pregnancy or during childbirth from the 22nd week of pregnancy onwards. For many years after 2008, the stillbirth rate remained relatively stable at around 3.6–4 per 1,000 births. Over the past five years, this level has fallen, and in 2024 the rate was around 3 per 1,000 births, which is a very low level even from an international perspective.

Figure 5 shows the rate of stillbirths per 1,000 births for different groups of mothers over the past ten years. The highest proportion of stillbirths is seen among mothers who smoke at least 10 cigarettes per day during pregnancy (approximately 6.7 stillborn babies per 1,000). This is followed by mothers with a BMI over 40, where the risk is around 5.5 per 1,000. By comparison, the average for the entire population is approximately 3.5 stillbirths per 1,000 births, which is marked by the horizontal line in the diagram. It is important to note that these background factors are reported separately, without adjustment for confounding factors or covariation between different risk factors. The differences in levels should therefore be interpreted with caution. At the same time, the statistics show clear differences between different groups, which underlines the need for targeted interventions and

systematic follow-up for high-risk groups, especially among mothers who smoke during pregnancy and those with very high BMI values<sup>2</sup>.

**Figure 5. Proportion stillbirths by a selection of background factors, 2015–2024**

Number per 1000 born



Source: Medical Birth Register, National Board of Health and Welfare

### More information

You can find more tables, graphs and information here (select Tillhörande dokument och bilagor): [www.socialstyrelsen.se/statistik-och-data/statistik/alla-statistikamnen/graviditeter-forlossningar-och-nyfodda](http://www.socialstyrelsen.se/statistik-och-data/statistik/alla-statistikamnen/graviditeter-forlossningar-och-nyfodda)

If you want to use our statistical database:

[www.socialstyrelsen.se/statistik-och-data/statistik/statistikdatabasen](http://www.socialstyrelsen.se/statistik-och-data/statistik/statistikdatabasen)

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<sup>2</sup> For a detailed discussion of socio-economic factors and childbirth, see: [Boendets områdestyp och andra socioekonomiska faktorer påverkan på kvinnors och barns hälsa efter förlossning – Socialstyrelsen](#)